Extra Ordinary Audit, Risk & Assurance Committee

Mon 29 June 2026, 13:00 - 13:45

Virtual via Teams

Agenda

13:00 - 13:05
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. Delcarations of Interest

Information *Patsy Roseblade, Committee Chair*

13:05 - 13:35
30 min

2. ANNUAL REPORT & ACCOUNTS 2025-26

2.1. CTMUHB Annual Report & Accounts / Hosted Organisations Accountability Report and/or Governance Compliance Statements

2.1.1. CTMUHB Annual Report & Accounts 2025-2026

Decision *Sally May, Executive Director of Finance*

2.1.1a CTMUHB AR & Accts 25-26 - Cover Paper - ARAC 290626.pdf (7 pages)
2.1.1b Annual Report and Accounts CTM_Combined_2025-26 UHB 29 June 2026.pdf (318 pages)

2.1.2. Joint Commissioning Committee (JCC) Accountability Report 2025-2026

Information *Joint Commissioning Committee Colleagues*

2.1.2 NWJCC Accountability Report 2025-26 EO ARAC 24 June 2026.pdf (54 pages)

2.1.3. Joint Commissioning Committee (JCC) Accounts 2025-2026 (included within 2.1.1)

Information *Stacey Taylor, Director of Finance & Information, JCC*

2.1.4. National Imaging Academy Wales (NIAW) Governance Compliance Statement 2025-2026

Information

2.1.4 NIAW Annual Governance Compliance Statement 2026-27 EO ARAC 24 June 2026.pdf (5 pages)

2.2. NHS Wales Shared Services Partnership (NWSSP) Internal Audit Services

2.2.1. Head of Internal Audit Opinion and Annual Report for 2025-2026

Discussion *Paul Dalton, Head of Internal Audit, NWSSP*

2.2.1 CTM Final HIA Opinion and Annual Report 2025-26.pdf (30 pages)

2.3. Audit Wales

2.3.1. Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion)

Discussion *Mark Jones, Audit Wales*

2.3.1 5377A2026CTMUHB Audit of Accounts Report 2025-26 ARAC 29 June 2026.pdf (38 pages)

13:35 - 13:40
5 min

3. ANY OTHER URGENT BUSINESS

Discussion *Patsy Roseblade, Committee Chair*

13:40 - 13:45
5 min

4. CLOSE OF MEETING

Date and Time of Next Meeting: 4th August 2026 at 10:00 am

Agenda Item
2.1.1

Extraordinary Audit, Risk & Assurance Committee

CTMUHB Annual Report & Accounts 2025-26

Dyddiad y Cyfarfod / Date of Meeting	29 June 2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	• Emma Walters, Head of Corporate Governance and Board Business • Owen James, Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	• Gareth Watts, Director of Corporate Governance (Board Secretary) • Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	• Gareth Watts, Director of Corporate Governance (Board Secretary) • Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Annual Report		
Executive Directors / Executive Leadership Group	07 April 2026	All comments incorporated as appropriate
Full Board Member consultation	8 May 2026	All comments incorporated as appropriate
Audit Partners (Internal Audit & Audit Wales)	8 May 2026	All comments incorporated as appropriate

Welsh Government	8 May 2026	No substantive comments received
Audit, Risk & Assurance Committee	19 May 2026	Comments received from Vice Chair which have been addressed
Annual Accounts		
Welsh Government	08 May 2026	Accounts updated following comments received.
Audit, Risk & Assurance Committee	19 May 2026	No further comments received.

Acronyms / Glossary of Terms	
AW	Audit Wales
CTMUHB	Cwm Taf Morgannwg University Health Board
JCC	Joint Commissioning Committee
NIAW	National Imaging Academy Wales

1. Situation /Background

1.1 In accordance with Welsh Government and HM Treasury Guidance, CTMUHB has produced the Annual Report and Annual Accounts for the financial reporting period 2025-26.

1.2 The Annual Report incorporating the Accountability Report at Chapter 2, incorporating the Governance Statement, Statement of Directors' Responsibilities and the Remuneration Report, in conjunction with the Annual Accounts, will be submitted to Welsh Government by noon on 30 June 2026.

1.3 The Annual Report will be formally presented at CTMUHB's Annual General Meeting on 30 July 2026.

2. Specific Matters for Consideration

2.1 Following previous consideration of the Draft Annual Report & Accounts at the Audit, Risk & Assurance Committee on 19 May 2026, the following amendments have been made:

Annual Report (Performance & Accountability Sections)

2.2 The following material amendments were made to the Performance and Accountability sections of the report since it was received at the previous Committee meeting on 19 May 2026:

- Inclusion of narrative in the conclusion and forward look sections of the report.
- Strengthened the narrative regarding sections of the Performance Report and Performance Overview.
- Strengthened narrative included within the Delivery and Performance Analysis section in relation to non-financial matters—including equality, diversity, human rights, social responsibility, and the prevention of fraud, bribery and corruption.
- Strengthened narrative included within the Disclosure Statements section in relation to the Public Sector Equality Duty.
- Outstanding entries in relation to the Sustainability Report (Waste disclosures) and strengthened narrative in relation to the Task Force on Climate-related Financial Disclosures.
- Strengthened narrative included within the Governance statement in relation to Variation to Standing Orders; control measures being in place to ensure compliance with equality, diversity and human rights legislation and the Climate Change Act and Adaptation Reporting requirements; and inclusion of a statement on the overall quality of the data used by the Board.
- Reformatting in terms of section arrangements.

- Inclusion of the Senedd Cymru / Welsh Parliament Accountability & Audit Report.
- Head of Internal Audit Opinion.

Remuneration Section and Financial Statements & Accounts

2.3 Following the Audit of the Accounts by Audit Wales, several corrections have been made to the accounts. As per the Audit Wales Audit of Accounts Report (ISA 260 Report) at agenda item 2.3.1, there are no uncorrected misstatements in the accounts. The significant corrections to the draft accounts which have been made are shown in Appendix 2 of the ISA 260 Report.

2.4 The Annual Accounts outline the financial performance for the year ended 31 March 2026; these are captured in chapter 3 of the Annual Report. The Joint Commissioning Committee Accounts for 2025-26 are also included.

Hosted Organisations

2.5 CTMUHB's Governance Statement, which is contained within the Accountability Report, is supported by approved documentation from its hosted organisations as follows:

- Joint Commissioning Committee (JCC) Accountability Report – Approved by the JCC and signed by the Chief Commissioner who has Accountable Officer Status for the propriety and regularity of the funds entrusted to the JCC. Included at agenda item 2.1.2.

- National Imaging Academy Wales – Annual Governance Compliance Statement, signed by the Academy Director. Included at agenda item 2.1.4.

Equality and Welsh Language Impact Assessment

2.6 An Equality and Welsh Language Impact Assessment has been completed and is available upon request from:

CTM_Corporate_Governance@wales.nhs.uk

3. Key Risks / Matters for Escalation

3.1 CTMUHB Annual Report and Accounts have been reviewed at each stage of their development as outlined on page 1 of this report.

3.2 Comments received on the draft versions of the report have been welcomed and have enabled the document to be further refined.

3.3 As outlined in the Audit Wales ISA 260 Report, Audit Wales has advised that the Auditor General for Wales intends to issue an unqualified true and fair audit opinion and a qualified regularity opinion on this year's accounts.

3.4 Health Board officers briefed the Committee on 24 June 2026 that Audit Wales had advised that the Auditor General for Wales intended to qualify his regularity opinion. The proposed qualification arises because additional remuneration paid to two acting Executive Directors exceeded the relevant pay bands approved by Welsh Ministers. The additional remuneration identified in 2025-26 is £9,883. When associated on-costs are included, the total excess costs amount to £11,929. This constitutes irregular expenditure within the financial statements for the year ended 31 March 2026 and has been reported in the Auditor General for Wales' Report to the Senedd. The matter is limited in scope and value, has been transparently disclosed, and does not affect the Auditor General's proposed unqualified true and fair opinion on the accounts.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	The Annual Report aligns to all Strategic Goals
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	The Annual Report aligns to all Strategic Areas.
	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)*	The Annual Report has a specific section on the Wellbeing of Future Generations Act.
	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))*	Annual Report has specific sections dedicated to quality and the implementation of the Duty of Quality
	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))*	Annual Report has specific sections dedicated to quality and the implementation of the Duty of Quality
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	The Annual Report has specific sections dedicated to the sustainability agenda. 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: A quality impact assessment is not required for the Annual Report.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): Available upon request.	If no, please include rationale below:
Cyfreithiol / Legal	No additional legal action is proposed; however, the regularity qualification relates to compliance with the relevant approval framework for executive remuneration.	
Enw da / Reputational	There is a limited reputational impact arising from the proposed qualified regularity opinion; this is mitigated by transparent disclosure, the limited scope and value of the matter, and the proposed unqualified true and fair audit opinion.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no further direct resource impact beyond the irregular expenditure disclosed in the accounts.	

5. Recommendation

5.1 The Audit, Risk and Assurance Committee is asked to:

- **ENDORSE FOR BOARD APPROVAL** the CTMUHB Annual Report & Accounts for 2025-26
- **ENDORSE FOR BOARD APPROVAL** the Letter of Representation (included in the ISA 260 – Agenda item 2.3.1)
- **NOTE** the Head of Internal Audit Opinion
- **NOTE** the Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion)

- **NOTE** the Auditor General for Wales' proposed unqualified true and fair audit opinion and proposed qualified regularity opinion, as set out in the Audit Wales ISA 260 Report.
- **NOTE** the Accountability Report and Annual Governance Compliance Statements and Accounts received from Hosted Organisations.

6. Next Steps

6.1 Following endorsement from the Committee, CTMUHB Annual Report and Accounts for 2025-26 will go forward as follows:

- Approval will be sought at the Extraordinary Public Board Meeting on 29 June 2026.
- Subject to approval by the Board, the Annual Report and Accounts and Letter of Representation will be signed and shared with Audit Wales by close of play on 29 June 2026.
- Audit Wales will arrange certification by the Auditor General for Wales on 30 June 2026.
- Audit Wales, following certification, will submit CTMUHB's certified Annual Report and Accounts direct to Welsh Government by noon on 30 June 2026.
- Formal presentation of the Annual Report and Accounts will be at CTMUHB's Annual General Meeting on 30 July 2026, following which it will be published on CTMUHB's website.

Cwm Taf Morgannwg University Health Board

Annual Report 2025-2026

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Contents

Foreword from the Chief Executive and Chair

Welcome to the 2025/26 annual report for Cwm Taf Morgannwg University Health Board.

It is a statutory duty for the health board to produce an annual report which enables us to share important information about our finances, workforce, performance, and governance. In addition, it provides us with an opportunity to publish details of the successes, achievements and challenges that have shaped our health board during the last financial year.

This document reflects the breadth and complexity of the services we provide and the responsibilities we hold as a health board. It shows how we are working to respond to the changing needs of our population more effectively by developing more care in the community and closer to people's homes, through establishing services such as Hospital at Home, and how we have worked to make the best use of our finite resources to ensure a sustainable, secure future for CTMUHB.

We have maintained good performance throughout the last year, when considered alongside the exceptional pressures and demand experienced across services. Our three acute hospitals have compared favourably against peer organisations in Wales. However, this position is not consistent across all metrics and areas of variation and ongoing challenge have been set out in the Health Boards IMTP that are regularly monitored internally as part of an Integrated Performance approach aligned and monitored as part of the NHS oversight and escalation framework. The Health Board will continue to reflect on performance and overall service improvements, apply learning, and take forward targeted actions to drive sustained improvement where needed to improve patient experience and outcomes.

While our objective in striving for good performance is always the experience and care outcomes for patients, it is also important that this is recognised through the scrutiny of our organisation. We were pleased, therefore, when the Welsh Government de-escalated the health board's cancer services from enhanced monitoring and scrutiny (level 3) to routine arrangements (level 1).

This de-escalation reflected our sustained achievement of the 62-day referral-to-treatment target for cancer and is testament to colleagues' commitment to improving the quality and accessibility of cancer services across CTM. Reducing the time between diagnosis and treatment can be crucial in securing the best outcome for patients and, while there remains more to do to ensure all our patients receive the same service, we should be proud of the improvements made to date.

We will continue to work with Welsh Government colleagues to provide ongoing assurance in relation to our cancer services, and to address the final areas of our performance that remain in heightened escalation.

In our last annual report, we reflected on the impact of the roof replacement works at the Princess of Wales Hospital, Bridgend. While this unprecedented programme

of work took place, we took the opportunity to make significant investments into other parts of the hospital, including a major upgrade to the main theatre suite, refurbished wards and intensive care unit, and increased capacity for ophthalmology services.

In addition, we have created dedicated theatres and a ward for orthopaedics within the hospital, creating a new centre for planned orthopaedic surgery. The team of surgeons, anaesthetists, theatre staff, nurses, physiotherapists and occupational therapists have been working hard since the opening of the unit in September and less than six months later reached a major milestone, completing their 1,000th orthopaedic operation.

Meanwhile, in Merthyr Tydfil, we secured £42 million of funding from Welsh Government to deliver the third and final phase of the Prince Charles Hospital refurbishment programme. This will see us overhaul and modernise a wide range of essential clinical and support services, including a new inpatient therapies area, and new Sterile Services Department to support theatres and endoscopy with state-of-the-art processing facilities.

In Rhondda Cynon Taf, the development of Wales's first regional diagnostic and treatment centre, Llantrisant Health Park, is progressing well.

In March, we welcomed ministers and colleagues from Welsh Government, regional health board partners and others to a 'groundbreaking' ceremony to mark the start of construction of this landmark facility which – when complete –will expand capacity, reduce waiting times and improve patient experience across South East Wales.

As always, we want to say thank you to our staff for their hard work and commitment to the health and wellbeing of our population during the last year. Working within the NHS provides endless challenge and our colleagues continue to rise to the demands upon them. In the last NHS staff survey – which provides every member of staff with the opportunity to share their experiences of working for CTMUHB – we recorded the highest response rate of any similar organisation in Wales. This feedback provides us with valuable insight which is being used to further improve the ways in which we support, enable and empower staff.

Similarly, we remain committed to making our organisation efficient, effective and sustainable for the communities who rely upon us now and will do so in the future. Alongside colleagues, partners, community groups, public and their representatives, we want to create shared ambitions for the health and wellbeing of local people, addressing health inequalities and building a healthcare system that we can all be proud of.

Thank you for your interest in our organisation and this annual report; we hope you find it informative.

Paul Mears, Chief Executive

Jonathan Morgan, Chair

What this Annual Report will tell you.

This report is part of a set of documents that provides you with information about CTMUHB, the care we provide and what we do to plan, deliver and improve healthcare, in order to meet changing demands and future challenges. It provides information about CTMUHB's performance, what was achieved during 2025-2026 and the improvement activity.

The report recognises the importance of working with our population, stakeholders and partners, listening and learning from feedback and ensuring we continue to deliver better services to meet needs in the most effective, efficient, safe and sustainable ways.

The Annual Report is divided into the following key sections:

- **Chapter 1 – Performance Report** – The purpose of the performance section is to provide information on CTMUHB, its main objectives and strategies and the principal risks and challenges that it faces.
- **Chapter 2 – Accountability Report –** The purpose of the accountability section is to meet key accountability requirements to the Welsh Government, and focusses upon governance, leadership, accountability and remuneration matters.
- **Chapter 3 – Financial Statements and Accounts –** The purpose of this section is to present the full Financial Statement for CTMUHB.

How to contact us:
If you require a printed version of the Annual Report or in alternative formats/languages, please contact us using the details below:

Cwm Taf Morgannwg University Health Board Headquarters,
Ynysmeurig House, Unit 3, Navigation Park, Abercynon, Rhondda Cynon Taf. CF45 4SB
01443 744800

CTM_Corporate_Governance@wales.nhs.uk

https://ctmuhb.nhs.wales

https://twitter.com/cwmtafmorgannwg

https://facebook.com/CwmTafMorgannwg/

https://www.instagram.com/cwmtafmorgannwg/

About Cwm Taf Morgannwg University Health Board

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

The resident population of CTMUHB was estimated at 449,346 (Mid-Year Population Estimates, England and Wales, June 2024, ONS). The region has high levels of deprivation, with 51.9% of the population of the Health Board area living in the two most deprived fifths in Wales. The highest levels of deprivation lie mainly in the valleys to the north of the CTMUHB area.

The Board continues to develop its CTM2030 strategy of which improving the health of our population is a key tenet. As outlined in the Integrated Medium-Term Plan, 2026-2029 will see us continue to tackle some of the most pressing health issues for our population.

As at the 31 March 2026, CTMUHB employs 11,878.64 full-time equivalent (FTE) staff, with a headcount of 13,656. A significant percentage of our workforce live within the CTMUHB's area, making our staff not only the core of our organisation but representatives of the diverse communities that we serve.

CTMUHB is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the CTMUHB boundary through the Joint Commissioning Committee further explained below under 'Hosted Organisations'.

Hosted Organisations

CTMUHB hosts the following organisations within NHS Wales:

Joint Committees:

- **The NHS Wales Joint Commissioning Committee (NWJCC)** is a Joint Committee of the seven health boards acting collectively on their behalf. However, individual Health Boards are ultimately accountable to their population and other stakeholders for the provision of the services commissioned by the NWJCC for the residents in their area.

  The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit (NCCU).

  From 1 April 2024, the NWJCC replaced EASC and WHSSC and assumed responsibility for the services previously commissioned by these committees

and the NCCU, together with the commissioning of NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.

National Programmes:

- **National Imaging Academy Wales (NIAW) -** was established in 2018 and is a purpose-designed state of the art facility to deliver the highest level of training to generate consultant radiologists to meet the increasing pressures imaging professions are facing. The National Imaging Academy has an annual work plan and performance management arrangements that are agreed between the Director of the National Imaging Academy and the Collaborative Executive Group, prior to final sign off by the Collaborative Leadership Forum. NIAW is hosted by CTMUHB on behalf of health boards and Trusts in Wales.

Detailed information about the services that we provide can be found on the 'services' section of our website.

CTM2030: Our Health, Our Future

CTM 2030: Our Health, Our Future is our organisational strategy to deliver our vision of 'building healthier communities together' which remains the premise of all we do and is built around a recognition that to do this requires seismic shifts in the nature of our service provision – to a digitally delivered, prevention focussed, community based and population need informed service. Through the development of a strategy deployment framework, we will ensure that all our actions are aligned to our strategic goals of sustaining our future, creating health, improving care and inspiring our people.

Figure 1

Major programmes of transformation have been grouped into the following 4 strategic initiatives:

- **Strategy Deployment** – in 2025/2026 CTMUHB Board agreed to develop and utilise a Strategy Deployment Framework (SDF) to support the delivery of CTM2030: Our Health; Our Future. This Framework is still in development and aims to turn high-level strategy into real and measurable action. An SDF creates a structured, repeatable process that links vision, priorities, programmes/projects into day-to-day work. Therefore, this will allow teams to understand their roles in delivering corporate priorities, enable joined up work and reduce duplication, provides a consistent method for decision making, supports evidence-based assurance to the Board and Welsh Government and ensures frontline activity links directly to organisational goals.
- **Digital First** recognises that data and digital are more than simply enablers of transformation, but a cornerstone of how our population expect to receive our services and a route to ensure that our people can deliver care more effectively, to a higher quality when our population are empowered with their own information in a seamless way.

- **Working in partnership** acknowledges the interconnectedness of peoples' wellbeing and our strategic intent of 'building healthier communities *together*' with statutory partners, the voluntary sector and our communities themselves. It encompasses the work of our Regional Partnership and Public Services Boards to progress a shared imperative to address the wider determinants of ill health and to support the vital community assets that are the bedrock of improved outcomes for all.
- **South East regional working** will ensure that those services that are best planned and delivered at a scale are designed and provided in a way that best serves the collective needs of the 1.5 million people living in the areas served by us, Cardiff & Vale, Aneurin Bevan and Powys Health Boards. Emphasising the collective opportunity offered by working at scale this programme of work includes the state-of-the-art development of the Llantrisant Health Park and work to secure world class outcomes and facilities for more complex hospital-based specialties (for example, ophthalmology, pathology and orthopaedics).

As well as these multi-year programmes of work there are a series of corporate projects that are in-year pieces of work to continue to ensure that we deliver the safest, most efficient, effective, prudent healthcare and prevention initiatives within our plan. Examples include:

- Six Goals for Urgent and Emergency Care
- Value and effectiveness programme
- Environmental sustainability
- Planned care productivity
- Diabetes Programme

Issues of Particular Note for 2025-2026

Whilst the foreword provides an insight of the areas of note for 2025-2026, further areas have been highlighted below.

NHS Oversight and Escalation Arrangements

The Health Board continues to operate within a context of sustained system pressure, including high levels of emergency demand, delayed transfers of care, workforce constraints and estate limitations. Audit findings highlight that these pressures are not isolated but interdependent, contributing directly to challenges in achieving performance standards across urgent, planned and diagnostic pathways.

While targeted operational interventions have delivered improvement in specific areas, overall system performance remains constrained by these underlying factors. Addressing these issues will require continued system-wide collaboration, including with local authority and regional partners, to improve flow, optimise capacity and deliver more sustainable models of care, delivered through the Health Board programmes of work, including robust Health Board governance structure.

Throughout 2025/26, progress against CTMUHB's escalation framework has been monitored via Escalation Oversight meetings within the monthly Integrated Quality, Performance and Delivery (IQPD) forum with Welsh Government colleagues.

In line with the NHS oversight and escalation framework, escalation levels are considered at least twice a year. This includes an assessment of each health organisation against the six escalation domains, and discussions with partners around the current issues, concerns and progress since the last review.

CTMUHB has made significant progress against the escalation framework, achieving de-escalation across multiple domains:

- In July 2025, Finance, Planning and Strategy was de-escalated from Level 3 (Enhanced Monitoring) to Level 1 (Routine Arrangements) following the approval of our financially balanced Integrated Medium Term Plan (IMTP).
- In February 2026, Performance and outcomes relating to Cancer services was de-escalated from Level 3 (Enhanced Monitoring) to Level 1 (Routine Arrangements).

The opening and closing position in relation to our 2025/26 escalation performance is summarised in the below table:

Domain	2025/26 Opening Position	2025/26 Year-end Position
Performance and Outcomes related to Urgent and Emergency Care	Level 4 (Targeted Intervention)	Level 4 (Targeted Intervention)
Performance and Outcomes related to Finance, Planning and Strategy	Level 3 (Enhanced Monitoring)	Level 1 (Routine Arrangements)
Performance and Outcomes related to Planned Care	Level 3 (Enhanced Monitoring)	Level 3 (Enhanced Monitoring)
Performance and Outcomes related to Cancer	Level 3 (Enhanced Monitoring)	Level 1 (Routine Arrangements)

Looking ahead to the year ahead, CTMUHB has two key focused areas of work against the revised escalation framework:

- Urgent and Emergency Care – building upon the sustained improvement of reduced ambulance handover delays, focusing efforts to ensure waiting times for patients inside our Emergency Departments are reduced.
- Planned Care – ensuring our longest waiting patients are treated as quickly as possible:
    - Delivering the Welsh Government ambition of zero patients waiting in excess of 104 weeks from Referral to Treatment (RTT)
    - Ensuring patients are not waiting more than 52 weeks for an outpatient appointment
    - Ensuring diagnostic tests are carried out within 8 weeks; and
    - Where patients are awaiting therapies, these commence within 14 weeks.

In line with the revised Welsh Government NHS Oversight and Interface arrangements, CTMUHB's performance against the 2026/27 escalation framework will be monitored via a newly established quarterly Escalation Board.

Temporary emergency service changes

As a result of structural challenges to our services, including the changing pattern of patient demand (aging and increasingly complex with multiple comorbidities), the condition of our estate, the increasing specialisation of clinical care and the complexities of delivering specialist care across 3 hospital sites, there have been a number of urgent temporary changes made to the way in which we deliver hospital services between 2024/25 and 2025/26. Patients will have seen the following changes:

- Urology emergency surgery moved from POWH in 2024/25 due to critical staffing shortages which would otherwise have seen the collapse of the service across both sites. Patients local to PCH already received this emergency care at RGH.
- Orthopaedic trauma surgery moved from POWH to RGH as a result of the POWH roof critical incident. As noted above the refurbishment of POWH created the opportunity for a central elective orthopaedic centre at POWH, able to provide more effective planned surgery and contributing to much improved access times for all patients.
- Cataract surgery provision has been increasingly offered on a regional basis as there are proven benefits to efficiency and clinical outcomes from undertaking these operations in dedicated facilities. Cataract patients from the RGH locality are now treated at POWH and patients are offered the choice to go to a specialist centre in Newport to benefit from reduced access times.
- General surgical and ENT emergency provision had to be moved from POWH to RGH as a result of the critical incident to the roof in 2025, although there is still a facility to receive, assess and treat such patients at POWH, they may need transfer in certain cases.
- Stroke services were centralised at RGH from POWH and PCH early in 2025/26, as a result of critical workforce shortages that rendered a three-site service unsustainable.

These temporary service changes have enabled the health board to continue to provide a full range of hospital-based care services, albeit at times in fewer locations. The health board recognises the disruption these temporary changes can cause with some loss of local access but has to balance the needs of all patients with the provision of quality care. The health board has committed in 2026/27 to set out our transformation plan to redesign clinical and community services in a case for change, which will set out a vision for the future delivery of both hospital and community-based services. This plan will show how we intend to improve patient outcomes, make bigger and better use of primary and community care, and innovate through digital solutions. A lot of groundwork has been done and through our case for change we will want to engage with our communities, wider stakeholders and staff about the future direction of our services.

Llantrisant Health Park (LHP) Programme

During 2025/2026 CTMUHB has made significant progress towards the development of a new regional diagnostics and treatment centre within CTM. The LHP will be the first of its kind in Wales and will improve access to tests and treatment for people living within CTM and the wider South Wales region. The first phase of the development, the creation of a community diagnostic hub containing imaging and endoscopy services has had full business case approval and work has commenced on site. A second phase to deliver a regional orthopaedic arthroplasty unit incorporating 6 theatres is following closely behind. The full business case for phase 2 is planned for completion and submission to Welsh Government in Summer 2026 which could see a start on site by late autumn.

Health Protection Strategic Plan

In 2025-2026, CTMUHB has been implementing the Health Protection Strategic Plan to prevent and mitigate risk from communicable disease and other threats to health. New ways of working with partners such as local authorities have been embedded enabling improved prevention reach into settings such as early years, schools, care homes and domiciliary care. Innovative work with the Community Leaders Network has enabled coproduction and engagement around the winter campaign making it more real for communities and is a model that will be taken forward for other areas of Health Protection. The final product was an award winning, hyper-local vaccine toolkit which has been promoted across all areas of CTM and through all partners and vaccine champions. A full evaluation is ongoing but early indicators are that it's release did give an extra boost to vaccination uptake at a difficult time of year. The Community Infection Prevention and Control team has been established and is already showing impact, working closely with Public Health Wales on outbreaks in vulnerable settings and working collaboratively with local authorities around prevention. Additional capacity in Emergency Preparedness, Response and Resilience is now in place completing the review of the High Consequence Infection Disease plan and provided Health Board support and expertise into the national and 4 nations exercises including Exercise Pegasus.

Over the past year CTMUHB has continued to make progress towards the elimination of Hepatitis B and C, driven by the commitment of our partners, the dedication of frontline teams and the strength of our collaborative approach. Across HMP Parc Prison, substance misuse services, community settings, and acute sites, we have strengthened testing pathways, are improving access to vaccination and treatment and have embedded new models that support earlier diagnosis and faster treatment initiation which will remain a key priority area for 2026/27. The expansion of peer-led engagement, enhanced harm reduction activity, and focused outreach in high-risk and underserved groups have been central to this progress and continue to reduce inequalities in access and outcomes.

Interventions to improve sexual health outcomes focused on testing, education, reducing stigma and barrier contraception, have been strengthened by additional one-off health protection funding. This support has enabled the expansion of accessible interventions for young people and priority populations facing barriers to mainstream sexual healthcare, engaging individuals through the CHOICE and Safe ConneXions services. These developments are creating a more equitable service offer, improving access and reducing variation across the region. Led by CTM Sexual Health Advisory Board, ongoing work aims to strengthen co-production and engagement across the region to deliver the aspirations of the Fast Track CTM programme of improving testing, reducing stigma and improving education which will support early identification and prevention of HIV and blood borne viruses across CTM.

Chapter 1 – Performance Report

The performance overview is a summary of the Performance Report. It provides the reader with an overview of the challenges we have faced and how we have addressed them, as well as achievements and progress made.

The overview includes headline information as to how we have performed against Welsh Government targets and our actions to improve. The full Performance Report goes into detail, however, the summary will also assess how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

Chief Executive's Introduction and Performance Overview

The purpose of the performance section of the Annual Report is to provide information on our organisation, its main objectives and strategies and the principal risks that we face. The requirements are based on the matters required to be dealt within a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013, No. 1970. The main features flow from our delivery plans setting out what was achieved for the year being reported – in this case 1st April 2025 to 31st March 2026.

The Health Board delivers services through a structured organisational model comprising Care Groups and corporate functions, supported by clearly defined governance and accountability arrangements. Care Groups are responsible for the planning and delivery of services across acute, community and specialist settings, with clear lines of accountability for performance, quality and financial delivery. This is underpinned by the Health Board's Integrated Performance Management and Accountability approach, which provides a consistent approach to monitoring performance, managing variation and escalating risk. Through this approach, performance is routinely reviewed through established governance structures, enabling Care Groups to be held to account for delivery against agreed objectives, while providing timely oversight, assurance and escalation to the Executive Team and Board. This structure is underpinned by an established governance of committees that ensure delivery against strategic objectives, efficient risk management and regular assurance to Board. The Health Board have been working to develop this into a structure and clear framework for 2026/27.

During 2025/26, the Health Board has demonstrated areas of sustained improvement whilst continuing to operate within a context of significant system pressure and organisational challenge. Performance across a number of key metrics has improved over the year, particularly in reducing long waiting times, improving ambulance handover performance and maintaining resilience across core services. However, this progress has been variable and not consistently achieved across all pathways, reflecting the scale and complexity of recovery required.

Planned Care remains a key area of focus, with meaningful progress made in reducing the longest waits and improving access to diagnostics and outpatient

services. Despite this, performance continues to be subject to enhanced monitoring, with ongoing variation across specialties and a continued reliance on additional capacity measures, including waiting list initiatives and outsourced activity. This presents a risk to the sustainability of improvement if productivity gains are not embedded into core service delivery and supported by stable workforce and infrastructure capacity. The Health Board recognises that further work is required to reduce unwarranted variation and ensure equitable and timely access for all patients.

Unscheduled care services have experienced sustained pressure throughout the year, driven by high demand, delayed discharges and constrained inpatient capacity. While targeted interventions have delivered improvements in specific areas, including ambulance handover times and front-door processes, overall system performance remains below national standards. These pressures are interdependent and continue to impact the ability to recover performance across other pathways, including planned and diagnostic services. Addressing these challenges will require continued system-wide action, including strengthened partnership working to improve flow, optimise capacity and deliver care closer to home.

Clinical risk remains a critical consideration, particularly in high-demand specialties such as ophthalmology, where delays in follow-up can result in deterioration in patient outcomes. While service redesign and regional working have improved access in some areas, there remains a residual risk associated with backlog management and pathway resilience. The Health Board is prioritising risk stratification, improved tracking mechanisms and expanded community-based delivery to mitigate these risks, although further progress is required.

Delivery of improvement programmes has taken place within a challenging operational context. Workforce availability, service pressures and digital and data maturity continue to influence the pace and consistency of delivery across Care Groups. While there has been progress in reducing agency reliance and strengthening governance and performance oversight, recruitment, retention and skills gaps in key areas remain ongoing risks. Similarly, while digital developments are supporting improved data visibility and decision-making, limitations in infrastructure and interoperability continue to present constraints.

Looking ahead, the Health Board’s ability to deliver sustained improvement will depend on embedding productivity gains, strengthening workforce sustainability, and continuing to develop integrated system approaches to managing demand and capacity.

Planning Framework 2025-2028

CTMUHB develops its Integrated Medium-Term Plan (IMTP) in accordance with the statutory duty for all Welsh health boards to collate three-year plans. There is an associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).

CTMUHB must ensure that the plans deliver the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour and respond to the NHS Wales Planning Framework.

The IMTP must also align performance, service, workforce and financial planning along with the wider corporate teams' plans.

CTMUHB was able to submit a balanced financial plan for 2025-2028. Despite significant cost pressures, the Health Board has developed a break-even plan for the 2026-2029 cycle. The final plan was considered by the Board at its formal public meeting on 27th March 2026 and approved for submission to Welsh Government on the 31st March 2026. The IMTP plan is available here: please see page 141 of the Board Papers bundle.

Signature:

Paul Mears

Chief Executive

Date:

Delivery and Performance Analysis

A refined focus on productivity partnered with continuous improvement can drive significant efficiencies and help address the growing pressures that the healthcare sector is experiencing. Additionally, by utilising existing resources whilst managing cost pressures, the health board can maximise its capabilities and deliver enhanced services without the reliance on additional funding.

In January 2025, CTMUHB formally launched its Productivity, Improvement & Transformation Programme, with the overarching goal of increasing both new outpatient capacity and elective surgical capacity. This will be achieved through greater efficiency, enhanced data utilisation, and continued workforce development, helping to further improve both quality of care and outcomes for our residents.

Six clinically led, cross-cutting Improvement Boards have been established across Outpatient Services, Diagnostics, Pre-Operative Assessment, Theatres & Anaesthetics, Therapies & Audiology, and Cancer Services. These boards will oversee the delivery of all improvement workstreams pan-CTM, with an emphasis on increasing both productivity and efficiency within the envelope of existing resource.

It is the collective responsibility of each board to understand performance, identify areas that require improvement, and devise plans to achieve that improvement. Each board will centralise all local initiatives and oversee delivery of the improvement agenda. This will empower localised, evidence-based, data-driven decision making aligned to future service developments.

During the year the PIT Programme was reset to enable a more focussed and phased approach to Planned Care Improvement, making best targeted use of the available resource against a backdrop of increasing demands on the service. The initial key areas of focussed improvement included:-

- Theatre and clinic start and finish times
- Increased prospective and retrospective See on Symptom/Patient Initiated Follow-Up
- Overbooking clinics due to Did not Attend and short notice Could Not Attend

This focussed approach has led to steady improvements across a number of the targeted areas and it is intended to expand this approach to other areas over the next 12 months.

CTMUHB see this as an opportunity to transform the way services are both designed and delivered across our footprint, maximising our outputs, and ensuring our residents at the centre of all our strategic goals.

Performance against the 2025-2028 Integrated Medium-Term Plan

For 2025-2028 CTMUHB submitted a balanced three-year Integrated Medium Term Plan (IMTP) in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and in accordance with the NHS Planning Framework.

In order to ensure there was a focus on delivering and strengthening the IMTP, The Cabinet Secretary for Health and Social Care identified a number of accountability conditions and set CTM some additional in-year Key Performance Indicators (KPI's).

Performance and delivery discussions on areas of priority and risk continued to be scrutinised via the Performance Framework and the regular Integrated Quality Planning and Delivery (IQPD) meetings between Welsh Government (WG) and Health Board Officials and on the 23rd October 2025, the Cabinet Secretary invited Health Board Officials to attend a public accountability meeting. This was an important opportunity for Welsh Ministers to hold CTMUHB to account and a key step in providing greater public transparency in our accountability arrangements and to highlight the progress made in many areas in delivering for the communities we serve (the meeting recording can be found Here).

Feedback on the achievement of the deliverables included within the IMTP for Quarters 1 and 2 were reported to the Board in July and November 2025 respectively, Quarter 3 - March 2026 and it is expected that reporting of Quarter 4 will occur during May 2026.

Welsh Government Performance Framework

The Welsh Government Performance Framework sets out the expectations on us and the other Health Boards in Wales, in regard to performance, monitoring, management and improvement. The framework for 2025/26 is available online at: NHS Wales performance framework 2025 to 2026 | GOV.WALES

The measures within the NHS Performance Framework for 2025 to 2026 strategically align and underpin the delivery of the Welsh Government's policy on health, 'A Healthier Wales' and reflect the Ministerial priority areas of focus:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health
- Women's health

The Integrated Performance Report (IPR) provides the Health Board's Performance against the Welsh Government Performance Framework and other key deliverables for the organisation on a monthly basis. The IPR containing the year end position for 2025/26 can be found Here and a scorecard containing our monthly performance across all of the WG Performance Delivery measures is provided overleaf.

The report is intended to provide an ongoing assessment of the UHB's progress in delivering the Ministerial and Health Board's priorities as described in the IMTP, concentrating on areas of greatest priority and those areas where a significant change in performance has been observed, rather than a full discrete evaluation of all measures.

During 2025/26 the Board agreed a number of priority areas where specific focus and resource would be deployed to achieve improvements. A summary of these

high-profile indicators is provided in the UHB performance reports and are the measures which are described in greater detail in this report.

CTMUHB'S strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown in the following pages:

During 2025/26, the organisation continued to deliver against the Quadruple Aim, providing a balanced assessment of system performance across population health, service quality and access, workforce sustainability and improvement and innovation. The framework supports transparency, learning and continuous improvement across health and social care services in Wales.

Quadruple Aim 1 – Improved Health and Well-being of the Population

Performance demonstrates mixed but improving outcomes. Strong delivery was seen in childhood immunisation, new-born screening and early years programmes. Smoking cessation activity remains on track to exceed annual targets, supported by Help Me Quit initiatives, although four-week quit validation remains below aspiration. Seasonal vaccination uptake continues to improve but remains below national targets.

Quadruple Aim 2 – Quality and Accessible Services

Community and primary care services continue to show resilience, including PIPS activity and primary care dental services. Mental health services for children and young people consistently meet access targets. However, emergency care flow, adult mental health access and neurodevelopment assessment remain under significant pressure.

Quadruple Aim 3 – Workforce Sustainability

Workforce performance shows both challenge and progress. Sickness absence has increased across the year. Nurse and Midwifery turnover has reduced against baseline as too agency spend. PADR completion continues to improve incrementally but remains below target.

Quadruple Aim 4 – Improvement and Innovation

Compliance with mental health care treatment planning standards remains high, coding quality and data assurance continues to remain variable and improvement is evident in ambulance handover performance. Ongoing challenges remain in achieving national reduction targets for many of the healthcare-associated infections and whilst infection-related targets were not consistently met, the organisation maintained robust surveillance, reporting and incident management.

Performance Metrics Analysis 2025-2026

CTMUHB'S strategic assessment of progress towards delivery of the NHS Wales Quadruple Aims are shown in the following pages:

Figure 2

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management														
Percentage of adult smokers who make a quit attempt via smoking cessation services														
Target	2024/25	Qtr 1 to Qtr 3 2025/26	On the basis of this extrapolation compliance should reach 6.16% at year end											Target compliance
5% annual target	5.94%	4.62%												
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks														
Target	Qtr 4 2024/25	Qtr 1 to Qtr 3 2025/26												Target compliance
40% annual target	9.62%	10.56%												
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)														
Target	Qtr 4 2024/25	Qtr 1 2025/26	Qtr 2 2025/26	Qtr 3 2025/26	Qtr 4 2025/26									Target compliance
4 quarter improvement trend	85.7%	91.3%	86.1%	88.7%	87.7%									
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)														
Target	Qtr 4 2024/25	Qtr 1 2025/26	Qtr 2 2025/26	Qtr 3 2025/26	Qtr 4 2025/26									Target compliance
95%	90.4%	89.1%	91.9%	90.2%	N/A									
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 ***(applicable during: 01.04.25 - 30.06.25 & 01.01.26 - 31.03.26)***														
Target	Qtr 4 2024/25	Qtr 1 2025/26	Qtr 2 2025/26	Qtr 3 2025/26	Qtr 4 2025/26									Target compliance
90%	79.4%	79.4%	81.6%	80.5%	N/A									
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over ***(data reflects the last week of each month applicable during 01.09.25 - 31.03.26)***														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
75%	69.4%	Not applicable					N/A	48.0%	61.6%	67.9%	70.7%	72.4%	72.5%	
Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster ***(data reflects the last week of each month. Applicable during 01.04.25-30.06.25 & 01.09.25 - 19.02.26)***														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
75%	No data	26.3%	51.0%	54.4%	Not applicable		N/A	24.8%	43.7%	53.1%	54.1%	54.6%	Not applicable	
Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
90%	1.4%	0.0%	1.1%	0.0%	3.6%	25.4%	8.5%	20.9%	19.6%	4.6%	6.2%	0.0%	N/A	
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
90%	99.2%	99.6%	98.0%	98.4%	99.4%	98.5%	99.3%	99.3%	99.0%	94.9%	98.3%	98.8%	N/A	
Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
95%	97.3%	97.8%	94.9%	96.0%	96.2%	95.3%	96.8%	97.4%	96.5%	96.1%	94.1%	96.9%	96.4%	

Figure 3

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement														
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-Hours														
Target	2024/25	2025/26												
100%	95.5%	N/A												
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Improvement compared to the same month in the previous year	45.5%	46.6%	46.9%	47.4%	48.6%	49.0%	49.2%	49.8%	50.0%	50.3%	50.3%	51.3%	52.6%	
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)														
Target	2024/25	Apr-24	Apr-25 to May-25	Apr-25 to Jun-25	Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26	Target compliance
A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 & 100% by 31 March 2026	120.6%	7.0%	22.6%	37.6%	54.8%	57.4%	71.2%	80.9%	91.7%	100.3%	117.1%	128.8%	138.5%	
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Increase compared to the same month in the previous year	2,454	2,026	2,001	2,289	2,413	2,045	2,030	2,400	2,449	3,207	2,697	2,632	2,687	
Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
80%	85.8%	90.9%	90.4%	90.3%	88.4%	81.7%	94.1%	93.5%	85.9%	87.6%	90.3%	99.1%	91.2%	
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
80%	92.0%	90.5%	92.0%	88.2%	87.2%	95.2%	86.6%	89.7%	88.0%	94.1%	87.1%	87.8%	92.1%	
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
80%	73.5%	60.7%	66.2%	88.2%	91.9%	85.6%	85.8%	82.5%	65.3%	51.8%	33.3%	49.4%	38.2%	
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
80%	86.5%	90.3%	93.0%	82.9%	96.8%	97.6%	88.8%	94.0%	93.2%	95.2%	79.1%	84.4%	37.5%	
Median emergency ambulance response time to purple: arrest category calls														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Target range of 6-8 minutes	N/A	N/A	N/A	N/A	07:17	07:54	08:55	07:45	07:05	08:14	08:33	07:16	07:44	
Median emergency ambulance response time to red: arrest category calls														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Target range of 6-8 minutes	N/A	N/A	N/A	N/A	09:53	09:45	08:44	08:56	09:07	10:40	10:21	09:54	10:34	
Median emergency response time to orange now calls														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
12 month reduction trend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	02:09:53	02:09:16	01:26:35	01:32:58	Not applicable
Median time from arrival at an emergency department to triage by a clinician														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
15 minutes or less	13	12	13	11	12	11	12	11	12	13	13	12	13	
Median time from arrival at an emergency department to assessment by a senior clinical decision maker														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
60 minutes or less	73	66	78	72	73	71	69	69	76	72	70	77	92	
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Improvement compared to the same month in the previous year, towards the national target of 95%	65.4%	66.0%	61.3%	60.2%	58.5%	57.0%	58.8%	58.8%	59.8%	57.2%	57.2%	60.1%	56.5%	
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Reduction compared to the same month in the previous year, towards the national target of zero	1,691	1,692	1,848	1,796	2,090	2,047	2,046	2,027	2,015	2,180	2,357	1,881	2,381	
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
12 month improvement trend towards a national target of 80% by 31 March 2026	59.8%	60.5%	57.8%	59.2%	57.9%	60.3%	60.3%	61.3%	62.0%	61.3%	64.3%	66.0%	65.8%	
Number of patients waiting more than 8 weeks for a specified diagnostic														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Zero	2,113	2,991	5,001	5,081	6,355	7,509	7,769	6,254	5,364	4,467	3,436	1,748	0	N/A
	Please note that March 2026 data excludes NOUS due to reporting difficulties post RIS implementation													
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
100%	94.9%	95.5%	93.9%	95.9%	98.2%	97.9%	99.1%	99.1%	99.6%	99.6%	95.9%	95.0%	93.1%	
Number of patients (all ages) waiting more than 14 weeks for a specified therapy														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Zero	63	53	94	98	57	29	11	16	17	7	50	60	87	
Number of adults waiting more than 14 weeks for audiology pathways														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Month on month reduction	N/A	1,177	1,425	1,184	1,222	1,212	1,326	1,914	2,107	2,300	2,791	2,845	2,478	
Number of children waiting more than 6 weeks for audiology pathways														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Month on month reduction	N/A	354	367	339	378	394	268	168	138	115	71	153	281	
Number of patients waiting over 52 weeks for a new outpatient appointment														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Zero	13,729	13,733	14,210	13,429	13,694	14,060	11,435	8,692	6,728	5,596	2,807	1,832	0	
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Reduction compared to the same month in the previous year	43,955	44,294	37,233	37,106	41,967	42,278	41,805	41,510	41,282	42,019	41,323	40,510	40,373	
Number of patients waiting more than 104 weeks for referral to treatment														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Zero	856	1,168	1,177	463	615	794	496	699	830	369	348	388	98	
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
80%	34.8%	32.8%	30.4%	30.5%	29.2%	25.6%	22.3%	23.9%	23.5%	23.4%	19.6%	21.8%	21.7%	
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
80%	53.4%	57.0%	56.9%	48.9%	54.2%	54.0%	49.1%	44.4%	44.0%	41.9%	43.0%	55.7%	54.3%	

Figure 4

Quadruple Aim 3: The health & social care workforce in Wales is motivated & sustainable														
Percentage of sickness absence rate of staff														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
12 month reduction trend	6.89%	6.90%	6.92%	6.96%	6.99%	7.05%	7.12%	7.17%	7.25%	7.34%	7.37%	7.41%	7.47%	
Turnover rate for nurse and midwifery registered staff leaving NHS Wales														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
Rolling 12 month reduction against a baseline of 2024-25 (5.38%)	5.38%	5.39%	5.45%	5.44%	5.43%	5.30%	5.19%	5.17%	5.13%	5.09%	5.31%	5.23%	N/A	
Agency spend as a percentage of total pay bill														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
12 month reduction trend	5.0%	3.7%	4.7%	4.2%	3.6%	3.3%	3.6%	3.7%	3.3%	3.2%	3.3%	3.0%	N/A	
Percentage of headcount who have had a Personal Appraisal and Development Review (PADR) / medical appraisal in the previous 12 months (excluding doctors and dentists in training)														
Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Target compliance
85%	69.1%	69.3%	69.6%	69.6%	70.3%	70.1%	70.6%	71.8%	71.1%	71.8%	71.8%	72.1%	71.0%	

Figure 5

Quadruple Aim 4: Improvement and innovation														
Percentage of episodes clinically coded within one reporting month post episode discharge end date														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
Maintain the 95% target or demonstrate a 12 month improvement trend	82.5%	76.3%	75.3%	82.1%	81.1%	88.9%	86.2%	81.3%	77.9%	74.8%	74.6%	74.8%	N/A	
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
90%	96.8%	94.4%	77.8%	76.3%	73.2%	91.5%	86.0%	76.1%	74.7%	72.7%	90.0%	56.0%	N/A	
Number of Pathways of Care delayed discharges														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
12 month reduction trend	248	284	246	277	234	257	236	287	291	279	249	243	231	
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.7%	100.0%	95.1%	98.6%	
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
90%	86.8%	86.0%	85.4%	85.6%	87.0%	86.2%	85.2%	83.8%	85.1%	86.9%	90.8%	90.1%	87.6%	
Number of patient experience surveys completed and recorded on CIVICA														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**From 1st November 2025 CTM no longer used CIVICA Experience**					
Month on month improvement	2,113	1,976	2,197	2,190	2,536	3,045	3,378	2,676						
Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp														
Target	**Apr-24 to Mar 25**	**Apr-25**	**Apr-25 to May-25**	**Apr-25 to Jun-25**	**Apr-25 to Jul-25**	**Apr-25 to Aug-25**	**Apr-25 to Sep-25**	**Apr-25 to Oct-25**	**Apr-25 to Nov-25**	**Apr-25 to Dec-25**	**Apr-25 to Jan-26**	**Apr-25 to Feb-26**	**Apr-25 to Mar-26**	**Target compliance**
63	103	13	19	32	44	65	73	77	87	105	117	129	139	
Cumulative number of laboratory confirmed bacteraemia cases - P. aeruginosa														
Target	**Apr-24 to Mar 25**	**Apr-25**	**Apr-25 to May-25**	**Apr-25 to Jun-25**	**Apr-25 to Jul-25**	**Apr-25 to Aug-25**	**Apr-25 to Sep-25**	**Apr-25 to Oct-25**	**Apr-25 to Nov-25**	**Apr-25 to Dec-25**	**Apr-25 to Jan-26**	**Apr-25 to Feb-26**	**Apr-25 to Mar-26**	**Target compliance**
24	14	1	2	3	3	4	5	5	7	9	13	14	14	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli														
Target	**Apr-24 to Mar 25**	**Apr-25**	**Apr-25 to May-25**	**Apr-25 to Jun-25**	**Apr-25 to Jul-25**	**Apr-25 to Aug-25**	**Apr-25 to Sep-25**	**Apr-25 to Oct-25**	**Apr-25 to Nov-25**	**Apr-25 to Dec-25**	**Apr-25 to Jan-26**	**Apr-25 to Feb-26**	**Apr-25 to Mar-26**	**Target compliance**
67.00	81.98	92.64	91.12	88.03	86.43	82.81	85.76	88.62	86.43	86.80	85.75	82.72	81.97	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - S.aureus bacteraemia														
Target	**Apr-24 to Mar 25**	**Apr-25**	**Apr-25 to May-25**	**Apr-25 to Jun-25**	**Apr-25 to Jul-25**	**Apr-25 to Aug-25**	**Apr-25 to Sep-25**	**Apr-25 to Oct-25**	**Apr-25 to Nov-25**	**Apr-25 to Dec-25**	**Apr-25 to Jan-26**	**Apr-25 to Feb-26**	**Apr-25 to Mar-26**	**Target compliance**
20.00	29.50	32.70	24.12	23.36	24.79	26.71	25.91	25.21	27.14	26.46	27.25	26.43	25.31	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - C.difficile														
Target	**Apr-24 to Mar 25**	**Apr-25**	**Apr-25 to May-25**	**Apr-25 to Jun-25**	**Apr-25 to Jul-25**	**Apr-25 to Aug-25**	**Apr-25 to Sep-25**	**Apr-25 to Oct-25**	**Apr-25 to Nov-25**	**Apr-25 to Dec-25**	**Apr-25 to Jan-26**	**Apr-25 to Feb-26**	**Apr-25 to Mar-26**	**Target compliance**
25.00	35.58	38.15	32.16	32.34	33.50	35.26	41.10	40.49	39.20	36.86	37.40	35.49	36.73	
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
Reduction compared to the same month in the previous year	41.9%	58.2%	52.2%	57.1%	34.3%	34.0%	56.0%	39.1%	44.8%	27.8%	50.0%	50.0%	61.1%	
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
12 month improvement trend towards national target of 95%	61.4%	64.9%	68.0%	63.7%	65.4%	70.4%	60.8%	63.7%	66.0%	68.6%	63.1%	62.5%	65.3%	
Number of ambulance patient handovers over 1 hour														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
Zero	866	1,011	836	306	215	233	258	85	92	174	416	181	223	
Number of ambulance patient handovers within 15 minutes														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
Improvement compared to the same month in the previous year towards the national target of 100% within 15 minutes	19.7%	16.5%	22.1%	48.0%	56.4%	54.2%	52.1%	62.9%	64.3%	57.4%	46.2%	53.9%	56.0%	
Number of National Reportable incidents that remain open 90 days or more														
Target	**Mar-25**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Target compliance**
12 month reduction trend	41	39	35	30	26	26	25	30	34	32	30	29	29	

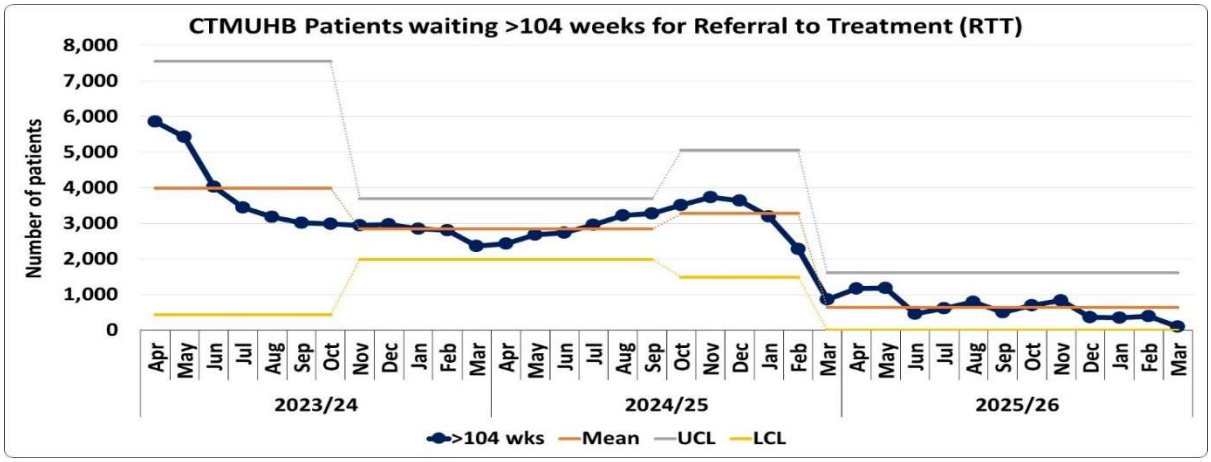
Data published in the Quadruple Aim scorecards are correct at the time of writing the report	
Targets are measured against year end (Mar 26) or the latest period data is available	**Key**
Target Delivered	
Target not Delivered	
Not available	**N/A**

Our Key Performance Measures 2025-2026

Focus area 1: Operational Performance – Planned Care & Cancer Care

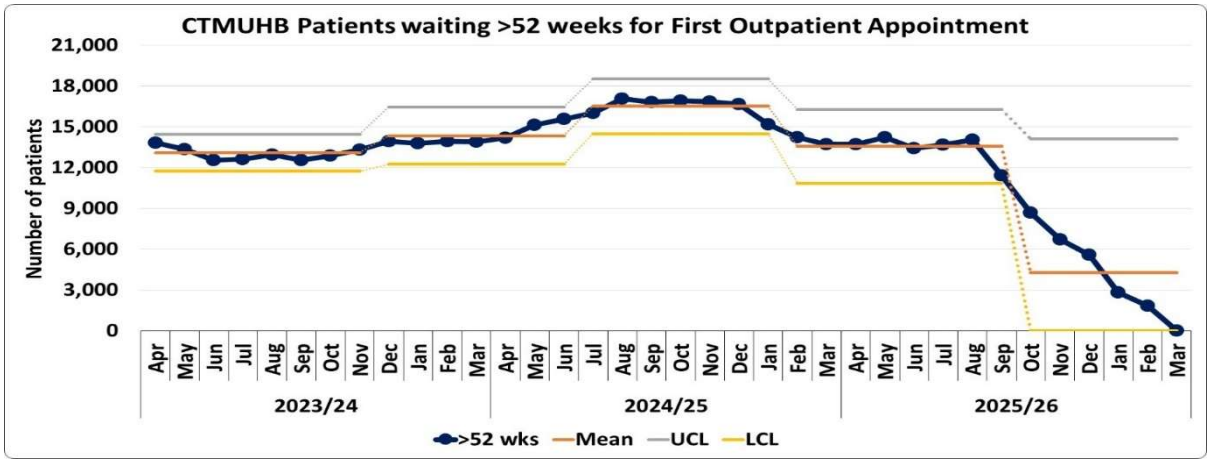
Measure 1: Deliver the Welsh Government ambition of zero patients waiting in excess of 104 weeks from referral to treatment.

Figure 6



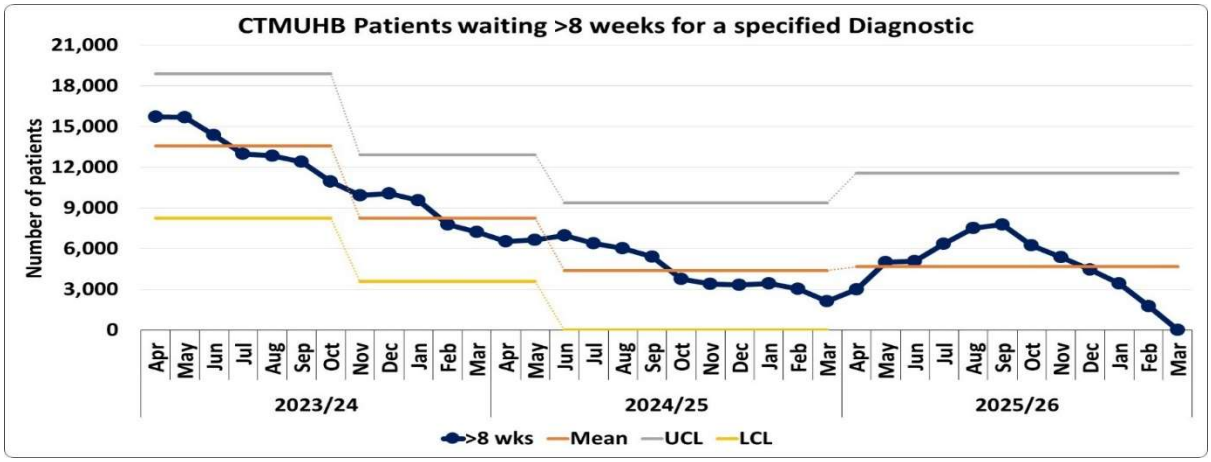
Measure 2: Provide outpatient appointments within 52 weeks for 100% of patients.

Figure 7



Measure 3: Ensure maximum wait for diagnostics does not exceed 8 weeks.

Figure 8



During 2025/26, Planned Care services delivered significant recovery, particularly in reducing long waiting times. While national targets were not fully achieved in all areas, the scale of improvement represents a substantial shift compared with the start of the year.

By March 2026, all patients waiting more than 52 weeks for a first outpatient appointment had been eliminated. Long waits over 104 weeks reduced significantly from 1,168 patients in April 2025 to 98 patients by year end.

For diagnostics, no* patients were reported as waiting longer than eight weeks by March 2026. Performance improvement was delivered in the context of rising demand, increased cancer activity and the implementation of a new Radiology Information System (RiS), which temporarily affected reporting for Non-obstetric Ultrasound at year-end.

Key actions included expanded waiting list initiative activity, sustained validation of referral-to-treatment lists, targeted recovery within Orthopaedics, expansion of diagnostic capacity and the development of pan-CTM service models, including six-day working in Endoscopy and the introduction of innovative approaches such as Transnasal Endoscopy.

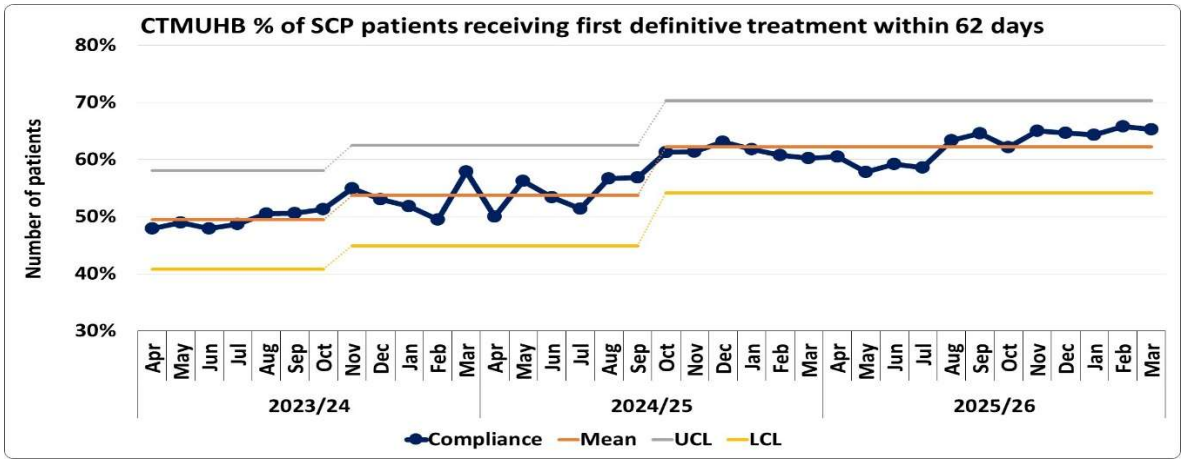
While this progress represents a material improvement in performance over the year, Planned Care remains subject to enhanced monitoring within the Welsh Government escalation framework, reflecting the continued scale of recovery required. Delivery has been supported by a combination of core capacity and additional non-recurrent measures, including waiting list initiatives and outsourced activity. Audit findings indicate that, while these interventions have accelerated improvement, there is a risk that gains may not be sustained without further consolidation of productivity improvements, workforce stability and pathway redesign.

The Health Board recognises the need to reduce unwarranted variation between specialties and to embed sustainable models of delivery that reduce reliance on additional capacity and ensure equitable access across all patient groups.

**Please note as a consequence of RiS implementation, Non-Obstetric Ultrasound (NOUS) data was not available for reporting at year end.*

Measure 4: Ensure more than 63% compliance with the Single Cancer Pathway measure (point of suspicion receiving first definitive treatment within 62 days).

Figure 9

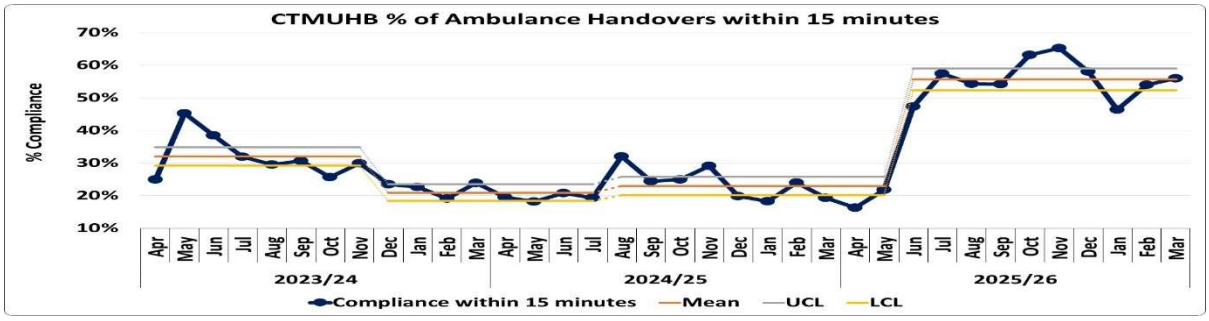


Cancer performance improved during 2025/26, with sustained recovery evident during the second half of the year. Single Cancer Pathway performance reached 65.8% by March 2026, remaining below the national 80% target but exceeding the Welsh Government de-escalation threshold: resulting in removal from enhanced monitoring. Challenges continued around diagnostic capacity, system dependencies and pathway complexity. Improvement actions included strengthened governance, expansion of cancer diagnostic capacity, enhanced pathway oversight and ongoing escalation of system-level risks through regional and national forums.

Focus area 2: Operational Performance – Urgent & Emergency Care and Acute Medicine

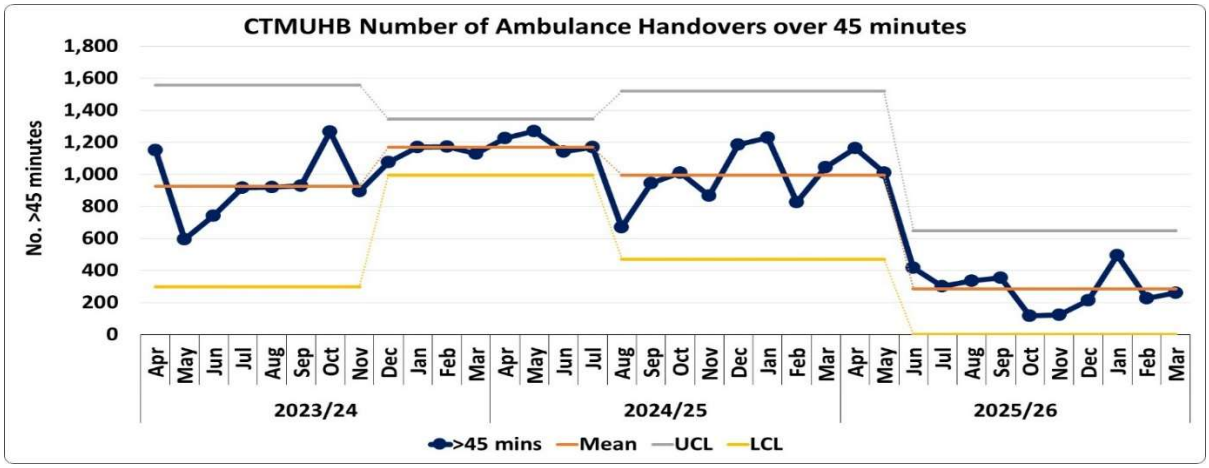
Measure 5: Percentage of ambulance conveyed patients completing handover to emergency departments within 15 minutes of arriving at a hospital site.

Figure 10



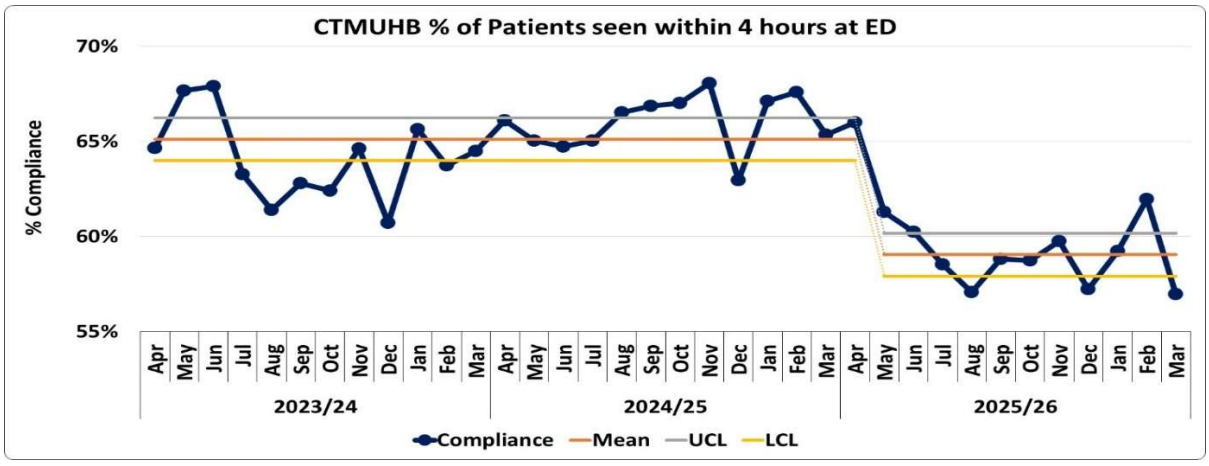
Measure 6: Number of ambulance conveyed patients completing handover to emergency departments within 45 minutes of arriving at a hospital site.

Figure 11



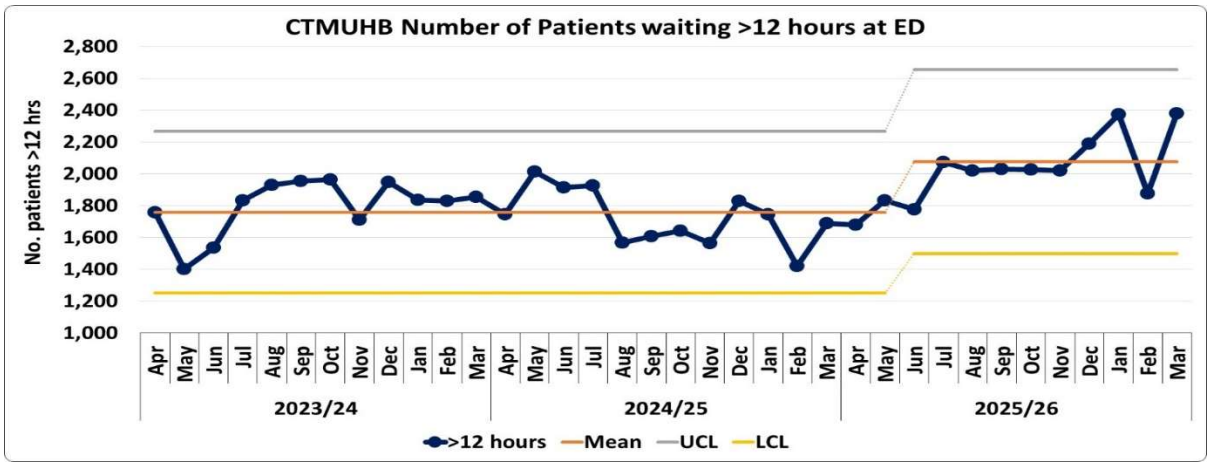
Measure 7: Percentage of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival to admission, transfer or discharge.

Figure 12



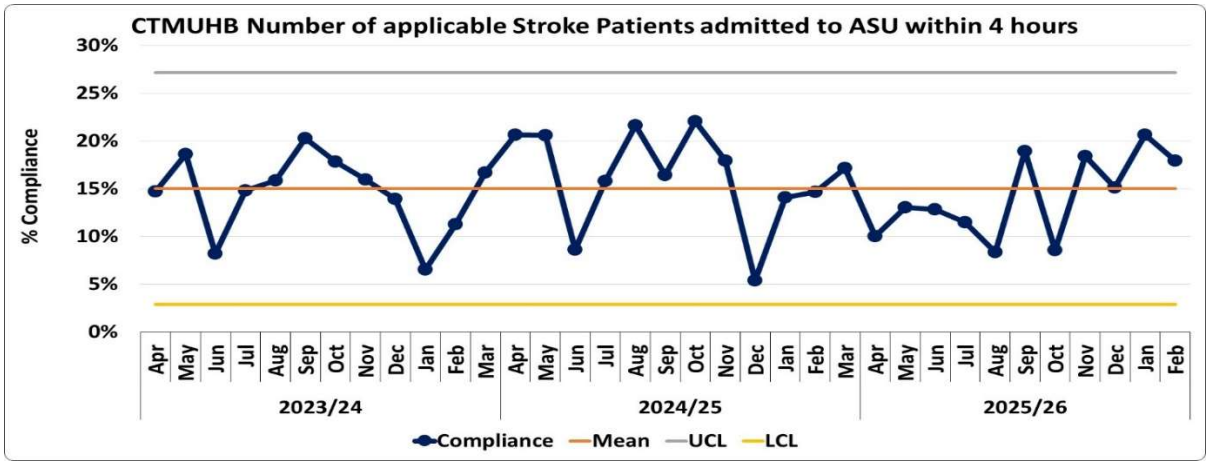
Measure 8: Ensure maximum patient wait time from arrival at an emergency department for treatment, admission or discharge does not exceed 12 hours.

Figure 13



Measure 9: Percentage of applicable stroke patients admitted to Acute Stroke Unit (ASU) within 4 hours.

Figure 14



Throughout 2025/26, unscheduled care services experienced sustained pressure driven by high demand, delayed discharges and limited inpatient capacity. While specific targeted interventions delivered improvement in ambulance handover performance and early assessment processes, system-wide performance remained below national standards.

By March 2026, 56% of ambulance handovers were completed within 15 minutes, improving significantly from 16.5% at the start of the year. Handovers exceeding 45 minutes reduced by over three-quarters compared with March 2026, observing 261 breaches at year-end.

Whilst there are still improvements to be made CTMUHB have been pleased to note that performance of the three acute hospitals has compared favourably against peer organisations in Wales, as seen below.

Figure 15

Handover 45 Report
(Hospital Emergency Department Handovers)

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

Hospital Name	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26
Bronglais General Hospital Aberystwyth	47%	40%	55%	75%	59%	63%	61%	49%	71%	60%	50%	53%	60%
Glangwili Hospital Carmarthen	36%	34%	36%	43%	54%	78%	80%	61%	59%	47%	58%	60%	57%
Grange University Hospital Cwmbran	33%	41%	41%	45%	37%	68%	65%	50%	43%	36%	43%	49%	44%
Morriston Hospital Swansea	33%	37%	73%	84%	87%	82%	82%	81%	66%	58%	49%	45%	51%
Prince Charles Hosp Merthyr	42%	42%	64%	88%	96%	99%	95%	97%	89%	77%	89%	84%	94%
Princess Of Wales Bridgend	48%	67%	77%	75%	74%	70%	95%	89%	85%	74%	90%	83%	82%
Royal Glamorgan Hosp Pontyclun	39%	50%	91%	87%	79%	76%	93%	94%	92%	77%	86%	92%	85%
University Hospital Of Wales Cardiff	53%	60%	62%	64%	92%	95%	87%	86%	83%	79%	74%	90%	89%
Withybush Hospital Haverfordwest	58%	52%	47%	48%	51%	56%	64%	71%	72%	75%	83%	86%	60%
Wrexham Maelor Hospital Wrexham	31%	29%	34%	52%	29%	30%	28%	29%	48%	26%	32%	29%	46%
Ysbyty Glan Clwyd Hospital	35%	50%	41%	43%	55%	47%	55%	37%	66%	42%	45%	44%	37%
Ysbyty Gwynedd	31%	30%	36%	33%	33%	27%	30%	27%	37%	29%	31%	29%	35%

Emergency Department attendances increased by 3.5% during the year. Performance against the four-hour standard deteriorated, largely due to delays in admitting patients requiring inpatient beds. Work continues to improve patient flow through strengthened escalation processes, specialty assessment units and closer partnership working across the health and care system.

Stroke pathway performance remained variable, with delays driven by pressures in Emergency Departments and access to diagnostics and beds. The Stroke Transformation Programme has focused on reducing time to CT and admission through enhanced clinical presence and pathway redesign.

Planned Care - Care Group

During 2025/26, Planned Care Group have delivered further improvements through significant and targeted service change programmes. These include:

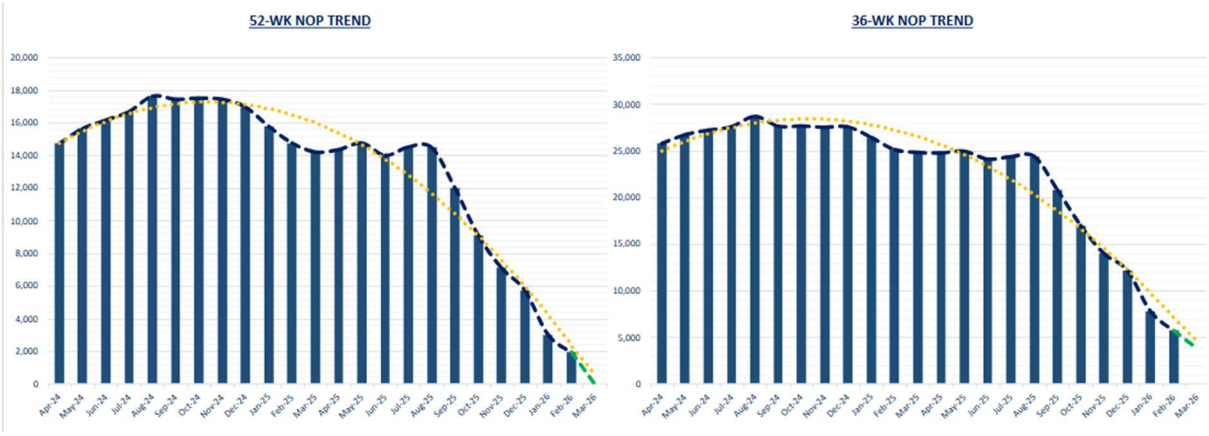
- Implementation of two centralised surgical units at the Princess of Wales hospital for both Ophthalmology and Orthopaedics, increasing surgical productivity
- A direct to listing model for Cataract referrals enabling capacity to be redirected to other areas
- Increased virtual clinics for Dermatology services, improving both cancer compliance & patient waiting times
- Expansion of the Urological Local Anaesthetic Transperineal Prostate Biopsy (LATPB) services, improving both cancer compliance & patient waiting times
- Consolidation of Ear Nose Throat (ENT) and Urology emergency services onto one site
- Delivery of a focused improvement programme for Endoscopy driving down waiting times and enabling national targets to be achieved
- Consolidation of acute Trauma services onto two sites (North & South)
- Development of standardised pre-assessment processes and optimisation pathway
- Further progress of Network criteria for Vascular services

- Further development of the Same Day Emergency Care (SDEC) model for surgery

In addition, Cwm Taf Morgannwg University Health Board has actively engaged with the National Outpatient Activity programme to accelerate waiting list reduction and support delivery of national access targets. This has included participation in the nationally led insourcing and outsourcing arrangements, with activity delivered through Health Board Services (HBS) to provide additional outpatient capacity outside core services. The approach has enabled targeted support for high-volume and long-waiting specialties, strengthened trajectory delivery, and complemented local improvement actions, while operating within national governance and monitoring arrangements to ensure value, quality, and patient safety.

Below are graphs to illustrate 52 week and 36-week trends following the introduction of HBS and Waiting List Initiative (WLI) schemes alongside core activity:

Figure 16



Through HBS we will have delivered 26,278 appointments from 1st September 2025 to 31st March 2026, with 2200 additional first outpatient appointments delivered between the same time period, through the Waiting List Initiative (WLI) activity.

For the Planned Care-Care Group, CTMUHB measures against patient waiting times and cancer treatment compliance.

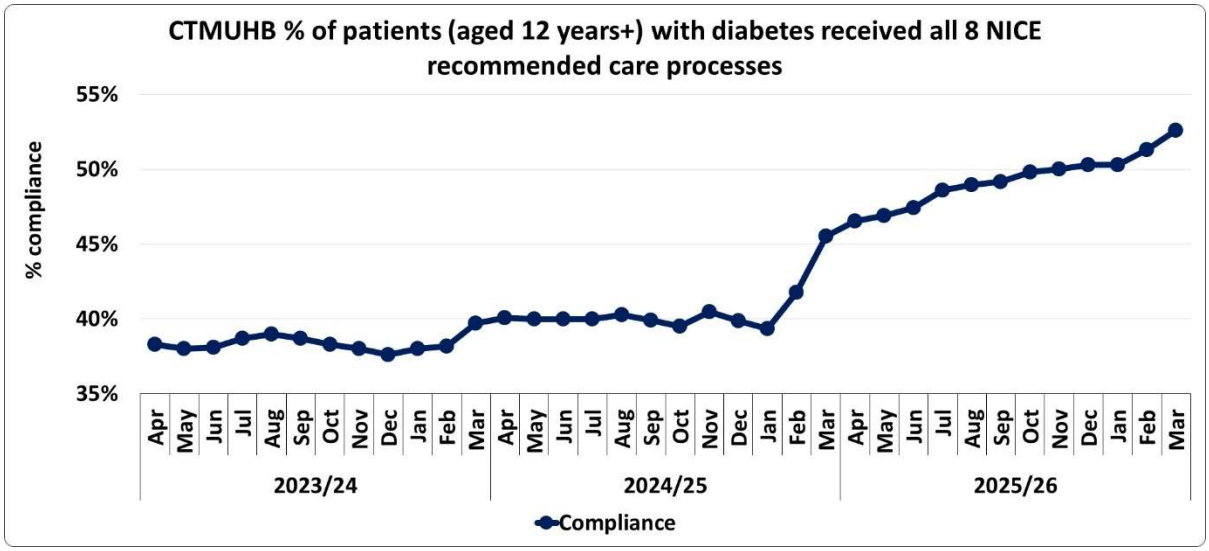
While improvements in ophthalmology capacity and pathway redesign have supported increased activity, audit work has highlighted ongoing clinical risk associated with delayed follow-up for patients with chronic eye conditions. For a proportion of patients requiring regular monitoring, delays in review can lead to deterioration in vision and, in some cases, irreversible harm.

The Health Board has taken steps to mitigate this risk through pathway redesign, regional working and the expansion of community-based optometry services. However, it is recognised that further work is required to fully address backlog risk, improve tracking of follow-up patients and ensure that risk stratification processes are consistently applied across services.

Focus area 3: Population Health

Measure 10: Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Figure 17

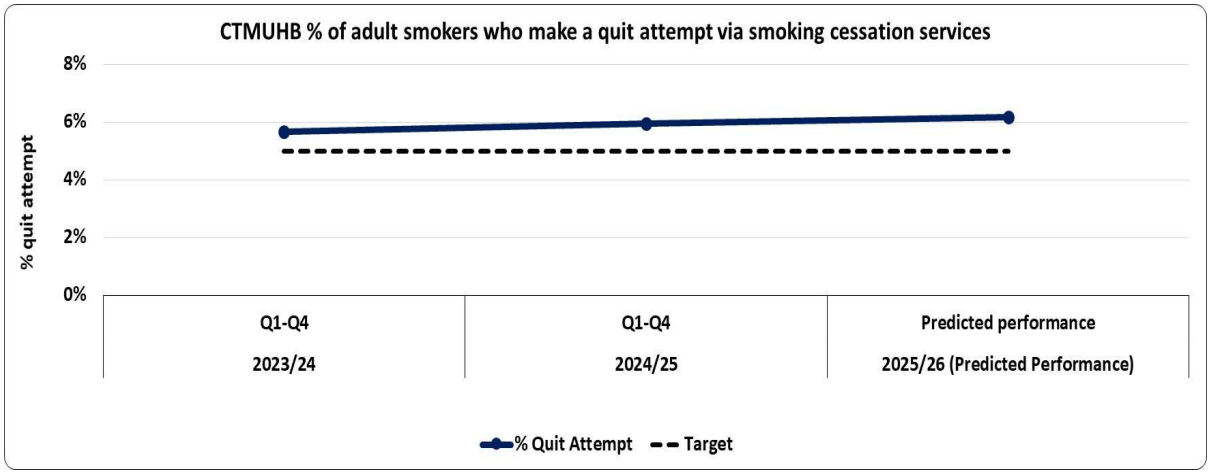


Diabetes remains a significant long-term condition across Cwm Taf Morgannwg, with prevalence higher than the Wales average and a strong association with deprivation. The Health Board continues to prioritise the delivery of high-quality diabetes care processes in line with NICE guidance and Welsh Government standards to improve outcomes and reduce health inequalities.

Overall, completion of diabetes care processes across CTM has improved during the course of the year and stands at 52.6% (March 2026), reflecting focused improvement activity, service redesign and enhanced use of digital systems.

Measure 11: % of adult smokers who make a quit attempt via smoking cessation services

Figure 18



Smoking is the leading cause of preventable illness and diseases such as cancer and cuts lives short. In CTM, around 11% of deaths in those aged 35 and over are caused by smoking annually (2020-2022).

As well as the personal cost, smoking has a significant impact on society, costing more than £17 billion a year. It has a big impact on the NHS, with 4% of annual hospital admissions in CTM attributable to smoking (2020-2022, those aged 35 and over). In Wales, around 10% of people age 16 and over smoke and it is estimated that around 12.4% of CTMUHB's resident population smoke. CTMUHB's strategic intention is to achieve a smoke free society by 2030, with a 5% or less adult smoking prevalence.

During 2025/26, based on a straight line prediction of 4.62% of all adult smokers making a quit attempt in the first 9 months, it is anticipated that 6.16% (2,828) of the smoking population of 45,900 in CTM will have made an attempt to quit smoking via the Smoking Cessation Services over the course of the full year, marking the third consecutive year of performance above target.

Our achievement of the 5% target and improvement on previous years has largely been achieved by implementing plans to improve the numbers of treated smokers including:

• Further developing the Help, Me Quit (HMQ) in community pharmacy services to increase the number of pharmacies delivering and offering support to continuously improve quit outcomes.

• Developing and implementing the HMQ In-hospital model; including securing additional HMQ advisor capacity.

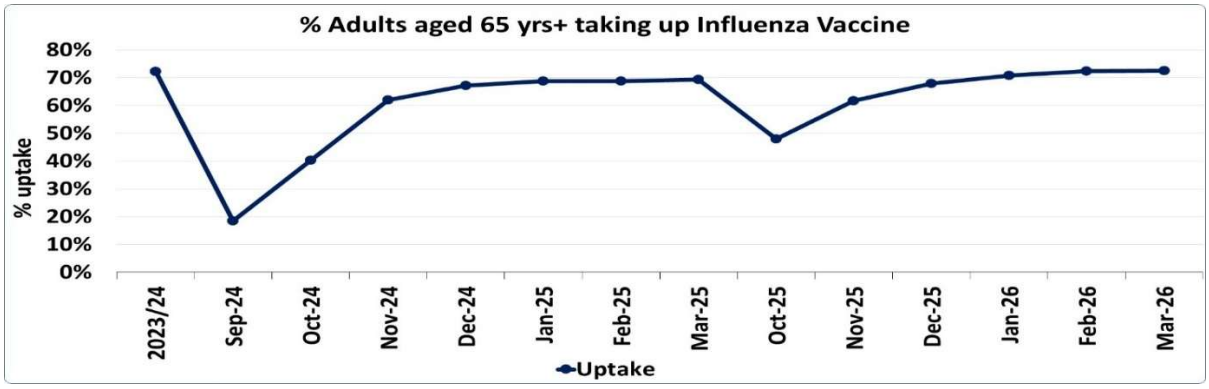
• Continuing to deliver and improve the HMQ for Baby service, ensuring that all pregnant women are offered carbon monoxide monitoring and referral to cessation support if they smoke.

• Ensuring the HMQ service is promoted within Primary Care with clear referral routes, including offering Making Every Contact Count training.

• Targeting work at groups who we know have higher smoking prevalence, including work with registered social landlords to explore how promotion of the HMQ service and discussion of smoking in relation to the cost of living can be incorporated.

Measure 12: % uptake of the influenza vaccination amongst adults aged 65 years & over

Figure 19



Seasonal influenza vaccination remains a key preventative intervention for older adults, helping to reduce avoidable illness, hospital admissions, and excess winter mortality. People aged 65 years and over are a priority cohort under the national influenza immunisation programme due to their increased risk of severe complications.

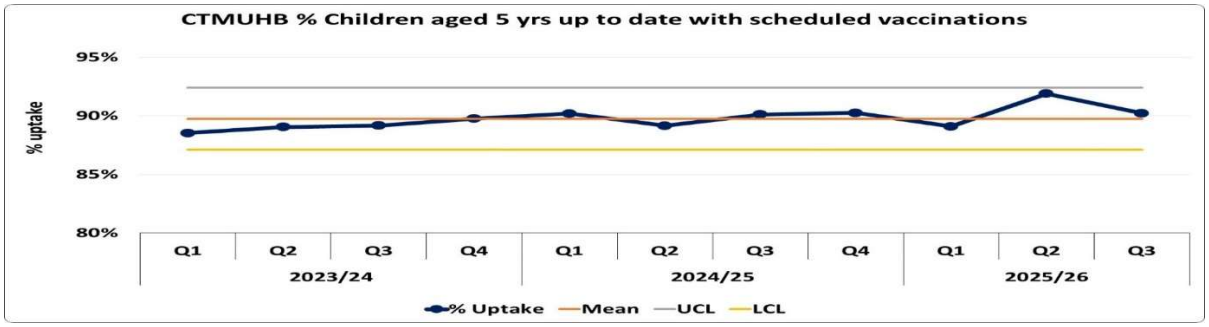
During the 2025 influenza vaccination programme, CTM achieved strong uptake among residents aged 65 years and over with 72.5% uptake at March 2026; just short of the Welsh Government set target of 75%. Despite overall positive performance, variation in uptake persisted across localities and population groups. Lower coverage was observed in areas of higher deprivation, highlighting the ongoing challenge of addressing health inequalities within preventative programmes.

There is a continued risk that eligible adults, particularly those clinically at risk, do not access influenza vaccination. Mitigation focuses on improving awareness, accessibility and targeted outreach, informed by ongoing uptake analysis and engagement with community partners.

Measure 13: Percentage of children who are up to date with the scheduled vaccinations by age 5.

Age 5 scheduled vaccinations are those children who have completed "4 in 1" pre-school booster, the Hib/MenC booster and second MMR dose (MMRV from January 2026).

Figure 20



Routine childhood immunisation remains one of the most effective public health interventions, protecting children against serious and preventable infectious

diseases. Achieving and sustaining high vaccination uptake up to the age of five is critical to maintaining population immunity, reducing inequalities and preventing avoidable illness and outbreaks.

From January 2026 the chickenpox vaccine was introduced into the routine childhood immunisation schedule in Wales. By a child's 5th birthday, children in Wales are scheduled to have had vaccinations to protect against:

- Diphtheria, Tetanus, Pertussis (Whooping Cough) and Polio - (4 in 1 booster)
- Influenza and meningitis-C
- Measles, Mumps, Rubella and Varicella (Chickenpox); collectively known as MMRV.

