# Operational Delivery Committee

*Thu 22 January 2026, 10:00 - 13:00*

## Agenda

**10:00 - 10:05**
5 min

### 1. PRELIMINARY MATTERS

#### 1.1. Welcome and Introductions

*Rachel Rowlands, Committee Chair*

#### 1.2. Apologies for Absence

*Information* *Rachel Rowlands, Committee Chair*

#### 1.3. Declarations of Interest

*Information* *Rachel Rowlands, Committee Chair*

**10:05 - 10:10**
5 min

### 2. CONSENT AGENDA

*Rachel Rowlands, Committee Chair*

The Committee Chair will ask if there are any items from the Consent Agenda (Item 10) that Committee members wish to bring forward to the main agenda for discussion.

**10:10 - 10:15**
5 min

### 3. MATTERS ARISING

#### 3.1. Action Log - to follow

*Discussion* *Rachel Rowlands, Committee Chair*

#### 3.2. Matters Arising not Captured on the Action Log

*Discussion* *Rachel Rowlands, Committee Chair*

#### 3.3. Forward Work Plan

*Discussion* *Rachel Rowlands, Committee Chair*

3.3 Forward Work Plan ODC 22 January 2026.pdf (3 pages)

**10:15 - 10:30**
15 min

### 4. RISK MANAGEMENT

### 4.1.
### Organisational Risk Register

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

- 4.1a Org RR Jan 2026 -ODC - Cover Paper.pdf (8 pages)
- 4.1b Appendix 1 - Org RR Jan 2026 - ODC.pdf (7 pages)

### 4.2.
### Comfort Break - 10 Minutes

**10:30 - 11:00**
30 min

## 5.
## PEOPLE ACTIVITY

### 5.1.
### People Plan 2025-2028 :Great Management and Leadership - Presentation - to follow

*Discussion* *Hannah Williams, Assistant Director of Leadership & Culture*

**11:00 - 11:15**
15 min

## 6.
## DIGITAL AND DATA ACTIVITY

### 6.1.
### Digital and Data Highlight Report

*Discussion* *Stuart Morris, Director of Digital*

- 6.1 Digital and Data Update ODC 22 January 2026.pdf (15 pages)

**11:15 - 11:45**
30 min

## 7.
## FINANCIAL MANAGEMENT / PERFORMANCE

### 7.1.
### Month 9 Finance Report - to follow

*Discussion* *Sally May Executive Director of Finance*

### 7.2.
### Month 9 Finance