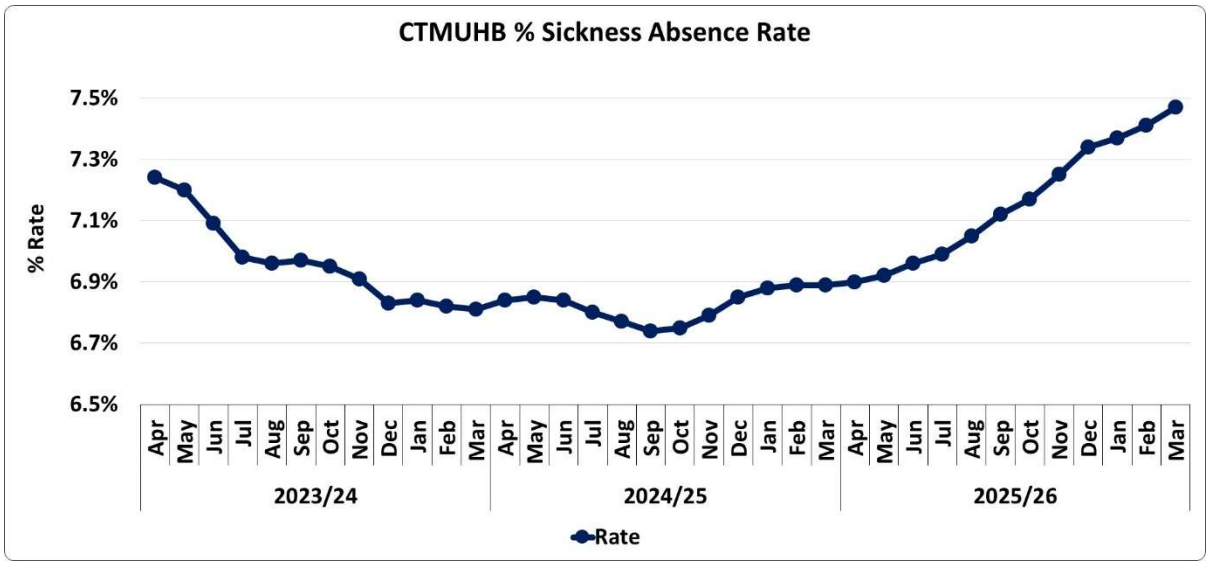
Coverage of children residing in CTM who have received their scheduled immunisations by age 5 has ranged between 89.1% and 90.2% during Quarters 1 to 3 of 2025/26, with targeted catch-up activity underway in areas of lower uptake.

(Data for quarter 4 will not be available until July 2026).

Focus area 4: People

Measure 14: Percentage of sickness absence rate of staff.

Figure 21



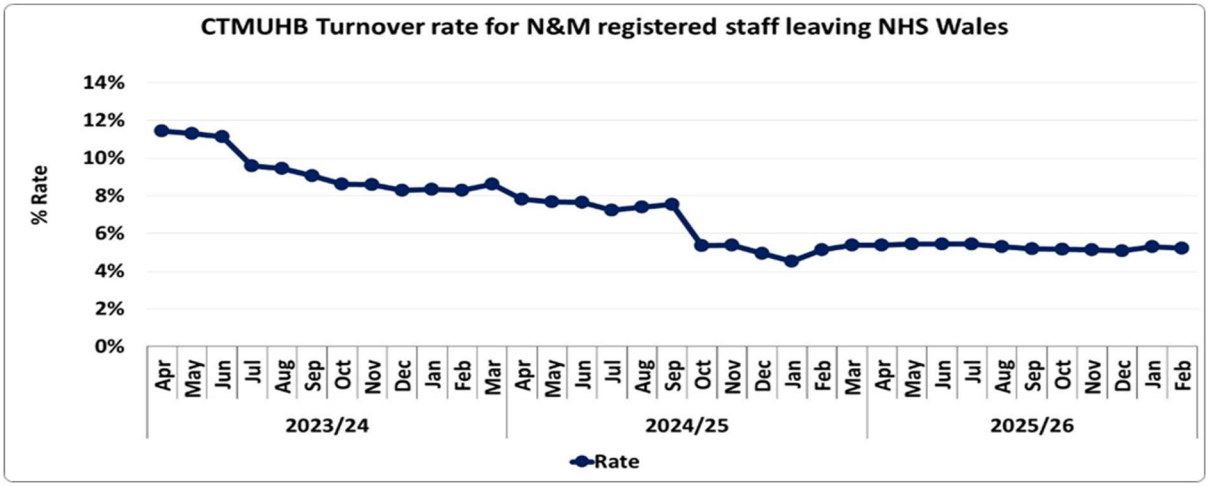
The Health Board currently employs approximately 11,878 whole-time equivalent (WTE) staff, a headcount in the region of 13,656 with 42% of our workforce working part-time.

Sickness absence increased gradually during the year to 7.47% (March 2026), equating to 317,129 WTE days lost to sick absence, with mental health-related conditions remaining the primary cause.

Targeted wellbeing, case management and leadership interventions continue to be implemented.

Measure 15: Turnover rate for Nursing & Midwifery (N&M) registered staff leaving NHS Wales

Figure 22

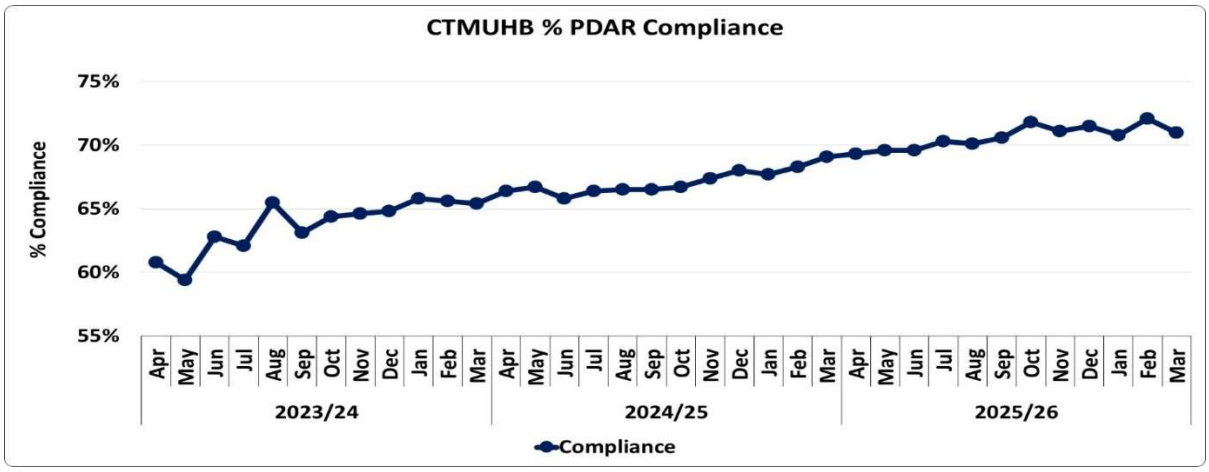


In order to maintain patient safety and effectiveness, the retention of nursing and midwifery staff is thus a critical operational requirement. CTMUHB employs in the region of 4,364 Nurses and Midwives (3,908 WTE).

The Nursing & Midwifery staff turnover rates (which excludes retire and return) reduced to 5.23% by February 2026, representing a positive trend and lessening the risk of losing skills and expertise. Work-life balance and promotion remain the top reasons for leaving and the Health Board is focused on the delivery of targeted retention.

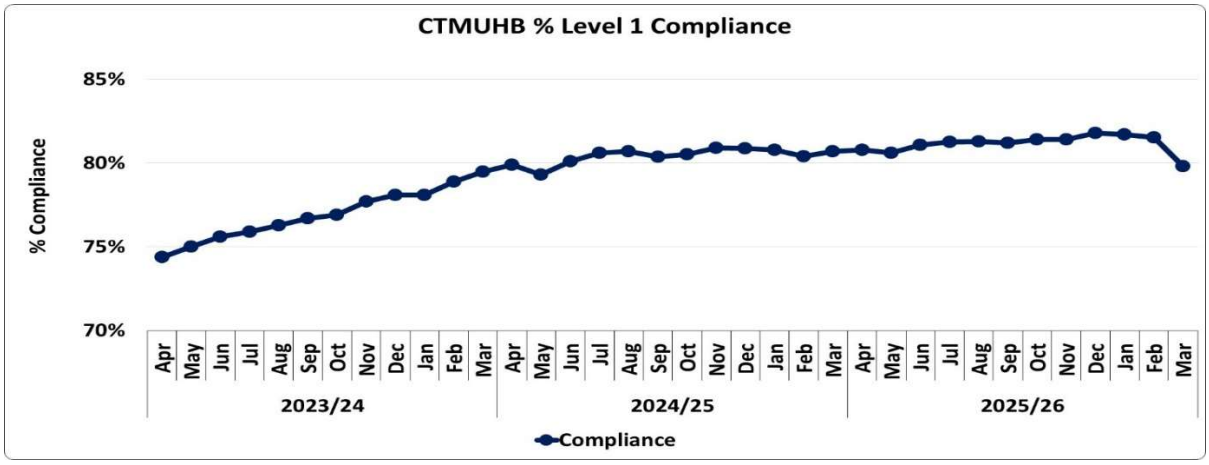
Measure 16: Percentage headcount by organisation who have had a PADR/medical appraisal in the previous 12 months

Figure 23



Measure 17: Percentage compliance for Level 1 Core Skills

Figure 24



Compliance with appraisal improved modestly to 71%, although remains below the 85% target, while mandatory training compliance remained fairly stable, albeit dipping slightly to 79.8% at the end of March 2026.

CTMUHB, like all NHS Wales organisations, has 10 core mandatory training subjects which all staff are required to complete to a level 1 standard.

These level 1 modules provide an essential baseline in education and awareness, ensuring our staff have the core skills required to deliver safe and effective services and comply with statutory and legislative regulations.

A current breakdown by subject is shown below:

Figure 25

CTMUHB Level 1 Core Mandatory Training		**% change on last annual report (2025)**
Equality, Diversity and Human Rights	84.51%	-1.5%
Fire Training	80.01%	-0.88%
Health, Safety and Welfare	85.91%	-1.31%
Infection Prevention and Control	77.66%	-1.51%
Information Governance	83.43%	-0.86%
Moving and Handling	82.91%	-1.60%
Resuscitation	63.55%	-1.04%
Safeguarding Adults	83.89%	-0.96%
Safeguarding Children	82.86%	-0.74%
Violence and Aggression	73.37%	-10.48%
CTMUHB Overall Compliance	**79.76%**	**-2.17%**

(Figures as at 31 March 2026)

As per the above 79.76% remains short of the WG and CTMUHB target of 85%, level 1 compliance has continued to rise throughout 2026, reaching its highest ever level in the Health Board in February 2026 and dipping in March.

We also continue to mandate additional level 1 subjects at the request of WG, with compliance rates remaining consistently high:

- Anti-racism 85.96%
- Dementia Awareness 95.03%
- Learning Disabilities (Paul Ridd) 90.89%
- Welsh Language (More than just words) 71.54%

In addition to these level 1 core modules, CTM offers additional levels of training to reflect the skills and protections needed across different roles and services. For this training, overall Health Board compliance sits at 73.55%.

Under the people promise of 'Getting the basics right', a range of activities and programmes are contributing towards this increased picture in Core Learning compliance:

- Subject Matter Experts and associated training teams providing greater numbers and increased access to training sessions.
- Increased training coordination support to maximise booking functionality within ESR.
- Continuation of a CTM-specific appeals process, enabling staff to ensure any additional competencies are relevant to their role.
- Instigation of recommendations from WG All Wales Review, including condensing and simplifying requirements in Violence & Aggression training.

CTMUHB's compliance for staff who have received a Personal Development Review (PDR) has continued to rise this year, sitting at 70.97%: a year high and +3.08% year on year. This rise can be attributed to a collective effort to target improvements in compliance off the back of the internal audit into PDR in May 2025.

This included:

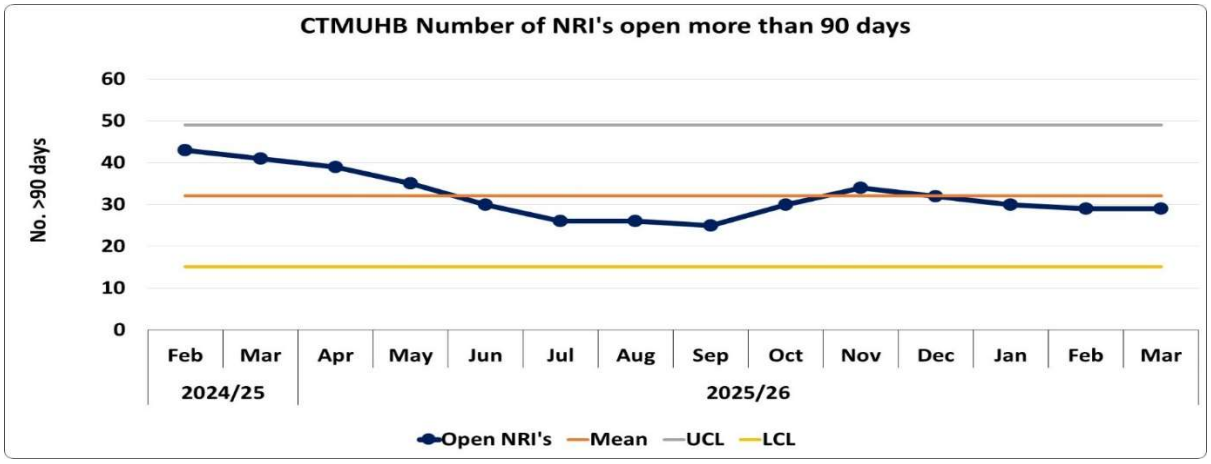
- Enhanced reporting to establish areas with the highest proportion of staff that have never had a PDR. Support and training was then channelled into these staff groups to increase engagement, with the most improved staff group (Facilities) seeing a 21.52% increase in compliance over the reporting period.
- Drop-in sessions advertised and facilitated for managers to access support in undertaking and uploading PDRs.

Management training expanded and embedded into CTM's Ignite: Management Essentials development offer.

Focus area 5: Quality & Safety

Measure 18: Number of National Reportable incidents that remain open 90 days or more.

Figure 26



Patient safety incidents are defined as unintended or unexpected events that could have, or did, result in harm to one or more patients or service users receiving NHS-funded healthcare.

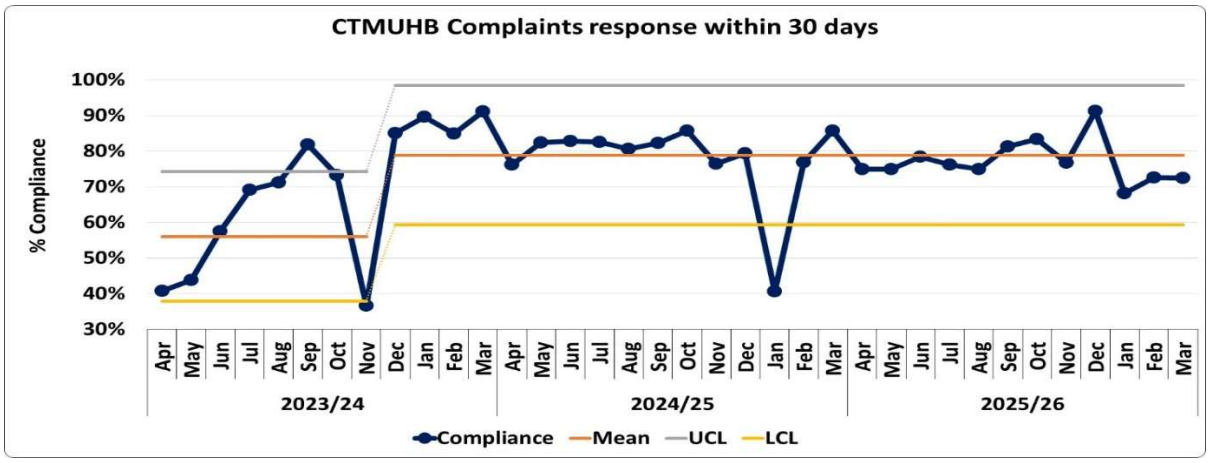
Under the NHS Wales National Policy on Patient Safety Incident Reporting, a specific subset of these incidents must be reported nationally to the NHS Executive. To ensure appropriate and consistent reporting, organisations are required to have robust local processes that support an assessment against five key principles: whether the incident meets "must-report" criteria; the level of actual or potential harm; the number of patients, individuals, or services affected; the learning opportunities the incident presents; and the need for joint decision-making around national reporting and investigation. These principles ensure proportionate, transparent reporting and support wider learning across NHS Wales.

As at the end of March 2026, CTMUHB had 46 open National Reportable Incidents (NRIs), of which 27 were overdue the timescale for completion. This represents a decrease from the 38 incidents overdue at the start of the financial year.

The process for the reporting and management of National Reportable Incidents is outlined in the Health Board's Incident Management Framework. To facilitate this process supporting documentation continues to be developed and shared via the Health Board's SharePoint Pages. In addition, training continues to be provided which outlines the expectations for colleagues involved in the incident management and investigation process.

Measure 19: Percentage complaints response within 30 working days

Figure 27

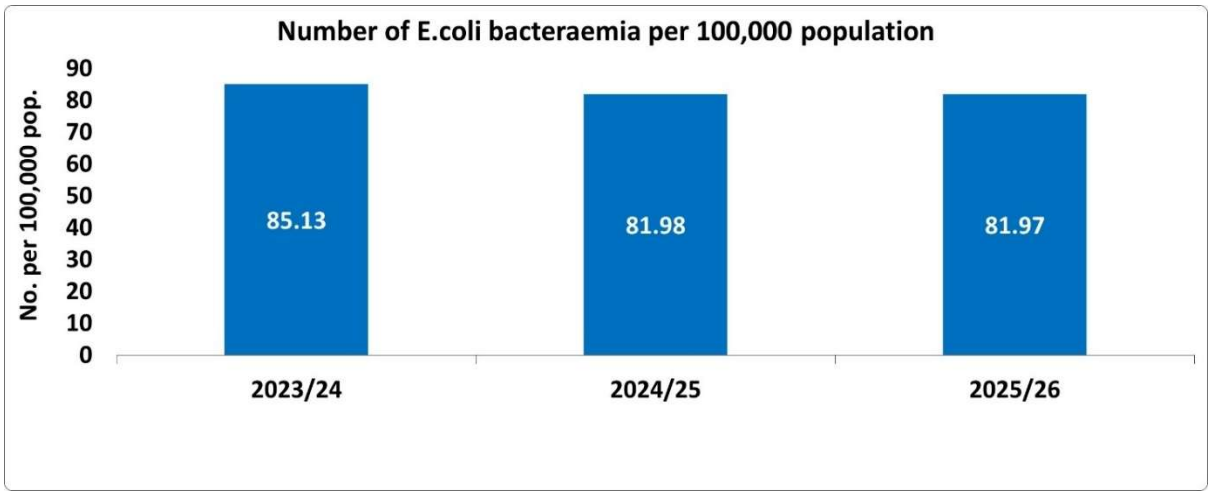


Over the course of the year, the Health Board closed a total of 543 formal complaints managed under the Putting Things Right Regulations.

During January 2026, preparatory work commenced for the implementation of the new "Listening to People" initiative. As a result of this work, compliance fell sharply, but improved thereafter, although remaining just below the target of 75% (March 2026 recording a compliance rate of 72.4%). Focused work continues to be undertaken to improve the efficiency of the Health Board's concerns triage process to ensure a timely response.

Measure 20: Number of E.coli bacteraemia per 100,000 population.

Figure 28



E.coli bacteraemia, caused by the bacterium Escherichia coli, is a serious and potentially life-threatening infection that poses significant risks to public health and can be found in the blood stream. E.coli bacteraemia can lead to sepsis, a systemic inflammatory response syndrome that can progress rapidly and result in organ failure and death if not promptly treated with appropriate antibiotics.

Individuals with weakened immune systems, the elderly and those with underlying medical conditions are particularly vulnerable to the complications of E.coli bacteraemia. Prevention strategies such as proper food handling, infection control measures in healthcare settings and judicious use of antibiotics are essential in reducing the prevalence and impact of this dangerous bloodstream infection.

Between April 2025 and March 2026, 366 E.coli bacteraemia cases were reported by the Health Board with the provisional rate per 100,000 population being 81.97, above the WG set target of 67.00 and driven mainly by community-onset cases (83%).

Preventative work continues through infection control initiatives, catheter passport implementation and mandatory training compliance.

Measure 21: Crude Hospital Mortality Rate.

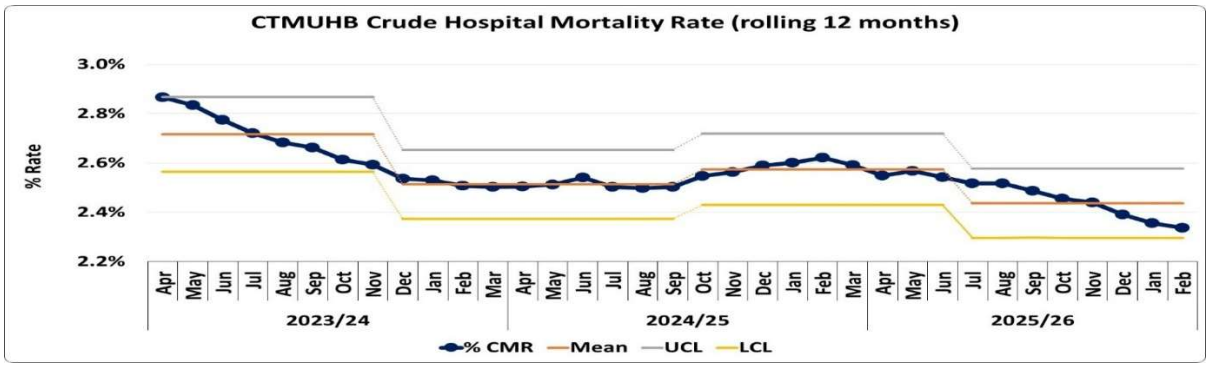
The crude hospital mortality rate measures the proportion of inpatient admissions into CTMUHB hospitals that result in death within the hospital. The rate is used as an indicator of quality but is highly susceptible to several confounding factors such as counting practices, ratio of elective to emergency admissions, time of year and case mix of patients.

It is complimented by other methods and measures such as the mortality review screening panels and in-depth reviews of cases conducted by the mortality review team. The input of the medical examiner reviews and coroners' investigations is also noted.

The mortality review team has developed a live dashboard to look at themes such as communication and areas of improvements, that can also be used to give in depth insights by specialty and ward. These are fed back to teams and care groups and discussed at the mortality board meetings.

CTMUHB also has digital data provided by an external company using peer matched data to compare rates against similar organisations matched to populations, and to look at specific illnesses such as sepsis to analyse trends and improve areas where mortality figures are higher than expected.

Figure 29



The chart above demonstrates the inherent seasonality within the Health Board's mortality rate and the reduction from 2.6% to 2.3% over the 12 month period.

To aid quantitative approaches to monitoring and analysing trends in mortality, work to strengthen analytical capability and learning systems continues.

Performance Overview from our Central Functions
Chief Operating Officer

Six Goals for Urgent and Emergency Care

Delivery of strategic objectives aligned with both national and local priorities for urgent and emergency care, as governed by the Six Goals Programme, has been undertaken in partnership with health and social care colleagues. This collective approach supports an efficient, integrated model for delivering care and achieving quality driven outcomes for the communities we serve.

Collaboration across secondary care, primary care, community services and our local authority partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) continues to drive transformation in both in hospital and out of hospital care. The programme's scope includes the provision of urgent care that is responsive to patient needs and fully integrated within local models of care, as set out in project plans that span health and social care boundaries.

The delivery of the Six Goals objectives is supported by several key system enablers, including digital solutions and data analytics. These enablers underpin sustainable integration and system simplification. The programme's core principles for transforming urgent and emergency services ensure that services:

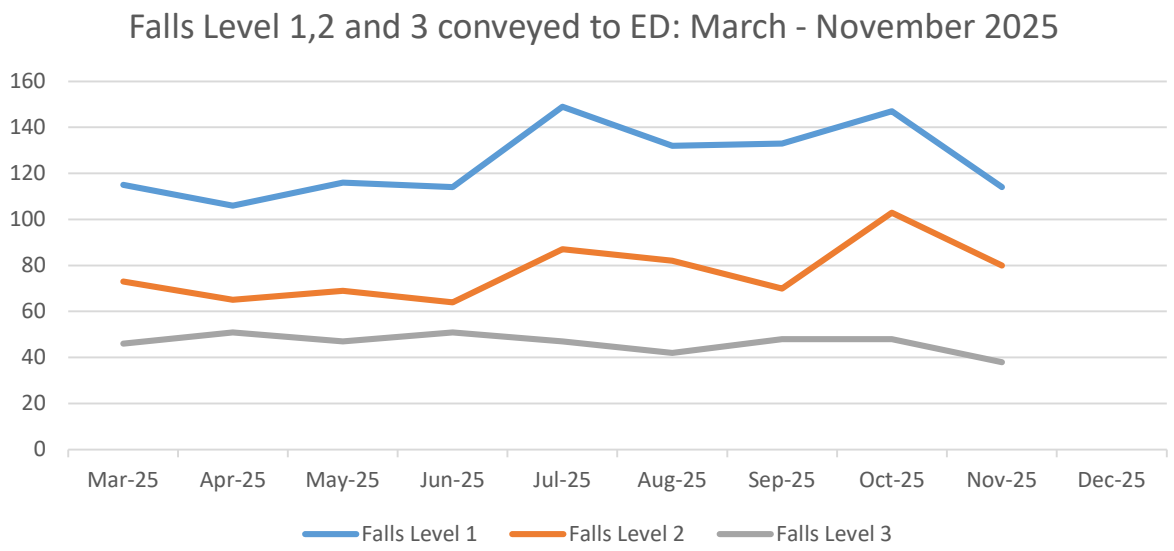
- Are easy for people to navigate
- Deliver urgent and emergency care as close to home as possible
- Meet national requirements and standards
- Align with wider regional transformation activity

Throughout 2025–2026, we have worked collectively as a system to progress and achieve agreed objectives aligned to the four ministerial priorities:

Priority 1: UEC1 — Community-Based Falls Response Service

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

Figure 30

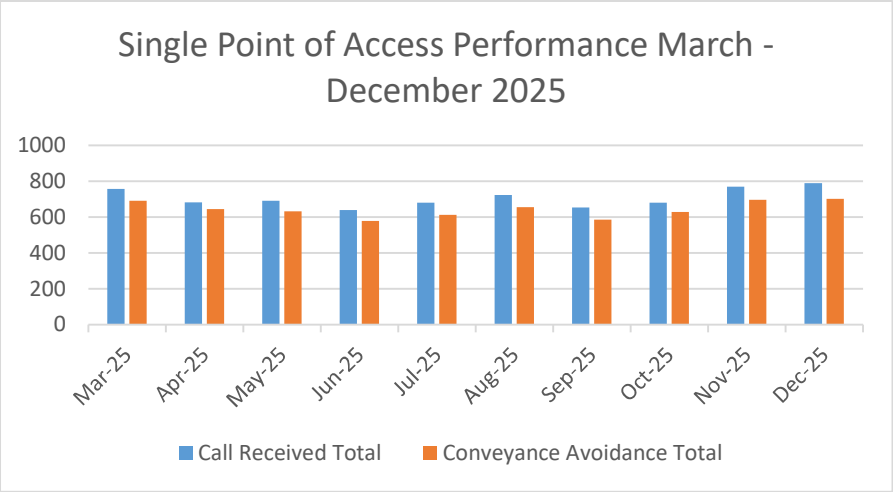


Description: Visual shows number of conveyed calls at all levels

Priority 2: UEC2 — Single Point of Access (SPOA)

SPOA continues to mature as a central mechanism for demand management, early redirection, and clinically led triage. Key achievements include reduced care-home conveyances, full rollout of the falls pathway across all CTM areas, expansion of the virtual ward respiratory cohort, and development of multiple new pathways via Navigation Hub (urgent bloods, community nursing, podiatry prescribing, head new pathways via Navigation Hub (urgent bloods, community nursing, podiatry prescribing, head injury, and 111-to-UTC diversion).

Figure 31



Description: Shows upward trend since June 2025 of number of calls received through SPOA and a correlating number of avoided conveyances

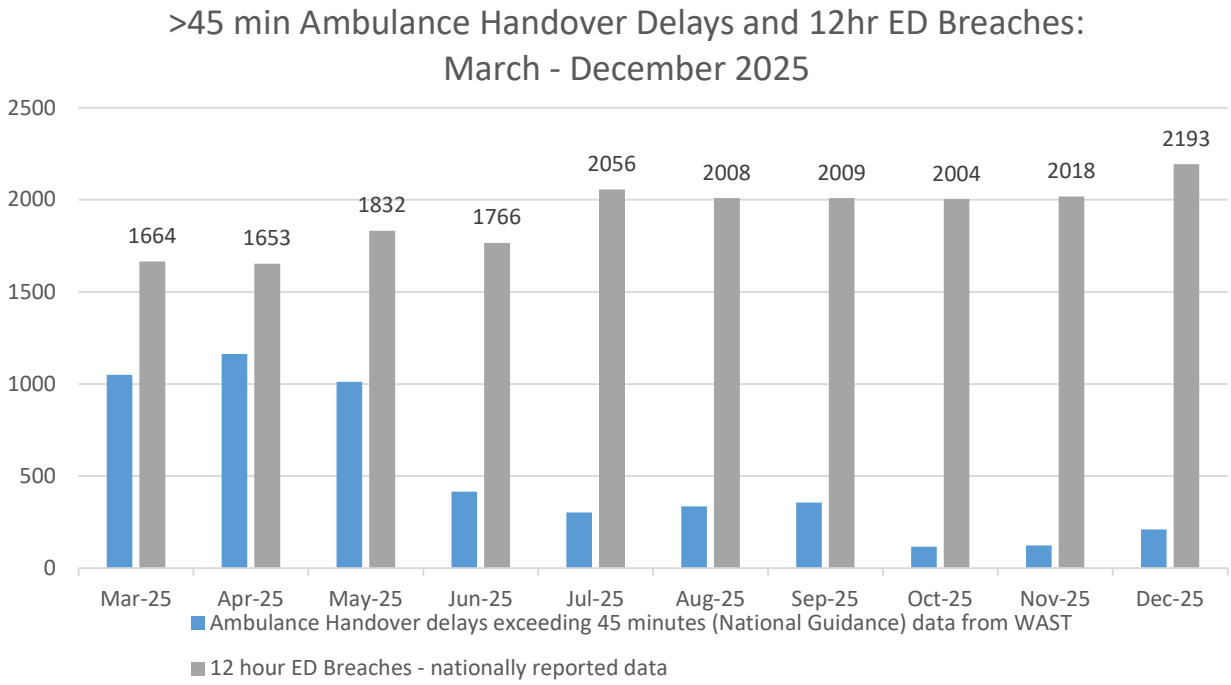
Priority 3: UEC3 — Acute Front Door Frailty

CTMUHB strengthened acute frailty capabilities across all acute hospitals, improving same-day specialist review and early decision-making. POW expanded ACE capacity from 15→22 beds with aligned step-down flow; PCH redesigned Ward 10 into ACE + step-down zones and the recruitment into PCH of the speciality doctor marking a significant milestone for that service; RGH maintained ambulatory frailty with strong community links. These changes support consistent, integrated front-door frailty management

Priority 4: UEC4 — Ambulance Handover Guidance

Significant improvements were achieved through a combination of the STAMP programme and effective management from site SBLT including reduced >45-minute handover delays, stronger front-door alignment (ED/SDEC/Frailty/Acute Medicine), and the introduction of the ED Huddle for real-time oversight. The UTC pilot at PCH achieved a 75% same-day discharge rate for redirected patients, preserving ED capacity.

Figure 32



Description: Demonstrates reduction in >45-minute handover delays across CTM sites.

Figure 33

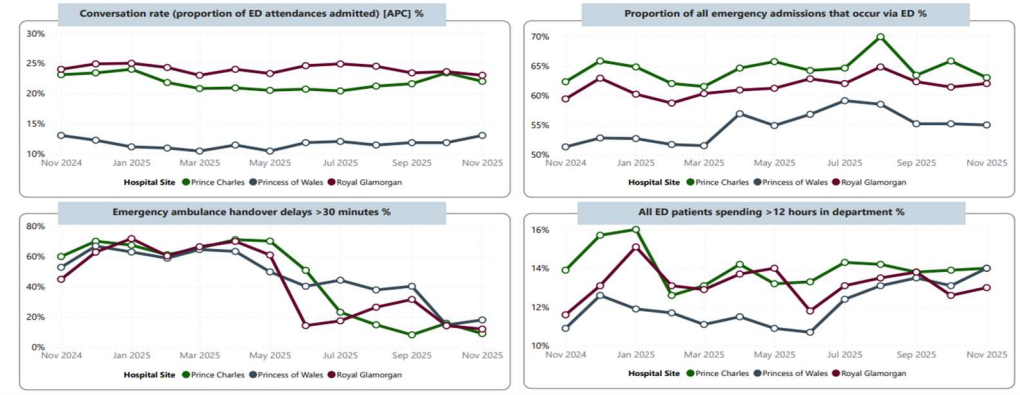
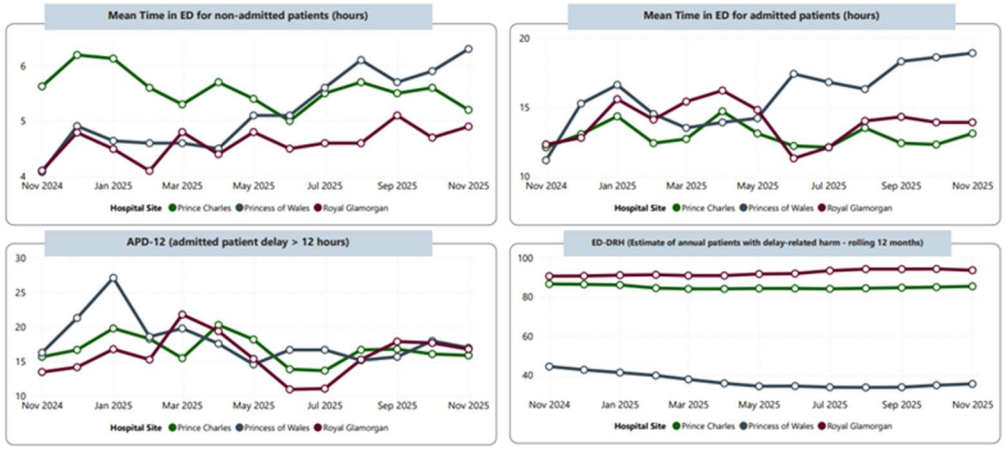


Figure 34

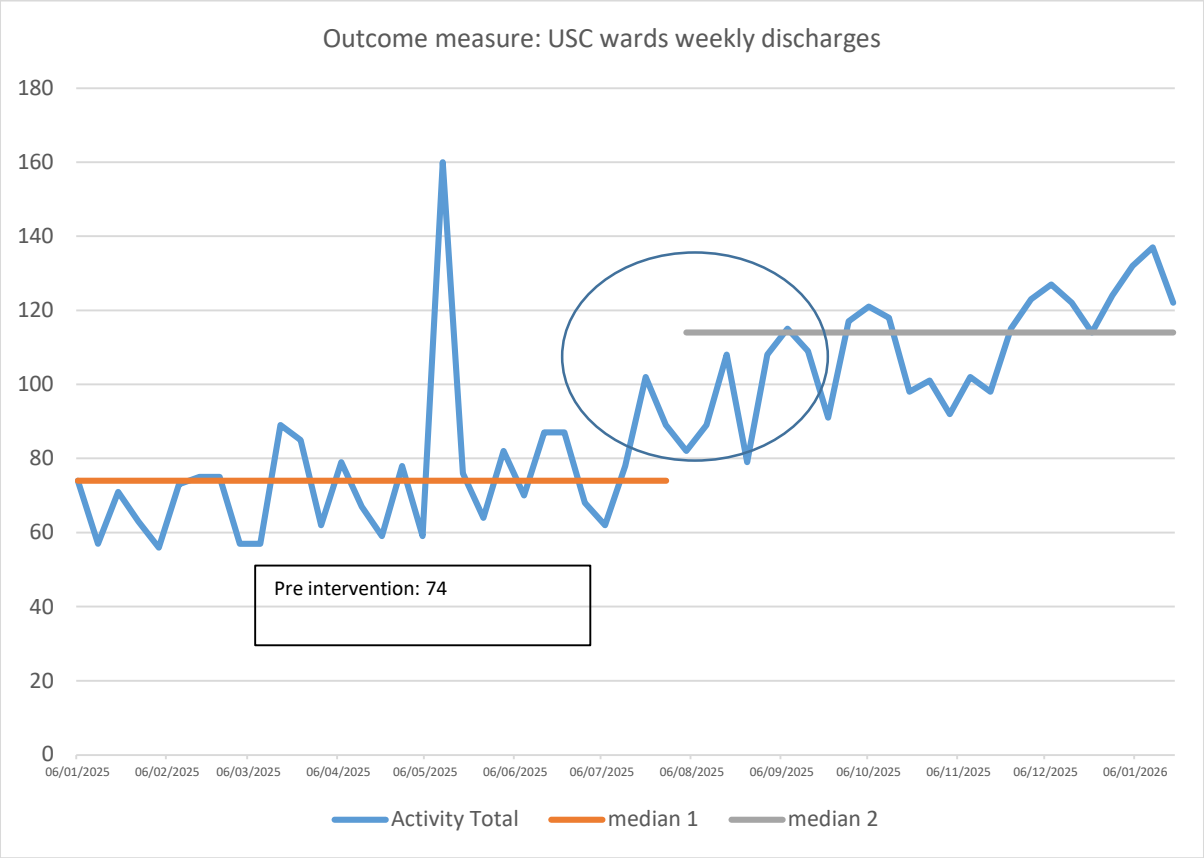


Description: These graphs demonstrate ED Performance across a range of different metrics

Priority 5: UEC5 — Optimal Hospital Flow Framework (OHFF)

The Optimise programme has matured into a whole-hospital flow improvement model, focusing on SAFER adoption, multidisciplinary coaching, digital audit tools, and enhanced eWhiteboard/eToC/Data reporting. Improvements in discharge reliability, LoS, and operational discipline have been maintained even under pressure.

Figure 35



Description: This graph shows the improvement in discharge profile at POW post implementation of Optimise.

Home First / Reduced Readmission (POCD & Hospital @ Home)

CTMUHB improved management of clinically optimised patients through strengthened POCD oversight, better governance (IDDB), enhanced eToC/SDN processes, and the full operational rollout of Hospital @ Home Level 4. Bridging Pathway 1 reduced delays for patients awaiting care packages. Digital tools improved length of stay (LoS) visibility and discharge sequencing.

Figure 36

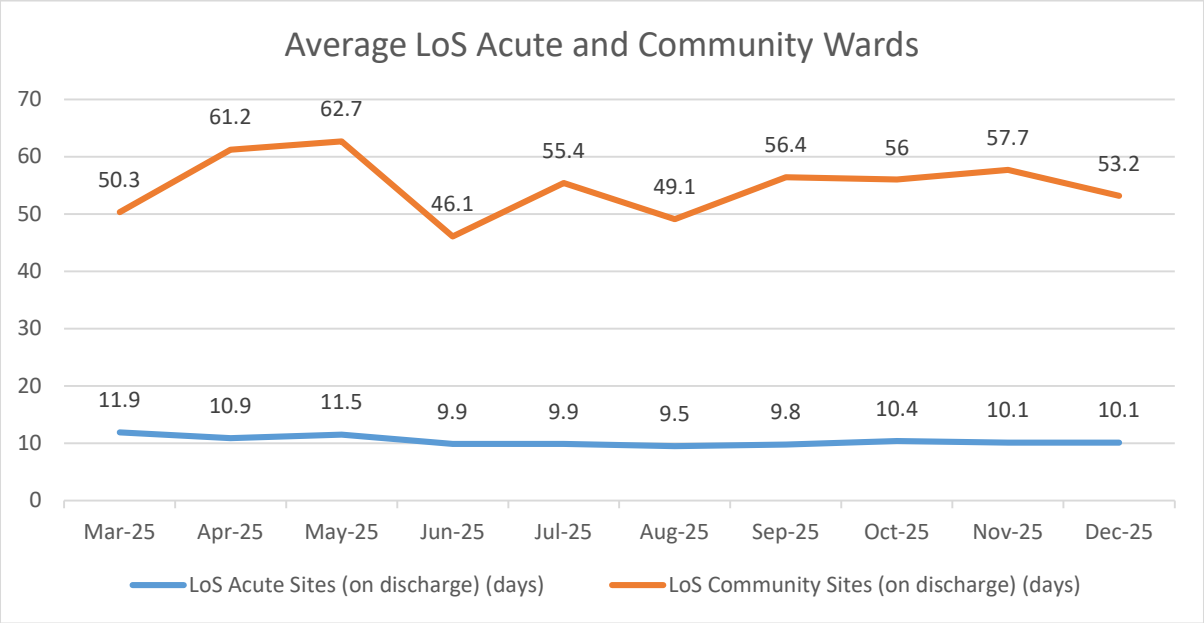
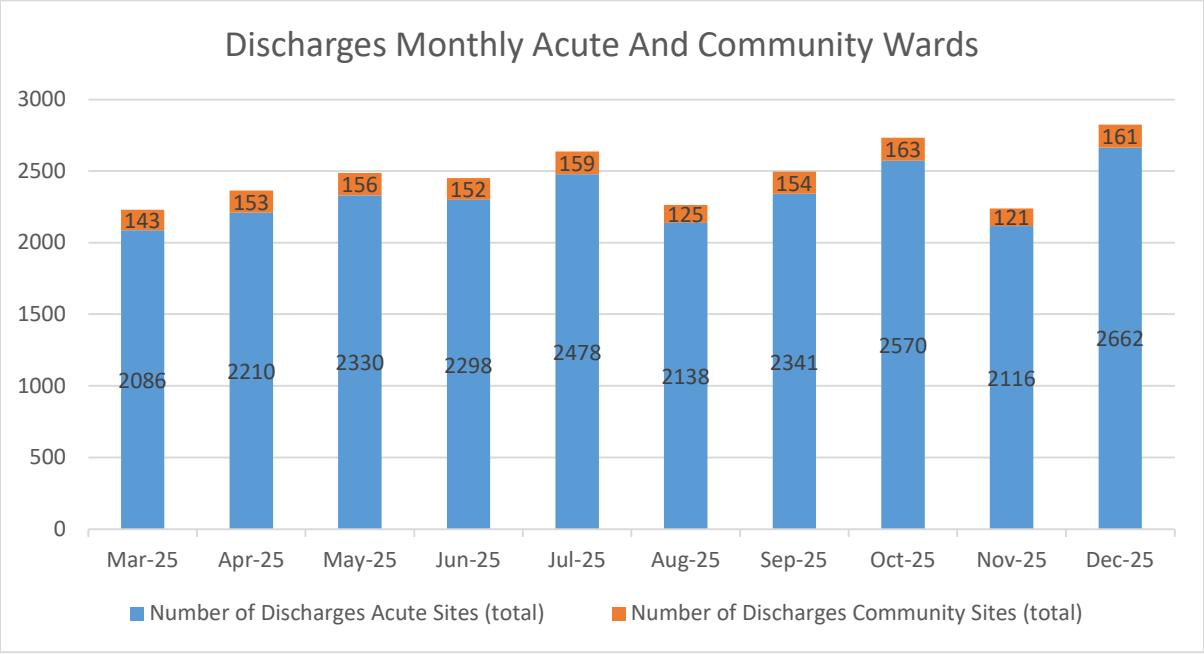


Figure 37



Description: Shows improvements in LoS, discharge volumes.

Figure 38

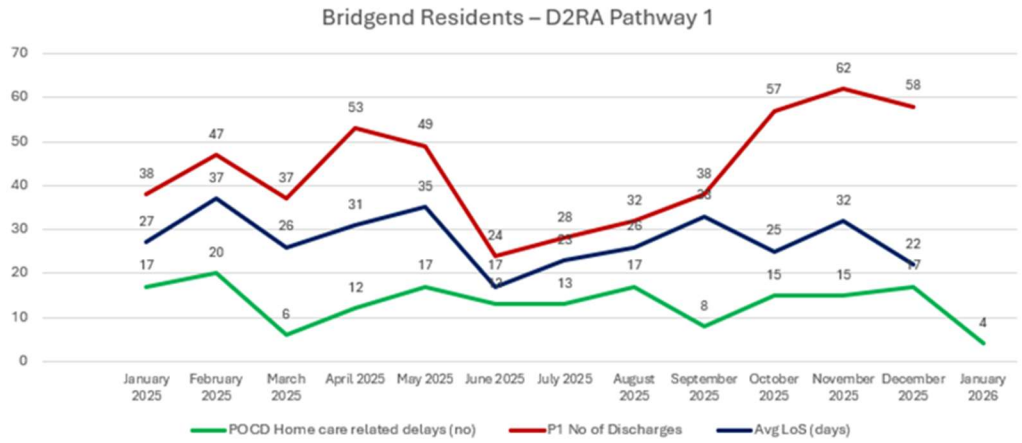


Figure 39

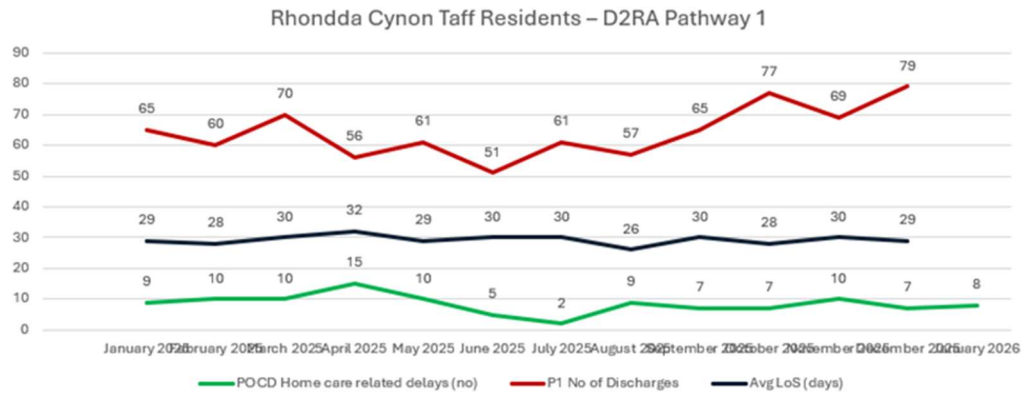
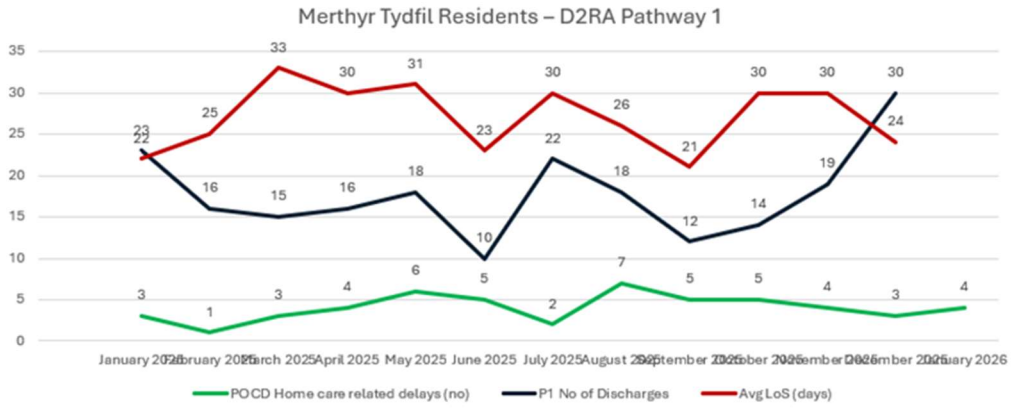


Figure 40



Description: These graphs show Avg Los, Number of pathway 1 discharges and POCD home care related delays by local authority

Planned developments and future priorities include:

Hospital @Home

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

POCD / Home First

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

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

Primary Care and Community Care Group

The 2018 Primary Care follow-up audit report provided reasonable assurance, identifying minor actions for improvement with a focus on the Board being more sited on Primary Care issues. In response, the Health Board strengthened the escalation and reporting arrangements for Primary Care across the spectrum of Board and Committee structures.

A Primary Care Transformation Board has been established which is developing the long-term vision and transformation of Primary and Community Servies. This Board oversees both the development and commissioning of services and supports the strategic shift from secondary-care-led pathways to care closer. Cluster delivery forms a key component of this programme and with alignment with our wider system priorities as opposed to operating as a standalone plan. The cluster expenditure approval process has also been reviewed and updated.

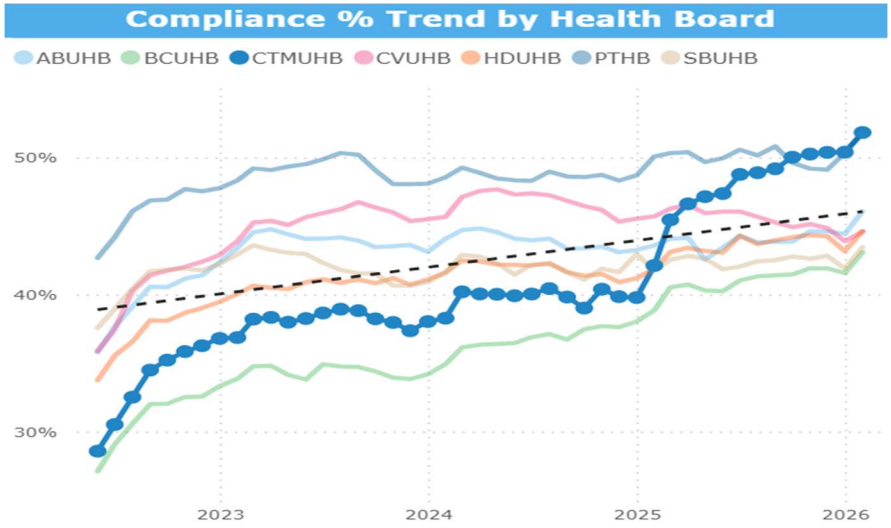
There is ongoing annual Contract Quality and Assurance processes in place for the monitoring of all General Medical, General Dental and General Optometry practices to ensure they are compliant.

Primary care and community services deliver most of all patient contact across CTMUHB. However, activity measurement remains challenging due to the diversity

of services, variation in clinical systems and continued reliance on manual data collection. Despite these complexities, 2025/26 saw strengthened reporting of key performance indicators to Board and Committee structures, providing assurance that the profile is being raised, and improvement actions are delivering population-level impact. Examples include:

- Performance for 8 Care Diabetic Processes by GP practices

Figure 41



The National Diabetes Audit 2024 (published January 2025) identified that CTM's performance on the 8 Diabetes Care Processes required significant improvement, with CTM ranked as the second-lowest performer in Q4 2024/25. Targeted engagement with clusters and individual practices focused on improving data quality, identifying areas of poor performance, and providing additional training and support. As a result of this sustained intervention, CTM has been the best-performing health board for the past six months.

- Assessment of Access for Urgent Primary Care

Figure 42

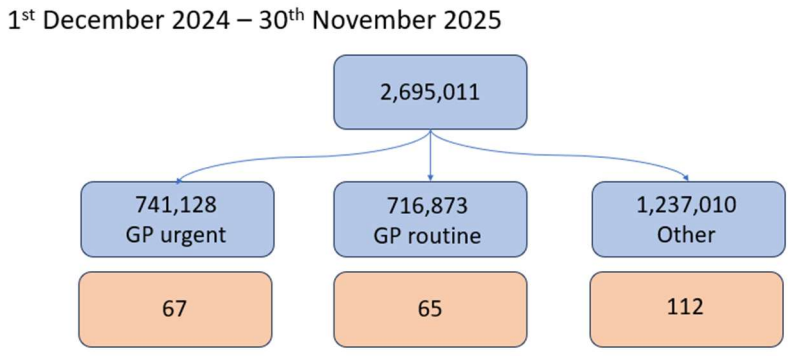


Figure 43

- 79.0% GMS
- 8.1% CAS
- 6.6% GP OOH
- 2.9% PIPS
- 2.3% 111 #2
- 0.7% Nav Hub
- 0.3% UTC

Costs associated of the activity above is detailed below:

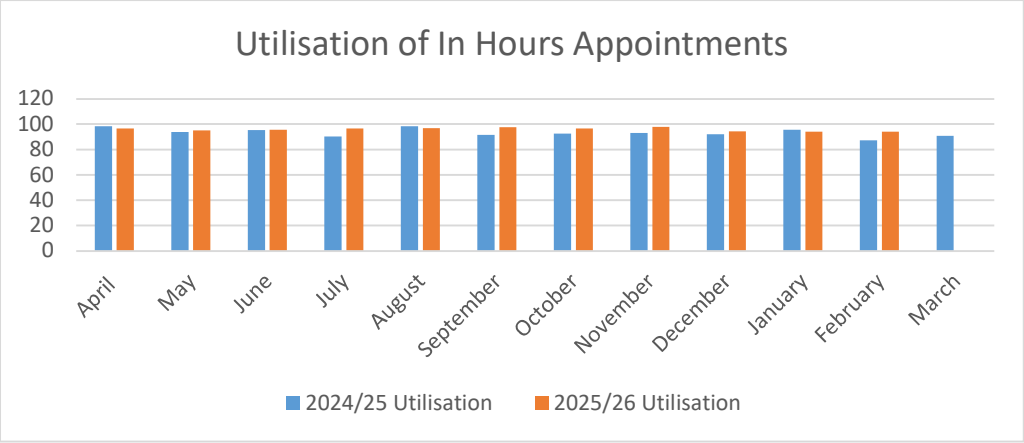
Figure 44

UTC	£ 240,000.0		£ 79.0
Nav Hub	£ 685,000.0		£ 102.0
GPOOH	£ 7,671,000.0		£ 124.0
111 #2	£ 1,150,000.0		£ 52.0
GMS (Global Sum)	£ 67,362,000.0	27.5%	£ 25.0
Common Ailments	£ 2,199,000.0		£ 29.0
IP	£ 1,439,000.0		£ 53.0

- General Dental Services

In 2025 the number of patients accessing care at a Dentist increased.

Figure 45



- Dental Waiting List

CTMUHB has maintained a robust process for monitoring dental waiting lists through the Emergency and Urgent Dental Hub within the Single Point of Access (SPOA). A key feature of 2025 saw the transfer of this waiting list to the national Dental Access Portal. This enables individuals to register for dental treatment where they do not already routinely access a dental practice, and they are supporting in securing appointments through Dental Practices and the Health Board's salaried service.

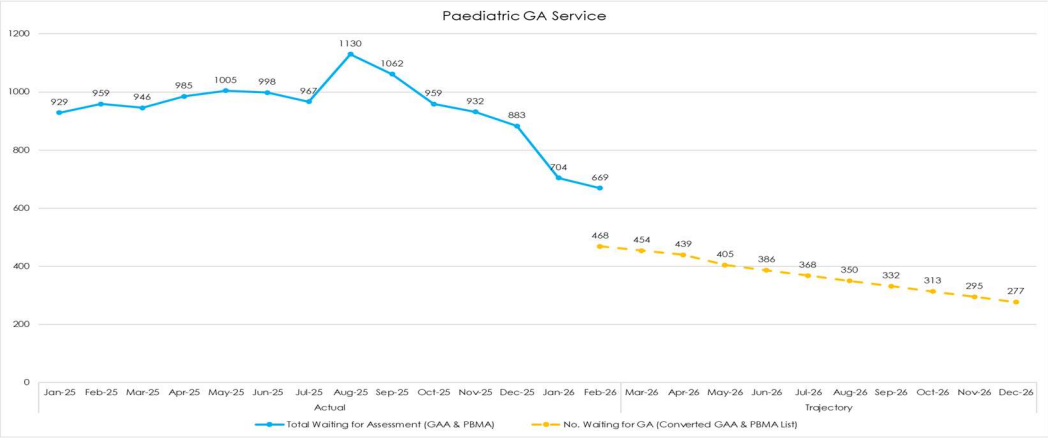
Figure 46

DENTAL ACCESS PORTAL	No. of patients
Patients transferred to DAP before 12th Feb 2025	3,254
Unvalidated patient list	430
Number of patients added to DAP since Go Live	14,509
Total number of patients waiting for NHS Dentist	5324
Total Number of patients allocated via the DAP since Go Live	14,560

- Reduction in children waiting for General Anaesthetic for dental care

Significant reduction in the waiting list for children waiting for General Anaesthetic for dental treatment. This has been achieved through additional theatre lists being undertaken in the acute sites to enable the Community Dental Service Dentists to undertake the necessary procedures. At the end of 2025/26 the waiting list backlog has been significantly reduced.

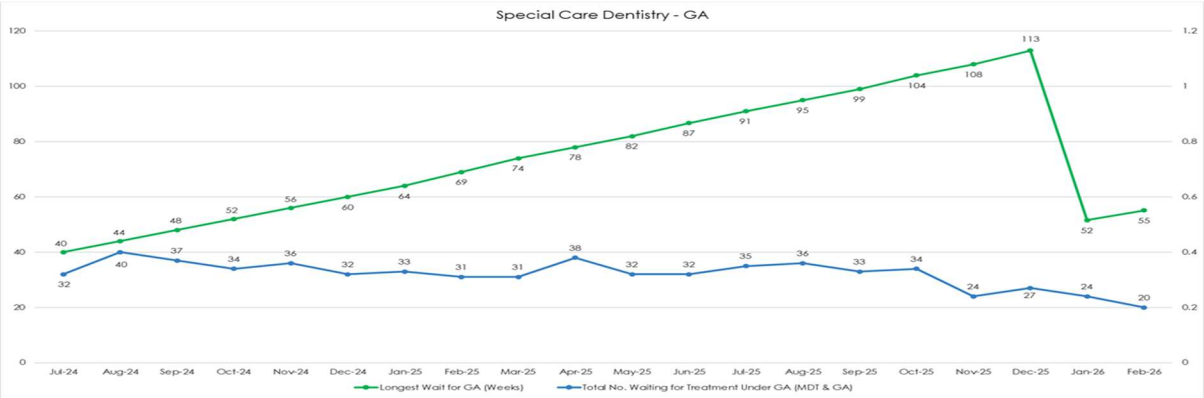
Figure 47



- **Special Care Dentistry**

Patients who require special care for dental services (due to the complexity of their condition or have learning disabilities) are treated by our Community Dental Team. As a result of the additional theatre sessions, we have seen a continued decrease in the number of patients who are waiting for treatment under general anaesthetics. It is expected that the waiting list backlog will be cleared by September 2026.

Figure 48



Optometry Services

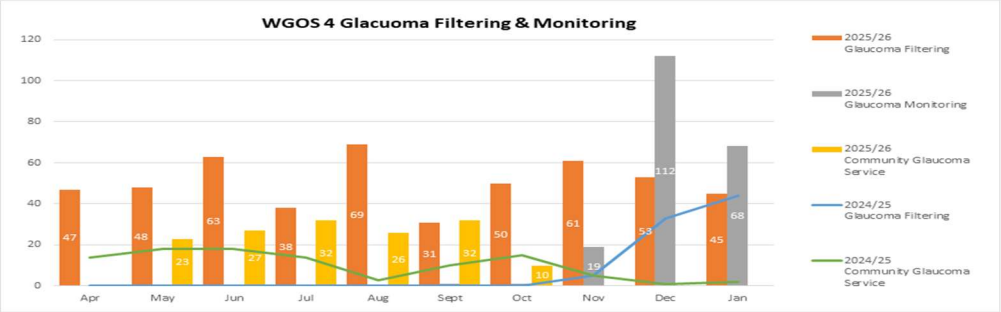
Implementation of the new All-Wales Optometry Contract (WGOS) has been a priority in 2025/26, including the transition of local pathways to national pathways to support the shift of care from secondary to primary settings.

There has been a significant increase in the total number of patients accessing low vision services, i.e. for assessment and advice with aids to support people living with low vision compared to 2024/26.

Figure 49

Glaucoma filtering and monitoring for patients in local Optometry practices was introduced in October 2024 and this enables patients to receive their monitoring of Glaucoma condition closer to home in their local Optometry practice rather than in a hospital setting.

Figure 50



Diagnostics, Therapies, Pharmacy and Sciences (DTPS) – Care Group

DTPS delivered a year of significant operational and digital progress, including major system go lives, strong diagnostic recovery, and proactive risk management across equipment, workforce, and safety. Despite emerging challenges, the care group demonstrated resilience and collaborative working across the whole organisation. DTPS Care Group integrated new initiatives strengthening its services by using digital tools such as electronic records, digitally enabled patient-centred communication, and improved data-capture platforms, helping streamline processes and enhance the overall patient experience, patient-centred care and improve outcomes.

Key Deliverables (2025-26)

- DTPS made substantial progress during the year in reducing the imaging backlog.
- Third-party radiology handled 600–800 cases each week, helping CTM remain on course to achieve the eight-week diagnostic target by year-end.
- A sustainability plan is being developed with care groups to secure these improvements and prevent any setbacks.
- The transition of school hearing screening from the school nursing team into Audiology).

Figure 51

		Nov 2025	Dec 2025	Jan 2026	Feb 2026	Variance
Cardiology	Echo Cardiogram	126	150	106	27	-79
Cardiology Services	Cardiac CT	20	25	26	14	-12
	Cardiac MRI	53	40	40	26	-14
	Diagnostic Angiography	37	47	48	55	+7
	Stress Test	13	10	14	11	-3
	DSE	31	28	11	1	-10
	TOE	1	1	2	4	+2
	Heart Rhythm Recording	7	0	5	29	+24
	B.P.Monitoring	1	0	0	2	+2
Bronchoscopy		0	0	0	0	0
Colonoscopy		334	263	266	109	-157
Gastroscopy		173	161	194	92	-102
Cystoscopy		12	44	53	33	-20
Flexi Sigmoidoscopy		134	105	115	54	-61
Radiology	Non Cardiac CT	1827	1016	244	5	-239
	Non Cardiac MRI	74	157	178	5	-173
	NOUS	1922	1868	1509	904	-605
	Non Cardiac Nuc Med	10	5	1	0	-1
Imaging	Fluoroscopy	45	45	50	17	-33
Physiological Measurement	Urodynamics	97	101	93	78	-15
Neurophysiology	EMG	388	409	415	269	-146
	NCS	59	66	66	21	-45
Total		5,364	4,541	3,436	1756	-1,680

Number of Patients waiting > 8 weeks for a Diagnostic Test in CTM UHB end of February 2026

Our People

Workforce Modernisation, Productivity and Efficiency

In 2025-2026, we continued to drive strategic workforce planning, with a focus on workforce modernisation, transformation, productivity and efficiency.

We remain committed to developing robust workforce plans and creating more sustainable, flexible and affordable resourcing solutions, that meet the diverse needs of our population. Ensuring we have the right people, with the right skills, in the right place, doing the right meaningful work, at the right cost. This has never been more important given the increasing demands on the health and social care system, with societal and demographic challenges (including system wide workforce shortages) and different generational changes.

Our priorities have centred on:

- Driving the Value and Effectiveness Programme, including the Nursing Workforce Productivity Workstream and Medical Workforce Productivity workstreams within it. A key focus was the reduced reliance on premium staffing, strengthening workforce controls, and ensuring that establishments, rostering and deployment were safe, sustainable and effective.
- building accurate and accessible workforce data, with a focus on maximising use of technology
- enhancing our CTM employer brand and attraction strategy – including our social media presence. Our focus has been to better promote ourselves as an employer of choice, and improve the likelihood of attracting the skills and expertise we need

- supporting, developing and retaining our current workforce through a range of retention and development schemes and opportunities
- using strategic workforce planning to build capacity and capability across several areas and key projects to support CTMs strategic ambitions, create resilience and build sustainability.

Specific areas of achievement in 2025-2026 have included:

Supporting the ambitions of the Value and Effectiveness Programme

During 2025–2026, the Health Board continued to make progress in reducing reliance on agency usage whilst strengthening the quality, safety and sustainability of our workforce model. A clear focus on patient safety and quality of care has underpinned this work, with operational workforce planning, safer staffing oversight, improved continuity of care and strong clinical leadership ensuring that changes have not compromised service delivery or patient outcomes.

This has been supported by strengthened governance, bank modernisation, consistent rate setting and targeted recruitment, alongside clearer operational accountability. Together, these actions have improved collaborative working, workforce stability and delivered an in-year reduction in agency staffing expenditure, supporting both financial sustainability and service resilience. Overall, there was a 30% reduction in workforce agency spend in 2025/26.

Reducing temporary staffing usage & spend

During 2025–2026, the Health Board continued to make substantial progress in reducing reliance on temporary staffing while strengthening the quality, safety and sustainability of our workforce model. A clear focus on patient safety and quality of care has underpinned this work, with enhanced workforce planning, safer staffing oversight, improved continuity of care and stronger clinical leadership ensuring that reductions in temporary staffing have not compromised service delivery or patient outcomes.

This has been supported by strengthened governance, bank modernisation, consistent rate setting and targeted recruitment, alongside clearer operational accountability. Together, these actions have improved workforce stability and delivered a sustained reduction in temporary staffing expenditure, supporting both financial sustainability and service resilience.

Registered Nursing Agency by Exception – Implemented 1 December 2025

A key development in 2025/26 was the implementation of Registered Nursing Agency by Exception, which went live on 1 December 2025. This represents a major shift in how workforce deployment is managed within CTMUHB.

- Operational teams are now fully responsible for ensuring registered nursing agency usage is only approved under clearly defined exceptional circumstances.
- Supporting mechanisms have been established to ensure

consistent decision-making, appropriate documentation, and proactive workforce planning. With system audits in place to ensure monitoring and oversight continue.
- This approach embeds agency reduction as business-as-usual, strengthening accountability and supporting a sustainable staffing model across the organisation.

Annual Nurse and HCSW agency expenditure reduced by £9.3m (40%) in 2025/26. Approximately 60% of this reduction was driven by reduced volume, approximately 40% attributable to price controls following the implementation of the All-Wales agency rate card as part of the renewed All Wales Consolidated Agency Contract (March 2025).

Medical & Dental Bank & Agency:

- Use of a consistent and equitable extra contractual rate card for all grades of M&D staff, and tightening controls on rate card escalation
- Mandating Direct Engagement for agency locums with associated reduction in VAT costs.
- Implementation of agency and additional duty hours controls, contributing to a reduction in premium medical staffing expenditure.
- Strengthening job planning as a core organisational control focused on transparency, consistency and alignment to service delivery requirements.
- Approval and implementation of a suite of policies and guidance covering job planning, SPA standardisation, annual and study leave governance, long-term locum management and recruitment controls.

The Medical Workforce Productivity workstream delivered a £2.8m reduction in premium medical staffing expenditure, primarily through agency and additional duty hours controls, equating to a net in-year saving of approximately £2.3m (once WLI costs factored in).

Accurate and accessible workforce data reporting

- Data Architecture: Work progressed to expand the data integration of the People data warehouse to enable one source of People data for the organisation. The data warehouse provides automated data feeds that provide the foundations to support easily accessible and relevant information that is available on demand.

- Improved quality and availability of data: through the development and implementation of automated reporting and Dashboards (e.g. Care Group and Nursing Dashboards). This work has demonstrated partnership working across People, Finance, Care Groups and Digital Teams to provide the holistic dashboards that meet users' requirements.

- Establishment Reporting: Implementation of Medical & Dental Establishment Reporting through joint working with Finance. This has enabled the production of establishment reporting at an individual level. It brings together multiple data sources including the payroll/finance ledger, ESR (Staff in post, Sickness) and staff group specific systems e.g. job planning, Health Roster etc to provide a holistic view of the workforce, in an automated and sustainable solution. This joint

working enables one source of establishment and vacancy data and ensures accuracy through the monthly finance budget reviews utilising the solution. A pacesetter project in 2025/26 saw CTM working collaboratively with HEIW to build a methodology for roll out across Wales, whilst focusing on Nursing & Midwifery as the next priority group for roll out.

- Extensive Training by the People team on the use of the dashboards to extract and bookmark data within PowerBI.
- Expanding the capabilities and capacity with the People Directorate:
    - Working in Partnership with the National Data Resources team (NDR) to embed a data masterclass into the leadership programme to increase awareness and understanding that will support the organisation to be data driven
    - People colleagues enrolled on the NDR's Analytical Learning Programme

- **Optimisation of workforce systems and processes**

- Increased the use of Robotics Process Automation (RPA) reducing manual interventions. In addition, the use of RPA to enable the integration of data from the People systems that do not have data extract (API's) facilities available.
- Promotion of efficient and timely rostering has been driven through the delivery of focused bite-size training sessions and targeted roster deep dive audits. Training has strengthened understanding of best practice principles and supported consistent rostering standards across the service. Deep dive audits have provided insight into compliance, utilisation and roster quality. Together, these initiatives have enhanced governance, improved workforce planning and supported safer staffing through more effective roster management.
- Continued rollout of Stream has given increased flexibility to employees to have wider access to their additional earnings. 27% of our workforce are currently enrolled, with £17m worth of streams since launch in December 2022. On average, employees are streaming £126 each with the highest streaming reason being to cover employee's bills. In addition 2,300 employees are using Stream's savings account, depositing on average £106 a month.

- Successful roll out of 'Loop' (employee rostering app), which replaced Employee Online in December 2025. Migration of 7,000 users since implementation in July 2024. Work will continue to promote the benefits of staff managing their work life balance, viewing their roster, booking leave, as well as receiving direct communication from their workplace and allowing them the ability to communicate with colleagues.

- **Strategic Workforce Planning**

- Ongoing refinement and expansion of our **approach to workforce planning,** including working closely with stakeholders to support building workforce planning capability, shaping the development of local

workforce plans and continuing to improve data to inform forecasting, modelling and decision making.

- Local and Regional Workforce Planning This sphere of activity spans both our local plans (e.g. the Strategic Clinical Services plan), but also as an active stakeholder and key driver of national/regional workforce plans. We have a lead or are engaged in all other south-east Wales regional workforce programmes.
- Many of the key live regional working programmes (including endoscopy, orthopaedics, theatres, radiology and community diagnostics) are aligned to **Llantrisant Health Park** (LHP). This new development will be an exemplar facility providing standalone elective diagnostic and surgical capacity. In 2025/26 the full business case (FBC) for phase 1 was submitted and approved by Welsh Government, with the outline business case (OBC) for phase 2 also submitted pending approval. LHP will be an ongoing area of focus for our People teams, with its aim to build a flexible, skilled and sustainable workforce to support regional orthopaedic services. It provides exciting opportunities for workforce transformation, via regional collaboration, multi-disciplinary teams, digital integration and innovative working methods.
- Work has also continued to progress to **address priority skills shortages,** particularly in Emergency Medicine, Stroke and Endoscopy and to provide ongoing workforce planning, organisation design and change management support to enable a significant volume of service change across CTM.
- We have further continued to **build internal expertise and capability**, through targeted training using evidence-based methodologies in key priority areas e.g. Estates
- In partnership with HEIW, work has progressed to drive the delivery of the **Mental Health Strategic Workforce Plan.**
- Delivery of our Intermediate Medium-Term Plan (IMTP) education commissioning requirements for 2026/27 for our non-medical workforce.

- **Attraction, Resourcing & Retention**

- Widening Access: Further integration and expansion of our pathways, widening access and apprenticeships offer, creating the conditions for people to develop, grow and improve their lives through learning. This includes apprenticeships, qualifications, supported internships and work experience.
- Project Search: We have continued to deliver this highly effective supported internship designed to help young people with learning disabilities and/or Autism gain the skills, confidence and real-world experience within CTM. This is delivered in partnership with the local college in Princess of Wales Hospital (POW) and Prince Charles Hospital (PCH) with Elite Supported Employment. CTM have been running the project for four years offering high quality work placements, with the aim of a move into competitive paid employment. There is a 94% positive outcome with

graduates securing paid employment, employment outside the Health Board, volunteering or a qualification.

- Network 75 - This internship programme with University of South Wales continues to provide practical work experience alongside a funded degree qualification.
- Our **CTM Apprenticeship Academy** supports a broad range of development opportunities, including traditional apprenticeships, staff upskilling, and pathways to employment. It continues to make a significant impact on workforce development and skills enhancement across the organisation. To date, 786 staff members have successfully completed formal qualifications through the Academy, with a further 192 staff currently working towards achieving a qualification.
- The Academy also directly supports career progression through **traditional apprenticeships,** with 10 staff currently employed as apprentices and a further 10 having completed their apprenticeships, progressing onto higher-level qualifications, or securing higher-banded roles within the organisation.
- 1,052 staff took part in **free bite-sized learning courses,** supporting continuous professional development, with a further 60 staff actively engaging in ongoing learning. These initiatives have enhanced workforce capability and confidence across a range of roles, providing structured career progression pathways, supporting retention and internal mobility. They have ensured access to flexible learning opportunities that meet the needs of a modern NHS workforce as well as contributed directly to organisational goals by developing a skilled, competent, and adaptable workforce to meet the delivery of high-quality patient care.
- Work Experience - In 2022, we launched our centralised work experience programme, enabling young people from our communities to request short placements within our services. Since its launch (i.e. between 2022 and now) we have supported 339 placements for students from across our locality. To compliment this, we have facilitated several departmental careers days, where young people are given an insight into different disciplines in healthcare. These include Pharmacy, Dental, Nursing, Medical, Occupational Therapy and Pathology Days. All this activity sits alongside our ongoing programme of school engagement events, over the past 3 years attending 75 careers events and engaging with approximately 13,851 young people about careers in health.
- **An improved Attraction & Recruitment strategy:**

- **Increased and improved social media presence.** A new **Facebook Jobs page** set up to promote, share vacancies and to post to wider 'Facebook groups' in the community gained 2,000 followers in 12 months. There were 36 campaigns in 2025, with over 96,000 views collectively. The page has been shared with local employability teams and a distribution list for employability partners has been set up where vacancies or recruitment events can be shared.
- **Building on the Join CTM 'brand',** we have continued to work closely with the central Communications team to strengthen the pre-existing 'Join CTM'

brand, by enhancing the messaging, visual identity and reach across multiple platforms and materials. By having consistent messaging and visuals, 'Join CTM' will develop into a recognisable brand.

- **Innovative recruitment** We have trialled practices to improve advertising and selection with successful 'on the day' recruitment for facilities, trauma and orthopaedics, and healthcare support workers, enabling successful recruitment into hard to fill posts at reduced timescales. We have also trialled **a 'Person Specification Application form'** for applicants, to support with completing the supporting statement. The alternative application form, focussed on the role requirements is currently being trialled. Initial feedback has been positive, and we are now trialling this on a wider basis.
- **Recruitment training on Welsh language** is now offered, with over 180 staff completing the training. Adverts are designed with encouraging wording – specifically disregarding 'fluency' in Welsh, to encourage applications.
- **International recruitment** – 2 Specialty Doctors were recruited from the Annual National Conference of Indian Psychiatric Society (ANCIPS) into our Mental Health and Learning Disabilities Care Group. The Pathology team have also recruited a portfolio pathway doctor for Haematology. Working with the Shared Services International Recruitment team in February 2026, 2 Speciality Doctors from India have secured roles in ITU/Anaesthetics.
- **Increased visibility of CTM as an employer of choice within the community** by strengthening partnerships and increasing engagement through internal and local events/ careers fairs. The team attended 9 local careers fairs during 2025 in partnership with Employability teams across our local authorities. The team also designed and launched **three local careers fairs (Bridgend, Rhondda Cynon Taf, and Merthyr) in March 2025.** These were attended by nearly 1000 people, demonstrating a new and successful approach to showcase careers and support local job seekers to apply for roles.
- **Turnover** has continued to reduce from 9.54% in March 2025 to 8.29% at the end of March 2026. The downward trend is reflected in the Nursing and Midwifery staff group which has also reduced from 8.07% in March 2025 to 6.70% in March 2026. We continue to monitor turnover, alongside related data such as our age profiles, especially in staff groups such as Estates & Ancillary where rates remain high.
- **Retention:** Focussed efforts continue on the successful delivery and evaluation of our retention action plan. Retention Schemes have included promotion of wider flexible learning opportunities and the expansion of the lateral moves scheme. In 2025/26 there were 346 eligible transfer requests for Band 5 registered nurses/midwives, Band 2 and Band 3 HCSWs for the Lateral Move Scheme - offering staff who may have otherwise left CTM the opportunity to move into an alternative role within CTM. Time to hire for Lateral Moves decreased from 77 days to 51 days, which is a 34% reduction since October 2025 (against a 10% target reduction).

Employee Wellbeing

Employee Wellbeing Service

The Health Board continues to actively promote and support the emotional, financial and physical wellbeing of our workforce, recognising the significant challenges faced by staff during the year, alongside the ongoing pressures outside of work including the rising cost of living.

The Employee Wellbeing Team provides a range of emotional, physical and financial wellbeing services to all staff across Cwm Taf Morgannwg University Health Board.

Emotional Wellbeing

The Employee Wellbeing Service delivers an evidence-based, stepped care approach that combines preventative and intervention support to promote positive emotional wellbeing and provide support to staff experiencing distress.

During the period April 2025 to March 2026, the service received an average of 71.1 referrals per month, compared with 67.9 referrals per month in the previous reporting period, representing an increase of 4.9%.

The service continued to deliver responsive access to support, with an average waiting time of 3 days from referral to initial contact against a target of 7 days. Average waiting times were 24 days to initial assessment, 27 days to resource appointment, and 46 days to first Tier 1 intervention session.

Clinical outcome data of Tier 1 shows that 86.2% of staff accessing the Wellbeing Service reported a reduction in levels of distress, compared with 88.7% in the previous year, demonstrating the continued effectiveness of the service.

To improve accessibility, the service continues to offer a range of psychoeducational wellbeing workshops delivered both face-to-face and through online platforms, including a series of recorded workshops available via YouTube for staff to access at a time that suits them.

In October 2025, the Wellbeing Service supported staff engagement activities across the Health Board to mark World Mental Health Day. Alongside the support provided to individual staff members, the team also implemented the PACE (Processing and Containing Emotions in Teams) therapeutic model within services experiencing high levels of distress and relational conflict.

Financial Wellbeing

The Employee Wellbeing Service continues to promote its financial wellbeing pathway, providing staff with access to information, training, advice and practical support to manage financial pressures.

Partnership working with The Trussell Trust continues to enable staff experiencing financial hardship to access food bank vouchers where required. The service also promotes financial wellbeing resources including the MoneyWorks Wales Credit Union, supporting staff to access affordable financial services and advice.

Physical Wellbeing

Many staff spend a significant proportion of their working day sitting, and prolonged sedentary behaviour is associated with increased health risks including obesity, type 2 diabetes, cardiovascular disease, hypertension and increased risk of all-cause mortality where this is not offset by regular physical activity.

Recognising the demands of NHS roles and the challenges staff face in attending scheduled sessions, the Wellbeing Service continues to provide on-demand wellbeing workshops, enabling staff to access resources at a time and place that suits them.

The Big Team Challenge Step Challenge continues to be a key initiative supporting staff to increase physical activity. Cwm Taf Morgannwg was the first Health Board in Wales to participate in this challenge.

Participation has grown significantly since the programme began, with 1042 staff taking part in the 2026 challenge, compared with 396 participants in 2024.

Evaluation of the programme continues to demonstrate positive behavioural and wellbeing outcomes. At the start of the 2025 challenge, 31% of participants reported undertaking more than four hours of exercise per week, increasing to 51% by the end of the challenge. Encouragingly, 88% reported they were likely to maintain this level of activity, while 80% stated they intended to increase their physical activity further.

The challenge has also supported more sustainable travel behaviours, with 47% of participants reporting reduced car use for local journeys. Staff also reported significant wellbeing benefits, with 90% experiencing improvements in emotional wellbeing and 91% reporting improvements in physical wellbeing.

Alongside the challenge, the Wellbeing Service continues to deliver Healthy Lifestyles and Barriers to Exercise courses, alongside online physical wellbeing resources including psychologically informed videos designed to support motivation and engagement with physical activity.

The Wellbeing Service also provides a range of menopause support services, including information sessions, resources and staff engagement events. During World Menopause Month in October 2025, approximately 170 staff attended menopause awareness and support events across the Health Board.

Quality Governance

CTMUHB is committed to continuous improvement in relation to its quality governance arrangements and whilst challenges are still being faced the progress outlined below demonstrates the commitment to improvement.

The **Medical Directorate** led by Dom Hurford, Executive Medical Director, wishes to highlight the following key matters from 2025-2026

E Prescribing

In March 2026, Electronic Prescribing and Medicines Administration (EPMA) successfully went live at Princess of Wales Hospital, marking a significant milestone in the Health Board's digital transformation journey. This represented a major change in prescribing and medicines administration practice, moving away from paper drug charts to a safer, fully digital system.

Building on this successful implementation, 2026/27 will see the continued roll-out of EPMA across the remainder of the Health Board. This phased expansion will further enhance patient safety through improved clinical decision support, real-time access to blood results at the point of prescribing, and a reduction in transcription-related errors. The system will also provide richer, more reliable medicines data to support quality improvement and clinical effectiveness work.

The EPMA programme continues to be underpinned by strong multidisciplinary engagement, with close collaboration between medical, nursing, pharmacy and digital colleagues. As EPMA becomes embedded across services, it will also support wider organisational ambitions, including improved medicines optimisation, efficiency gains for clinical teams and progression towards a fully integrated Electronic Patient Record.

Strengthened Medical Workforce

During 2025/26, the Medical Directorate began a renewed and more systematic focus on strengthening the Health Board's medical workforce through clinical effectiveness and value-based approaches. This work is centred on ensuring that the medical establishment is appropriately scoped to meet service demand, is sustainable, and is aligned to high-quality patient outcomes.

A key element of this approach is the effective use of clinical effectiveness data to inform workforce planning decisions. By better understanding variation in activity, outcomes and demand across services, the Medical Directorate is working to ensure that medical staffing models are evidence-based, support safe care delivery and maximise value. This is being complemented by a strengthened approach to job planning, ensuring that job plans accurately reflect service need, support productivity, and enable clinicians to deliver high-quality care alongside teaching, leadership and improvement activity.

To support this work, new Assistant Medical Director roles have been created and filled, providing senior clinical leadership capacity across workforce, clinical effectiveness and clinical transformation. In 2026/27, these roles will support care groups and corporate teams to review medical establishments, improve job planning consistency and quality, and ensure that workforce decisions are informed by robust data, clinical insight and a clear focus on outcomes and value for patients.

Models of Remote Care

During 2026/27, CTMUHB will begin exploring proactive models of remote care for patients with long-term conditions, with an initial focus on Chronic Obstructive Pulmonary Disease (COPD). This work aligns with wider ambitions to improve patient experience, support self-management and reduce avoidable hospital admissions.

Remote care models offer the opportunity to monitor patients more closely in their own homes, enabling earlier identification of deterioration and more timely clinical intervention. For patients with COPD, this approach has the potential to improve

symptom control, reduce exacerbations and support better quality of life, while also reducing pressure on urgent and unscheduled care services.

The development of these models will be clinically led and evidence-based, ensuring that digital and remote solutions are used to complement, rather than replace, traditional care pathways. Learning from the initial COPD work will inform future expansion to other long-term conditions, supporting a more proactive, preventative and patient-centred approach to care delivery across the Health Board.

Mortality

Understanding and improving mortality outcomes remains a key priority for the Health Board. During 2026/27, there will be an increased focus on the detailed analysis and utilisation of mortality data to support learning, quality improvement and patient safety.

The Medical Directorate is working with an expert external consultancy to enhance the Health Board's approach to mortality data, enabling more meaningful analysis and interpretation. This includes drilling down into data at care group and specialty level to better understand variation, trends and opportunities for improvement.

This work will support a more consistent, transparent and clinically meaningful approach to mortality review, strengthening assurance processes and enabling services to identify and act on learning more effectively. The enhanced use of mortality data will contribute to improved clinical outcomes, support quality governance arrangements and reinforce a culture of continuous improvement across the organisation.

The **Allied Health and Health Science Professions,** led by Lauren Edwards, Executive Director of Allied Health Professions and Health Science (EDAHPHS), wish to highlight the following key matters from 2025-2026:

A CTMUHB Allied Health Professions (AHPs) and Healthcare Science (HCS) Delivery Plan 2023-2026

Produced in collaboration with key stakeholders from across CTMUHB and aligning to CTM 2030 strategic goal of Improving Care, the Delivery Plan sets out in detail how our AHPs and HCS will deliver our priority outcomes, how we will measure our success, and how we will continually improve. The plan ensures our professions work in partnership and with focus on a number of priority areas. Progression towards delivering our objectives has been monitored throughout 2025-26, ensuring that our Delivery Plan and associated work continues to meet the needs of our organisation, our teams, and our communities.

CTM Allied Health Professions & Health Science Professional Leadership Group

Throughout 2025/26, a monthly CTM Allied Health Professions & Health Science Professional Leadership Group has met. This Group enables each profession to receive and feedback information to both the All-Wales Executive Directors of Allied Health Professionals & Healthcare Sciences (EDAHPHS) Peer Group meetings and the group of clinical leaders that sit below this; receive regular updates from National AHP and HCS Programmes; provide assurance on

registration with regulatory bodies; receive updates from regulatory bodies; offers peer support and promotes collaboration; and plan AHP and HCS developments and events for CTMUHB.

Allied Health Professionals and Health Science Performance Monitoring in Diagnostics, Therapies, Pharmacy & Specialties (DTPS)

During 2025-26, the professions sitting within the DTPS Care Group continued to develop their performance reporting with associated improvement plans and input into the DTPS Quality, Safety, Risk and Experience (QSRE) Group, which all report through the organisational governance structure. This alignment of professions enables a unified voice and the delivery of high quality, transformational, patient-centred care through promotion of the professions and development of our highly skilled and diverse workforce, ensuring value and equity of service provision to the population of CTMUHB.

Staff Survey

DTPS Care Group achieved the highest Staff Survey response for 2025**,** with a 54.6% completion rate across the specialities. This was well above the 40% target set by the Health Board and demonstrates the ongoing commitment of managers and teams to engage, listen and improve.

Quality

In 2025/26, improving quality remained a priority of both AHP and HS, demonstrated by the following achievements:

- Audiology Adult Quality Standard Visit, the overall compliance score for CTMUHB Health Board was 91.8%. With examples of good practice demonstrated throughout the audit including detailed pathways and standard operating procedures, collaboration with internal and external agencies and a supportive environment for staff to thrive.
- The first unannounced Human Tissue Authority (HTA) visit was held for CTMUHB with an outcome of no significant findings within our services. Good processes within the organisation were recognised and highlighted as future learning for other organisations.

Partnership Working

CTMUHB AHP and HS professions continue to support service developments across the Health Board and beyond. These include:

- Physiotherapy service has worked closely with the Primary Care and Community Care Group to establish a sustainable First Contact Practitioner service, improving Musculoskeletal care for the population of CTM and supporting delivery of care closer to home.
- Paediatric Speech and Language Therapy (SLT) continue to build strong relationships with their system partners. There is an excellent training offer provided to education colleagues, along with consultation sessions that were a quality improvement initiative this year. Focus group sessions have been held with our education partners to help design a children's SLT service that meets the needs of our partners. SLT receives frequent positive feedback about the offer and support provided to children with Additional Learning Needs, their families and other agencies.

- AHPs have been working closely with colleagues from the third sector. Within the Occupational Therapy acute physical service, they host both Care and Repair and Age Connect.
- Public Health Dietetics continue to take a Whole System Approach to healthy weight, working closely with local Public Health Healthy Weight teams to embed appreciative enquiry and human learning system approaches.
- Two large PIPYN partnership engagement events were held, with over 100 stakeholders, in RCT to develop stakeholder maps to support relationship building across the healthy weights system. Collaborative development of causal loop maps for overweight and obesity across local settings food systems and physical activity environments were developed, to support a healthy weight priorities work planning.

Workforce

Workforce continues to be a key area of development across AHP and HS in CTM, with new and innovative roles being developed and recruited to as part of our longer-term workforce strategies. Examples of these are listed below:

- There are now two physiotherapists working in Advanced Practitioner roles; one in Frailty and one in Respiratory, both previously roles held only by non-AHP professions.
- Successful recruitment to the CTMUHB Health Psychology Service, with all vacant posts now recruited to.
- Three audiology screeners have started roles within CTM, following movement of the School Entry Hearing Screening to Audiology, aligning with the pathway set out in the Welsh Health Circular 2021.
- To ensure the delivery of high quality clinical services, the audiology, clinical engineering and dietetic departments have been engaging with workforce and development to develop a high functioning successful team through engaging with the Affina programme.
- Speech and Language Therapy Service, Cwm Taf Morgannwg UHB were shortlisted as a finalist for the Mental Health & Wellbeing Wales Awards 2025 in the category of Workplace Wellbeing Award.

Education

Our existing workforce continues to support the education of the future pipeline, and has been recognised for their exemplary performance in the following areas:

- Occupational Therapy continues to offer student placements across all areas of the service. This year, 3 of our educators were shortlisted for the Educator of the Year Award.
- Speech and Language Therapy lead on an All-Wales S&LT Careers event which is held bi-annually and has been very well attended and has received very positive feedback. Applications for the undergraduate SLT courses are high, with all course places being filled.
- Public Health Dietetics has supported 24 staff from across the HB to complete Level 2 Community Food and Nutrition Skills training to incorporate good nutrition principles into the services they offer to CTM.
- The Health Psychology Service continued to provide placements for students from Cardiff University for both doctoral clinical psychology trainees and psychology undergraduates.

- The Cardiac Physiology department at Princess of Wales Hospital, was successful in winning Swansea University PTP Cardiac Physiology department of the year
- CTM's Executive Director of AHPs and HCS continues to engage and meet with partners from nearby universities to ensure partnership working and explore future opportunities.

Digital Enablers

Recognising the benefits of robust digital infrastructure to both our patients and workforce whilst aligning to the Digital Capability Framework, both AHP and HCS colleagues within CTMUHB continue to progress the implementation of digital technologies to transform healthcare in a sustainable way. Colleagues recognise that this is an area requiring development at pace to fully enable the benefits of digitised systems and are keen to continue to support developments within CTM.

Value Based Health Care funding has supported the roll out of a Prudent Triage pilot, utilising the Promptly digital PROMS (patient-rated outcome measures) system to identify patients 'activated' to be supported with light touch/self-management advice.

Clinical Transformation

Aligned to CTM ambitions within CTM2030, AHP and HS services continue to transform their clinical pathways to ensure sustainable, future-proof services for patients and 'building healthier communities together'. Examples of service transformation from the last year are listed below:

- CTM AHPs continue to support service developments across the Health Board and beyond. These include the Enhanced Community Care (ECC) service model, Primary Care and Community service redesign, and the Mental Health Service redesign.
- AHP leads have been heavily involved in the design and development of the new CTM Hospital at Home Service. Following a successful bid for additional resource, they have supported the recruitment of additional AHP staff and an AHP lead role within the new service. This has strengthened the governance of the new service and the voice of Allied Health Professionals across the community and primary care. The team are also providing training across the new Hospital at Home MDT in areas such as nutrition and hydration, swallowing difficulties and communication, Single Handed Care, and ADL equipment assessment.
- The Allied Health Professions Rapid Access Community Services have been recognised at all-Wales and UK-wide levels for the innovations and outcomes that they have achieved for the CTM population. In 2025, the team came second in the UK National Advancing Healthcare Awards, receiving a Highly Commended award. The project won the Advancing Healthcare Cymru Awards in 2025. There has been interest from across the UK about the new service model. The team has shared their learning and experiences with leads from across the UK, so that populations elsewhere can also benefit.
- In 2025, the Podiatry Hot Clinic (rapid access model) prevented 435 hospital admissions. They ensured patients received timely assessment and management within the community. Of the eight patients who did require hospital admission, all were directed to the appropriate specialty in a much

more timely and targeted manner, rather than being routed through unscheduled care front-door pathways. This demonstrates both safe avoidance of unnecessary admissions and improved optimisation of the patient journey for those who did require acute care.

- A temporary emergency change required the rapid consolidation of stroke services from two sites into a single centralised unit at RGH, including the integration of two stroke AHP teams into a single cohesive service. This was achieved through strong AHP leadership, supported by the introduction of a new AHP Transformation Lead role and monthly AHP Stroke Leads meetings, ensuring service continuity, patient safety, and staff engagement. AHPs led quality improvement initiatives, delivered multidisciplinary training, and maintained strong cross-care group collaboration and engagement with national and regional stroke networks. The Early Supported Discharge (ESD) team has supported a higher-than-national-average proportion of patients to be discharged home, with very positive patient feedback and improved functional outcomes. Work is ongoing to ensure continued improvement in the delivery of quality indicators and performance metrics across the stroke pathway.

The **Patient, Care and Safety Directorate** led by Richard Hughes, Executive Director of Nursing / Deputy Chief Executive, wishes to highlight the following key matters from 2025-2026:

Putting Things Right (PTR)

PTR was established to review the existing processes for the raising, investigation of, and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales. The aim is to provide a single, more integrated and supportive process for people to raise concerns. During 2025/2026, CTMUHB continued to embed its Care Group Operating Model and the supporting quality governance structures. Quality Governance provides Board assurance through a systematic approach to maintaining high-quality care and standards, using ongoing measurement and reporting on safety, effectiveness, staff and user experience, identifying areas for improvement and enabling the sharing of good practice in line with statutory obligations.

Staff strive to deliver the best possible patient experience across all services, and it is important for us to understand the reasons why, on occasion, care has fallen below the standards expected so that appropriate action can be taken to prevent recurrence. During 2025/2026, the Concerns Procedures were reviewed and strengthened to support more effective triage and the provision of robust, timely responses.

Listening to People (LTP) is the new all-Wales process for handling complaints, patient safety incidents and redress. It replaces Putting Things Right and embeds the Duty of Candour. LTP provides one single, consistent system focused on listening, acting quickly, investigating proportionately, and ensuring organisations learn and improve. It strengthens openness, compassion and patient experience, with mandatory Listening Discussions, clearer timeframes, and a stronger emphasis on organisational learning and assurance.

Work has been undertaken by the organisation in preparation for the implementation of the Listening to People Framework, which will come into effect on 1 April 2026, ensuring that CTMUHB is fully aligned with the new national approach to handling concerns, complaints, patient safety incidents and redress.

In 2025/26 the Welsh Government NHS Delivery Framework required Health Boards and Trusts to report monthly the percentage of complaints responded to within 30 working days, with a national target of 75%. Some complaints are more complex and require longer timeframes, with the aim of providing a detailed response within 6 months. The Health Board continued during 2025/2026 to reduce the proportion of complaints requiring management under the formal complaints process and improved compliance with the NHS Wales target of responding to 75% of complaints within 30 working days.

- Formal Complaints Received:
  - Formal Complaints received 2025/2026: 615
  - Formal Complaints received 2024/25: 418
- Total Complaints responded within 30 days:
  - Formal Complaints closed within 30 working days 2025/2026: 77.31%
  - Formal Complaints closed within 30 working days 2024/2025: 77%

The Health Board continues to engage with our partner agencies to expand the opportunities for obtaining feedback from patients, service users and their families on the care and treatment they are receiving. To further support learning from the feedback received, the Patient Experience Forum has reviewed and strengthened its arrangements for the triangulation of information and sharing of improvement actions.

The Putting Things Right Annual Report for 2025-2026 will be available on CTMUHB's website once finalised later this year.

Public Services Ombudsman for Wales (PSOW)

Where service users remain dissatisfied with the response to their complaint prepared by CTMUHB staff, they are entitled to refer their concerns to the Public Services Ombudsman for Wales (PSOW), who has the authority to independently review such matters where appropriate. CTMUHB's PSOW Liaison Officer continues to work closely with the PSOW's Investigation Officers to maintain regular communication, ensure prompt escalation where required, and provide updates should any delays arise.

During 2025/2026, the Health Board reviewed and strengthened its processes for managing PSOW cases. Over the coming months, further work will be undertaken to enhance how learning from PSOW investigations is captured and shared across the organisation, ensuring that themes and recommendations support continuous improvement.

In line with PSOW requirements for all Health Boards in Wales, CTMUHB continues to submit quarterly complaints returns to the PSOW. This data is subsequently published on the PSOW's website, supporting transparency and public accountability.

Redress

If, during the investigation of a complaint or patient safety incident, it is identified that there has been a breach of our duty of care, meaning the standard of care fell below what would reasonably be expected, and this breach has directly caused harm to the patient, then the case may meet the criteria for qualifying liability.

A qualifying liability means that, on the balance of probabilities, the harm suffered was more likely than not caused by the actions or omissions of the Health Board. When this threshold is met, the complaint cannot remain solely within the standard concerns process. Instead, the matter will transfer into our Putting Things Right (PTR) Redress process, which allows for a more detailed and formal investigation to be undertaken.

The Redress process provides:

- a more in-depth review of the clinical care and any contributory factors,
- opportunities to identify learning and improvement,
- openness and transparency with the patient and family,
- consideration of financial compensation where appropriate, and
- support for patients and families in understanding what happened and why.

Moving a case into Redress does not automatically mean that compensation will be offered, nor does it imply blame. It simply ensures that when potential harm linked to a breach of duty is identified, the Health Board follows the correct legal framework to fully investigate the circumstances and reach a fair and evidence-based conclusion.

Incident Management

To facilitate, support and promote the effective delivery of this work, the Health Board continues to embed the Incident Management Framework with supporting documentation being developed and shared via the Health Board's SharePoint Pages. Training continues to be provided which outlines the expectations for colleagues involved in the incident management and investigation process.

NHS Wales Performance & Improvement is expected to progress a refreshed national Quality and Safety Plan in 2026, building on the Improvement Cymru Strategy 2021–2026, the statutory Duty of Quality introduced by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the national move toward implementing a coordinated Quality Management System (QMS) across all NHS Wales bodies. The plan will translate Welsh Government policy into action, strengthen accountability for quality and safety, and align with wider programmes such as the developing Quality Outcomes Framework for Wales, helping to drive consistent, high-quality, safe care and reduce unwarranted variation across the system.

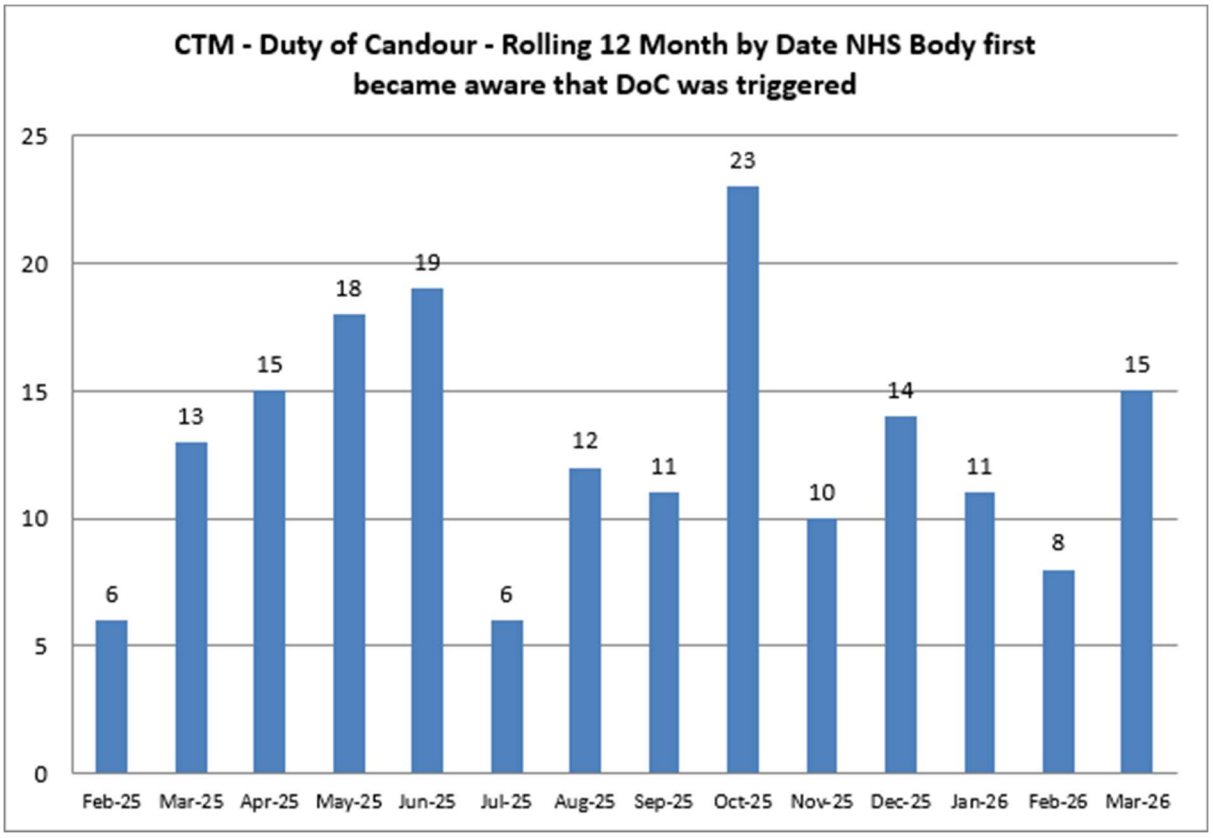
Duty of Candour

The Duty of Candour, which came into force in April 2023, places a legal obligation on healthcare providers to act with openness and honesty when unintended or

unexpected harm occurs during the delivery of care. This statutory duty has been embedded within CTMUHB for the past year, supporting a culture of transparency, learning, and patient-centred communication.

During 2024/2025, an Internal Audit of the Health Board's implementation of the Duty of Candour was undertaken, which concluded with a reasonable assurance rating. A number of improvement actions were identified through this review, and these have been taken forward to ensure that Duty of Candour processes, staff training, and monitoring arrangements are fully embedded and consistently applied across the organisation.

Figure 52



The Duty of Candour Report for 2025-2026 will be available on CTMUHB's website once finalised later this year.

Duty of Quality

The Duty of Quality (DOQ) is a legal obligation, which came into force in April 2023, and has been successfully implemented at Board Level against the Welsh Government Quality & Safety Framework (2021). The DOQ requires all NHS organisations within Wales to commit to deliver improvements in the quality of health services and requires the publication of an Annual Report for Quality, setting out the steps they have taken to secure these improvements. This year's Report will be published on the Health Board's website at the end of the first quarter of 2025-2026.

The Duty of Quality Report for 2025-2026 will be available on CTMUHB's website once finalised later this year.

Quality Assurance

Whilst the process of ensuring quality and patient safety is a CTMUHB wide objective, the management and oversight of this has continued to be strengthened. Responsibilities have been strengthened in relation to quality and patient safety across the executive team and within the care group structures. Introduction of bespoke quality and safety dashboards for each Care Group to enhance visibility, monitoring and accountability. Additionally, a comprehensive slide-deck outlining the Health Board's position for: Concerns/PTR Compliance; Learning from Event Reports (LFERs); Inquests; Claims and Redress, and incidents is reviewed at the weekly patient safety executive-led meetings. This ensures that key priorities are identified for the upcoming week and relevant issues are escalated to the Executive Team and Board in a timely manner.

The quality of information presented to each meeting of the Board's Quality, Safety & Experience Committee (QSE) for assurance and scrutiny has continually improved over the year. These reports cover all service settings including acute hospital care, primary and community, mental health, and maternity services. They also include overarching CTMUHB-wide quality metrics such as data on the incidence of falls, pressure ulcers and medication safety. The reports contain information across a wide range of quality indicators and enable scrutiny of patient safety and experience across all care groups through the use of a standard template, which enables comparisons. The Quality, Safety & Experience Committee papers can be found here.

Further information in relation to Quality Assurance will be provided within the Duty of Quality Annual Report.

Quality Impact Assessments

CTMUHB's Quality Impact Assessment (QIA) procedure ensures all planning is quality-driven, aligning with the Duty of Quality. Any new plans, service changes, programmes, projects, or savings schemes must undergo a QIA. This process is crucial to examine, understand, and address the potential quality impacts of service changes, with comprehensive mitigating actions clearly outlined.

Further information in relation to QIAs will be provided within the Duty of Quality Annual Report.

Healthcare Inspectorate Wales (HIW)

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. HIW inspects NHS services, and regulates healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. HIW has undertaken inspections across CTMUHB and details of these inspections can be found here https://www.hiw.org.uk/

Overall, the themes and trends that were common across some areas of CTMUHB, include:

- Statutory mandatory training compliance could be improved.

- Delays within the Emergency departments.
- Staffing levels could be improved in some areas.
- Many examples of staff demonstrating a caring, respectful, kind and understanding attitude to patients and relatives.

Significant progress has been made in strengthening the management and oversight of Healthcare Inspectorate Wales (HIW) inspections. All HIW inspection activity has now been fully transitioned to the electronic Audit Management and Tracking (AMaT) system, under the leadership of the Head of Quality Assurance, supported by the Quality Assurance Compliance Officer. This has established a consistent, transparent, and auditable approach to the recording, monitoring, and assurance of inspection activity.

Ongoing work continues to enhance the functionality of the AMaT system, with a focus on optimising system controls, access permissions, and data integrity to further strengthen governance and reporting arrangements. Accountability for the operational management of HIW inspections now sits within the Patient Care & Safety Team, while formal assurance, oversight, and monitoring of actions arising from all inspections remain firmly within the portfolio of the Head of Quality Assurance and Compliance.

These arrangements provide clear lines of responsibility, robust assurance, and confidence that inspection outcomes are effectively monitored, implemented, shared and progressed, and reported in line with organisational and national expectations.

Over the last year, 2025-2026, regular updates have been provided to the Quality, Safety & Experience Committee on progress against the open actions held on the CTMUHB's HIW tracker developed from AMaT.

Patient Safety Alerts

The internal management, monitoring, and reporting arrangements for Patient Safety Alerts (PSAs) and Patient Safety Notices (PSNs) operate under devolved responsibility within the relevant Care Groups. The Quality & Safety Team provides central coordination, specialist support, and governance oversight to ensure organisational compliance, consistency, and timely reporting.

Cwm Taf Morgannwg University Health Board continues to work towards full compliance with all Patient Safety Alerts and Notices. A key area of focus has been the implementation and embedding of the Safety Alerts module within the Datix Cymru risk management system (Datix). This work is being undertaken in collaboration with the Once for Wales Team.

As implementation progresses, the management and documentation of Patient Safety Alerts and Notices are transitioning to the Safety Alerts module within Datix, strengthening governance, auditability, and assurance arrangements. The module is being introduced through a phased implementation approach, with initial priority given to PSAs and PSNs. Further functionality will be incorporated as the system becomes fully embedded across the organisation.

This approach strengthens oversight, standardisation, and reporting of safety alerts, providing assurance that patient safety risks are consistently identified,

managed, and monitored through nationally aligned systems, supporting continuous improvement across the Health Board.

Organisational Listening & Learning Framework

CTMUHB is committed to fostering a culture that values learning and to ensuring that lessons identified from concerns, incidents, and patient experience are used to enhance the safety, quality, and experience of patient care. The Health Board's *Listening & Learning Framework*, launched in 2022, sets out a systematic approach for identifying, storing, triangulating, sharing, and implementing learning. This framework complements the existing governance structures within Care Groups and Clinical Service Groups, providing a strategic mechanism to harness insights from across the organisation and drive continuous improvement in practice.

A SharePoint-based learning repository provides staff with easy access to a wide range of learning resources. This includes learning arising from medication errors, pressure damage, falls, and other key safety themes, alongside associated action plans, newsletters, safety briefs, and audits. The repository has continued to expand to incorporate Learning from Events Reports (LFERs) and patient stories, as well as links to Mental Health and Safeguarding resources. The repository is reviewed regularly to ensure that learning remains relevant, accessible, and meaningful for staff across all services.

CTMUHB's monthly patient safety newsletter has been redeveloped and highlights themes, trends, and learning from incidents, inquests, and other key governance activities. This supports transparency, reinforces organisational learning, and keeps staff informed of emerging priorities and improvement actions.

Safeguarding and Public Protection

During 2025/2026, Cwm Taf Morgannwg University Health Board (CTMUHB) continued to strengthen its safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) arrangements, building on the learning and achievements of previous years and aligning practice with the Safeguarding Strategy 2024–2027. The Health Board has further embedded a whole-system approach to protecting children, young people and adults at risk, ensuring staff are empowered, well-supported and confident in fulfilling their statutory duties.

A strong focus has been placed on improving data insight, enhancing staff competence, developing digital solutions, strengthening partnership working, and ensuring that safeguarding practice is responsive, person-centred and evidence-based. This area of work is aligned to the CTMUHB three-year safeguarding strategy and will form the health boards priorities for 2026-2027.

CTMUHB safeguarding team in collaboration with care groups have continued implementation of improvements linked to learning from practice reviews, strengthening escalation pathways and inter-agency communication. Ensuring learning is shared and embedded across the services can be challenging, this is evidenced within national reviews that demonstrate repeated areas of learning for organisations.

CTMUHB want to ensure that its services are shaped by the people who use them. Expansion of digital tools will be used to capture the voice and lived experience of

children and young people who have experienced or been subject to child protection medicals. Strengthening governance, to improve quality assurance in respect of safeguarding children and adults accessing health board services.

CTMUHB strengthened its support for Looked After Children by improving processes to ensure timely statutory health assessments, supported by enhanced data quality and a reduction of previous backlogs. The introduction of digital survey tools has enabled the voices of care-experienced young people to directly inform and drive service improvement. Close collaboration with the Corporate Parenting Board and wider partner agencies helped streamline pathways and improve joint health planning for children and young people in care. In addition, the Health Board developed enhanced digital and written resources for those entering care, providing clear, accessible information on health assessments, available services, and what young people can expect throughout their healthcare journey.

The Health Board strengthened adult safeguarding arrangements through the consolidation of adult safeguarding supervision across district nursing and wider services, embedding learning from complex cases involving neglect and self-neglect. Learning identified through adult practice reviews and incidents demonstrated that those practitioners working autonomously would benefit from safeguarding supervision. This reflective space allows for practitioners to explore professional curiosity and risk, to enhance the safety and care of children and adults at risk.

There has been a notable increase in level 3 safeguarding training uptake across teams, resulting in greater staff confidence and competence in recognising abuse, understanding their safeguarding responsibilities, and applying the Mental Capacity Act in a wide range of clinical settings. Using the revised Intercollegiate Document (ICD), a revised training strategy will be developed in 2026 to ensure CTMUHB staff have access to multiple approaches to safeguarding training and education, tailored to meet the needs of specific services.

The work in respect of adults at risk, suicide prevention and patient safety has extended through collaboration with colleagues at Parc Prison. Through partnership arrangements joint training has been provided to staff at HMP Parc and collectively safeguarding processes have been strengthened to further align safeguarding within the prison.

CTMUHB strengthened its response to domestic abuse during 2025/2026 through the introduction and expansion of a dedicated Health Independent Domestic Violence Advocate (IDVA) service, supported by Value-Based Health Care funding. This investment has enabled the Health Board to provide specialist, trauma-informed support directly within acute and community healthcare settings, ensuring that victims of domestic abuse can safely disclose, access immediate guidance, and receive tailored safety planning at the earliest opportunity. The health IDVA has worked closely with maternity, emergency, mental health and primary care teams to identify hidden harm, offer expert advice to staff, and enhance multi-agency safeguarding responses. The service will significantly improve outcomes for those at risk by increasing access to specialist support, strengthening pathways into community services, and ensuring a more timely, coordinated and compassionate response to domestic abuse across CTMUHB.

During 2025/2026, safeguarding training compliance continued to improve across all care groups, supported by bespoke training sessions delivered to Primary Care, District Nursing, GP colleagues, Paediatrics and Emergency Departments. To enhance the visibility and accessibility of learning opportunities, the Health Board launched quarterly safeguarding newsletters, expanded resource libraries, and introduced its Link & Learn sessions across key safeguarding themes, ensuring a rich and diverse learning environment that supports staff competence and confidence in meeting their safeguarding responsibilities. The establishment of the CTMUHB Safeguarding Training & Learning Group further strengthened the governance of education and development by creating a systematic approach to identifying workforce needs and embedding learning from incidents and reviews.

Moving forward into 2026, CTMUHB are committed to exploring ways to enhance overall safeguarding practices, focusing on identifying gaps and potential assurance risks within its current frameworks and practice.

Deprivation of Liberty Safeguards (DoLS)

DoLS are an amendment to the Mental Capacity Act 2005, and provide protection for vulnerable people, in care homes or hospitals who lack capacity to consent to the care or treatment within the current accommodation. CTMUHB have been fortunate to receive continued Welsh Government funding to support work in addressing any DoLS backlog and increasing MCA awareness. Funding has been utilised to commission an external agency to support the assessment of DoLS applications, this has led to a significant reduction in the backlog of assessments and ensures that deprivation of liberty is authorised in line with legal requirements with the correct authorisations in place providing further assurance of an improved compliance with statutory DoLS requirements.

During 2025/2026, CTMUHB made significant progress in strengthening its Deprivation of Liberty Safeguards (DoLS) arrangements, achieving a further reduction of outstanding DoLS backlogs and rolling out the new DoLS audit across hospital sites to enhance consistency and assurance. This has evidenced the need to strengthen staff awareness and confidence in the application of the Mental Capacity Act (MCA).

In addition, the implementation of a Power BI DoLS dashboard—aligned with the Electronic Whiteboard systems—improved oversight of authorisation compliance and increased the visibility of safeguarding activity at ward level. The Health Board also continued its close collaboration with local authorities on the Relevant Person’s Representative (RPR) contract and contributed to ongoing All-Wales developments in standardised DoLS documentation, supporting a more efficient, aligned and high-quality approach to safeguarding practice across the region.

Mental Capacity Act (MCA)

The Health Board continues to demonstrate a strong commitment to the effective and lawful application of the Mental Capacity Act (MCA) and consent, working closely with individuals, their families, next of kin, and those holding Lasting Power of Attorney (LPA) to ensure that best-interest decisions are consistently person-centred and transparent.

During 2025–26, the Health Board strengthened its compliance with the Mental Capacity Act (MCA) by rolling out updated All-Wales MCA training and e-learning packages that incorporate current case law and statutory guidance. Mandated Level 3 training reached 66.12% compliance in Quarter 3, supported by multidisciplinary sessions that enhanced staff competence and confidence in applying the legislation across clinical settings. To further ensure lawful and defensible practice, a new digital MCA assessment form was introduced, promoting holistic, consistent and accountable capacity assessments in line with statutory requirements. The MCA team has delivered bespoke in-person training for specific services working with the most vulnerable children and adults and has also provided direct support to staff completing assessments in both primary and secondary care.

To meet the rising volume and complexity of Court of Protection (CoP) activity, a seconded Senior Nurse post has been commissioned. This role ensures timely compliance with Court directions, mitigates organisational risk, and provides specialist support to staff. The postholder has introduced a dedicated database and scheduling system to strengthen oversight and coordination of CoP processes, while acting as a key liaison with operational teams and the All Wales Legal and Risk Service.

Infection Prevention and Control (IPC)

During 2025–2026, Cwm Taf Morgannwg University Health Board (CTMUHB) has continued to prioritise Infection Prevention and Control (IPC) as a core component of patient safety, quality improvement and organizational resilience.

Epidemiological Review and Welsh Government Targets

Performance against Welsh Government healthcare associated infection (HCAI) indicators demonstrates mixed progress. CTMUHB rates per 100,000 population remain favourable compared to the all-Wales average for Pseudomonas aeruginosa, Staphylococcus aureus and Clostridioides difficile. However, Escherichia coli and Klebsiella spp. bacteraemia rates remain above the all-Wales benchmark, reinforcing the need for sustained focus on Gram-negative reduction strategies.

E. coli bacteraemia: Rate 86.8 per 100,000 (Wales 70.13). Community-onset cases account for the majority of infections, with urinary catheters remaining a key contributory factor. Rollout of the catheter passport continues across acute and community services.

Klebsiella spp. bacteraemia: Rate 31.21 per 100,000 (Wales 24.16). Reduction efforts focus on catheter management, aseptic technique and strengthened review panels.

Pseudomonas aeruginosa bacteraemia: Rate 2.68 per 100,000 (Wales 5.33). Rates remain within statistical control limits across all acute sites, reflecting strong water safety governance and improved compliance with ANTT.

Staphylococcus aureus bacteraemia (MSSA/MRSA): Rate 26.46 per 100,000 (Wales 27.26). Continued emphasis on invasive device management, decolonisation and strengthening medical engagement in review panels.

Clostridioides difficile (C. diff): Rate 36.86 per 100,000 (Wales 43.45). Despite a lower rate than Wales overall, case numbers have not reduced compared to the previous year, and a significant proportion are community-onset.

Actions for C. diff include enhanced antimicrobial stewardship, systematic review of Proton Pump Inhibitor prescribing, strengthened root cause analysis processes, ICNet alert systems for previous positive cases, timely isolation, and robust environmental decontamination using sporicidal agents and hydrogen peroxide vapour.

Acute Respiratory Infections (ARI)

Winter pressures during Quarter 3 were characterised by significant Influenza A activity, particularly at Royal Glamorgan Hospital, with six outbreaks declared within one week in November. Norovirus accounted for 36% of outbreaks, Influenza A for 32%, and RSV also contributed to seasonal pressures.

A total of 10 deaths were associated with Influenza A outbreaks, with two cases recorded as moderate harm following investigation. Patients accounted for 84% of those affected during outbreaks, with staff comprising 16%.

Escalation measures included universal masking (in place until mid-January), creation of cohort areas, strengthened IPC visibility, daily outbreak oversight and full implementation of the outbreak toolkit in 100% of declared incidents.

Community IPC Programme

25 of 27 nursing homes were visited and audited, with the majority achieving green or amber ratings.

11 residential homes were audited, with targeted follow-up support offered where required.

19 face-to-face training sessions were delivered across care settings, training over 150 staff.

The community IPC team continues broadening its role, currently working with local authorities and Public Health Wales (PHW) with the aim of strengthening communication and governance. Work is still ongoing towards developing a Patient Group Direction (PGD) to enable the team to coordinate medication during scabies outbreaks in the community. More workstreams will be developed along the next financial year, such as the creation of a link workers network.

Decontamination and Infrastructure

Funding has been secured for two new negative pressure rooms (RGH and PoWH).

Central decontamination facility development has been approved. Central Sterile Services Department (CSSD) refurbishment planning at Prince Charles Hospital is progressing. Endoscopy decontamination improvements continue, including review of traceability systems.

Governance around cleanliness meetings is being strengthened and the HB is working towards implementing the new standards of cleanliness.

Compliance and Workforce Assurance

IPC fundamental training compliance remains at 78.63%, below the organisational target of 85%, with medical and dental staff compliance at 38.37%.

Bare Below the Elbows surveys demonstrated improved compliance in many areas, though jewellery, false nails and wrist-worn devices remain common causes of non-compliance.

Strategic Priorities for 2026

- Strengthen clinical leadership and medical ownership of Healthcare Acquired Infections (HCAI) review panels.
- Achieve at least 85% IPC and Aseptic Non-Touch Technique (ANTT) training compliance (if ANTT becomes mandated).
- Standardise microbiology testing approaches.
- Embed IPC champions within clinical areas.
- Enhance antimicrobial stewardship across acute and primary care.
- Address infrastructure and ventilation risks within decontamination services as well as develop response capacity if suspected/confirmed High Consequence Infectious Disease (HCID) is identified in A&E.

Conclusion

CTMUHB continues to demonstrate commitment to infection prevention, with sustained improvement in Pseudomonas and Staphylococcus performance and robust outbreak management during winter pressures. Persistent Gram-negative bacteraemia high rates and static training compliance remain key risks.

- Through strengthened governance, improved workforce engagement, targeted community collaboration and continued investment in infrastructure, the Health Board is positioned to deliver sustained reductions in healthcare-associated infections and maintain safe, high-quality care.

Clinical Education

In April 2025 CTM launched its Clinical Learning Academy (CTMCLA), marking a pivotal step in embedding a sustainable, interprofessional learning culture across the health board and reflecting CTMUHB's commitment to developing a capable, confident and compassionate workforce through excellence in education.

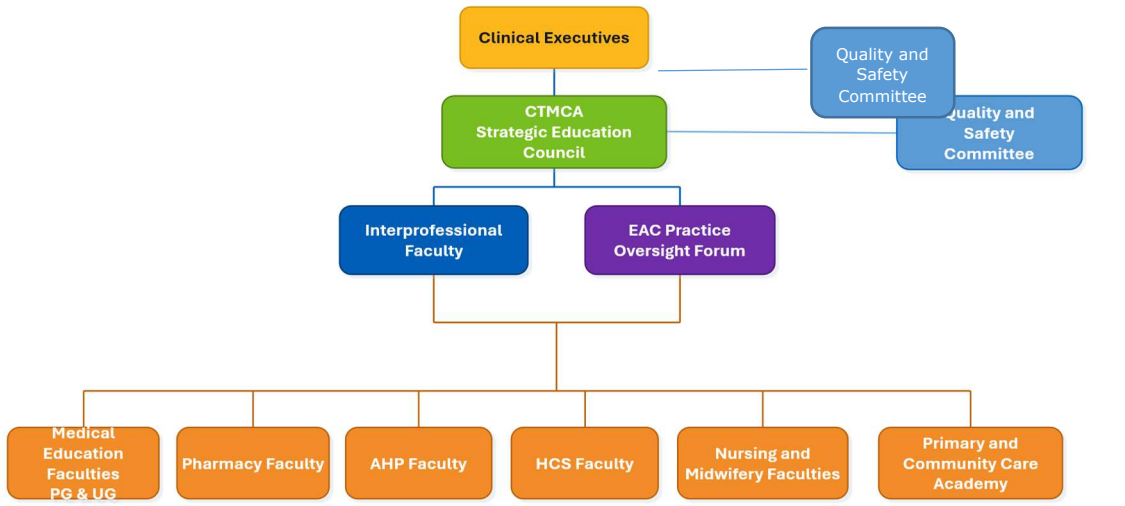
CTMCLA purpose is to create a collaborative, interprofessional learning environment that supports workforce development and service improvement to improve patient and population health outcomes.

CTMCLA has four Strategic Aims:

1. *Establishing underpinning processes for education quality, governance and sustainability*;
   Education Governance has been refreshed and strengthened with the establishment of the Strategic Education Council chaired by the Executive Lead for Clinical Education (Executive Director of Nursing and Midwifery). A refreshed assurance reporting structure includes Professional Faculties, Primary & Community Care Academy, the Interprofessional Forum and an Enhanced, Advanced and Consultant Practice Oversight Forum (EACOF) to ensure quality, assurance and alignment for organisational processes and priorities.

   Figure 53

Figure 53



2. *Developing and transforming our current workforce*
   The refreshed governance structure enables visibility of education across all clinical professions and provides a mechanism to ensure utilisation and allocation of internal and external education funding streams is aligned with organisational priorities for service redesign and workforce modernisation. This approach will better inform education commissioning needs and strategic workforce planning activity in order to support multi-disciplinary service redesign to deliver our Clinical Strategy.

3. *Developing our future workforce*
   CTMUHB as an organisation contributes significantly to the education and training of healthcare professional students in Wales. Over 2025-26 we

continued to work in partnership with 6 universities to deliver clinical placements for healthcare professional students including:

i. > 6000 medical student training weeks
ii. > 10,000 student nurse weeks
iii. > 1600 allied health professional student weeks
iv. > 340 pharmacy student weeks across Primary and Acute care

There is significant activity delivering widening access programmes to raise awareness of healthcare career opportunities, build confidence in talented students and remove barriers to higher education. Key examples include: Medical Careers, launched in September 2022, includes information sessions for parents and teachers, year 8 and year 10 interactive experience days, year 12 work observation week, interview practice sessions & entrance exam preparation. Nursing Careers, Royal College of Nursing Cadet scheme which, since 2020, has supported 93 cadets to experience observational placements across a range of specialities. 82% of Cadets are now studying or working in a healthcare related field. We also support students from Bridgend and Merthyr Colleges in a 2-day placement programme.

4. *Developing a culture of interprofessional Learning.*

Interprofessional learning activity continues to grow at pace, led by a dedicated team within CTMCLA. This has enabled us to design and deliver impactful, learner-focused programmes that are both evidence-based and operationally grounded, underpinning collaborative learning across professional groups and affiliated Higher Education Institutes. CTMUHB are a driving force across Wales regarding Interprofessional Education (IPE), with many health boards linking in for advice, support, and developed resources.

The Clinical Learning Academy is driving innovation, collaboration and transformation in education to support the delivery of CTM's 2030 strategy.

We understand that investment in education and training of our workforce underpins the required transformation to the way we work, with benefits for patients, individual staff members and the wider organisation; equipping people with the right skills in the right area at the right time, building confidence and career progression, and providing assurance of training and competence.

Harm Free Care – Summary

During 2025–2026, the Health Board continued to strengthen its approach to Harm Free Care, aligning with the All-Wales Harm-Free Care agenda and the prevention-focused principles of *A Healthier Wales 2021–2026*. Our work remained centred on reducing avoidable harm through consistent application of evidence-based bundles, enhanced surveillance, and targeted improvement across both community and secondary care.

Key prevention themes progressed this year include:

- Falls and deconditioning prevention

The programme was refreshed and renamed Falls and Deconditioning to align with national direction and strengthen its preventative focus. The Falls Collaborative has moved to clearer ownership and accountability, embedding a call-to-action approach, aligning community falls work, and supporting practice improvement through patient information resources and targeted audits, including lying and standing blood pressure.

- Pressure ulcer reduction

  The Pressure Ulcer programme was reset to consolidate recent improvements and refocus assurance panels as learning-driven forums, strengthening early prevention, reducing unwarranted variation, embedding learning into practice and providing clearer Board assurance that actions are implemented, sustained and reducing avoidable pressure harm.

- Medication safety and error reduction

  Medication safety work this year focused on strengthening reporting, learning and clinical oversight to reduce error, improve reliability of practice and minimise avoidable medicines-related harm.

- Anticoagulation and Venous Thromboembolism (VTE) prevention

  Anticoagulation and VTE prevention activity focused on reinforcing consistent risk assessment, timely escalation and clinical oversight to reduce preventable thrombotic harm.

- Infection prevention and bacteraemia reduction

  Infection prevention efforts continued to prioritise consistent frontline practice, early identification of risk and strengthened assurance to reduce variation and minimise avoidable bacteraemia.

- Nutrition and hydration safety

  Focus this year has been on strengthening nutrition and hydration safety through targeted training, improved auditing and reporting, and practical ward-level interventions, establishing a sustained programme to improve reliability of practice and patient safety.

To improve organisational consistency, visibility of risk, and the reliability of prevention activity, the Health Board will be implementing a Harm Free Care Assurance Steering Group. This group will provide coordinated governance across all harm-free care workstreams, triangulate harm-related data, and support a standardised approach to improvement. It will also contribute to the development of a Quality Management System aligned with the Duty of Quality, ensuring a clear line of sight from frontline care to Board-level assurance. As part of this, education, training, and capability-building will be informed by real-time intelligence, enabling targeted support where it is most needed.

In addition, the Health Board will develop a Harm Free Care Dashboard to provide real-time visibility of performance, earlier identification of emerging risks, and improved operational and corporate oversight.

Nurse Staffing Act (Wales) 2016 – Summary

During 2025–2026, the Health Board continued to meet its statutory duties under the Nurse Staffing Levels (Wales) Act 2016, completing biannual nurse staffing level calculations and strengthening the consistency of data, professional judgement and operational oversight. Work during the year focused on improving the quality and reliability of staffing information, embedding safe staffing principles within daily practice, and supporting designated persons and senior nurses through targeted education and guidance.

Ongoing compliance is assured through robust monitoring and governance arrangements, including clear escalation routes and routine reporting to senior management and the Board. This ensures nurse staffing levels remain safe, responsive and compliant, with timely identification and management of emerging risks.

Future Priorities for 2027–2028

- Further integration of safe staffing metrics within the developing Quality Management System
- Stronger triangulation between Nurse Staffing Act indicators, harm-free care measures, and wider quality Key Performance Indicators (KPIs)
- Continued investment in education and capability building for designated persons and operational leaders
- Contribution to national work on updated operational guidance, ensuring CTMUHB aligns with all-Wales standards and supports consistent implementation across health boards

Ward Assurance and Ward Accreditation – Summary

Ward Assurance

During 2025–2026, the Health Board continued to strengthen its approach to ward assurance. The assurance process has been used as a structured spot-check model, drawing on peer review principles and the 15 Steps methodology to understand the immediate experience of care from a patient or visitor perspective. These spontaneous visits provided real-time insight into ward environments, safety practices, documentation and patient experience, enabling the early identification of strengths and areas requiring improvement.

To support broader organisational oversight, ward assurance activity will contribute to a 12-month rolling programme of assurance and accreditation activity, while retaining its essential unannounced and responsive nature. This approach strengthens confidence in day-to-day standards of care, supports early intervention before issues escalate, and promotes shared learning and continuous improvement across wards. Collectively, it provides the Board with timely, credible assurance that patient safety, quality and experience are being consistently maintained across sites.

Ward Accreditation

The Ward Accreditation programme was introduced to recognise excellence in ward-based care. Several wards achieved Bronze Accreditation during the initial

phase, demonstrating strong foundations in safe, effective and person-centred care.

Following early implementation, the programme was paused for review to ensure the model remained sustainable, proportionate and aligned to organisational priorities. This review has informed a refreshed approach that will be rolled out during 2026–2027. The revised accreditation model will:

- Make use of existing audits and quality monitoring processes, reducing duplication
- Connect accreditation directly with Harm Free Care outcomes
- Embed sustainability principles, ensuring standards can be maintained over time
- Strengthen multidisciplinary involvement, recognising the wider team's role in ward performance
- Sit within the overarching 12-month rolling programme, ensuring accreditation is coordinated with assurance activity while maintaining its distinct, structured nature

Together, the refreshed Ward Assurance and Ward Accreditation processes will support a coherent, realistic and sustainable framework for understanding ward-level quality, strengthening improvement and recognising excellence across the Health Board.

People's Experience – Summary

During 2025–2026, the Health Board continued to strengthen its approach to improving people's experience of care, with a clear emphasis on translating feedback into meaningful changes in clinical practice. Work this year focused on ensuring that the voices of patients and communities directly inform how care is delivered, supporting improvements in compassion, communication, safety and responsiveness at the point of care.

People's Experience Framework

The People's Experience Framework remains central to shaping how the organisation gathers, understands and acts on people's feedback. It provides a consistent and coordinated approach to listening to those who use our services and ensures that experience insights are systematically linked to clinical practice improvement. Feedback is used to inform care planning, influence ward- and service-level practice, support professional reflection and guide quality improvement activity, ensuring that learning from patient experience results in tangible changes to how care is delivered. In this way, the framework strengthens the connection between people's experience, clinical practice and assurance, supporting improved outcomes and more person-centred care across the Health Board.

Development of a People's Experience Strategy

Work advanced on the development of the CTMUHB People's Experience Strategy, which will be launched in 2026. The strategy will set out a clear and unified approach to improving people's experience, strengthening involvement, and ensuring that real-time experience data is used consistently to shape services. It

will also outline how CTMUHB will build a culture in which every interaction contributes to safe, compassionate and person-centred care.

Bereavement Services

The Bereavement Lead continued to support implementation of the Welsh Government Bereavement Standards, with a focus on improving pathways, enhancing staff knowledge, and ensuring that families receive coordinated, sensitive support following a bereavement. Work also supported greater alignment between bereavement services and other supportive functions such as chaplaincy and mortuary services.

Carer Support

The Carers Lead continued to strengthen the visibility and support available for unpaid carers across CTMUHB. A key area of progress was the development of a Carers Passport, which will launch in 2026. The passport will support more effective identification of carers, improve their involvement in care planning, and ensure they are better informed and supported during their interactions with services.

Review of PALS, Chaplaincy and Volunteering Services

A programme of work is underway to review the Patient Advice and Liaison Service (PALS), Chaplaincy and Volunteers Service. The review is focusing on modernising pathways, improving accessibility, and identifying opportunities to strengthen the role these services play in the overall patient and family experience. Early findings are informing plans to develop clearer career pathways within these services, supporting future workforce sustainability and improved service provision.

Clinical Education – Executive Summary

During 2025, the Health Board advanced its commitment to developing a skilled and confident clinical workforce by progressing the creation of a new CTMUHB Clinical Education Prospectus, which will launch in 2026. The prospectus brings together, in one accessible resource, the full range of clinical education and development opportunities available across Nursing, Midwifery and Healthcare Support Worker roles. It clearly outlines expectations, progression routes and development priorities across Bands 2–7, helping staff understand what is required at each level and how to prepare for the next stage of their career.

The prospectus also consolidates the organisation's Competency Matrix and Training Matrix, giving staff a single, easy-to-navigate view of statutory, mandatory, clinical skills and leadership development programmes. This supports consistent learning pathways and strengthens alignment between individual development needs and organisational priorities.

The launch of the prospectus will improve visibility of education opportunities, enhance equity of access, and support a clearer, more structured approach to career development across the clinical workforce.

New 8a–8b Leadership & Advanced Practice Development Programme (launching 2026)

To strengthen senior clinical leadership capacity, CTMUHB will launch a targeted development programme for Band 8a and 8b clinicians in 2026. The programme will focus on:

- Quality leadership for Harm Free Care (using data for improvement, ward accreditation linkage, and coaching for reliability)
- Operational stewardship (workforce planning, agency-by-exception application, and sustainable service design)
- System improvement (QI methods at scale, MDT leadership, and cross-site spread)
- People leadership (coaching, supervision, and developing inclusive, learning-oriented teams)

This senior programme complements the structured development expectations already set out across Bands 2–7 in the prospectus and provides a clear next step for experienced practitioners progressing into advanced clinical and operational leadership.

iCTM

During 2025/26, the Health Board strengthened its approach to quality improvement in line with the Duty of Quality and in direct support of organisational priorities. A targeted, proportionate model of support was delivered through the ABCDEF framework (Advice, Brokering, Coaching, Doing, Education and Facilitation), enabling strategic advice at leadership and service level alongside practical facilitation and capability building within frontline teams. This approach embedded quality improvement more consistently into everyday practice, with a clear focus on patient safety, staff empowerment and sustainability, including internal leadership and support to the national Safe Care Collaborative and priority harm reduction work.

Significant progress was made in building system-wide improvement capability and strengthening patient safety. 5 Minute Improvements, grounded in Lean methodologies, empowered frontline teams to lead local change, while the SimplyDo platform scaled staff-led idea generation and local problem-solving across the organisation. The improvement training offer was refreshed and expanded, supported by coaching, deep-dive learning and a light-touch support model that reduced reliance on central teams. Alongside this, structured improvement approaches supported priority safety programmes, including work on inpatient falls and pressure damage, ensuring national and system learning was translated into practical frontline improvement.

The period 2026–2029 represents a significant phase in the maturity of Quality Improvement within CTM. The move of the Quality Improvement team into the Strategy and Transformation Directorate provides a strengthened platform to align improvement more closely with organisational strategy and system leadership. This repositioning enables Quality Improvement to lead the development and embedding of a Quality Management System (QMS), positioning quality as a core operating principle rather than a standalone function.

Over the next three years, the focus will be on embedding, scaling and sustaining improvement capability to deliver measurable impact on safety, experience and operational effectiveness. This will include continued investment in training and practitioner development, further scaling of 5 Minute Improvements and SimplyDo, targeted support to priority operational programmes, and the transition of major safety programmes—such as Falls and Pressure Damage—into

operational ownership supported by the QMS. Through strong collaboration, visible learning and sustained engagement, the Health Board will continue to build system capability and capacity, enabling staff at all levels to lead improvement, reduce harm and deliver safer, more efficient and person-centred care.

Innovation in CTMUHB

The Cwm Taf Morgannwg (CTM) Regional Innovation Coordination (RIC) Hub was established in the spring of 2020 originally to co-ordinate and support local innovation activity across CTM regional partnership and is hosted by CTMUHB. This was part of a Welsh Government policy commitment within *'A Healthier Wales'* to establish a nationally co-ordinated network of hubs within each Regional Partnership footprint.

The innovation landscape continues to develop and grow in Wales and is the current focus of renewed interest, with Welsh Government recently publishing *Wales Innovates* a new integrated and streamlined innovation strategy. As an innovation led 'engagement and co-ordination hub'. We continue to support organisations working across the CTM region to collaborate together, share resources, and pioneer new ideas to drive transformational change. The CTM RIC hub has developed a portfolio of key skills and abilities which informs the workstreams set out in our work plan.

Key Highlights:

- *Women's Health – Use of Lodestar in Pregnancy*

CTM RICH have been joint collaborators with Llusern Scientific Ltd and were successfully funded by Contracts for Innovation Cymru for a six-month project.

This project has evaluated the potential of Lodestar Dx, a rapid portable molecular diagnostic testing platform for the detection of Urinary Tract Infections (UTI) and Asymptomatic Bacteriuria (ASB) in pregnant women. UTI and ASB are associated with a higher risk of adverse outcomes including preterm birth, pyelonephritis and even pregnancy loss.

To date, the project has been focused on evaluating the diagnostic accuracy of Lodestar Dx in this patient group, understanding the challenges with the existing patient pathways, and carrying out cost effectiveness analysis. This has been achieved through performance studies, focus groups and health economics modelling. We have also drafted a commercial strategy to define our roadmap to NHS adoption.

Our work has confirmed that there is a strong clinical need for better UTI diagnostics in antenatal care. It has also showed the feasibility of using Lodestar in these settings, and the clinical and cost-effectiveness. We have received an extension for this work.

- *Sustainability*

Sustainability is a high priority within Cwm Taf Morgannwg University Health Board's (CTMUHB) mission to deliver high-quality healthcare, while reducing environmental impact and building resilience to climate change. The CTM RIC Hub plays a pivotal role in supporting and driving these efforts, working closely with wider teams and co-funding the Sustainability lead. Our sustainability work focuses on reducing public sector waste and supporting circular economy practices. This includes repurposing materials, lowering HB carbon emissions, and identifying industry solutions that drive sustainable change. The RIC has

previously secured nearly £500k through SBRI Wales to pilot sustainability projects, and we continue to explore SMART FIS Level 2 applications. We work with the Sustainability Innovation Manager and Clinical staff to identify practical opportunities, where possible.

- *Unpaid Carers*

Unpaid carers often face significant challenges in accessing essential information, managing stress, and navigating fragmented support services. Information about healthcare, social benefits, local resources, and wellbeing is typically scattered across multiple platforms, making it difficult for carers to find timely and relevant guidance. Additionally, the emotional toll of caring responsibilities can leave carers feeling isolated and unsupported.

This project seeks to design an AI-powered system that consolidates key information into a single, accessible platform, enhanced with a chatbot interface that provides both practical guidance and emotional support. The system will also present information in easy-read formats, ensuring inclusivity for carers with varying literacy, cognitive, or language needs.

How this meets CTM RP priorities:
(Exact domain labels vary locally, but the work cleanly aligns with the partnership's priority programmes and the Welsh Government national carers priorities.)

- *Carers / IAA* – directly advances identification, information, advice & assistance duties by providing a consistent, bilingual first-line offer that can triage to LA and third-sector services.
- *Dementia* – supports carer involvement, information & advice, crisis prevention/early help, discharge and community support. The chatbot offers tailored guidance for carers of people living with dementia, including John's Campaign principles and ward liaison routes.
- *Learning Disability & Neurodiversity* – accessible, plain-language or easy read 24/7 information; reasonable adjustments signposting; support for family carers navigating health and social care.
- *Children & Young People (Young Carers)* – clear routes to identification, assessments, education/employment support, and local offers; out-of-hours access for school-age carers.
- *Mental Health & Wellbeing* – fast signposting to preventative support (e.g., Valleys Steps, MHM Wales), reducing distress and escalation.
- *Digital Inclusion & Innovation* – low-cost, scalable, and re-usable across CTM; complements face-to-face provision rather than replacing it.

This project is a collaboration between Cwmpas, Mental Health Matters Wales, Regional Innovation and Communication Hub, Cwm Taf Morgannwg, Carers Support Services, Cwm Taf Morgannwg University Health Board and University of South Wales.

A future Focus for Improvement in CTMUHB

We remain committed to providing high-level improvement advice to Care Groups and supporting front-line teams across CTM. Through these efforts, we continue to embed a culture of continuous improvement, empowering teams to drive meaningful change.

During 2025-26, the Health Board has continued to embed Value-Based Healthcare, (VBHC), as a core approach to improving patient outcomes, experiences and the effective use of resources. Rather than being delivered solely through discreet programmes, VBHC principles have increasingly been mainstreamed across both directly funded VBHC projects and wider transformation programmes, supporting a more consistent, system-wide approach to value.

Progress has been made in developing a "one-system" approach to VBHC measures, with a roll-out roadmap, and implementation of local and Nationally agreed measures, bringing together Patient Reported Outcome Measures, (PROMs), Patient Reported Experience Measures, (PREMs), Clinician Reported Outcome Measures, (CROMs), and Patient Activation Measures, (PAMs). This enables the triangulation of data from multiple perspectives, strengthening support for personalised care, shared decision-making, and more informed service planning.

Across a range of programmes, VBHC approaches are supporting a shift towards prevention and early intervention, helping to avoid unnecessary hospital admissions and enabling care to be delivered closer to home within local communities. Improvements in pathway design have contributed to reduced length of stay, alongside the use of triage and remote monitoring to minimise unnecessary appointments while maintaining safe, proactive oversight of patients. These approaches also support the earlier identification and management of deteriorating health, enabling timely intervention and de-escalation.

Working in partnership with patients and partners, these developments are improving how we co-design services, communicate and engage, supporting improved health literacy and access to more personalised, person-centred care. Collectively, this is contributing to reduced unwarranted variation and minimising system-waste, while improving outcomes and experiences for the populations we serve.

The **Public and Population Health Directorate** led by Philip Daniels, Executive Director of Public Health, wishes to highlight the following matters from 2025-2026:

Public and Population Health

Diabetes

The CTM 5 year diabetes strategic plan was published in 2025 which outlines three strategic objectives for the health board:

1. Prevent or delay the onset of type 2 diabetes in those with modifiable risk factors
2. Prevent poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB

The CTM Diabetes Strategic Programme and Operational Boards are well established and have outlined key programme and workstream priorities for 2025-26. Alongside this we have continued to work in collaboration with Public Health Wales and wider colleagues to support and learn from the national Tackling Diabetes Together Programme.

Key deliverables in 2025/26 include:

- Leading the development and sign off of a CTM 5 year diabetes strategic plan and supporting workstreams to ensure equity of prevention and care is embedded within 2025/26 workstream action plans.
- Supporting CTM wide roll out of the All Wales Diabetes Prevention Programme (AWDPP) in April 2025.
- Supporting the primary care directorate review of the WISE service to incorporate effective, equitable and sustainable delivery of the AWDPP from April 2026.
- Work to improve uptake of all 8 care processes in primary care has included engagement to understand practice needs and key gaps, working with the primary care team to support practices in clusters with lowest uptake, supporting education of GPs and practice nurses/HCSWs re the importance of 8 care process measurement and optimisation of abnormal findings, development of a behavioural science informed uACR patient letter, leading two specific practice pilots to increase uptake of uACR using developed uACR letter, and development of a promotional video outlining the importance of the 8 care processes in diabetes care.
- CTM has seen a further increase in the uptake of all 8-care process from 46.61% in April 2025 to 50.39% in January 2026, and our uptake has remained the highest in Wales since October 2025.
- Establishment of the multidisciplinary CTM supporting staff with diabetes working group which has led the implementation of a staff with diabetes survey and staff interviews to understand the facilitators and enablers for our staff to live well with diabetes. The group is currently developing recommendations and an action plan informed by the findings with key deliverables outlined for 2026/27.
- Supporting national diabetes week in June and diabetes day in November where the themes 'living well with diabetes' and 'working well with diabetes' were promoted.
- Leading the development of the new revised CTM diabetes web pages which are expected to be published by April 2025.
- Completion of three evidence reviews to understand the evidence around i) approaches to diabetes case-finding, ii) most effective interventions to prevent women with gestational developing type 2 diabetes, and iii) most effective interventions to increase uptake of effective pre-contraception care for women with diabetes.
- Leading qualitative work to understand the experience of women in CTM that have been diagnosed with gestational diabetes in their recent pregnancy. Interviews are planned to be undertaken in February and March 2026.
- Scoping the expansion of diabetes case finding in CTM including developing a proposal to pilot diabetes case finding in General Medical Services (GMS) annual hypertension reviews. This work will be explored further in 2026/27.
- Developing an evaluation plan to evaluate the effectiveness, accessibility and acceptability of the type 2 diabetes structured education offer across CTM.
- Co-ordinating work to improve the sharing of diabetes related clinical data across primary and secondary care and with Diabetic Eye Screening Wales (DESW).

- Development of a CTM diabetes data dashboard to support monitoring delivery of the CTM 5-year diabetes strategic plan.
- Development and implementation of CTM-wide type 1 diabetes adult clinical pathways
- A new CTM type 2 diabetes adult pathway has been drafted with stakeholders and will be further developed to incorporate implementation of the newly published NICE Type 2 diabetes in adults: management guidelines
- Work to explore interest in development of a new CTM diabetes stakeholder group. A survey was implemented in 2025 and three stakeholder workshops are planned.
- Recognising the major risk factor that obesity is for Type 2 diabetes, extensive work has been carried out both with a variety of stakeholders to take forward the Healthy Wales Healthy Weight approach locally and with our colleagues in dietetics to develop and implement our weight management offer as a Health Board.

Key priorities and actions/milestones for 26/27

- Continued implementation of the CTM 5-year diabetes strategic plan including a focus on equity of prevention and care services
- Ensure equitable roll out of the AWDPP within the WISE service
- Further explore enhanced diabetes case finding
- Implementation of the new CTM type 2 diabetes pathway
- Evaluation of the type 2 diabetes structure diabetes education programme in CTM and implementation of recommendations
- Evaluation of the uACR pilots and development of recommendations
- Further work to understand patient and practice barriers to uptake of all 8 care processes
- Support the establishment of a new CTM-wide diabetes stakeholder group led by people living with diabetes.
- Embed recommendations to support CTM living with diabetes across established health board systems/processes.

Creating Health Delivery Plan

Creating Health is one of the strategic pillars of the CTM 2030 strategy, focusing largely on prevention and population health with the following overarching aims;

- Increasing healthy life expectancy and reduce inequalities
- Ensuring equal focus on mental and physical health
- Building healthier communities
- Being a healthy organisation

The purpose of the Creating Health Programme is to provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation. The programme has overseen the delivery of a number of defined workstreams and provided specialist input into the programmes of contributing work delivered across the health board.

During 2025/26, the Creating health Delivery Plan was operationalised and regular reporting to the Creating Health Programme Board provided oversight to progress against deliverables bi-monthly.

The following objectives were included in the plan;

- Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
- Become a population health organisation (modelling priority action areas on the Ottawa Charter)
- Build Healthier Communities
- Empower Systems leadership for Population Health Improvements

Key Achievements 25/26:

- A performance reporting framework was agreed to monitor quarterly progress against operational deliverables and also the impact on population health outcome in CTM annually
- Initial evaluation of the multi-partner warmer homes innovation sprint to outreach to vulnerable individuals across CTM and support with income maximisation. A total of 1800 individuals were supported to claim approximately £2.5m in additional income that they were entitled to but not accessing. This has been delivered in collaboration with local authority, third sector and registered social landlords (RSL) partners and has helped support some of the region's most vulnerable. CTM is now supporting other health boards to take a similar approach at the request of Welsh Government
- Evaluation of PiPYn has been undertaken and successful business case to support the children's weight management service going forwards
- A CTM Mental Health and Wellbeing Assessment was completed to inform regional work going forwards and will be presented to the Creating Health Programme board in April 2026. A new Regional Partnership Board (RPB) Mental Health and Wellbeing sub-group has been formed to lead on the delivery strategy

Areas of focus for 26/27 include:

- To support Wales to become a Marmot Nation, the work of the Creating Health Programme will be reviewed for opportunity to embed the Marmot principles throughout all we do
- Approval of a refreshed Creating Health Delivery Plan, including new programmes and associated deliverables for 26/27 onwards, with particular focus on Marmot Nation principles throughout
- Development of a CTM Population Health Framework, currently under development to coordinate efforts to realise CTM as a population health organisation
- Sign off a Population Health Management (PHM) strategic delivery plan currently under development.
- Launch of the healthy weight road map
- Roll out of the PIPYN family-based intervention aimed at children aged 3-7 years promoting healthy weight and physical activity across CTM

- Explore options to support an ongoing Income Maximisation workstream to continue the work delivered in 25/26 to maximise pension credit and winter fuel claims broadening the scope to support a wider range of vulnerabilities, chronic conditions and income opportunities.
- Develop and sign off the Maternity Population Health Strategy

Operationalising PHM and piloting direct GP data flows

The PHM programme in CTM to date has focussed on piloting PHM approaches in primary care and building the first steps of PHM capabilities across the three pillars of intelligence/infrastructure, implementation and innovation. Current PHM infrastructure in CTM has relied on quarterly data flows via the SAIL databank, and a range of PHM projects have been successfully implemented and evaluated in primary care. There are substantial limitations to full roll-out of PHM using the current data infrastructure, and timescales for national infrastructure including primary care data are currently uncertain.

In order to move to a more mature PHM system across CTM, we aim to use data shared directly between primary and secondary care to test and implement PHM approaches. To do this, we want to develop the local CTM Shared Care Record (CTMSCR) to be able to deliver PHM. This will provide health and care professionals with electronic access to records of participating partner organisations using new and existing secure systems for the purpose of direct care.

In 2026/7, the PHM programme will look to pilot direct GP data flows initially with our managed practice and develop technical capabilities for wider rollout. This is in addition to continuing support of innovative approaches led by primary care partners. This will sit alongside a planned development programme for primary care and other partners to support them to deliver PHM approaches in frailty and other cohorts.

Health Improvement in Cwm Taf Morgannwg

The Public Health team continues to work on tackling the key causes of ill health in CTM, such as smoking, diet and exercise, and substance use (drugs and alcohol). Underlying these is a common thread of poverty and inequality, and more work is required to improve the foundations of health in our communities. Our teams have worked with partners across the health board and the region as we try to reduce the harms from unhealthy behaviours.

Tobacco

Key achievements in relation to smoking/tobacco include:

- Continuous improvement work for the Help Me Quit (HMQ) in Hospital service, and completion of the Think Quit study to understand how we can work with nursing to drive up referrals.
- Work with mental health services continues, aiming to reduce smoking rates in people with mental health diagnoses.
- Smoking in pregnancy pathways are being implemented across maternity services and the HMQ for Baby service is in operation.
- Focused communications and Making Every Contact Count (MECC) training with primary care and optometry continue to drive up referrals.
- Our community presence continues to develop as we work to reach underserved groups and those with higher rates of smoking.

- Work to increase provision of HMQ in community pharmacies and improve quit rates has begun, including training sessions and resources.
- Continued improvement work in HMQ in community pharmacies, in anticipation of the roll out of a new pharmacy service specification.
- Work planned before the end of 25/26 to build partnerships and engagement with smoking cessation across the CTM region.

All this work has contributed to CTM achieving the 5% target of adult smokers making a quit attempt in 2024/25 and projected to reach the target again in 2025/26.

There has also been a particular focus on preventing youth vaping this year. The Health Promoting Schools team have provided curriculum resources for schools and training has been developed and delivered to Youth Workers and School Nurses across CTM enabling them to support young people who vape

Healthy Schools

The Health Promoting Schools and Healthy Pre-schools programmes are working to support a whole setting approach to health & well-being, which includes leadership, policy, education and support for staff and learners.

- 88% of schools in CTM are implementing action plans to embed a whole-school approach to emotional and mental wellbeing.
- 36 settings have achieved accreditation for the Healthy Pre-schools programme.
- 33 settings have completed the food and nutrition health topic.

Healthy Weight Systems Leadership & Strategic Direction

Over the past year, we have continued embedding a Whole System Approach (WSA) to healthy weight across Cwm Taf Morgannwg, strengthening collaboration, visibility, and shared decision-making to deliver Healthy Weight: Healthy Wales. Our focus has been on deepening understanding of the CTM healthy weight system through community insight, Appreciative Enquiry, and system-mapping to identify barriers, levers, and long-term opportunities for improvement. We worked with UHB partners to develop a long-term Healthy Weight Road Map aligned with national themes, setting a clear vision for enabling children born today to grow up at a healthy weight. This collaborative work will continue through 2026/27. We progressed a Regional Joint Action Plan, consolidating system actions on food environments, active travel, community engagement, and systems leadership, supported by an emerging regional forum. We also expanded systems-thinking and systems-leadership capacity across the Healthy Weights Team and wider UHB partners, strengthening a culture of shared learning and improvement.

Key Delivery Areas

- Early Years & Infant Feeding: Continued delivery of the CTMUHB Infant Feeding Strategy and strengthened early-years action. Rebuilt breastfeeding peer-support networks in RCT through the Child Poverty Grant, informed by community Appreciative Enquiry, and were shortlisted

for a Public Health Award at the Royal College of Midwifery (RCM) Annual Awards.

- Food Environments & Sustainability: Worked with food sustainability partnerships to improve access to affordable, good-quality food and supported the launch of the Public Services Board (PSB) Food Resilience Sub-Board.
- Healthy Travel & Active Environments: Launched the CTM Healthy Travel Charter and worked with PSB partners to embed sustainable travel and active-environment commitments, supported by established governance structures.
- Children, Young People & Families: Supported development and evaluation of the PIPYN programme and CYP weight-management pathways, preparing for confirmed CTM funding from April 2026. Strengthened the systems-wraparound elements of PIPYN, including building systems capability within the team.

Substance use

Alcohol is a significant contributor to morbidity and mortality, with deaths increasing nationally. Drug related deaths remain higher than the Wales and UK averages. There is currently no national strategy for drugs and alcohol, and action is essential.

The Alcohol Care Team (led by Gastroenterology) have worked to improve care for people with alcohol dependency and reduce repeat admissions, and the Area Planning Board has led a range of work to reduce harms from drugs and alcohol.

Having increased public health capacity in Substance Use in Q2, key activities include:

- Supporting recommission of Tier 1 & 2 substance use services for CTM
- Undertaking a baseline review into Ketamine use in CTM, to support the development of evidence-based, proportionate approaches to reducing harms from Ketamine.
- Commencing work to review drug-related deaths in CTM
- Working to better integrate Substance Use services to the blood-borne virus elimination agenda

In 26/27 we will continue to work with colleagues across the Area Planning Board, CTMUHB Drug and Alcohol Services, Barod, and other partners to develop a strategic approach to reducing harms from substance use in CTM.

Healthcare Public Health (incorporating Behavioural Science offer)

Healthcare Public Health (HCPH) plays a critical role in shaping equitable, effective, and sustainable clinical services across CTM, using population-level intelligence, demand and capacity modelling, and inequalities analysis to inform strategic decision-making. A growing evidence base highlights the importance of embedding population healthcare approaches across health systems to improve outcomes, reduce unwarranted variation, and target inequalities through data-driven planning.

As part of this broader HCPH function, behavioural science works alongside quantitative data to enhance our ability to understand real-world behaviour

through lived experiences and behavioural diagnosis. It supports service redesign, and improves communication and intervention effectiveness, though applications of behavioural insights to people centred public health.

Key Deliverables 2025–2026

Healthcare Public Health

- Strengthened population healthcare intelligence, using data to support the development of the Clinical Services Plan and inform prioritisation across pathways.
- Inequality review completed across the urgent suspected cancer pathways, providing a clearer understanding of inequities in access, referral, and outcomes, and informing future improvement work.
- Enhanced engagement with operational and clinical teams, embedding a population lens and supporting evidence-informed decision-making for high-impact pathways.

Behavioural Science

- Three-fold behavioural science support model implemented, increasing organisational capability and capacity for routine application of behavioural insights.
- Over 400 staff trained in 2025–26, including student nurses, midwives, primary care teams, iCTM colleagues, and Children & Young People services including 'The Role of Behaviour Change in Diabetes Management', 'Making Every Contact Count', and 'Behavioural Insight Circles'.
- Behaviourally informed communication improvements delivered, including revisions to District General Hospital (DGH) ward information for new starters and patient correspondence in the Weight Management Service.
- Applied behavioural insight projects completed, such as the diabetes-focused collaboration with Public Health Wales piloting a behaviourally informed letter to increase urine ACR completion.
- Development of evaluation and feedback processes initiated, supported by e.g. launch of behavioural science case study repository.
- Academic research projects with national cancer screening programmes initiated as part of Health Psychology Professional Doctorates.
- National and local dissemination achieved, through a range of oral/poster presentations at various conferences.

Priorities 2026–2027

Healthcare Public Health

- Advocate for an expanded programme of data-driven healthcare inequalities analysis, with a focus on access to care, patient experience, and the clinical outcomes that matter most to our population.
- Develop a Health Equity Framework for healthcare services to support delivery of our mandatory duties on addressing health inequalities under the Health Impact Assessment (Wales) Regulations 2025 and the Well-being of Future Generations (Wales) Act 2015.
- Continue to support the development of the CTM Strategic Clinical Services Plan, ensuring population health need, demand modelling, and inequalities analysis inform all major service developments.

Behavioural Science

- Scale behavioural science integration across clinical and operational programmes, embedding behavioural science/insight into service redesign and quality improvement.
- Support implementation of behaviourally informed approaches in clinical pathways across the different care groups in the Health Board.
- Integrate academic research and key findings/recommendations into evidence-based intervention development.
- Expand organisational capability, ensuring behavioural science becomes a routine component of staff development, communication design, and frontline practice.
- Embed impact evaluation of behavioural science application to inform and strengthen ongoing practice and support model of delivery.
- Continue to provide leadership and expertise, representing CTM at regional and national behavioural science networks and supporting system-wide behaviour change initiatives.

Public Mental Health (PMH):

A growing evidence base demonstrates the critical influence of mental health on overall health outcomes and population wellbeing, reinforcing the need to prioritise mental health alongside physical health across all public health activity. In 2025–2026, PMH was established as a distinct priority area, with foundational work undertaken to enable delivery of high quality, evidence informed advice and support aimed at improving mental wellbeing and reducing inequalities.

Key Deliverables 2025–2026

- Evidence review of Public Mental Health interventions completed.
- New Mental Health and Wellbeing (MH&WB) Strategy Subgroup established via the Regional Partnership to support implementation of the national 10-year strategy.
- Regional governance strengthened to support local delivery of the national 10-year Suicide Prevention and Self-Harm strategy.
- CTM PMH Health Needs Assessment (HNA) completed, with findings to be presented to the Creating Health Board, Regional Partnership and Public Services Board.
- CTM UHB confirmed as a member and supporter of the PHW Hapus Network.

Priorities 2026–2027

- Advocate for implementation of key recommendations from the CTM PMH Health Needs Assessment.
- Support local delivery of the national Mental Health and Wellbeing and Suicide Prevention and Self Harm strategies.
- Continue to chair and provide Public Health expertise to the CTM Suicide Prevention and Self Harm Strategic Board.

Health Protection in Cwm Taf Morgannwg

During 2025-26 we moved to implementing the health protection strategic plan and are seeing impact in health protection outcomes for CTM communities. This has included maximising investment of the additional £1.06m funded provided to CTM which has focused on creating capacity across the CTM health protection system around coordinated community infection, prevention and control; addressing inequalities in vaccination and testing; emergency planning and preparedness for pandemic, and communications and engagement with communities around health protection

Achievements and milestones in 25/26

- Vaccination
    - Highly successful child immunisation mop-ups during the summer with 2321 vaccinations provided reducing measles outbreak risk in Treforest (the only MSOA with an Re>1 in CTM) and reducing impact of Human Papillomavirus (HPV) in our communities
    - Multi-modal winter vaccination campaign looks to have had good impact on overall flu vaccine uptake rates in our communities. Staff uptake looks to have increased by 18%, over 1000 residents in HMP Parc vaccinated.
    - Delivered a resilient approach to Fluenz vaccination in nursery settings in RCT and Merthyr Tydfil with the highest uptake rate in 3-year-olds in Wales in 25/26 (53.5% vs 44.9%)
    - Use of outreach clinics including outreach van enabling uptake in areas with difficult access
- Innovative ways of coproduction, engagement and communication delivered through working with the Community Leaders Network creating an impactful hyper local winter campaign and a network of community vaccination champions.
- Participation and learning from Exercise Pegasus that will impact CTM pandemic planning with close links between emergency planning and health protection increasing resilience
- Delivery of the Hepatitis B/C elimination plans including a sustained offer of testing at HMP Parc of 98% and uptake of screening of 93%.
- New ways of working with local authorities extending prevention reach into early years settings, schools and other vulnerable settings
- Community IP&C Team established and already showing impact working with HPT PHW on outbreaks in vulnerable settings. They have audited 25 out of 27 nursing homes and are providing ongoing support
- Faecal PCR enabled in CTM for last 4 months of 25/26

Key priorities and actions/milestones for 26/27

- Improving vaccine uptake by improving coordination across care groups and addressing inequalities
- Improving Health Protection prevention and response pathways through implementing Health Protection Framework workstreams of sampling/ testing, prophylaxis and vulnerable settings
- Taking the learnings from Exercise Pegasus and localising pandemic plans
- Ensuring sustainable ways of working with local authorities and wider partners enabling prevention and surge resilience.

- Delivering plans for diseases of elimination and identifying opportunities for coordination, outreach, communications and engagement to improve outcomes
- Supporting the system to address health impacts of environmental risks and climate adaptation

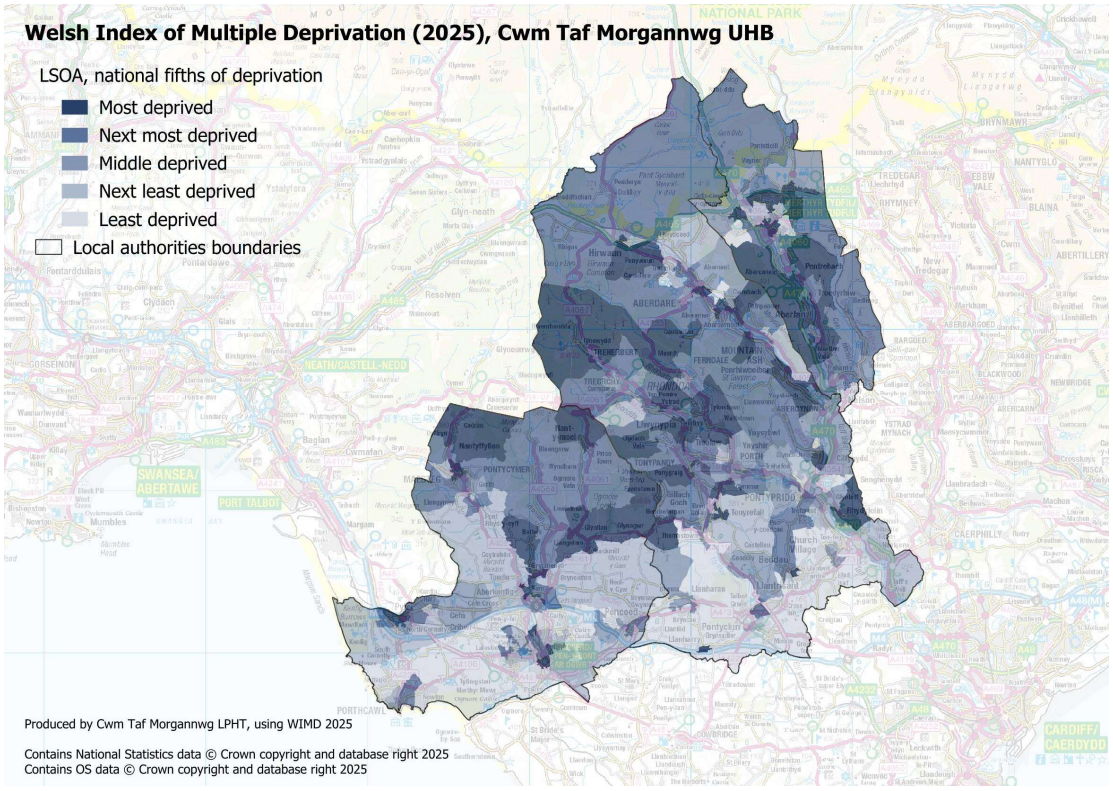
The Population We Serve

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

The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area. Four of the 22 small areas in 'deep-rooted deprivation' in Wales are in CTM. [2] The deprivation in CTM is largely rooted in historical, economic, and social factors including coal mines and steelworks closure in the late 20th century; Valleys are physically separated by hills, making transport links less efficient; Former mining towns experienced a lack of effective policy to attract different industries to the region, resulting in minimal infrastructure development, and ultimately experienced population decline, as younger people moved away for work.

Welsh Index of Multiple Deprivation (WIMD) 2025, Cwm Taf Morgannwg UHB

Figure 54



The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTMUHB) are considerable when compared to Wales as a whole, and large inequalities exist within the Health Board area. Life expectancy for males and females in CTMUHB is less than the Welsh average, and the difference in

healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for males and females.[3]

The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following chart:

Life expectancy at birth, Total, males and females, 2011-2013 to 2021-23

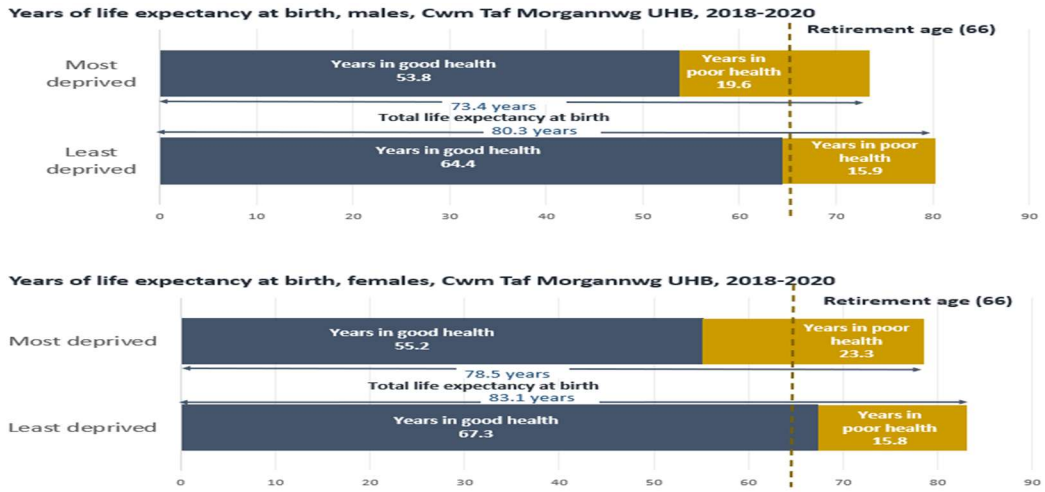
Figure 55

Source ©2025 PHW using APS, 2011 Census, PHM, MYE (ONS)

The difference between lived experiences in those in most and least deprived areas remains, with substantially more years lived in poor health in those in deprived areas. A significant gap in healthy life expectancy exists for both males and females in CTM: males living in the least deprived areas live around 7 years longer, and have around a decade more time in good health, and females living in the least deprived areas live around 5 years longer, and have around 12 years more time in good health.

Years of life expectancy in good and poor health, Cwm Taf Morgannwg, males and females, 2018-2020

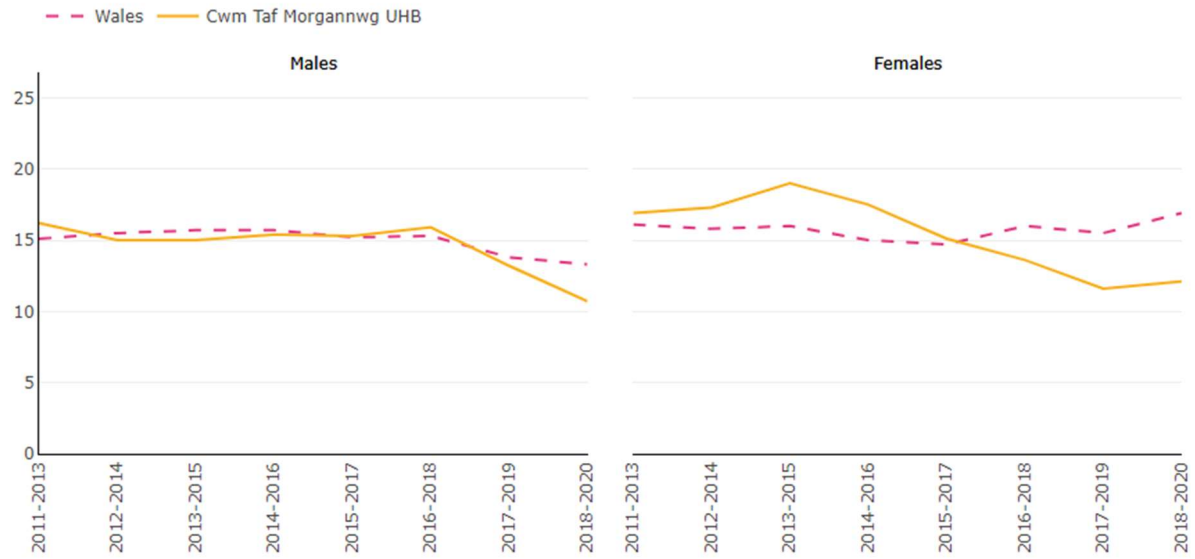
Figure 56



Source: Chart produced by CTM UHB public health team using data from PHW (APS, 2011 Census, PHM, MYE (ONS))

The gap in healthy life expectancy at birth, males and females, Cwm Taf Morgannwg, 2011-2013 to 2018-2020

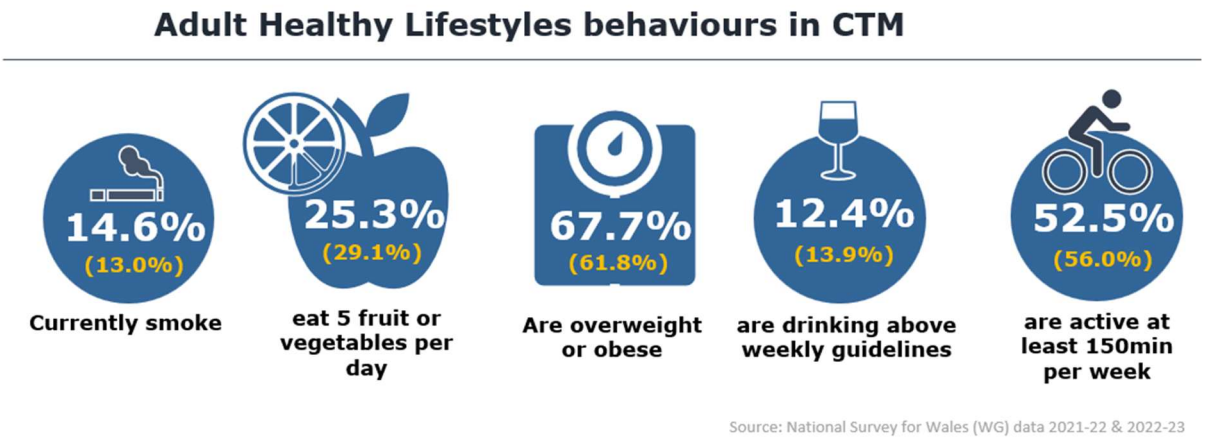
Figure 57



Source ©2025 PHW using APS, 2011 Census, PHM, MYE (ONS)

Adult lifestyles, National Survey for Wales, combined years 2021-22 & 2022-23, Cwm Taf Morgannwg UHB and Wales

Figure 58



- Higher smoking prevalence in CTM (14.6%) for those aged 16 years or older ('daily smoker' or 'occasional smoker'); Rhondda Cynon Taf at 15.7%, Merthyr Tydfil at 18.6% and Bridgend at 11.1% when compared with Wales at 13.0% (2022-23 National Survey for Wales).
- 67.7% of adults in CTM are overweight or obese. This compares with an all-Wales average of 61.8%; Merthyr Tydfil has the highest percentage of people with overweight or obesity (74.6%), followed by Bridgend (70.4%) and Rhondda Cynon Taf (64.5%).
- 25.3% of adults in CTM eat at least 5 portions of fruit and vegetables a day (29.2% for Wales). At Local Authority level, the percentage of people eating at least five portions of fruit or vegetables was highest in Bridgend (31.5%), followed by Rhondda Cynon Taf (22.5%), and lowest in Merthyr Tydfil (21.8%).
- 52.5% of adults in CTM meet the physical activity guidelines, compared to 56.0% for Wales, with Bridgend (51.3%) and Merthyr Tydfil (47.9%) reporting lower figures, and only Rhondda Cynon Taf being higher (54.4%) (NSW 2021-22 & 2022-23, StatsWales).
- CTM has a similar prevalence (25.5%) of overweight or obesity to Wales (25.5%) amongst 4 to 5year-olds (Child Measurement Programme, 2023-2024). This is highest in Merthyr Tydfil (27.8%), followed by Bridgend (25.2%) and Rhondda Cynon Taf (25.1%)
- High levels of teenage pregnancy at 21.1% in CTM compared with 15.7% in Wales (PHOF, 2022).
- Low levels of breastfeeding at 10 days, with 46.8% in CTM and 57.3% across Wales as a whole (StatsWales, 2024).
- Higher percentage of babies in CTM born with low birth weight (6.9%) compared to Wales (6.3%) (PHOF, 2024).

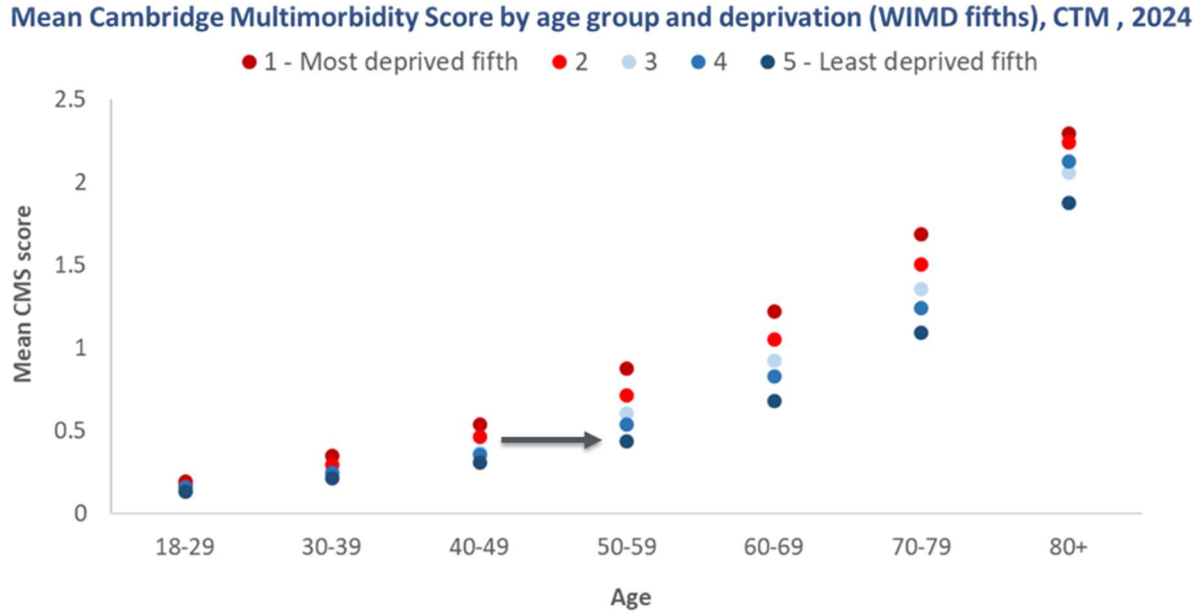
These factors suggest the focus of our three-year plan must incorporate considerations of addressing existing inequalities, at the same time as delivering healthcare service development and securing future service sustainability. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our

population, alongside activity to improve access to services, improving patient experiences and outcomes as well as incorporate proactive and preventative approaches based on population need. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps, and delivering value-based healthcare (VBHC) pathways whilst avoiding the delivery of interventions of limited value.

CHRONIC CONDITIONS & MULTIMORBIDITY

People living in deprived areas are more likely to develop chronic conditions at a younger age. In CTM, people living in more deprived areas have shorter lives, and spend more time living with diagnosed long-term illness. Health inequalities are widening from age 50 onwards; patients in their 40s who live in the two most deprived fifths experience a more severe burden of multiple long-term health conditions than people in their 50s in the least deprived fifth.[6,7]

Figure 59



Note: Using primary care segmentation data up to September 24. Based on 43 out of 44 practices. Cambridge Multimorbidity Score (CMS) based on 37 chronic conditions and their weightings (Payne et al, 2020).

Additionally, chronic conditions drive a significant portion of emergency hospital admissions in Wales, with research suggesting nearly a third of emergency admissions might have a chronic condition as the primary recorded cause, but this is likely an underestimate, as many admissions for acute issues (like infections) are due to underlying chronic conditions (e.g., COPD, heart failure) that make patients vulnerable.[8]

For example, emergency admissions for diseases of the respiratory system varied across areas within Cwm Taf Morgannwg University Health Board in 2023. The age-standardised admission rates (EASR) per 100,000 population ranged from 1,605in the lowest GP cluster to 2,326 in the highest among all clusters. These figures indicate significant geographic disparities among GP clusters within CTM

with GP clusters with more deprived populations consistently showing higher emergency admission rates than the health board averages.[9]

VACCINATION

Vaccination plays a key role in protecting against disease and prevents up to 3 million deaths globally each year.[10]

In comparison to the all-Wales average CTM continues to perform well in routine childhood vaccinations, with good infant uptake rates. Improvements are starting to be seen in the uptake of MMR2 and the 4-in-1 preschool booster over the past 12 months. As a result, PHW risk modelling for measles outbreaks places CTM in a favourable position.

Teenage vaccines uptake does pose a challenge for example HPV at age 15 falling to 74% in quarter 1 2025.

With significant changes to the childhood schedule being introduced in 2026 the health board is planning for the additional support and resources likely to be needed to maintain and improve on childhood vaccine uptake.

Disparities between the most and least deprived areas for vaccine uptake are still present in CTMUHB, highlighting the continuing need for targeted interventions. In a 'one of its kind' collaboration with the Community Leaders Network, hyperlocal resources have been created and training given to 33 community vaccine champions to target inequalities that CTM experiences in flu vaccination. The success of this model will help shape future approaches to inequalities in vaccine uptake.[11]

Recognising the need to improve maternity vaccines, work is underway with maternity services to develop an improved model that is both efficient and accessible for pregnant women.

The RSV (Respiratory Syncytial Virus) programme in older adults shows success and should contribute to protecting acute services in high pressure winter periods.

The Health Board is committed to disease elimination programmes such as Blood Borne Viruses, including those with a vaccination element such as Hepatitis B and workplans for the next financial year build on the co-ordination of work streams and opportunities that target relevant populations and develop equity in vaccination, testing & treatment, including sexual health, substance use and criminal justice. The Health Board is represented on national workstreams arising from the National Health Protection Framework and national vaccination meetings.

CTM is committed to developing a sustainable, equitable, and efficient vaccine delivery model that achieves equality, strengthens immunisation uptake, and supports broader public health objectives.

CTMUHB Vaccination Programme

Vaccination is one of the most effective public health interventions, preventing up to 3 million deaths globally each year.[9] It plays a critical role in disease prevention, second only to clean water in its impact on public health.

The UK Government, Welsh Government, and Public Health Wales set national immunisation schedules and targets to support disease elimination and protect vulnerable populations through herd immunity. Vaccination services are delivered

across primary and secondary care and through various health board services. Vaccinations are captured through a range of mechanisms, with data collated and published by Public Health Wales and the Welsh Government.

During 2025/26, Cwm Taf Morgannwg University Health Board (CTMUHB) delivered strengthened Health Protection and vaccination programmes, achieving improved uptake, increased equity of access and greater system resilience. This work supported national prevention and winter preparedness priorities and was delivered in partnership with Public Health Wales, Local Authorities, Primary Care, Occupational Health, School Nursing and community partners.

Vaccination Uptake and Impact

Vaccination uptake improved across multiple programmes compared with 2024/25, with a focus on reducing inequalities in uptake through targeted outreach measures

- Children who are up to date with scheduled vaccinations by age 5

Percentage uptake of vaccines in children in CTMUHB by age.

Figure 60

Area	Age 1 year				Age 2 years				Age 5 years		Age 16 years			
	6 in 1[1]	Men B[2]	PCV	Rota-virus	6 in 1	Men B[3]	PCVf[4]	Rota-virus	MMR 2	4 in 1[1]	MMR 1	MMR 2	Men ACWY	Teen booster 3 in 1[5]
Bridgend	95.7	96.1	96.4	92.4		93.6	94.6		94.1	94.4	98	96.7	81.5	81.3
Merthyr Tydfil	96.9	98.5	98.5	93.8		91.2	91.2		88.8	89.4	95.3	94.7	78.4	78.4
Rhondda Cynon Taf	96.3	96.7	97.6	95		95.6	95.4		90.2	90	97.5	95.2	88.2	79.9
CTM total	92.2	96.8	97.3	94		94.3	94.5		91.2	91.3	97.4	95.6	80.4	80.2
Wales total	93	93.1	94.6	90.8		92.3	92.5		89.2	89.3	95.8	93.8	75.7	75.8

There has been an overall improving trajectory of uptake for children's scheduled vaccinations over the last three years. CTMUHB has the second highest uptake of these vaccinations compared to the rest of Wales but is still not at the 95% target for all of these vaccinations.

MMR vaccine uptake – 95% uptake of two doses of MMR is needed to prevent transmission of measles, with outbreaks being seen in England currently. CTMUHB uptake for MMR 2nd dose by 5 years has improved over the last 3 years and is now at 91.2%. Uptake of at least 1 dose, which provides good protection, by 16 years is 97.4%.

Summer childhood immunisation mop-ups delivered 2,321 additional vaccinations, reducing measles outbreak risk in identified high risk communities and supporting improved HPV coverage.

Considerable work has been done to ensure CTMUHB can deliver the changes to the MMR vaccination programme with Varicella being included as routine and a change of age eligibility from 01/01/2026.

Meningitis B vaccine uptake – CTMUHB has a very high uptake of Meningitis B at 1 year with uptake rates ranging from 96.1% in Bridgend to 98.5% in Merthyr Tydfil.

- **HPV**

The CTMUHB uptake of HPV 1 dose, is 80.5% by age 15 years (school Y10), with very little difference across the three local authorities. Although this is the second highest uptake across Wales which averages 75.6%; it is a decline compared to pre-pandemic uptake rates and there is work ongoing to achieve the Welsh Government target of 90% and WHO's global strategy for cervical cancer elimination.

Figure 61

Area	Age 13 (school yr 8)	Age 14 (school yr 9)	Age 15 (school yr 10)
Bridgend	0.3	80.7	81.0
Merthyr Tydfil	0.1	74.2	80.1
Rhondda Cynon Taf	0.1	78.4	80.2
Health Board Total	0.2	78.5	80.5

Percentage of children who have received the HPV vaccine in CTMUHB Local Authority areas as of 31/03/26

- Seasonal influenza - population uptake
    - Children aged 2-3 years: 45.7% uptake, an increase of 6.4%.
    - Primary school children: 58.5% uptake, a decrease of 6.5%
    - Secondary school children: 43.4% uptake, a decrease of 7.7%
    - Adults aged 16-64 years in clinical risk groups: 37.2% uptake, an increase of 9.6%.
    - Adults aged 65 years and over: 69.1% uptake, an increase of 3.1%.
    - 47.3% of all staff vaccinated, an 8.4% increase on 2024/25.
    - 49.9% uptake in staff with direct patient contact, an 8.8% increase year on year.

The winter flu campaign has showed improvement across all priority groups and eligible cohorts with the exception of primary and secondary aged children which decreased following a reduced programme time of 10 weeks (from 13 weeks) and changes to digital systems. Clinically at risk residents (6-month-64-years), have historically been the most challenging group, but this year saw the greatest increase in uptake (9.6% from 2024), closely followed by NHS staff for both patient (8.8%) and non-patient (8.4%) facing staff.

Changes to the campaign this year for these groups included delivery models, behavioural science which informed hyper-local communications and community collaboration. These are being evaluated to ensure the successful elements are appropriately applied across all relevant vaccine programmes.

Staff flu uptake improvements were supported by expanded walk-in access, extended hours and peer vaccinators.

There were considerable service developments through the year

- The new information system, WIS 2.0, was implemented within CTM, with WIS now being a central record of vaccinations. All GP practices and community pharmacies implemented WIS in their vaccine delivery and stock management for the first time this Winter.
- The HP Operational team has supported central procurement of flu, working collaboratively with all GP practices and community Pharmacies on stock management and fridge temp recordings within the new WIS system, HP team successfully retrieved 4,497 doses of surplus flu stock. This has enabled the HB to solve any practical delivery problems and improve vaccine coverage and efficiency in a time critical flu vaccination program, while reducing costs and wastage.

Learnings from all of these programmes will inform the planning for winter 26/27.

- COVID-19 Winter Programme
    - 53.6% uptake across all eligible individuals, a 9.73% improvement on the previous year.
    - 75.4% uptake among care home residents, reflecting targeted delivery.
- Expansion of the RSV programme

HP Operational team continued to support the routine GP offer for RSV vaccination for eligible patients turning 75yrs and pregnant women. The HP team continued to support 16 GP practices, including eligible care home residents and housebound patients helping to improve uptake in these groups. This RSV vaccination programme is being expanded in 2026 to include adults 80+.

Equity of Access

A Vaccination Equity Framework was embedded across Health Protection activity to support consistent identification and mitigation of access barriers. Examples of some of the targeted work to address inequalities includes

- A resilient Fluenz nursery delivery model achieved some of the highest uptake rates in Wales for three year olds, including 60.4% in Bridgend and 53.5% in Merthyr Tydfil, compared with a Wales average of 44.9%.
- Community venues, mobile vaccination units and flexible access models improved uptake in areas of deprivation and among underserved populations. This included:
    - 49,550 unvaccinated school aged children invited, delivering 1,266 additional vaccinations.
    - 43,768 unvaccinated eligible adults recalled through Health Board led support to 32 GP practices, resulting in 7,150 additional vaccinations, including housebound patients.
- Targeted mop up activities in the community for key campaigns including childhood immunisations and winter vaccinations
- Working with partners to support uptake in vulnerable communities such as housebound patients

Community Engagement

Targeted, community-led approaches were strengthened through partnership with the Community Leaders Network, including hyper local bilingual communications (CTM UHB and Community Working Group - Vaccination and Health Protection - Cwm Taf Morgannwg University Health Board) and the training of 33 Community Vaccination Champions to support vaccine confidence in communities with lower uptake.

System Resilience and Efficiency

Strategic oversight of vaccination was strengthened through the Health Protection Board, alongside enhanced winter surveillance and outbreak preparedness. A Community Infection Prevention and Control service was established, visiting 25 of 27 nursing homes and training 119 staff. Efficiency gains included recovery of 4,497 surplus flu vaccine doses and full rollout of WIS 2.0, improving safety, data quality and stock management.

Overall Assurance

Health Protection and vaccination delivery in 2025/26 demonstrates measurable improvements in uptake, targeted reductions in inequality, and strengthened system resilience, providing strong assurance that CTMUHB continues to protect population health and prevent avoidable harm.

Wellbeing of Future Generations (Wales) Act (WBFGA) 2015

Wellbeing Statement

"Our Health, Our Future – Building Healthier Communities Together"

Figure 62

CTMUHB's Wellbeing Objectives are fully aligned and integrated with the CTM2030: Our Health, Our Future strategy and our ambition to be a population health organisation.

Wellbeing Objectives

CTMUHB's Wellbeing Objectives are fully aligned and integrated with the CTM2030: Our Health, Our Future strategy and our ambition to being a population health organisation.

During 2025-2026 a review of the CTM wellbeing objectives was led by Philip Daniels, Executive Director of Public Health.

Our current Wellbeing Objectives remain:

- Work with communities and partners to reduce inequality;
- Promote wellbeing and prevent ill-health;
- Provide high quality, evidence based, and accessible care;
- Ensure sustainability in all that we do, economically, environmentally and socially; and
- Co-create with staff and partners a learning and growing culture
- Embed the Welsh language in all we do, recognising the importance of Welsh in people's care and our contribution as an anchor organisation to the wider aim in Wales of reaching a million Welsh speakers

Activity during 2025-2026

A commitment to the principles of the Wellbeing of Future Generations Act (WBFGA) continues to provide a "golden thread" throughout the work of the Health Board. The CTM2030 Strategy, Our Health, Our Future, continues to guide CTMUHB's ambitious programme of strategic transformation, identifying four strategic priorities (creating health, sustaining our future, improving care and inspiring people), underpinned by strategic implementation groups which work across the life course.

The Creating Health strategic pillar foregrounds Population Health Management approaches across the work of CTMUHB, which aim to embed data-driven planning and delivery of proactive care to improve the health of the population, whilst reducing health inequalities within and across the population. The Creating Health Programme Board also provides specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation

A key facet of this has been the Building Healthier Communities Steering Group, which has continued to coordinate activities which contribute to developing, supporting, and working with our communities to build capacity to encourage wellbeing and prevention.

This includes:

• Our role as an anchor institution;

• Our role as part of the foundational economy and circular economy;

• Our role in ensuring "More than just words" is enacted and embedded;

• Our role in achieving Net Zero.

The Sustaining our Future strategic pillar encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

• Becoming a green organisation;

• Ensuring our services financial sustainability;

• Embedding value based healthcare;

• Ensuring our estate is fit for the future.

The overarching ambition of "building healthier communities together" represents a fundamental shift towards preventing ill health from happening, rather than treating people when they get sick, whilst ensuring that we are able to provide the best care possible when people need our support.

Recognising that many of the determinants of population health and wellbeing exist outside of our direct control, CTMUHB is actively pursuing its role as an effective system leader; working with community leaders and multi sectoral partners to achieve better population health outcomes and reduce health inequalities for people living in CTMUHB.

During the past year we have continued to demonstrate commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the WBFGA. For example we have;

- Continued to work with our CTM2030 Community Leaders' Network for developing and building new relationships and partnerships between CTM UHB and the voluntary and community sector in Cwm Taf Morgannwg. This in-person forum meets quarterly; it facilitates discussion with community leaders across the three strategic aims. It also creates opportunity to test thinking and ideas for change or improvement. This year this has included supporting a community focused vaccination programme, mental health services, and the refocusing of the CTMUHB Charity.

- Improved how we share information, and engage with, community leaders by continuing to use 'highlights/actions reports' following each community meeting and by developing a dedicated CTM2030 Community Leaders' Hub;

- Work continues to progress with our local authority partners in relation to developing an Integrated Community Care System, which will support the delivery of seamless services for older people, people living with frailty and their carers. This year we have established a new intermediate care 'Hospital at Home', focused on developing joint working between the CTMUHB Clinical Navigation Hub and the RCTCBC Single Point of Access to enable improved support for people within our communities, improving integration of services and independence for our communities.

- A focus on co-production remains at the heart of work undertaken by CTMUHB. This was recognised at the NHS Wales Awards in 2025, as the evaluation of the alcohol liaison service won the NHS Wales Person-Centred Care Award, recognising how co-design enables person centred design to best meet population need.

- Continued to implement the nationally funded Promote, Prevent and Prepare Programme (known as 3Ps) which is reliant on health boards collaborating with the third sector to support the provision of holistic, person-centred support for patients whilst waiting for treatment. Within CTMUHB we recognised the limitations of a written directory of services as a sustainable, up-to-date information resource to facilitate personalised health plans by the Keeping in Touch Team (KITT). Instead we have worked in partnership with the County Voluntary Councils (CVCs) who have teams of social prescribers, who are able to keep pace with the dynamic landscape of community services as a 'living' directory of services. Therefore, collaboration with the CVCs is a crucial priority for the future in delivering the 3P's programme. This work won the National 3Ps 'Working in Partnership Award' in 2025.

- Co-produced with regional stakeholders from across the early years' system and families the 'Whole System: Whole Heart' strategy which sets out our commitment to work together in partnership to ensure every child has the chance to live a happy, healthy and secure life.

- Continued to identify partnership opportunities with local groups, organisations and charities for supporting people's health and wellbeing needs. This has included, for example, the CTM Neurodevelopment Improvement Programme which is a collaborative, multi-agency mechanism aimed at driving continuous improvement for all services across the region to enable neurodivergent people of all ages to lead fulfilling lives;

- Continued to lead a Whole System Approach to Obesity, working across the region to build a shared understanding of how our environment shapes our weight and the challenges our residents face in achieving a healthy weight

- Completed and evaluated a multi-partner warmer homes innovation sprint to outreach to vulnerable individuals across CTM and support with income maximisation. A total of 1800 individuals were supported to claim approximately £2.5m in additional income that they were entitled to but not accessing. This has been delivered in collaboration with local authority, third sector and registered social landlords (RSL) partners and has helped support some of the region's most vulnerable. CTM is now supporting other health boards to take a similar approach at the request of Welsh Government

Over the past year, we have strengthened the organisation's ability to deliver bilingual care. A key step has been introducing the endorsed Recruitment Decision Tree, helping managers make consistent, evidence based decisions about Welsh language requirements. Updated job description templates and clearer guidance in adverts have further supported this, resulting in a more confident and empowered bilingual applicant pool.

For the first time, we have delivered dedicated Welsh Language & Recruitment training to more than 180 staff. This has improved understanding of the Standards and helped embed fair, legally compliant recruitment practices across the organisation.

Our renewed partnership with the National Centre for Learning Welsh has enabled a further 200 staff to develop their Welsh skills—bringing the total to over 400 since 2023. This growing internal learning community supports our long term goal of increasing Welsh medium workforce capacity.

We have also begun strengthening internal use of Welsh through an approved policy under Standard 79, increasing visibility and normalisation of the language in internal communications and key staff facing services.

Finally, Welsh language considerations have been further integrated into leadership and culture work, with "Leading for a thriving Welsh language" now included in the Inspire leadership programme, helping embed bilingualism as a core organisational value.

Together, these achievements move us closer to delivering a proactive Active Offer, ensuring patients receive care in the language that best supports their dignity, safety, and wellbeing.

A number of innovative sustainability projects have been successfully delivered with partners during 2025/26 further information can be found in the Sustainability section on page 123.

Whilst serving as a brief precis, these activities ably demonstrate CTMUHB's long term vision and commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the WBFGA.

Public Service Boards (PSBs)

Public Service Boards (PSBs) The Wellbeing of Future Generations Act (WBFGA) 2015 gives a legally binding common purpose to improve the economic, social, environmental and cultural wellbeing of their area by contributing to the achievement of the seven national wellbeing goals. The WBFGA puts a wellbeing duty on specified public bodies including local authorities, local health boards, fire and rescue services and Natural Resources Wales to act jointly via PSBs. PSBs are required to assess the state of economic, social, environmental and cultural wellbeing in their areas (the Wellbeing Assessment), to use that to set local wellbeing objectives (the Wellbeing Plan) and to act together to meet those objectives.

In 2023, the PSB published the Cwm Taf Morgannwg Well-being Plan for 2023-2028, in line with the requirement to produce this document every five years. The document sets out the local wellbeing objectives and the steps it proposes to meet these objectives. The PSB have used the Well-being Assessment as the evidence base for the Wellbeing Plan, the data and information gathered has been used alongside what local communities and people have advised about life in Merthyr Tydfil, Rhondda Cynon Taf and Bridgend through ongoing engagement with members of the public, and community groups. The Wellbeing assessment identified inequalities across the communities, and the draft plan sets out how the PSB will work together to reduce these inequalities to improve the wellbeing for people living in the region now and for building towards a fair future.

The Wellbeing Plan will drive every aspect of the Public Services Board's activity and has two main objectives:

Objective one: Healthy local neighbourhoods

Objective two: Sustainable and resilient local neighbourhoods.

The next iteration of the Wellbeing Assessment will be developed in 2027 and CTMUHB are actively supporting the preparations for its development with the PSB.

The most recent PSB annual report 2024-25 can be found here.

Close collaboration with the CTM PSB has continued through 2025/65 and we have contributed to a number of programmes of work. Key highlights have included;

- The PSB Climate Change risk assessment has been completed and published here Climate Change Risk Assessment - Cwm Taf Morgannwg
- The PSB has agreed Community Cohesion, Climate Adaptation and Health Inequalities as their priority areas and is establishing a working group on health inequalities exploring Marmot priorities
- As part of the workforce wellbeing sub board work, a Google space to connect staff with volunteering opportunities in green spaces has been

completed and shared. The Neurodivergence task group have prepared an advice sheet for managers and are working with the regional partnership on an event on Neurodivergence and work.

- The PSB Active Travel Charter was signed off in June 2025 and local arrangements in individual partner organisations including CTMUHB, are being implemented
- A whole systems approach to healthy weight has seen continued close collaboration with the PSB and partner organisations during 2025/26
- The new Food resilience sub board established by the PSB met in November to plan the forward work programme. Wales Real Food and Farming Conference / Food in Communities Conference also took place at Pencoed

- CTM and other key partners have worked with the PSB in their development of a data dashboard with Data Cymru. This data dashboard went live during 25/26 and can be found here Data dashboard - Cwm Taf Morgannwg. This detailed dataset will help inform the PSB work streams and other work, including that of the health board across the CTM footprint.

- A joint working group with Regional Partnership has been set up to work with partners, including CTMUHB on the next Well-being Assessment and Population Needs Assessment.

Regional Partnerships Boards (RPBs)

Part 9 of the Social Services and Wellbeing Act (2014) requires local authorities and health boards to establish RPBs to manage and develop services to secure strategic planning and partnership working and to ensure effective services, care and support are in place to best meet the needs of their respective population. A funding stream is in place by way of the Health and Social Care Regional Integrated Fund (RIF) which is providing five years of revenue funding to deliver a programme of change from April 2022 to March 2027.

The RPB's aim is to be a strong and meaningful cross-sector partnership that works with professionals and residents to improve services. Its vision is to make a difference to people's lives by involving them, listening and acting together to transform the way services are delivered. It is important that the CTMUHB plays an active role within the partnership arrangements as it is well acknowledged that health care services alone only contribute to between 10-20% to the health and wellbeing of the population. The RPB's work focuses on eight priority groups: people with learning disabilities; unpaid carers; people with dementia; people with accessibility needs; neurodivergent people; children and young people; older people and people who access mental health services.

Following the development of a Population Needs Assessment in 2021, a Regional Area Plan has been co-produced with professionals and people with lived experiences. The plan sets out the priorities for the RPB until 2027. The plan focuses on what is important to the communities it serves, and the areas that need immediate prioritisation and can be found here.

Research and Development (R&D)

During 2024–25, Cwm Taf Morgannwg University Health Board (CTMUHB) made substantial progress in strengthening research as a core function of the

organisation. This work has been guided by the development and launch of the **Research and Development (R&D) Strategic Delivery Plan 2025–30**, and by sustained collaboration across clinical and non-clinical services, academic partners, industry, and national bodies.

Strategic Development

The **R&D Strategic Delivery Plan 2025–30** was finalised following extensive consultation with internal and external stakeholders. The plan was **approved by the Board in July 2025**, before being launched at the CTMUHB Research and Development Conference in November 2025. It sets out seven strategic objectives that apply across primary, secondary, community and social care services, ensuring that research is integrated into organisational planning and transformation. To support implementation, the R&D Department developed strategic and departmental action plans with clear performance metrics to support regular monitoring and Board assurance.

Embedding research within the planning cycle has been strengthened through close collaboration with the Strategic Planning Team, with research now explicitly included within CTM IMTP process.

Governance, leadership and infrastructure

The Executive Director of Allied Health Professions and Health Science was appointed as Executive Lead for R&D in 2025. The R&D Group meets tri-annually, with expanded membership including the link Independent Member for R&D, academic partners and the Health Determinants Research Collaboration (HDRC). Revised governance arrangements ensure that the R&D Department provide assurance via the Improving Care Board and the Quality, Safety and Experience Committee.

The R&D Department expanded research capacity by appointing two additional Research Nurses and progressing recruitment for roles supporting the growing commercial research portfolio. Infrastructure enhancements included the procurement of the FLORENCE electronic site file system, the development of a secure future-contact research participant database, and investment in data analysis software to support qualitative and quantitative research.

Demand for research continues to grow, and CTMUHB is working to balance this with available research support capacity and space constraints across hospital sites.

Research Delivery and Performance

Research delivery remains an area of strength. CTMUHB supported an expanding portfolio of studies aligned to national and local health priorities, including cancer, cardiovascular disease, stroke, mental health, physiotherapy, dietetics and population health. CTMUHB achieved a **100% recruitment-to-time-and-target rate** across all closed commercial and clinical research portfolio studies over the past three years and saw a 6% increase in study numbers and an 18% increase in the number of participants recruited (part-year figures for 2025-26).

Collaboration with industry, academic and local authority partners

CTMUHB continues to work collaboratively with academic, industry and third-sector partners to develop high-quality grant applications. The UHB is

awaiting the outcomes of four grant submissions developed in partnership with Cardiff University, the University of South Wales and Swansea University. Applications are also in development, including a project focused on stroke with Cardiff Metropolitan University, and a diabetes and frozen shoulder project being developed with Cardiff University. Supporting collaborative research with local Life Science companies and Local Authorities, notably at the Health-Social care interface, remain key objectives.

Workforce Development

Building a research-active workforce remains central to CTMUHB's R&D agenda. The Associate Principal Investigator (API) scheme continues to grow, with 8 active APIs and 25 completions since 2021. The R&D Department also delivered training and presentations across a wide range of professional groups and supported staff applying for national fellowships and research placements.

Research Impact

CTMUHB continued to promote and measure research impact through publications, conference presentations and evaluation of research-driven service improvements. The annual R&D Conferences held in 2024 and 2025 showcased over 120 posters and 20 oral presentations across two years, with strong representation from NHS, academic and industry partners. Notable impacts included the launch of the *Think Quit* intervention and national adoption of ctDNA testing in lung cancer pathways following CTMUHB's contribution to the QUicDNA study.

Digital & Data

Progress to Date (2024–2026)

Strengthening Digital Foundations

Recent work has stabilised core digital infrastructure, improved device and network reliability, and advanced technical standards. Work continues to modernise components, reduce technical debt, and enhance cyber security by eradicating unsupported digital systems and devices.

Advancing Digital Literacy & Workforce Capacity

The establishment of a Head of Digital Business Change and Benefits has strengthened CTM's change-readiness. A multi-year training and digital literacy uplift programme has begun, supporting frontline staff to adopt and maximise the benefit of new tools and systems plus maximizing the use of established tools and systems.

Data, Analytics and Insights Development

Progress has been made in expanding analytic capability, collaborating on national partnerships (including the National Data Resource) and enhancing reporting. Work continues to improve data governance and create the foundations for Population Health Management tools.

Programme Highlights

- **Welsh Patient Administration System (WPAS) Disaggregation from Swansea Bay UHB WPAS and unification of WPAS functionality across**

CTM UHB: Completed May 2025. This involved data migration, data validation and cleansing, infrastructure migration, infrastructure and system upgrades, service alignment, medical device and middle reconfiguration, system rationalization, integration work, data reporting, data standards, new hardware deployment.

- **Essential Clinical Digital Functions:** Continued preparation for the deployment of clinical modules focusing on:
    - **Electronic Prescribing and Medicines Administration (EPMA)**
    - **Digital Maternity functions (Badgernet)**
    - **Intensive care digital system upgrade (ICCA)**
    - **RISP: Radiology Information System Programme**
        - Deployment March 2026
    - **WLIMS (Laboratory Information System - Pathology laboratory tests)**
        - Cellular pathology is live
    - **Digital Eye care solutions beyond glaucoma care**
    - **Electronic test requesting roll out.**
    - **NHS Wales patient app content:**
        - Secondary Care outpatient appointments.

    Focusing on system configuration, training, and clinical safety assurance.
- **Clinical Safety Officer function:** A full time Digital Clinical Safety Officer has been appointed and has commenced work.
- **Integrations:** Identification of clinical safety-critical dependencies requiring prioritised national delivery and governance or a local solution.
- **CITO (CIVICA) contract extension**: Strengthen digital patient notes plan and clinical documentation digitisation.

Key Challenges and Lessons Learned

Workforce Capability and Capacity

Shortages in specialist digital and data roles, competition for skilled staff, and dependency on temporary staffing continue to impact delivery. Developing sustainable capacity, strengthening clinical informatics roles, and growing internal capability are critical.

Financial Constraints

Revenue and capital pressures limit the pace and breadth of digital modernisation efforts. Additional pressures stemming from the expanded health board organisational footprint further increase demand on digital services. Rising inflation is contributing to significant cost pressures across all NHS organisations, including CTMUHB. A key element of these pressures is the increasing digital cost of services and technologies.

Interoperability & Vendor Dependencies
Complex vendor landscapes, national programme timelines, and integrations challenges delivery and create dependencies affecting local delivery schedules.

Digital Priorities for 2026–2029 (Not in priority order)

Priority 1: Strengthen Digital Infrastructure, Cyber Resilience & Digital Service Management

- Stabilise and modernise networks, server and device estates.
- Improve business continuity capabilities.
- Scale digital training and competency programmes.
- Deploy business change support across major digital programmes.
- Expand clinical informatics leadership and frontline engagement.
- Improve Digital Service Management tooling and processes.

Priority 2: Progress and Complete the Major System Replacement and Upgrades

- **WLIMS: Laboratory information Management System:**
    - Microbiology May 2026
    - Blood Sciences July 2026
    - Blood transfusion September 2026
- **Cardiac PACS and Cardiovascular Information System (CVIS)**
- **Theatre Management System (TOMS)**
- **Pre-assessment system replacement**
- **Integrate key systems (WPAS/ADT, WLIMS, Electronic Document Transfer)**.

Priority 3: Enhance Data, Analytics & Intelligence

- Continue to build the content of the local Clinical Data Repository (CDR)
- Grow analytic capability and toolsets including embracing artificial intelligence tools.
- Strengthen data governance and data quality/ standards.
- Enhance cyber maturity and zero-trust adoption.
- Deploy Population Health Management tools.

Priority 4: Deliver Major Transformation Programmes

Develop and implement a comprehensive suite of essential clinical and patient digital functions.

- **EPMA :** Continue phase 1 roll out to all acute and community site implement Phase 2 to paediatrics and outpatients
- **Digital Maternity:** Complete BadgerNet deployment with full safety assurance.

- **Urgent & Emergency Care Digital:** Enhance UEC flow, support national Six Goals frameworks, and progress ED system procurement and deployment in collaboration with local developments.
- **Patient Centred Contact Transformation:**
  - *For the patient:* Deploy a digital service ecosystem that allows a **seamless, consistent customer patient experience** using website, mobile patient apps, email, SMS, social media) or physical (in-person services, phone lines and a service desk.
  - *For the Hospital Clinical teams:* Deploy digital functions to support a consistent consultation experience and eliminate paper-based processes.
    - *Ambient artificial intelligence supported digital dictation and transcription functions.*
    - *Digital consultation information capture*
    - *E-clinic outcome capture*
    - *Clinical pathway decision support*
    - *Increased uptake of deployed digital clinical functions*
    - *For primary care:* Direct updating of the primary care record after consultations
- **NHS Wales App**
  - Deploy agreed and tested functions
  - Utilise as a key enabler for the Patient Centred Contact Programme
- **Referral Management System development**
  - Roll out the Welsh Patient Referral Management Service (WPRS) across all specialties for GP referrals into secondary care
  - Deploy digital referral management functionality across secondary and community care:
  - Hospital Speciality referral to Hospital specialty
  - Patient self-referrals

- **Single Digital Record for Mental Health**
  - Configure and deploy the procured solution across CTMUHB
- **Single Digital Record for Community Care (Connecting Care)**
  - Continue to collaborate with the National Programme
- **E-observations for inpatients and outpatients (Digital Capture and Digital Visibility)**
- **White board functionality**

    - to support in patient flow (and Hospital @ Home)
- **Digital Intensive Care functions roll out to the Princess of Wales site ITU**
- **Proactive Community based remote patient monitoring supported care model.**
    - patients with respiratory disease (Doccla)
- **Remote Patient Monitoring supported virtual wards service.**
    - Heart Failure, NAV hub (SPOA) and SDEC identified patients.
- **Digital and data workstream of the Llantrisant Health Park (LHP) and Community Diagnostic Hub (CDH) Programme in collaboration with the wider regional working task and finish groups.**

Priority 5: Grow Digital Literacy & Business Change Capacity

- **Workforce Digital:** Improve integrated decision support for clinical pathways. Improve recruitment pathways, automate administrative workload, and support workforce planning intelligence.

Delivery Enablers

Governance and Prioritisation Framework

Through collaborative work with Tektology we will refine our prioritisation approach to ensures transparent sequencing, resource allocation, and alignment with care group priorities. Strengthened governance will include clearer escalation routes, updated digital assurance frameworks, and alignment with Board-level risk management.

Workforce & Skills Development

- Expansion of core digital workforce.
- Strengthening of clinical informatics capacity across the Care Groups.
- Reduction in short term contracts to support improved retention and career pathways enhancing digital Organisational Memory.

Financial Plan and Investment Requirements

Planned investment supports:

- Infrastructure and licensing costs.
- National programme alignment.
- Staff capacity and digital workforce uplift.

Risk Management

- Quarterly board assurance framework updates.
- Strengthened three-year plan risk assurance.
- Enhanced oversight of national programme dependencies.

Summary

Our Digital and Data ambitions for 2026–2029 set the foundation for a sustainable, resilient, and patient-centred integrated intelligent healthcare system. Through

investment in digital foundations, strengthened governance, enhanced data and analytic capability, and ongoing workforce development, CTMUHB will continue to embed digital transformation as a core enabler of improved health outcomes.

This chapter reflects the significant role of digital innovation and data-driven decision-making in shaping the future of health and care across the Health Board.

Information Governance

Information Governance (IG) is managed through a framework which includes the IG Group (IGG) and a central IG Team. The IGG drives the IG agenda and provide CTMUHB with the assurance that effective information governance best practice mechanisms are in place, such as:

- A Caldicott Guardian whose role it is to safeguard patient information
- A Senior Information Risk Owner (SIRO) whose role it is to manage information risk from a corporate viewpoint; and
- A Data Protection Officer (DPO) whose role it is to ensure CTMUHB is compliant with data protection legislation.

The IG Team, led by the Head of IG, provides assurance on its activity and compliance with the relevant legislation which can be evidenced by:

- Quarterly reports to the IGG, including key performance indicators;
- A range of information governance and information security policies, procedures and guidance documents;
- IG training and bespoke learning in addition to Induction for new staff;
- Robust management of all reported breaches, including proactive reporting to the ICO;
- An Information Asset Register used to manage information across the organisation;
- Registers of data sharing agreements and of data protection impact assessments;
- IG Risk Register, received at all regular meetings of the IGG; and
- Annual SIRO report and Highlight Reports from the IGG to the appropriate Board Committee.
- Highlight reports submitted to the appropriate Board Committee i.e. Audit, Risk and Assurance Committee or Operational Delivery Committee depending on the matter to be considered.

CTMUHB has a professional cyber security team who support the IG team in the following functions:

- Managing cyber risk
- Protecting against cyber attack
- Detecting cyber security events
- Minimising the impact of cyber security incidents

In terms of the Freedom of Information (FOI) Act, 648 requests were received in 2025-2026 with a compliance rate of 95% completed within the statutory timescales.

Quality of Data

The Health Board continues to strengthen data quality through policy, assurance frameworks and digital investment. While variability remains due to systems, processes and behaviours, significant progress has been made in improving data completeness, accessibility and use.

Continued focus on digital capability, workforce skills and advanced analytics will support further improvement in data quality and decision-making across the organisation.

As a Health Board we are committed to a data and digital programme that seeks to improve the quality of data by:

- Improving our digital technologies, making them easier and quicker to use.
- Democratising and increasing our use of the data, so that our clinical teams and decision-makers have increased access to all the requisite parts of the record and gain greater benefit from its completeness and accuracy.
- Improving the knowledge and skills of our teams and providing direct feedback to them through auditing prospective and retrospective.
- Using Artificial Intelligence, Natural Language Programming and other analytical techniques to enhance data completeness, accuracy and availability.

Sustainability Report

Climate Action

Welsh Government declared a Climate Emergency in 2019 and set the ambition for the public sector to be net zero by 2030. The NHS as the largest public sector body in Wales is uniquely placed to mitigate the impact of climate change for the people of Wales.

We know that reducing emission alone will not be enough. We are already seeing the challenges climate change is having on our communities, and we will have to adapt to ensure these instances have the lowest possible impact. Welsh Government has published their climate adaptation strategy - Climate Adaptation Strategy for Wales, setting out the role Health and Social Care sector has in the national response.

CTMUHB requires that all staff at all levels of the organisation be aware of, and fully supportive, of their responsibilities to sustainability. As part of the CTM2030 Clinical Strategy development CTMUHB has identified 'Sustaining our Future' as one of the four strategic goals. This goal encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015) and demonstrates CTMUHB's commitment to:

- Becoming a green organisation;
- Ensuring our services financial sustainability;
- Embedding Value-Based healthcare; and
- Ensuring our estate is fit for the future

For the first time CTMUHB will set out its requirement from Decarbonisation and Adaptation within its Climate Action Plan 2026-2030.

Reporting

CTMUHB reports on the delivery against both our local Decarbonisation Action Plan (DAP) and the actions set under the NHS Wales SDP. To ensure consistency of approach, there were three external reports required by CTMUHB.

- The Decarbonisation Reporting Co-ordination team, in NHS Wales Shared Services Partnership (NWSSP), requests updates twice a year on the delivery of actions in the SDP, where the organisation is responsible.
- Qualitative reporting is provided directly to Welsh Government, twice a year, against the delivery of actions contained in the SDP.
- Annual emission reporting is provided to Welsh Government each September for emissions generated the previous year.

In addition, we also ensure that we are compliant with all other reporting, audit requirements and internal governance.

CTMUHB has an internal governance structure which consists of an Environmental Sustainability Group (ESG) and several subgroups. The ESG reports to the Strategic Development Committee (SDC) which in turn reports to CTMUHB Board. Two subgroups have been delivered during this period and have looked at solutions around switching to electric vehicles and our response to climate adaptation. Decarbonisation also forms part of the Environmental Management System Group (EMSG) which monitors environmental performance, objectives and targets.

Quarterly updates are provided to the Strategic Development committee with key reports and decisions shared with the CTMUHB Public Board. CTMUHB is represented on key Welsh Government decarbonisation groups which look at delivery of actions. These meetings include the Community of Experts, Approach to Healthcare, Buildings, Transport and a Programme Board.

Governance

Internal Action

CTMUHB is actively delivering on its contribution to a globally responsible Wales. The CTMUHB ESG plays a key role in advising, guiding and monitoring the development and implementation of this agenda. Some of the actions which have been completed this year are:

- The Decarbonisation Action Plan (DAP) and strategy are being refreshed for 2026-2030 as per Welsh Government guidelines.
- A wide range of programmes and projects delivering decarbonisation and environmental sustainability benefits;
- Annual carbon emission reporting to Welsh Government which serve to monitor CTMUHB's progress towards its strategic goal of 'Sustaining Our Future' and reducing emissions to support Welsh Government's NHS Decarbonisation Strategic Delivery plan.

- The CTM Green team has continued to grow in membership and departmental green groups have played a key role in delivering local actions.
- All emergency departments (RGH, POW and PCH) all achieved bronze accreditation as part of the GreenED scheme. Making up 3 of the 7 across Wales.

Emissions Profile

Emissions are reported to Welsh Government in September each year, to ensure there is enough time to gather data, understand discrepancies and trends. As this is the case, we have reported the most current emissions profile which cover the Financial Year 2024-25.

Figure 63

	2023/24 (tCO2e)	2024-25 (tCO2e)	Annual change
Buildings	23,810	27,751	3,941
Transport	7,989	8,130	141
Waste	1,126	1,001	-125
Supply Chain	108,915	133,130	24,215
Homeworking	815	820	5
Medical Gases	1,263	1,524	261
Total emissions	**143,918**	**172,354**	**28,436**

Emissions have continued to rise since the baseline year (2018). This is due to a number of factors which include revisions of organisations region coverage, demands of services and increases in spend.

The baseline data for CTMUHB is calculated at 87,467 tCO2e in 2018/19. However, based on Welsh Government data, if the baseline were to be revised to reflect our current estate and capacity it would be 126,094 tCO2e for the same period.

In recent years we have seen emission within our control (Buildings, Fleet and Waste) reduce demonstrating the concerted effort which has been put in place across the organisation.

Energy

The Capital & Estates Team within CTMUHB is committed to tackling emissions from our heat and power consumption and a continual drive to reduce the carbon footprint of our buildings. Set against the challenges of a growing demand for services, this challenge can only be achieved through a major step-change in the way we manage and use energy and develop efficiencies with our buildings.

Figure 64

Emission source	2024-25 Emissions (tCO2e)	2025-26 Emissions (tCO2e)
Gross emissions scope 1 (direct) - Energy (Gas)	16,033	14,521
Gross emissions scope 2 (indirect) - Energy (Electricity)	6,716	6,644
Gross emissions scope 3 (indirect) - Energy (Electricity transmission & Distribution)	594	587
Total	23,342	21,752

In 2025-2026 carbon emissions from energy (heat and power) were 21,752 tonnes CO2e, a decrease of 1,590 tonnes from the 2024-25 total of 23,342 tonnes CO2e. This is due to a combination of factors including the positive impacts of investments in increasing amounts of renewable generation, the performance of technologies such as CHP and biomass but also factors outside of our direct control such as seasonal weather and also the changes in UK government carbon factors that determine how CO2 emissions are calculated.

ISO 14001 Certification – Environmental Management

ISO 14001:2015 is the international environmental standard that specifies requirements for controlling aspects of an organisation that have a significant impact on the environment, through an effective Environmental Management System (EMS). It is a requirement of Welsh Government that Health Boards in Wales are accredited to ISO 14001:2015.

CTMUHB successfully retained certification to the standard following the final surveillance audit in this three-year cycle which took place in June 2025 with no non-conformities to the ISO14001:15 requirements for the third consecutive year. The team are currently in the process of renewing the contractual arrangements with an external auditor for the next three-year cycle which will run from June 2026-2028. The initial recertification audit will take place summer 2026.

RE:FIT

Re:Fit is a Welsh Government backed energy performance contracting framework that supports public sector bodies wishing to implement energy efficiency and decarbonisation measures across the estate through a long-term partnership (typically 10 year) based on a guaranteed savings arrangement.

CTMUHB has signed an agreement with Re:Fit and our providers (Veolia Energy & Utilities) and has secured Welsh Government funding, including £11.4m from the Wales Funding Programme and further funding from the Targeted Estates Fund

(TEF) over the next 2 years. This programme will fund the delivery of a range of energy conservation measures across the estate, which include solar photovoltaic (Solar PV) generation installations, the rapid roll-out of LED lighting, low carbon heating systems, a battery energy storage system and Building Management Systems optimisation upgrades.

Travel and Transport

Our vision for CTMUHB is the delivery of high quality, robust and sustainable Transport Fleet services. This is with the overall aim of transitioning to a low or zero carbon fleet, which will enable our Net Zero target and help support the well-being of current and future generations.

We have been doing this through:

- Further reducing operational transport fleet where practically possible to do so.
- Supporting delivery of the NHS Wales and CTMUHB Decarbonisation Strategic Delivery Plan (DSDP) reduce emissions by 16% by 2025 and 34% by 2030. Transfer current petrol and diesel Fleet to EV's by 2027.
- Working closely with the NWSSP All Wales Transport Group and in support of CTM Estates on Initiative 17 to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales own service fleet, staff vehicles, and visitor EV charging infrastructure (EVCI)
- Deliver on the NHS Wales DSDP Transport Fleet Initiatives 18,19,20 & 21.
- Identifying the best option for Fleet Management telematics software as part of a new lease agreement.

CTMUHB has Sustainable Transport and Travel Plans which are strategic and long term. There is considerable refurbishment and new capital build work being undertaken at Prince Charles Hospital and travel surveys have been undertaken so that current travel plans can be updated to account for these works.

As an organisation we want to ensure that staff are supported and have available to them the means of adhering to the organisation's transport and travel policy and principles, the following schemes have been established:

- Pool Cars;
- Hire Cars;
- Cycle to Work Schemes;
- Public Transport Options Discounted Concessions;
- Lease Cars NHS Salary Sacrifice;
- Car Sharing Scheme.

Cycling support facilities such as secure parking, general parking and changing vary from site to site and are considered as part of any site development or refurbishment. Cycle parking locations are strategically placed at main and side entrances to ensure easy access for our staff and patient population, as well as site visitors. Where possible, covered cycle parking stands have been installed to provide secure anchorage points for cycles.

Electric Fleet Vehicles

The current fleet vehicle contract was reviewed in 2025 and focused on the main objective to change and transfer the fleet to include electric vehicles. There are currently only a small number of Electric Vehicle (EV) charging points at CTMUHB sites, and this limits our ability to be able to transfer existing diesel and petrol contract fleet to EV specification.

We have evaluated fleet EV specification range and coverage for all our sites is now seen as achievable with the updated and extended mileage range, however with restricted charging infrastructure CTM's ability to transfer existing fuelled fleet over to EV is limited.

We are currently in the process of aligning our fleet upgrades with the charging infrastructure network installation requirements for the next fleet contract procurement phase in 2028.

Travel Mileage

Business and Staff Lease Vehicles

A breakdown across expense items has been provided below for the period 1st April 2025 to 31st March 2026.

There has been an increase in miles claimed for this year. In comparison to FY 2024-2025, CO2e emissions have increased by 2.9 % from 1,383 tCO2e to 1,424 tCO2e. The emissions relating to staff mileage and lease car user claims continue to be the largest element of the UHB transport emissions.

Figure 65

2024-25	Business Mileage	3,783,391	1,722,388.20
	Lease Car Mileage	116,064	24,943.14
	Salary sacrifice	312,817	141,540.40
	Total	4,212,272	1,888,871.74
2025-26	Business Mileage	3,913,102	1,760,895.90
	Lease Car Mileage	112,036	16,805.40
	Salary sacrifice	301,715	135,771.75
	Total	4,326,853	1,913,473.05

Waste Management

Our vision is the delivery of high quality, robust and sustainable Waste services to enable our contribution towards net zero carbon emissions by 2030 and 2050.

Reduce associated manufacture damages to nature, biodiversity and the environment globally.

Some key areas of work have been undertaken to:

- Deliver the Welsh Government Waste Recycling Reforms.
- Meet the April 2024 delivery target for Community and Primary Care healthcare sites.
- Meet the April 2026 delivery target for Acute and Community hospital sites.
- Support the Welsh Government and CTMUHB Strategic Decarbonisation Action Plan (DAP).
- Work closely with procurement and suppliers to reduce the impact on the environment of packaging and product waste.
- Improve supply chain resilience by using recycled material in manufacture and reducing dependence on raw materials.
- Use innovation and promote Recycle, Repurpose and Reuse.
- We have continued to progress the waste management objectives and targets in the Decarbonisation Action Plan (DAP).

CTMUHB has a waste target action plan in place that will ensure that the segregation of offensive hygiene waste continues to be adhered to at all health Board sites. A project in high-risk areas such as CSDD, HSDU and Theatres is underway backed by natural Resources Wales or 'Waste Regulator' and will support an increase in tonnage recycling figures and a reduction in incineration costs.

CTMUHB is one of the highest producers of offensive hygiene waste and has settled on a 60/40 split target on tiger vs orange bags waste.

Waste Data

Figure 66

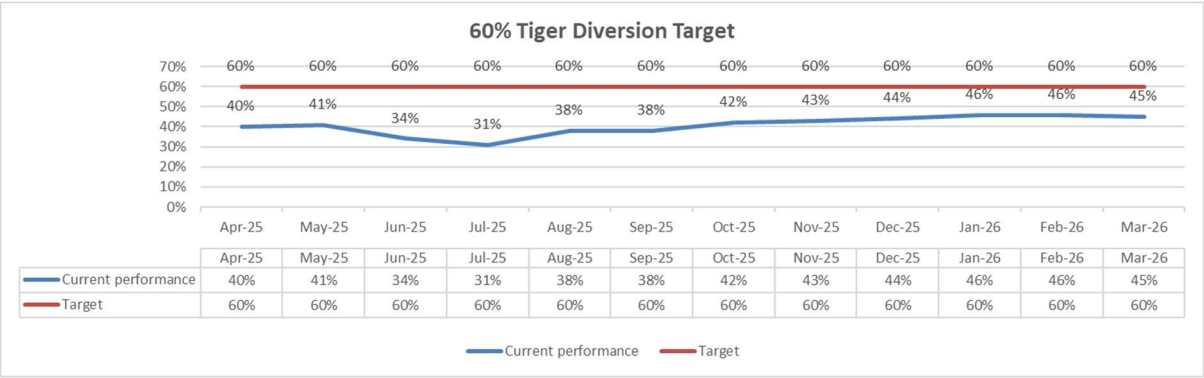


Figure 67

Financial Year ** Indicates estimated figures*	**Clinical Waste**		**Offensive Hygiene Waste**	
	Tonnes	**Cost (£million)**	**Tonnes**	**Cost (£million)**
2019 – 2020	1060	£0.4152	230	£0.07147
2020 – 2021	958	£0.3586	194	£0.05180
2021 – 2022	992	£0.3829	143	£0.02714
2022 – 2023	1172	£0.5267	371	£0.10750
2023 – 2024	1190	£0.6306	420	£0.13765
2024 – 2025	993	£0.5625	485	£0.18295
2025 – 2026	1021	£0.6493	535	£0.21900

Figure 68

** Indicates estimated figures*		**2020 – 2021**	**2021 - 2022**	**2022-2023**	**2023-2024**	**2025-2026**	**2025-2026**
Non-Financial Indicators (Tonnes)	Total Waste	3254	3120	4274	4035	4145	4188
	Landfill	63	65	58	62	65	62
	Reused/Recycled	832	1077	1608	1320	1266	1289
	Composted	0	0	0	0	0	0
	Incinerated with energy recovery	2359	2382	2718	2484	2170	1133
	Incinerated without energy recovery	0	0	0	0	0	0
Financial Indicators (£million)	Total Cost (See note below)	£0.974,456	£0.678,666	£1.403,091	£1.524,272	£1.426,229	£1.601,044
	Landfill	£0.016,405	£0.004,510	£0.017,347	£0.018,151	£0.016,604	£0.017,307
	Reused/Recycled	£0.214,744	£0.164,996	£0.329,589	£0.326,057	£0.320,346	£0.359,756
	Composted	0	0	0	0	0	0
	Incinerated with energy recovery	£0.722,162	£0.495,764	£0.711,117	£0.670,914	£0.315,313	£0.311,662
	Incinerated without energy recovery	0	0	0	0	0	0

Green 2030

Sustaining our Future is one of our four strategic goals. It encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

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

CTMUHB continues to develop its "Green Movement" and use the CTM Green Group as a means of engaging, communicating and inspiring its workforce to learn about and tackle climate change. CTMUHB plan on building on the success of our Green Scholar programme to encourage more people to act upon green initiatives.

Biodiversity

Biodiversity is defined in the Environment (Wales) Act 2016 as 'the diversity of living organisms, whether at the genetic, species or ecosystem level. Biodiversity drives the functioning and resilience of our ecosystems'.

The natural resources and ecosystems we have at our Estate can help us in many ways: to reduce flooding, improve air quality and supply materials for construction. They also provide a home for a variety of wildlife and give us landscapes we value within the localities of the Health Board sites, encouraging patients to be treated, supports staff wellbeing to work and visitors to enjoy the environment healthily and comfortably.

Our Health Boards Biodiversity and Ecosystem Resilience Plan' meets our obligations in accordance with the Environment (Wales) Act 2016, to demonstrate how we will 'use continued monitoring to seek to maintain and enhance biodiversity in the proper exercise of their functions and in doing so promote the resilience of ecosystems'. This has resulted in observations of the return of wild flowers, including orchids which has in turn provided a habitat for a variety of wildlife.

Our plan details the mechanisms by which the aims will be delivered by the Health Board to halt the decline of biodiversity, reduce the effects of climate change and promote sustainable development whilst also helping to deliver the Health Board's commitments under the Well-being of Future Generations (Wales) Act 2015 (WBFGA).

The plan also contributes to all of the goals set out in the WBFGA and compliance with the plan can be used to demonstrate how the Health Board is fulfilling the 'A Resilient Wales' goal. Furthermore, this plan supports the CTMUHB 3 Year plan and the CTMUHB Well-Being Statement in the delivery of their respective objectives. The actions set out what the Health Board intends to do and corresponds with the targets in its Strategic Decarbonisation Action Plan, which reference biodiversity and ecosystem resilience.

This requires that all staff and in particular, all managers at all levels of the organisation to be aware of, and fully supportive, of our responsibilities to biodiversity and ecosystem resilience. This is done and supported by our Environmental Sustainability, Waste and 'Green' groups that provide regular

updates on environmental initiatives. It is also supported by our commitment to the ISO14001:15 environmental standard accreditation.

Decarbonisation Activity during 2025-2026

Over the past year there has been an abundance of activity which aims to support the decarbonisation agenda and improve the carbon efficiency of the organisation. Some of the notable achievements are below: -

Buildings

In terms of specific projects and activity delivered within the CTM Estates and Capital Teams, much has been achieved in recent years, and the team continues to work hard to build on these schemes. Including:

- Onsite generation – CTMUHB employs a variety of onsite energy generation technologies e.g. Solar PV, gas turbine CHPs, Absorption Chillers, Biomass boilers
- In recent years there have been a number of rooftop Solar PV installations across the estate, including at Glanrhyd Hospital, Williamstown Medical Records Store, Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda, Dewi Sant & Keir Hardie Health Parks. This increased the installed solar PV capacity by 1.3 Megawatts (MW).
- Further onsite rooftop PV schemes completed in 2025 are at Gwaun Elai (130kW) and the Princess of Wales Hospital (250kW) as well as the major solar farm private-wire supplying Royal Glamorgan Hospital which came online in September 2025. The Prince Charles Hospital private-wire scheme in conjunction with the local authority at a nearby school will complete in Spring 2026 (these Local Authority partner schemes are expanded on below)
- In 2025-2026, solar installations delivered 1.2 Megawatt hours (MWh) of zero-carbon energy, the equivalent to the annual electricity consumption of 440 typical 3-bedroom homes), saving 210 tonnes of CO2 over the year (compared to grid supplied electricity).
- LED Lighting upgrades (internal & external) continue with the UHB now having converted approximately 40% of the estate with recent upgrades as part of the Prince Charles Hospital Phase 2 redevelopment and also the Princess of Wales first floor theatres and roof replacement programme.
- The upcoming REFIT programme is scheduled to focus heavily on LED lighting.
- Air Source Heat Pumps (a low carbon heating technology) are currently in use at Keir Hardie Health Park with further systems planned for the new Bridgend Health & Wellbeing Centre and at the Williamstown Medical Records unit.
- Insulation & other building fabric improvements (including window replacement) undertaken where funding was available, for example at Princess of Wales Hospital
- Monitoring & targeting – the Health Board is pro-active in utilising Building Energy Management Systems such as Team Sigma, and Automatic Meter Reading (AMR) technology to better monitor and control consumption across the estate. Over 90% of electricity and gas meters are now AMR-enabled.

CTM has also secured funding through the Welsh Government's Targeted Estates Fund (TEF) to decommission a N_2O pipeline system at Royal Glamorgan Hospital (RGH).

Transport

- Transport and travel information notice boards are provided and are regularly updated at the hospital main entrance areas and will provide the public and staff with public service, volunteer and CTMUHB transport information.
- As part of the major hospital refurbishment program being undertaken at Prince Charles Hospital a travel and car park survey was undertaken by Capital and Estates and work to inform the development is now underway to improve the parking facilities.
- As an alternative solution and option for travel to the workplace and between workplaces, we promote the use of 'Lift Share' to our staff.
- CTMUHB actively encourages the use of public transport and Travel Plans to identify bus stops and rail stations close to our sites. Local bus stops are provided on our hospital sites:
- We have secured concessionary rates with local bus operators in the vicinity of Royal Glamorgan Hospital, to encourage bus use and to promote discount travel schemes for which NHS staff are eligible.
- A salary sacrifice lease car scheme continues to be in operation for staff.

Waste

- Waste Roadshows - As part of our preparation for the Wales Recycling regulatory changes in single source segregation of single use cans, plastics, paper, card, glass and food. We have delivered site waste awareness and guidance roadshows to promote recycling, patient home collection services, waste segregation and waste projects to receive feedback from site wards/departments, patients and visitors who wish to make an impact and support the journey to Net Zero.

  Figure 69

- CTMUHB have been successful in securing Small Business Research Initiative (SBRI) funding for three other sustainable projects:
- Gwalia & CTMUHB using repurposed polypropylene (PP) packaging from operating theatres.
- CTM UHB, Elite Paper Solutions & Pulse Plastics – Adult and Infant feeding bottles.
- Natural UK & CTMUHB – Clinical Waste alternative treatment and sorting.

These projects have provided a variety of benefits both to the organisation and wider community. This has included extracting plastics which would be discarded and creating a valuable product out of them. It has also created jobs and opportunities in the local community and retain benefits to the foundational economy.

In January of 2026 CTMUHB were gifted with donations of benches, picnic tables, bird feeders and planters that were created from the waste plastics in the above Natural UK scheme.

Figure 70

This project has been entered into the prestigious National Awards for Excellence 2026.

Innovation

The innovation team has played a key role in supporting measures to improve understanding and implement actions to reduce emissions. Several projects have gained external funding to explore and create solutions for reducing waste. The innovation team has continued to work with partner organisations to develop solutions to reduce spend on valuable plastic waste and find alternative ways of treating clinical waste.

Partnering

CTMUHB actively participates in work programmes to collaborate and support others on challenges we face at a regional level around climate mitigation and adaptation.

CTMUHB has worked with the Public Services Board to develop high level adaptation planning and identifying the key adaptation risks. There are 3 work programmes which have been prioritised for delivery over the coming year.

Some key actions which have been delivered on the energy agenda are: -

- CTMUHB is in partnership with Rhondda Cynon Taff County Borough Council on the Coed Ely solar farm development which includes a dedicated 1MW (Megawatt) private-wire supply to the Royal Glamorgan Hospital. The solar farm started generating on September 1st 2025 and has generated 219 MWh in its first 6 months of operation (through a winter period), reducing CO2 emissions by approximately 39 tonnes CO2e.

- CTMUHB is working with Merthyr Tydfil County Borough Council on a solar PV scheme based at Pen Y Dre High School redevelopment near to Prince Charles Hospital, connected via a private wire supply with an agreement to supply the hospital with all surplus electricity (i.e. not required by the school). This supply is scheduled to go live during Spring 2026.
- CTMUHB Waste & Environment has partnered with eight Merthyr locality based primary schools on an Eco School's art challenge.

The primary school children have been given several subject matters all relating to recycling and the environment and have been asked to design their interpretation of the health board waste projects, which will be designed in to puzzle pieces and used to wrap one of the health board fleet vehicles.

The finished vehicle will be presented in a communications day at the schools in Spring/Summer Term 2026.

Figure 71

Task Force on Climate-related Financial Disclosures (TCFD)

Within this report we have disclosed, as recommended by Welsh Government, information relating to the Phase 1 which includes Governance, Metrics and Targets recommended disclosure (b).

Governance

- The Executive Director of Strategy and Transformation is the Senior Responsible Officer (SRO) for Decarbonisation. All Board and Committee reports include an assessment of Sustainability impacts, any management project or initiative must take these into account.
- The organisation has a full time Sustainability manager to deliver the sustainability programme.
- CTMUHB Board receives an annual update on the delivery of our Decarbonisation programme and associated plans which includes climate related risks and opportunities.
- A Board development session was held in year to promote activity and raise awareness of the challenge's climate change will pose to the organisation.
- The Strategic Development Committee, as a Committee of the Board receive more regular updates and is required to approve reports before

submitted. Senior managers within the governance structure support the monitoring of climate related risks.

- The Governance Structure flows from the 'Environmental Sustainability Group' to 'Strategic Development Committee' and then to the UHB Board meetings, as appropriate.
- Climate adaptation has its own subgroup within the governance structure which is reflecting the working contained in the climate adaptation toolkit and strategy set out by Welsh Government.
- Climate related policy has been incorporated into the Integrated Medium Term Plan (IMTP) for the organisation.
- A section on Sustainability and Environmental impacts is required to be completed for all Board papers.
- CTMUHB has worked closely with the Partnership Services Board (PSB) to undertake a Climate Change Risk Assessment for the region.

Metrics and Targets

The organisation meets the requirements set out within the Welsh Government reporting processes for emission reporting. This is completed in September each year.

The annual carbon emissions report sets out the appropriate Scope 1, Scope 2 and Scope 3 emissions and the last return was submitted to Welsh Government in September 2024. The totals were as follows:

Figure 72

Scope 1	Scope 2	Scope 3	Total
17,947,851	6,654,546	147,754,203	172,356,600

- We would like to reflect that NWSSP central procurement team have established more robust and reflective data for supply chain, transitioning to a tier 2 methodology, where possible.
- CTMUHB strive to achieve the targets set out in the NHS Wales strategic delivery plan. We are aware that the initial baseline assessment of emissions isn't reflective of current estates, due to boundary changes.

HM Treasury Sustainability reporting

In accordance with the HM Treasury sustainability reporting, CTMUHB are working to ensure all aspect of the guidance is incorporated into organisation structures.

Welsh Language Regulations - The Welsh Language Standards (No. 7) Regulations 2018

During 2025-2026, we have made progress in strengthening the organisation's ability to deliver bilingual care. A step forward has been sharing an endorsed Recruitment Decision Tree, enabling managers to make consistent, evidence-based decisions about Welsh language requirements for posts. This has been supported by updated job description templates and clearer guidance within job adverts, resulting in a more confident and empowered bilingual applicant base.

For the first time, dedicated Welsh Language & Recruitment training has been delivered, reaching more than 180 staff. This has improved understanding of the Standards and helped embed fair and legally compliant recruitment practices across the organisation.

Our partnership with the National Centre for Learning Welsh has been renewed and strengthened, enabling a further 200 staff to develop their Welsh skills this year—bringing the total to more than 400 since 2023. This growing internal learning community supports our long-term aim of increasing bilingual workforce capacity across CTM.

We have also begun to grow the internal use of Welsh through the development of an approved policy under Standard 79, improving visibility and normalisation of the language within internal communications and key staff-facing services.

Finally, the Welsh language has been further integrated into leadership and culture work, with "Leading for a thriving Welsh language" featured within the Inspire leadership development programme—helping to embed bilingualism as a core organisational value.

Collectively, these achievements move us closer to delivering a truly proactive Active Offer, ensuring patients receive care in the language that best supports their dignity, safety, and wellbeing.

Welsh Language priorities for 2026–2027

Building on the strong foundations laid this year, our focus for 2026–2027 is on embedding Welsh language activity in line with the 5-Year Strategic Delivery Plan.

A key priority is to strengthen the Active Offer by improving how patient language needs are asked, recorded, and used. We will expand audits of admission processes to at least five additional areas and ensure new digital systems embed language need as a routine clinical requirement.

Workforce development remains central to our approach. We will analyse workforce data to inform targeted training, develop a new skills development delivery plan with the National Centre for Learning Welsh, and deepen relationships with Welsh medium schools to promote healthcare careers and future bilingual workforce growth.

To improve compliance with the Service Delivery Standards, we will implement actions arising from the Welsh Language Commissioner's audit, embed the revised governance model, and oversee this work through the new Welsh Language

Statutory Delivery Group. We will also strengthen governance around procurement, tendering, and third-party contracts to ensure all services commissioned or delivered on our behalf meet the required standards.

Next year will also see an increased emphasis on ensuring high quality Equality & Welsh Language Impact Assessments, both for corporate governance (including Operational Management Board, Executive Management Board, Committees and Board papers) and for meeting Standard 78 in Primary Care.

Together, these priorities will support our ambition to deliver equitable, safe, and high-quality bilingual services, aligned to national expectations and the revised Compliance Notice linked to the Welsh Language & Education Act.

Conclusion and Forward Look

We hope that this performance section has provided a wide-ranging summary of activity across the breadth of our programmes of work during 2025-2026. Despite what has continued to be a very challenging period for the Health Board and the wider NHS, CTMUHB is proud of the progress made across a number of priority areas, including improvements in long waits, ambulance handover performance, cancer pathways and the continued development of services closer to home. These achievements reflect the commitment of our staff, the support of our partners, and a sustained focus on improvement against a demanding operational backdrop.

There remains, of course, further work to do. Some areas of performance continue to require close attention, particularly urgent and emergency care, planned care recovery in a number of specialties, diagnostics and the continued reduction of unwarranted variation. However, strong governance arrangements remain in place to oversee delivery, provide scrutiny and ensure that the right actions are being taken to secure sustained improvement for our population.

Looking Forward

Notwithstanding the challenges experienced during 2025-2026, CTMUHB has continued to focus on improvement, and this will remain central to our approach as we move into the next planning period.

We will continue to maintain momentum in reducing the longest waits and in strengthening sustainable delivery across planned care pathways. Orthopaedic recovery will remain a significant area of focus following the impact of the Princess of Wales Hospital critical incident, with plans in place to continue the recovery of capacity and improve timely access for patients.

Many cancer services have made encouraging progress during the year, and CTMUHB will continue to work towards sustained achievement of national expectations for the Single Cancer Pathway. Services will continue to be supported through focused oversight, strengthened governance arrangements and ongoing work to address demand, capacity and pathway constraints. Our Cancer Board will continue to provide oversight and challenge in relation to the delivery of our cancer improvement plans.

Our Six Goals programme and wider improvement activity will continue to support the delivery of urgent and emergency care improvements across the system, with a particular focus on improving patient flow, reducing excessive waits and strengthening alternatives to admission and care closer to home.

Alongside this, we will continue to progress the priorities set out in our Integrated Medium-Term Plan and CTM2030 strategy, including the development of Llantrisant Health Park, investment in digital and data capability, workforce sustainability, and the transformation of primary and community services. These programmes will remain central to our ambition to improve outcomes, tackle inequalities and build healthier communities together.

In common with other NHS organisations, there remain risks that will need to be managed if we are to maintain and improve performance, quality and sustainability. These include continued demand pressures, workforce challenges, financial constraints, estate limitations and dependencies across the wider health and care system. These risks will continue to be actively managed through our established governance, performance and assurance arrangements.

The key strategic and high-level risks facing CTMUHB are captured in the Accountability Section of this report, as reported to the Board through the Board Assurance Framework.

Risks and Mitigation

In common with other NHS organisations there are risks that will need to be managed to achieve our aim of maintaining and improving both activity and quality and of course mitigations will be in place.

The key strategic and high-level risks facing CTMUHB are captured in the Accountability Section on page 141 of this report as reported to the Board via the Board Assurance Framework Report.

Paul Mears

Chief Executive

Date: 29 June 2026

Chapter 2 – Accountability Report

Corporate Governance Report

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across CTMUHB during 2025-2026, it includes:

- **The Directors' Report:** This provides details of the Board who have authority or responsibility for directing and controlling the major activities of CTMUHB during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.

- **The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chair and Executive Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts is fair, balanced, and understandable.

- **The Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within CTMUHB and brings together how the organisation manages governance, risk, and control

Directors' Report

The Composition of the Board and Membership

CTMUHB is made up of 11 Independent Members (including the Chair and Vice-Chair) who are appointed by the Cabinet Secretary for Health and Social Care, and 9 Executive Directors.

All Independent Members and Executive Director Members have full voting rights.

There are also three Board Level Directors (Director of Governance/Board Secretary, Director of Digital and Director Communications, Engagement and Fundraising) on the Executive Leadership Group who are invited to attend the Board as 'in attendance' members but have no voting rights.

In addition, there are three Associate Board Members who have been appointed by the Cabinet Secretary for Health and Social Care following a recommendation from CTMUHB in accordance with Standing Orders. Associate Members have no voting rights. During 2025/2026, the Board appointed a fourth Associate Board Member from a Primary Care background.

Before an individual may be appointed as a Member or Associate Member of the Board they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulation 2009, and continue to fulfil the relevant requirements throughout the time that they hold office. The Regulations can be accessed via the following link.

Further details in relation to the composition of the Board can be found at page 152 onwards of the Governance Statement. This will include Board and Committee membership, including the Audit, Risk and Assurance Committee, for 2025-2026, the meetings attended during the year and the champion roles fulfilled by Board Members.

Statement of the Chief Executive's responsibilities as Accountable Officer of CTMUHB

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the CTMUHB.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by Welsh Government.

As far as I am aware there is no relevant audit information of which the entity's auditors are unaware, and I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that CTMUHB's auditors are aware of that information.

I can confirm that the Annual Report and Accounts is fair, balanced and understandable and I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

I am responsible for authorising the issue of the financial statements on the date that they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:

Paul Mears Chief Executive		Date: 29 June 2026

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of CTMUHB and of the income and expenditure of CTMUHB for that period.

In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury.
- Make judgements and estimates which are responsible and prudent.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above-mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:

Jonathan Morgan Chair		Date: 29 June 2026
Paul Mears Chief Executive		Date: 29 June 2026
Sally May Executive Director of Finance		Date: 29 June 2026

Governance Statement

Scope of Responsibility

The Board is accountable for Governance, Risk Management and Internal Control.

The Chief Executive of the Board has responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which the Chief Executive is personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

This Annual Report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

The Executive Leadership Group assist the Chief Executive in discharging their accountabilities and meet weekly for formative discussion, support and decision-making. During 2025-2026, the Executive Leadership Group and I continued to meet monthly in the more formal guise of the Executive Management Board, which allowed us to have a more focussed discussions and is where we receive detailed updates on project progress, review and sign off business cases and consider future strategic plans.

Some members of the Executive also meet with the wider leadership management group via the monthly Operational Management Board meetings. It has strong links to all relevant governance forums inside and outside CTMUHB. The organisation’s work is supported by the achievement of the policies, aims and objectives. These are delivered in the knowledge that there is a need to safeguard public funds and the organisation's assets for which Board Members are personally responsible.

Escalation and Intervention Arrangements

Please refer to page 13 of this Annual Report which outlines the current escalation status of CTMUHB and the changes during 2025-2026.

Our Governance Framework

The Board is accountable for governance, risk management and internal control and focuses on strategy, performance and behaviour. Board Members have responsibility for the strategic direction and to provide leadership and direction to the organisation, ensuring sound governance arrangements are in place. The Board is also responsible for encouraging an open culture with a view to ensuring high standards.

Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation and for making sure it is responsive to the needs of its communities. Independent Members will often have a designated area of interest or focus and may also be allocated to 'champion' a particular issue. Independent Members are supported by an annual development appraisal discussion with the Chair.

The Chair's performance is assessed by the Cabinet Secretary for Health and Social Care whilst the Chief Executive's performance is assessed by the Chair with input from the Director General Health and Social Services/Chief Executive NHS Wales, Welsh Government.

Monitoring quality and performance information occurs at all levels of the organisation to provide 'Community/Ward to Board' reporting. Performance, risk and incident reports are received regularly by the Operational Management Board providing oversight that CTMUHB is meeting both internal and external targets for quality and performance. The Board Assurance Framework, discussed later in this section, is also received at every routine meeting of the Public Board.

The Joint Commissioning Committee (JCC) was created on 1 April 2024 which is hosted by CTMUHB. Upon its creation the Chief Commissioner of the JCC was designated as an Accountable Officer with respect to the propriety and regularity of JCC Funds. An Interface Agreement between the Chief Executive of CTMUB as the Accountable Officer for CTMUHB and the Chief Commissioner as the Accountable Officer for the JCC remains in place. This memorandum of understanding sets out the agreed position between the two Accountable Officers.

As the NHS officer responsible and accountable for the propriety and regularity of the funds entrusted to JCC, the Chief Commissioner of JCC is responsible for internal control and accountabilities within the JCC and the JCC Team and relates them to their overall accountability for funds drawn down by the Welsh Ministers for the National Health Service in Wales as passed through to the LHB by the Welsh Government. Therefore, a separate Accountability Report has been produced for the JCC which is available here: Hosted Organisations - Cwm Taf Morgannwg University Health Board.

CTMUHB also hosts the National Imaging Academy Wales (NIAW) and a Compliance Statement has been completed to support the Chief Executive in signing the CTMUHB Governance Statement. This document is available upon request from the Director of Corporate Governance/Board Secretary or via CTMUHB's Audit, Risk & Assurance Committee papers on our website for the month of June 2026, available here.

CTMUHB continues to work closely with local authority partners and stakeholders, and the third sector. The organisation's 'University Health Board' status which continues to help the ongoing drive to provide high quality, responsive care and services for the communities in strengthened collaboration with our academic partners.

Model Standing Orders, Reservation and Delegation of Powers

Model Standing Orders, Reservation and Delegation of Powers are issued by Welsh Ministers for the regulation of the CTMUHB's proceedings and business. These translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the health board and define its 'ways of working'.

The All-Wales Model Standing Orders, Reservation and Delegation of Power for Standing Orders and the Standing Financial Instructions are reviewed annually.

In June 2025, the Welsh Government issued new model Standing Financial Instructions. These were approved by the Board on 25 September 2025.

Variation to standing Orders

The Health Board has adopted the Model Standing Orders as the basis of its governance framework and has operated broadly in accordance with these throughout the reporting period. There were no formally approved variations to the Model Standing Orders during the year.

One area of non-compliance was identified in relation to public attendance at Board Committees, where the public are not currently invited to attend in person or virtually, as required by the Standing Orders. This represents an operational breach rather than a formally approved variation. The position has been risk assessed, recognising that all decision-making is undertaken by the Board in public session and that committee papers and minutes remain publicly available. The Board is satisfied that, notwithstanding this deviation, its duties have been appropriately discharged during the year.

CTMUHB Board

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny, and public accountability, ensuring that its work is open and transparent.

The Board functions as a corporate decision-making body. All Board Members share corporate responsibility for formulating strategy, ensuring accountability, monitoring performance, and shaping culture, together with ensuring that the Board operates as effectively as possible.

The Board is comprised of individuals from a range of backgrounds, discipline, and areas of expertise, and provides leadership and direction ensuring that sound governance arrangements are in place.

During 2025-2026, all Board meetings were held in public, a public notice of our Board meetings is publicised on our website and social media platforms and members of the public are given the opportunity to attend the meetings in person or join the meetings remotely via Microsoft Teams. A recording is uploaded to our website after each meeting.

During 2025-2026, the Board held:

- nine meetings in public (all were quorate)
- one Annual General Meeting
- twenty two Board Development / Briefing Sessions

Attendance is formally recorded within the minutes, detailing where apologies have been received and where deputies have been nominated.

The dates, agendas and minutes of all public meetings can be found on the CTMUHB website:

CTMUHB Board has an Annual Cycle of Board Business and a Forward Work Programme, which is adapted during the year to respond to emerging events and circumstances. There is also a Shared Listening and Learning (Staff and Patients) centred focus by the Board and Board Committees, demonstrated by the presentation of stories at each meeting where appropriate.

Items considered by CTMUHB Board during 2025-2026, included:

Figure 73

Governance, Risk and Assurance	Environmental & Sustainability	Public Health & Population
• Board Assurance Framework • Annual Review of the Risk Management Framework • Committee Highlight Reports • Update on cluster of incidents within maternity services at the Princess of Wales Hospital • South East Wales Regional Joint Committee updates • Standards of Good Governance and Probity Policy • Internal Audit Annual Audit Plan • Assurance Reports on Nursing Staffing Levels (Wales) Act • Ministerial Advisory Group Updates • Joint Controller Agreement	• Invest to Save Bid – Funding Application for Decarbonisation Measures • CTM UHB Climate Action Plan 2026-2030	• Annual Review of the Wellbeing of Future Generations Act Statement and Objectives • Health Protection System Update • Executive Director of Public Health Annual Report • 5-year Diabetes Strategic Plan

• Welsh Language Standards Annual Performance Report 2024/25 • Annual Equality Report • Cwm Taf Morgannwg NHS Charity Annual Reports & Accounts 2024-25 • Audit Wales Structured Assessment 2025 • Audit Wales Annual Audit Report • CTM NHS Charity Branding		
Planning, Performance & Finance • Integrated Performance Report • Financial Performance Reports • People Plan 2024/2025 • Civil Contingencies & Business Continuity Report • IMTP Quarterly Updates • Primary Care & Community Transformation Board Work • Progress Report on Dental Services (including proposed changes to the National Contract and associated consultation) • Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case • Radiology Centralisation of Nuclear Medicine Service Provision • Ysbyty George Thomas Community Hospital Consultation National Outpatient Plan (Waiting List Initiative/Outsourcing) • Strategic Clinical Services Plan • Community Based Healthcare Plan • Llantrisant Health Park updates and Business Cases • Full Business Case - PCH Ground & First Floor Phase 3 • South East Wales Regional Orthopaedic Plan	Quality Governance • Shared Listening & Learning Stories • Overview of the Development and Delivery of the Research & Development (R&D) Strategy • Putting Things Right Annual Report • Annual Duty of Quality Report • Annual Unpaid Carer's Report • Infection Prevention & Control Annual Report • All Wales IPFR Policy • All Wales Prior Approval Policy • Safeguarding Annual Report • CTM Clinical Learning Academy Annual Report	Partnership Working • Public Services Board Updates • Regional Partnerships Board Updates • Regional Partnership Agreement for Services and Support for Older People, People Living with Frailty and Their Carers

• Mental Health Electronic Patient Record Business Case • Capital Programme Update • CTMUHB Planning Together Winter Preparedness Operational Plan 2025/2026 • Report on Ambulance Handover and Discharge Processes • Forest View Medical Centre - Application to Close Branch Surgery located in Treorchy • Our Strategy Deployment • Strategy Deployment Framework for 2026/2027 • Microsoft 365 Enterprise Agreement Renewal	• IM and Exec Walkabouts Operating Model	

CTMUHB - Board Membership

The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Board consists of 20 voting members (11 Independent Members and 9 Executive Directors). There are also four Associate Members that take part in board meetings in public, though they do not hold any voting rights. The Board is supported by the Director of Corporate Governance/Board Secretary, the Director of Digital and the Director of Communications, Engagement & Fundraising, who attend its meetings but do not have voting rights.

There have been changes to the cohort of Independent Members of the Board during 2025-2026, CTMUHB has said farewell to:

- Ian Wells, Independent Member (Digital) whose term end on 7 May 2025
- Geraint Hopkins, Independent Member (Local Authority) whose term ended early on 1 August 2025 following submission of his resignation

CTMUHB also warmly welcomed three new Independent Members to the Board in 2025-2026:

- Neil Mesher, Independent Member (Commercial Business) on 1 April 2025;
- Kathy Mason, Independent Member (Digital) on 14 July 2025; and
- Rhys Goode, Independent Member (Local Authority) on 5 January 2026.

A new term for Associate Board Member Lisa Curtis Jones also commenced during 2025-2026 and the Board welcomed the following new Associate Board Members during the year:

- Paul Deenik, Chair of the Stakeholder Reference Group from 1 May 2025;
- Alex Brown, Chair of the Clinical Advisory Group from 1 September 2025; and

- Sarah Medlicott, our new fourth Associate Board Member (Primary Care) from 6 January 2026.

Biographies, providing further information on Board Members, are published on CTMUHB's website.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board Members also fulfil Champion roles where they act as ambassadors for these matters. The table at Appendix B of the Governance Statement sets out the composition of the Board in 2025-2026 outlining the positions held, the area or expertise/ representation role, the Board and Committee membership and attendance, and the Champion roles.

During the year, there were two changes made to the Executive Leadership Group. The Executive Team welcomed Claire Thompson, Executive Director of Strategy & Transformation in June 2025 following the retirement of Linda Prosser in April 2025. The Executive Team also welcomed Richard Hughes, Executive Director of Nursing in February 2026 following the departure of Greg Dix in October 2025. Richard Hughes undertook the role of Interim Executive Director of Nursing between October 2025 and February 2026.

Board Committees

The Board can and has delegated certain functions to Board Committees, whilst maintaining that the Board is ultimately accountable and responsible for decision-making.

An effective Board and Committee structure provides the mechanism for Board Members to be able to focus on "Oversight, Insight and Foresight".

Between 1 April 2025 and 31 March 2026, there were **seven** formal Board Committees

1. Audit, Risk & Assurance Committee
2. Charitable Funds Committee
3. Mental Health Act Monitoring Committee
4. Operational Delivery Committee
5. Strategic Development Committee
6. Quality, Safety & Experience Committee
7. Remuneration & Terms of Service Committee

There was also **three** formal Sub Committee of the Board between 1 April 2025 and 31 March 2026:

1. Health Safety & Fire Sub Committee (Sub Committee of the Quality & Safety Committee)
2. Organ Retention Sub Committee (Sub Committee of the Quality, Safety and Experience Committee)
3. Power of Discharge Sub Committee (Sub Committee of the Mental Health Act Monitoring Committee)

Each Committee and Sub-Committee is chaired by an Independent Member. The committees have an important role in providing scrutiny and seeking assurance in relation to the achievement of our strategic and planning objectives, provision of safe and effective services, compliance with legislation and standards, learning from lessons, and oversight of performance and risk.

The Terms of Reference for all current Board Committees are reviewed on at least an annual basis and can be found on CTMUHB website as follows:

The chair of each committee provides a written Highlight Report to the Board following each meeting outlining key risks and highlighting areas, which need to be brought to the Board's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives or other matters.

The committees, as well as reporting to the Board, also work together on behalf of the board to ensure, where required, that cross reporting and consideration takes place, and assurance and advice, is provided to the board and the wider organisation.

As well as producing formal minutes, each committee maintains a table of actions that is monitored at meetings, a Committee Cycle of Business and a Forward Work Programme. Each committee chair is also responsible for providing the Board with an annual report, setting out a helpful summary of its work throughout the year. Each committee has an Executive Director lead(s) who works closely with the chair of each committee in agenda setting, business cycle planning and to support good quality, timely information being received at Committee meetings.

Agenda planning meetings are held with Committee Chairs, Vice Chairs, Executive Leads and the Corporate Governance Team which provides an opportunity to reflect on the effectiveness of the previous meeting and consider the agenda for the next, whilst also referencing the Committee Cycle of Business, Forward Plan, the Board Assurance Framework and high risks on the Organisational Risk Register.

There is an agreed process for committee referrals where the Chair of the referring Committee will ensure the following questions are clarified prior to an item being deferred:

- What are you referring?
- Why are you referring it?
- What is the outcome that you are anticipating from this referral?

Appendix B of the Governance Statement includes a table outlining Board and Committee Membership attendance for 2025-2026.

Appendix C of the Governance Statement includes a table outlining the Board and Committee meetings held during 2025-2026, highlighting any meetings where there may have been an issue with quoracy.

Board Advisory Groups

CTMUHB has a statutory duty to 'take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals'.

- **Stakeholder Reference Group (SRG)**
  The SRG is formed from a range of partner organisations from across the Health Board's population area and engages with and has involvement in the strategic direction, advises on service improvement proposals and provides feedback to the Board on the impact of its operations on the communities it serves. The SRG met four times during 2025-2026. This group is chaired by Paul Deenik, Associate Board Member.

- **Clinical Advisory Group (CAG) (Formerly known as the Health Professionals' Forum)**
  The CAG provides the mechanism to seek essential contributions from clinicians across CTMUHB in the development of CTMUHB's clinical strategy. It provides a structure within CTMUHB that enables the front-line clinical team voices to reach management and the Board from a pan-health board perspective. The CAG met three times during 2025-2026. This group is chaired by Alex Brown, Associate Board Member.

- **Local Partnership Forum (LPF)**
  The LPF engages with local trade union representatives from all recognised trade unions, on matters relating to operational and strategic workforce and CTMUHB service delivery issues. It provides the formal mechanism through which the CTMUHB works together with trade unions and professional associations to improve health services for the population served. It is the LPF where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. The LPF met four times during 2025-2026. This forum is jointly chaired by a Staff Side Representative and Hywel Daniel, Executive Director for People.

Board Development

CTMUHB holds regular Board Development sessions. Throughout 2025-2026 we held sessions on a variety of topics to support ongoing awareness, learning and development for Board Members. Examples of the topics covered include:

- Strategic Risks
- Climate Control
- Safeguarding Training
- Infection, Prevention & Control Training
- Enhanced Community Care Strategic Context
- Board Development Away Day led by Silvermaple
- Digital Tektology
- Independent Member and Executive Director Walkabouts
- Integrated Medium Term Plan Update
- Board Business Planning 2026 Refresh and Reset

The purpose of these sessions is to promote Board engagement, relationships and collaboration and increase the opportunity for Board members to gain a greater understanding of their core responsibilities, develop the skills of the collective Board, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a Board. The continuing approach for Board Development Sessions will be a structured programme of development, facilitated where appropriate.

There will be at least four sessions per annum where Board Members are asked to prioritise attendance in person, it is considered that meeting in person supports and builds positive relationships and engagement amongst Board Members.

Where possible the sessions will be limited to two topics per session to allow for enough time for robust discussion and learning.

Board Briefings

During 2025-2026, Board Briefing sessions continue to be held to brief Board Members on topical issues (including confidential issues) and to raise awareness and understanding to better inform decision-making and scrutiny. Items are suggested by the Executive or requested by Independent Members to build a programme of briefings relevant to topical and timely issues.

Board Effectiveness

Board Effectiveness 2025-2026

In order to evaluate and demonstrate the effectiveness of the Board and the Board's Committees the following actions took place during 2025-2026:

Internal Sources of assurance:

- Board Business Planning 2026 refresh and reset.
- Board Development Session – Away externally facilitated bringing both the Executives and Independent Members together
- Corporate Governance in Central Governance Departments: Code of Practice 2017.
- 360 Degree Chair Feedback
- Good Governance Activity, such as:
    - Reflective Practice following Board and Committee meetings
    - Board Committee Effectiveness
    - Independent Member Scrutiny Toolkit
    - Board Assurance Framework Reporting
    - Board Development Programme / Board Briefings
- Annual Review of the Risk Management Framework
- Responding to the 2024-2025 Annual Board Effectiveness Self-Assessment.

External Sources of Assurance:

- Cabinet Secretary Annual Review of the Chairs Performance
- Audit Wales Structured Assessment 2025
- Public Accountability Meeting

These are important pieces of assurance and reflect on the continuing maturity of the governance arrangements in place. Outlining areas of strength making practical recommendations of areas of focus for the forthcoming year.

The feedback from the Chair's Annual Review, comments on how CTM has built a strong, cohesive and inclusive Board culture grounded in openness, transparency and constructive challenge.

CTMUHB was the first organisation to participate in a Public Accountability Meeting and a recording of that meeting can be found here: CTM PAM the follow up letter issued by the Cabinet Secretary, following the meeting can be found here Follow up Letter. In concluding the letter, the Cabinet Secretary summed up as below:

"In summary, this was a helpful meeting, the Board is making good progress against many areas. I do expect the Board to have appropriate oversight on operational and financial grip and control to ensure financial balance, zero 104-

week weeks, improved diagnostic and cancer positions, continued improvements in urgent and emergency care and an effective risk-based approach to estate management. It is essential that you as a Board maintain good quality governance controls that ensure that issues and concerns can be raised with the Board in an open manner, that supports clinical leadership at all levels and enables effective management of clinical risks. You must maintain a focus on quality improvement and management, and I expect to see a robust process to ensure effective engagement in the planning of service changes. Finally, as you plan to the future, I expect a shift to primary and community care and a response to public health to be the main drivers of your approach."

The Audit Wales Structured Assessment can be found on the attached link Structured Assessment 2025, the report comments that:

"The Board operates well, supported by good governance arrangements. The new committee structure is embedding well. The Board engages with staff, patients, and service users but must improve how it monitors and tracks actions arising from listening and learning stories.

Financial planning is strong, and the Health Board has a good track record of delivering against its financial plan. But gaps in savings plans, along with other financial risks, will still make achievement of financial targets challenging."

Over the next year the Board will look to build on the successes and the progress it has made as well as address those areas identified for improving.

Escalation

Robust financial planning and achievement of financial balance resulted in the de-escalation of Finance, strategy and planning was de-escalated from level 3 to level 1 (routine arrangements) in July 2025.

In February 2026, the Health Board was de-escalated to level 1 (routine arrangements) because cancer performance, against the 62-day target, has improved – and been maintained – over the previous three months, in line with the de-escalation criteria we were set.

Please refer page 14 of this Annual Report which outlines the current escalation status of CTMUHB and the changes during 2025-2026.

Joint Committees

As noted on page 9, CTMUHB hosts the Joint Commissioning Committee (JCC) on behalf of NHS Wales.

Further detail on the JCC is captured on page 9 of this report and the JCC Accountability Report is available here: Hosted Organisations - Cwm Taf Morgannwg University Health Board

The governance arrangements of the new JCC have been working effectively. There is regular interface and dialogue between officers at CTMUHB and the JCC and more formal meetings including between the two Accountable Officers, where the Hosting Arrangements are discussed. Going forward we will continue to review the arrangements which we have in place and ensure that they remain fit for purpose.

Partnership and Collective Working

NHS Wales Shared Services Partnership Committee

NWSSPC was established in 2012 and is hosted by Velindre University NHS Trust. It is responsible for the shared services functions for the NHS, such as procurement, recruitment, and legal services. CTMUHB is represented by the Executive Director for People at this committee with regular reports received by the Board following each meeting.

A 'Working in Partnership' update report is received by the Board at every meeting. Update reports from the Advisory Groups, Joint Committees and Statutory Partnerships are also received and these can be found with the Board papers available via the following link.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

The Board is accountable for maintaining a sound system of internal control which aids achievement of the organisation's objectives. It has been supported in this role by the work of the main Committees, each of which provides regular reports to the Board, underpinned by a Board Committee structure. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability.

CTMUHB recognises that scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across the whole range of its activities and in holding those responsible for delivering services to account.

Capacity to Handle Risk

Risk Management Strategy

CTMUHB is committed to developing and implementing a Risk Management Strategy (and Board Assurance Framework) that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Annual Plan.

The Board Assurance Framework (BAF) is used by the Board to identify, monitor and evaluate risks which impact upon strategic objectives. It is considered alongside other key management tools, such as workforce, performance, quality dashboards and financial reports, to give the Board a comprehensive picture of the organisational risk profile.

CTMUHB reviewed and approved the Risk Management Strategy at its meeting in May 2025, which is available on the Health Board's website: and is further complemented by an updated Risk Management Policy and Risk Assessment Procedure.

The Risk Management Strategy, Risk Management Policy and Risk Assessment Procedure outline how CTMUHB escalates areas of weakness (risk) from service to Board.

'Llais', who represent the views of and advocate for people across health and social care in respect of complaints about services) are represented at the Quality, Safety & Experience Committee and Health Board meetings where risk is discussed.

Where work is delivered in partnership with strategic partners, such as via the Public Services Board and Regional Partnership Board, risk management arrangements are led by the host organisation. These risk management arrangements dovetail with the CTMUHB's Risk Management Framework to feed into the Organisational Risk Register and Board Assurance Framework as appropriate.

Risk Appetite Statement

CTMUHB's Risk Appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas the Health Board's risk tolerance may be cautious in others it may be eager for risk and willing to carry risk in the pursuit of important strategic objectives.

CTMUHB will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

The Risk Management Strategy, Risk Appetite Statement, Board Assurance Framework and Risk Scoring Domain Matrix were reviewed in April 2025 and approved at the Public Board Meeting in May 2025. They are next scheduled for review in July 2026.

The current risk appetite domains are:

Quality and Safety risks - (including physical and/or psychological harm) of its patients, workforce and the public) – the Health Board has adopted a ***Cautious*** stance for quality and safety risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.

Reputation / Adverse Publicity (Trust in Confidence) risks - the Health Board has adopted a ***Cautious*** stance for reputational risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.

Business Continuity risks - the Health Board has adopted a ***Cautious*** stance for Business Continuity Risks. The Board will receive ongoing assurance from the testing of business continuity plans.

Legal / Regulatory Compliance risks – the Health Board has adopted a Cautious stance for Legal, Regulatory and Compliance risks, seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. The Board will receive assurance that compliance regimes are in place.

Data and Information Management risks – the Health Board has adopted a ***Cautious*** stance for data and information management risks seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. There is acceptance for the need for operational effectiveness with risk mitigated through careful management of information sharing and limiting distribution.

Financial stability risks – the Health Boards stance for financial risk is varied as follows:

- ***Averse*** for financial propriety and regularity risks with a determined focus to maintain effective financial control framework accountability structures;
- ***Averse*** – in terms of risks related to the Health Boards qualification of accounts, associated process and deviation from reporting timescales;
- ***Minimal*** – as to risk relating to breaching individual control totals;
- ***Cautious*** – in relation to the Health Boards budget spend with the intention that it should maximise the use of resource each year. The Health Board will seek safe delivery options with little residual risk that only yield some upside opportunities. The Board would receive ongoing assurance through reporting structures that policies and procedures are in place to comply with HMT guidance.

Assets and Estates risks – the Health Board has adopted ***Cautious and Open*** stances for assets and estates respectively, seeking value for money but with a preference for proven delivery options that have a cautious residual risk. This means that the Health Board will use solutions for purchase, rental, disposal, construction, and refurbishment that ensures it protects the public purse from as much risk as possible, producing good value for money whilst fully meeting organisational objectives.

Technological advances - the Health Board has adopted an ***Open*** stance for risks associated with technological advances accepting that system and technology developments can enable improved delivery. Responsibility for non-

critical decisions may be devolved in accordance with the Scheme of Delegation. Plans

Board Assurance Framework

CTMUHB's Board Assurance Framework (BAF) was first approved by the Board in 2022. A review was undertaken of the Strategic Risks contained within the BAF at the Board Development Session held in May 2025 and an updated BAF was approved at the Public Board meeting in May 2025.

The BAF is articulated via a Board Assurance Report presented to Board that brings together the organisation's strategic goals and the strategic risks which may impact CTMUHB's ability to deliver its objectives. The Board Assurance Report identifies the controls in place to manage these risks, assurances which show whether they are working, and the further mitigating action required.

The Board Assurance Report:

- provides action plans to mitigate any gaps in controls or assurances;
- links to key measures of performance and National priority measures; and
- aligns strategic risks to operational risks on the Organisational Risk Register.

The benefits of the report include:

- that it is designed specifically for Board-level oversight;
- it is a structured and evidence-based assessment of the key risks facing CTMUHB
- can be used to shape cycles of business and the work of the Board and Board Committees;
- enables Independent Members to focus their scrutiny and constructive challenge; and
- supports strategic decision-making.

CTMUHB will monitor the BAF and ensure it remains up to date by the following activity:

- each strategic risk has a Lead Executive(s);
- the Assistant Director of Governance and Risk will review the risk score, action plan and current performance with the Lead Executive(s) in readiness for reporting to the Board;
- each principal risk is aligned to a Board Committee(s) for assurance;
- the Board Assurance Report includes a trend line for each strategic risk, showing how the score has changed over time;
- the Board should consider annually whether the principal risks are comprehensive, or if risks need to be added / removed / changed.

The Audit, Risk and Assurance Committee, as a Committee of the Board, has oversight of the processes through which the Board gains assurance in relation to the management of the BAF. The latest Board Assurance Framework Report which was received at the Board meeting on the 21 May 2026, is available here: The BAF report is captured on page 97 of the Agenda and Papers bundle.

Strategic / Principal Risks

As at the 31st March 2026, there are eleven Strategic Principal Risks captured within the Board Assurance Framework as follows:

Figure 74

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score
1a	**Enough capacity to meet elective demand**	**Improving Care and Sustaining our Future**	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	**16** (C4xL5)
1b	**Enough capacity to meet emergency demand**	**Improving Care and Sustaining Our Future**	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	**20** (C4xL5)
2.	**Ability to deliver improvements which transform care and enhance outcomes**	**Improving Care and Sustaining our Future**	Executive Dir. Of Nursing, Midwifery / Executive Medical Director	Quality, Safety & Experience Committee Strategic Development Committee	**16** (C4xL4)
3.	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	**Sustaining our Future, Improving Care and Inspiring our People**	Executive Director of People	Operational Delivery Committee Quality, Safety & Experience Committee	**16** (C4xL4)
4.	**Effective Community and Partner Engagement in service changes and developments**	**Creating Health and Sustaining our Future**	Director of Communications, Engagement & Fundraising	Strategic Development Committee	**16 (C4XL4)**
5.	**Delivery of a digital and information infrastructure to support organisational transformation**	**Improving Care and Sustaining our Future**	Director of Digital	Operational Delivery Committee Strategic Development Committee	**16** (C4xL4)
6.	**Ability to maintain a safe and fit for purpose estate infrastructure**	**Improving Care and Sustaining our Future**	Executive Director of Finance	Operational Delivery Committee	**16 (C4XL4)**

7.	**Fulfilling our Environmental and Social Duties and ambitions**	**Sustaining our Future, Creating Health**	Executive Director of Strategy & Transformation	Strategic Development Committee	**16 (C4XL4)**
8	**Prevention and early Intervention to support Healthy Life Expectancy**	**Creating Health and Sustaining our Future**	Executive Director of Public Health	Strategic Development Committee	**20 (C5xL4)**
9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	**Sustaining our Future**	Executive Director of Finance	Operational Delivery Committee	**20 (C4xL5)**
10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	**Sustaining our Future and Improving Care**	Executive Director of Finance	Strategic Development Committee	**16 (C4XL4)**
11.	**Delivery of an Integrated Care Model**	**Creating Health, Sustaining our Future, Improving Care**	Chief Operating Officer	Strategic Development Committee	**16 (C4xL4)**

The Board Assurance Framework Report shared with the Board at its Public meeting on the 21 May 2026, explores these strategic risks in more detail and outlines the mitigating action being taken, the anticipated impact of the mitigations and how CTMUHB will measure the success. The report referred to is available here: The BAF report is captured on page 97 of the Agenda and Papers bundle.

Aligned to the Strategic/Principal risks within the Board Assurance Framework report are organisational risks which have been escalated to the Organisational Risk Register, which have a risk score of 15 and above.

The Audit and Risk Assurance Committee receives the full detail of the Organisational Risk Register at its meetings. The most up to date risk register presented to the committee before 31 March 2026 was at the committee's meeting on 3 February 2026. Papers for the Committee can be found on the attached link.

Service to Board Escalation

The risk management process in relation to the escalation of new risks is defined in Appendix 3 of the Risk Management Strategy available here:

Risk Tolerance Levels

CTMUHB's Risk Management Strategy indicates that any risk graded 15 and above, or those not able to be managed, are escalated to the Organisational Risk Register for consideration by the Board once they have been signed off through the relevant escalation stages.

Organisational Risk Register

A copy of the Organisational Risk Register (as at January 2026) is available here:. The Organisational Risk Register is captured on page 19 of the Agenda and Papers Bundle. It is received in its entirety at the Audit, Risk & Assurance Committee and assigned risks are considered at each Board Committee meeting as appropriate. The cover paper supporting the register outlines the new risks, control measures and the action taken to mitigate risks. The register is also made available to Board Members at each Board meeting for reference when scrutinising the Board Assurance Report.

Risk Management Training

Risk Management training continued a monthly basis delivered by the Assistant Director of Governance & Risk during 2025. These continued to result in positive feedback and results in training numbers growing year on year. The sessions can now be booked via ESR and training compliance is shared with Care Groups via a report to the Operational Management Board. Owing to resource constraints the risk management training was paused during the last quarter of 2025-26 but will restart in the early summer of 2026.

Independent Assurance on Risks

- **Internal Audit Review – Risk Management (May 2026)** - Reasonable Assurance.

- **Audit Wales - Structured Assessment Report 2025**

  The Structured Assessment Report for 2025 was received at the Public Board meeting in March 2026, the full report is available here:

  The report commented on risk as follows:

  "We found that the Health Board manages risk well but must show clearer impact from mitigating actions and deliver measurable improvements in performance and quality, especially in high-risk areas.

  The Health Board maintains a comprehensive Board Assurance Framework (BAF) that the Board reviews at every meeting. It captures and monitors key strategic risks aligned to the Health Board's long-term strategy. Each risk clearly identifies a lead director, an assurance committee, a score, a trajectory, and a defined treatment approach. The Health Board continues to use the BAF

to shape and inform its committee business. BAF and committee assigned risks are discussed at all agenda planning meetings and considered when shaping committee cycles of business.

The BAF sets out controls, assurance sources, gaps, and mitigating actions. It is updated regularly, escalating or closing risks in response to emerging issues and Board decisions. However, while actions specify intended impacts, the BAF should also track actual impacts to demonstrate effectiveness and support learning.

The Health Board operates a clear risk management system, updating and reviewing policies and procedures annually. The Corporate Governance Team delivers risk training across the organisation. Committees regularly review the organisational risk register in both public and private meetings, where members routinely examine and discuss risks. The Audit, Risk & Assurance Committee reviews the full register, including new, closed, and emerging risks, and uses a heat map to highlight the highest risks. While the register is detailed and up to date, the Health Board can do more to clearly show and explain how its actions are actually reducing risks".

The Control Framework

Quality Governance

Cwm Taf Morgannwg University Health Board (CTMUHB) is committed to delivering high-quality, safe and compassionate care for the population it serves.

CTMUHB's Quality Strategy set out the Health Board's quality ambitions and goals for the period 2022–2025, structured around the six dimensions of quality.

This strategy has now concluded and is being replaced by a measurable Quality Improvement Plan, aligned to CTM2030 and the statutory Duty of Quality requirements.

The new approach strengthens the Health Board's focus on outcomes, experience and safety, supported by clear performance measures. Key performance indicators and milestones will be reported through the Annual Duty of Quality Report 2025/26, providing transparent assurance to the public and Welsh Government on progress and impact.

A link to the finalised Annual Duty of Quality Report will be included once published.

Quality performance monitoring within CTMUHB is continuous and proactive. The Health Board's Quality Management System supports timely access to quality and safety information, enabling early identification of issues and appropriate escalation and response.

While quality and safety are everyone's responsibility, clear senior accountability is in place.

Collective Executive Director responsibility for quality is shared across the four Clinical Executive Directors.

The current operating model provides structured and clearly defined governance arrangements across all Care Groups and professional structures, with identified quality leads supporting oversight, assurance and continuous improvement.

Through these arrangements, CTMUHB seeks to provide sustained assurance that quality governance is effective, responsive and focused on delivering safe, effective and person-centred care.

Clinical Audit

A report setting out progress on the Clinical Audit Forward Plan for 2025-2026 (which includes a position report for audits from 2024-2025) was submitted to the Audit, Risk & Assurance Committee at its meeting in February 2026, available here and captured on page 330 of the Agenda and Papers bundle.

A programme of Themed Clinical Effectiveness Committees (CEC) are responsible for reviewing the progress against the organisation Clinical Audit Forward Plan and local Clinical Audit Operational Plans.

The CECs identifying priority clinical audit topics and monitor national clinical audit recommendations and action plans. The CECs are also able to escalate any

concerns to Audit, Risk & Assurance Committee and Quality, Safety & Experience Committee.

Corporate Governance Code

An assessment of the Corporate Governance Code has been undertaken and is captured along with the annual review of Board Effectiveness.

The Board concluded its maturity rating in respect of Board Effectiveness / Governance, Leadership and Accountability to be "Level 4 –We have well developed plans and processes and can demonstrate sustainable improvement throughout the service", and this was formally approved by the Board at its meeting on 27 March 2025. The next annual review of Board Effectiveness is due to be received by the Board in July 2026.

Integrated Performance Dashboard

The arrangements for managing performance within CTMUHB is detailed in the Performance Report section captured on page 17.

Planning Arrangements

The planning arrangements relating to CTMUHB's IMTP are outlined on page 18.

Disclosure Statements

The Health Board confirms that robust and effective control measures are in place to ensure compliance with all relevant equality, diversity and human rights legislation, including the Equality Act 2010, the Human Rights Act 1998, the Public Sector Equality Duty (Wales) Regulations 2011, and the Well-being of Future Generations (Wales) Act 2015.

These controls are underpinned by an approved Equality Strategic Plan, which sets out the organisation's priorities, objectives and actions for advancing equality, eliminating discrimination, and fostering good relations. Delivery is supported through a comprehensive policy framework, equality impact assessment processes, mandatory training, and clearly defined roles and responsibilities across the organisation.

Assurance is provided through routine performance monitoring, compliance reporting, and scrutiny via Board and Committee oversight arrangements, including alignment to the organisation's risk management and internal control systems.

The Health Board remains committed to embedding equality, diversity and human rights considerations in all aspects of decision-making, service delivery and workforce practice, and to continuous improvement against its Equality Strategic Plan objectives.

Equality, Diversity and Inclusion

Publishing a Strategic Equality Plan (SEP) is essential not only to meet our statutory duties, but also as a clear expression of our ethical commitment to fairness, transparency and accountability. It demonstrates how we are actively working to eliminate discrimination and promote equality in everything we do.

CTMUHB developed its Strategic Equality Plan in collaboration with our workforce and communities, following an extensive internal and external consultation undertaken during summer 2023. The feedback and insights gathered through this process informed the development of four key objectives, aligned to the CTM 2030 Strategy.

These objectives are:

1. **Services** – Improve experience and health outcomes for our patients, ensuring fair and equitable access to the services they need.
2. **People** – Enhance staff engagement and experience, attract and retain diverse talent, and foster a compassionate, inclusive and just culture in which everyone can thrive.
3. **Community** – Ensure under-represented groups and marginalised communities are involved from the outset in the design and delivery of services.

4. **Infrastructure** – Embed equality, diversity and inclusion into the way CTM UHB operates and delivers its services.

The Strategic Equality Plan covers the period 2024–2028, in line with Welsh Government guidance. The supporting action plan includes measures aligned to national action plans on Anti-Racism, LGBTQ+ inclusion and Disability, alongside actions to address Gender Pay.

Engagement

The SEP was shaped through a five-month programme of consultation and engagement during spring and summer 2023. Partners, communities, patients and service users, and staff were all invited to contribute to its development. This collaborative approach directly informed the four objectives: Services, People, Community and Infrastructure.

Impact Assessments

Equality and Welsh Language Impact Assessments have been integrated into a single streamlined process, supporting a more holistic and transparent consideration of equality impacts. Completion rates remain a challenge and further work has been taken to fully embed this approach within governance and decision-making processes.

Membership of the NHS Pension Scheme

As an employer whose staff are eligible for membership of the NHS Pension Scheme, robust control measures are in place to ensure that all employer responsibilities under the Scheme regulations are met.

These controls provide assurance that employee contributions are correctly deducted from salary, employer contributions are accurately calculated, and all payments to the Scheme are made in full and in accordance with Scheme rules. In addition, processes are in place to ensure that members' pension records are maintained accurately and updated within the timescales specified in the Regulations.

Lapses in Information / Data Security

Data protection legislation requires that where personal data breaches meet a certain set criterion, they be notified to the Information Commissioner's Office (ICO) as the statutory body for data protection in the UK. Information governance incidents are assessed against the threshold for notification by the Information Governance Team. Incident reports which include data breaches are submitted to the Information Governance Group for scrutiny.

For the year 2025-2026, the Information Commissioners Officer were notified of one data breach which related to a Cyber Incident.

The inappropriate access breach is awaiting review by the criminal investigation team, however the other matters listed above have been closed with no further action required.

All recommendations, actions and lessons learnt are shared with the area where the breach occurred and are also submitted and monitored via the Information Governance Group.

Quality of Data used by the Board

Inte of high-quality data in supporting effective governance, decision-making and assurance. While there are inherent challenges associated with multiple systems, processes and sources of data across the organisation, the Board takes assurance that the overall quality of the data it relies upon is sufficient and appropriate to support the effective discharge of its responsibilities.

This position is informed by a range of control measures and assurance mechanisms, including established data quality processes, internal controls, and independent sources of assurance including internal and external audit.

The Health Board maintains a continuous focus on improving data quality, completeness and accessibility, supported by ongoing investment in digital systems, workforce capability and analytical tools. Further detail on the Health Board's approach to data quality improvement is set out in the Quality of Data section within the Performance Report.

Climate Change Act and Adaptation Reporting Requirements

The Health Board has undertaken risk assessments and planning to ensure that the organisation's obligations under the Climate Change Act and Adaptation Reporting requirements are complied with. Control measures, including established governance, reporting and oversight arrangements, are in place, and the Health Board is compliant with these requirements as at the reporting date.

Further detail on the Health Board's approach is set out within the Sustainability Report within the Performance Report.

Carbon Reduction Delivery Plans

Please see the Sustainability Report section on page 123 onwards.

Emergency Planning, Preparedness and Response

As a Category 1 Responder, CTMUHB must fulfil its statutory duties in relation to Emergency Preparedness, Response and Recovery (EPRR) under the Civil Contingencies Act (CCA) 2004 and in line with Emergency Guidance issued by Welsh Government (WG). There is a robust governance structure for oversight of the EPRR functions with an executive lead for EPRR and formal reporting structures to the appropriate Committee and Board.

During 2025-2026, CTMUHB can confirm that it had in place its EPRR arrangements that are in accordance with the legal requirements under the Civil Contingencies Act and the Emergency Planning Guidance issued by Welsh Government.

CTMUHB's Strategic Emergency Preparedness, Response and Recovery Group continues to oversee planning and preparedness within the HB and work is ongoing to further develop and embed EPRR knowledge and champions across the care group structures. This is to ensure that pre-planning for foreseeable and unforeseen events is embedded within processes and procedures.

During 2025-2026, the health board sought internal audit review of processes relating to the response to the critical incident at Princess of Wales Hospital in 2024. The findings of this review have been built into our forward work programme for the forthcoming year, along with learning from our internal debriefs.

During 2025-2026 key achievements for CTMUHB were:

- The expansion of the EPRR team to 3.5FTE which not only provides to the organisation but capacity to move work forward at a greater pace.
- Participating and supporting our category 1 partners in exercises including:
    - Tier 1 Exercise Pegasus, which has helped clarify next steps with the CTMUHB pandemic plan development
    - Exercise Tendly 2 with South Wales Police – providing the health board with more realistic response times to incidents and casualty dispersal.
    - Exercise Ventus and Exercise Waterworld with South Wales Fire and Rescue – providing understanding of key infrastructure and response to its failures.
    - Exercise Solaris and Bite Back with Public Health Wales – providing key knowledge on the emergency of new diseases.
    - A mass casualty exercise with the South Wales Trauma network.
    - Learning from these exercises is shared and plans are reviewed following them.
- Staff from CTMUHB observed Major Incident exercising in Aneurin Bevan and Swansea Bay University Health Boards to support us to prepare and improve our own training.
- The EPRR team supported the AIG Women's Open Golf tournament command and control.
- The Business continuity framework and Major Incident Plan have been reviewed following lessons learnt from attending the coroner's court.
- Development of a delivery plan for EPRR training and testing across the organisation.

EPRR arrangements have also been captured in the IMTP on page 169.

Register of Interests

Register of interests Details of company directorships and other significant interests held by members of the Board, which may conflict with their responsibilities, are maintained, and updated on a regular basis. A Register of Interests is available on CTMUHB's website at: Register of Interests, Gifts, Hospitality & Sponsorship - Cwm Taf Morgannwg University Health Board (nhs.wales), or a hard copy can be obtained from the Director of corporate Governance/Board Secretary on request.

Environmental, Social and Community Issues

As outlined in the Environmental Sustainability section on page 124 onwards, CTMUHB works hard to reduce its impact on the environment, to encourage staff to make healthy lifestyle choices, and to strengthen our relationships and engagement with local communities. Our strategic approach to sustainability ensures that we not only look at ways to reduce fixed costs such as energy, water and waste, however, we also embed efficiency principles within our processes for procuring goods and services.

Ministerial Directions

There were 23 Ministerial Directions received during 2025-2026, as outlined in Appendix A.

All Directions were shared with the relevant lead within CTMUHB for action / noting as appropriate.

Modern Slavery Act 2015 – Transparency in Supply Chains - The Welsh Government's Code of Practice

The Modern Slavery Act 2015 and the Welsh Government Code of Practice on Ethical Employment in Supply Chains emphasise the need to ensure fair, lawful and ethical employment practices at every stage of the supply chain, both within the United Kingdom and overseas.

During 2025/26, CTMUHB has continued to embed the principles of the Code and the requirements of the Modern Slavery Act across its employment, procurement and commissioning activities. This reflects our ongoing commitment, as a major public sector employer, to preventing and eradicating unlawful and unethical employment practices, including modern slavery and human rights abuses, the use of blacklists or prohibited lists, false self-employment, and the unfair use of umbrella schemes.

Awareness of ethical employment requirements continues to be promoted through recruitment and financial controls, and through procurement processes with contractors and suppliers. CTMUHB remains an accredited Living Wage Employer, ensuring that directly employed staff receive an hourly rate above the statutory minimum. This commitment extends to third-party contractors and suppliers, with newly appointed providers required to pay the Living Wage to their staff as a condition of engagement. This approach supports fair pay and ethical employment across all services delivered on behalf of the Health Board.

Arrangements to support staff and others to raise concerns remain a key control. CTMUHB provides access to a dedicated Speaking Up Safely and Raising Concerns (Whistleblowing) SharePoint page, alongside a range of supporting policies including the Respect and Resolution Policy, Raising Concerns Policy and Procedure, and Safeguarding Allegations Procedure. These routes enable staff, patients and members of the public to raise concerns about suspected malpractice or unethical employment practices involving CTMUHB, its contractors or suppliers.

During 2025/26, CTMUHB strengthened this approach through the introduction of Speaking Up Safely Guardians and the Working in Confidence online platform. This enables employees to raise concerns anonymously, if they wish, and to engage confidentially with a Speaking Up Safely Champion until their concern is addressed. We will monitor and evaluate the use and impact of the platform.

The Health Board continues to work closely with NHS Wales Shared Services Partnership, recruitment teams and procurement colleagues to ensure that ethical employment principles are embedded within contracting, recruitment and purchasing activity. This includes use of the Transparency in Supply Chains (TISC) compliance tracker for contracts procured on behalf of CTMUHB, robust IR35 processes to reduce the risk of false self-employment, and adherence to fair and transparent recruitment and selection practices.

Reporting under the Modern Slavery Act 2015

Income earned by NHS bodies from government and local authorities is considered publicly funded and is therefore outside the scope of the Modern Slavery Act 2015 reporting requirements. CTMUHB has reviewed its activities and income streams and has determined that it is not required to publish a formal slavery and human trafficking statement for 2025/26. This position is kept under regular review in line with guidance issued by the Home Office on Transparency in Supply Chains.

Review of Effectiveness

Accountable Officer Statement

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Head of Internal Audit Opinion (HoIA) 2025-2026

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive of CTMUHB as Accountable Officer and the Board of CTMUHB, which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

The opinion assists the Board in the completion of this Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The full version of the HoIA & Annual Report for 2025-2026 will be accessible via CTMUHB's website from the end of June 2026. As mentioned earlier in this section the HoIA states that assurances can be provided to the Board regarding the arrangements to secure governance, risk management and internal control being suitably designed and applied effectively.

Delivery of the Audit Plan

The audit plan was delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit, Risk & Assurance Committee (ARAC). In addition, regular audit progress reports have been submitted to ARAC. Although changes have been made to the plan during the year, the Head of Internal Audit has confirmed that sufficient audit work was undertaken during the year to be able to provide an overall opinion in line with the requirements of the Global Internal Audit Standards.

The Internal Audit Plan for 2025-2026, was presented to ARAC in May 2025. Changes to the plan have been made during the year and these changes have

been reported to the ARAC as part of Internal Audit regular progress reporting.

There are, as in previous years, audits undertaken at NHS Wales Shared Services Partnership (NWSSP), Digital HealthCare Wales (DHCW), and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies.

The overall opinion for 2025-2026 is that:

The scope of the opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by ARAC, and other information obtained during the year that Internal Audit Services deem to be relevant to their work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

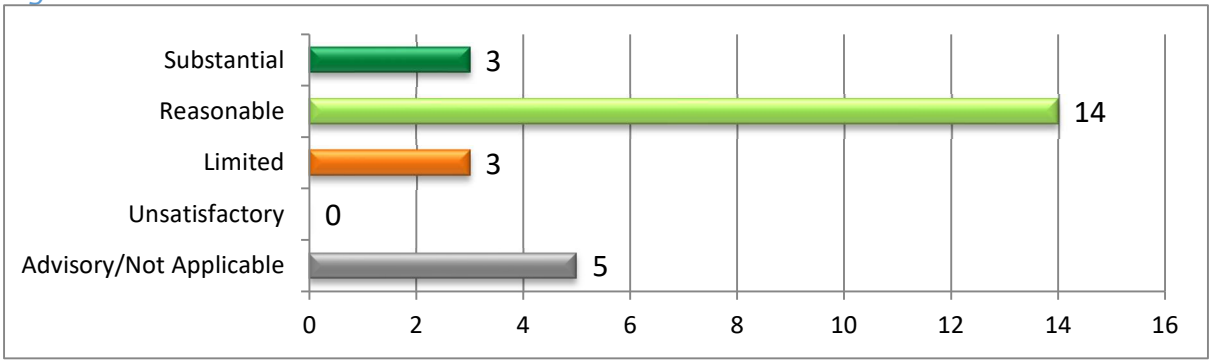
The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below:

Figure 75

Reasonable assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall opinion has also considered both the number and significance of any audits that have been deferred during the year and other information obtained during the year was deemed relevant to the audit activity.

Summary of 2025-2026 Audit Assurance Ratings for CTMUHB
Figure 76



A summary of the audits undertaken in the year and the results are summarised in the table on the following page.

Summary of Audits 2025/26
Figure 77

Substantial Assurance	• Princess of Wales Hospital - roof replacement • PCH – Section 3 - Final account [Draft] • PCH – Key project objectives [Draft]
Reasonable Assurance	• Individually commissioned packages of care • Outpatient booking process • Operational response to critical incident • Speaking up safely • Risk management • Clinical coding • Cyber security • Bridgend disaggregation • Falls management • Long term strategy • Stroke services • Estates assurance - Asbestos management • PCH - Phase 2 (Section 7) – Target cost • Additional medical pay WLI - re-audit [Draft]
Limited Assurance	• Savings – Centrally led programmes • Discharge planning • Medical job planning – re-audit [Draft]
Unsatisfactory	None
Advisory/Non-Opinion	• Medical sickness records [Draft] • Follow up – Additional medical pay – ADH follow up • Follow up – Estates condition • Follow up – Vaccination policy implementation • Follow up - Decarbonisation

Follow-Up Work during 2025-2026 and Approach to Follow Up of Recommendations

Internal Audit Services undertook follow-up work and issued four follow up reports during the year which considered the progress made by CTMUHB against the recommendations that were raised. These were:

- Follow Up – Additional Medical Pay – ADH Follow Up (draft)
- Follow Up – Estates Condition

- Follow Up – Vaccination Policy Implementation
- Follow Up – Decarbonisation

As part of the activity undertaken by Internal Audit Services, progress made in implementing the actions agreed from previous reports for which they were able to give only Limited Assurance have been considered. In addition, where appropriate, they also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance. Testing on the accuracy and effectiveness of the audit recommendation tracker is and has been undertaken.

Follow-up activity includes both targeted reviews of action implementation and, where appropriate, more comprehensive re-audits, which reassess the underlying control framework and provide an updated assurance opinion.

In addition, ARAC monitors the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. Internal Audit Services attend all ARAC meetings and observe the quality and rigour around these processes.

However, it remains the role of ARAC to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by management. Where appropriate, Internal Audit have adjusted its approach to follow-up work to reflect these challenges.

Internal Audit Services have considered the impact of both their follow-up work and where there have been delays to the implementation of recommendations, on both their ability to give an overall opinion and the level of overall assurance that can be provided.

This has included consideration of re-audit activity undertaken during the year, including the medical job planning re-audit (draft), which resulted in a continued limited assurance opinion.

The Health Board's agreed actions tracking process continued during 2025/26. In 2024/25 the Health Board introduced a new tracker management system and used this opportunity to review the continued appropriateness of older agreed actions where a process or control may have changed meaning the original agreed action has become obsolete. This work has continued into 2025/26. Internal Audit have reviewed the management of the internal audit action tracker during the year and confirmed that it is being appropriately monitored and scrutinised by the Audit Committee.

In addition, from the specific follow up audits that Internal Audit have undertaken that related to limited assurance audits in the previous year's audit plan, it is deemed that there has been sufficient progress with the implementation of agreed actions, although there have been some delays, most notably with the agreed actions associated with medical job planning.

Limited Assurance Reports

The following section captures a summary of those audit reviews which received a 'Limited Assurance' rating:

Savings – Centrally led Programmes

The audit of centrally led savings programmes, as part of the 2025/26 Internal Audit plan for Cwm Taf Morgannwg University Health Board, reviewed efforts to address ongoing financial pressures. For 2025/26, CTM set a £31.3m savings target, with four central programmes—medical workforce, nursing workforce, internal service reconfiguration, and digital patient contact—tasked with delivering £9.6m. A fifth procurement programme had just begun during the review.

Recent reviews by Internal Audit and Audit Wales found ongoing issues with consistent savings planning and implementation, including gaps in documentation and risk assessments. For this review, Internal Audit examined governance, planning, and monitoring for the medical and nursing workforce productivity programmes. The medical programme has eight workstreams (e.g., agency spend, rota reviews), while the nursing programme has two main workstreams split into five sub-workstreams (e.g., absence management, shift alignment).

Discharge Planning

The audit of Discharge Planning was completed as part of the 2025/26 Internal Audit programme of work for Cwm Taf Morgannwg University Health Board (the 'Health Board'). The review follows on from the previous audit of the Electronic White Boards (EWB) system implementation. The information captured in EWBs is essential for the day-to-day management of patients and planning their timely discharge. Appropriate, timely and safe discharge of patients from hospital settings is fundamental to the provision of effective healthcare and enhances the patient's and family/carer's experience. For most patients, discharge from hospital is simple, but for some, their needs are more complex. Regardless of the discharge type, the Health Board need to ensure each patient's discharge is well-planned and there is a smooth transition from one stage of care to the next. The discharge process needs to be managed seven days a week and should involve patients, family, carers as well as health and social care teams. Poor discharge planning can have substantial implications for the use of health and social care resources as well as for the voluntary sector and other support services. It can lead to the inefficient use of beds, increases in waiting lists, higher re-admission rates, patient safety issues, patient and carer distress, as well as increased workloads for hospital and community staff. Following completion the work, Internal Audit concluded limited assurance on this area.

CTMUHB response to Limited Assurance Outcomes

Where there have been Limited Assurance outcomes, CTMUHB is aware of the specific issues identified and have agreed action plans to improve control in these areas. Where a limited assurance report is received, a follow up audit has been commissioned by ARAC for inclusion in the audit programme as appropriate.

Furthermore, where a 'follow up' limited assurance report is received; CTMUHB has ensured the Lead Officer has attended the ARAC as appropriate.

The management response to all assurance reports have and continue to be reviewed by ARAC via the Audit Tracker process, and progress against management actions are monitored at each meeting until all actions have been appropriately implemented.

Audit Wales

Structured Assessment 2025

Structured Assessment - CTMUHB received its Structured Assessment 2025 from Audit Wales in March 2026.

The report's overarching finding was:

"The Board operates well, supported by good governance arrangements. The new committee structure is embedding well. The Board engages with staff, patients, and service users but must improve how it monitors and tracks actions arising from listening and learning stories. While risk management is generally effective, there is a need to strengthen performance management to address persistent challenges in meeting key targets, particularly in urgent and planned care, cancer, and diagnostics. The Health Board needs to focus on maintaining improvements to service quality. It also needs to respond to some longstanding overdue audit recommendations.".

"The Health Board has a clear long-term strategy, and a financially balanced Integrated Medium-Term Plan that has been approved by Welsh Government. Work is also underway to develop the Strategic Clinical Services Plan, supported by the appropriate financial modelling. However, the Health Board is slow in progressing this work, impacting the Board's ability to drive forward service transformation at pace. Financial planning is strong, and the Health Board has a good track record of delivering against its financial plan. But gaps in savings plans, along with other financial risks, will still make achievement of financial targets challenging."

Set out below are some of the key findings from the report:

- *….within the Welsh Government's Escalation and Intervention framework, the Health Board is currently at level 4 (targeted intervention) for Urgent and Emergency Care, and level 3 (enhanced monitoring) for Planned Care.*
- *…. the Health Board has an approved three year Integrated Medium-Term plan (IMTP) for 2025-28.*
- *…. in 2024-25, the Health Board met its financial targets by breaking even on both revenue and capital spending. However, it did not meet its duty to break even over the last three years because of a £24.2 million deficit reported in 2022-23.*
- *…. in 2024-25, the Health Board aimed to achieve £26.3 million in savings but achieved £13.1 million.*

- *….the Health Board is forecasting a break-even position for 2025–26 but faces £1.3 million in risks. Of its £31.3 million planned savings, £26.5 million (85%) are recurrent.*
- *…. the Health Board has fully implemented 11 outstanding recommendations from previous structured assessment reviews. 12 remain in progress, 2 are overdue and one has been replaced by a new recommendation made this year.*

The Structured Assessment Report 2025 for CTMUHB is available on the Audit Wales website, link here: Cyhoeddiadau | Audit Wales

Annual Audit Report 2025

Audit Wales 2025 Annual Audit Report – this report was received by the Board at its meeting in March 2026 and the Audit, Risk & Assurance Committee at its May 2026 meeting. A copy of the report is available here. The key findings highlighted in the report are as follows:

- *the draft accounts were received in line with the statutory deadline of 2 May 2025. The quality of the draft accounts and working papers was good.*
- *in advance of the statutory deadline of 30 June 2025, an unqualified true and fair opinion, and a qualified regularity opinion were issued on the 27 June 2025. There were no uncorrected misstatements in the accounts. There were no other significant issues to report.*
- *the performance audit work found that the Health Board has sound corporate governance arrangements, a clear long term strategy, and a balanced IMTP. However slow progress on the Strategic Clinical Services Plan is limiting the pace of transformation. Financial planning is robust, and the Health Board has a good track record of delivering against its financial plan. However, savings gaps, along with other financial risks will make achievement of financial targets challenging.*
- *long waits and planned care backlogs are reducing, though recovery was impacted by the October 2024 critical incident with the roof at the Princess of Wales hospital. Urgent and emergency care performance is still challenging and requires further improvement. Ophthalmology waits have fallen, but recovery targets are unmet, and poor eye care performance increases the risk of avoidable harm.*
- *several recommendations were made to the Health Board focused on strengthening risk management, service planning, and strategic coordination, while improving governance, clinical oversight, and operational efficiency to support transformation, enhance patient safety, and ensure sustainable performance.*
- *five recommendations were made to the Health Board regarding the 2024-25 accounts; four of which were accepted by management and are to be implemented for the 2025-26 accounts.*

Audit Wales's National Audit Reports

The following national audits were issued in 2025-2026 by Audit Wales:

- All Wales Thematic Review of Planned Care Services (August 205)

Conclusion

The system of internal control has been in place up to the date of the approval of this Annual Report and Accounts. There have been no significant internal control or governance issues identified during this period other than those already referenced in this document.

Paul Mears

Chief Executive

Date: 29 June 2026

Governance Statement Appendices

The following should be shown as appendices rather than in the main body of the Governance Statement:

a. Table of Welsh Health Circulars
b. Table of Board Membership and Attendance
c. Table of Board & Committee Meetings held during 2025-2026
d. Board and Committee Structure as at 31st March 2026

Appendix A - Table of Welsh Health Circulars and Ministerial Directions Received 2025-2026

Figure 78

Ministerial Direction / Date of Compliance	Date / Year of Adoption	Action to demonstrate implementation/response
WHC 2024 (015) - People's Experience Framework and People's Experience Survey	April 2025	Updated Framework for Assuring Service User Experience. This Framework initially included a set of bilingual core Patient Reported Experience Measures (PREMs), designed to capture real-time feedback on healthcare experiences and has been updated to reflect changes in service provision post-COVID-19 pandemic and recent legislative changes. The Framework has been implemented.
WHC 2025 (006) – Recording of Mental Health Outcomes	May 2025	Guidance in relation to adopting the use of Patient Reported Outcome Measures (PROMs) in mental health services. Guidance has been adopted and implemented across Mental health services in CTMUHB.
WHC 2025 (010) - Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19.	April 2025	Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19. Disseminated to all Primary Care GPs and Pharmacists.
WHC 2025 (011) - Introduction of The NHS Wales Digital Health Identity Standard for Primary Care (NHS Login)	April 2025	The NHS Wales digital health identity standard for primary care (NHS login) and applies to NHS providers that in General Medical Services that deliver identity services for individuals accessing online digital healthcare services in Wales. The standard has been disseminated to all GP Practices delivering identity services.
WHC 2025 (012) - Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards and NHS Trusts in Wales, and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW)	May 2025	Amendments to the model documents issued in July 2023 to comply with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023. The Model Standing Financial Instructions - Local Health Boards – Chapter 11 has been approved and adopted by the Health Board.
WHC 2025 (013) - 2025/26 NHS Wales Financial Monitoring Return Guidance	April 2025	2025/26 NHS Wales monthly financial monitoring return guidance and associated submission templates. Updated guidance circulated to relevant staff for monthly submission of monitoring returns to Welsh Government.
WHC 2025 (016) - Update on NHS Wales vaccination programme against respiratory syncytial virus (RSV)	May 2025	The circular outlines actions for Health Boards to improve uptake on the Vaccination Programme for RSV. Disseminated to Primary Care, Vaccination and Immunisation Leads.

WHC 2025 (017) - Tranexamic Acid use: Recommendation 7a of the Infected Blood Inquiry (IBI)	May 2025	Following the publication of the infected blood inquiry and its recommendations on 20 May 2024, in relation to the recommendation 7 Patient Safety: Blood Transfusion and specifically recommendation 7a Tranexamic Acid use - endorsement and action required within local health boards and NHS trusts. Actioned and response sent to Welsh Government on 05/06/2025.
WHC 2025 (018) - Tirzepatide (Monjouro®) for the management of obesity and overweight	May 2025	Guidance for health boards, general practitioners and pharmacies on the use of Tirzepatide (Monjouro®) in weight management. Disseminated to all General Practitioners and Pharmacies within CTMUHB.
WHC 2025 (019) - Changes to the routine childhood vaccination schedule and to the selective hepatitis B vaccination programme from 01 July 2025	May 2025	The Circular outlines significant changes to the routine childhood vaccination schedule and to the selective hepatitis B (HepB) programme, which will start from 1 July 2025, with further changes commencing from 1 January 2026. These changes are required to optimise the protection of children in Wales Disseminated to all Vaccination and Immunisation Leads.
WHC 2025 (020) - The National Influenza Immunisation Programme 2025-26	June 2025	Guidance for the influenza (flu) vaccination programme for the coming autumn and winter (National Influenza Immunisation Programme 2025-26). Disseminated to all Vaccination and Immunisation Leads.
WHC 2025 (021) - Introduction of routine vaccination programmes for the prevention of mpox and gonorrhoea	June 2025	Introduction of a routine targeted vaccination programme for the prevention of Gonorrhoea, alongside a routine vaccination programme against Mpox for those at highest risk. Disseminated to all Vaccination, Immunisation and Sexual Health Leads.
WHC 2025 (022) - The National COVID-19 Vaccination Programme Autumn 2025	June 2025	Detailed guidance for the COVID-19 vaccination programme for the coming autumn 2025 (National COVID-19 Vaccination Programme Autumn 2025). Disseminated to all Vaccination and Immunisation Leads.
WHC 2025 (023) - PPE stockpile volumes in Wales	June 2025	Update on the Welsh Government review of target volumes for PPE stockpiling in Wales. Disseminated to all relevant staff responsible for ordering and managing PPE products.
WHC 2025 (024) - NHS Wales hearing care: future approach to audiology services	December 2025	Launch of the Welsh Government future approach for audiology services 2025. Disseminated to all relevant staff and stakeholders.

WHC 2025 (025) - Overseas Visitors' Eligibility to receive free Primary Care	July 2025	The circular clarifies the eligibility for overseas visitors who are entitled to free primary care. Disseminated to all General Medical Services (GMS) contractors, Pharmacists, Dentists, Optometrists and Ophthalmic Medical Practitioners as well as local representative committees.
WHC 2025 (026) - The safe and responsible adoption of ambient voice technologies ('AI Scribes') in clinical and practice settings	August 2025	Circular provides an interim position on the introduction and use of AI and machine learning in the form of ambient voice technologies (AVT's) in clinical and practice settings and outlines the requirements governing the use of AVTs by NHS Wales on an interim basis. Disseminated to all relevant clinicians, practitioners and teams currently using or considering the use of ACTs in patient or public facing consultations.
WHC 2025 (027) - Changes to supply of Gluten Free Foods in Wales; All-Wales	July 2025	Implementation of an All-Wales Gluten Free (GF) Subsidy Card Scheme for patients with a diagnosis of Coeliac disease or dermatitis herpetiformis in Wales. Welsh Government have been advised of the Executive Medical Director as SRO for the scheme and the nominated member for CTMUHB of the national GF Subsidy Card Scheme Delivery Board.
WHC 2025 (028) - Expansion of the shingles immunisation programme for severely	July 2025	Eligibility for a shingles vaccination will be expanded from all severely immunosuppressed individuals aged 50 years and over to instead include all severely immunosuppressed adults aged 18 years and over. Disseminated to all Vaccination and Immunisation Leads and health professionals responsible for administering the shingles vaccine.
WHC 2025 (029) - Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season	July 2025	Circular outlines the Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season Disseminated to Vaccination and Immunisation Leads and relevant staff in primary care and maternity.
WHC 2025 (031) - 3Ps Waiting Well single point of contact (SPOC) activity and outcomes data reporting	September 2025	Notice for the publication of the 3Ps Waiting Well single point of contact (SPOC) activity and outcomes Data Standard Change Notice in line with Phase 2 of the 3Ps Policy data recording and reporting process and delivery plan. Health Boards and trusts should ensure that all system updates are completed in line with the DSCN requirements and expectations. Disseminated to all relevant staff in planned care.
WHC 2025 (034) - Implementation of the Planned Care Referrals DSCN (DSCN 2024/11)	September 2025	Notice of the requirement to comply with the following published Data Standard Change Notifications (DSCNs) which forms Phase 1 of planned care/outpatients minimum dataset modernisation: Planned Care Referrals. Disseminated to all relevant staff in planned care.

WHC 2025 (037) - Infected Blood Inquiry: Implementation of Recommendation 7e: Implementing SHOT reports	September 2025	Letter from Deputy Chief Medical Officer Following the publication of the Infected Blood Inquiry (IBI) Report and its recommendations on 20th May 2024, an oversight group has been tasked with monitoring their implementation. Welsh Government have been notified that the Director of Allied Health Professionals and Health Science as the Executive Lead for this work.
WHC 2025 (038) - All-Wales NHS Accessible Communication and Information Standards	September 2025	Renewed standards (The All-Wales Standards for Communication and Information for People with Sensory Loss (the Standards)- the *All-Wales NHS Accessible Communication and Information Standards.* The Standards have been adopted and arrangements are in place to respond to concerns where these Standards have not been upheld.
WHC 2025 (039) - AMR & HCAI Improvement Goals 2025-2027	October 2025	The Circular reaffirms the improvement goals previously set out in WHC/2024/038 reflecting on the data from the previous year and the updated targets set out in the new AMR national action plan. Two leads identified and an agreed timescale /action plan has been implemented.
WHC 2025 (043) - New clinical pathway for treating and managing obesity	October 2025	An update for health boards, general practitioners and pharmacies in relation to prescribing tirzepatide, semaglutide and liraglutide for weight loss. Disseminated to all relevant staff in primary care, secondary care and Public Health Wales.
WHC 2025 (041) - Directions to apply the Code of Practice on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services - February 2026	February 2026	The Code of Practice on Quality Assurance and Performance Management, Escalating Concerns and Closure of Regulated Care and Support Services (Appointed Day) (Wales) Order 2026 was made on 3 February 2026 and will bring the Code of Practice into force on 31 March 2026. Directions have been adopted and will be implemented by 31 March 2026.
WHC 2025 (045) - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee	October 2025	The Welsh Government has made amendments to the following document: • Standing Orders - NHS Wales Joint Commissioning Committee (JCC) Action completed and revised Standing Orders approved at the November 2025 Health Board meeting.
WHC 2025 (046) - The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026	October 2025	Changes to the routine childhood vaccination schedule, which will start from 1 January 2026 - a new Varicella (chickenpox) vaccine will be introduced to the childhood schedule, following recommendations by the Joint Committee on Vaccination and Immunisation (JCVI). Disseminated to all vaccination and immunisation leads, and relevant staff in maternity and pharmacy.

WHC 2025 (049) – Patient Travel Policy	December 2025	The circular outlines the requirement for an updated Patient Travel Policy and the provision of supporting information to the public to enable them to access services in line with their individual needs. Policy has been adopted and circulated to all directorate and service managers within planned care.
WHC 2025 (051) - Safety netting discharge leaflets for adults and children	December 2025	National patient leaflets for safe discharge with suspected or confirmed infection. Cascaded to Clinical Directors, Head of ED and Sepsis Leads.
WHC 2025 (052) - COVID-19 spring vaccination programme 2026	January 2026	Covid 19 Spring Vaccination Programme for 2026. Disseminated to all vaccination and immunisation leads.
WHC 2025 (054) - A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions	December 2025	Product change for the adult and clinical risk NHS Pneumococcal vaccination programmes, following recommendations by the Joint Committee on Vaccination and Immunisation (JCVI). Disseminated to Vaccination and Immunisation Leads and relevant Primary Care and Maternity staff.
WHC 2025 (055) - 2026-27 Health Board allocation	December 2025	Health Boards revenue & discretionary capital allocations for 2026-27. Disseminated to Director of Finance for action.
WHC 2026 (001) - Timelines and responsibilities for implementing the patient and family-initiated escalation approach, Call4Concern	January 2026	This WHC sets out expectations in relation to timelines and responsibilities for the implementation of Call4Concern. Senior Nurse Acute Deterioration and Outreach Services is leading on the actions.
WHC 2026 (002) - Modernised Outpatient Dataset Phase 2: Planned Care activity	March 2026	Requirement of all Health Boards to comply with the published Data Standard Change Notice (DSCNs) Phase 2 of planned care/outpatients minimum dataset modernisation. Cascaded to all relevant staff in Digital and Planned Care for action.
WHC 2026 (004) - Refreshed Intellectual Property (IP) guidance and policies for NHS Wales organisations	March 2026	Refreshed Guidance and Policies relating to Intellectual Property and Policies for NHS Wales organisations. A meeting has been organised to take this work forward.
WHC 2026 (006) - Listening to People: The amended NHS Wales complaints, incidents and redress process	March 2026	Circular sets out the mandatory expectations for all Welsh NHS bodies, primary care providers, and independent providers providing care commissioned by the NHS in Wales, in implementing the amended process for complaints, incidents and redress, which will now be known as Listening to People. Disseminated to all relevant staff in patient care and safety.
WHC 2026 (007) - Critical UK-wide Bone Cement Shortage – Immediate National Requirements for NHS Wales	February 2026	Circular sets out the immediate national requirements for NHS Wales in response to the UK-wide shortage of Heraeus Palacos and Copal bone cement products. The circular will remain in place until an assessment has been made of alternative products. Planned Care Team have been requested to monitor the shortage.

WHC 2026 (008) - NHS Research and Development Finance Policy 2026	March 2026	The Welsh Government has refreshed the 2018 NHS R&D Finance Policy to ensure alignment with current funding streams, national policies and standards. This Welsh Health Circular therefore supersedes WHC/2018/005. CTMUHB R&D Team have confirmed that the policy is being reviewed and amended to ensure alignment with current funding streams, policies and standards.
WHC 2026 (017) - Enabling community pharmacies to supply medicines ordered by optometrists as part of providing NHS care in Wales	March 2026	This Welsh Health Circular sets out important changes in primary care to improve patients' access to essential eye care services affecting NHS optometrists and community pharmacies in Wales, which come into force on 6 April. Cascaded to all Optometrists within CTMUHB Primary Care.

Figure 79

National Alerts & Guidance		
Code of Practice on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services - The new code of practice replaces the 2009 statutory guidance.	February 2026	Code of Practice Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services 2026 | GOV.WALES

Figure 80

Delivery Plan Enactment	**Date/Year of Adoption**	**Status**
WG25-12 - The Wales Infected Blood Support Scheme (Amendment) Directions 2025 – Increased ex-gratia payments for 2025 to 2026 for beneficiaries on the Wales Infected Blood Support Scheme.	April 2025	Enacted
WG25-17 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2025 – Directions to Local Health Boards on amendments to the General Medical Services Contract.	April 2025	Enacted
WG25-27 - The Primary Medical Services (Intra/Periarticular Injection) (Directed Supplementary Services) (Wales) Directions 2025 – Directed supplementary service (DSS) to manage specific musculoskeletal conditions.	May 2025	Enacted
WG25-28 - The Primary Medical Services (Minor Surgery) (Directed Supplementary Services) (Wales) Directions 2025 – Directed supplementary service (DSS) to manage dermatological lesions.	May 2025	Enacted
WG25-30 - The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025 – The directions allow Local Health Boards to enter into arrangements for delivery of flu vaccination.	June 2025	Enacted
WG25-33 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2025	June 2025	Enacted

– Directions to Local Health Boards on amendments to the general medical services contract.		
WG25-38 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2025 – Directions to Local Health Boards on amendments to the General Medical Services Contract.	July 2025	Enacted
WG25-039 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2025 – Directions to Local Health Boards on amendments to the General Medical Services contract.	August 2025	Enacted
WG25-40 – The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) (Amendment) Directions 2025 – The amendment Directions correct a cross-referencing error in the Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults (Directed Supplementary Service) (Wales) Directions 2024.	August 2025	Enacted
WG25–44 - The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No.4) Directions 2025 – Directions to raise payments to dental foundation trainees and trainers for 2025 to 2026.	September 2025	Enacted
WG25-45- The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No.4) Directions 2025 – Directions to raise payments to dental foundation trainees and trainers for 2025 to 2026.	September 2025	Enacted
WG25-56 - The Primary Medical Services (People Living with Severe Frailty in their own Homes) (Directed Supplementary Service) (Wales) Directions 2025 – GPs can support the management and ongoing monitoring of patients at high risk of admission or re-admission to hospital.	October 2025	Enacted
WG25-72 – The Primary Care (Contracted Services: Outpatients Waiting Lists First Appointment Scheme) Directions 2025 – A review of the waiting list for those patients waiting for their first appointment by primary care practitioners.	October 2025	Enacted
WG25-84 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2025 – Directions to Local Health Boards on amendments to the general medical services contract.	December 2025	Enacted
WG25-85 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2026 – Directions to Local Health Boards on amendments to the general medical services contract.	December 2025	Enacted
WG25-91 - The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No. 5) Directions 2025 – The Directions outline the uplift to NHS dental contract payments for 2025 to 2026.	December 2025	Enacted
WG25-92 - The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No. 5) Directions 2025 – The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No. 5) Directions 2025.	December 2025	Enacted

NWSI 2026 No.3 - The Nursery Milk Scheme (Wales) Directions 2026 – Revised Directions allow for the continued delivery of the Nursery Milk Scheme in Wales for a 4-year period.	January 2026	Enacted
NWSI 2026 No.4 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2026 – Directions to Local Health Boards on amendments to the General Medical Services Contract.	January 2026	Enacted
NWSI 2026 No.17 – The Directions to Local Health Boards and NHS Trusts in Wales on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services – These directions to the new code of practice replace the 2009 statutory guidance.	March 2026	Enacted
NWSI 2026 No.18 - The Primary Care (Contracted Services: Immunisations) (RSV) (Wales) Directions 2026 – The Directions allow Local Health Boards to enter into arrangements for delivery of RSV vaccination.	February 2026	Enacted
WG24-38 - The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2024 (revoked) – The Directions allow Local Health Boards to enter into arrangements for delivery of RSV vaccination.	March 2026	Enacted
NWSI 2026 No. 47 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2026 – Directions to Local Health Boards on amendments to the General Medical Services contract.	March 2026	Enacted

Appendix B - Table of Board Membership and Attendance

Figure 81

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2025/2026	CHAMPION ROLE*
Jonathan Morgan	Chair	Public Board In Committee Board Remuneration & Terms of Service Committee (Chair)	7/7 7/7 7/7	Armed Forces & Veterans Older Persons
Kath Palmer	Vice-Chair	Public Board In Committee Board Remuneration & Terms of Service Committee (Vice-Chair) Mental Health Act Monitoring Committee (Vice Chair & Chair from July 25) Mental Health Act Monitoring In Committee (Vice Chair & Chair from July 25) Strategic Development Committee (Chair) Strategic Development Committee - In Committee (Chair) Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee - In Committee Hosted Bodies Audit, Risk & Assurance Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee Provision of Discharge Sub Committee (Vice Chair)	6/7 6/7 5/7 3/4 0/1 3/4 0/1 3/5 2/4 2/4 5/6 3/4 2/2	Mental Health Primary Care & Community
Patsy Roseblade	Independent Member (Finance)	Public Board In Committee Board Remuneration & Terms of Service Committee Charitable Funds Committee (Public) Charitable Funds Committee (In Committee) Operational Delivery Committee Operational Delivery Committee - In Committee Audit, Risk & Assurance Committee (Chair) Audit, Risk & Assurance Committee - In Committee Hosted Bodies Audit, Risk & Assurance Committee	7/7 7/7 6/7 2/2 N/A 4/4 5/7 4/5 4/4 4/4	Not Applicable

		Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee	 6/6 3/4	
Helen Lentle	Independent Member (Legal)	Public Board In Committee Board Remuneration & Terms of Service Committee Mental Health Act Monitoring Committee Mental Health Act Monitoring In Committee Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee – In Committee Hosted Bodies Audit, Risk & Assurance Committee Organ Donation Sub Committee (Chair) Provision of Discharge Sub Committee (Chair)	5/7 6/7 6/7 4/4 1/1 3/5 3/4 3/4 5/5 3/3	Not applicable
Cllr Geraint E Hopkins	Independent Member (Local Authority) (until 31 July 2025)	Public Board In Committee Board Remuneration and Terms of Service Committee Mental Health Act Monitoring Committee (Vice Chair) Mental Health Act Monitoring Committee - In Committee Health, Safety & Fire Sub Committee (Vice Chair) Health, Safety & Fire Sub Committee – In Committee	2/3 0/2 0/1 1/1 1/1 1/2 0/1	Older Persons
Cllr Rhys Goode	Independent Member (Local Authority) (from 5 January 2026)	Public Board In Committee Baard Remuneration & Terms of Services Committee	2/2 2/2 3/3	Not applicable
Carolyn Donoghue	Independent Member (University)	Public Board In Committee Board Remuneration & Terms of Service Committee Strategic Development Committee Strategic Development Committee - In Committee Quality, Safety & Experience Committee (Chair) Quality, Safety & Experience Committee - In Committee (Chair) Health, Safety & Fire Sub Committee (Chair) Health, Safety & Fire Sub Committee – In Committee (Chair Organ Donation Sub Committee (Vice Chair)	6/7 5/7 6/7 4/4 1/1 6/6 4/4 3/3 2/2 2/5	Research & Development Duty of Quality & Candour/Putting Things Right

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2025/2026	CHAMPION ROLE*
Rachel Rowlands	Independent Member (Community)	Public Board In Committee Board Remuneration and Terms of Service Committee Strategic Development Committee Strategic Development Committee - In Committee Charitable Funds Committee (Vice Chair) Charitable Funds Committee - In Committee (Vice Chair) Operational Delivery Committee (Chair) Operational Delivery Committee - In Committee (Chair) Mental Health Act Monitoring Committee Mental Health Act Monitoring Committee - In Committee	4/7 4/7 4/7 1/4 0/1 1/2 N/A 4/4 5/7 2/3 N/A	Equality & Diversity
Neil Mesher	Independent Member (Commercial Business)	Public Board In Committee Board Remuneration & Terms of Service Committee Strategic Development Committee Strategic Development Committee - In Committee Charitable Funds Committee Charitable Funds Committee - In Committee Operational Delivery Committee Operational Delivery Committee - In Committee	6/7 5/7 5/7 3/3 N/A 1/2 N/A 3/4 6/7	Not applicable
Hayley Proctor	Independent Member (Trade Union)	Public Board In Committee Board Remunerations and Terms of Service Committee Mental Health Act Monitoring Committee Mental Health Act Monitoring Committee - In Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee Operational Delivery Committee Operational Delivery Committee - In Committee Health, Safety & Fire Sub Committee Health, Safety & Fire Sub Committee – In Committee	7/7 7/7 4/7 3/4 1/1 5/6 3/4 3/3 5/5 2/2 3/3 2/2	Not applicable

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BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2025/2026	CHAMPIONROLE*
Ian Wells	Independent Member (ICT and Governance) (until 7 May 2025)	Public Board In Committee Board Remuneration and Terms of Service Committee Charitable Funds Committee Charitable Funds Committee - In Committee Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee - In Committee Hosted Bodies Audit, Risk & Assurance Committee Operational Delivery Committee Operational Delivery Committee - In Committee	N/A N/A N/A N/A N/A N/A N/A N/A 1/1 1/1	Not Applicable
Kathy Mason	Independent Member (Digital and Data) (from 14 July 2025)	Public Board In Committee Board Remuneration & Terms of Services Committee Strategic Development Committee Strategic Development Committee - In Committee Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee - In Committee Hosted Bodies Audit, Risk & Assurance Committee Operational Delivery Committee Operational Delivery Committee - In Committee	5/5 6/6 4/6 2/2 N/A 3/3 2/3 2/3 2/3 4/5	Not applicable
Dilys Jouvenat	Independent Member(Third Sector)	Public Board In Committee Board Remunerations and Terms of Service Committee Strategic Development Committee (Vice Chair) Strategic Development Committee - In Committee (Vice Chair) Charitable Funds Committee Charitable Funds Committee - In Committee Operational Delivery Committee Operational Delivery Committee - In Committee Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee – In Committee Hosted Bodies Audit, Risk & Assurance Committee Health, Safety & Fire Sub Committee Health, Safety & Fire Sub Committee - In Committee	5/7 5/7 6/7 4/4 1/1 2/2 N/A 4/4 6/7 3/4 2/4 3/4 3/3 2/2	Speaking up Safely

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2025/2026	CHAMPION ROLE*
Paul Mears	Chief Executive	Public Board In committee Board Remuneration and Terms of Service Committee	7/7 6/7 7/7	Not applicable
Sally May	Executive Director of Finance and Procurement	Public Board In Committee Board Charitable Funds Committee Charitable Funds Committee - In Committee Operational Delivery Committee Operational Delivery Committee - In Committee Strategic Development Committee Strategic Development Committee – In Committee Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee - In Committee Hosted Bodies Audit, Risk & Assurance Committee	6/7 6/7 2/2 N/A 4/4 7/7 4/4 1/1 5/5 3/4 4/4	Not applicable
Philip Daniels	Executive Director of Public Health	Public Board In Committee Board Strategic Development Committee Strategic Development Committee - In Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee	7/7 7/7 4/4 1/1 5/6 3/4	Wellbeing of Future Generations Act
Greg Dix	Executive Director of Nursing/Deputy Chief Executive (Until October 2025)	Public Board In Committee Board Operational Delivery Committee Operational Delivery In Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee	3/4 3/3 2/2 3/3 3/3 3/3	Children and Young People Putting ThingsRight Baby Friendly Guardian

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2024/2025	CHAMPION ROLE*
Richard Hughes	Executive Director of Nursing (Interim from 13 October 2025. Substantive from February 2026)	Public Board In Committee Board Operational Delivery Committee Operational Delivery Committee - In Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee	2/3 3/4 1/2 2/4 3/3 1/1	Children & Young People Putting Things Right
Hywel Daniel	Executive Director for People/Deputy Chief Executive (from 27 October 2025)	Public Board In Committee Board Remuneration & Terms of Services Committee Operational Delivery Committee Operational Delivery Committee - In Committee Strategic Development Committee Strategic Development Committee - In Committee Health, Safety & Fire Sub Committee Health, Safety & Fire Sub Committee – In Committee Local Partnerships Forum	6/7 7/7 6/7 2/4 5/7 4/4 1/1 3/3 2/2 4/4	Fire Safety Violence and Aggression
Gethin Hughes	Chief Operating Officer/Deputy Chief Executive (from 27 October 2025)	Public Board In Committee Board Mental Health Act Monitoring Committee **(**Deputy COO attends this meeting on behalf of the COO) Mental Health Act Monitoring Committee - In Committee Operational Delivery Committee Operational Delivery Committee - In Committee Strategic Development Committee Strategic Development Committee - In Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee	7/7 7/7 1/4 0/1 4/4 6/7 2/4 1/1 5/6 3/4	Not Applicable
Dom Hurford	Executive Medical Director	Public Board In Committee Board Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee Organ Donation Sub Committee **(**AMD attends this meeting on behalf of the MD)	6/7 6/7 4/6 3/4 1/5	Caldicott Guardian
Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences	Public Board In Committee Board Strategic Development Committee Strategic Development Committee - In Committee Quality, Safety & Experience Committee Quality, Safety & Experience Committee - In Committee Provision of Discharge Sub Committee	7/7 5/7 3/4 1/1 6/6 4/4 2/2	Research & Development
Linda Prosser	Executive Director of Strategy & Transformation (until 30 May 2025)	Public Board In Committee Board Operational Delivery Committee Operational Delivery Committee - In Committee Strategic Development Committee Strategic Development Committee - In Committee Stakeholder Reference Group (Assistant Director of Transformation attends on behalf)	0/1 0/1 0/1 0/2 1/1 1/1 0/1	Emergency Planning

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2024/2025	CHAMPION ROLE*
Claire Thompson	Executive Director of Strategy & Transformation (From 9 June 2025)	Public Board In Committee Board Operational Delivery Committee Operational Delivery Committee - In Committee Strategic Development Committee Strategic Development Committee - In Committee Stakeholder Reference Group (Assistant Director of Transformation attends on behalf)	6/6 6/6 3/3 3/5 3/3 N/A 0/3	Emergency Planning Wellbeing of Future Generations Act
Gareth Watts	Director of Governance/Board Secretary	Public Board In Committee Board Remuneration & Terms of Services Committee Audit, Risk & Assurance Committee Audit, Risk & Assurance Committee - In Committee Hosted Bodies Audit, Risk & Assurance Committee	6/7 6/7 7/7 4/5 3/4 3/4	Speaking up Safely Welsh Language
Stuart Morris	Director of Digital	Public Board In Committee Board Operational Delivery Committee Operational Delivery Committee - In Committee Strategic Development Committee Strategic Development Committee - In Committee	6/7 7/7 4/4 5/7 2/4 0/1	Senior Information Risk Owner
Simon Blackburn	Director of Communications, Engagement and Fundraising	Public Board In Committee Board Charitable Funds Committee Charitable Funds - In Committee	6/7 5/7 1/2 N/A	Not applicable

- ** IP - Denotes attended In Part*

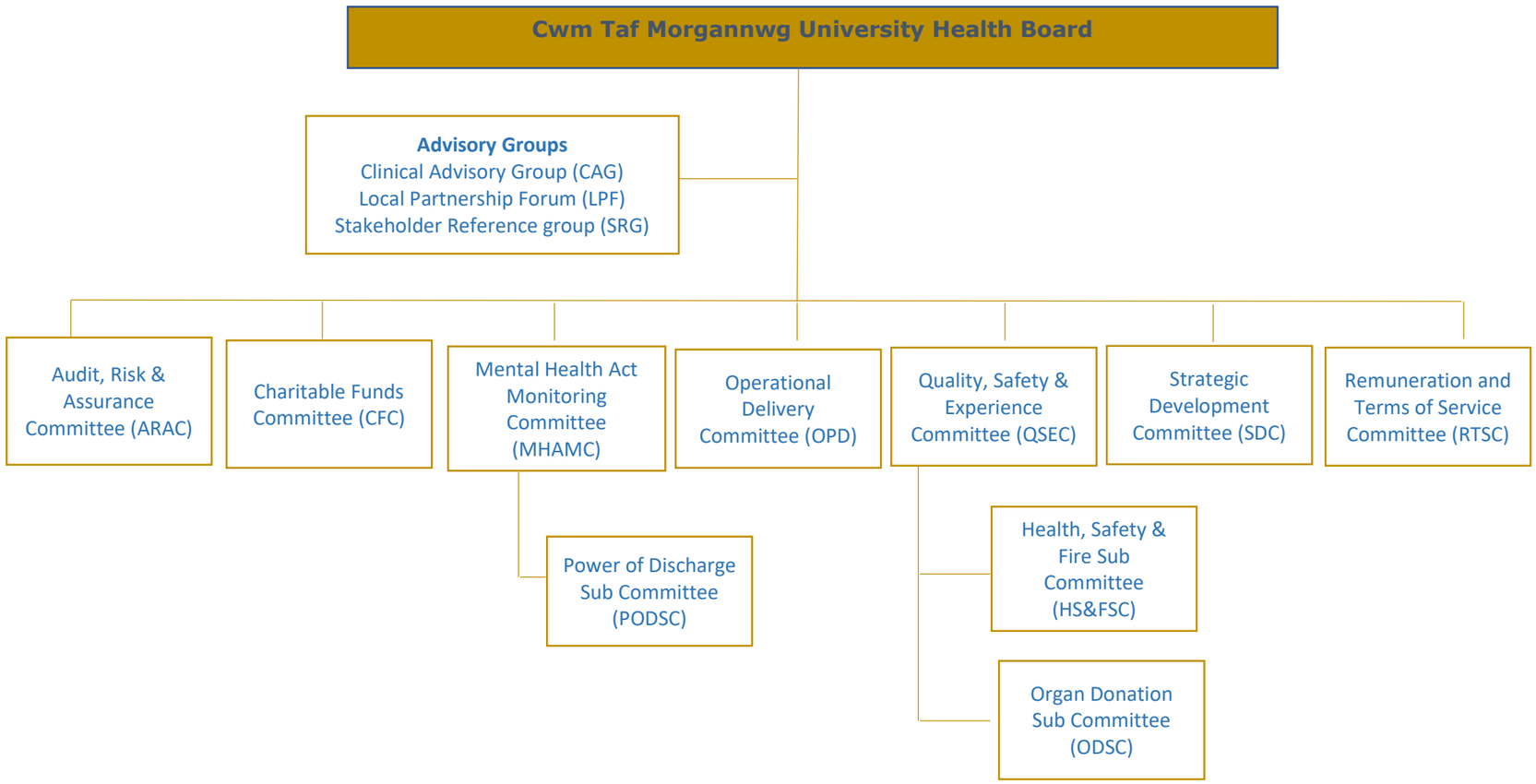
Appendix C to the Governance Statement - Table of Board & Committee Meetings held during 2025-2026
Figure 82

Board/Committee								
Board Meeting (held in public)	29/05/2025	26/06/2025 (EO)	31/07/2025	25/09/2025	27/11/2025	29/01/2026	26/03/2026	
Board Meeting (held in private)*	29/05/2025	31/07/2025	25/09/2025	27/11/2025	18/12/2025	29/01/2026	26/03/2026	
Audit, Risk & Assurance Committee	22/05/2025	25/06/2025 (EO)	14/08/2025	14/11/2025	03/02/2026			
Audit, Risk & Assurance In Committee	22/05/2025	14/08/2025	14/11/2025	03/02/2026				
Audit, Risk & Assurance Committee Hosted Bodies	22/05/2025	14/08/2025	14/11/2025	03/02/2026				
Charitable Funds Committee	09/07/2025	21/01/2026						
Charitable Funds In Committee	N/A							
Quality, Safety & Experience Committee	20/05/2025	22/07/2025	23/09/2025	18/11/2025	20/01/2026	24/03/2026		
Quality, Safety & Experience In Committee	20/05/2025	22/07/2025	23/09/2025	18/11/2025				
Mental Health Act Monitoring Committee	13/05/2025	20/08/2025	04/12/2025	25/02/2026				
Mental Health Act Monitoring In Committee	13/05/2025							
Remuneration and Terms of Service Committee	26/06/2025	05/09/2025	23/10/2025	20/11/2025	22/01/2026	19/02/2026	10/03/2026	
Strategic Development Committee	03/04/2025	03/07/2025	01/10/2025	11/02/2026				
Strategic Development In Committee	03/04/2025							
Operational Delivery Committee	29/04/2025	29/07/2025	28/10/2025	22/01/2026				
Operational Delivery In Committee	29/04/2025	19/05/2025 (EO)	29/07/2025	28/10/2025	20/11/2025 (EO)	11/12/2025 (EO)	22/01/2026	

** Where it was necessary to hold a Board Meeting in-committee the nature of this was reported to the next available Board Meeting held in public. Board Development Sessions were also held, generally in the months when Board meetings in public were not scheduled.*

Appendix D - Board and Committee Structure as at 31st March 2026

Figure 83



Remuneration and Staff Report

The Remuneration and Staff Report contains information about senior manager's remuneration. The definition of "Senior Managers" for this purpose is:

'Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'

CTMUHB is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in CTMUHB in the financial year 2025-2026 was £235,000 - £240,000 (2024-2025, £230,000 - £235,000). This was 6.2 times the median remuneration of the workforce, which was £38,000 (2024-2025, £38,000).

In 2025-2026, 18 employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £16,000 to £378,000.

Total remuneration includes salary and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

In establishing the highest paid Director (Chief Executive), account has been taken of the remuneration received by Directors with clinical and director responsibilities.

The pay and terms and conditions of employment for the Executive Team and Very Senior Managers (VSM) who are paid on the Executive Senior Pay (ESP) pay scale are determined by the Welsh Government and CTMUHB pays these salaries in accordance with regulations. For clarity, these are posts which operate at Board level and hold either statutory or non-statutory positions.

The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme (VERS). The Committee's members are all Independent Board Members, including its Chair who is also the Chair of CTMUHB. Membership details are set out on page 190 onwards. No VERS applications were received and approved by the Committee in 2025-2026.

Existing public sector pay arrangements apply to all other staff including members of the Executive Team. The performance of members of the Executive Team is assessed against personal objectives and against the overall performance of CTMUHB. The Chief Executive and Executive Directors are employed on permanent contracts, which can be terminated by giving due notice, unless for reason of misconduct. CTMUHB's constitution consists of the Chair, the Chief Executive, the Executive Directors and the Independent Members, the Chief

Operating Officer and the Director of Corporate Governance / Board Secretary. NHS Wales Joint Commissioning Committee's constitution consists of the Chair, the Chief Commissioner, Chief Executive Officers from all the University Health Boards, Lay Members and Associate Members.

Full details of senior managers' remuneration are shown later in the report on page 206 onwards.

Board Composition by Gender

Figure 84

Board Member Gender as at 31-Mar-26	Female	Male
Independent member	7	3
Associate Board Members	2	2
Executive Directors / Directors	4	9
NHS Wales Joint Commissioning Committee		
Independent member	5	1
Associate Board members		1
Executive Directors/ Directors	5	2

Staff Composition by Gender

This figure represents the average staff composition by gender during 2025-2026. The Health Board's workforce profile identifies that 80.90% of our employees are female.

Figure 85

Employee Gender average for 2025-2026	Headcount	Full-Time Equivalent	% of Headcount
Female	10,846	9,261.16	80.90%
Male	2,561	2,394.47	19.10%
Total	13,407	11,655.63	100.00%

Staff Composition by Staff Group

We have a diverse workforce of 13,656 (as at 31 March 2026) staff working in many different types of roles, and together with volunteers, colleagues in social care and carers, we have a huge impact on our population. During 2025-2026, the average full-time equivalent (FTE) number of staff permanently employed was 1,878.64. The average number of employees is calculated a full-time equivalent number of employees in each week of the financial year, divided by the number of weeks in the financial year.

Figure 86

Staff Group average for 2025-2026	Female		Male		Totals	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Add Prof Scientific and Technical	345	298.77	93	81.38	438	380.15
Additional Clinical Services	2,277	1,918.59	375	346.65	2,652	2,265.25
Administrative and Clerical	2,218	1,864.93	441	420.68	2,659	2,285.61
Allied Health Professionals	689	621.54	187	181.57	876	803.12
Estates and Ancillary	888	620.04	471	424.76	1,359	1,044.79
Healthcare Scientists	137	125.10	92	90.97	229	216.07
Medical and Dental	378	330.97	547	512.91	925	843.88
Nursing and Midwifery Registered	3,909	3,475.20	354	335.54	4,263	3,810.74
Students	6	6.02	0	0.00	6	6.02
Grand Total	**10,846**	**9,261.16**	**2,561**	**2,394.47**	**13,407**	**11,655.63**

Sickness Absence Data

Figure 87

Sickness absence remains a priority for the Health Board. CTMUHB's rolling year to date sickness absence rate at the end of March 2026 was 7.47%, compared to 6.92% in March 2025. The Health Board did not achieve the NHS Wales Performance Framework target of a '*rolling 12-month reduction compared to the same period in the previous year*'. 76.6% of sickness was attributed to long-term absence (over 1 month).

The top three reasons for sickness absence were;

1. Anxiety/stress/depression/other psychiatric illnesses;
2. Other known causes not elsewhere classified; and
3. Gastrointestinal problems.

The top three recorded reasons for sickness absence remained unchanged with Anxiety/Stress/Depression/other psychiatric illnesses the biggest driver of our sickness absence rates. Work is underway to better understand the drivers behind this sickness category which has remained high for a prolonged period. Work is being undertaken to reduce the number of absences categorised as 'other known causes.' The average length of sickness absence is less than 90 days in duration.

The following table provides additional information on the number of days lost due to sickness in 2024-25 and 2025-26.

Figure 88

Sickness Absence Data	2024-25	2025-26
Total days lost (long term)	210,739.48	243,342.80
Total days lost (short term)	74,245.74	74,536.74
Total days lost	284,985.22	317,879.54
Total staff years lost (average staff employed in period - full time equivalent)	11,332.50	11,655.63
Average working days lost	25.15	27.27
Total staff employed in period (average headcount)	12,988	13,407
Total staff employed in period with no absence (headcount)	4,229	4,411
Percentage of staff with no sick leave	32.56%	31.75%

Reducing sickness absence and supporting our People to successful stay well and in work is a year one priority within our People Plan 2025-2030. A baseline dataset and associated dashboard was developed to identify areas of focus and to inform targeted interventions. CTMUHB launched its Health and Wellbeing action plan in October 2025 focusing on four key areas;

- Healthy Work Environment
- Management Tools
- Systems and Processes
- Governance and Assurance

To achieve a reduction in the rolling 12-month sickness absence rate, CTMUHB has set a 1% organisational reduction target to achieve by October 2026. All Care/Service Groups have been set local targets which are proportionate to their current sickness absence rates and will be monitored via Integrated Performance and Assurance meetings.

Several actions have been introduced, including;

- Focused support for cases lasting 6 months plus in duration, with a forward plan agreed for every case

- 75 managers trained over 9 familiarisation sessions on the new dashboard
- Co-development of '5-minute guides' with trade union colleagues, to supplement the Managing Attendance at Work policy ensuring timely and effective sickness management.
- An internal advisory audit for Medical and Dental staff to address the perceived underreporting of sickness absence for this staff group.
- Improved education and training through the development and launch of a new Managing Attendance at Work training programme, with targeted sessions for hotspot areas.
- Occupational Health Focus Groups and Survey for Managers
- Development of an absence prompt report to enable monitoring and triangulation of activity under the policy.
- Reallocation of resource within the People Services team, to provide dedicated focus on sickness absence management.

Scrutiny of sickness absence data at monthly Integrated Performance review Meetings, with a monthly report to Executive Management Board. Information is also shared at the Health Board Local Partnership Forum and the Operational Management Board.

People Policies

During 2025-2026, the 'People Policy Review Group' reviewed and approved a total of 18 staff policies and procedures. A new prioritisation matrix was agreed in partnership with Trade Union colleagues, to guide our policy workbook and ensure that policy reviews align with strategic priorities. Our trade union representatives and workforce continue to be integral to our approach to policy development. As part of our revised approach to policies, the Health Board committed to developing short and concise policies, written in plain English /Welsh that are more principles-led than prescriptive in approach

In 2026–2027, the group will continue to work on developing progressive policies, to enable CTMUHB to provide our staff with an excellent employee experience, comply with the upcoming legislative changes and in keeping with our values. All staff policies can be accessed by managers and staff via the policy SharePoint page.

In accordance with the legislation, all staff policies and procedures are equality impact assessed against the nine protected characteristics. CTMUHB has developed and introduced a new joint 'Equality and Welsh Language Impact Assessment Tool', which takes a step further, to ensure that we do not discriminate or disadvantage any individual, on any grounds.

Reporting of Other Compensation Schemes

In accordance with the provisions of the NHS Redundancy Scheme and legislation some costs were incurred by CTMUHB in 2025 – 2026. During this period, no costs were incurred in respect of the Voluntary Early Release Scheme (VERS). The NHS Pension Scheme met the cost of ill-health retirements, which are not included in the tables provided. No staff received an exit payment during in 2025-2026.

Figure 89

Salary and Pension Disclosure Tables

Single Total Figure of Remuneration 2025-26	**Salary**	**Benefits in kind(taxable)**	**Pension benefits**	**Total**
	(bands of £5,000)	**to nearest £100**	**(bands of £2,500)**	**(bands of £5,000)**
Executive Directors	**£000**	**£00**	**£000**	**£000**
Paul Mears	**235-240**	**0**	**75-77.5**	**315-320**
Chief Executive				
Sally May	**170-175**	**0**	**0**	**170-175**
Director of Finance (Note 1)				
Dom Hurford	**200-205**	**28**	**0**	**200-205**
Medical Director (Note 2)				
Greg Dix	**90-95**	**0**	**65-67.5**	**155-160**
Executive Director of Nursing, Midwifery and Patient Care (Deputy CEO) to 19th October 2025				
Richard Hughes	**70-75**	**8**	**0**	**70-75**
Director of Nursing, Midwifery and Patient Care (Acting from 13th October 2025 to 19 February 2026, then substantive)				
Linda Prosser	**5-10**	**0**	**0**	**5-10**
Director of Strategy & Transformation to 21st April 2025				
Victoria Oxley	**25-30**	**0**	**107.5-110**	**135-140**
Acting Executive Director of Strategy & Transformation from 21st April 2025 to 29th June 2025				
Claire Thompson	**120-125**	**14**	**150-152.5**	**275-280**
Director of Strategy & Transformation from 9th June 2025				
Hywel Daniel	**155-160**	**26**	**77.5-80**	**235-240**
Director for People (Deputy CEO from 27th October 2025)				
Philip Daniels	**135-140**	**22**	**47.5-50**	**185-190**
Director of Public Health				
Lauren Edwards	**125-130**	**25**	**45-47.5**	**175-180**
Executive Director of Allied Health Professionals and Health Science				
Gethin Hughes	**155-160**	**16**	**0**	**155-160**
Chief Operating Officer (Deputy CEO from 27th October 2025)				
Directors				
Stuart Morris	**120-125**	**29**	**42.5-45**	**165-170**
Director of Digital				
Gareth Watts	**125-130**	**0**	**32.5-35**	**160-165**
Director of Corporate Governance/ Board Secretary				
Simon Blackburn	**115-120**	**0**	**62.5-65**	**175-180**
Director of Communications, Engagement and Fundraising				
Independent Members				
Jonathan Morgan	**60-65**	**15**		**60-65**
Chair				
Kath Palmer	**55-60**	**0**		**55-60**
Vice-Chair				
Helen Lentle	**15-20**	**0**		**15-20**

Independent Member (Legal)				
Dilys Jouvenat	**15-20**	**0**		**15-20**
Independent Member (Third Sector)				
Rachel Rowlands	**15-20**	**0**		**15-20**
Independent Member (Community)				
	Salary	**Benefits in kind(taxable)**	**Pension benefits**	**Total**
	(bands of £5,000)	**to nearest £100**	**(bands of £2,500)**	**(bands of £5,000)**
Hayley Proctor	**0-5**	**0**		**0-5**
Independent Member (Trade Union) (Note 3) from 1st October 2024				
Ian Wells	**0-5**	**0**		**0-5**
Independent Member (Digital) to 7th May 2025				
Kathy Mason	**10-15**	**0**		**10-15**
Independent Member (Digital) from 14th July 2025				
Patsy Roseblade	**15-20**	**0**		**15-20**
Independent Member (Finance)				
Carolyn Donoghue	**20-25**	**0**		**20-25**
Independent Member (University) (Note 4)				
Neil Mesher	**15-20**	**0**		**15-20**
Independent Member (Corporate Business) from 1st April 2025				
Cllr Geraint E Hopkins	**5-10**	**0**		**5-10**
Independent Member (Local Authority) to 31st July 2025				
Cllr Rhys Goode	**0-5**	**0**		**0-5**
Independent Member (Local Authority) from 5th January 2026				

Lisa Curtis-Jones, Dr Sally Bolt, Paul Deenik, Alexander Brown and Sarah Medicott received no remuneration for their role as Associate Members

Independent Members do not receive pensionable remuneration for their Board membership.

Salary figures relate to remuneration for the period as Senior Manager only.

Pension benefits relate to benefits accrued during the year, not just the period relating to their senior management service.

Notes

1- Sally May, the salary disclosure above is not based on full time working (0.9 FTE), the FTE salary would be £185,000-190,000 and the revised total including BIK and Pension benefits would be £185,000-190,000.

1 – Dom Hurford, the salary figures above include £14,331 in relation to their non-managerial role

2 - Hayley Proctor is a paid, full time employee of the organisation and receives no additional remuneration as an Independent Member.

3 – Carolyn Donoghue acted up into the Vice Chair role until 31st May 2025

4 - For the following officers/members, their salary banding and the total banding figures in the table above exclude amounts in respect of their chosen salary sacrifice deductions. Their gross salary banding before salary sacrifice adjustments would be as follows:

Name	**Revised Salary (bands of £5,000)**
Dom Hurford	210-215
Hywel Daniel	165-170
Philip Daniels	145-150
Lauren Edwards	140-145
Gethin Hughes	165-170
Stuart Morris	125-130
Richard Hughes	75-80
Claire Thompson	130-135
Jonathan Morgan	70-75

The remuneration figure disclosed for the interim Executive Director of Nursing and the Interim Director of Strategy and Transformation in the table above includes unauthorised gross cash variances of £5,966 for 2025/26 for the interim Executive Director of Nursing (there is a further £318 in 2026/27) and £3,918 for the Interim Director of Strategy and Transformation paid over 5 months and 27 days and 2 months and 10 days respectively, during their interim deployment. These temporary rates were explicitly set out in their formal interim appointment offer letters, issued to secure vital operational continuity and protect service delivery for the Health Board.

In the week before the finalisation and certification of these financial statements, following a formal administrative review of the two interim appointments, retrospective authorisation for these specific deployment rates was declined by the Welsh Government, rendering this portion of the expenditure irregular under the Health Board's Standing Financial Instructions (SFIs)and the Government Financial Reporting Manual (FReM).

Had this variance not been paid, the interim Executive Director of Nursing's total remuneration would have sat within the lower pay point 13 at £148,306 and the interim Director of Strategy and Transformation salary would have sat within the lower pay point 11 at £135,551. Due to the explicit contractual payment, the actual cash received and recorded in the table above sits within the higher bands of pay point 14 £161,062 and £155,992 respectively.

As these variances represents explicit, legally binding contractual commitment made in writing by the Health Board, immediate clawback under the All-Wales Recovery of Overpayments Procedure is not legally enforceable without exposing the organisation to immediate breach-of-contract and unlawful deduction of wages liabilities.

The Accountable Officer has formally logged this matter as an active contractual and governance risk on the Corporate Risk Register. The Health Board will actively seeking formal legal counsel and engage with both individuals and Welsh Government officials to reach a lawful resolution. Pending a final structural or legal determination, this expenditure remains unauthorised. This unresolved variance is disclosed to satisfy the requirements of public accountability and legislative scrutiny.

Single Total Figure of Remuneration 2024-25	**Salary**	**Benefits in kind(taxable)**	**Pension benefits**	**Total**
	(bands of £5,000)	**to nearest £100**	**(bands of £2,500)**	**(bands of £5,000)**
Executive Directors	**£000**	**£00**	**£000**	**£000**
Paul Mears	**230-235**	**0**	**82.5-85**	**315-320**
Chief Executive				
Sally May	**175-180**	**0**	**2.5-5**	**175-180**
Director of Finance (Note 1)				
Dom Hurford	**205-210**	**11**	**57.5-60**	**265-270**
Medical Director (Note 2)				
Greg Dix	**160-165**	**2**	**87.5-90**	**250-255**
Executive Director of Nursing, Midwifery and Patient Care (Deputy CEO)				
Linda Prosser	**155-160**	**0**	**92.5-65**	**215-220**
Director of Strategy & Transformation				
Hywel Daniel	**145-150**	**19**	**57.5-60**	**205-210**
Director for People				
Philip Daniels	**130-135**	**15**	**30-32.5**	**165-170**
Director of Public Health				
Lauren Edwards	**120-125**	**17**	**40-42.5**	**165-170**
Executive Director of Allied Health Professionals and Health Science				
Gethin Hughes	**145-150**	**11**	**0**	**145-150**
Chief Operating Officer				
Directors				
Stuart Morris	**115-120**	**14**	**50-52.5**	**165-170**
Director of Digital				
Gareth Watts	**125-130**	**0**	**32.5-35**	**155-160**
Director of Corporate Governance/ Board Secretary				
Simon Blackburn	**105-110**	**0**	**42-42.5**	**145-150**
Director of Communications, Engagement and Fundraising				

Independent Members				
Jonathan Morgan	**60-65**	**10**		**60-65**
Chair				
Kath Palmer	**55-60**	**0**		**55-60**
Vice-Chair				
Helen Lentle	**15-20**	**0**		**15-20**
Independent Member (Legal)				
Dilys Jouvenat	**15-20**	**0**		**15-20**
Independent Member (Third Sector)				
Rachel Rowlands	**15-20**	**0**		**15-20**
Independent Member (Community)				
Hayley Proctor	**0-5**	**0**		**0-5**
Independent Member (Trade Union) (Note 3) from 1st October 2024				
	Salary	**Benefits in kind(taxable)**	**Pension benefits**	**Total**
	(bands of £5,000)	**to nearest £100**	**(bands of £2,500)**	**(bands of £5,000)**
Nicola Milligan	**0-5**	**0**		**0-5**
Independent Member (Staff) (Note 4)				
Ian Wells	**15-20**	**0**		**15-20**
Independent Member (ICT)				
Patsy Roseblade	**15-20**	**0**		**15-20**
Independent Member (Finance)				
Carolyn Donoghue	**15-20**	**0**		**15-20**
Independent Member (University)				
Lynda Thomas	**5-10**	**0**		**5-10**
Independent Member (Corporate Business)				
Cllr Geraint E Hopkins	**15-20**	**0**		**15-20**
Independent Member (Local Authority)				

Lisa Curtis-Jones, Dr Sally Bolt and Anne Morris received no remuneration for their role as Associate Members

Independent Members do not receive pensionable remuneration for their Board membership.

Salary figures relate to remuneration for the period as Senior Manager only.

Pension benefits relate to benefits accrued during the year, not just the period relating to their senior management service.

Notes

1 – Sally May partially retired on 1st November 2024. The salary disclosure above is not based on full time working (0.9 FTE), the FTE salary would be £180,000-185,000 and the revised total including BIK and Pension benefits would be £185,000-190,000.

2 - Dom Hurford, the salary figures above include £13,780 in relation to their non-managerial role

3 - Nicola Milligan and Hayley Proctor are paid, full time employees of the organisation and receive no additional remuneration as an Independent Member.

4 - For the following officers/members, their salary banding and the total banding figures in the table above exclude amounts in respect of their chosen salary sacrifice deductions. Their gross salary banding before salary sacrifice adjustments would be as follows:

Name	**Revised Salary (bands of £5,000)**
Dom Hurford	215-220
Greg Dix	165-170
Hywel Daniel	155-160
Philip Daniels	140-145
Lauren Edwards	135-140
Gethin Hughes	155-160
Stuart Morris	125-130
Jonathan Morgan	65-70

Pension Benefits 2025-26	Real increase in pension at pensionable age	Real increase in pension lump sum at pensionable age	Total accrued pension at pensionable age at 31 March 2026	Lump sum at pensionable age related to accrued pension at 31 March 2026	Cash Equivalent Transfer Value at 31 March 2026	Cash Equivalent Transfer Value at 31 March 2025	Real increase in Cash Equivalent Transfer Value	Employer's contribution to partnership pension account
Name and title	**(bands of £2,500)**	**(bands of £2,500)**	**(bands of £5,000)**	**(bands of £5,000)**				
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cwm Taf Morgannwg University Local Health Board								
Executive Directors								
Paul Mears	5-7.5	0-2.5	65-70	145-150	1469	1340	77	0
Chief Executive								
Sally May	0	0	10-15	0	225	166	35	0
Director of Finance								
Dom Hurford	0-2.5	0	45-50	105-110	940	905	0	0
Medical Director								
Greg Dix	0-2.5	0-2.5	55-60	130-135	1253	1154	38	0
Executive Director of Nursing, Midwifery and Patient Care (Deputy CEO) to 19th October 2025								
Richard Hughes	0	0	0	0	0	0	0	0
Director of Nursing, Midwifery and Patient Care (Interim from 13th October 2025 to 19 February 2026, then Substantive)								
Linda Prosser	0	0	5-10	0	170	157	0	0
Director of Strategy & Transformation to 21st April 2025								
Victoria Oxley	0-2.5	0-2.5	40-45	95-100	800	676	21	0
Interim Executive Director of Strategy & Transformation from 11th April 2025 to 29th June 2025 (Note 1)								
Claire Thompson	5-7.5	10-12.5	55-60	135-140	1174	994	120	0
Director of Strategy & Transformation from 9th June 2025								
Hywel Daniel	2.5-5	2.5-5	45-50	105-110	884	786	64	0
Director for People (Deputy CEO from 27th October 2025)								
Philip Daniels	2.5-5	0	35-40	0	529	473	31	0
Director of Public Health								
Lauren Edwards	2.5-5	0-2.5	35-40	80-85	692	623	31	0
Executive Director of Allied Health Professionals and Health Science								
Gethin Hughes	0	0	40-45	110-115	1039	1002	0	0
Chief Operating Officer (Deputy CEO from 27th October 2025)								
Directors								
Stuart Morris	2.5-5	0-2.5	40-45	100-105	906	834	44	0
Director of Digital								
Gareth Watts	0-2.5	0	5-10	0	79	46	16	0
Director of Corporate Governance/ Board Secretary								
Simon Blackburn	2.5-5	2.5-5	30-35	70-75	663	578	61	0
Director of Communications, Engagement and Fundraising								
Notes:								
1 - Victoria Oxley - We are waiting for prior year Greenbury information								

The NHS Pension scheme which is open to all NHS employees requires all members to contribute on a tiered scale from 5% up to 14.5% of their pensionable pay depending on total earnings, with the employers contributing 23.7%. Pensionable pay is determined by the number of year's pensionable service and is related to the level of earnings/final salary at the time of retirement. Pension contributions of Executive Directors are entirely consistent with the standard NHS Pension Scheme. Pension benefits are calculated on the same basis for all members.

As Independent members do not receive pensionable remuneration for Board duties, there will be no entries in respect of pensions for Independent members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The figures include the value of any pension benefits in another scheme or arrangement which the member has transferred to the NHS pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with the Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The above shows the CETVs of senior staff at the start and end of the reporting year, together with the real increase during that period. The real increase is the increase due to additional benefit accrual (i.e., as a result of salary changes and service) that is funded by the employer. It will be smaller than the difference between the start and end CETVs because it does not include any increase in the value of the pension due to inflation or due to the contributions paid by the employee or the value of any benefits transferred from another pension scheme. Nor does it include any increases (or decreases) because of any changes during the year in the actuarial factors used to calculate CETVs.

Pension Benefits 2024-25	**Real increase in pension at pensionable age**	**Real increase in pension lump sum at pensionable age**	**Total accrued pension at pensionable age at 31 March 2025**	**Lump sum at pensionable age related to accrued pension at 31 March 2025**	**Cash Equivalent Transfer Value at 31 March 2025**	**Cash Equivalent Transfer Value at 31 March 2024**	**Real increase in Cash Equivalent Transfer Value**	**Employer's contribution to partnership pension account**
Name and title	**(bands of £2,500)**	**(bands of £2,500)**	**(bands of £5,000)**	**(bands of £5,000)**				
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cwm Taf Morgannwg University Local Health Board								
Executive Directors								
Paul Mears	5-7.5	2.5-5	60-65	140-145	1340	1152	82	0
Chief Executive								
Sally May	0-2.5	0	75-80	205-210	166	1761	0	0
Director of Finance								
Dom Hurford	2.5-5	2.5-5	40-45	105-110	905	780	55	0
Medical Director								
Greg Dix 1995	5-7.5	5-7.5	50-55	125-130	1154	976	92	0
Nurse Director (Deputy CEO)								
Linda Prosser	2.5-5	2.5-5	55-60	145-150	157	95	37	0
Director of Strategy & Transformation								
Hywel Daniel	2.5-5	0-25	40-45	100-105	786	678	44	0
Director for People								
Philip Daniels	0-2.5	0	30-35	0	473	409	19	0
Director of Public Health								
Lauren Edwards	2.5-5	0	30-35	75-80	623	543	29	0
Executive Director of Allied Health Professionals and Health Science								
Gethin Hughes	0	0	40-45	110-115	1002	885	40	0
Chief Operating Officer								

Directors								
Stuart Morris	2.5-5	0-2.5	35-40	95-100	884	721	49	0
Director of Digital								
Gareth Watts	0-2.5	0	0-5	0	46	15	15	0
Director of Corporate Governance/ Board Secretary								
Simon Blackburn	0-2.5	0-2.5	25-30	65-70	578	493	38	0
Director of Communications, Engagement and Fundraising								
Notes:								

The NHS Pension scheme which is open to all NHS employees requires all members to contribute on a tiered scale from 5% up to 14.5% of their pensionable pay depending on total earnings, with the employers contributing 23.7%. Pensionable pay is determined by the number of year's pensionable service and is related to the level of earnings/final salary at the time of retirement. Pension contributions of Executive Directors are entirely consistent with the standard NHS Pension Scheme. Pension benefits are calculated on the same basis for all members.

As Independent members do not receive pensionable remuneration for Board duties, there will be no entries in respect of pensions for Independent members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The figures include the value of any pension benefits in another scheme or arrangement which the member has transferred to the NHS pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with the Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The above shows the CETVs of senior staff at the start and end of the reporting year, together with the real increase during that period. The real increase is the increase due to additional benefit accrual (i.e., as a result of salary changes and service) that is funded by the employer. It will be smaller than the difference between the start and end CETVs because it does not include any increase in the value of the pension due to inflation or due to the contributions paid by the employee or the value of any benefits transferred from another pension scheme. Nor does it include any increases (or decreases) because of any changes during the year in the actuarial factors used to calculate CETVs.

Single Total Figure of Remuneration 2025-26	**Salary**	**Benefits in kind(taxable)**	**Pension benefits**	**Total**
	(bands of £5,000)	**to nearest £100**	**(bands of £2,500)**	**(bands of £5,000)**
	£000	**£00**	**£000**	**£000**
NHS Wales Joint Commissioning Committee				
Directors				
Huw George	**135-140**	**7**	**72.5-75**	**210-215**
Interim Chief Commissioner				
Stacey Taylor	**115-120**	**144**	**37.5-40**	**170-175**
Director of Finance & Value and Deputy Chief Commissioner				
Georgina Galletly	**125-130**	**13**	**72.5-75**	**195-200**
Director of Corporate Planning & Strategy				
Claire Harding	**25-30**	**0**	**0**	**25-30**
Interim Director of Planning				
Iolo Doull	**245-250**	**0**	**40-42.5**	**285-290**
Medical Director				
Carole Bell	**95-100**	**0**	**25-27.5**	**120-125**
Director of Nursing & Quality Assurance				
Sue O'Leary	**15-20**	**0**	**2.5-5**	**20-25**
Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups				
Adrian Clarke	**75-80**	**11**	**522.5-525**	**600-605**
Interim Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups				
Shane Mills	**10-15**	**0**	**2.5-5**	**15-20**
Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups				
Ross Whitehead	**100-105**	**17**	**57.5-60**	**160-165**
Director of Commissioning for Ambulance Services & 111				
Melanie Wilkey	**105-110**	**0**	**37.5-40**	**145-150**
Director of Commissioning for Specialised Services				
Lay Members				
Ian Green	**20-25**	**0**		**20-25**
Chair				
Mandy Rayani	**5-10**	**0**		**5-10**
Lay Member				
Nia Roberts	**5-10**	**0**		**5-10**
Lay Member				
Paul Worthington	**5-10**	**0**		**5-10**
Lay Member				
Shameem Nawaz	**5-10**	**0**		**5-10**
Lay Member				
Susan Elsmore	**5-10**	**0**		**5-10**
Lay Member				

Lay Members do not receive pensionable remuneration for their Board membership.
Salary figures relate to remuneration for the period as Senior Manager only.
Pension benefits relate to benefits accrued during the year, not just the period relating to their senior management service.
Notes
1 – This is a first-time disclosure for the NHS Wales Joint Commissioning Committee. As this is a new requirement for 2025-26 and due to the deadlines for obtaining 2024-25 pension information having passed, no pension information is available for the 2024-25 comparatives.
2 – Huw George is employed by Public Health Wales and has been seconded into the role of Chief Commissioner since 1st April 2025. The salary banding included above does not relate to full time working. The revised salary banding for full time working would be £155k - £160k and the revised total banding would be £230k - £235k.
2 – Georgina Galletly was in post on an interim basis from 1st April 2025 but on a permanent basis from 1st August 2025.
3 – Claire Harding acted up to the role of interim Director of Planning until 30th June 2025 and her full year salary has been adjusted pro-rata to reflect this period. The Director of Planning role no longer exists and was replaced by the Director of Corporate Planning & Strategy following an organisational change process that began in 2024-25.
4 – Carole Bell's salary banding included above does not relate to full time working. The revised salary banding for full time working would be £120k - £125k and the revised total banding would be £150k - £155k.
5 – Adrian Clarke was in post between 12th May 2025 and 1st February 2026, prior to Sue O'Leary taking up the post.
6 – Shane Mills was in post between 1st April 2025 until 11th May 2025, prior to Adrian Clarke taking up the post on an interim basis.
7 – Lay members daily rates have been increased with effect from 1st January 2026. The back-dated remuneration for lay members does not change their salary banding disclosure above.
8 – Iolo Doull was in receipt of contractual arrears payments that were backdated to 2nd October 2021. The salary banding before these arrears is £160k - £165k.
9 - For the officers detailed below, their salary banding including the amounts in respect of their chosen salary sacrifice deductions:

Huw George	£140k - £145k
Stacey Taylor	£130k - £135k
Georgina Galletly	£130k - £135k
Carole Bell	£100k - £105k
Adrian Clarke	£80k - £85k
Shane Mills	£10k - £15k
Ross Whitehead	£110k - £115k
Melanie Wilkey	£110k - £115k

Pension Benefits 2025-26	Real increase in pension at pensionable age	Real increase in pension lump sum at pensionable age	Total accrued pension at pensionable age at 31 March 2026	Lump sum at pensionable age related to accrued pension at 31 March 2026	Cash Equivalent Transfer Value at 31 March 2026	Cash Equivalent Transfer Value at 31 March 2025	Real increase in Cash Equivalent Transfer Value	Employer's contribution to partnership pension account
Name and title	**(bands of £2,500)**	**(bands of £2,500)**	**(bands of £5,000)**	**(bands of £5,000)**				
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
NHS Wales Joint Commissioning Committee								
Directors								
Huw George	2.5-5	2.5-5	65-70	160-165	195	144	31	0
Interim Chief Commissioner								
Stacey Taylor	2.5-5	0	45-50	0	621	571	27	0
Director of Finance & Value and Deputy Chief Commissioner								
Georgina Galletly	2.5-5	5-7.5	40-45	100-105	913	810	73	0
Director of Corporate Planning & Strategy								
Claire Harding	0	0	35-40	95-100	858	861	0	0
Interim Director of Planning								
Iolo Doull	2.5-5	0	5-10	0	135	75	39	0
Medical Director								
Carole Bell	0-2.5	0	0-5	0	80	46	21	0
Director of Nursing & Quality Assurance								
Sue O'Leary	0	0	0.5	0	5	0	0	0
Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups								
Adrian Clarke	15-17.5	45-47.5	60-65	170-175	1,471	891	401	0
Interim Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups								
Shane Mills	0-2.5	0	40-45	100-105	943	912	0	0
Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups								
Ross Whitehead	2.5-5	0	25-30	0	342	288	36	0
Director of Commissioning for Ambulance Services & 111								
Melanie Wilkey	2.5-5	0	20-25	0	340	290	31	0
Director of Commissioning for Specialised Services								
Notes:								
The NHS Pension scheme which is open to all NHS employees requires all members to contribute on a tiered scale from 5% up to 14.5% of their pensionable pay depending on total earnings, with the employers contributing 23.7%. Pensionable pay is determined by the number of year's pensionable service and is related to the level of earnings/final salary at the time of retirement. Pension contributions of Directors are entirely consistent with the standard NHS Pension Scheme. Pension benefits are calculated on the same basis for all members. As Lay Members do not receive pensionable remuneration for Board duties, there will be no entries in respect of pensions for Lay Members.								
Cash Equivalent Transfer Values								
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The figures include the value of any pension benefits in another scheme or arrangement which the member has transferred to the NHS pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with the Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.								
Real Increase in CETV								

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The above shows the CETVs of senior staff at the start and end of the reporting year, together with the real increase during that period. The real increase is the increase due to additional benefit accrual (i.e., as a result of salary changes and service) that is funded by the employer. It will be smaller than the difference between the start and end CETVs because it does not include any increase in the value of the pension due to inflation or due to the contributions paid by the employee or the value of any benefits transferred from another pension scheme. Nor does it include any increases (or decreases) because of any changes during the year in the actuarial factors used to calculate CETVs.								
Where the CETV results in a reduction or negative value, the figures have been amended to zero.								

Reporting of other Compensation Schemes – Exit Packages

In accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS) and redundancy legislation some costs were paid. Where CTMUHB agreed the voluntary early release of staff, the organisation met these costs rather than the NHS Pensions Scheme. The NHS Pension Scheme did meet the cost of ill-health retirements, which are not included in the tables provided. No staff received an exit payment during 2025-2026.

Expenditure on Consultancy Fees and Temporary Staff (Audited)

Figure 90

	2025-2026		**2024-2025**
Expenditure on Hospital and Community Health Services	**£'000**		**£'000**
Consultancy Services	**468**		**9**

Tax Assurance for Off-Payroll Engagements (CTMUHB)

Figure 91

Table 1: Highly paid Off-payroll worker engagements as at 31 March 2026, earning £245 per day or greater	
Number of existing engagements as of 31 March 2026	15
Of which, the number that have existed:	
for less than one year at time of reporting.	2
for between one and two years at time of reporting.	3
for between two and three years at time of reporting.	0
for between three and four years at time of reporting.	1
for four or more years at time of reporting.	8
Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2026, earning £245 per day or greater	
Number of temporary off-payroll workers engaged during the year ended 31 March 2026	31
Of which…	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	27
Number subject to off-payroll legislation and determined as out-of-scope of IR35	3
Number of engagements reassessed for compliance or assurance purposes during the year.	0
Of which: Number of engagements that saw a change to IR35 status following review.	0
Table 3; For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026	
Number of off-payroll engagements of board members, and /or, senior officials with significant financial responsibility, during the financial year.	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility",	15

during the financial year. This figure should include both off-payroll and on-payroll engagements.	

Tax Assurance for Off-Payroll Engagements (Joint Commissioning Committee)

Figure 92

Table 1: Highly paid Off-payroll worker engagements as at 31 March 2026, earning £245 per day or greater	
Number of existing engagements as of 31 March 2025	0
Of which, the number that have existed:	
for less than one year at time of reporting.	0
for between one and two years at time of reporting.	0
for between two and three years at time of reporting.	0
for between three and four years at time of reporting.	0
for four or more years at time of reporting.	0
Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2026, earning £245 per day or greater	
Number of temporary off-payroll workers engaged during the year ended 31 March 2025	1
Of which…	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out-of-scope of IR35	1
Number of engagements reassessed for compliance or assurance purposes during the year.	0
Of which: Number of engagements that saw a change to IR35 status following review.	0
Table 3; For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025	
Number of off-payroll engagements of board members, and /or, senior officials with significant financial responsibility, during the financial year.	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	0

Fair Pay Disclosures – Remuneration Relationship (Audited)

Figure 93

	2025-2026	**2025-2026**	**2025-2026**		2024-2025	2024-2025	2024-2025
	£000	**£000**	**£000**		£000	£000	£000
Total pay and benefits	**Chief Executive**	**Employee**	**Ratio**		Chief Executive	Employee	Ratio
25th percentile pay ratio	**239**	**28**	**8.4**		233	28	8.2
Median pay	**239**	**38**	**6.2**		233	38	6.1

75th percentile pay ratio	**239**	**51**	**4.7**		233	50	4.6
Salary component of total pay and benefits							
25th percentile pay ratio	**239**	**28**			233	28	
Median pay	**239**	**38**			233	38	
75th percentile pay ratio	**239**	**51**			233	50	
Total pay and benefits	**Highest Paid Director**	**Employee**	**Ratio**		Highest Paid Director	Employee	Ratio
25th percentile pay ratio	**239**	**28**	**8.4**		233	28	8.2
Median pay	**239**	**38**	**6.2**		233	38	6.1
75th percentile pay ratio	**239**	**51**	**4.7**		233	50	4.6
Salary component of total pay and benefits							
25th percentile pay ratio	**239**	**28**			233	28	
Median pay	**239**	**38**			233	38	
75th percentile pay ratio	**239**	**51**			233	50	

In 2025-26, 18 (2024-25, 29) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £16k to £378k (2024-25, £3k to £362k).

The all staff range includes directors with the exception of the highest paid CEO Director as appropriate and excludes the non-executive directors and excludes pension benefits of all employees

Figure 94

Percentage Changes	**2024-2025**	2023-2024
	to	To
	2025-2026	2024-2025
% Change from previous financial year in respect of Chief Executive	**%**	%
Salary and allowances	3	5
Performance pay and bonuses	0	5
% Change from previous financial year in respect of highest paid director		
Salary and allowances	3	5
Performance pay and bonuses	0	5
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	1	7
Performance pay and bonuses	0	7

Reporting of other compensation schemes – exit packages (Audited)

Figure 95

	2025-2026	2025-2026	2025-2026	2025-2026	2024-2025
Exit packages cost band (including any special payment element)	**Number of compulsory redundancies**	**Number of other departures**	**Total number of exit packages**	**Number of departures where special payments have been made**	Total number of exit packages
	Whole numbers only	**Whole numbers only**	**Whole numbers only**	**Whole numbers only**	Whole numbers only
less than £10,000	**0**	**1**	**1**	**0**	7
£10,000 to £25,000	**0**	**0**	**0**	**0**	3
£25,000 to £50,000	**0**	**0**	**0**	**0**	1
£50,000 to £100,000	**0**	**0**	**0**	**0**	1
£100,000 to £150,000	**0**	**0**	**0**	**0**	0
£150,000 to £200,000	**0**	**0**	**0**	**0**	0
more than £200,000	**0**	**0**	**0**	**0**	0
Total	**0**	**1**	**1**	**0**	12

Figure 96

	2025-2026	2025-2026	2025-2026	2025-2026	2024-2025
Exit packages cost band (including any special payment element)	**Cost of compulsory redundancies**	**Cost of other departures**	**Total cost of exit packages**	**Cost of special element included in exit packages**	Total cost of exit packages
less than £10,000	**0**	**5,000**	**5,000**	**0**	40,712
£10,000 to £25,000	**0**	**0**	**0**	**0**	53,545
£25,000 to £50,000	**0**	**0**	**0**	**0**	39,328
£50,000 to £100,000	**0**	**0**	**0**	**0**	71,719
£100,000 to £150,000	**0**	**0**	**0**	**0**	0
£150,000 to £200,000	**0**	**0**	**0**	**0**	0
more than £200,000	**0**	**0**	**0**	**0**	0
Total	**0**	**5,000**	**5,000**	**0**	205,304

Figure 97

• **Exit costs paid in year of departure**	• Total paid in year	• Total paid in year
•	• **2025-2026**	• 2024-2025
•	•	•
• Exit costs paid in year	• **5,000**	• 205,304

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where CTMUHB has agreed early retirements, the additional costs are met by the CTMUHB and not by the NHS Pensions

Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Remote Contingent Liabilities

Detailed below are the remote contingent liabilities as at 31st March 2026:

Figure 98

	2025-2026	2024-2025
Contingent Liabilities		
Guarantees	**0**	0
Indemnities	**110**	184
Letters of Comfort	**0**	0
Total	**110**	184

Please see 'Note 21' of the financial statements.

Miscellaneous Income

Detailed below is the miscellaneous income as at 31st March 2026:

Figure 99

	2025-2026	2024-2025
Total	**173,593**	162,790

Figure 100

Operating Expenses	£000	£000	£000	£000	£000		%	%	%	%	%
	21-22	22-23	23-24	24-25	25-26		21-22	22-23	23-24	24-25	25-26
Primary Healthcare Services	251,779	252,376	268,077	296,688	299,522		17.64	16.60	17.23	16.44	16.71
Healthcare from other providers	349,708	363,049	380,837	408,405	429,993		24.51	23.88	24.47	22.63	24.00
Hospital and Community Health Services	825,533	904,637	907,395	1,100,001	1,062,444		57.85	59.51	58.30	60.94	59.29
Total	1,427,020	1,520,062	1,556,309	1,805,094	1,791,959		100.00	100.00	100.00	100.00	100.00

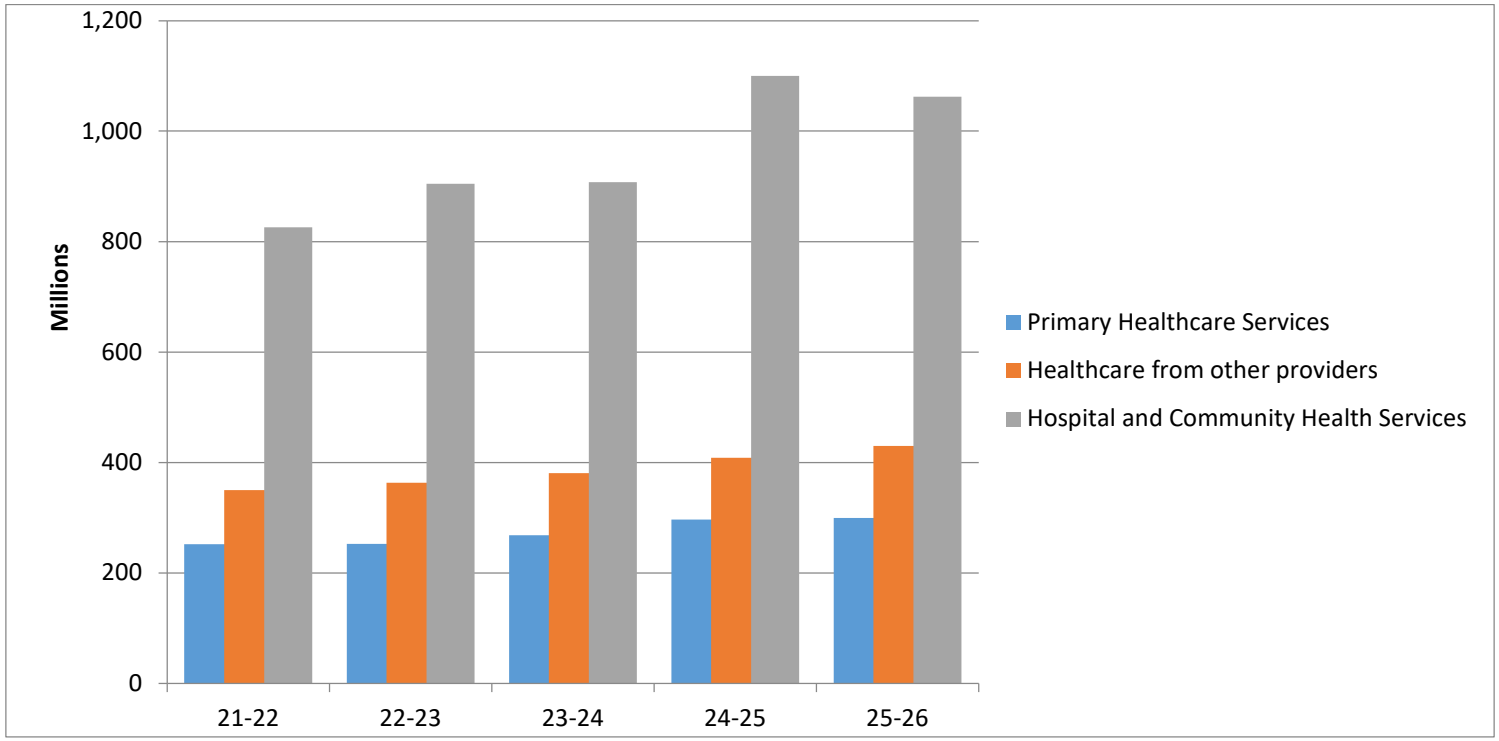


Figure 101

Expenditure on Primary Healthcare Services	£000	£000	£000	£000	£000		**%**	**%**	**%**	**%**	**%**
	21-22	22-23	23-24	24-25	25-26		21-22	22-23	23-24	24-25	25-26
General Medical Services	86,136	87,403	90,866	100,994	103,003		34.21	34.63	33.90	34.04	34.39
Pharmaceutical Services	22,194	21,072	23,069	25,926	24,700		8.81	8.35	8.61	8.74	8.25
General Dental Services	27,011	25,612	27,886	31,307	33,308		10.73	10.15	10.40	10.55	11.12
General Ophthalmic Services	8,001	6,826	8,519	11,767	13,367		3.18	2.70	3.18	3.97	4.55
Other Primary Health Care expenditure	17,435	14,289	17,249	23,845	22,029		6.92	5.66	6.43	8.04	7.35
Prescribed drugs and appliances	91,002	97,174	100,488	102,849	102,845		36.14	38.50	37.48	34.67	34.34
Total	251,779	252,376	268,077	296,688	299,522		100.00	100.00	100.00	100.00	100.00

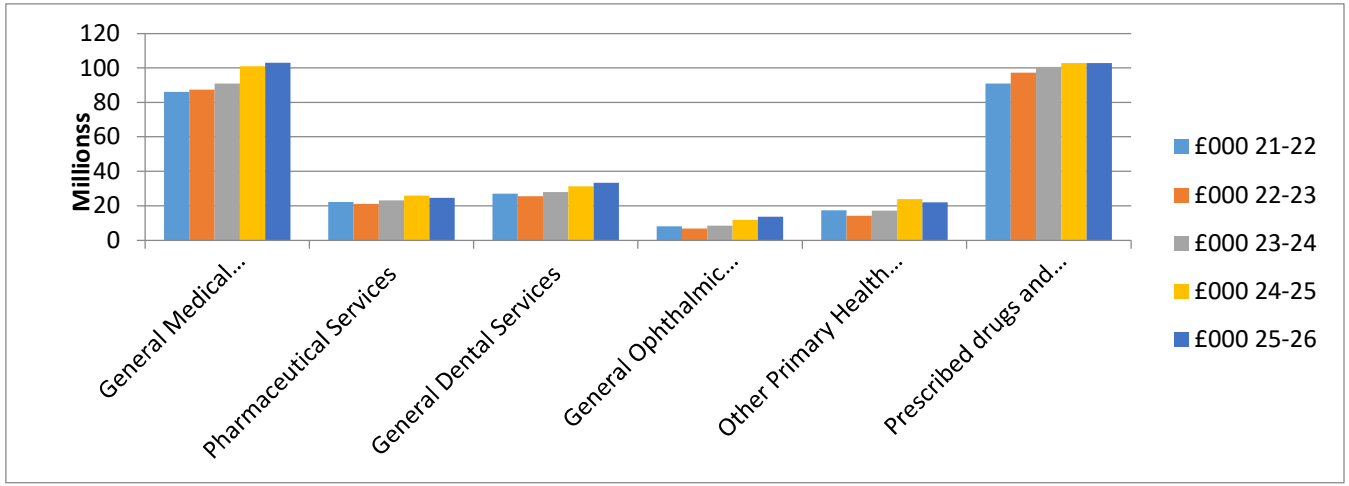


Figure 102

Expenditure on Healthcare from other providers	£000	£000	£000	£000	£000		**%**	**%**	**%**	**%**	**%**
	21-22	22-23	23-24	24-25	25-26		21-22	22-23	23-24	24-25	25-26
Welsh LHBs	77,989	79,324	84,095	82,747	83,948		22.30	21.85	22.08	20.26	19.52
Welsh NHS Trusts	26,305	25,133	28,180	38,252	47,727		7.52	6.92	7.40	9.37	9.94
WHSSC	148,438	151,733	158,430	166,968	178,484		42.45	41.79	41.60	40.88	41.51
Voluntary organisations	4,975	3,989	4,214	3,604	4,163		1.42	1.10	1.11	0.88	0.97
NHS Funded Nursing Care	6,246	6,961	8,583	6,183	6,394		1.79	1.92	2.25	1.51	1.49
Continuing Care	49,163	55,820	60,415	69,437	79,363		14.06	15.38	15.86	17.00	18.46
Other	36,592	40,089	36,920	41,214	34,914		10.46	11.04	9.69	10.09	8.12
Total	349,708	363,049	380,837	408,405	429,993		100.00	100.00	100.00	100.00	100.00

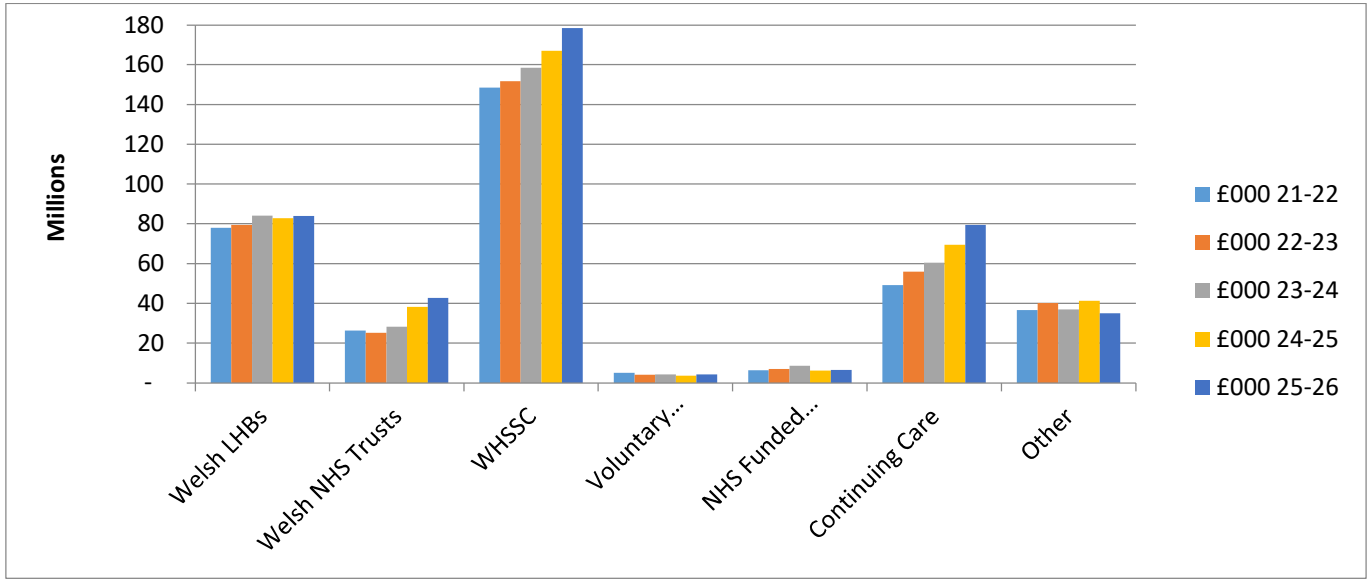


Figure 103

Expenditure on Hospital and Community Health Services	£000	£000	£000	£000	£000		%	%	%	%	%
	21-22	22-23	23-24	24-25	25-26		21-22	22-23	23-24	24-25	25-26
Supplies and services	93,191	101,352	116,357	126,922	126,120		47.05	42.70	59.07	38.53	53.49
Establishment	10,766	11,934	13,824	14,161	15,404		5.44	5.03	7.02	4.30	6.53
Premises	32,685	37,803	31,553	37,144	42,838		16.50	15.93	16.02	11.28	18.17
Depreciation & Amortisation	29,428	33,626	34,271	38,450	41,272		14.86	14.17	17.40	11.67	17.50
Fixed asset impairments and reversals	11,826	45,528	-7,555	104,835	-4,599		5.97	19.18	-3.84	31.83	-1.95
Audit fees	378	403	512	458	298		0.19	0.17	0.26	0.14	0.13
Losses, special payments and irrecoverable debts	4,221	1,184	3,821	3,152	8,412		2.13	0.50	1.94	0.96	3.57
Other operating expenses	15,581	5,549	4,206	4,258	6,033		7.87	2.34	2.14	1.29	2.56
Total	198,076	237,379	196,989	329,380	235,778		100.00	100.00	100.00	100.00	100.00

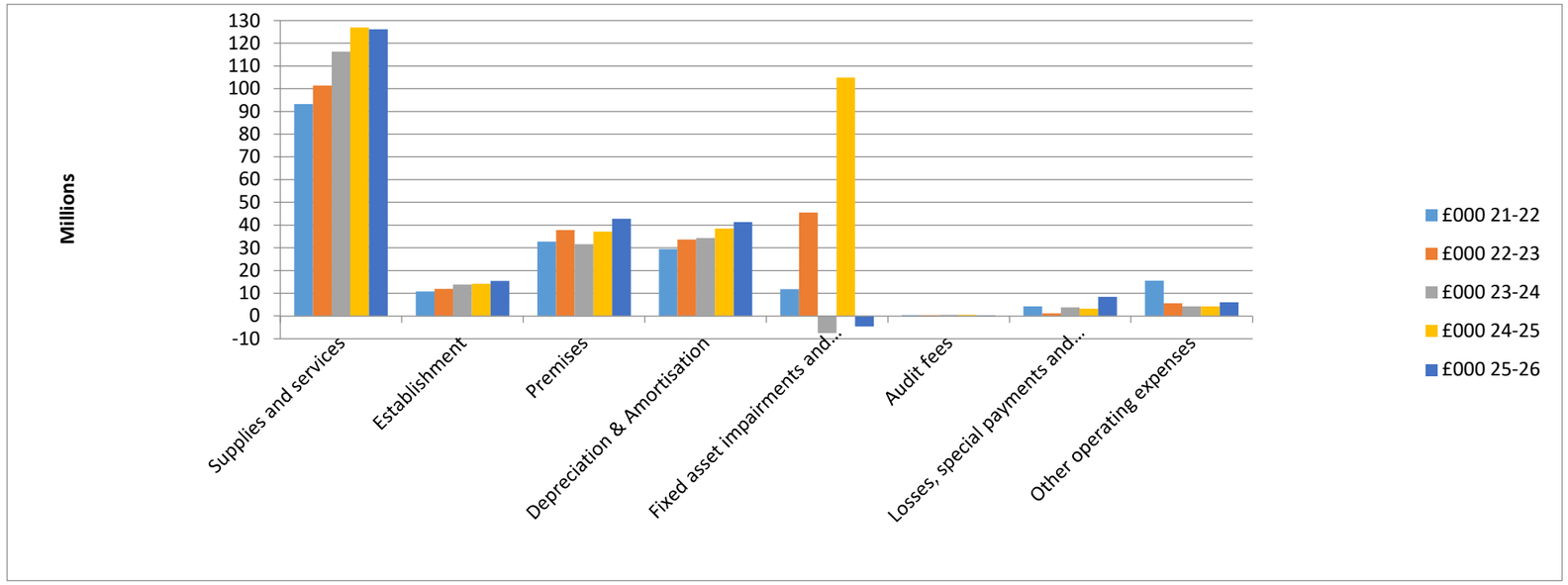
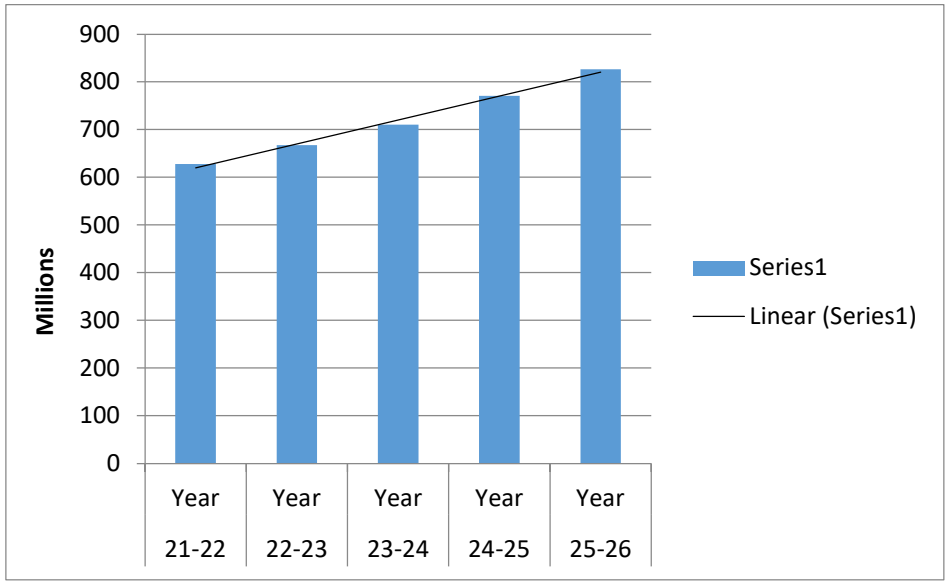


Figure 104

Expenditure on Hospital and Community Health Services - Staff Costs					
Expenditure on Hospital and Community Health Services - Staff Costs	*21-22*	*22-23*	*23-24*	*24-25*	*25-26*
	Year	*Year*	*Year*	*Year*	*Year*
Pay Costs	*627,457*	*667,258*	*710,406*	*770,621*	*826,666*



Performance against resource Limits (Audited)

Figure 105

	2021-2022	2022-2023	2023-2024	2024-2025	**2025-2026**
Net operating costs for the year	1,278,862	1,365,069	1,393,256	1,642,553	**1,618,719**
Less general ophthalmic services expenditure and other non-cash limited expenditure	-66	-107	325	-544	**-1,645**
Less revenue consequences of bringing PFI schemes onto SoFP	-131	-198	-177	-180	**-203**
Less any non-funded revenue consequences of IFRS 16			-2	-57	**-31**
Total operating expenses	1,278,665	1,364,764	1,393,402	1,641,772	**1,616,840**
Revenue Resource Allocation	1,278,837	1,340,283	1,393,511	1,641,868	**1,616,890**
Under /(over) spend against Allocation	172	-24,481	109	96	**50**

Cwm Taf Morgannwg LHB has met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2023-24 to 2025-26.

The Health Board received £0m cash-only support from Welsh Government during 2025-26 with the accumulated cash-only support as at 31st March 2026 being £0m. This support has been provided by Welsh Government to assist the Health Board with making payments to staff and suppliers; there is no requirement for this funding to be repaid.

Capital Resource Performance (Audited)

Figure 106

	2021-2022	2022-2023	2023-2024	2024-2025	**2025-2026**
Gross capital expenditure	79,967	74,915	79,725	94,861	**107,811**
Add: Losses on disposal of donated assets	0	0	0	0	**0**
Less NBV of property, plant and equipment and intangible assets disposed	-717	-227	-252	-15	**-315**
Less capital grants received	-13	-1592	-22	-15	**-22**
Less donations received	-83	-114	-43	-29	**-284**
Less IFRS16 Peppercorn income	0	0	0	0	**-2198**
Charge against Capital Resource Allocation	79,154	72,982	79,408	94,802	**104,992**
Capital Resource Allocation	79,196	73,025	79,442	94,864	**105,071**
(Over) / Underspend against Capital Resource Allocation	42	43	34	62	**79**

CTM LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2023-24 to 2025-26.

Paul Mears,
Chief Executive & Accountable Officer
Date: 25 June 2026

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Cwm Taf Morgannwg University Health Board for the year ended 31 March 2026 under Section 61 of the Public Audit (Wales) Act 2004.

The financial statements include the activities of the Cwm Taf Morgannwg University Health Board and its hosted body, the NHS Wales Joint Commissiong Committee (collectively referred to in this report as the bodies). These comprise the Statement of Comprehensive Net Expenditure (CTMUHB Activities and Consolidated), the Statement of Financial Position (CTMUHB Activities and Consolidated), the Cash Flow Statement (CTMUHB Activities and Consolidated), the Statement of Other Comprehensive Net Expenditure, and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of the bodies as at 31 March 2026 and of the net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the 'Basis for qualified regularity opinion' section of my report, in all material respects the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for qualified regularity opinion

Cwm Taf Morgannwg University Health Board did not comply with Paragraph 14.1.2 of the Standing Financial Instructions issued by Welsh Ministers under paragraph 19.1 of the National Health Service (Wales) Act 2006.

For two senior officers disclosed in the Remuneration and Staff Report, their appointed payband exceeds the relevant lower payband stipulated by Welsh Ministers. For each case the payband awarded by Cwm Taf Morgannwg University Health Board exceeds the payband set out by Welsh Ministers, and therefore the excess remuneration totalling £11,929 constitutes irregular expenditure.

Further detail is set out in my Report on page 238

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the bodies' ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the bodies is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Cwm Taf Morgannwg University Health Board Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the bodies and their environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Reports.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of the Directors', Chief Executive's, and Chief Commissioner's Responsibilities, the Directors and the Chief Executive of the Board and the Chief Commissioner of the Joint Commissioning Committee are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;

- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive and Chief Commissioner determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the bodies' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive or Chief Commissioner anticipate that the services provided by the bodies will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the bodies' policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the posting of unusual journals.
- Obtaining an understanding of the bodies' framework of authority as well as other legal and regulatory frameworks that the bodies' operate in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the bodies;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and those charged with governance about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board and Joint Commissioning Committee; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the bodies' controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see report on page 238.

Adrian Crompton

Auditor General for Wales

30 June 2026

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Cwm Taf Morgannwg University Health Board's (the Health Board's) financial statements.

I am reporting on these financial statements for the year ended 31 March 2026 to draw attention to a key matter for my audit. The matter relates to the remunerated paybands for two executive directors, which exceed the relevant paybands set out by Welsh Ministers. The two appointments are that:

- The Health Board's Remuneration and Terms of Services Committee approved an appointment to the post of 'Interim Director of Nursing, Midwifery and Patient Care', for the period 13th October 2025 to 13 April 2026. The appointment was approved at a payband higher than the payband set by Welsh Ministers. The additional remuneration due to the higher payband totalled £6,861 (including on-costs) for the 2025-26 financial year (and £7,227 for the period to April 2026).
- The Health Board's Remuneration and Terms of Services Committee also approved an appointment to the post of 'Interim Director of Strategy & Transformation' for the period 21 April 2025 to 29 June 2025. The appointment was approved at a payband that is higher than the payband set by Welsh Ministers. The additional remuneration due to the higher payband totalled £5,068 (including on-costs) for the 2025-26 financial year.

In making the above approval decisions, the Health Board's Remuneration and Terms of Services Committee had based its approval of the higher paybands for the interim roles, on the paybands that had been used previously for the officers who were in substantive roles. These paybands were not approved by Welsh Government for the interim roles.

The total excess payments totalling £11,929 (including on-costs) constitute irregular expenditure within the financial statements for the year ended 31 March 2026.

I have not qualified my 'true and fair' opinion in respect of the matter.

Adrian Crompton

Auditor General for Wales

30 June 2026

Chapter 3 – Financial Statements and Accounts (continued on next page)

CWM TAF MORGANNWG LOCAL HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

Cwm Taf Morgannwg University Health Board was established on 1 October 2009 following the merger of Cwm Taf NHS Trust, Rhondda Cynon Taf Local Health Board, and Merthyr Tydfil Local Health Board.

The Welsh Health Specialised Services Committee (WHSSC) was established on 1 April 2010 to oversee the joint planning of specialised and tertiary services across Wales.

The Emergency Ambulance Services Committee (EASC) was formed on 1 April 2014 to plan and secure emergency ambulance services on behalf of all Local Health Boards. Both committees were hosted by Cwm Taf Morgannwg University Health Board.

Following the Bridgend boundary change on 1 April 2019, the Health Board assumed responsibility for healthcare services across Merthyr Tydfil, Rhondda Cynon Taf, and Bridgend County Borough Council.

On 1 April 2024, the functions of WHSSC and EASC were formally transferred to the NHS Wales Joint Commissioning Committee (NWJCC). This change followed an independent review commissioned by the Welsh Government to strengthen national commissioning arrangements.

The NWJCC is now responsible for:
- Commissioning services previously overseen by WHSSC and EASC.
- Commissioning the NHS 111 Wales service.

The NWJCC was established under:
- Welsh Statutory Instruments 2024 No. 135 (W.29) – The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
- Associated Welsh Government Directions (WG24-06).

Although hosted by Cwm Taf Morgannwg University Health Board, the NWJCC is a joint committee of all seven NHS Wales Health Boards. It is not a separate legal entity and does not fall under the control of any single Health Board.

All assets and liabilities of WHSSC and EASC were transferred to the NWJCC as of 1 April 2024.

Performance Management and Financial Results
The financial duties of NHS Wales bodies are governed by Welsh Health Circular WHC/2016/054, which supersedes WHC/2015/014. The annual financial duty has been revoked, and the statutory breakeven duty has reverted to a rolling three-year assessment, with the first assessment under this model occurring in 2016–17.

In accordance with the National Health Services Finance (Wales) Act 2014, Local Health Boards must ensure that their aggregate expenditure over any three-year period does not exceed their aggregate approved resource limits.

The Health Board complies with the HM Treasury Financial Reporting Manual (FReM), as applicable. The primary financial statement is the Statement of Comprehensive Net Expenditure, which reflects the net operating cost funded by the Welsh Government. This funding is allocated directly to the General Fund in the

Statement of Comprehensive Net Expenditure for the year ended 31 March 2026

	Note	2025-26 £000 CTM HB Activities	2025-26 £000 Consolidated	2024-25 £000 CTM HB Activities	2024-25 £000 Consolidated
Expenditure on Primary Healthcare Services	3.1	**299,522**	**299,522**	296,688	296,688
Expenditure on healthcare from other providers	3.2	**429,993**	**1,498,971**	408,405	1,414,854
Expenditure on Hospital and Community Health Services	3.3	**1,062,444**	**1,072,248**	1,100,001	1,109,490
		1,791,959	**2,870,741**	1,805,094	2,821,032
Less: Miscellaneous Income	4	**-173,593**	**-1,252,375**	-162,790	-1,178,729
LHB net operating costs before interest and other gains and losses		**1,618,366**	**1,618,366**	1,642,304	1,642,303
Investment Revenue	5	**-8**	**-8**	-5	-5
Other (Gains) / Losses	6	**-36**	**-36**	-188	-188
Finance costs	7	**397**	**397**	442	442
Net operating costs for the financial year		**1,618,719**	**1,618,719**	**1,642,553**	**1,642,552**

Details of the Health Board's performance against its revenue and capital allocations over the last three financial periods are provided in Note 2 on page 27.

The notes on pages 8 to 77 form part of these accounts.

Other Comprehensive Net Expenditure

	Consolidated 2025-26 £000	Consolidated 2024-25 £000
Net (gain) / loss on revaluation of property, plant and equipment	**-39,187**	-4,985
Net (gain)/loss on revaluation of right of use assets	**0**	0
Net (gain) / loss on revaluation of intangible assets	**0**	0
Net (gain) loss on revaluation of financial assets	**0**	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	**0**	0
Net (gain)/loss on revaluation of financial assets held for sale	**0**	0
Impairment and reversals	**0**	0
(Gain)/Loss on other reserve movements	**0**	0
Transfers between reserves	**0**	0
Release of reserves to SoCNE	**0**	0
Transfers (to) / from other NHS Wales bodies	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Other comprehensive net expenditure for the year	**-39,187**	-4,985
Total comprehensive net expenditure for the year	**1,579,532**	1,637,567

The notes on pages 8 to 77 form part of these accounts.

Statement of Financial Position as at 31 March 2026

	Notes	31 March 2026 £'000 CTM HB Activities	31 March 2026 £000 Consolidated	31 March 2025 £000 CTM HB Activities	31 March 2025 £000 Consolidated
Non-current assets					
Property, plant and equipment	11	**772,798**	**772,798**	**664,485**	664,485
Right of Use Assets	11.3	**23,377**	**23,377**	**22,308**	22,308
Intangible assets	12	**2,927**	**2,927**	**2,010**	2,010
Trade and other receivables	15	**104,127**	**104,127**	**94,247**	94,247
Other financial assets	16	**0**	**0**	**0**	0
Total non-current assets		**903,229**	**903,229**	**783,050**	783,050
Current assets					
Inventories	14	**8,048**	**8,048**	**7,719**	7,719
Trade and other receivables	15	**117,362**	**145,132**	**102,851**	123,001
Other financial assets	16	**0**	**0**	**0**	0
Cash and cash equivalents	17	**4,880**	**37,784**	**5,225**	33,096
		130,290	**190,964**	**115,795**	163,816
Non-current assets classified as "Held for Sale"	11	**0**	**0**	**287**	287
Total current assets		**130,290**	**190,964**	**116,082**	164,103
Total assets		**1,033,519**	**1,094,193**	**899,132**	947,153
Current liabilities					
Trade and other payables	18	**-213,179**	**-285,620**	**-190,924**	-250,742
Other financial liabilities	19	**0**	**0**	**0**	0
Provisions	20	**-52,860**	**-52,935**	**-44,210**	-44,255
Total current liabilities		**-266,039**	**-338,555**	**-235,134**	-294,997
Net current assets/ (liabilities)		**-135,749**	**-147,591**	**-119,052**	-130,894
Non-current liabilities					
Trade and other payables	18	**-16,750**	**-16,750**	**-18,448**	-18,448
Other financial liabilities	19	**0**	**0**	**0**	0
Provisions	20	**-103,749**	**-103,749**	**-99,687**	-99,687
Total non-current liabilities		**-120,499**	**-120,499**	**-118,135**	-118,135
Total assets employed		**646,981**	**635,139**	**545,863**	534,021
Financed by :					
Taxpayers' equity					
General Fund		**507,326**	**495,484**	445,023	433,181
Revaluation reserve		**139,655**	**139,655**	100,840	100,840
Total taxpayers' equity		**646,981**	**635,139**	545,863	534,021

Following the transition from Health Commision Wales (HCW) to the Welsh Specialised Services Committee (WHSSC) (now the NWJCC) in April 2010, the general fund deficit of £11.842m was transferred into the consolidated General Fund position. This position will remain the same due to the neutral position of the JCC given it is wholly funded by all the NHS Wales Health Boards.

The financial statements on pages 2 to 7 were approved by the Board on 29th June 2026 and signed on its behalf by:

Chief Executive and Accountable Officer ..... Date: 29th June 2026

The notes on pages 8 to 77 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2026

	General Fund £000	Revaluation Reserve £000	Consolidated Total Reserves £000
Changes in taxpayers' equity for 2025-26			
Balance as at 31 March 2025	433,181	100,840	**534,021**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2025	433,181	100,840	**534,021**
Net operating cost for the year	**-1,618,719**		**-1,618,719**
Net gain/(loss) on revaluation of property, plant and equipment	0	39,187	**39,187**
Net gain/(loss) on revaluation of right of use assets	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	372	-372	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2025-26	-1,618,347	38,815	**-1,579,532**
Net Welsh Government funding	1,630,634		**1,630,634**
Notional Welsh Government Funding	50,016		**50,016**
Balance at 31 March 2026	495,484	139,655	**635,139**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £50,002k
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £14k

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The notes on pages 8 to 77 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2025

	General Fund £000	Revaluation Reserve £000	Consolidated Total Reserves £000
Changes in taxpayers' equity for 2024-25			
Balance at 31 March 2024	482,019	109,584	**591,603**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2024	482,019	109,584	**591,603**
Net operating cost for the year	-1,642,552		**-1,642,552**
Net gain/(loss) on revaluation of property, plant and equipment	0	4,985	**4,985**
Net gain/(loss) on revaluation of right of use assets	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	13,729	-13,729	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial asset	0	0	**0**
Total recognised income and expense for 2024-25	-1,628,823	-8,744	**-1,637,567**
Net Welsh Government funding	1,533,106		**1,533,106**
Notional Welsh Government Funding	46,879		**46,879**
Balance at 31 March 2025	433,181	100,840	**534,021**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1st April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply.

However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £46,862k
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £17k

The notes on pages 8 to 77 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2026

		2025-26	2025-26	2024-25	2024-25
		£000	£000	£000	£000
		CTM	Consolidated	CTM	Consolidated
Cash Flows from operating activities	Notes	HB Activities		HB Activities	
Net operating cost for the financial year		-1,618,719	-1,618,719	-1,642,553	-1,642,552
Movements in Working Capital	27	-9,603	-4,570	-29,455	-16,605
Other cash flow adjustments	28	130,449	130,449	243,684	243,684
Provisions utilised	20	-33,557	-33,557	-12,598	-12,598
Net cash outflow from operating activities		-1,531,430	-1,526,397	-1,440,922	-1,428,071
Cash Flows from investing activities					
Purchase of property, plant and equipment		-94,890	-94,890	-85,317	-85,317
Proceeds from disposal of property, plant and equipment		349	349	190	190
Purchase of intangible assets		-1,674	-1,674	0	0
Proceeds from disposal of intangible assets		0	0	0	0
Payment for other financial assets		0	0	0	0
Proceeds from disposal of other financial assets		0	0	0	0
Payment for other assets		0	0	0	0
Proceeds from disposal of other assets		0	0	0	0
Net cash inflow/(outflow) from investing activities		-96,215	-96,215	-85,127	-85,127
Net cash inflow/(outflow) before financing		-1,627,645	-1,622,612	-1,526,049	-1,513,198
Cash Flows from financing activities					
Welsh Government funding (including capital)		1,630,634	1,630,634	1,533,106	1,533,106
Capital receipts surrendered		0	0	0	0
Capital grants received		0	0	0	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		0	0	0	0
Capital element of payments in respect of on-SoFP PFI		-234	-234	-237	-237
Capital element of payments in respect of Right of Use Assets		-3,100	-3,100	-3,080	-3,080
Cash transferred (to)/ from other NHS bodies		0	0	0	0
Net financing		1,627,300	1,627,300	1,529,789	1,529,789
Net increase/(decrease) in cash and cash equivalents		-345	4,688	3,740	16,591
Cash and cash equivalents (and bank overdrafts) at 1 April 2025		5,225	33,096	1,485	16,505
Cash and cash equivalents (and bank overdrafts) at 31 March 2026		4,880	37,784	5,225	33,096

The notes on pages 8 to 77 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHBs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2025-26 Manual for Accounts. The accounting policies contained in that manual follow the 2025-26 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

The NWJCC does not hold statutory responsibility for a resource limit. Services are funded by income from LHBs, based on an agreed financial plan. All expenditure is matched against this income, and any variances are managed through a risk-sharing framework, resulting in a net operating cost of zero.

The host body, Cwm Taf Morgannwg University Health Board, is held harmless for all costs except for its own share, which reflects its population's use of specialised and ambulance services.

All allocations flow from the Welsh Government to LHBs; there are no direct allocations to the NWJCC. Income received from LHBs transacting with other NHS Wales bodies is treated as miscellaneous income.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred. Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2025-26. From 1st April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales' organisations are required to account for their staff employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see the Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation’s accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1st April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, for All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use.

● the intention to complete the intangible asset and use it.

● the ability to use the intangible asset.

● how the intangible asset will generate probable future economic benefits.

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it.

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.7.2 Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1st April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The LHB will not apply IFRS 16 to any new leases of intangible assets, applying the treatment described in section 1.7 instead.

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The LHB as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The LHB employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the LHB applies a revised rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the LHB.

1.11.2 The LHB as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHB's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the LHB has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the LHB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2025-26. The WRPS is hosted by Velindre University NHS Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1st April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the LHB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the LHB assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the LHB not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The LHB accounts for all losses and special payments gross (including assistance from the WRP).

The LHB accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budgets

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

For the NHS Wales Joint Commissioning Committee (NWJCC) the critical accounting judgements and estimates within these accounts are contained within the cross border tertiary and quaternary contractual agreements with NHS England organisations. This involves a financial evaluation of the uncertainties surrounding the end of year contract flow of funds. In doing so management is required to predict performance trends for a number of low volume but exceptionally high cost procedures and treatments.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1st April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The LHB provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision *
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.26 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The LHB therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;

b) Payment for the PFI asset, including finance costs; and

c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.26.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.26.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the LHB's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.3. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised.

Prior year treatment

It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes as from 1st April 2023.

On-balance sheet PPP arrangements should be based on IFRS 16 accounting principles from 2023-24.

When measuring the liability for on-balance sheet PPP contracts containing capital payments linked to a price index IFRS 16 requires that a lessee shall remeasure the lease liability where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments. The lessee shall remeasure the lease liability to reflect those revised lease payments only when there is a change in the cash flows.

Initial remeasurement - the future PPP liability will need to be remeasured at 1st April 2023 to include the actual indexation-linked changes to payments for the capital/infrastructure element which have taken effect in the cash flows since the PPP agreement commenced. This should use a cumulative catch-up approach, where the cumulative effect is recognised as an adjustment to the opening balance of retained earnings.

Subsequent measurement - The PPP liability will continue to require remeasurements whenever cash payments change in response to indexation movements as set out in the individual PPP contract. The double entry for the subsequent liability remeasurement should be Debit Finance Cost, Credit PPP liability.

The liability does not include estimated future indexation linked increases.

1.26.5. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the LHB's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.26.6. Assets contributed by the LHB to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the LHB's SoFP.

1.26.7. Other assets contributed by the LHB to the operator

Assets contributed (e.g. cash payments, surplus property) by the LHB to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the LHB, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.
Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts - Not UK -endorsed. Applies to first time adopters of IFRS after 1st January 2016. Therefore not applicable.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1st January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1st January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.30. Accounting standards issued that have been adopted early

During 2025-26 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as it is the corporate trustee of the Cwm Taf Morgannwg University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Cwm Taf Morgannwg University LHB NHS Charitable Fund as a subsidiary. The determination of control is an accounting standard test of control and there has been no change to the operation of the Cwm Taf Morgannwg University LHB NHS Charitable Fund or its independence in its management of charitable funds.

Whilst there is a requirement to consolidate the results of the Cwm Taf Morgannwg University LHB NHS Charitable Fund within the statutory accounts of the LHB. The LHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate.

Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts.

Details of the transactions with the charity are included in the related parties' notes.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1st April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1st April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Net operating costs for the year	1,393,256	1,642,553	1,618,719	**4,654,528**
Less general ophthalmic services expenditure and other non-cash limited expenditure	325	-544	-1,645	**-1,864**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	-177	-180	-203	**-560**
Less any non funded revenue consequences of IFRS 16	-2	-57	-31	**-90**
Total operating expenses	1,393,402	1,641,772	1,616,840	**4,652,014**
Revenue Resource Allocation	1,393,511	1,641,868	1,616,890	**4,652,269**
Under /(over) spend against Allocation	**109**	**96**	**50**	**255**

Cwm Taf Morgannwg LHB has met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2023-24 to 2025-26.

The Health Board received £0m cash-only support from Welsh Government during 2025-26 with the accumulated cash-only support as at 31st March 2026 being £0m. This support has been provided by Welsh Government to assist the Health Board with making payments to staff and suppliers; there is no requirement for this funding to be repaid.

2.2 Capital Resource Performance

	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Gross capital expenditure	79,725	94,861	107,811	**282,397**
Add: Losses on disposal of donated assets	0	0	0	**0**
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	-252	-15	-315	**-582**
Adjustment for transfers (to)/from NHS Trusts	0	0	0	**0**
Less capital grants received	-22	-15	-22	**-59**
Less donations received	-43	-29	-284	**-356**
Less IFRS16 Peppercorn income	0	0	-2,198	**-2,198**
Less **initial recognition** of RoU Asset Dilapidations	0	0	0	**0**
Charge against Capital Resource Allocation	79,408	94,802	104,992	**279,202**
Capital Resource Allocation	79,442	94,864	105,071	**279,377**
(Over) / Underspend against Capital Resource Allocation	**34**	**62**	**79**	**175**

CTM LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2023-24 to 2025-26.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2025-2028 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2025-2028 in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and the NHS Wales Planning Framework.

The Minister for Health and Social Services extant approval

Status	Approved
Date	30/06/2025

Cwm Taf Morgannwg LHB has therefore met its statutory duty to have an approved financial plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2025-26	2024-25
Total number of non-NHS bills paid	**265,536**	276,812
Total number of non-NHS bills paid within target	**253,984**	266,001
Percentage of non-NHS bills paid within target	95.6%	96.1%

The LHB has met the target.

The figures above are consolidated figures.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2025-26 Total £000	2024-25 Total £000
General Medical Services	103,003		103,003	100,994
Pharmaceutical Services	31,576	-6,876	24,700	25,926
General Dental Services	33,308		33,308	31,307
General Ophthalmic Services	5,116	8,521	13,637	11,767
Other Primary Health Care expenditure	22,029		22,029	23,845
Prescribed drugs and appliances	102,845		102,845	102,849
Total	**297,877**	**1,645**	**299,522**	296,688

Return of excess funds from primary care contractors are included in the figures above

Included within other notes to the accounts

Additional Primary Care Expenditure	Positive	0	277
Additional Primary Care Income	Negative	-14,552	-13,667
Overall total		**284,970**	283,298

3.2 Expenditure on healthcare from other providers

	2025-26 £000 CTM activities	2025-26 £000 Consolidated	2024-25 £000 CTM activities	2024-25 £000 Consolidated
Goods and services from other NHS Wales Health Boards	**83,948**	**730,431**	82,747	689,493
Goods and services from other NHS Wales Trusts	**42,727**	**378,085**	38,252	351,956
Goods and services from Welsh Special Health Authorities	**0**	**142**	4,906	4,968
Goods and services from other non Welsh NHS bodies	**3,078**	**223,068**	2,193	213,025
Goods and services from NHSW JCC	**178,484**	**0**	166,968	0
Local Authorities	**18,994**	**18,994**	20,082	20,127
Voluntary organisations	**4,163**	**8,005**	3,604	7,108
NHS Funded Nursing Care	**6,394**	**6,394**	6,183	6,183
Continuing Care	**79,363**	**79,363**	69,437	69,324
Private providers	**12,842**	**54,489**	14,033	52,670
Specific projects funded by the Welsh Government	**0**	**0**	0	0
Other	**0**	**0**	0	0
Total	**429,993**	**1,498,971**	408,405	1,414,854

Included within CT activities figures above is the following Welsh Government funding relating to NWJCC activities.

	2025-26 £000	2024-25 £000
Goods and Services from NWJCC	**18,384**	19,399

3.3 Expenditure on Hospital and Community Health Services

	2025-26 £000 CTM activities	2025-26 £000 Consolidated	2024-25 £000 CTM activities	2024-25 £000 Consolidated
Directors' costs	2,867	2,867	2,836	2,836
Operational Staff costs	782,075	791,149	726,535	734,720
Non operational trainee staff costs	0	0	0	0
Non operational collaborative bank staff costs	0	0	0	0
Single lead employer Staff Trainee Cost	41,724	41,724	41,250	41,250
Collaborative Bank Staff Cost	0	0	0	0
Supplies and services - clinical	114,288	114,288	114,247	114,247
Supplies and services - general	11,832	11,832	12,675	12,825
Consultancy Services	468	395	9	366
Establishment	15,404	15,567	14,161	14,334
Transport	1,216	1,216	751	751
Premises	42,838	43,412	37,144	37,707
External Contractors	0	0	0	0
Depreciation	37,789	37,789	34,539	34,539
Depreciation Right of Use assets (RoU)	2,726	2,726	3,206	3,206
Amortisation	757	757	705	705
Fixed asset impairments and reversals (Property, plant & equipment)	-4,599	-4,599	103,916	103,916
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0	919	919
Impairments & reversals of financial assets	0	0	0	0
Impairments & reversals of non-current assets held for sale	0	0	0	0
Audit fees	298	357	458	517
Other auditors' remuneration	0	0	0	0
Losses, special payments and irrecoverable debts	8,412	8,418	3,152	3,154
Research and Development	0	0	0	0
Expense related to short-term leases	0	0	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0	0	0
Other operating expenses	4,349	4,350	3,498	3,498
Total	**1,062,444**	**1,072,248**	1,100,001	1,109,490

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2025-26 £000	2024-25 £000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	**31,563**	48,807
Primary care	**1,088**	1,266
Redress Secondary Care	**996**	442
Redress Primary Care	**0**	0
Personal injury	**1,988**	1,332
All other losses and special payments	**4,551**	606
Defence legal fees and other administrative costs	**2,743**	2,173
Gross increase/(decrease) in provision for future payments	**42,929**	**54,626**
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**634**	160
Less: income received/due from Welsh Risk Pool	**-35,145**	-51,632
Total	**8,418**	3,154

	2025-26 £	2024-25 £
Permanent injury included within personal injury £:	908,459	340,311

4. Miscellaneous Income

	2025-26 £000 CTM activities	2025-26 £000 Consolidated	2024-25 £000 CTM activities	2024-25 £000 Consolidated
Local Health Boards	66,334	1,158,284	67,321	1,094,497
NHSW Joint Commissioning Committee	14,343	0	12,950	0
NHS Wales trusts	12,916	13,810	12,311	12,989
Welsh Special Health Authorities	1,847	1,852	1,515	1,515
Foundation Trusts	0	0	0	0
Other NHS England bodies	1,139	1,139	1,288	1,288
Other NHS Bodies	0	0	0	0
Local authorities	17,261	17,499	15,895	16,931
Welsh Government	2,119	2,119	2,066	2,066
Welsh Government Hosted bodies	0	0	0	0
Non NHS:				
Prescription charge income	0	0	0	0
Dental fee income	4,394	4,394	4,112	4,112
Private patient income	158	158	187	187
Overseas patients (non-reciprocal)	0	0	0	0
Injury Costs Recovery (ICR) Scheme	1,344	1,344	1,290	1,290
Other income from activities	599	780	934	1,117
Patient transport services	0	0	0	0
Education, training and research	25,663	25,663	22,434	22,434
Charitable and other contributions to expenditure	345	345	564	564
Receipt of NWSSP Covid centrally purchased assets	0	0	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0	0	0
Receipt of donated assets	284	284	29	29
Receipt of Government granted assets	22	22	16	16
Right of Use Grant (Peppercorn Lease)	2,198	2,198	0	0
Non-patient care income generation schemes	512	512	616	616
NHS Wales Shared Services Partnership (NWSSP)	22	22	31	31
Deferred income released to revenue	0	0	0	0
Right of Use Asset Sub-leasing rental income	0	0	0	0
Contingent rental income from finance leases	0	0	0	0
Rental income from operating leases	0	0	0	0
Other income:				
Provision of laundry, pathology, payroll services	698	698	580	580
Accommodation and catering charges	5,302	5,302	4,753	4,753
Mortuary fees	788	788	761	761
Staff payments for use of cars	169	169	173	173
Business Unit	0	0	0	0
Scheme Pays Reimbursement Notional	0	0	0	0
Other	15,136	14,993	12,964	12,780
Total	**173,593**	**1,252,375**	162,790	1,178,729

Other income Includes;				
Health Provision in HM Parc Prison	8,021	8,021	0	0
Primary Care Prescribing (Drugs Rebate)	3,940	3,940	0	0
Global Sum allocation for Managed Practice	1,406	1,406	0	0
Income for student placements	303	303	0	0
Other	1,465	1,465	0	0
Total	**15,135**	**15,135**	0	0

Injury Cost Recovery (ICR) Scheme income

	2025-26 %	2024-25 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.62	24.45

5. Investment Revenue

	2025-26	2024-25
	£000	£000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	8	5
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	8	5

6. Other gains and losses

	2025-26	2024-25
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	36	188
Gain/(loss) on disposal other than by sale of right of use assets	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	36	188

7. Finance costs

	2025-26	2024-25
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	282	315
Interest on obligations under PFI contracts;		
main finance cost	14	19
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	13	15
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	309	349
Provisions unwinding of discount	88	93
Other finance costs	0	0
Total	397	442

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31st March 2026 Cwm Taf Morgannwg UHB had 50 vehicle leases and 1 equipment lease.
The periods in which the remaining agreements will expire are shown below:

	2025-26	2025-26	2025-26	2024-25
	Low Value & Short Term	Other	Total	Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**5,322**	**531**	**5,853**	2,608
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**5,322**	**531**	**5,853**	2,608

Total future minimum lease payments				
Payable	**£000**	**£000**	**£000**	£000
Not later than one year	**42**	**155**	**197**	4,554
Between one and five years	**6**	**50**	**56**	727
After 5 years	**0**	**0**	**0**	0
Total	**48**	**205**	**253**	5,281

The figures above are consolidated figures.

LHB as lessor

	2025-26	2024-25
Rental revenue	**£000**	£000
Rent	**484**	270
Contingent rents	**0**	0
Total revenue rental	**484**	270

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**224**	189
Between one and five years	**605**	693
After 5 years	**285**	345
Total	**1,114**	1,227

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	595,718	1,246	24,072	32,568	0	3,103	656,707	627,806
Social security costs	78,115	92	0	4,494	0	0	82,701	64,179
Employer contributions to NHS Pension Scheme	126,594	89	0	4,941	0	0	131,624	122,735
Other pension costs	173	0	0	0	0	0	173	222
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	5	0	0	0	0	0	5	205
Total	800,605	1,427	24,072	42,003	0	3,103	871,210	815,147

Charged to capital	2,954	3,585
Charged to revenue	868,256	811,562
	871,210	815,147
Net movement in accrued employee benefits (untaken staff leave)	871	242

Following categories of costs are included within the 'Other' heading:
1) Medacs/Retinue contracted staff.
2) IR35 applicable staff.
3) GP out of hours staff.
The figures above are consolidated figures.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,299	11	10	0	0	0	2,320	2,293
Medical and dental	852	1	63	429	0	25	1,370	1,331
Nursing, midwifery registered	3,825	2	225	0	0	0	4,052	4,075
Professional, Scientific, and technical staff	382	0	0	0	0	0	382	370
Additional Clinical Services	2,278	0	22	0	0	0	2,300	2,258
Allied Health Professions	808	0	14	0	0	2	824	809
Healthcare Scientists	216	0	3	0	0	1	220	214
Estates and Ancilliary	1,052	0	24	0	0	0	1,076	1,086
Students	6	0	0	0	0	0	6	13
Total	11,718	14	361	429	0	28	12,550	12,449

9.3. Retirements due to ill-health

	2025-26	2024-25
Number	20	22
Estimated additional pension costs £	1,680,007	1,320,519

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an average basis and will be borne by the NHS Pension Scheme.

The figures above are consolidated figures

9.4 Employee benefits

The LHB does not have an employment benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

9.5.1 Exit Packages Costs and Numbers

Exit packages cost band (including any special payment element)	2025-26 Number of compulsory redundancies	2025-26 Number of other departures	2025-26 Total number of exit packages	2025-26 Number of departures where special payments have been made	2024-25 Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	1	1	0	7
£10,000 to £25,000	0	0	0	0	3
£25,000 to £50,000	0	0	0	0	1
£50,000 to £100,000	0	0	0	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	12

Exit packages cost band (including any special payment element)	2025-26 Cost of compulsory redundancies	2025-26 Cost of other departures	2025-26 Total cost of exit packages	2025-26 Cost of special element included in exit packages	2024-25 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	5,000	5,000	0	40,712
£10,000 to £25,000	0	0	0	0	53,545
£25,000 to £50,000	0	0	0	0	39,328
£50,000 to £100,000	0	0	0	0	71,719
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	5,000	5,000	0	205,304

Total Exit Costs Paid in Year	Total paid in year 2025-26 £	Total paid in year 2024-25 £
Exit costs paid in year	5,000	205,304
Total	5,000	205,304

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

The figures above are consolidated figures.

9.5 Reporting of other compensation schemes - exit packages continued

9.5.2 Analysis of other departures

Type of other departures	2025-26 Agreements Number	2025-26 Total value of agreements £
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	1	5,000
Non-contractual payments requiring Welsh Government Approval**	0	0
Other please specify	0	0
Total	**1**	**5,000**

The figures above are consolidated figures.

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 9.5.1 which will be the number of individuals.

9.6 Fair Pay disclosures (CTM)

9.6.1 Remuneration Relationship

Statutory Body

Cwm Taf Morgannwg University Health Board

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

Total Pay and benefits			**£'000**			**£'000**
Chief Executive Total pay and benefits range			**235-240**			**230-235**
Highest paid Director Total pay and benefits range			**235-240**			**230-235**

	2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
	£	**£**		£	£	
Total pay and benefits mid-point	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**239,132**	**28,464**	**8.4**	232,860	28,450	8.2
Median pay	**239,132**	**38,364**	**6.2**	232,860	37,898	6.1
75th percentile pay ratio	**239,132**	**51,028**	**4.7**	232,860	50,555	4.6
Salary component of total pay and benefits						
25th percentile pay ratio	**239,132**	**28,464**		232,860	28,450	
Median pay	**239,132**	**38,364**		232,860	37,898	
75th percentile pay ratio	**239,132**	**51,028**		232,860	50,555	

	Highest Paid			Highest Paid		
Total pay and benefits mid-point	**Director**	**Employee**	**Ratio**	Director	Employee	Ratio
25th percentile pay ratio	**239,132**	**28,464**	**8.4**	232,860	28,450	8.2
Median pay	**239,132**	**38,364**	**6.2**	232,860	37,898	6.1
75th percentile pay ratio	**239,132**	**51,028**	**4.7**	232,860	50,555	4.6
Salary component of total pay and benefits						
25th percentile pay ratio	**239,132**	**28,464**		232,860	28,450	
Median pay	**239,132**	**38,364**		232,860	37,898	
75th percentile pay ratio	**239,132**	**51,028**		232,860	50,555	

In 2025-26, 18 (2024-25, 29) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £16k to £378k (2024-25, £3k to £362k).

The all staff range includes directors with the exception of the highest paid CEO Director as appropriate and excludes the non-executive directors and excludes pension benefits of all employees

Financial Year Summary

9.6.2 Percentage Changes	**2024-25 to 2025-26**	2023-24 to 2024-25
	%	**%**
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	**3**	5
Performance pay and bonuses	**0**	5
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**3**	5
Performance pay and bonuses	**0**	5
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**1**	7
Performance pay and bonuses	**0**	7

Prior year figures were calculated using a different methodology and have not been restated.

9.6 Fair Pay disclosures (JCC)

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

Whilst the JCC is not a statutory body and holds no statuory responsibility and the directors of the JCC are directors in name only, the JCC are required to make the remeration disclosure in line with the requirement to disclose the directors remuneration.

Total Pay and benefits			**£'000**			**£'000**
Chief Commissioner Total pay and benefits range			**155-160**			**150-155**
Highest paid Director Total pay and benefits range			**160-165**			**160-165**

	2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
	£	**£**		£	£	
Total pay and benefits mid-point	**Chief Commissioner**	**Employee**	**Ratio**	Chief Commissioner	Employee	Ratio
25th percentile pay ratio	**159,787**	**40,405**	**4.0**	152,277	37,898	4.0
Median pay	**159,787**	**56,677**	**2.8**	152,277	54,550	2.8
75th percentile pay ratio	**159,787**	**76,021**	**2.1**	152,277	73,379	2.1
Salary component of total pay and benefits						
25th percentile pay ratio	**159,787**	**40,350**		152,277	37,898	
Median pay	**159,787**	**56,514**		152,277	53,602	
75th percentile pay ratio	**159,787**	**71,289**		152,277	67,300	
	Highest Paid			Highest Paid		
Total pay and benefits mid-point	**Director**	**Employee**	**Ratio**	Director	Employee	Ratio
25th percentile pay ratio	**161,062**	**40,405**	**4.0**	160,300	37,898	4.2
Median pay	**161,062**	**56,677**	**2.8**	160,300	54,550	2.9
75th percentile pay ratio	**161,062**	**76,021**	**2.1**	160,300	73,379	2.2
Salary component of total pay and benefits						
25th percentile pay ratio	**161,062**	**40,350**		160,300	37,898	
Median pay	**161,062**	**56,514**		160,300	53,602	
75th percentile pay ratio	**161,062**	**71,289**		160,300	67,300	

In 2025-26, 0 (2024-25, 0) employees received remuneration in excess of the highest paid director.

Remuneration for all staff ranged from £24,833 to £148,595 (2024-25, £23,970 to £150,092).

The all staff range includes directors with the exception of the Chief Commissioner and highest paid director as appropriate and excludes the Lay Members and pension benefits of all employees

Financial Year Summary

9.6.2 Percentage Changes	**2024-25 to 2025-26**	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Commissioner	**%**	**%**
Salary and allowances	**2.4**	0.0
Performance pay and bonuses	**0.0**	0.0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**0.5**	0.0
Performance pay and bonuses	**0.0**	0.0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**5.5**	0.0
Performance pay and bonuses	**0.0**	0.0

This is the first year requirement for NWJCC to disclose this information in the Accounts. As the NWJCC as an entity was not in existence in 2023-24, there is no prior year comparison availalble for 2023-24 to 2024-25.

The average percentage increase in respect of employees taken as a whole is consistent with the pay, reward and progression policies of Cwm Taf Morgannwg but also reflects the filling of posts during 2025-26 that were vacant in 2024-25.

The employees of NWJCC do not receive any performance pay or bonuses.

9.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".
An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts.

These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.
The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2025-26 tax year (2024-25 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2025-26	**2025-26**	2024-25	2024-25
NHS	**Number**	**£000**	Number	£000
Total bills paid	7,487	1,385,788	7,272	1,351,368
Total bills paid within target	5,992	1,369,278	6,259	1,327,248
Percentage of bills paid within target	**80.0%**	**98.8%**	86.1%	98.2%
Non-NHS				
Total bills paid	265,536	456,985	276,812	658,954
Total bills paid within target	253,984	424,159	266,001	621,454
Percentage of bills paid within target	**95.6%**	**92.8%**	96.1%	94.3%
Total				
Total bills paid	**273,023**	**1,842,773**	284,084	2,010,322
Total bills paid within target	**259,976**	**1,793,437**	272,260	1,948,702
Percentage of bills paid within target	**95.2%**	**97.3%**	95.8%	96.9%

The figures above are consolidated figures.

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2025-26	2024-25
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	**0**

The figures above are consolidated figures.

11.1 Property, plant and equipment

2025-26

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	35,618	608,687	8,656	47,383	108,415	263	44,025	3,095	856,142
Indexation	153	43,682	689	0	0	0	0	0	44,524
Additions									
- purchased	0	10,271	0	66,335	11,626	0	13,349	455	102,036
- donated	0	23	0	0	276	0	0	7	306
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	-10	0	0	0	-10
Reclassifications	0	29,169	0	-29,479	139	0	171	0	0
Revaluations	9	571	0	0	0	0	0	0	580
Reversal of impairments	972	26,765	322	0	0	0	0	0	28,059
Impairments	0	-26,411	0	0	0	0	0	0	-26,411
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	-6,552	-29	-10,445	-722	-17,748
At 31 March 2026	36,752	692,757	9,667	84,239	113,894	234	47,100	2,835	987,478
Depreciation at 1 April 2025	0	88,187	1,380	1	74,003	257	26,166	1,663	191,657
Indexation	0	5,792	125	0	0	0	0	0	5,917
Transfer from/into other NHS bodies	0	0	0	0	-10	0	0	0	-10
Reclassifications	0	-4	0	0	4	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	-2,951	0	0	0	0	0	0	-2,951
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	-6,525	-30	-10,445	-722	-17,722
Provided during the year	0	22,602	359	0	8,650	7	5,893	278	37,789
At 31 March 2026	0	113,626	1,864	1	76,122	234	21,614	1,219	214,680
Net book value at 1 April 2025	35,618	520,500	7,276	47,382	34,412	6	17,859	1,432	664,485
Net book value at 31 March 2026	36,752	579,131	7,803	84,238	37,772	0	25,486	1,616	772,798
Net book value at 31 March 2026 comprises :									
Purchased	36,752	572,278	7,803	83,159	37,187	0	25,463	1,578	764,220
Donated	0	7,932	0	0	407	0	5	38	8,382
Government Granted	0	0	0	0	178	0	18	0	196
At 31 March 2026	36,752	580,210	7,803	83,159	37,772	0	25,486	1,616	772,798
Asset financing :									
Owned	36,261	578,759	5,101	83,159	37,772	0	25,486	1,616	768,154
On-SoFP PPP/PFI contracts	490	1,452	2,702	0	0	0	0	0	4,644
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2026	36,751	580,211	7,803	83,159	37,772	0	25,486	1,616	772,798

The net book value of land, buildings and dwellings at 31 March 2026 comprises :

	£000
Freehold	620,120
Long Leasehold	4,644
Short Leasehold	0
	624,764

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11.1 Property, plant and equipment

2024-25	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	35,398	580,715	8,512	107,610	100,933	279	35,775	3,072	872,294
Indexation	45	5,888	96	0	0	0	0	0	6,029
Additions									
- purchased	0	12,310	0	60,475	10,386	0	8,259	292	91,722
- donated	0	13	0	0	16	0	0	0	29
- government granted	0	0	0	0	6	0	10	0	16
Transfer from/into other NHS bodies	0	0	0	0	0	0	-19	0	-19
Reclassifications	0	120,519	0	-120,702	24	0	0	0	-159
Revaluations	-7	-448	0	0	0	0	0	0	-455
Reversal of impairments	332	3,827	48	0	0	0	0	0	4,207
Impairments	-109	-113,891	0	0	-354	0	0	0	-114,354
Reclassified as held for sale	-41	-246	0	0	0	0	0	0	-287
Disposals	0	0	0	0	-2,596	-16	0	-269	-2,881
At 31 March 2025	**35,618**	**608,687**	**8,656**	**47,383**	**108,415**	**263**	**44,025**	**3,095**	**856,142**
Depreciation at 1 April 2024	0	73,476	1,049	1	68,440	265	20,818	1,597	**165,646**
Indexation	0	577	12	0	0	0	0	0	**589**
Transfer from/into other NHS bodies	0	0	0	0	0	0	-9	0	**-9**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	-6,018	0	0	-214	0	0	0	**-6,232**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	-2,591	-16	0	-269	**-2,876**
Provided during the year	0	20,152	319	0	8,368	8	5,357	335	**34,539**
At 31 March 2025	**0**	**88,187**	**1,380**	**1**	**74,003**	**257**	**26,166**	**1,663**	**191,657**
Net book value at 1 April 2024	**35,398**	**507,239**	**7,463**	**107,609**	**32,493**	**14**	**14,957**	**1,475**	**706,648**
Net book value at 31 March 2025	**35,618**	**520,500**	**7,276**	**47,382**	**34,412**	**6**	**17,859**	**1,432**	**664,485**
Net book value at 31 March 2025 comprises :									
Purchased	**35,618**	**513,251**	**7,276**	**47,382**	**33,922**	**6**	**17,820**	**1,393**	**656,668**
Donated	**0**	**7,249**	**0**	**0**	**183**	**0**	**14**	**39**	**7,485**
Government Granted	**0**	**0**	**0**	**0**	**307**	**0**	**25**	**0**	**332**
At 31 March 2025	**35,618**	**520,500**	**7,276**	**47,382**	**34,412**	**6**	**17,859**	**1,432**	**664,485**
Asset financing :									
Owned	**35,143**	**519,106**	**4,795**	**47,382**	**34,411**	**6**	**17,859**	**1,432**	**660,134**
On-SoFP PPP/PFI contracts	**475**	**1,395**	**2,481**	**0**	**0**	**0**	**0**	**0**	**4,351**
PFI residual interests	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2025	**35,618**	**520,501**	**7,276**	**47,382**	**34,411**	**6**	**17,859**	**1,432**	**664,485**

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	563,394
Long Leasehold	0
Short Leasehold	0
	563,394

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11. Property, plant and equipment (continued)

Disclosures:

(i) Donated Assets

Cwm Taf Morgannwg LHB has received the following donated assets during the year.

Newborn Simulator Manikin & Software	£21k
Resuscitation Manikin	£23k
Organ Donation Artwork	£7k
Breast Surgery Pintution Base Unit & Probe	£27k
Immersive/Sensory Room in PCH	£23k
Glaucoma Equipment	£56k
Implant Removal System for RGH Theatres	£22k
Go Flat Chairs	£27k
Nasal Gastroscopes	£100k
Total	**£306k**

(ii) Valuations

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

(iii) Asset Lives

Property, plant and equipment is depreciated using the following asset lives:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment between 5-15 years.

(iv) Compensation

There has not been any compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

(v) Write Downs

There have been the following impairments as a result of bringing assets into use following works onsite:

	£'000
Ysbyty Cwm Cynon Ward Refurbishment	£520
POW Roof and Compliance Programme Zones 2-4	£12,025
POW Air Handling Unit Replacement in Hospital Sterilization Decontamination Unit	£404
RGH Air Handling Unit Replacement in Theatres	£1,587
Valuation of multiple infrastructure schemes across the Health Board	£8,924
Total	**£23,460**
Reversal of Impairments	(£28,059)

(vi) Open Market Value

The Health Board does not hold any property where the value is materially different from its open market value.

(vii) Assets Held for Sale or sold in the period

Pontypridd Health Centre was disposed as an Asset Held for Sale in the period.

(viii) IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement under IFRS 13.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2025	41	246	0	0	0	**287**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	-41	-246	0	0	0	**-287**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2026	0	0	0	0	0	**0**
Balance brought forward 1 April 2024	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	41	246	0	0	0	**287**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2025	41	246	0	0	0	**287**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, 7 are significant in their own right due to being valued over £1m:

- These leases are (with NBV of ROU) Hirwaun Health Centre £1.1m, Porthcawl Medical Centre £4.3m, Mountain Ash Medical Centre £4.1m, Ferndale Medical Centre £1.2m, Land at Llantrisant Health Park £1.6m, RCT Coed Ely solar farm £2.2m, RGH Surgery Robot £2.4m

2025-26	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	**1,986**	**20,881**	**623**	**0**	**4,819**	**224**	**907**	**0**	**29,440**
Additions	66	2,493	0	0	-188	280	1,145	0	**3,796**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	-31	-115	0	0	-85	-23	0	0	**-254**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March 2026	**2,021**	**23,259**	**623**	**0**	**4,546**	**481**	**2,052**	**0**	**32,982**
Depreciation at 1 April 2025	**56**	**4,994**	**367**	**0**	**1,087**	**81**	**547**	**0**	**7,132**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	-31	-115	0	0	-85	-23	0	0	**-254**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	22	1,778	130	0	498	110	189	0	**2,727**
At 31 March 2026	**47**	**6,657**	**497**	**0**	**1,500**	**168**	**736**	**0**	**9,605**
Net book value at 1 April 2025	**1,930**	**15,887**	**256**	**0**	**3,732**	**143**	**360**	**0**	**22,308**
Net book value at 31 March 2026	**1,974**	**16,602**	**126**	**0**	**3,046**	**313**	**1,316**	**0**	**23,377**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	**0**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	327	0	17	0	0	0	0	0	**344**
Other Public Sector Market Value Leases	56	0	0	0	0	0	0	0	**56**
Private Sector Peppercorn Leases	1,587	2,166	0	0	0	0	0	0	**3,753**
Private Sector Market Value Leases	4	14,436	109	0	3,046	313	1,316	0	**19,224**
Total	**1,974**	**16,602**	**126**	**0**	**3,046**	**313**	**1,316**	**0**	**23,377**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, 7 are significant in their own right as they have a ROU asset NBV over £1m:
- Treharris Primary Care £1.1m, Hirwaun Health Centre £1.3m, Porthcawl Primary Care £4.7m, Mountain Ash £4.3m, Ferndale Medical Centre £1.2m, RGH Surgery Robot £2.7m, Land at Llantrisant Health Park £1.6m.

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**1,986**	**20,053**	**623**	**0**	**5,367**	**373**	**1,005**	**0**	**29,407**
Additions	0	946	0	0	687	76	0	0	**1,709**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	-118	0	0	-1,235	-225	-98	0	**-1,676**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March 2025	**1,986**	**20,881**	**623**	**0**	**4,819**	**224**	**907**	**0**	**29,440**
Depreciation at 1 April 2024	**37**	**3,376**	**237**	**0**	**1,241**	**252**	**459**	**0**	**5,602**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	-118	0	0	-1,235	-225	-98	0	**-1,676**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	19	1,736	130	0	1,081	54	186	0	**3,206**
At 31 March 2025	**56**	**4,994**	**367**	**0**	**1,087**	**81**	**547**	**0**	**7,132**
Net book value at 1 April 2024	**1,949**	**16,677**	**386**	**0**	**4,126**	**121**	**546**	**0**	**23,805**
Net book value at 31 March 2025	**1,930**	**15,887**	**256**	**0**	**3,732**	**143**	**360**	**0**	**22,308**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	**0**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	335	0	101	0	0	0	0	0	**436**
Other Public Sector Market Value Leases	3	0	0	0	0	0	0	0	**3**
Private Sector Peppercorn Leases	1,592	0	0	0	0	0	0	0	**1,592**
Private Sector Market Value Leases	0	15,887	155	0	3,732	143	360	0	**20,277**
Total	**1,930**	**15,887**	**256**	**0**	**3,732**	**143**	**360**	**0**	**22,308**

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis Contractual undiscounted cash flows relating to lease liabilities	2025-26 Land £000	2025-26 Buildings £000	2025-26 Other £000	2025-26 Total £000	2024-25 Total £000
Less than 1 year	15	1,912	815	2,742	2,845
2-5 years	44	5,991	2,634	8,669	9,172
> 5 years	49	7,733	961	8,743	9,871
Less finance charges allocated to future periods	-51	-965	-325	-1,341	-1,573
Total	**57**	**14,671**	**4,085**	**18,813**	**20,315**

Lease Liabilities (net of irrecoverable VAT)	2025-26	2024-25
Current	2,494	2,573
Non-Current	16,319	17,742
Total	**18,813**	**20,315**

Amounts Recognised in Statement of Comprehensive Net Expenditure	2025-26	2024-25
Depreciation	2,726	3,206
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	282	315
Sub-leasing income	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)		
Interest expense	-282	-315
Repayments of principal on leases	-3,100	-3,080
Total	**-3,382**	**-3,395**

12. Intangible non-current assets

2025-26

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2025	3,979	0	1,831	0	0	766	6,576
Revaluation	0	0	0	0	0	0	0
Reclassifications	766	0	0	0	0	-766	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	1,142	0	532	0	0	0	1,674
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	-184	0	-38	0	0	0	-222
Gross cost at 31 March 2026	5,703	0	2,325	0	0	0	8,028
Amortisation at 1 April 2025	3,021	0	1,545	0	0	0	4,566
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	743	0	14	0	0	0	757
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	-184	0	-38	0	0	0	-222
Amortisation at 31 March 2026	3,580	0	1,521	0	0	0	5,101
Net book value at 1 April 2025	958	0	286	0	0	766	2,010
Net book value at 31 March 2026	2,123	0	804	0	0	0	2,927
NBV at 31 March 2026							
Purchased	2,122	0	804	0	0	0	2,926
Donated	1	0	0	0	0	0	1
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2026	2,123	0	804	0	0	0	2,927

12. Intangible non-current assets
2024-25

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 31 March bf	**4,278**	**0**	**1,807**	**0**	**0**	**0**	**6,085**
NHS Wales Transfers	0	0	0	0	0	0	**0**
Classification Correction	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	**0**
Cost or valuation at 1 April 2024	**4,278**	**0**	**1,807**	**0**	**0**	**0**	**6,085**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	-761	0	0	0	0	921	**160**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	-921	**-921**
Additions- purchased	587	0	31	0	0	766	**1,384**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	-125	0	-7	0	0	0	**-132**
Gross cost at 31 March 2025	**3,979**	**0**	**1,831**	**0**	**0**	**766**	**6,576**
Amortisation at 31 March bf	**2,449**	**0**	**1,544**	**0**	**0**	**0**	**3,993**
NHS Wales Transfers	0	0	0	0	0	0	**0**
Classification Correction	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	**0**
Amortisation at 1 April 2024	**2,449**	**0**	**1,544**	**0**	**0**	**0**	**3,993**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	2	**2**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	-2	**-2**
Provided during the year	697	0	8	0	0	0	**705**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	-125	0	-7	0	0	0	**-132**
Amortisation at 31 March 2025	**3,021**	**0**	**1,545**	**0**	**0**	**0**	**4,566**
Net book value at 1 April 2024	**1,829**	**0**	**263**	**0**	**0**	**0**	**2,092**
Net book value at 31 March 2025	**958**	**0**	**286**	**0**	**0**	**766**	**2,010**
NBV at 31 March 2025							
Purchased	1,168	0	68	0	0	766	**2,002**
Donated	8	0	0	0	0	0	**8**
Government Granted	0	0	0	0	0	0	**0**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2025	**1,176**	**0**	**68**	**0**	**0**	**766**	**2,010**

Additional Disclosures re Intangible Assets

Disclosures:

(i) Donated Assets
CTM University LHB has not received any donated intangible assets during the year.

(ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

(iii) Asset Lives

The Useful Economic Lives (UEL) of intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL with the UEL of any internally generated software being based on the professional judgement of Health Board professionals and finance staff.

(iv) Additions during the period
Web filtering £45k
Firewalls £980k
Digitalisation of Medical records £514k
Network/Cyber £46k
Max Fax software £53k
Other £37k

(v) Disposals during the period
There were disposals of 9 intangible assets in the year which were fully depreciated

vi) Transfers into other NHS Bodies

CTM UHB has not received any intangible assets transferred from another NHS body.

vii) Impairments
There were no impairments of intangible assets in the year.

13 . Impairments

	2025-26 Property, plant & equipment £000	2025-26 Right of Use Assets £000	2025-26 Intangible assets £000	2025-26 Held for sale assets £000	2025-26 Financial Assets £000	2025-26 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	23,460	0	0	0	0	23,460
Reversal of Impairments	-28,059	0	0	0	0	-28,059
Total of all impairments	-4,599	0	0	0	0	-4,599
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	-4,599	0	0	0	0	-4,599
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	-4,599	0	0	0	0	-4,599

	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	2,627	0	0	0	0	2,627
Abandonment in the course of construction	0	0	919	0	0	919
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	105,950	0	0	0	0	105,950
Reversal of Impairments	-4,207	0	0	0	0	-4,207
Total of all impairments	104,370	0	919	0	0	105,289
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	103,916	0	919	0	0	104,835
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	454	0	0	0	0	454
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	104,370	0	919	0	0	105,289

Please see detail of impairments in Note 11.1 - Property, Plant & Equipment and Note 12 - Intangibles

14.1 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs	3,444	3,608
Consumables	4,431	3,924
Energy	173	187
Work in progress	0	0
Other	0	0
Total	**8,048**	7,719
Of which held at realisable value	**0**	0

14.2 Inventories recognised in expenses

	31 March 2026	31 March 2025
	£000	£000
Inventories recognised as an expense in the period	52	22
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	**52**	**22**

15. Trade and other Receivables

Current	31 March 2026 £000 CTM activities	31 March 2026 £000 Consolidated	31 March 2025 £000 CTM activities	31 March 2025 £000 Consolidated
Welsh Government	1,931	1,931	2,237	2,237
NHSW JCC Joint Commissioning Committee	108	0	183	0
Welsh Health Boards	4,665	31,111	5,264	22,850
Welsh NHS Trusts	5,596	5,606	4,022	4,575
Welsh Special Health Authorities	790	792	814	814
Non - Welsh Trusts	414	1,386	297	1,410
Other NHS	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	33	33	23	23
Welsh Risk Pool Claim reimbursement				
NHS Wales Secondary Health Sector	57,993	57,993	55,476	55,476
NHS Wales Primary Sector FLS Reimbursement	2,975	2,975	1,922	1,922
NHS Wales Redress	1,421	1,421	887	887
Other	0	0	0	0
Local Authorities	24,461	24,788	13,673	14,563
Other receivables	9,186	9,245	10,630	10,735
Provision for irrecoverable debts	-4,529	-4,529	-3,911	-3,911
Pension Prepayments NHS Pensions	0	0	0	0
Pension Prepayments NEST	0	0	0	0
Other prepayments	11,908	11,970	10,208	10,294
Other accrued income	410	410	1,126	1,126
Right of Use capital receivables	0	0	0	0
Capital Receivables			0	0
Tangibles capital receivables	0	0	0	0
Intangibles capital receivables	0	0	0	0
Other capital prepayments	0	0	0	0
Sub total	**117,362**	**145,132**	102,851	123,001
Non-current				
Welsh Government	0	0	0	0
NHSW JCC Joint Commissioning Committee	0	0	0	0
Welsh Health Boards	0	0	0	0
Welsh NHS Trusts	0	0	0	0
Welsh Special Health Authorities	0	0	0	0
Non - Welsh Trusts	0	0	0	0
Other NHS	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	626	626	538	538
Welsh Risk Pool Claim reimbursement;	0			
NHS Wales Secondary Health Sector	103,274	103,274	93,704	93,704
NHS Wales Primary Sector FLS Reimbursement	4	4	0	0
NHS Wales Redress	223	223	5	5
Other	0	0	0	0
Local Authorities	0	0	0	0
Other receivables	0	0	0	0
Provision for irrecoverable debts	0	0	0	0
Pension Prepayments NHS Pensions	0	0	0	0
Pension Prepayments NEST	0	0	0	0
Other prepayments	0	0	0	0
Other accrued income	0	0	0	0
Right of Use capital receivables	0	0	0	0
Capital Receivables				
Tangibles capital receivables	0	0	0	0
Intangibles capital receivables	0	0	0	0
Other capital prepayments	0	0	0	0
Sub total	**104,127**	**104,127**	94,247	94,247
Total	**221,489**	**249,259**	197,098	217,248

The great majority of trade undertaken by the Health Board is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £6.846m (£5.500m in 2024-25).

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2026 £000 CTM activities	31 March 2026 £000 Consolidated	31 March 2025 £000 CTM activities	31 March 2025 £000 Consolidated
By up to three months	6,388	6,388	2,278	2,278
By three to six months	433	499	1,207	1,292
By more than six months	1,339	1,666	2,543	2,549
	8,160	**8,553**	6,028	6,119

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	-3,879	-2,922	-3,716	-2,922
Transfer to other NHS Wales body	0	0	0	0
Amount written off during the year	17	17	1	0
Amount recovered during the year	0	0	0	0
(Increase) / decrease in receivables impaired	-634	-634	-164	0
Bad debts recovered during year	0	0	0	0
Balance at 31 March	-4,496	-3,539	-3,879	-2,922

In determining whether a debt should be impaired, consideration is given to the age of the debt, historic collectability rates and the results of actions already taken including referral to the Health Board's credit agencies.

Receivables VAT

Trade receivables	0	0	0	0
Other	2,630	2,630	4,739	0
Total	**2,630**	**2,630**	**4,739**	0

16. Other Financial Assets

	Current		Non-current	
	31 March 2026	31 March 2025	**31 March 2026**	31 March 2025
	£000	£000	**£000**	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans at amortised cost	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Capital Financial Assets				
Loans at amortised cost	**0**	0	**0**	0
Right of Use Asset Finance Sublease	**0**	0	**0**	0
Total	**0**	**0**	**0**	**0**

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
RoU Sub-leasing income	**0**	0

17. Cash and cash equivalents

	2025-26	**2025-26**	2024-25	2024-25
	£000	**£000**	£000	£000
	CTM ativities	**Consolidated**	CTM activities	Consolidated
Balance at 1 April	**5,225**	**33,096**	1,485	16,505
Net change in cash and cash equivalent balances	**-345**	**4,688**	3,740	16,591
Balance at 31 March	**4,880**	**37,784**	5,225	33,096
Made up of:				
Cash held at GBS	**4,492**	**37,396**	4,895	32,766
Commercial banks	**342**	**342**	307	307
Cash in hand	**46**	**46**	23	23
Cash and cash equivalents as in Statement of Financial Position	**4,880**	**37,784**	5,225	33,096
Bank overdraft - GBS	**0**	**0**	0	0
Bank overdraft - Commercial banks	**0**	**0**	0	0
Cash and cash equivalents as in Statement of Cash Flows	**4,880**	**37,784**	5,225	33,096

The figures above are consolidated figures.

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £1.502m
PFI liabilities: £0.185m

The movement relates to cash, no comparative information is required by IAS 7 in 2025-26.

18. Trade and other payables

Current	**31 March 2026 £000 CTM activities**	**31 March 2026 £000 Consolidated**	31 March 2025 £000 CTM activities	31 March 2025 £000 Consolidated
Welsh Government	86	86	128	128
NHSW Joint Commissioning Committee	3,025	0	2,947	0
Welsh Health Boards	5,562	24,988	7,567	22,363
Welsh NHS Trusts	5,050	7,404	5,804	6,173
Welsh Special Health Authorities	1,507	1,507	1,384	1,462
Other NHS	2,435	46,285	1,900	37,992
Taxation and social security payable / refunds	0	99	0	83
Refunds of taxation by HMRC	0	0	0	0
VAT payable to HMRC	0	0	0	0
Other taxes payable to HMRC	8,424	8,424	4,761	4,761
NI contributions payable to HMRC	8,827	8,927	4,106	4,182
Non-NHS payables - Revenue	13,142	16,161	18,298	23,193
Local Authorities	13,154	13,154	4,877	4,877
Overdraft	0	0	0	0
Rentals due under operating leases	0	0	0	0
Pensions: staff	12,218	12,218	10,383	10,383
Non NHS Accruals	107,656	114,273	104,708	111,082
Deferred Income:				
Deferred Income brought forward	1,934	1,934	1,881	1,881
Deferred Income Additions	1,811	1,811	1,757	1,757
Transfer to / from current/non current deferred income	0	0	0	0
Released to SoCNE	-1,839	-1,839	-1,704	-1,704
Other creditors	5,020	5,020	4,060	4,060
Payments on account	14	15	0	2
Impact of IFRS 16 on SoFP PFI contracts	113	113	99	99
Right of Use asset payables	2,494	2,494	2,573	2,573
Capital asset payables				
Tangibles - Payables	22,356	22,356	15,199	15,199
Intangibles - Payables	0	0	11	11
Obligations under finance leases, HP contracts	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	190	190	185	185
PFI assets – deferred credits	0	0	0	0
Capital Payments on account	0	0	0	0
Sub Total	**213,179**	**285,620**	190,924	250,742
Non-current				
Welsh Government	0	0	0	0
NHSW Joint Commissioning Committee	0	0	0	0
Welsh Health Boards	0	0	0	0
Welsh NHS Trusts	0	0	0	0
Welsh Special Health Authorities	0	0	0	0
Other NHS	0	0	0	0
Taxation and social security payable / refunds	0	0	0	0
Refunds of taxation by HMRC	0	0	0	0
VAT payable to HMRC	0	0	0	0
Other taxes payable to HMRC	0	0	0	0
NI contributions payable to HMRC	0	0	0	0
Non-NHS payables - Revenue	0	0	0	0
Local Authorities	0	0	0	0
Overdraft	0	0	0	0
Rentals due under operating leases	0	0	0	0
Pensions: staff	0	0	0	0
Non NHS Accruals	0	0	0	0
Deferred Income :				
Deferred Income brought forward	0	0	0	0
Deferred Income Additions	0	0	0	0
Transfer to / from current/non current deferred income	0	0	0	0
Released to SoCNE	0	0	0	0
Other creditors	0	0	0	0
Payments on account	0	0	0	0
Impact of IFRS 16 on SoFP PFI contracts	182	182	267	267
Right of Use asset payables	16,319	16,319	17,742	17,742
Capital asset payables				
Capital Creditors - Tangibles	0	0	0	0
Capital Creditors - Intangibles	0	0	0	0
Obligations under finance leases, HP contracts	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	249	249	439	439
PFI assets – deferred credits	0	0	0	0
Capital Payments on account	0	0	0	0
Sub Total	**16,750**	**16,750**	18,448	18,448
Total	**229,929**	**302,370**	209,372	269,190

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:

	31 March 2026 £000 CTM activities	**31 March 2026 £000 Consolidated**	31 March 2025 £000 CTM activities	31 March 2025 £000 Consolidated
Between one and two years	**2,706**	**2,706**	0	0
Between two and five years	**5,414**	**5,414**	0	0
In five years or more	**8,630**	**8,630**	0	0
Sub-total	**16,750**	**16,750**	0	0

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2026 £000**	31 March 2025 £000	**31 March 2026 £000**	31 March 2025 £000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2025	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2026
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	35,257	-19,452	-2,895	25,265	24,753	-24,656	-5,040	0	33,232
Primary care	1,620	0	-40	0	1,813	-497	-725	0	2,171
Redress Secondary care	443	0	-355	5	641	20	-112	0	642
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,741	0	0	422	1,738	-1,299	-328	0	2,274
All other losses and special payments	0	0	0	0	4,551	-280	0	0	4,271
Defence legal fees and other administration	2,227	0	0	-124	1,915	-1,399	-822		1,797
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	12			0	232	-241	0	0	3
2019-20 Scheme Pays - Reimbursement	23			-9	33	-14	0	0	33
Restructuring	0			0	0	0	0	0	0
Other	2,932		0	0	6,458	-646	-232	0	8,512
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	0
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	44,255	-19,452	-3,290	25,559	42,134	-29,012	-7,259	0	52,935
Non Current									
Clinical negligence:-									
Secondary care	94,396	0	0	-25,265	38,755	-3,979	-7,453	0	96,454
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	5	0	0	-5	467	-54	0	0	413
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,362	0	0	-422	774	0	-196	89	3,607
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,387	0	0	124	1,714	-512	-64		2,649
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	537			9	80	0	0	0	626
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0	0	0
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	0
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	99,687	0	0	-25,559	41,790	-4,545	-7,713	89	103,749
TOTAL									
Clinical negligence:-									
Secondary care	129,653	-19,452	-2,895	0	63,508	-28,635	-12,493	0	129,686
Primary care	1,620	0	-40	0	1,813	-497	-725	0	2,171
Redress Secondary care	448	0	-355	0	1,108	-34	-112	0	1,055
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,103	0	0	0	2,512	-1,299	-524	89	5,881
All other losses and special payments	0	0	0	0	4,551	-280	0	0	4,271
Defence legal fees and other administration	3,614	0	0	0	3,629	-1,911	-886		4,446
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	12			0	232	-241	0	0	3
2019-20 Scheme Pays - Reimbursement	560			0	113	-14	0	0	659
Restructuring	0			0	0	0	0	0	0
Other	2,932		0	0	6,458	-646	-232	0	8,512
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	0
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	143,942	-19,452	-3,290	0	83,924	-33,557	-14,972	89	156,684

Expected timing of cash flows:

	In year to 31 March 2027	Between 1 April 2027 31 March 2031	Thereafter	Total £000
Clinical negligence:-				
Secondary care	33,232	96,453	0	129,685
Primary care	2,171	0	0	2,171
Redress Secondary care	642	413	0	1,055
Redress Primary care	0	0	0	0
Personal injury	2,274	1,080	2,528	5,882
All other losses and special payments	4,271	0	0	4,271
Defence legal fees and other administration	1,797	2,649	0	4,446
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	3	0	0	3
2019-20 Scheme Pays - Reimbursement	33	90	536	659
Restructuring	0	0	0	0
Other	8,512	0	0	8,512
Capital provisions				
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Total	52,935	100,685	3,064	156,684

The figures above are consolidated.

20. Provisions (continued)

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	28,003	0	-2,761	5,982	16,511	-6,531	-5,947	0	**35,257**
Primary care	575	0	0	0	1,685	-221	-419	0	**1,620**
Redress Secondary care	335	0	-163	0	486	-166	-49	0	**443**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	971	0	-47	461	1,114	-732	-26	0	**1,741**
All other losses and special payments	0	0	0	0	606	-606	0	0	**0**
Defence legal fees and other administration	1,888	0	0	291	1,852	-1,272	-532		**2,227**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	23			11	241	-263	0	0	**12**
2019-20 Scheme Pays - Reimbursement	4			13	23	-17	0	0	**23**
Restructuring	0			0	0	0	0	0	**0**
Other	1,994		0	0	1,735	-797	0	0	**2,932**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	**0**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**33,793**	**0**	**-2,971**	**6,758**	**24,253**	**-10,605**	**-6,973**	**0**	**44,255**
Non Current									
Clinical negligence:-									
Secondary care	63,813	0	0	-5,982	44,733	-1,678	-6,490	0	**94,396**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	0	0	0	0	5	0	0	0	**5**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	3,490	0	0	-461	244	-3	0	92	**3,362**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	1,137	0	0	-291	994	-312	-141		**1,387**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	11			-11	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	543			-13	7	0	0	0	**537**
Restructuring	0			0	0	0	0	0	**0**
Other	0		0	0	0	0	0	0	**0**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	**0**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**68,994**	**0**	**0**	**-6,758**	**45,983**	**-1,993**	**-6,631**	**92**	**99,687**
TOTAL									
Clinical negligence:-									
Secondary care	91,816	0	-2,761	0	61,244	-8,209	-12,437	0	**129,653**
Primary care	575	0	0	0	1,685	-221	-419	0	**1,620**
Redress Secondary care	335	0	-163	0	491	-166	-49	0	**448**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	4,461	0	-47	0	1,358	-735	-26	92	**5,103**
All other losses and special payments	0	0	0	0	606	-606	0	0	**0**
Defence legal fees and other administration	3,025	0	0	0	2,846	-1,584	-673		**3,614**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	34			0	241	-263	0	0	**12**
2019-20 Scheme Pays - Reimbursement	547			0	30	-17	0	0	**560**
Restructuring	0			0	0	0	0	0	**0**
Other	1,994		0	0	1,735	-797	0	0	**2,932**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	**0**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**102,787**	**0**	**-2,971**	**0**	**70,236**	**-12,598**	**-13,604**	**92**	**143,942**

The figures above are consolidated.

21. Contingencies

21.1 Contingent liabilities

	2025-26	2024-25
Provisions have not been made in these accounts for the following amounts :	**£'000**	£'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**248,174**	245,145
Primary care	**3,023**	3,966
Redress Secondary care	**2,486**	2,150
Redress Primary care	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**3,487**	3,427
Continuing Health Care costs	**1,158**	737
Other	**0**	0
Total value of disputed claims	**258,328**	255,425
Less amounts recoverable in the event of claims being successful	**-254,336**	-252,156
Net contingent liability	**3,992**	3,269

The figures above are consolidated.

21.2 Remote Contingent liabilities

	2025-26 £000	2024-25 £000
Guarantees	0	0
Indemnities	110	184
Letters of Comfort	0	0
Total	**110**	**184**

21.3 Contingent assets

	2025-26 £000	2024-25 £000
No contingent assets	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2025-26 £000	2024-25 £000
Property, plant and equipment	135,570	50,748
Right of Use Assets	0	0
Intangible assets	0	0
Total	**135,570**	50,748

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2026	
	Number of cases	£
Clinical negligence:-		
Secondary Care	110	32,379,664
Primary Care	6	495,014
Redress Secondary Care	32	192,767
Redress Primary Care	0	0
Personal injury	57	1,185,052
All other losses and special payments	165	273,577
Total	370	34,526,074

23.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	L&R Case reference number	£	£
Cases in excess of £300,000:			
Clinical Negligence - Secondary Care	SSPLR119332	6,249,177	10,445,000
Clinical Negligence - Secondary Care	SSPLR120974	5,300,000	7,650,000
Clinical Negligence - Secondary Care	SSPLR111281	3,568,000	4,618,800
Clinical Negligence - Secondary Care	SSPLR118797	3,309,793	3,475,000
Clinical Negligence - Secondary Care	SSPLR147332	2,065,000	2,235,000
Clinical Negligence - Secondary Care	SSPLR128284	1,666,682	1,936,682
Clinical Negligence - Secondary Care	SSPLR112820	1,227,481	2,267,800
Clinical Negligence - Secondary Care	SSPLR149652	730,000	730,000
Clinical Negligence - Secondary Care	SSPLR143685	625,000	900,000
Clinical Negligence - Secondary Care	SSPLR150059	607,614	607,614
Clinical Negligence - Secondary Care	SSPLR149414	480,416	480,416
Clinical Negligence - Secondary Care	SSPLR131042	468,500	468,500
Clinical Negligence - Secondary Care	SSPLR147198	392,500	392,500
Clinical Negligence - Secondary Care	SSPLR146827	350,000	350,000
Clinical Negligence - Secondary Care	SSPLR144614	324,835	324,835
Clinical Negligence - Secondary Care	SSPLR154319	305,000	305,000
Clinical Negligence - Secondary Care	SSPLR150651	302,791	627,791
Clinical Negligence - Primary Care	SSPLR150864	345,725	345,725
	Number of cases	£	£
Sub-total	**18**	**28,318,514**	**38,160,663**
All other cases paid in year	352	6,207,560	17,508,466
Total cases paid in year	**370**	**34,526,074**	**55,669,129**

23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	128	5,531,205
Cumulative amount greater than £300k	9	5,754,092
Total	**137**	**11,285,297**

24. Right of Use lease obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2025-26

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
Minimum lease payments	£000	£000	£000	£000
Within one year	15	1,912	815	**2,742**
Between one and five years	44	5,991	2,634	**8,669**
After five years	49	7,733	961	**8,743**
Less finance charges allocated to future periods	-51	-965	-325	**-1,341**
Minimum lease payments	**57**	**14,671**	**4,085**	**18,813**
Included in:				
Current borrowings	12	1,759	723	**2,494**
Non-current borrowings	44	12,912	3,363	**16,319**
	56	**14,671**	**4,086**	**18,813**
Present value of minimum lease payments				
Within one year	12	1,759	723	**2,494**
Between one and five years	41	5,562	2,430	**8,033**
After five years	3	7,350	933	**8,286**
Present value of minimum lease payments	**56**	**14,671**	**4,086**	**18,813**
Included in:				
Current borrowings	12	1,759	723	**2,494**
Non-current borrowings	44	12,912	3,363	**16,319**
	56	**14,671**	**4,086**	**18,813**

2024-25	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	£000	£000	£000	£000
Within one year	0	1,909	936	2,845
Between one and five years	0	6,507	2,665	9,172
After five years	49	8,837	985	9,871
Less finance charges allocated to future periods	-46	-1,108	-419	-1,573
Minimum lease payments	**3**	**16,145**	**4,167**	**20,315**
Included in:				
Current borrowings	0	1,744	829	**2,573**
Non-current borrowings	3	14,401	3,338	**17,742**
	3	**16,145**	**4,167**	**20,315**
Present value of minimum lease payments				
Within one year	0	1,744	829	2,573
Between one and five years	0	6,029	2,410	8,439
After five years	3	8,372	929	9,304
Present value of minimum lease payments	**3**	**16,145**	**4,168**	**20,316**
Included in:				
Current borrowings	0	1,744	829	**2,573**
Non-current borrowings	3	14,401	3,338	**17,742**
	3	**16,145**	**4,167**	**20,315**

24.2 Right of Use Assets receivables (as lessor)

The Health Board did not hold any Right of Use Assets lease receivables, as a lessor, at the balance sheet

Amounts receivable under right of use assets :

	31 March 2026	31 March 2025
Gross Investment in leases	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	**0**
Included in:		
Current financial assets	**0**	0
Non-current financial assets	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current financial assets	**0**	0
Non-current financial assets	**0**	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The Health Board did not have any PFI Schemes that were deemed to be off-statement of financial position at the balance sheet date.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2026	31 March 2025
	£000	£000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

Staff Residences - Royal Glamorgan Hospital	£000
Capital value of scheme included in Fixed Assets Note 11	3,192
Contract start date:	09/10/1998
Contract end date:	21/09/2028

Scheme Description

The staff residences scheme covers the design, build, financing and operation of staff accommodation on the Royal Glamorgan Hospital site. The Health Board entered into a project agreement with Charter Housing Association on the 9th October 1998.

Combined Heat and Power Plant-Prince Charles Hospital	£000
Capital value of scheme included in Fixed Assets Note 11	1,452
Contract start date:	01/04/2004
Contract end date:	31/03/2029

Scheme description

The contract is for the installation, operation, maintenance and ownership of a Combined Heat and Power plant and the complete management and operation of a central boiler plant installation, light fittings and building management system on the Prince Charles Hospital site.

The contract includes performance guarantees for the supply of hot water and electricity. The charging structure requires the Health Board to pay for heat (in the form of hot water) created from the electricity generated by the Combined Heat and Power plant being supplied free of charge to the Health Board.

Total obligations for on-Statement of Financial Position PFI contracts due:

2025-26	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact Finance Charge	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
	£000	£000	£000	£000
Total payments due within one year	190	112	18	713
Total payments due between 1 and 5 years	249	183	14	1,233
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI contracts	439	295	32	1,946

2024-25	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact Finance Charge	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Total payments due within one year	185	99	25	669
Total payments due between 1 and 5 years	439	267	25	1,917
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI contracts	624	366	50	2,586

	31/03/2026
	£000
Total present value of obligations for on-SoFP PFI contracts	2,712

25.3 Charges to expenditure	2025-26	2024-25
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	710	669
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	710	669

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	710	669
Later than five years	0	0
Total	710	669

The estimated annual payments in future years will vary from those which the Health Board is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	2	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

25.5 Public Private Partnerships

The Health Board did not have any Public Private Partnerships during the year

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking it's activities. The Health Board is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The Health Board has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Health Board in undertaking its activities.

Currency risk

The Health Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the United Kingdom and Sterling based. The Health Board does not have any overseas operations. The Health Board therefore has low exposure to currency rate fluctuations.

Interest rate risk

Health Boards are not permitted to borrow and the Health Board therefore has low exposure to interest rate fluctuations.

Credit risk

As the majority of the Health Board's funding derives from funds voted by the Welsh Government the Health Board has low exposure to credit risk.

Liquidity risk

The Health Board is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The Health Board is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2025-26 £000 CTM activities	2025-26 £000 Consolidated	2024-25 £000 CTM activities	2024-25 £000 Consolidated
(Increase)/decrease in inventories	-329	-329	-352	-352
(Increase)/decrease in trade and other receivables - non-current	-9,880	-9,880	-27,056	-27,056
(Increase)/decrease in trade and other receivables - current	-14,511	-22,131	-25,116	-22,508
Increase/(decrease) in trade and other payables - non-current	-1,698	-1,698	-1,765	-1,765
Increase/(decrease) in trade and other payables - current	22,255	34,878	31,001	41,244
Total	-4,163	840	-23,288	-10,437
Adjustment for accrual movements in fixed assets - creditors	-6,961	-6,961	-7,788	-7,788
Adjustment for accrual movements in fixed assets - debtors	0	0	0	0
Adjustment for accrual movements in right of use assets - creditors	1,502	1,502	1,371	1,371
Adjustment for accrual movements in right of use assets - debtors	0	0	0	0
Other adjustments	19	49	250	249
	-9,603	-4,570	-29,455	-16,605

Please give details of other adjustments

28. Other cash flow adjustments

	2025-26 £000 CTM activities	2025-26 £000 Consolidated	2024-25 £000 CTM activities	2024-25 £000 Consolidated
Depreciation	40,516	40,516	37,745	37,745
Amortisation	757	757	705	705
(Gains)/Loss on Disposal	-36	-36	-188	-188
Impairments and reversals	-4,599	-4,599	104,835	104,835
Release of PFI deferred credits	0	0	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0	0	0
Covid assets received credited to revenue but non-cash	0	0	0	0
Donated assets received credited to revenue but non-cash	-284	-284	-29	-29
Government Grant assets received credited to revenue but non-cash	-22	-22	-16	-16
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	-2,198	-2,198	0	0
Non-cash movements in right of use assets	0	0	0	0
Non-cash movements in provisions	46,299	46,299	53,753	53,753
Other movements	50,016	50,016	46,879	46,879
Total	130,449	130,449	243,684	243,684

Other movements of £50,016k (2024-25 £46,879k) is made up of notional funding received for:

- LHB notional 9.4% Staff Employer Pension Contributions;
- the 2019-20 Pensions Annual Allowance Charge Compensation Scheme (PAACCS);

which are both funded directly to the NHSBA Pensions Division by Welsh Government.

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 29th June 2026; post the date the financial statements were certified by the Auditor General for Wales.

There were no events too report after the reporting period.

30. Related Party Transactions

During the year none of the Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Local Health Board.

The Welsh Government is regarded as a related party. During the year Cwm Taf Morgannwg University Local Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body namely:

	2025-26 Expenditure Including Capital £000	2025-26 Income Including Capital £000	2025-26 Creditors Including Capital £000	2025-26 Debtors Including Capital £000
Welsh Assembly Government	179	1,637,903	86	1,931
JCC	178,585	14,545	3,025	108
NHS Trusts				
Public Health Wales	2,535	5,122	102	389
Velindre	95,964	11,546	4,802	5,178
Welsh Ambulance Services	947	108	146	30
Local Health Boards				
Aneurin Bevan	4,188	19,304	907	1,836
Betsi Cadwaladwr	75	412	18	63
Cardiff & Vale	44,576	19,040	2,690	571
Hywel Dda	696	885	142	63
Powys	49	8,245	48	242
Swansea Bay	36,909	19,410	3,018	1,888
Special Health Authority				
HEIW	48	19,802	8	553
DHCW	6,857	1,847	1,498	237
TOTAL	**371,608**	**1,758,169**	**16,490**	**13,089**

In addition, the Local Health Board has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with:

	Expenditure £000	Income £000	Creditors £000	Debtors £000
Bridgend County Borough Council	13,590	3,272	4953	1,405
Rhondda Cynon Taf County Borough Council	37,800	25,305	7,486	20,183
Merthyr Tydfil County Borough Council	2,743	2,710	652	1,320

The LHB has also received revenue payments from Cwm Taf Morgannwg NHS Charitable Funds totalling £0.345m (£0.579m in 2024-25) and capital contributions totalling £0.185m (£0.030m in 2024-25). The Trustees for which are also members of the Board.

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Interests
Dilys Jouvenat	Independent Member (Third Sector)	Trustee at Interlink
Rachel Rowlands	Independent Member (Community)	Trustee Rhondda Cynon Taff Citizens Advice Age Connect Morgannwg (Appointed as CEO in 2005, Company Secretary in December 2021) Member, Care & Repair Cymru Member, Cym Taf Care & Repair Director of Community Housing at Trivallis
Carolyn Donoghue	Independent Member (University)	Independent Member of the Board of Governors -University West of England
Geraint Hopkins	Independent Member (Local Authority)	Elected Member, Rhondda Cynon Taff County Borough Council
Paul Mears	Chief Executive	Member of the Advisory Board, Awen Cultural Trust
Greg Dix	Executive Director of Nursing / Deputy CEO	Trustee - Royal College of Nursing Foundation
Linda Prosser (Retired 30th May 2025)	Executive Director of Strategy & Transformation	Son is Chief Operating Officer at Salisbury NHS Foundation Trust
Lisa Curtis-Jones	ABM - Director of Social Services	Director of Social Services-Merthyr Tydfil County Borough Councillor, Bridgend County Borough Council
Rhys Goode	Independent Member - Local Authority	Chair of Trustees, Nantymoel Boys & Girls Club and Community Centre
Anne Morris	Associate Member (SRG)	Deputy Chief Executive of Interlink

Total value of transactions with these related parties:

	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Age Connect Morgannwg	969	2	14	2
Awen Cultural Trust	13	0	0	0
Care & Repair Cwm Taf	232	0	67	0
Care & Repair Cymru	141	0	0	0
Interlink	791	0	90	0
Nantymoel Boys & Girls Club and Community Centre	1	0	0	0
Rhondda Cynon Taff Citizens Advice	4	0	0	0
Royal College of Nursing Foundation	7	0	0	0
Salisbury NHS Foundation Trust	10	0	0	0
Trivallis	64	0	64	0
University West of England	18	0	9	0
	2,250	**2**	**244**	**2**

30. Related Party Transactions

NHS Wales Joint Commissioning Committee

The NHS Wales Joint Commissioning Committee operates as a formal sub-committee of each of the seven Local Health Boards in Wales. Consequently, any related party transactions with the Joint Committee are reported within the statutory accounts of the respective LHBs. Although the NWJCC has a dedicated executive team, its members are not executive directors. All executive staff are employed by Cwm Taf Morgannwg University Health Board, the designated host organisation. During 2024/2025, the NWJCC adopted a risk-sharing financial model. This model governs all financial transactions and is supported by the Committee's Standing Orders, which require: - Agreement on the total budget necessary to plan and secure the delegated services. - Agreement on the financial contributions from each LHB to fund those services. Each Local Health Board is required to provide the level of funding set out in the NWJCC's approved annual plan. Contributions from the LHBs for 2025/2026 are disclosed in Note 4 of the financial statements. Expenditure incurred by the NWJCC in securing tertiary and specialist services is set out in Note 3.1. Administrative, staffing, and other operational expenditure incurred with NHS Wales organisations is included in Note 3.2. However, this does not represent the full extent of running costs, which also include transactions with non-NHS bodies and staffing costs not attributed to NHS Wales. The Welsh Ambulance Services NHS Trust is included in the reporting as an observer only and does not hold voting rights.

	Income (Note 4) £000's	Expenditure (Note 3.1) £000's	Running costs (Note 3.2) £000's	Debtor (Note 7) £000's	Creditor (Note 9) £000's
Cardiff and Vale UHB	199,743	408,828	253	24	13,722
Aneurin Bevan UHB	232,406	14,950	132	6,253	458
Betsi Cadwalladr UHB	285,589	56,870	17	12,063	1,004
Swansea Bay UHB	158,512	162,947	68	2,986	4,111
Cwm Taf Morgannwg UHB	178,585	14,150	395	3,025	108
Hywel Dda UHB	152,808	2,822	3	3,506	107
Powys Teaching HB	62,892	65	0	1,615	23
Public Health Wales NHS Trust	894	0	310	10	0
Velindre NHS Trust	0	42,651	13	0	1,557
Welsh Ambulance Services NHS Trust	0	292,707	35	0	797
Digital Health & Care Wales	5	142	18	2	
	1,271,434	**996,132**	**1,244**	**29,484**	**21,887**

In addition to the 7 LHB Chief Executives being appointed members of the Committee, four other interests in related parties have been declared as follows:

Name	Details	Interests
Catherine Phillips	Deputy Chief Excecutive Officer Cardiff & Vale UHB	President of Healthcare Financial Management Association
Ian Green	Chair - NWJCC	Chair of Salisbury NHS Foundation Trust
Shane Mills	Former Director of Commissioning for Mental Health, Learning Disabilities & Vulnerable Groups	Now employee of Cygnet Healthcare
Suzanne Rankin	Committee member Chief Executive Cardiff & Vale UHB	Cardiff University, Lay Member of Cardiff University Council

All other declarations made by Committee members and the Committee's Senior Leadership Team did not constitute Related Parties

Total value of transactions with these four related parties:

	Expenditure to related party £000	Income from related party £000	Amounts owed ounts due to related party ited party £000	£000
Cardiff University	4,152	30	101	30
Cygnet Healthcare	4,227	69	1,540	4
Healthcare Financial Management Association	9	0	0	0
Salisbury NHS Foundation Trust	135	0	0	0
	8,523	99	1,641	34

31. Third Party assets

The LHB held £7,874 cash at bank and in hand at 31 March 2026 (31st March 2025, £11,260) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £nil at 31st March 2026 (31st March 2025, £nil). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

32. Pooled budgets

Cwm Taf Morgannwg Care Home Accommodation

The Health Board has entered into a pool fund arrangement with Rhondda Cynon Taf County Borough Council and Merthyr Tydfil County Borough Council.

The Agreement for the CWM TAF MORGANNWG CARE HOME ACCOMMODATION POOLED FUND is made under The Social Services and Well-being (Wales) Act 2014 (the 'Act') and the Partnership Arrangements (Wales) Regulations 2015 (the 'Regulations').

The Agreement provides for the establishment of the CWM TAF MORGANNWG CARE HOME ACCOMMODATION POOLED FUND which will undertake the following functions on behalf of the Parties.

The functions of a local authority under sections 35 and 36 of the Act, where it has been decided to meet the adult's needs by providing or arranging to provide accommodation in a care home;

The functions of a Local Health Board under section 3 of the National Health Service (Wales) Act 2006 in relation to an adult, in cases where:

The adult has a primary need for health care and it has been decided to meet the needs of the adult by arranging the provision of accommodation in a care home, or
The adult does not have a primary need for health care but the adult's needs can only be met by the local authority arranging for the provision of accommodation together with nursing care

A memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Rhondda Cynon Taf County Borough Council. The financial operation of the pool is governed by a pooled budget agreement between the above named organisations and the Health Board. The Health Board accounts for its share of contributions to the budget in expenditure. Contributions are based on each individual organisations forecast activities. Assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Cwm Taf Morgannwg Care Home Accommodation

	2025-26	2024-25
Pooled Budget contributions	**£ 000**	**£ 000**
Rhondda Cynon Taf County Borough Council	35,679	33,414
Merthyr Tydfil County Borough Council	7,510	7,435
Bridgend County Borough Council	18,080	17,107
Cwm Taf Morgannwg University Local Health Board	20,286	18,297
Other income	207	186
Total Pooled Budget contributions for the year	**81,762**	**76,439**
Expenditure		
Paying care fees to homes for the provision of residential & nursing care within the Rhondda Cynon Taf, Merthyr Tydfil and Bridgend County Boroughs	81,561	76,258
Total Expenditure for the year	**81,561**	**76,258**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**201**	**181**
Cumulative Net Surplus/(Deficit) on the Pooled Budget	633	432

Bridgend Integrated Community Services

The Health Board has entered into a pooled budget with:

Bridgend County Borough Council

Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an Integrated Community Service. The approach of the Partners will be consistent with the principles in "Sustainable Social Services: A Framework for Action" which sets out the action needed to ensure care and support services respond to rising levels of demand and changing expectations, particularly for frail older people.

Partners deliver their stated commitment to benefit adults in the region:
Support for people to remain independent and keep well
More people cared for at home to maximise their recovery, with shorter stays in hospital if they are unwell
A change in the pathway away from institutional care to community care, available on a 7-day basis
Fewer people being asked to consider long term residential or nursing home care, particularly in a crisis
Earlier diagnosis of dementia and quicker access to specialist support for those who need it
More people living with the support of technology and appropriate support services
Provision of services that are more joined up around the needs of the individual with less duplication or hand-offs between health and social care agencies

A memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Bridgend County Borough Council. The financial operation of the pool is governed by a pooled budget agreement between the above named organisations and the Health Board. The Health Board accounts for its share of contributions to the budget in expenditure. Assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Bridgend Integrated Community Services

	2025-26	2024-25
Pooled Budget contributions	**£ 000**	**£ 000**
Bridgend County Borough Council	2,038	2,212
Cwm Taf Morgannwg University Local Health Board	3,187	2,912
Total Pooled Budget Contributions	**5,225**	**5,124**
Expenditure		
Provision of Community Support Service & Reablement	5225	5124
Total Expenditure	**5,225**	**5,124**
Net Surplus/(Deficit) on the Pooled Budget for year	**0**	**0**
Cumulative Net Surplus/(Deficit) on the Pooled Budget	**0**	**0**

32. Pooled budgets (continued)

Rhondda Cynon Taf, Bridgend and Merthyr Tydfil Integrated Community Equipment Service
The Health Board has entered into a pooled budget with

Rhondda Cynon Taf County Borough Council
Merthyr Tydfil County Borough Council
Bridgend County Borough Council

The partnership arrangement with Abertawe Bro Morgannwg University Local Health Board ended on 31st March 2019 due to the transfer of the responsibility for providing healthcare services for the people in the Bridgend County Borough Council (BCBC) area from Abertawe Bro Morgannwg UHB to Cwm Taf Morgannwg UHB from 1st April 2019.

Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an Integrated Community Equipment Service. The service is to enable children and adults who require assistance to perform essential activities of daily living to maintain their health and autonomy and to live life as fully as possible. The equipment provided can include, but is not limited to
- Community home nursing equipment
- Equipment for daily living
- Physiotherapy living
- Static Seating

A memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Rhondda Cynon Taf County Borough Council. The financial operation of the pool is governed by a pooled budget agreement between the above named organisations and the Health Board. The Health Board accounts for its share of contributions to the budget in expenditure. Contributions are based on each individual organisations forecast activities. Assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Rhondda Cynon Taf, Bridgend and Merthyr Tydfil Community Equipment Service	2025-26	2024-25
Pooled Budget contributions	**£ 000**	**£ 000**
Rhondda Cynon Taf County Borough Council	1,144	1,101
Merthyr Tydfil County Borough Council	238	230
Bridgend County Borough Council	924	890
Cwm Taf Morgannwg University Local Health Board	1,160	1,118
Other income	119	170
Total Pooled Budget contributions for the year	**3,585**	**3,509**
Expenditure		
Provision of community equipment services within Rhondda Cynon Taf, Bridgend and Merthyr Tydfil County Boroughs	3,606	3,644
Total Expenditure for the year	**3,606**	**3,644**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**(21)**	**(135)**
Cumulative Net Surplus/(Deficit) on the Pooled Budget	**(21)**	**(135)**

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The following information segments the results of Cwm Taf Morgannwg Local Health Board by:
- Healthcare activities
- NHS Wales Joint Commissioning Committee (NWJCC)

As Accountable Officer I confirm that the NHSWJCC figures in the Segmental Reporting Note within the Cwm Taf Morgannwg ULHB financial statements are a true representation of the NHSWJCC position as reported in the supporting NHSWJCC memorandum account.

Date: 29th June 2026 ..... Chief Executive & Accountable Officer

Operating Costs 2025-26

	Healthcare activities	NWJCC	Inter-segment transactions	Cwm Taf Morgannwg LHB Total
	£000	£000	£000	£000
Expenditure on primary healthcare services	299,522	0	0	299,522
Expenditure on healthcare from other providers	429,993	1,261,612	(192,634)	1,498,971
Expenditure on hospital and community health services	1,062,444	10,241	(437)	1,072,248
	1,791,959	1,271,853	(193,071)	2,870,741
Less: Miscellaneous Income	(173,593)	(1,271,853)	193,071	(1,252,375)
LHB net operating costs before interest and other gains and losses	1,618,366	0	0	1,618,366
Investment Income	(8)	0	0	(8)
Other (Gains) / Losses	(36)	0	0	(36)
Finance costs	397	0	0	397
Net operating costs for the financial year	**1,618,719**	**0**	**0**	**1,618,719**

Net Assets 2025-26

	£000	£000	£000	£000
Total non-current assets	903,229	0	0	903,229
Total current assets	130,290	63,807	(3,133)	190,964
Total current liabilities	(266,039)	(75,649)	3,133	(338,555)
Total non-current liabilities	(120,499)	0	0	(120,499)
Total assets employed	646,981	(11,842)	0	635,139
Total taxpayers' equity	646,981	(11,842)	0	635,139

Operating Costs 2024-25

	Healthcare activities	NWJCC	Inter-segment transactions	Cwm Taf Morgannwg LHB Total
	£'000	£'000	£'000	£'000
Expenditure on primary healthcare services	296,688	0	0	296,688
Expenditure on healthcare from other providers	408,405	1,186,092	(179,643)	1,414,854
Expenditure on hospital and community health services	1,100,001	10,061	(571)	1,109,491
	1,805,094	1,196,153	(180,214)	2,821,033
Less: Miscellaneous Income	(162,790)	(1,196,153)	180,214	(1,178,729)
LHB net operating costs before interest and other gains and losses	1,642,304	0	0	1,642,304
Investment Income	(5)	0	0	(5)
Other (Gains) / Losses	(188)	0	0	(188)
Finance costs	442	0	0	442
Net operating costs for the financial year	**1,642,553**	**0**	**0**	**1,642,553**

Net Assets 2024-25

	£'000	£'000	£'000	£'000
Total non-current assets	783,050	0	0	783,050
Total current assets	116,082	51,151	(3,130)	164,103
Total current liabilities	(235,134)	(62,993)	3,130	(294,997)
Total non-current liabilities	(118,135)	0	0	(118,135)
Total assets employed	**545,863**	**(11,842)**	**0**	**534,021**
Total taxpayers' equity	**545,863**	**(11,842)**	**0**	**534,021**

33. Operating segments - Continued

2025-26
Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2026	**Healthcare activities**	**NWJCC**	**Inter-segment transactions**	**Cwm Taf Morgannwg LHB Total**
General Fund & Revaluation Reserve	**£000**	**£000**	**£000**	**£000**
Changes in taxpayers' equity for 2024-25				
Balance at 1 April 2025	545,863	-11,842	0	**534,021**
Balance at 31 March 2026	646,981	-11,842	0	**635,139**

2025-26

Statement of Cash Flows for year ended 31 March 2026	**Healthcare activities**	**NWJCC**	**Inter-segment transactions**	**Cwm Taf Morgannwg LHB Total**
Cash Flows from operating activities	**£000**	**£000**	**£000**	**£000**
Net operating cost for the financial year	-1,618,719	0	0	-1,618,719
Movements in Working Capital	-9,603	5,003	0	-4,600
Other cash flow adjustments	130,449	30	0	130,479
Provisions utilised	-33,557	0	0	-33,557
Net cashflow from operating activities	**-1,531,430**	**5,033**	**0**	**-1,526,397**
Net cashflow from investing activities	**-96,215**	**0**	**0**	**-96,215**
Net cashflow from Financing	**1,627,300**	**0**	**0**	**1,627,300**
Net increase/(decrease) in cash and cash equivalents	**-345**	**5,033**	**0**	**4,688**
Cash and cash equivalents (and bank overdrafts) at 1 April 2025	5,225	27,871	0	**33,096**
Cash and cash equivalents (and bank overdrafts) at 31 March 2026	4,880	32,904	0	**37,784**

2024-25

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2025	**Healthcare activities**	**NWJCC**	**Inter-segment transactions**	**Cwm Taf Morgannwg LHB Total**
General Fund & Revaluation Reserve	£000	£000	£000	£000
Changes in taxpayers' equity for 2024-25				
Balance at 1 April 2024	603,445	-11,842	0	**591,603**
Balance at 31 March 2025	545,863	-11,842	0	**534,021**

£-11,842 has been carried forward since 2010 when WHSSC was created/formed.

2024-25

Statement of Cash Flows for year ended 31 March 2025	**Healthcare activities**	**NWJCC**	**Inter-segment transactions**	**Cwm Taf Morgannwg LHB Total**
Cash Flows from operating activities	£000	£000	£000	£000
Net operating cost for the financial year	-1,642,553	0	0	**-1,642,553**
Movements in Working Capital	-29,454	12,851	0	**-16,603**
Other cash flow adjustments	243,684	0	0	**243,684**
Provisions utilised	-12,598	0	0	**-12,598**
Net cashflow from operating activities	**-1,440,921**	**12,851**	**0**	**-1,428,070**
Net cashflow from investing activities	**-85,127**	**0**	**0**	**-85,127**
Net cashflow from Financing	**1,529,788**	**0**	**0**	**1,529,788**
Net increase/(decrease) in cash and cash equivalents	**3,740**	**12,851**	**0**	**16,591**
Cash and cash equivalents (and bank overdrafts) at 1 April 2024	1,485	15,020	0	**16,505**
Cash and cash equivalents (and bank overdrafts) at 31 March 2025	5,225	27,871	0	**33,096**

34. Other Information

34.1. 9.4% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1st April 2025 to 31st March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Health Board data for March 2026.

Transactions include notional expenditure in relation to the 9.4% paid to NHSBSA by Welsh Government and notional funding to cover that expenditure as follows:

	2025-26	2024-25
Statement of Comprehensive Net Expenditure for the year ended 31 March 2026	**£000**	**£000**
Expenditure on Primary Healthcare Services	**1,639**	1,222
Expenditure on healthcare from other providers	**0**	0
Expenditure on Hospital and Community Health Services	**48,363**	45,640
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026		
Net operating cost for the year	**50,002**	46,862
Notional Welsh Government Funding	**50,002**	46,862
Statement of Cash Flows for year ended 31 March 2026		
Net operating cost for the financial year	**50,002**	46,862
Other cash flow adjustments	**50,002**	46,862
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**50,002**	46,862
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**629**	204
Pharmaceutical Services	**0**	0
General Dental Services	**157**	156
Other Primary Health Care expenditure	**853**	862
3.2 Expenditure on healthcare from other providers	**0**	0
	0	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**164**	166
Staff costs	**48,199**	45,474
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**50,002**	46,862
Charged to capital	**0**	0
Charged to revenue	**50,002**	46,862
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**50,002**	46,862

The figures above are consolidated.

Other

34.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the annual contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2025	0
Liability for remaining payments @ 31 March 2026	0
	0
Arising during year	0
Utilised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Accountability Report

Reporting Period: 2025-26

Contents

Chapter 2 – Accountability Report – NHS Wales Joint Commissioning Committee (NWJCC)

1. Corporate Governance Report

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across the NHS Wales Joint Commissioning Committee (NWJCC) during 2025-26. It includes:

- **The Directors' Report:** This provides details of the Members of the NWJCC who have authority or responsibility for directing and controlling the major activities of organisation during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.
- **The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chair and Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts is fair, balanced, and understandable.
- **The Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the NWJCC and brings together how the organisation manages governance, risk, and control.

The NWJCC is hosted by Cwm Taf Morgannwg University Health Board (CTMUHB) and there are two different sets of Accountable Officer (AO) responsibilities governing CTMUHB and the NWJCC. This part 2 Accountability Report provides assurance on the work of the NWJCC during 2025-26 only.

The governance arrangements with the Hosting arrangement have been working effectively. There is regular dialogue between the JCC and officers at CTMUHB, complemented by more formal meetings between the two Accountable Officers where the Hosting Arrangements are discussed.

2. Directors' Report

The Composition of the Joint Committee and Membership

The Joint Commissioning Committee (the JC) is made up of 6 Lay Members (including the Chair) who are appointed by the Cabinet Secretary for Health and Social Care, and 7 Local Health Board (LHB) Chief Executive Officer (CEO) Members. All Lay Members and CEO Members have full voting rights.

In addition, there is one Associate Member, the NWJCC Chief Commissioner. In accordance with the NWJCC Standing Orders the Chief Commissioner, as Associate Member has no voting rights.

Further details in relation to the composition of the NWJCC can be found at page 13 of the Governance Statement. This will include NWJCC and Sub-Committee membership and also the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee (ARAC) membership, for 2025-2026.

3. Statement of the Chief Commissioner's responsibilities as Accountable Officer (AO) of the Joint Commissioning Committee

Welsh Government (WG) have directed that the Chief Commissioner is appointed as the AO for the NWJCC.

The relevant responsibilities of AOs, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the AO's Memorandum issued by WG.

The Memorandum stipulates that the Chief Commissioner has accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the NWJCC from Local Health Boards. This memorandum of understanding sets out the agreed position between the two Accountable Officers. In addition, a separate Interface Agreement sets out the relationship between the Chief Commissioner as AO of the NWJCC and the Chief Executive and AO of CTMUHB.

As far as I am aware there is no relevant audit information of which the entity's auditors are unaware, and I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that NWJCC's auditors are aware of that information.

I can confirm that the Accountability Report and Accounts is fair, balanced and understandable and I take personal responsibility for the Accountability Report and Accounts and the judgments required for determining that it is fair, balanced and understandable based on the information provided to me.

I am responsible for authorising the issue of the financial statements on the date that they were certified by the Auditor General for Wales.

To the best of my knowledge and belief and based on the information provided to me, since my appointment as AO on 25th May 2025, that the AO responsibilities allocated to Huw George, as AO, during the period covered in this report have been discharged.

Signed:

Juliet Brown
Chief Commissioner

4. Statement of Directors' Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of CTMUHB and of the income and expenditure of the NWJCC for that period.

In preparing those accounts, the Directors are required to:

- Apply on a consistent basis, accounting principles laid down by the Welsh Ministers with the approval of the Treasury.
- Make judgements and estimates which are responsible and prudent.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The Directors confirm that they have complied with the above requirements in preparing the accounts. The Directors Remuneration Disclosures are contained in the CTMUHB Accounts at pages 218-221.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above-mentioned direction by the Welsh Ministers.

Signed:

Ian Green
Chair

Juliet Brown
Chief Commissioner

5. Governance Statement

5.1 Scope of Responsibility

The Chief Commissioner is accountable for Governance, Risk Management and Internal Control.

On 1 April 2024 the NWJCC was established for the purpose of jointly exercising those functions set out within the National Health Service Joint Commissioning Committee (Wales) Directions 2024 (the Directions) and superseded the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) as Joint Committees of the seven Local Health Boards.

The Directions came into force on 7 February 2024 and confirm that Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are:

a) specialised services for:
    i. cancer and blood disorders.
    ii. cardiac conditions.
    iii. mental health and vulnerable groups.
    iv. neurosciences.
    v. women and children.
    vi. Welsh kidney network.
b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis.
c) emergency medical services.
d) non-emergency patient transport services.
e) emergency medical retrieval and transfer services.
f) NHS 111 services.
g) sexual assault referral centres.
h) other services as directed by the Welsh Ministers.

The Directions determine that the host Health Board (CTMUHB) must provide administrative support for the establishment and the operation of the NWJCC.

The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 (the Regulations) were laid before the Senedd Cymru on 9 February 2024 and came into force on 1 April 2024. These Regulations make provision for the constitution and membership of the NWJCC, including its procedures and administrative arrangements. An Explanatory Memorandum was also laid before the Senedd Cymru which provided an

overview of the expected impact of the Regulations and the establishment of the NWJCC and the JC, the membership of which is set out at page 14.

On 2 April 2024 the Minister for Health & Social Services issued a written statement advising that following a Public Appointments recruitment process, Ian Green OBE was appointed as the Chair of the NWJCC supported by Dr Paul Worthington, Nia Roberts and Susan Elsmore as independent Lay Members of the NWJCC. WG confirmed the appointment of two additional Lay Members, Mandy Rayani and Shameem Nawaz on 1 November 2024 to support the expanding governance structure of the NWJCC.

On 1 April 2025, Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW) took over the role of Interim Chief Commissioner and joined the NWJCC on secondment. Following a comprehensive recruitment process, Juliet Brown was appointed as the Substantive Chief Commissioner for the NWJCC and formally assumed AO responsibilities on the 25 May 2026.

The Chief Commissioner of the NWJCC, has responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the NWJCC and CTMUHB's corporate policies, aims and objectives. The Chief Commissioner maintains these responsibilities whilst safeguarding the public funds and the organisation's assets for which they are personally responsible, and reports upon the adequacy of these arrangements to the Chief Executive of CTMUHB in accordance with the responsibilities assigned to the Chief Commissioner as an AO of NHS Wales. Under the terms of the NWJCC's establishment arrangements, CTMUHB is deemed to be held harmless and have no additional financial liabilities beyond its own population.

This Accountability Report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible.

The NWJCC Senior Leadership Team (SLT) assist me as Chief Commissioner in discharging my accountabilities and the team meet weekly for formative discussion, support and decision-making. During 2025-26, the SLT have also continued to meet formally for focussed discussions and detailed updates on project progress, risk, quality, performance and to consider future strategic plans.

Members of the SLT also meet with:

- LHB Executive Teams.
- Welsh Government.
- Host Body CEO and Executive Directors.
- NHS Wales leadership peer groups.

In May 2025 Shane Mills, Director of Commissioning Mental Health, Learning Disabilities and Vulnerable Groups left to take up a post in the private sector. Adrian Clarke, acted as the Interim Director following the departure of Shane Mills, operating in this post until the JCC welcomed Sue O'Leary in February 2026.

Claire Harding acted as Interim Director of Planning until June 2025. Georgina Galletly was appointed as Interim Director of Corporate Strategy and Planning in May 2025, and the remit of this post included the Director of Planning portfolio. Following a formal recruitment process, Georgina was substantively appointed as the Director of Corporate Strategy and Planning in November 2025.

The SLT welcomed Aaron Fowler as Deputy Director of Governance and Committee Secretary in September 2025 following the departure of Jacqueline Maunder in July 2025. Interim Deputy Director of Governance and Committee Secretary cover arrangements were in place between June and September 2025

The SLT has also formed a Leadership Forum, comprised of Deputy Directors and Assistant Directors across the organisation. The Leadership Forum plays a key role in supporting the NWJCC Organisational Strategy and the development and implementation of the Annual Plan 2026/27. It ensures that operational activities are aligned with strategic commissioning priorities, the Duty of Quality, and the broader vision for collaborative commissioning in Wales.

Members of the SLT also maintain strong links to all relevant governance forums inside and outside of the NWJCC, including through attendance at Chief Executive Management Team meetings and at relevant all-Wales Directors' forums (Finance, Planning, Governance, Nursing etc.).

5.2 Escalation and Intervention Arrangements

As a Joint Committee of the seven LHBs, the NWJCC is not subject to WG's escalation and intervention arrangements for NHS Wales.

However, arrangements for monitoring performance, quality and safety risks across the health system are discussed routinely at JC meetings and at the Planning, Performance and Finance (PPF) Sub-Committee and the Quality, Safety and Outcomes (QSO) Sub-Committee meetings. In

addition, the NWJCC meets with the seven LHBs and other providers to discuss and monitor commissioning activity.

6. Governance Framework

6.1 Model Standing Orders, Reservation and Delegation of Powers

In accordance with the National Health Service Joint Commissioning Committee (Wales) Directions 2024, each LHB in Wales must agree Standing Orders (SOs) for the regulation of JC proceedings and business. These SOs form a schedule to each LHB's own SOs and have effect as if incorporated within them. Together with the Scheme of Delegation and Reservation of Powers, the Scheme of Delegation and the Standing Financial Instructions (SFIs), the SOs provide the regulatory framework for the business conduct of the JC.

The SOs and SFIs were approved by HBs in March 2024 and were adopted by the JC at its inaugural meeting on 8 April 2024. In addition to these documents the Governance Framework for the NWJCC contains additional key components which, combined, set out the legislative framework, constitution and ways of working for the NWJCC in its operations and handling of business.

These components form an integral part of the wider governance framework of the NWJCC and include:

- A Memorandum of Agreement (MoA) between the NWJCC and all seven LHBs.
- A Hosting Agreement (HA) between the NWJCC and CTMUHB; and
- The adopted NWJCC Sub-Committee structure, comprising the PPF, QSOC and ARAC.

The components were presented to the NWJCC meeting on 17 September 2024 and approved by LHBs at their Board Meetings in September 2024. Sub-Committee Terms of Reference were also approved at the JC meeting in January 2025 and by HBs at their Board meetings in January 2025.

A review of the NWJCC Governance Framework commenced during Q3 of 2025-26 and is scheduled to be finalised during Q1 of 2026-27. Sub-Committee Terms of Reference were reviewed and endorsed at the March 2026 JC meeting and are scheduled to be shared with Health Boards for approval in May 2026. A review of the NWJCC's SOs and SFIs is expected to complete in May 2026 and will be shared with the JC and LHB Boards for endorsement and approval.

During 2025-2026, WG issued updated Model Standing Orders for the NWJCC, as outlined below:

Issued October 2025 – The purpose of these amendments was to ensure consistency relating to:

• The timescales for the publication of board and committee agendas and papers.

These were approved at the November 2025 meeting of the JC.

Figure 1 NWJCC Governance Framework

6.2 The NHS Wales Joint Commissioning Committee

The NWJCC was established in accordance with Ministerial Directions and Regulations to enable the seven LHBs in NHS Wales to determine a long-term strategy for the commissioning of services delegated to the NWJCC.

Whilst the JC acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their resident population remains. They are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

The JC functions as a decision-making body with all members holding full and equal voting rights and sharing responsibility for the decisions of the JC. The NWJCC must discharge its collective duty for the population of

Wales and any individual involved in making decisions that relate to NWJCC functions must act clearly in the interests of the NWJCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests.

The JC makes decisions based on a majority view held by the voting JC members present. In the event of a split decision, i.e., no majority view being expressed, the JC Chair shall have a second and casting vote.

The JC is supported by the Committee Secretary, who is independent of the JC, and acts as the guardian of good governance.

The Committee Secretary is accountable to the JC Chair for all matters in relation to the responsibilities delegated to it within the NWJCC's Governance Framework, which is set within the context of the overarching Governance Framework of the seven LHBs.

Items considered by the Joint Committee during 2025-2026, included:

Governance, Risk and Assurance	Strategic Development	Delivering the Plan
• Updated Sub-Committee Terms of Reference • NWJCC Governance Framework • Corporate Governance Report • Sub-Committee Highlight Reports • NWJCC Organisational Risk Register • Individual Patient Funding Request (IPFR) Policy • Recovered Plasma from Whole Blood Donations for Medicines • Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals • Plastic Surgery Commissioning Project • Welsh Kidney Network Governance Report • Sub-Committee Highlight Reports	• Development of the NWJCC Strategy • NWJCC Annual Plan 2026-27 • Neonatal Services Update • Sexual Assault Referral Centres (SARC) Commissioning Proposals • Care Home Framework • Hospice Framework	• Financial Performance Report including updates on Financial Forecast and Risk • Combined NWJCC Operational Performance Report • Delivery of the NWJCC Foundation Plan 2025-26 • Manchester Arena Inquiry: Review of R106 WAST Capability Report • Recommendation 4 Rural Response Update • High-Cost Medicine Reviews and Horizon Scanning • Immunoglobin Therapy

In addition to the above, the Chair, Chief Commissioner and each of the Commissioning Directors provide updates in relation to their areas of responsibility.

6.3 The Joint Commissioning Committee – Membership

The JC consists of 13 voting members (6 Lay Members and 7 CEO Members). There is also one Associate Member that does not hold any voting rights. The NWJCC is supported by the Deputy Director of Corporate

Governance/Committee Secretary and all the SLT Team, who attend its meetings but do not have voting rights.

On 1 April 2025, Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW) took over the role of Interim Chief Commissioner[1]. Stacey Taylor who acted as Interim Chief Commissioner from 28 October 2024 returned to her role as Director of Finance and Deputy Chief Commissioner when Huw George commenced on 1 April 2025.

Huw George retired as Interim Chief Commissioner on the 31 May 2026. Juliet Brown was appointed as the Substantive Chief Commissioner for the NWJCC and formally assumed AO responsibility on the 25 May 2026.

Biographies, providing further information on the NWJCC Members are published on the NWJCC website Committee Members - NHS Wales Joint Commissioning Committee.

Hybrid meeting arrangements have supported the NWJCC. Members and attendees can attend Joint Committee meetings in person, or they can join virtually via MS Teams.

A video recording of Public Joint Committee meetings is uploaded to the NWJCC website after each meeting. In addition, members of the public are able to contact the NWJCC Corporate Governance Team to discuss arrangements for observing meetings.

To ensure business is conducted in an open and transparent manner, the following actions have been taken:

- JC papers are routinely published and made available on the NWJCC website 5 clear days prior to meetings in accordance with the NWJCC Standing Orders.

- Written highlight briefings of the key components of meetings are published as soon as possible after meetings and shared with Health Boards for inclusion in their respective HB Board papers for assurance.
- In addition, recordings of Public JC meetings are uploaded to the NWJCC website for public access.

The JC papers and confirmed minutes can be viewed on the link below:
Committee Meeting Papers - NHS Wales Joint Commissioning Committee
Arrangements are in place to ensure that the meeting action logs are maintained and reported to each meeting appropriately.

[1] Further details regarding the appointment of the Interim and Substantive Chief Commissioner are set out in Section 5.1.

The NWJCC website (which gives official notice of JC meetings) includes a statement inviting members of the public who wish to attend Public Meetings to contact the organisation in advance to determine suitable arrangements. During 2025-26 the NWJCC received regular requests to observe JC meetings from members of the public and press. There were also other regular observers from LHBs and Trusts who regularly request to attend and are warmly welcomed.

6.4 NWJCC Sub-Committees

The NWJCC can and has delegated certain functions to Sub-Committees, whilst maintaining the position that the NWJCC is ultimately accountable and responsible for decision-making.

An effective JC and Sub-Committee structure provides the mechanism for NWJCC Members to be able to focus on "Oversight, Insight and Foresight".

From January 2025, the NWJCC Sub-Committee structure was established – see ***Appendix A.***

The **QSOC Sub-Committee** was established in January 2025 with the first meeting taking place on 3 February 2025. The Sub-Committee provides assurance to the JC that it is commissioning appropriate, high quality and safe services delegated to the NWJCC.

The **PPF Sub-Committee** was established in January 2025 with the first meeting taking place on 11 February 2025. The Sub-Committee provides assurance to the JC in relation to effective strategic planning, performance and financial duties relating to the planning, securing and commissioning of services delegated to the NWJCC.

Each NWJCC Sub-Committee is chaired by a Lay Member. The Sub-Committees have an important role in providing scrutiny and seeking assurance in relation to planning objectives, provision of safe and effective services, compliance with legislation and standards, learning from lessons, and oversight of performance and risk.

The Terms of Reference for each Sub-Committee are reviewed on at least an annual basis. The PPF and QSOC Sub-Committee Terms of Reference reviewed in February 2026 and endorsed at Sub-Committees and the JC in March 2026 respectively. LHBs will consider endorsed Terms of Reference for approval at their May 2026 Board meetings. The current Terms of Reference for each Sub-Committee can be found at the following locations:

- Quality Safety & Outcomes
- Planning Performance and Finance

The Chair of each Sub-Committee provides a written Highlight Report to the JC following each meeting outlining key risks and highlighting areas which need to be brought to the JC's attention. These reports contribute to the JCs assessment of assurance and provide scrutiny against the delivery of objectives or requests for approval.

The Sub-Committees, as well as reporting to the JC, also work together on behalf of the JC to ensure, where required, that cross reporting and consideration takes place, and assurance and advice, is provided to the wider organisation and LHBs.

As well as producing formal minutes, each Sub-Committee maintains a table of actions that is monitored at meetings, a Committee Cycle of Business and a Forward Work Programme. Each Sub-Committee Chair is also responsible for providing the JC with an Annual Report, setting out a helpful summary of its work throughout the year and how the Sub-Committee has met the requirements of its Terms of Reference. Each Sub-Committee has SLT Director leads who works closely with the Chair in agenda setting, business cycle planning and to support good quality, timely information being reported.

Agenda planning meetings are held with Sub-Committee Chairs, Director Leads and the NWJCC Corporate Governance Team which provides an opportunity to reflect on the effectiveness of the previous meeting and consider the agenda for the next, whilst also referencing the Committee Cycle of Business, Forward Plan and high risks on the Corporate Risk Register.

Appendix B of the Governance Statement includes a table outlining Joint Committee and Sub-Committee Membership attendance for 2025-26.

Appendix C of the Governance Statement includes a table outlining the NWJCC and Sub-Committee meetings held during 2025-26, highlighting any meetings where there may have been an issue with quoracy.

6.5 Audit, Risk and Assurance Committee (ARAC)

The CTMUHB Hosted Bodies (ARAC), advises and assures the JC on whether effective arrangements are in place, through the design and operation of the NWJCC's assurance framework. This supports members in their decision taking and in discharging their accountabilities for securing the achievement of the JC's Delegated Functions.

NWJCC officers attend the Hosted Bodies ARAC meetings for agenda items concerned with NWJCC business. In addition, the NWJCC's Lay Member, Nia

Roberts also attends ARAC meetings in her role as Audit and Finance Lead for the NWJCC. A Highlight Report is prepared following each meeting and submitted to the JC outlining the areas of review, scrutiny and discussion for assurance.

The NWJCC has continued to utilise the ARAC to take assurance that the NWJCC is discharging its accountabilities regarding financial stewardship, risk and other related matters.

6.6 Collaborative Commissioning Leadership Group (CCLG)

The Chief Commissioner has established the CCLG to provide Health Board, executive-level support to the Chief Commissioner and the JC in partnership and collaboration to plan, advise, develop and implement key plans and strategies (including the Integrated Medium-Term Plan (IMTP)/Annual Plan for the NWJCC.

The CCLG's operate collaboratively to provide a primary mechanism for effective collaboration at a senior leadership level with LHBs. The remit of the CCLG falls within the delegated authority of the Chief Commissioner with membership comprised of NWJCC Senior Leadership Team members and Executive Level LHB representatives to ensure that those in attendance have the authority to make representations on behalf of their respective organisations.

In addition to the NWJCC's formal Sub-Committee structure (set out above) NWJCC officers also hold, attend and participate at national professional peer group (Finance, Governance, Planning, Nursing, Medical etc), NWJCC Operational sub-group, LHB and Host Body forums to ensure that the views and operational requirements of the NWJCC are appropriately shared, and, to provide assurance to other NHS Wales organisations that the NWJCC is discharging its own responsibilities.

6.7 NWJCC Development (Board Development)

The NWJCC holds bi-monthly JC Development/Strategy Sessions. Throughout 2025-26 the NWJCC held sessions on a variety of topics to support ongoing awareness, learning and development for NWJCC Members. A list of the topics covered is outlined at ***Appendix D***.

The purpose of these sessions is to promote NWJCC engagement, relationships and collaboration and increase the opportunity for NWJCC members to gain a greater understanding of their core responsibilities, develop the skills of the collective JC, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a JC. The continuing approach for NWJCC

Development/Strategy Sessions will be a structured programme of development, facilitated where appropriate.

There will be at least four sessions per annum where JC Members are asked to prioritise attendance in person, it is considered that meeting in person supports and builds positive relationships and engagement amongst JC Members.

6.8 NWJCC Briefings (Board Briefings)

During 2025-26, NWJCC Briefing sessions continued to be held to brief Lay Members prior to public meetings (including confidential issues) and to raise awareness and understanding in furtherance of informed decision-making and scrutiny.

6.9 Committee Effectiveness (Board Effectiveness)

During 2025-26, the NWJCC has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the NWJCC in undertaking its annual effectiveness self-assessment, these are:

Internal Sources of Assurance

- Reflective Practice following Committee meetings.
- Committee Effectiveness Survey.
- Development/Strategy Sessions.
- Risk Management Review.
- Responding to the 2024-2025 Committee Effectiveness Self-Assessment.

External Sources of Assurance:

- Internal Audit Reviews.
- Cabinet Secretary Annual Review of the Chairs Performance.

The JC and its Sub-Committees began a Self-Assessment Review in March 2026, making use of Committee Effectiveness Surveys to gather feedback from meeting attendees. The outcome of those surveys will be collated during Q1 of 2026-27 and reported to the JC with an action plan developed to address feedback received.

6.10 The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. A Highlight Report from each JC meeting is circulated to all LHBs for inclusion on their own LHB Board agendas which sets out key updates in relation to the NWJCC's Risk Management Processes and other aspects of the system of internal control (Internal Audit updates, governance framework reviews). The NWJCC's system of internal control has been in place for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

The NWJCC is accountable for maintaining a sound system of internal control which aids achievement of the organisation's objectives. It has been supported in this role by the work of the two main Sub-Committees, each of which provides regular reports to the JC, underpinned by a JC structure, as outlined in **Appendix A** of the Governance Statement. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability.

The NWJCC recognises that scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across the whole range of its activities and in holding those responsible for delivering services to account.

7. Capacity to Handle Risk

The NWJCC is committed to supporting the creation of an NHS system fit for the future, with transformed services that join up around the people who use them. Its strategic objectives drive work plans and decisions to enable the NWJCC to provide all stakeholders with assurance about the internal system of controls.

The NWJCC has adopted the risk assessing policies and procedures of CTMUHB. Any adaptation to the agreed risk processes of the host organisation, which may be required owing the specific functions of the NWJCC, will only be made after consulting with the host organisation's Executive Director of Finance and the Director of Corporate Governance/Board Secretary and in partnership with the risk management arrangements of the seven LHBs.

7.1 Risk Management Strategy

Risk management plays a critical role in helping the NWJCC understand the impacts and manage the risks associated with its priorities and is fundamental to its success. Key principles guide how risk management is embedded at all levels and how the NWJCC will ensure that risk is managed effectively and efficiently.

Risk management arrangements for the NWJCC are in place which aim to:

- Ensure that risks to the achievement of the NWJCC's strategic values and objectives are understood and effectively managed.
- Ensure that the risks to the quality of services that the JCC commissions from healthcare providers are understood and effectively managed.
- Assure the public, patients, staff and other partner organisations, that the NWJCC is committed to managing risk appropriately.
- Protect the services, staff, reputation and finances of the NWJCC through the process of early identification of risk, risk assessment, risk control and elimination.

The planning and commissioning of health care services involves risk. The aim of the NWJCC's activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed. The NWJCC systems of control are designed to manage risk to a reasonable level rather than to eliminate all risks, it can therefore only provide reasonable and not absolute assurance of effectiveness.

The NWJCC has a clear process governing the identification and description of risk, and for clearly recording how these risks are to be effectively

mitigated. An NWJCC Organisational Risk Register (ORR) has been developed which details those risks scoring 15 (out of 25) or above and/or those that cannot be managed locally across the NWJCC. This mirrors the adopted risk management mechanisms and processes of the hosted CTMUHB. The ORR includes corporate, strategic, operational, clinical, financial, information, workforce and reputational risks, and each risk has a Lead Director as the Strategic Risk Owner.

Each of the high/extreme scoring risks within the ORR are assigned to one of the NWJCC Sub-Committees (QSOC and PPF) to be reviewed, and for assurance to be provided that risks are being appropriately mitigated, with robust actions in place for their ongoing management. Additionally, each Sub-Committee provides onwards assurance, via Sub-Committee Highlight Reports, to the JC regarding the management of risk.

A risk workshop was held with the SLT on the 17 December 2025 to agree the approach to be adopted to risk descriptions and risk scoring to better reflect the risk held by the NWJCC as a commissioner. Accordingly, a full review of all extreme risks (those scoring 15/25 and above) was undertaken and a revised ORR was presented to the JC at its meeting on 17 March 2026.

A bi-monthly risk reporting cycle has been implemented which provides an opportunity for the Corporate Governance Team (CGT) to undertake a second line assurance review, with additional consideration and challenge given to controls and mitigating actions of all current, new and emerging risks to ensure that the JC remains focused on commissioner-based risk reporting. The CGT will continue its work with commissioning directorates to provide support and guidance on the NWJCC's risk management processes, and the expectations of the NWJCC Sub-Committees and JC for the reporting and management of risk.

Whilst the NWJCC has adopted the risk assessing policies and procedures of CTMUHB, to appropriately reflect the subtle differences between that of a Provider and a Commissioning body, a Risk Management Procedure has been developed for the NWJCC, alongside a simple guide to assessing, managing, reporting and escalating risks which will be presented to the JC for approval in July 2026.

7.2 Risk Appetite Statement

The JC recognises that risk is inherent in the commissioning of healthcare services, and that a defined approach is necessary to articulate risk context,

ensuring that the organisation understands and is aware of the risk thresholds it is prepared to accept in the pursuit of its strategic objectives.

Work on the risk appetite was paused during the early part of 2025-26 allowing time for the NWJCC to mature. A Risk Appetite has now been developed for initial consideration by the SLT in May 2026 and subsequently by the JC at a Strategy session on 16 June 2026. Benchmarking against the risk appetite statement of the hosted CTMUHB has been undertaken to compare and identify any synergies to support this work. Following approval by the JC, risks throughout the NWJCC will be managed within the JC's risk appetite, or where this is exceeded and cannot be tolerated, action will be taken to reduce the risk.

It is a live document that will be regularly reviewed and modified, so that any changes to the NWJCCs strategy, objectives, or its capacity to manage risk are properly reflected.

7.3 Joint Committee Assurance Framework

The NWJCC is committed to implementing a Joint Committee Assurance Framework (JAF).

The JAF is an integral part of the system of internal control and defines the strategic/principal risks, which impact upon the delivery of the Strategic Objectives of the NWJCC. It also summarises the controls and assurances that are in place for these risks and plans to mitigate them.

Additionally, the JAF identifies and highlights gaps in controls and assurances to support the development of action plans for the closing of gaps and mitigating risk, which is subsequently monitored by the JC for implementation.

Work on the JAF was paused during the early part of 2025-26 to allow time for the NWJCC to mature. A JAF has now been developed and will be presented to the JC in July 2026. It has been designed to provide JC level oversight, and it is intended that, through appropriate utilisation of the JAF, the JC can have confidence that it is providing thorough scrutiny of its role and will be able to identify any gaps in assurance to take appropriate action which will support operational and strategic decision making.

The effective application of NWJCC assurance arrangements to produce and maintain a JAF will help the JC to consider collectively the process of securing assurance that promotes good organisational governance and accountability.

The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the NWJCC in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
- Identifying areas where assurance activities are not present, or are insufficient for the needs of the NWJCC (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus on existing assurance resources; and
- Providing an evidence-base to assist the NWJCC in the preparation of its annual accountability statement.

The Risk Management Procedure, Risk Appetite and Joint Assurance Framework will be presented as a package to the JC at its public meeting in July 2026.

7.4 Service to NWJCC (Committee) Escalation

A Performance Report is prepared and discussed at each JC meeting to allow members to fulfil their duties of scrutiny and assurance. The March 2026 report is available here.

Moreover, the data collated systematically from services, is used to drive discussions at Commissioning Team meetings, individual service level meetings and at HB Service Level Agreement (SLA) meetings.

The Performance Report supports robust operational conversations regarding performance against commissioned volumes, expected quality governance arrangements and cost through the NWJCC's contracting arrangements. The Commissioning Teams have been working to further develop the performance report, which now provides a sharper focus on key issues, challenges, and performance against targets.

The Commissioning Teams triangulate the domains of performance including quality, activity and cost to ensure the NWJCC meets its objectives. There are clear performance management arrangements in place including risk and escalation processes which enable any issue of variance to be managed appropriately. The Commissioning Teams also drive the risk management and escalation processes of the NWJCC, all of which are focussed on promoting and maintaining improvement in the quality and value of the services the NWJCC commissions.

Where commissioned services fail to meet the agreed service specification they are managed through the NWJCC's escalation process. Services placed in escalation are reported to the QSOC sub-committee for assurance to be provided that appropriate action is being taken to improve performance and mitigate potential quality, safety and outcomes issues.

7.5 Risk Tolerance Levels

The NWJCC has adopted CTMUHB's Risk Management principle that any risk assessed as scoring 15 and above, or those not able to be managed locally, are escalated to the Organisational Risk Register for consideration by the NWJCC once they have been signed off through the relevant escalation stages of internal meetings and SLT Management Meetings.

7.6 Organisational Risk Register

Under the HA, the NWJCC is required to utilise the CTMUHB approach to risk management.

In accordance with this position, the NWJCC had allocated each risk within the ORR to an appropriate Sub-Committee to receive, monitor and to scrutinise risk management and assurance arrangements. The NWJCC ORR is received by the Sub-Committees and JC as a standing agenda. During 2025/26 the final ORR update was shared with the JC at its March 2026 meeting.

The ORR is also presented to the CTMUHB ARAC meeting following scrutiny and assurance by the JC. Risk appetite and risk tolerance will be considered in early 2026-27 as part of the NWJCC development programme.

The ORR is an integral part of the system of internal control and defines the extreme risks scored 15 or above which may impact upon the delivery of the NWJCC's strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The risks are reviewed and signed off by the SLT on a monthly basis prior to presentation to the JC.

As of March 2026, the risk outlined in ***Table 1*** below were identified as posing the greatest risk to the organisation, presenting with scores of 20/25. As of the 31 March 2026 the NWJCC was not reporting any risks with a score of 25/25.

Table 1 – Extreme Red Risks scoring 20/25

Ref	Risk Description	Risk Score
78	Utilisation of Emergency Ambulance Capacity	**20**
88	Commissioning of 24/7 South Wales Thrombectomy Service	**20**

A copy of the most up to date ORR shared with the JC can be found within the meeting papers shared here.

7.7 Risk Management Training

Formal risk management training is available to the NWJCC from CTMUHB via the NHS Wales Electronic Staff Record (ESR) training platform. Training and ongoing support is also provided by the NWJCC CGT to all NWJCC colleagues to ensure that a consistent commissioner focussed approach to risk descriptions and risk scoring is embedded which will better reflect the risks held by the NWJCC as a commissioner. This has been supported by the development of a Simple Guide to Risk Management which is available to all colleagues.

7.8 Independent Assurance on Risks

The NWJCC ensures independent assurance on risk through its robust governance frameworks. This includes the ORR which identifies and manages risks associated with healthcare commissioning.
Key elements of the independent assurance process include:

- CTMUHB ARAC: provides oversight and assurance on the effectiveness of risk management practices
- Risk Register: the comprehensive register tracks and monitors risks, ensuring they are addressed promptly
- Regular Reporting: Continuous updates and reports on risk management activities are presented to the JC, Sub-Committees and the ARAC. The PPF and QSO Sub-Committees receive updates on the risks assigned to them for monitoring and scrutiny before the risks are presented to the JC and ARAC meetings to provide assurance to the JC on the effective management of risk.

8. The Control Framework

The NWJCC supports the delivery of the Health and Care Standards (2023) for safe, effective, efficient, timely person centred and equitable commissioned services for the population of Wales. Ongoing work to finalise the NWJCC JAF will span the portfolio of NWJCC commissioned service in an effort to standardise the reporting of assurance across the NWJCC's control framework within which the NWJCC's commissioning services operate. It is anticipated that this work will enhance consistency in quality reporting aligned to the Duty of Quality Act.

This will build upon and support development of all four elements of Quality Planning, Quality Improvement, Quality Control and Quality Assurance.

An overarching goal of the NWJCC is to improve outcomes for people, whoever they are and wherever they live, by providing them with access to high-quality specialised services. One of the fundamental principles underpinning quality is to develop open and transparent relationships with providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. Where concerns regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

There is a focus on patient outcomes and value-based health care within the NWJCC which will be achieved through co-production with LHBs and Trusts across NHS Wales, NHS England (NHSE) and the private sector. Understanding the patient experience and patient voice is vital in the services commissioned and also in the development of new services. People's experience will be integrated into all development initiatives, encompassing and fostering a culture dedicated to continuous learning and improvement, prioritising quality, safety, and experience.

Patient reported outcomes (PROMS) and patient reported experience measures (PREMS) will also support work to provide assurance in the quality of services commissioned. Data development is key to this capturing key performance indicators relevant to services and aligned within National evidence and guidance.

The domains set out in the Duty of Quality are embedded within all reports in the NWJCC with the Quality Impact Assessment tool used throughout the commissioning process. Recognition and development of quality improvement initiatives and embedding of good practice within the commissioned services will be recognised supported and shared across Wales.

8.1 Quality Governance

The NWJCC oversees the commissioning of healthcare services across Wales, ensuring high standards of quality and governance. The JC acts collectively on behalf of the seven HBs, which are ultimately accountable to their populations. Within the NWJCC both the Medical and Nurse Director are professionally accountable to their Executive Director counterparts within CTMUHB as the NWJCC's Host Organisation.

The NWJCC focuses on several key areas related to quality governance:

- Quality and Patient Safety: Implementing strategies to uphold national standards and best practices.
- Safeguarding: Ensuring the protection of vulnerable individuals receiving healthcare services.
- Professional Regulation: Promoting professional excellence among nurses and other healthcare providers.
- Complaints and Concerns: Addressing patient and stakeholder complaints to drive service improvements.
- Performance Improvement: Issuing notices to address deficiencies and promote continuous improvement.

The JC aims to foster a culture of excellence, safety, and continuous improvement in healthcare services across Wales.

From the 1 April 2026, NHS Wales will be implementing changes to the way concerns are investigated across Wales. One of the key changes being introduced by The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 is the implementation of the new Listening to People statutory guidance, which replaces the existing Putting Things Right guidance.

These changes are designed to make it easier and quicker for patients, families and carers to raise concerns and or provide their experience about NHS care.

This new approach forms part of a national commitment to improve openness, compassion and learning across health services in Wales, and introduce clearer processes and better support for anyone who wishes to speak about their care.

The NWJCC is working closely with its Host Body, CTMUHB, to ensure that these Regulations are consistently implemented across both organisations. Updates on progress will be shared with the NWJCC's QSOC Sub-Committee for assurance that the organisation is compliant with the new regulatory requirements.

8.2 Clinical Audit

The NWJCC plays a crucial role in overseeing clinical audits to ensure the quality and safety of healthcare services across Wales. Clinical audits are systematic reviews of healthcare services to assess and improve patient care.

The National Clinical Audit and Outcome Review Plan for 2024-2025 outlines the audits and reviews that all HBs and Trusts in Wales are required to participate in. These audits help measure the effectiveness of healthcare services and identify areas for improvement

Key aspects of the clinical audit process include:

- Data Collection: Gathering data on clinical practices and patient outcomes.
- Benchmarking: Comparing performance against national standards and best practices.
- Analysis and Reporting: Evaluating the data to identify strengths and areas for improvement.
- Action Plans: Developing strategies to address identified issues and enhance service quality.

The findings from these audits are used to drive continuous improvement in healthcare services, ensuring that patients receive the highest standard of care.

8.3 Corporate Governance Code

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, the NWJCC considers that it is complying with the main principles of the Code where applicable, through operating within the scope of the governance arrangements for CTMUHB. The NWJCC remains satisfied that it compliant with the main principles of the Code, is following its spirit to good effect whilst conducting its business openly and transparently. There were no reported/identified departures from the Code during the year.

8.4 Integrated Performance Dashboard

The NWJCC's arrangements for managing operational performance are captured in the Performance Report which can be accessed here.

This report provides an overview of performance across the NWJCC's commissioned portfolios, covering key metrics such as waiting times, activity, quality indicators, and workforce. It provides assurance on how commissioned services are performing against agreed national standards, highlights areas of escalation or risk, and identifies emerging system

pressures. A Power BI dashboard is also available alongside this report, allowing JC members and stakeholders to interrogate the data and draw insights tailored to their specific needs.

8.5 Planning Arrangements

The NHS Wales Joint Commissioning Committee (NWJCC) Foundation Plan 2025-26 was developed during the NWJCC's first year of establishment representing a year of transition from three predecessor organisations to a single commissioning body acting on behalf of NHS Wales. The NWJCC has received quarterly updates on delivery and the PPF Sub-Committee received the close out report at its April 2026 meeting. (insert link when papers are published).

The projects or programmes that have not concluded will rollover from the Foundation Plan into the Annual Plan and corporate priorities for 2026/27.

During 2025/26 the NWJCC has worked collaboratively with LHBs to develop an Annual Plan which sets out how the NWJCC will discharge its strategic commissioning responsibilities in 2026-27, in the context of a three-year planning cycle. The Plan is aligned to the NHS Wales Planning Framework, national priorities set by WG, and the duties placed on the NWJCC to secure safe, effective, equitable and sustainable services for the population of Wales. This is set against the backdrop of system-wide challenges and uncertainty around future government priorities that will result from the forthcoming Senedd election in May 2026.

The NWJCC's Annual Plan 2026-27 and its detailed planning arrangements (which can be found here) were approved by Chair's Action of the Joint Committee on the 30th March 2026, following approval in principle at the Extra-Ordinary Joint Committee meeting of the 23 March 2026. Following approval, the approved Annual Plan was submitted to Welsh Government on the 30 March 2026.

Delivery of the Annual Plan has commenced, and monitoring will continue in a similar manner to Foundation Plan monitoring, with flexibility to improve processes and assurance going forward.

8.6 Disclosure Statements

8.6.1 Equality, Diversity and Inclusion

Equality, diversity and inclusion (EDI) are central to the work of the NWJCC and to its vision for improving and developing specialised services for NHS Wales. The NWJCC welcomes the WG's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. The NWJCC is committed to complying with the provisions of the Equality Act 2010, the Public Sector Equality Duty (PSED), and the specific duties to promote and safeguard equality, social justice and human rights in Wales. The NWJCC is further committed to ensuring that its activities positively contribute to a fairer society by advancing equality and diversity, and by embedding inclusion and a sense of belonging within the NWJCC's day-to-day operations.

The NWJCC is guided by CTMUHB, as the organisational host, to ensure compliance with equality, diversity, inclusion and human rights legislation. CTMUHB policies and procedures set out the organisational commitment to promoting equality, diversity and human rights in relation to employment and ensure that staff recruitment processes are conducted in an equitable manner. All staff have access to these policies and procedures via the intranet. The HA includes provision for specific support in relation to equality and diversity.

The NWJCC Corporate Services Manager is a member of the Equality, Diversity and Inclusion Working Group within CTMUHB, where best practice is shared and any emerging issues are considered and integrated into organisational processes. The Duty of Candour (Wales) 2023 and the Citizen Voice Body (Wales) 2023 have further strengthened the status of equality and human rights, placing a duty on all public bodies in Wales to be open and honest with service users receiving care and treatment.

The WG's PSED requires all public sector organisations to publish a Strategic Equality Plan at least every four years. While the NWJCC commissions specialised services on behalf of the seven Local Health Boards, responsibility for individual patients remains with the Local Health Board of residence.

The NWJCC has integrated equality and Welsh Language impact assessments to streamline processes for users and to ensure that specialised services provision is considered in an equitable, holistic and transparent manner. Completion rates have improved, and focused training and awareness activity has been identified for the current financial year to support the full integration of impact assessments across organisational governance processes.

The NWJCC has designated EDI Champions in place: Shameem Nawaz, Lay Member and Member of the Joint Committee, and Carole Bell, Director of Nursing and Quality, who acts as the Senior Leadership Team Director EDI Champion.

During 2025–26, the NWJCC contributed to the PSED through a range of activities. As part of the Diverse Cymru Silver Merit Award action plan, the organisation focused on promoting its core values and behaviours following a period of large-scale transformation. This included the application of transparent recruitment processes in line with CTMUHB policies and procedures. To enhance the organisation's transition and transformation plan, organisational development initiatives were implemented, including line management training with a focus on appraisal processes and soft skills development, promoting NWJCC values, role-modelling behaviours and building managerial confidence.

In October 2024, the NWJCC successfully implemented the Cultural Competence Scheme and achieved Silver certification with merit, recognising its commitment to cultural competence and equality. Involvement in the scheme, championed by the SLT, has supported the embedding of strong core values in the organisation's approach to equality, diversity and inclusion. Awareness sessions and subsequent reflective activity have provided impetus for positive change in the NWJCC's role as a commissioning body. This work has fostered a culture of togetherness, respect and collaboration, particularly during a period of organisational transition and transformation.

Ongoing discussions are taking place with EDI Leads regarding re-accreditation for the Diverse Cymru Silver (Merit) Award in October 2026. This will require the provision of evidence demonstrating sustained activity and initiatives to understand and value cultural and individual differences. Such activity supports improved service delivery and workplace dynamics and promotes the employee value proposition and psychological safety through the NWJCC values of respect, collaboration and striving for excellence.

8.6.2 Welsh Language

The NWJCC is committed to treating the English and Welsh languages based on equality and will endeavour to ensure the services we commission meet the requirements of the legislative framework for Welsh Language as required by the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations. Provider organisations in Wales are subject to the same legal framework, however the provisions of the Welsh language standards do not apply to services provided in private facilities or in hospitals outside of Wales. In recognition of its importance to the patient experience, the NWJCC ensures that wherever possible patients have access to their preferred language.

This commitment is now set out as an overarching statement in all new and updated NWJCC commissioning policies and service specifications.

To facilitate this the NWJCC is committed to working closely with providers so that in the absence of a Welsh speaker in the service, patients and their families will have access to either a translator or 'Language-line'. We will also encourage, in those services where links to local teams are maintained during the period of care, that this will provide, when possible, access to the Welsh language.

The NWJCC Corporate Services Manager is a member of the Welsh Language Steering Group within CTMUHB, where best practice is shared and any emerging issues are considered and integrated into organisational processes.

NWJCC officers attend the CTMUHB Welsh Language Steering Group meetings to lead and drive the implementation and delivery of legislative Welsh Language compliance across the NWJCC and support implementation of the "More than just words" framework. The Steering Group is a Sub-Committee of the CTMUHB People and Culture Committee. The purpose of the Group is to support the CTMUHB Board to deliver on its responsibilities, in accordance with the legislative framework for Welsh Language, and to improve service user experience, through the provision of bilingual care and support.

As above, the NWJCC has integrated equality and Welsh Language impact assessments to streamline processes for users and to ensure that specialised services provision is considered in an equitable, holistic and transparent manner.

The NWJCC is introducing Welsh language coffee groups, the first of these recently coincided and celebrated St David's Day. The NWJCC has the Welsh Language as one of the Quick Links on the Pulse NWJCC staff intranet site and is promoting NWJCC staff attendance at the CTMUHB "Learn Welsh at CTM" online event in April 2026 to explore the opportunities to learn and develop the Welsh language across the Health Board.

8.6.3 Well-Being of Future Generations Act 2015 (WBFGA)

The Well-being of Future Generations Act (WBFGA) requires named statutory bodies, including CTMUHB, (our host) to ensure the needs of the current population are met without compromising the ability of future generations to meet their own needs. This 'sustainable development principle' requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement) and to contribute to the seven national well-being goals.

The NWJCC is committed to contributing towards the achievement of the objectives of the WBFGA and its stated aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives the NWJCC the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, to work collaboratively with people, communities and organisations and to seek preventative solutions for the population of Wales.

The NWJCC Annual Plan 2025-26 seeks to integrate and demonstrate the NWJCC's commitment to the WBFGA's five ways of working and its intended contribution to Act's well-being goals. Prevention is embedded throughout the work of the NWJCC and its commitment to the WBFGA will also be demonstrated through delivery of the 2026-27 Annual Plan.

To ensure that the NWJCC's commitment to the WBFGA remains at the forefront of all decisions and operational activity, JC and Sub-Committee report templates require authors to confirm how proposed activity considers or furthers the intentions of the Act.

8.6.4 Socio Economic Duty

The NWJCC recognises that the Socio-Economic Duty introduced by WG under the Equality Act 2010 requires relevant public bodies in Wales, which include LHBs, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions. The duty came into force on 31 March 2021 and as a JC of the LHBs, this duty has been taken into account when planning and commissioning specialised services.

The NWJCC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

8.6.5 Duty of Quality

The statutory Duty of Quality came into force on 1 April 2023 in accordance with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care. Quality is more than meeting service standards it's about implementing systems to support safe, effective, person-centred, timely, efficient, equitable care.

The Health & Care Quality Standards replaced the Health and Care Standards (2015) and are a framework to help plan, deliver and monitor

healthcare services in Wales. They are made up of six domains of quality and six quality enablers.

During 2024-25 the NWJCC introduced a new Patient Safety Incident Response Framework (PSIRF) which sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The introduction of this framework represents a significant shift in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen – including the factors which contribute to them. This has helped provide a visual tool for monitoring of the NWJCC's escalation processes and supported further understanding within LHBs. The outputs of this work are shared with the QSOC Sub-Committee and within the QSOC Highlight Report shared with the JC.

One of the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 is to publish an Annual Quality Report. As the NWJCC does not directly provide Health Care, it does not prepare an Annual Quality Report, however the processes that it has in place to monitor the quality of services delivered by LHBs supports the development LHB publications.

During the development of the Annual Plan 2026-27 the NWJCC's Quality Impact Assessment tool was used to prioritise and make recommendations on investment decisions. This has ensured that the Duty of Quality is at the heart of the NWJCC's strategic planning process and has also been a useful practical exercise for the Commissioning Teams in using the QIA tool.

8.6.6 Duty of Candour

The statutory Duty of Candour came into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires them to be open and transparent with service users when they experience harm whilst receiving health care. During 2025-26 no matters were raised relating to the NWJCC.

8.6.7 Membership of the NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member's Pension Scheme records are accurately updated, in accordance with the timescales detailed in the Regulations. As a hosted body, the NWJCC receives payroll support from CTMUHB.

8.6.8 Carbon Reduction Delivery Plans

The NWJCC aligns to its host organisation's (CTMUHB) Carbon Reduction Delivery Plans.

The NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities, where possible providing services closer to home (via digital and virtual access where possible) and ensuring a delivery chain for service provision and associated capital that reflects this commitment. We will also seek to support staff considerations and behaviours for those actions that have a positive effect on decarbonisation for example reduced travel, efficient travel and use of electric vehicles where possible.

During 2025-26 the NWJCC continued to embed the working practices that were, by necessity, introduced in 2020. The NWJCC have adopted a blended and hybrid approach to office and remote working, reducing the need for travel, and we continue to run as many meetings as practically possible using online platforms including Microsoft Teams. Additionally, many of the NWJCC's systems which moved to paperless processes have continued operating in this way and these have proven to be more efficient and reduce the impact on the environment. We will continue do adopt these practices going forward.

Increasing numbers of staff are purchasing electric vehicles via the NHS Fleet Solutions Scheme. As a consequence, the NWJCC has had EV charging stations at its premises since installation in April 2022.

The electricity used by the NWJCC is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme.

NHS All Wales Clinical Waste and Municipal Waste Contracts are awarded through an NHS All Wales Tender Process managed by NWSSP Procurement services on behalf of NHS Wales. The NWJCC's waste and recycling is processed by Veolia. 'Dry Mixed Recycling' (DMR) is collected and separated for recycling by Veolia. The NWJCC also work with staff to raise awareness and understanding of the importance of waste segregation to ensure that recycling targets continue to be met.

The NWJCC Annual Plan 2026-27 sets out a commitment to work closely with NWJCC clinicians, WG and NHS Wales partners to consider the impacts of climate change on the services we commission now and in the future.

8.6.9 Duty of Consultation

The NWJCC works on behalf of the seven LHBs and within the WG guidance on changes to NHS services in Wales to effectively engage and consult on changes to the services it commissions as required. For any necessary service change that the NWJCC is involved in, it will work through the all-

Wales Directors of Planning and All Wales Engagement Leads group to utilise existing and established mechanisms at LHB level.

In addition, a Consultation and Engagement protocol is being developed in partnership with LHBs to clearly set out responsibilities in relation to service change for services commissioned by the NWJCC and will be presented to the JC in 2026-27.

The NWJCC also work closely with Llais, who represent the views of and advocate for people across Health and Social Care, in relation to any service change for the services commissioned by the NWJCC. Representatives from Llais attend NWJCC JCC and Sub-Committee meetings where they can express their views on matters discussed and provide guidance where appropriate.

8.6.10 Emergency Planning, Preparedness and Response

Emergency and business continuity arrangements were in place during the financial year 2025-26, in accordance with the duty of the NWJCC's host, CTMUHB, to comply with the Civil Contingencies Act and the Emergency Planning Guidance issued by WG.

The NWJCC continues to work closely with CTMUHB on business continuity planning arrangements and will continue to work in partnership with all LHBs to ensure that their business continuity plans are cognisant of and take into consideration the services commissioned by the NWJCC. This is supported by a robust risk management framework and the ability to identify, assess and mitigate risks that may impact on the ability to achieve the NWJCC's strategic objectives.

The NWJCC recognises its role in supporting NHS Wales to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care in accordance with the classification of NHS bodies as Category 1 responders at the core of the response to most emergencies under the Civil Contingencies Act (2004).

The NWJCC commissions emergency ambulance services for NHS Wales and is working closely with the Welsh Ambulance Services University NHS Trust to develop robust commissioning plans to respond to the recommendations of the Manchester Arena Inquiry (MAI). The NWJCC has secured independent expert advice to consider the MAI recommendations and will share its findings, and proposals for implementation with the CCLG, PPF and JC for support.

8.6.11 Data Security & Information Governance

The NWJCC Committee Secretary is the lead officer link to the host organisation in relation to Information Governance (IG). An agreement has been made that the Medical Director of CTMUHB, as host organisation, will

act as Caldicott Guardian for the NWJCC. The Caldicott Guardian, is responsible for the protection of patient information. Guidance and support on Information Governance issues is obtained from the IG team at CTMUHB.

The Committee Secretary and the CTMUHB Head of Governance and Risk are members of the CTMUHB Information Governance Group and regularly attend the IG meetings.

There were no NWJCC specific incidents relating to data security that required reporting to the Information Commissioner's Office (ICO) during 2025-26.

8.6.12 Register of Interests

Register of interests, details of company directorships and other significant interests held by members of the NWJCC, which may conflict with their responsibilities, are maintained, and updated on a regular basis. A Register of Interests is available on the NWJCC website here, or a hard copy can be obtained from the Deputy Director of Corporate Governance/Committee Secretary on request.

8.6.13 Environmental, Social and Community Issues

The NWJCC works hard to reduce its impact on the environment, to encourage staff to make healthy lifestyle choices, and to strengthen the NWJCC's relationships and engagement with local communities. The adoption of a strategic approach to sustainability ensures that the NWJCC not only looks at ways to reduce fixed costs such as energy, water and waste, but also to embed efficiency principles within the NWJCC's processes for procuring goods and services.

8.6.14 Ministerial Directions

The Ministerial Directions and Welsh Health Circulars received during 2025-2026 are outlined in **Appendix E**.

All Directions and Welsh Health Circulars received have been shared with appropriate Director level leads for action, implementation or noting.

8.6.15 Modern Slavery Act 2015 – Transparency in Supply Chains - The Welsh Government's Code of Practice (the Code)

Ethical Employment in Supply Chains highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the United Kingdom and overseas. The NWJCC aligns with its host organisation's employment practices.

The Modern Slavery Act 2015 and the WG Code of Practice on Ethical Employment in Supply Chains emphasise the need to ensure fair, lawful

and ethical employment practices at every stage of the supply chain, both within the United Kingdom and overseas.

During 2025-26, CTMUHB has continued to embed the principles and requirements of the Code, and the Modern Slavery Act 2015 across its employment, procurement and commissioning activities. This reflects our ongoing commitment, as a major public sector employer, to preventing and eradicating unlawful and unethical employment practices, including modern slavery and human rights abuses, the use of blacklists or prohibited lists, false self-employment, and the unfair use of umbrella schemes.

Awareness of ethical employment requirements continues to be promoted through recruitment and financial controls, and through procurement processes with contractors and suppliers. CTMUHB remains an accredited Living Wage Employer, ensuring that directly employed staff receive an hourly rate above the statutory minimum. This commitment extends to third-party contractors and suppliers, with newly appointed providers required to pay the Living Wage to their staff as a condition of engagement. This approach supports fair pay and ethical employment across all services delivered on behalf of the Health Board.

Arrangements to support staff and others to raise concerns remain a key control. CTMUHB provides access to a dedicated Speaking Up Safely and Raising Concerns (Whistleblowing) SharePoint page, alongside a range of supporting policies including the Respect and Resolution Policy, Raising Concerns Policy and Procedure, and Safeguarding Allegations Procedure. These routes enable staff, patients and members of the public to raise concerns about suspected malpractice or unethical employment practices involving CTMUHB, its contractors or suppliers.

During 2025-26, CTMUHB strengthened this approach through the introduction of Speaking Up Safely Guardians and the Working in Confidence online platform. This enables employees to raise concerns anonymously, if they wish, and to engage confidentially with a Speaking Up Safely Champion until their concern is addressed. We will monitor and evaluate the use and impact of the platform.

The Health Board continues to work closely with NHS Wales Shared Services Partnership, recruitment teams and procurement colleagues to ensure that ethical employment principles are embedded within contracting, recruitment and purchasing activity. This includes use of the Transparency in Supply Chains (TISC) compliance tracker for contracts procured on behalf of CTMUHB, robust IR35 processes to reduce the risk of false self-employment, and adherence to fair and transparent recruitment and selection practices.

9. Review of Effectiveness

Despite this not being a statutory obligation for the NWJCC, it is a principle of good governance and best practice that all NHS Wales organisations should undertake a formal and rigorous annual evaluation of their own performance and that of their committees in accordance with the SOs.

For the 2025-26 assessment, a Microsoft Forms questionnaire was circulated to all JC Members, Sub-Committee members and the SLT during March 2026.

The survey questions were derived from good practice guidance, including the NHS Audit Handbook, and LHB questionnaires developing following Audit Wales reports. The questions adhered to the following principles:

- the need for Sub-Committees to strengthen their governance arrangements and support the JC in the achievement of the strategic objectives.
- the requirement for a committee structure that strengthens the role of the JC in strategic decision making and supports the role of Lay Members in challenging management actions.
- maximising the value of the input from Lay Members, given their limited time commitment.
- supporting the JC in fulfilling its role, given the nature and magnitude of the NWJCC agenda.

The outcome of those surveys will be collated during Q1 of 2026-27 and reported to the JC with an action plan developed to address feedback received. The feedback will contribute to the development of a JC Development Plan, which will map out the development activities for the JC and its Sub-Committees. A copy of all the development activities that have taken place during 2025-26 can be found at ***Appendix D.***

To obtain a broad view of the JC's effectiveness, it is important to consider the additional mechanisms and tools, which are used to provide evidence that the NWJCC's systems of internal control are working effectively. By using the tools outlined in ***Table 2*** below to map the various sources of assurance issues, gaps in controls and/or gaps in assurance can be identified:

Table 2 – Tools to Review Effectiveness

Tool	Scope	Assurance Reporting
Organisational Risk Register	This is an essential component of the NWJCC's internal control system and is used as a systematic and structured method of recording all risks (operational, financial and strategic) that threaten the achievement of the NWJCC's objectives. This forms an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.	The PPF and QSO Sub-Committees have key risks assigned to them which they scrutinise on behalf of the JC at each Sub-Committee meeting. The complete risk register is presented to each JC and ARAC meeting following Sub-Committee scrutiny. The operating framework for the risk register is outlined in the CTMUHB Risk Management Strategy.
Internal Audit	Considers areas related to systems of internal control.	The NWJCC Audit tracker outlines audits undertaken and progress being made against recommendations and is presented to each ARAC meeting.
External Audit	Considers areas related to systems of internal control.	During 2025-26 there were no external audits applicable to the NWJCC.
Internal Policies	Policies and procedures designed to give management a reasonable assurance that the NWJCC achieves its objectives	A report on operational policies is presented to the QSOC Sub-Committee routinely for assurance. The NWJCC Policy Group oversee the management of all policies.
Regulatory and Legal	Compliance with regulatory and legislative frameworks.	Routine assurance reports to the JC and Sub-Committees and the NWJCC Accountability Report, which is included as

Tool	Scope	Assurance Reporting
		part 2 in the CTMUHB Annual Report and Accounts.
Stakeholder feedback	Receiving feedback from people (named or anonymous), whose views are considered helpful and relevant.	The NWJCC obtain stakeholder feedback through formal consultation processes and through regular dialogue with the JC, Sub-Committees, through attending peer group meetings and 1-to-1 meetings.
Joint Committee Assurance Framework (JAF)	Under Development – Will brings together in one place all of the relevant information on the risks to the achievement of strategic objectives. Known as a Board Assurance Framework (BAF) in HBs.	This will be presented to JC for approval in 2026-27.

**Note this list is not exhaustive*

10. Accountable Officer Statement

The NWJCC is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of NHS Wales Shared Services Partnership Internal Audit team, and the officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors and regulators.

10.1 Summary of 2025-2026 Audit Assurance Ratings for NWJCC

A summary of the audits undertaken in the year and the results are summarised in the table below:

Substantial Assurance • Individual Patient Funding Request Process (Q3)	Reasonable Assurance • n/a
Limited Assurance • n/a	Advisory/Non-Opinion • n/a
No Assurance • n/a	Awaiting Final Report (to be reported in early 2026/2027) • Q4 Budget Management • Q4 High-Cost Drugs

Statutory NHS bodies are required to have an end of year Head of Internal Audit Opinion (HOIA). The NWJCC is a non-statutory, hosted body under CTMUHB and is accountable to the seven LHBs. Therefore, the NWJCC do not have their own HOIA.

The Accountability Report is the primary source of assurance provided to CTMUHB as host, and the other six LHBs as the NWJCC is Sub-Committee of the seven LHBs.

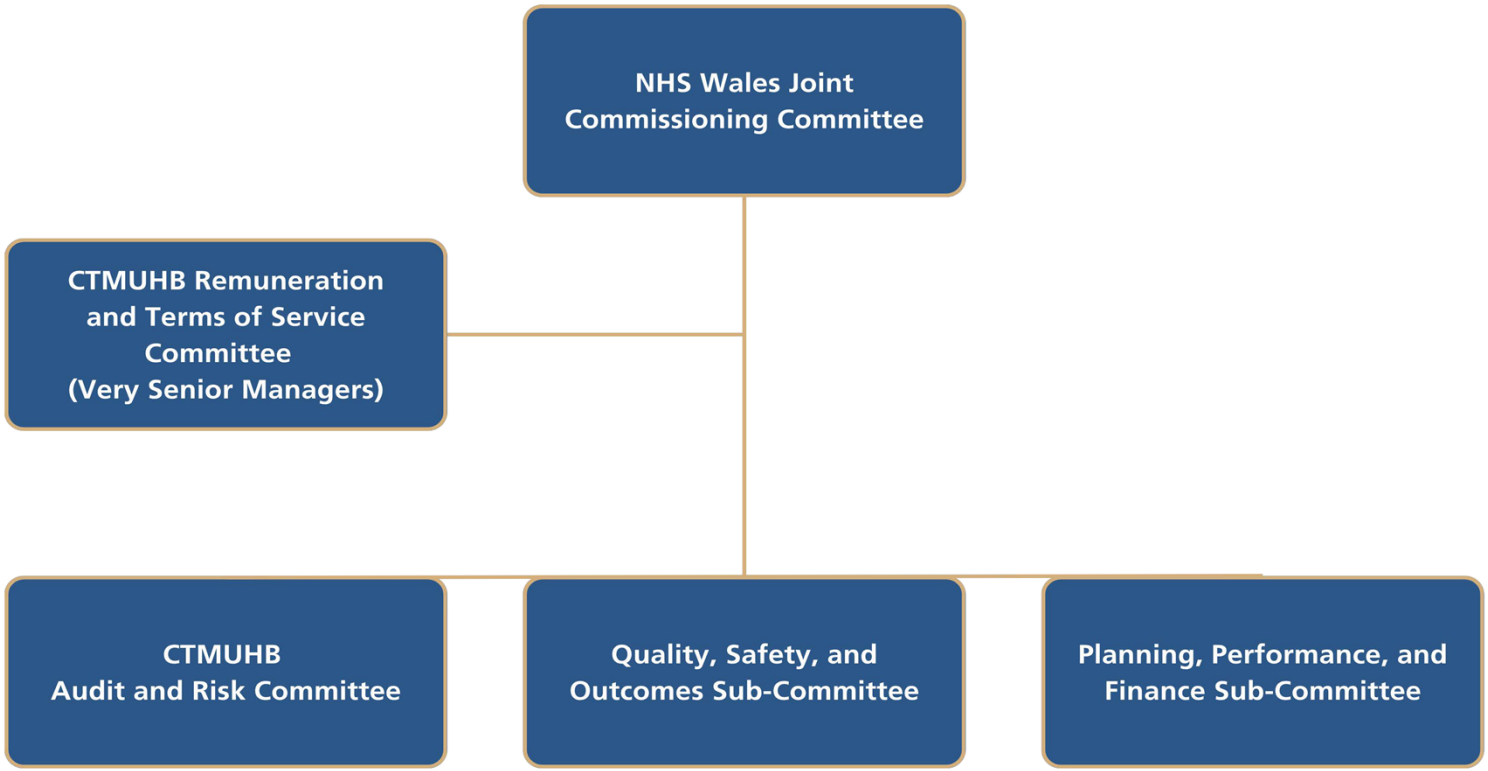
11. Conclusion

To the best of my knowledge, there have been no significant internal control or governance issues identified during this period other than those already referenced in this document.

Signed:

Juliet Brown
Chief Commissioner

Appendix A - Joint Committee and Sub-Committee Structure



Appendix B - Table of Joint Committee Membership and Attendance

Name	Position	Organisation	Attendance at Meetings 2025-2026
Non-Officer Members (Voting)			
Ian Green	Chair	NHS Wales Joint Commissioning Committee	7/8
Susan Elsemore	Lay Member Chair QSO Sub-Committee	NHS Wales Joint Commissioning Committee	8/8
Nia Roberts	Lay Member Audit and Finance Lead on CTMUHB ARAC from 1 November 2025	NHS Wales Joint Commissioning Committee	6/8
Paul Worthington	Lay Member Chair of the PPF Sub-Committee WKN Lead from 13 January 2026	NHS Wales Joint Commissioning Committee	8/8
Shameem Nawaz	Lay Member	NHS Wales Joint Commissioning Committee	7/8
Mandy Rayani	Lay Member QSO Vice Chair	NHS Wales Joint Commissioning Committee	6/8
Chief Executive Members (Voting)*			
Abigail Harris	Member	Chief Executive, Swansea Bay UHB	6/8
Paul Mears	Member	Chief Executive, Cwm Taf Morgannwg UHB	7/8
Philip Kloer	Member	Chief Executive, Hywel Dda UHB	8/8
Suzanne Rankin	Member	Chief Executive, Cardiff & Vale UHB	7/8
Carol Shillabeer	Member	Chief Executive, Betsi Cadwaladr UHB	8/8
Hayley Thomas	Member	Chief Executive, Powys Teaching HB	8/8
Nicola Prygodzicz	Member	Chief Executive Officer, Aneurin Bevan UHB	8/8
Joint Committee Associate Member (Non-Voting)**			
Huw George	Associate Member	Interim Chief Commissioner	8/8

*In person or represented by a nominee in accordance with the Joint Commissioning Committee Standing Orders.

**As per the standing Orders the Chief Commissioner is not a voting member of the JCC

Appendix C - Table of Joint Committee & Sub-Committee Meetings held during 2025-26

	2025									2026		
	Apr	**May**	**Jun**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Joint Committee		20		15		16		25		27		17
Joint Committee (extraordinary)									16			23
Quality Safety & Outcomes Sub-Committee			2		4		6		15		23	
Planning, Performance & Finance Sub-Committee	8		10		12		23		18		26	

** All meetings were quorate*

Appendix D – Joint Committee Strategy Workshop Plan 2025-26

Meeting Date Joint Committee	Topic	Plan for Delivery and Evaluation
15 April 2025	• Deep Dive on Mental Health • Mental Health Update from Perinatal Services • An overview of Services Commissioned by Swansea Bay University Health Board (SBUHB) • Manchester Arena Inquiry *(Following the session a tour of some of SBUHBs tertiary services took place).*	• Chairs reflections after the meeting • Annual Committee Effectiveness survey 2025-26
17 June 2025	• Strategy Development • Ambulance Performance Framework	• Chairs reflections after the meeting • Delivery of the IMTP 2024-25 reports • Annual Committee Effectiveness survey 2025-2026
19 August 2025	• Cardiac Surgery Deep Dive • Financial Forecast Risk Savings • NHS 111 – Deep Dive	• Delivery of the IMTP 2024-25 reports • Annual Committee Effectiveness survey 2025-2026
21 October 2025	• Clinical Escalation • Financial Outlook • Integrated Medium-Term Plan • Welsh Kidney Network	• Delivery of the IMTP 2025-26 reports • Annual Committee Effectiveness survey 2025-2026
16 December 2025	• Integrated Medium-Term Plan (2026-29)	• Delivery of the IMTP 2025-26 reports • Annual Committee Effectiveness survey 2025-2026
17 February 2026	• Integrated Medium-Term Plan (2026-29)	• Delivery of the IMTP 2025-2026 reports • Annual Committee Effectiveness survey 2025-2026

Appendix E – Welsh Health Circulars and Ministerial Directions Received 2025-2026

Ministerial Direction / Date of Compliance	Date / Year of Adoption
WHC 2024 (015) - People's Experience Framework and People's Experience Survey	April 2025
WHC 2025 (004) - NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2025/26	April 2025
WHC 2025 (010) - Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19	April 2025
WHC 2025 (011) - Introduction of The NHS Wales Digital Health Identity Standard for Primary Care	April 2025
WHC 2025 (013) - 2025/26 NHS Wales Financial Monitoring Return Guidance	April 2025
WHC 2025 (016) - Update on RSX vaccination programme 2025	May 2025
WHC 2025 (018) - Tirzepatide (Mounjaro) for the management of obesity and overweight	May 2025
WHC 2025 (017) - Tranexamic acid use: recommendation 7a of the Infected Blood Inquiry (IBI)	May 2025
WHC 2025 (006) - Recording of mental health outcome measures	April 2025
WHC 2024 (004) - NHS Wales financial monitoring return guidance: 2025 to 2026	April 2025

WHC 2025 (019) - Changes to routine childhood and selective neonatal hepatitis B vaccinations	May 2025
WHC 2025 (020) - The national influenza immunisation programme 2025 to 2026	June 2025
WHC 2025 (021) - Introduction of routine vaccinations for mpox and gonorrhoea	June 2025
WHC 2025 (023) - PPE stockpile volumes in Wales	June 2025
WHC 2025 (012) - Interim changes to NHS model standing financial instructions	June 2025
WHC 2025 (022) - The national COVID-19 vaccination programme autumn 2025	June 2025
WHC 2025 (008) - Licensing scheme for special procedures in Wales.	June 2025
WHC 2025 (028) - Expansion of shingles immunisation for severely immunosuppressed people aged 18 to 49	August 2025
WHC 2025 (025) - Overseas visitors' eligibility to receive free primary care	July 2025
WHC 2025 (027) - All-Wales gluten free subsidy card scheme	August 2025
WHC 2025 (029) - Introduction of a new RSV passive immunisation from autumn 2025	July 2025
WHC 2025 (026) - The safe and responsible adoption of ambient voice technologies (AI scribes).	August 2025
WHC 2025 (038) - Accessible communication and information standards in healthcare	September 2025

WHC 2025 (031) - Data standards notice of change for Waiting Well single point of contact	September 2025
WHC 2025 (034) - Data standards notice of change for planned care referrals	September 2025
WHC 2025 (037) - Infected blood inquiry: implementing recommendation 7e, SHOT	September 2025
WHC 2025 (039) - AMR & HCAI Improvement Goals For 2025-2027	October 2025
WHC 2025 (043) - New clinical pathway for treating and managing obesity	October 2025
WHC 2025 (045) - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee	November 2025
WHC 2025 (046) - Routine varicella (chickenpox) vaccination for young children from 1 January 2026	November 2025
WHC 2025 (024) - NHS Wales hearing care: future approach to audiology services	November 2025
WHC 2025 (049) - Patient Travel Policy	December 2025
WHC 2025 (053) - Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults	February 2026
WHC 2025 (054) - Pneumococcal vaccination: product change	December 2025
WHC 2025 (041) - Directions to apply the Code of Practice on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services	February 2026
WHC 2026 (001) - Call4Concern: timelines and responsibilities for implementing the patient and family-initiated escalation approach, Call4Concern	January 2026

WHC 2025 (052) - COVID-19 spring vaccination programme 2026	January 2026
WHC 2025 (053) - Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care	February 2026
WHC 2026 (007) - Bone Cement (English & Welsh PDFs) and WON documents.	February 2026
WHC 2026 (002) - Modernised Outpatient Dataset Phase 2: Planned Care activity.	March 2026
WHC 2026 (008) - NHS Research and Development Finance Policy 2026	March 2026
WHC 2026 (004) - Refreshed Intellectual Property guidance and template policy for NHS Wales organisation	March 2026
WHC 2026 (006) - Listening to People: The amended NHS Wales complaints, incidents and redress process	March 2026
WHC 2026 (017) - Enabling community pharmacies to supply medicines ordered by optometrists as part of providing NHS care in Wales	March 2026

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DECLARATION OF COMPLIANCE WITH CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD GOVERNANCE ARRANGEMENTS FROM THE DIRECTOR OF THE NATIONAL IMAGING ACADEMY TO THE ACCOUNTABLE OFFICER FOR CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

NATIONAL IMAGING ACADEMY

As the Director of the National Imaging Academy, to which the Health Board is providing host services, I confirm for the period 2025-2026 that I, ***Phillip Wardle***

a) Acted at all times within the corporate governance framework of the Health Board;

b) Ensured that proper financial procedures have been followed and that accounting records were maintained in a form suited to the requirements of management as well as in the form prescribed for published accounts;

c) Ensured that the public funds for which I am responsible were properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official;

d) Ensured that assets for which I am responsible such as land, buildings or other property, including stores and equipment, were controlled and safeguarded with similar care, and with checks as appropriate;

e) Ensured that my responsibility for the overall organisation, management and staffing of the National Imaging Academy and its arrangements related to developing and delivering ICT services as well as matters of finance, together with any other aspect relevant to the conduct of the National Imaging Academy business in pursuance of the strategic direction set by Welsh Government (WG) were discharged accordingly;

f) Ensured that all items of expenditure, including payments to staff, fell within the legal powers of the Health Board;

g) Acted within the scheme of delegations and ensured that I complied with guidance on classes of payment that I should authorise personally;

h) Ensured that in delegating functions to officers I was satisfied of their ongoing capacity and capability to deliver on those functions, facilitating access to the information they needed, ongoing training and development, as well as professional or specialist advice where appropriate;

i) Ensured prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all resources;

j) Ensured that risks to the achievement of the National Imaging Academy Objectives and fulfilment of its responsibilities were identified, that their significance was assessed, and that a sound system of internal control was in place to manage them;

k) Implemented an appropriate framework of assurance covering all aspects of National Imaging Academy business, ensured that research and evaluation work was planned so that strategic objectives and spending programmes for which I have responsibility were routinely evaluated to assess their effectiveness and value for money;

l) Ensured that, in the consideration of policy proposals relating to the expenditure or income for which I have responsibility, all relevant financial considerations, including any issues of propriety, regularity or value for money, were taken into account, and where necessary brought to your attention, as Accountable Officer for Cwm Taf Morgannwg University Health Board;

m) Agreed to attend any Board or sub-committee meeting of the Health Board in relation to National Imaging Academy performance or governance issues that may affect the operational, financial or reputational performance of the Health Board; and

n) Agreed to such reporting structure as was reasonably required by you or the Board in relation to the delivery of your obligations.

o) Ensured that there were appropriate procedures established for Information Governance to ensure that all data/information was managed in accordance with all relevant legislation (i.e. General Data Protection Regulations, Data Protection Act 1998, Freedom of Information Act 2000, and Access to Health Records 1990), NHS standards and guidance's issued by the Welsh Government, the Information Commissioner's Office and other professional bodies.

p) Escalated any incidents and/or risks that may impact the delivery of our service to the appropriate Health Board Committee / Executive Lead.

In relation to my responsibilities outlined above, I can confirm;

i. I have discharged my responsibilities as laid down in this Statement and confirm that the financial information contained within the Health Boards accounts as they relate to the National Imaging Academy represent a true and fair view of its position on an ongoing basis;

- That all losses and special payments cases have been properly managed in accordance to the instructions and procedures set out in the 'Losses and Special Payments Manual of Guidance' and also, in respect of handling clinical negligence and personal injury claims, the guidance issued under cover of Welsh Health Circulars WHC(97)7, Section 8 PTR Guidance – Clinical Negligence and Personal Injury Litigation: Claims Handling : Putting Things Right – Guidance on dealing with concerns about the NHS from 1st April 2012 (Version 2 – April 2012) which supersedes WHC(97)17 – Clinical Negligence and Personal Injury Litigation: Structured Settlements.

- The Civil Procedure Rules 1998

- WHC(98)8 -NHS Indemnity – Arrangements for Handling Clinical Negligence Claims against NHS Staff

- WHC(99)128 – Handling Clinical Negligence Claims: Pre-Action Protocol

ii. This responsibility also includes ensuring that counter fraud measures were put in place and operated in accordance with Welsh Government Directions on countering fraud in the NHS in Wales;

iii. Compliance with The Health and Social Care (Quality and Engagement) (Wales) Act 2020, with due regard to the guidance and quality standards as appropriate.

iv. That the National Imaging Academy duty for internal control was fully embodied throughout the organisation that the Board Committees of the Health Board were provided with regular reports on such matters and that appropriate action was taken on any issues that emerge from these reports;

v. That appropriate action has been taken regarding recommendations made in any reports produced by the Public Accounts Committees of the Welsh Government (the PAC) and of the Westminster Parliament; or made in reports to WG or the National Assembly for Wales by the Auditor General for Wales or in reports to Parliament by the Comptroller and Auditor General;

vi. I have provided information as requested by the Auditor General for Wales and Audit Wales. I have co-operated with external auditors in any enquiries into the use the National Imaging Academy Service has made of public funds. I have provided, on your request, information on any points raised by external auditors which generate public, Welsh Government or Parliamentary interest. Future arrangements for internal audit will comply with those described in the

NHS Internal Audit Standards for NHS Wales. I will ensure prompt action is taken in response to concerns raised by both external and internal audit;

vii. I have provided any information requested by the Healthcare Inspectorate Wales, the Care and Social Services Inspectorate Wales, the Care Quality Commission and any other statutory inspectorate agency such as the Health and Safety Executive; and ensured appropriate action was taken regarding recommendations made in any reports produced by these organisations;

viii. As appropriate, I identified a senior official who, in any temporary period of unavailability due to illness or other cause, or during normal periods of annual leave, could act on my behalf if required;

ix. The National Imaging Academy has in place effective management systems that safeguard public funds and are appropriate for the achievement of the Health Board's Governance objectives and as laid down in the Code of Conduct and Accountability. Managers at all levels;

a. Had a clear view of their objectives and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives;

b. were assigned well-defined responsibilities for making the best use of resources;

c. received the information, training and access to the expert advice they need to exercise their responsibilities effectively.

x. Management systems were in place, which covered the issue of relationships and responsibilities of the Health Board Committees; and

xi. I complied with The Code of Conduct and Accountability issued to NHS Boards by Welsh Government in exercising my responsibilities for regularity, propriety and value for money.

For the period 1st April 2025 to the 31st March 2026

Signature: Philip Wardle Director of the National Imaging Academy Wales	**Date:** 

Looking forward - for the period 1st April 2026 – 31st March 2027

I confirm that I am aware of my ongoing responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2026-2027.

Signature: Philip Wardle Director of the National Imaging Academy Wales	**Date: 7/05/2026** 

Head of Internal Audit Opinion & Annual Report 2025/26

Cwm Taf Morgannwg University Health Board

Reasonable Assurance

Contents

Report status:	Final
Final report issued:	June 2026
Author:	Paul Dalton
Audit Committee:	June 2026

1. Executive Summary

1.1 Purpose of this Report

The Board of Cwm Taf Morgannwg University Health Board (the 'Health Board' or the 'organisation') is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Global Internal Audit Standards (GIAS).

1.2 Head of Internal Audit Opinion 2025/26

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2025/26 is:

Reasonable assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

1.3 Delivery of the Audit Plan

The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit, Risk and Assurance Committee (the 'Audit Committee'). In addition, regular audit progress reports have been submitted to the Audit Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Global Internal Audit Standards.

The Internal Audit Plan for 2025/26, was presented to the Audit Committee in April 2025. Changes to the plan have been made during the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NWSSP, DHCW, and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we 'Fully Conform', and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to 'generally conform' to the requirements of the Global Internal Audit Standards for 2025/26 subject to the UK Public Sector Application Note. We can state that our service conforms to the IIA's professional standards and to GIAS in the UK public sector.

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2025/26

Substantial Assurance	• Princess of Wales Hospital - roof replacement • PCH – Section 3 - Final account [Draft] • PCH – Key project objectives [Draft]
Reasonable Assurance	• Individually commissioned packages of care • Outpatient booking process • Operational response to critical incident • Speaking up safely

	• Risk management • Clinical coding • Cyber security • Bridgend disaggregation • Falls management • Long term strategy • Stroke services • Estates assurance - Asbestos management • PCH - Phase 2 (Section 7) – Target cost • Additional medical pay WLI - re-audit [Draft]
Limited Assurance	• Savings – Centrally led programmes • Discharge planning • Medical job planning – re-audit [Draft]
Unsatisfactory	None
Advisory/Non-Opinion	• Medical sickness records [Draft] • Follow up – Additional medical pay – ADH follow up • Follow up – Estates condition • Follow up – Vaccination policy implementation • Follow up - Decarbonisation

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work.

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Health Board's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the GIAS, the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board considers but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of the Health Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2025/26 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of GIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset.

2.4 Head of Internal Audit Opinion

Scope of opinion

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below.

Reasonable assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to any Limited Assurance opinions issued during the year and the significance of the recommendations made.

Basis for Forming the Opinion

The audit work undertaken during 2025/26, and reported to the Audit Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the leadership standard.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key committee meetings; meetings with the executive team, senior managers and independent members; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Health Board.

In reaching this opinion we have identified that our reviews during the year concluded positively with effective control arrangements operating in a number of areas.

From the opinions issued during the year, three were allocated Substantial Assurance, fourteen were allocated Reasonable Assurance, and three were Limited Assurance. There were no Unsatisfactory assurance opinions. We have also issued five reports that are either advisory or no-opinion follow up reports. At the time of this report, we have ongoing fieldwork for three reviews.

In addition, the Head of Internal Audit considered the impact of the audit assignments planned this year which did not proceed to full audit following preliminary planning work and have been deferred until a future audit year. The reason for change to the audit plan was presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of the change made to the plan when forming the overall opinion.

A summary of the findings is shown below. We have reported the findings using the eight areas of the Health Board's activities that we had previously used to structure our strategic and one-year operational plans.

Corporate Governance, Risk Management and Regulatory Compliance

We have undertaken three reviews in this area.

Operational response to critical incident – A critical incident was declared in October 2024 at the Princess of Wales (PoW) hospital following the discovery of serious damage to the hospital's roof. The decision was made to move a significant proportion of the services located on the first floor at PoW, including six operating theatres, the intensive care unit, endoscopy facilities and eight wards, to other locations. Our review sought to provide assurance that appropriate action was taken at that time to manage the incident in line with agreed protocols, and that consideration has been given to lessons that may have been learnt from the incident management process. Our review identified two high and four medium priority findings. The hight priority finding included the need to update business continuity plans and supporting systems. We issued a **reasonable assurance** opinion.

Speaking up Safely (SuS) – The framework was issued by Welsh Government in September 2023 and states that 'organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised'. Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve the population's experience of healthcare. We concluded **reasonable assurance** on this area with three medium priority matter requiring management attention.

Risk management – Effective risk management is a key component of corporate and clinical governance and is integral to the delivery of organisational objectives. Risk management consists of defined steps which help us understand risks and their impact. Good risk management awareness and practice at all levels is a critical success factor for any organisation and needs

to be seen as integral to effective management practice. Our review considered care group and corporate directorate risk register management process. These risk registers sit beneath the organisational risk register, with escalation and de-escalation as appropriate. Our review of this process identified one high priority and three medium priority recommendations. We issued a **reasonable assurance** opinion.

Strategic Planning, Performance Management & Reporting

We undertook two reviews in this area.

Long term strategy - The message and branding of CTM2030 (the long term strategy) has been at the heart of the Health Board's strategic direction and is considered to be broadly understood both internally and externally, although there is no single document that portrays the future vision of CTM2030 in more detail. Instead, CTM2030 is underpinned and supported by a number of strategic delivery plans. We identified one high priority key finding in relation to the development of an overarching or summary document. We also made three medium priority recommendations. Overall, we issued a **reasonable assurance** opinion.

Follow up - Vaccination policy implementation – In January 2025 we issued a 'limited assurance' opinion related to the Health Board's arrangements to implement its vaccination policy. Our report identified three high or medium priority findings, and management agreed actions to address the risks associated with our findings. Our follow up review, undertaken in November 2025, confirmed that two of the agreed actions had been appropriately implemented, with ongoing work for the other one agreed action.

Financial Governance and Management

We have undertaken four reviews in this area.

Savings – Centrally led programmes – To support delivery of the Health Board's savings target, it established four centrally led savings programmes that were responsible for achieving £9.6m of the overall savings target. The programmes focus on: the medical workforce; nursing workforce; internal service reconfiguration; and patient-centred contact through digital enablement. Our work tested the governance, planning, and monitoring arrangements for two of the Health Board's savings programmes: the medical workforce productivity programme; and the nursing workforce productivity programme. We identified three high priority and three medium priority findings and issued a **limited assurance** opinion. The high priority findings related to: ensuring that governance arrangements for planning and identification of savings schemes are appropriately in place; ensuring that programme and workstream documentation was complete; and ensuring that data is available in good time to support effective decision making. We also, identified three medium priority findings.

Follow up - Additional medical pay – Additional Duty Hours (ADH) - In December 2024 we issued a 'limited assurance' opinion related to additional medical pay that covered ADH and Waiting List Initiatives (WLI). We have completed a follow-up

review of the implementation of the agreed management actions relating specifically to ADH and have produced a separate report in relation to the WLI element from our original report. We identified eight overarching high and medium priority findings, five of these matters had a number of parts, meaning that there were 15 agreed actions to follow up. Our follow up review, undertaken in March 2026, confirmed that seven of the agreed actions had been appropriately implemented, with ongoing work for six agreed actions, and work yet to start or not due for the final two actions.

Additional medical pay – Waiting list initiatives re-audit [Draft] – In December 2024 we issued a 'limited assurance' opinion related to additional medical pay that covered ADH and Waiting List Initiatives (WLI). We have completed a re-audit in relation to the controls for WLI management. We issued a **reasonable assurance** opinion. Our report included four medium priority findings

Welsh Risk Pool (WRP) – At the time of this report our fieldwork in relation to the WRP was concluding. However, we have not identified any significant matters that need consideration for the annual opinion.

Quality & Safety

We have undertaken three reviews in this area.

Clinical coding – We considered the Health Board's approach to clinical coding with a focus its clinical coding improvement plan. Our **reasonable assurance** report identified one high priority finding relating to resilience within the clinical coding team, and one medium priority finding.

Falls management – The National Institute of Health and Care Excellence (NICE) identifies that falls and fall-related injuries are a common and serious problem for older people and falls in hospital are the most common patient safety incidents reported. In common with all health boards, the prevention of hospital falls and the effective management of patients following a fall is an important patient safety challenge for the Health Board. Inpatient falls reduction is one of three workstreams developed by the Health Board in its aim to deliver 'Harm Free Care'. We have raised four medium priority findings in this review and issued a **reasonable assurance** opinion.

Ward audits – At the time of this report our fieldwork in this area is ongoing.

Information Governance & Security

We have undertaken two reviews in this area.

Cyber security – We confirmed that risks are being managed appropriately, we highlighted that gaps in controls identified through the Cyber Assessment Framework (CAF) risk assessment could indicate distinct risks to the organisation that are not being recorded in line with the organisation's risk management procedure. We saw that work to strengthen the organisation's

cyber security posture was progressing. We identified two medium priority recommendations and issued **reasonable assurance** opinion.

Bridgend disaggregation – We have concluded **reasonable assurance** on this area. We identified one high priority finding in relation to duplicated patient records within the merged Welsh Patient Administration System (WPAS), and one medium priority finding. A post implementation review has been undertaken, along with a transition into business as usual. The review included identification of lessons which have been communicated within Digital. The Health Board now has a single WPAS with all appropriate data transferred following full testing, and the project considered and reduced operational variations in practice.

Operational Service and Functional Management

We have undertaken five reviews in this area.

Individually commissioned packages of care – Individually Commissioned Packages of Care (ICPoC) are funded through a number of sources including Continuing Health Care (CHC), Funded Nursing Care (FNC) and Section 117 Aftercare. CHC is a package of care that is arranged and funded solely by the NHS for individuals who have been assessed as having a primary health need. CHC can be received in any setting, including a patient's home, where costs such as that of a community nurse or specialist therapist will be paid. In a care home, if the individual is eligible for CHC, the NHS will pay the care home fees. FNC is only applicable to individuals requiring care by a registered nurse in a care home and should be considered when a person does not fall within the eligibility criteria for CHC. Under Section 117 of the Mental Health Act, health and social care authorities have a duty to provide or arrange after care services for individuals who have been detained under certain provisions of the Act.

We looked at the application of policies and procedures for ICPoC within the Health Board, with a focus on the funding process, records and databases, and governance and oversight arrangements. We have concluded **reasonable assurance** on this area. We identified one high priority finding in relation to the functioning of panel meetings. We also raised seven medium priority findings.

Outpatient booking process – We considered the Health Board's processes in the context of the Welsh Government's April 2025 Referral to Treatment (RTT) guidelines, which set out principles for timely, equitable, and transparent management of patient pathways. The guidelines emphasise that patients should wait the shortest possible time for treatment and follow-up and that health boards must maintain robust booking and communication processes. We issued a **reasonable assurance** opinion with five medium priority matters identified.

Stroke services – Over the past year, stroke services in the Health Board have been subject to significant changes, with services moved from the Princess of Wales Hospital to the Royal Glamorgan Hospital following a critical incident relating to the hospital roof. Issues surrounding the recruitment of medical staff, specifically consultants, have resulted in the stroke services at Prince Charles Hospital also being moved. As such, stroke services have been consolidated in a 50-bed unit within

the Royal Glamorgan Hospital. Our review looked at the action plan to improve stroke performance, including governance arrangements, performance measures and reporting. We issued a **reasonable assurance** report and raised three medium priority recommendations.

Discharge planning – Appropriate, timely and safe discharge of patients from hospital settings is fundamental to the provision of effective healthcare and enhances the patient's and family/carer's experience. For most patients, discharge from hospital is simple, but for some, their needs are more complex. Regardless of the discharge type, the Health Board needs to ensure each patient's discharge is well-planned and there is a smooth transition from one stage of care to the next. We reviewed the policies and procedures, governance arrangements and the use of data for discharge planning and issued a **limited assurance** report. We made three high priority findings and eight medium priority findings. Our high priority findings related to communications with patients and families, data management, and arrangements for 'long length of stay' meetings.

Interventions Not Normally Used (INNU) – re-audit – At the time of this report our fieldwork was ongoing.

Workforce Management

We undertook two reviews in this area during 2025/26. In addition, the audits of the payroll system and the single lead employer process provided by NWSSP concluded a substantial assurance and reasonable assurance opinion rating, respectively (see Section 3 below).

Medical sickness records (Advisory) [Draft] – This advisory review supported the work of the People Directorate by examining the arrangements for recording sickness absence for medical and dental staff, including staff awareness of relevant processes. Once the Health Board's improvement initiatives have embedded, as part of our 2026/27 work, we plan to undertake a separate assurance audit.

Medical job planning – re-audit [Draft] – A job plan is a professional and contractual obligation for consultants and employers, and sets out the duties, responsibilities, accountabilities and outcomes of the consultant, and the support and resources provided by the employer for the coming year. The Health Board uses the Allocate system to capture job plans, where a record of the work that a consultant will undertake for the Health Board is split by Direct Clinical Care (DCC), Supporting Professional Activities (SPA) and other activities. Our review revisited the scope of our original audit to provide assurance on the systems and controls in place for medical job planning within the Health Board. None of the four high priority findings raised in our previous report had been addressed and we identified three medium priority findings. Our opinion remains one of **limited assurance**.

Capital & Estates Management

This year we have undertaken eight reviews in this area. Four of the assignments have been delivered as a part of the Prince Charles Hospital (PCH) redevelopment project's integrated audit plan (approved at the Full Business Case and funded via the

annual capital resource limit). The Princess of Wales roof replacement and estates assurance reviews formed part of the Health Board's internal audit plan. Our programme of work reflects the extent of the Health Board's capital programme and the risks associated with large building projects.

Prince Charles Redevelopment Programme Integrated Audit Plan. – the areas we considered were as follows:

- **Phase 2 (Section 7) – Target cost** – Section 7 of the works was added within Phase 2 to aid the development of a Full Business Case (FBC) for Phase 3. This section included the establishment of a target cost under the contract, which is central to the justification and financial planning for the FBC. We made three medium priority findings and issued a **reasonable assurance** opinion.
- **Assessment of community benefits** – At the time of this report our fieldwork was ongoing.
- **Section 3 final account [Draft]** - The review assessed whether costs had been accurately reported and classified, that the pain/gain share mechanism had been correctly applied, and to verify compliance with contractual terms and governance framework. We issued a **substantial assurance** opinion, which included two medium priority findings.
- **Key project objectives [Draft]** – We considered the performance of the PCH redevelopment programme against the key performance objectives of time, cost and quality. We issued a **substantial assurance** opinion, which included two medium priority findings.

Princess of Wales Hospital - roof replacement – The Health Board declared a critical incident as a result of leakages in the roof coverings at PoW hospital. The first floor of PoW was decanted, closing multiple areas including operating theatres, intensive care, endoscopy facilities, and multiple wards. Due to the nature of the critical incident the Health Board in conjunction with its advisers, quickly costed the roof replacement works and multiple other work packages including the upgrade to the Intensive care unit, and refurbishment of theatres. We made three medium priority key findings and issued a **substantial assurance** opinion, primarily reflecting the project's strong overall performance.

Estates assurance – Asbestos management – We reviewed the Health Board's overarching asbestos management procedures. We considered the Control of Asbestos Regulations 2012 (CAR 2012), which established the legal framework for the identification, management, and safe handling of asbestos. These regulations place specific duties on duty holders to assess the presence of asbestos prior to any refurbishment or work likely to disturb building materials, and to ensure that appropriate information, instruction, and training are provided to staff. We issued a **reasonable assurance** opinion with two medium priority management actions agreed.

Follow up - Estates condition – In May 2025 we issued a 'limited assurance' opinion related to the Health Board's arrangements to manage risks associated with its estate. Our report identified six high or medium priority findings, and management agreed actions to address the risks associated with our findings. Our follow up review, undertaken in March

2026, confirmed that four of the agreed actions had been appropriately implemented, with ongoing work for the other two agreed actions.

Follow up – Decarbonisation – In May 2024 we issued a 'limited assurance' opinion related to the Health Board's arrangements to manage risks associated with decarbonisation. Our report identified eight high or medium priority findings, and management agreed actions to address the risks associated with our findings. Our follow up review, undertaken in July 2026, confirmed that four of the agreed actions had been appropriately implemented, with ongoing work for two others and two final agreed actions not due/not implemented.

2.5 Approach to previously agreed management actions

As part of our audit work, we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit tracker.

In addition, audit committees monitor the progress in implementing recommendations (this is wider than just Internal Audit agreed actions) through their own tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of audit committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of agreed actions, on both our ability to give an overall opinion (in compliance with the GIAS) and the level of overall assurance that we can give.

The Health Board's agreed actions tracking process continued during 2025/26. In 2024/25 the Health Board introduced a new tracker management system and used this opportunity to review the continued appropriateness of older agreed actions where a process or control may have changed meaning the original agreed action has become obsolete. This work has continued into 2025/26. We have reviewed the management of the internal audit action tracker during the year and confirmed that it is being appropriately monitored and scrutinised by the Audit Committee.

In addition, from the specific follow up audits that we have undertaken that related to limited assurance audits in the previous year's audit plan, there has been sufficient progress with the implementation of agreed actions, although there have been some delays, most notably with the agreed actions associated with medical job planning.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Health Board, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2025/26 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Health Board's Annual Report and accordingly will be completed and reported to management and the Audit Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2025/26.

2.9 Statement of Conformance

The Welsh Government determined that the Global Internal Audit Standards (GIAS) would apply across the NHS in Wales from 1 April 2025.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with GIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the relevant standards.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audits at the Health Board in conformance with the Global Internal Audit Standards and the UK public sector practice note for 2025/26.

Our conformance statement for 2025/26 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2025/26 which will be reported formally in the summer of 2026; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the GIAS and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2025/26 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP's Audit & Assurance Service who undertook work on the Health Board's audit programme for 2025/26.

The Head of Internal Audit has unfettered access to the Chief Executive, Chair of the Audit Committee and Chair of the Health Board.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;

- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to the Health Board

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership;
- Digital Health & Care Wales; and
- NHS Wales Joint Commissioning Committee.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Health Board. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Health Board, derived the following opinion ratings:

Audit	Opinion	Outline scope
Accounts Payable	Reasonable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report.
PCS General Ophthalmic Services	Substantial	To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments to Ophthalmic contractors.
Payroll Services	Substantial	To evaluate the design and operation of the systems and controls in place within payroll services.
Single Lead Employer	Reasonable	The purpose of this review was to assess compliance with a range of policies and procedures within the service.

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. All audits in this programme are reported to the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to the Health Board. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Programme management	Reasonable	To provide assurance over the timely rollout of a sample of digital programmes / projects across Wales and steps taking place to overcome obstacles, challenges and manage the delivery of benefits.
Cyber security	Reasonable	To assess the governance process for cyber security, associated risk statements and the management and delivery of improvement plans.
GMS clinical system migration project	Reasonable	To assess the management and delivery of the GMS Clinical System Migration project.
CaNISC	Reasonable	To ensure the risks associated with the withdrawal / replacement of the Cancer Network Information System Cymru (CaNISC) are appropriately managed.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

NHS Wales Joint Commissioning Committee (JCC)

The work at the JCC is undertaken as part of the Cwm Taf Morgannwg University Health Board's internal audit plan. These audits are listed below and derived the following opinion ratings:

Audit	**Opinion**	**Outline scope**
Individual Patient Funding Requests (IPFR)	Substantial	The JCC, working on behalf of all health boards in Wales, commissions highly specialist services at a national level. Each year, requests are received for healthcare that falls outside of this agreed range of services. These are referred to as Individual Patient Funding Requests. IPFRs can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment. This review considered the system in place for the management and consideration of IPFR applications.
Budget management [Draft]	Reasonable	This review considered the budget management process within the JCC, including procedures, responsibilities and management arrangements.

High cost drugs	-	This review covered the processes and arrangements relating to high cost drugs commissioned by the JCC. At the time of this report our work in this area is ongoing.

While these audits do not form part of the annual plan for the Health Board, they are listed here for completeness as they do impact on the organisation's activities. The Head of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report and are summarised in the Velindre NHS Trust Head of Internal Audit Opinion and Annual Report. DHCW audits are summarised in the DHCW Head of Internal Audit Opinion and Annual Report.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year.

The audit plan approved by the Committee in April 2025 (including the plan for the PCH capital project) contained 34 planned reviews. In addition, one prior year review, where the work concluded in 2025/26, and one additional review is included in this annual report. The overall changes to the plan are seven audits deferred and one audit added to the plan. These changes were reported to, and approved by, the Audit Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Health Board. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2025/26	G	May 2025	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2025/26	A	86% (25/29)	100%	v>20%	10%<v≤20%	v≤10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100% (25/25)	80%	v>20%	10%<v≤20%	v≤10%
Report turnaround: time taken for management response to discussion & draft report [15 working days]	R	35% (7/20)	80%	v>20%	10%<v≤20%	v≤10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100% (20/20)	80%	v>20%	10%<v≤20%	v≤10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

At the time of this report 26 audit reviews have been reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings

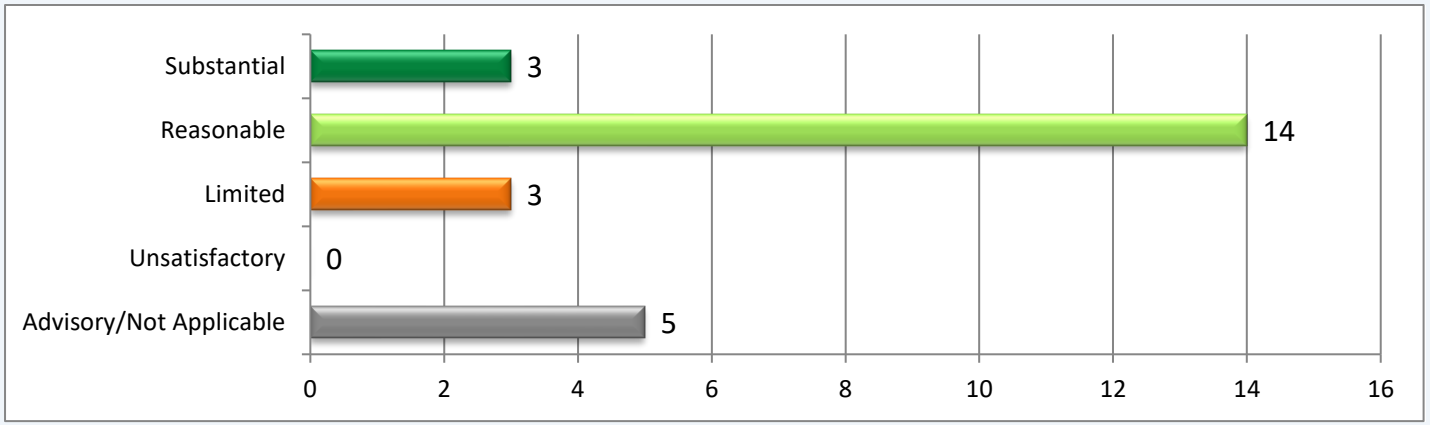

Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the JCC.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)

In the following review areas, the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Princess of Wales – Roof replacement	Our review focused on project performance, contract management, cost reimbursement and change management in relation to the roof replacement project.
PCH = Section 3 final account [Draft]	To provide independent assurance over the final account for Section 3 of the Price Charles Hospital Redevelopment Programme contracted under the NEC 3 Engineering and Construction Contract (ECC) Option C contract.
PCH – Key project objectives [Draft]	To consider the performance of the PCH redevelopment programme against the key performance objectives of time, cost and quality.

5.3 Reasonable Assurance (Light Green)

In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Individually Commissioned packages of Care	Within the Health Board, packages of care are delivered for both adults and children and include mental health and learning disability patients. Our review focussed on adult cases and considered the policies and procedures, governance arrangements, and the maintenance of records for the service.
Outpatient booking process	To consider whether current arrangements for managing first outpatient appointments and follow-up appointments align with the Welsh Government standards.
Operational response to critical incident	To provide assurance that appropriate action was taken at that time to manage the incident in line with agreed protocols, and that consideration has been given to lessons that may have been learnt from the incident management process.
Speaking up Safely (SuS)	To provide assurance on how effectively the Health Board has implemented the SuS framework, focusing on governance, culture, training, and monitoring arrangements for speaking up safely concerns that have been raised.

Review Title	Objective
Risk management	To review the effectiveness of the risk management arrangements within a sample of care groups and corporate directorates.
Clinical coding	To consider the Health Board's process and plan for timely and accurate clinical coding.
Cyber security	To review how the Health Board is working to improve its cyber security position, and the processes in place for monitoring compliance and providing assurance that the risks are appropriately stated and in line with risk appetite.
Bridgend disaggregation	To review the project post implementation to ensure the single Welsh Patient Administration System (WPAS) is operating effectively within the Health Board following the disaggregation of the Bridgend area patients from Swansea Bay UHB.
Falls management	To evaluate and determine the adequacy of the systems and controls in place for falls management within the Health Board.
Long term strategy	To evaluate and determine the adequacy of the systems and controls in place within the Health Board for implementation its long-term strategy.
Stroke services	To consider the implementation of the stroke improvement plan.
Estates assurance – Asbestos	To ensure that the Health Board's overarching asbestos management procedures are robust and sufficiently comprehensive to manage asbestos.
PCH – Refurbishment: Phase 2 (Section 7) – Target cost	The audit sought to assess the method by which value for money was assured to management.
Additional medical pay – WLI – re-audit	Our review revisited the scope of our original audit to provide assurance on the systems and controls in place for the WLI elements of our additional medical pay medical job planning within the Health Board.

5.4 Limited Assurance (Amber)

In the following review areas, the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Savings – Centrally led programmes	To consider the governance, planning, and monitoring arrangements for two of the Health Board's savings programmes: the medical workforce productivity programme; and the nursing workforce productivity programme.
Discharge planning	To consider the policies and procedures, governance arrangements and the use of data for discharge planning.
Medical job planning – re-audit [Draft]	Our review revisited the scope of our original audit to provide assurance on the systems and controls in place for medical job planning within the Health Board.

5.5 Unsatisfactory (Red)

No reviews were assigned an 'unsatisfactory' opinion.

5.6 Advisory/Assurance Not Applied (Grey)

The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Medical sickness records [Draft]	Our work sought to support the ongoing work of the People Directorate through reviewing the arrangements in place for capturing sickness absence for medical and dental staff and staff awareness in relation to these processes.
Follow up – Additional medical pay – Additional Duty Hours (ADH)	A follow-up of executive approved recommendations closed during 2025/26.

Follow up – Estates condition	A follow-up of executive approved recommendations closed during 2025/26.
Follow up – Vaccination policy implementation	A follow-up of executive approved recommendations closed during 2025/26.
Follow up - Decarbonisation	A follow-up of executive approved recommendations closed during 2025/26.

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Reason why not undertaken
Medical annual leave and rostering	This refer has been deferred as detailed scoping identified duplication with our review of medical sickness records.
Establishment of new committee structure	Audit Wales have considered as part of their structured assessment. We removed to avoid duplication.
Financial systems (overpayments)	Deferred to early 2026/27 to align with resource capacity within the Health Board.
Follow up – End of life care management - re-audit	Agreed actions are not due until 2026/27. So defer until 2026/27 for actions to be complete.
Follow up – Gastro-Intestinal demand management re-audit	Agreed actions are not due until 2026/27. So defer until 2026/27 for actions to be complete.
Follow up – Capital systems	Agreed actions are not due until 2026/27. So defer until 2026/27 for actions to be complete.
Follow up – Digital benefits realisation	Agreed actions are not due until 2026/27. So defer until 2026/27 for actions to be complete.

In addition, at the time of this annual report there were four reviews, that were 'work in progress'. These are:

- Ward audits
- Re-audit - Interventions Not Normally Used (INNU)
- PCH – Assessment of community benefits
- Welsh Riskpool

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by directors and staff of the Health Board to support delivery of the Internal Audit assignments undertaken within the 2025/26 plan.

Paul Dalton
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit

Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership

June 2026

Appendix A

Internal Audit compliance with the Global Internal Audit Standards and the UK Public Sector Practice Note

Global Internal Audit Standards – Domains, Principles & Standards	**Requirements & Response**
Domain I: Purpose of Internal Auditing	Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight. Advice and assurance are provided primarily through a risk-based audit plan approved and monitored by the Audit Committee. Audit & Assurance uses the results of its audits, together with focused research, to provide insight and foresight.
Domain II: Ethics & Professionalism Principles 1 (Demonstrate Integrity), 2 (Maintain Objectivity), 3 (Demonstrate Competency), 4 (Exercise Due Professional Care), and 5 (Maintain Confidentiality). 13 individual standards.	Audit & Assurance has established processes for dealing with both the ethics and professionalism of Internal Audit and the need to maintain client confidentiality. This encompasses training, declarations of interest returns, our audit processes, and the requirements (where appropriate) of professional accounting and audit bodies.
Domain III: Governing the Internal Audit Function Principles 6 (Authorised by the Board), 7 (Positioned Independently), and 8 (Overseen by the Board). 9 individual standards.	How we interact and work with each NHS Wales organisation is set out in the Internal Audit Mandate and Charter which is updated annually. There are appropriate arrangements in place for Internal Audit to act independently and interact with the Board to ensure effective governance arrangements.

Domain IV: Manging the Internal Audit Function Principles 9 (Plan Strategically), 10 (Manage Resources), 11 (Communicate Effectively), and 12 (Enhance Quality). 16 individual standards.	The Internal Audit function for NHS Wales is managed through the NHS Wales Shared Services Partnership (NWSSP). The Audit & Assurance service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual plan is developed for each NHS Wales organisation. The annual plan gives detail of specific assignments and sets out the overall resource requirement. The audit strategy and annual plan is approved by the Audit Committee. Quality assurance and control arrangements are in place and are subject to an external assessment at least once every five years. Policies and procedures which guide the Internal Audit activity are in place. There is structured liaison with Audit Wales, HIW and Counter Fraud.
Domain V: Performing Internal Audit Services Principles 13 (Plan Engagements Effectively), 14 (Conduct Engagement Work), and 15 (Communicate Engagement Results and Monitor Action Plans). 14 individual standards.	Audit & Assurance has a Quality Manual that sets out how we will conduct and monitor audit engagements and this is then replicated in our Electronic Working Paper system (ESRA) and other files. This ensures that we meet the requirements to plan, conduct and communicate audit engagement appropriately and follow-up management actions.

Global Internal Audit Standards
UK Public Sector Application Note

Appendix B

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.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

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

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

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]

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.

Archwilio Cymru
Audit Wales

Audit of Accounts Report – Cwm Taf Morgannwg University Health Board

Audit year: 2025-26

Date issued: June 2026

Document reference: 5377A2026

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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.

Introduction

Adrian Crompton

Auditor General for Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2025-26 Annual Report and Accounts. My team have already discussed these findings with the relevant senior officers.

My team has substantially completed the audit work as set out in my Audit Plan that I issued in April 2026.

Since my Audit Plan, I have updated materiality to reflect the 2025-26 accounts. I have also identified one new audit risk that needs to be brought to your attention. This risk, along with my responses to previously identified audit risks, are set out in Appendix 1.

I am required to provide an opinion on whether the accounts have been properly prepared and give a true and fair view in all material aspects; and whether income and expenditure have been applied to the purposes intended. My proposed audit opinion and basis for it is set out on pages 25 to 31.

It is the responsibility of the those charged with governance, i.e. the Board, to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to officers and staff of the Health Board and the NHS Wales Joint Commissioning Committee for their cooperation throughout the audit process, which has been important to my team completing the audit effectively and to timetable in place.

Your audit at a glance

I intend to issue an **unqualified true and fair opinion** but a **qualified regularity opinion** on the accounts. The audit opinion in respect of the regularity of expenditure is qualified. This is my intention because the remuneration for two acting executive directors exceeds the relevant paybands approved by Welsh Ministers. The irregular expenditure relates to a material remuneration amount of £11,929, relating to 2025-26.

See Appendix 3

There are no **significant matters** to report further to the qualified regularity opinion.

See **Audit findings**

There are no **uncorrected misstatements** in the accounts which I wish to draw to your attention.

See **Audit findings**

The recommendations arising from my work will be set out in a separate Accounts Memorandum Report, which will be communicated with officers in due course. The agreed report, which will include management's responses to my audit recommendations, will be presented to the next meeting of the Audit and Risk Committee.

I am scheduled to certify your accounts on 30 June 2026, being, the Welsh Government's deadline.

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:

Materiality	Reporting threshold (trivial)
Set at 0.62% of gross expenditure, based on the 2025-26 accounts.	Set at 5% of materiality.
Audited body **£17.9 million** **Group** **£17.9 million**	**Audited body** **£0.9 million** **Group** **£0.9 million**

There are some areas of the accounts that may be of more importance to the user of the accounts. I confirm lower materiality levels for the two areas below:

Remuneration report

£1,000 (officers and members' remuneration)

Related party disclosures

£10,000 (relating to relevant) individuals' interests)

£17.9 million (relating to other non-personal interests)

Audit of Groups

The group accounts contain the results of the single entity, being the Health Board, and its hosted body the NHS Wales Joint Commissioning Committee, which is regarded as a component of the group

My team undertook the audit of the Health Board and the NHS Wales Joint Commissioning Committee. There are no matters to bring to your attention.

Audit Findings

Misstatements

A misstatement arises for matters such as information in the accounts that does not comply with accounting standards, inaccurate or insufficient evidential records, and processing errors.

Uncorrected misstatements

There are no uncorrected misstatements that I consider should be drawn to your attention.

Corrected misstatements

There are misstatements that have been corrected by management, but which I consider should be drawn to your attention.

They are set out in Appendix 2

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. I must tell you significant findings from the audit and other matters if they are significant to your oversight of Health Board's financial reporting process. I also raise any other matters such as any significant problems experienced by my team.

I have no other significant issues to report.

Proposed audit opinion

Audit opinion

I intend to issue an unqualified true and fair audit opinion and a qualified regularity opinion on this year's accounts, once you have provided me with a Letter of Representation (Appendix 4). My proposed audit report is set out in Appendix 3**.** The audit report explains that the regularity opinion is qualified because the remuneration for two acting executive directors exceeds the relevant paybands approved by Welsh Ministers. The irregular expenditure totals £11,929 for 2025-26.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Most of this information is required by auditing standards; and some of it relates specifically to your audit.

The letter we are requesting you to sign is included in Appendix 3**,** the contents of which are in line with our standard request for representations.

Recommendations

Further to my certification of the annual report and accounts, I will issue a separate report with my detailed findings, audit recommendations and management's responses. The report will also provide an update on management's progress with my previous audit recommendations. The report will be considered at the next meeting of the Audit and Risk Committee.

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: My local audit team

Engagement Lead	Richard Harries richard.harries@audit.wales
Audit Manager	Mark Jones mark.jones@audit.wales
Audit Lead	Steve Stark steve.stark@audit.wales

Compliance with ethical standards

I confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Appendix 1 – Audit risks and outcomes

Since the issue of my Audit Plan in April, my team identified an additional risk of material misstatement that should be brought to your attention, which I have set out in Exhibit 1.

Exhibit 1: Audit risk identified following issue of my Audit Plan

Audit risk	Work done	Outcome
Property, Plant & Equipment Additions My testing identified an error in the classification of a capital item between 'Assets Under Construction' and 'Buildings'. The error raised the risk that other asset additions may be incorrectly classified.	My audit team undertook extended testing that included the classification of assets by category.	My audit work did not identify any further errors of this nature.

Exhibit 2 sets out the audit risks included within my Audit Plan and provides an update on how they were addressed as part of the audit.

Exhibit 2: Audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
Risk of management override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.	My audit team: • tested the appropriateness of journal entries and other adjustments made in preparing the financial statements; • reviewed accounting estimates for bias; and • evaluated the rationale for any significant transactions outside the normal course of business.	My audit work did not identify any instances of management override of controls.

Failure of first financial duty

There is a significant risk that the Health Board will fail to meet its first financial duty to break even over its statutory three-year rolling period; against its revenue and capital resource limits.

In March, the Health Board's month 11 financial reporting to the Welsh Government set out a forecast break-even position for 2025-26 against the revenue resource limit. This outcome would result in a surplus of £205,000 for the three years to 31 March 2026; and

The month 11 financial reporting to the Welsh also set out the position for the capital resource limit, commenting on schemes at risk of not spending in line with the current financial allocations; and that all risks are currently planned to be managed across the programme, with a balanced position against the current capital resource limit. This outcome would result in a

My audit team:

- monitored the Health Board's financial position for 2025-26 and the cumulative three-year position to 31 March 2026.
- consider the cumulative impact of any relevant uncorrected misstatements over the three years to 31 March 2026; and
- undertook testing that included classification and cut-off testing across revenue and capital expenditure.

My audit work confirmed that the Health Board met its first financial duty to break even for the three-year period to 31 March 2026, doing so for both revenue and capital expenditure.

As reported in Note 2 of the accounts, for the three years to 31 March 2026, the Health Board had an underspend of £255,000 against its revenue resource limit and an underspend of £175,000 against its capital resource limit.

surplus of 96,000 for the three years to 31 March 2026	
The current financial pressures increase the risk that management judgements and estimates could be biased in an effort to meet its resource limits and/or other key financial targets agreed with the Welsh Government. If the Health Board fails to meet its three-year resource limit for revenue and/or capital, I would expect to qualify my regularity opinion on the 2025-26 financial statements. I would also expect to place a substantive report on the statements to explain the basis of the qualification and the circumstances under which it had arisen.	
Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.	

Related party disclosures

The financial statements must disclose any related party relationships along with the transactions and year-end balances between the Health Board / NHS Wales Joint Commissioning Committee and the other body or party. The Health Board/ NHS Wales Joint Commissioning Committee have many relationships that could be considered a related party. Many are well known, for example, Welsh Government as funder. However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and we consider them to be material by their nature. There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

My audit team:

- reviewed management's process for identifying related party relationships and associated transactions and balances;
- undertook procedures to confirm the completeness of related party relationships; and
- ensured that disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.

My work found that the accounts presented for audited omitted all the Joint Commissioning Committee's related party disclosures; and the Health Board disclosures required in the table for Welsh Bodies.

Beyond those findings, my audit work did not identify material misstatements in the related party disclosures, which were corrected and are set out in **Appendix 2**.

Remuneration report disclosures

I continue to judge the remuneration report disclosures to be of high interest and material by nature, as set out at page 8. Therefore, there is a risk that even low value errors in the disclosure could result a material misstatement.

An error may arise, for example, where there has been a change in senior officers and members during the year, which is inaccurately reported in the remuneration report.

Also, for 2025-26 the Welsh Government's Manual for Accounts has a new requirement for the NHS Wales Joint Commissioning Committee's senior officers to be disclosed within the remuneration report.

My audit team:

- gained an understanding of the movements in the senior management team during 2025-26;
- ensured that remuneration disclosed is consistent with supporting evidence;
- ensured that amounts paid are consistent with those approved by the Board and are in accordance with Welsh Government pay rates and approved by Welsh Government where needed; and
- ensured that disclosures are complete based on the team's knowledge and are prepared in accordance with requirements.

My audit work found that two executive directors were remunerated in excess of the relevant paybands approved by Welsh Ministers. This outcome has resulted in my proposed qualified regularity opinion.

Also, my audit work identified a material misstatement of £88,616 in the remuneration report disclosures (relating to the Joint Commissiong Committee). The misstatement was corrected, as set out in Appendix 2.

Valuation of property assets The value of property assets reflected in the balance sheet and notes to the accounts are material estimates. Property assets are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions, and changes in these can result in material changes to valuations. Assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years, but values may also change year on year, particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised. There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current	My audit team: • reviewed the indices used by management for reasonableness; • evaluated the competence, capabilities and objectivity of the professional valuer who provide indices to management and undertake valuations as necessary; • tested a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements; • confirmed that indexation has been appropriately applied and has been correctly reflected in the financial statements; and • tested the reconciliation between the financial ledger and the asset register.	My audit work did not identify any material misstatement in the valuation of property assets.

value of assets as at 31 March 2026.		
Provisions The financial statements include provisions for legal obligations, particularly in relation to clinical negligence. There is a significant degree of subjectivity and uncertainty in the measurement and valuation of these provisions. This subjectivity and uncertainty increases the risk of material misstatement.	My audit team: • reviewed management's estimation process for the valuation of provisions; • considered the competence, capability and objectivity of the management experts who are prepare the estimates; and • ensured that disclosures are in accordance with the Welsh Government's Manual for Accounts.	My audit work did not identify any material misstatement in provisions.

Remedial works to the Princess of Wales hospital
Since 2024-25 the Health Board has been undertaking significant remedial works to its Princess of Wales Hospital, at a cost of some £28 million. The works were completed during summer 2025. There is a risk that the works are not accounted for correctly, for example some of the classifications of revenue and capital costs being incorrect.
	• For this project and certain other major capital projects, my audit team:
	  • reviewed the nature, in accounting terms, of the contracted works;
	  • reviewed and tested the 2025-26 transactions.
		My audit work did not identify any material misstatement in the accounting for the remedial works.

Appendix 2 – Summary of corrections made

I identified the following misstatements that have been corrected by management, but which I consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
Various	Remuneration Report	Applicable to the Health Board and Joint Commissioning Committee For 2025-26 the Welsh Government changed its Manual for Accounts (MFA), requiring an individual's gross remuneration, before salary sacrifice, to be disclosed within the relevant pay banding as a footnote. However, the Health Board and the Joint Commissioning Committee disclosed only the salary sacrifice elements in the footnote disclosures. Another change in the MFA for 2025-26 is that health bodies are required to disclose pension benefits in banding of £2,500. However, the Health Board and the Joint Commissioning Committee incorrectly disclosed pension benefits to the nearest £1,000. Health Board For the Chair of the Health Board, the salary sacrifice and benefit-in-kind figures had been omitted for both 2024-25 and 2025-26.

		Joint Commissioning Committee The disclosed remuneration of the Medical Director was understated by £88,616 due to the omission of historic underpayments, which had been rectified in 2025-26. A footnote was added to explain the reason for the unusually high figure disclosed.
Various	Related Parties	Health Board An officer's related party transactions were omitted for both 2024-25 and 2025-26, being £9,056 and £722 respectively. The prior year omission had arisen because the expenditure had not been accrued for 2024-25. Both amounts have now been disclosed for 2025-26. Expenditure and income figures between Welsh health bodies and Welsh Government had been omitted. Joint Commissiong Committee The accounts presented for audit omitted all the Joint Commissioning Committee's related party disclosures.
Various	Note 2 Financial Duties	I identified the following omissions: • IFRS 16 Funding £1.597m;

		• donated Asset funding of £2.198m; and • capital Expenditure of £3.795m.
£1.079m	Note 11 Property Plant and Equipment	Classification error between 'Building' additions and 'Assets Under Construction' additions.
£3.193m	Note 20 Provisions	Classification error between current and non-current year clinical negligence.
Various	Note 1 Accounting Policies Note 9.2 Average Number of Employees Note 9.5 Exit Packages Note 9.6 Fair Pay Disclosures Note 9.7 Pension Costs Note 11.1 Assets Held for Sale Note 11.3 Right of Use Assets Note 13 Impairments Remuneration Report	Various minor narrative disclosure amendments were required within these Notes.

Appendix 3 – Proposed audit report

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Cwm Taf Morgannwg University Health Board for the year ended 31 March 2026 under Section 61 of the Public Audit (Wales) Act 2004.

The financial statements include the activities of the Cwm Taf Morgannwg University Health Board and its hosted body, the NHS Wales Joint Commissiong Committee (collectively referred to in this report as the bodies). These comprise the Statement of Comprehensive Net Expenditure (CTMUHB Activities and Consolidated), the Statement of Financial Position (CTMUHB Activities and Consolidated), the Cash Flow Statement (CTMUHB Activities and Consolidated), the Statement of Other Comprehensive Net Expenditure, and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of the bodies as at 31 March 2026 and of the net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the 'Basis for qualified regularity opinion' section of my report, in all material respects the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified regularity opinion

Cwm Taf Morgannwg University Health Board did not comply with Paragraph 14.1.2 of the Standing Financial Instructions issued by Welsh Ministers under paragraph 19.1 of the National Health Service (Wales) Act 2006.

For two senior officers disclosed in the Remuneration and Staff Report, their appointed payband exceeds the relevant lower payband stipulated by Welsh Ministers. For each case the payband awarded by Cwm Taf Morgannwg University Health Board exceeds the payband set out by Welsh Ministers, and therefore the excess remuneration totalling £11,929 constitutes irregular expenditure.

Further detail is set out in my Report on page x

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the bodies' ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the bodies is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements

where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Cwm Taf Morgannwg University Health Board Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the bodies and their environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Reports.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of the Directors', Chief Executive's, and Chief Commissioner's Responsibilities, the Directors and the Chief Executive of the Board and the Chief Commissioner of the Joint Commissioning Committee are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive and Chief Commissioner determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the bodies' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive or Chief Commissioner anticipate that the services provided by the bodies will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the bodies' policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the posting of unusual journals.
- Obtaining an understanding of the bodies' framework of authority as well as other legal and regulatory frameworks that the bodies' operate in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the bodies;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and those charged with governance about actual and potential litigation and claims;

- reading minutes of meetings of those charged with governance and the Board and Joint Commissioning Committee; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the bodies' controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see report on page x

Adrian Crompton

Auditor General for Wales

30 June 2026

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Cwm Taf Morgannwg University Health Board's (the Health Board's) financial statements.

I am reporting on these financial statements for the year ended 31 March 2026 to draw attention to a key matter for my audit. The matter relates to the remunerated paybands for two executive directors, which exceed the relevant paybands set out by Welsh Ministers. The two appointments are that:

- The Health Board's Remuneration and Terms of Services Committee approved an appointment to the post of 'Interim Director of Nursing, Midwifery and Patient Care', for the period 13th October 2025 to 13 April 2026. The appointment was approved at a payband higher than the payband set by Welsh Ministers. The additional remuneration due to the higher payband totalled £6,861 (including on-costs) for the 2025-26 financial year (and £7,227 for the period to April 2026).
- The Health Board's Remuneration and Terms of Services Committee also approved an appointment to the post of 'Interim Director of Strategy & Transformation' for the period 21 April 2025 to 29 June 2025. The appointment was approved at a payband that is higher than the payband set by Welsh Ministers. The additional remuneration due to the higher payband totalled £5,068 (including on-costs) for the 2025-26 financial year.

In making the above approval decisions, the Health Board's Remuneration and Terms of Services Committee had based its approval of the higher paybands for the interim roles, on the paybands that had been used previously for the officers who were in substantive roles. These paybands were not approved by Welsh Government for the Interim roles.

The total excess payments totalling £11,929 (including on-costs) constitute irregular expenditure within the financial statements for the year ended 31 March 2026.

I have not qualified my 'true and fair' opinion in respect of the matter.

Adrian Crompton

Auditor General for Wales

30 June 2026

Appendix 4 – Letter of representation

[TO BE PREPARED ON CTM LETTERHEAD]

Letter of representation

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

29 June 2026

Representations regarding the 2025-26 financial statements

Representations regarding the 2025-26 financial statements

This letter is provided in connection with your audit of the 2025-26 consolidated financial statements (including that part of the Remuneration Report that is subject to audit) of Cwm Taf Morgannwg University Health Board (including the transactions and balances of the NHS Wales Joint Commissioning Committee), for the year ended 31 March 2026.

The letter is for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As the Chief Executive and Accountable Officer and the Chief Commissioner and Accountable Officer, we have fulfilled our respective responsibilities for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, we are required to:

  - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;
  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of the Health Board and the Joint Commissioning Committee will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred; and
- the design, implementation and maintenance of internal control to prevent and detect error.

With regard to regularity, we acknowledge your reported findings on the remuneration of two interim executive directors, and your proposed qualification of your regularity opinion.

Information provided

We have provided you with:

- full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- our knowledge of fraud or suspected fraud that we are aware of and that affects the Health Board and/or Joint Commissioning Committee, and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.

- our knowledge of all known instances of non-compliance or suspected
  non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- the identity of all related parties and all the related party relationships and transactions of which we are aware.
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are no non-trivial misstatements within the accounts which remain uncorrected.

Representations by the Board of CTMUHB

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 25 June 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	Signed by:	Signed by:
CTMUHB Accountable Officer	NHS Wales JCC Accountable Officer	CTMUHB Chair
29 June 2026	29 June 2026	29 June 2026

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board acts as a link to our Board on audit quality. For more information see our latest audit quality report.

Our People

- Selection of right team
- Use of specialists
- Supervisions and review

Arrangements for achieving audit quality
Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

Visit our website to find:

Our publications which cover our audit work at public bodies.

Information on our upcoming work and forward work programme for performance audit.

Data tools to help you better understand public spending trends.

Details of our Good Practice work and events including the sharing of emerging practice and insights from our audit work.

Our newsletter which provides you with regular updates on our public service audit work, good practice, and events.

Archwilio Cymru
Audit Wales

Audit Wales

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.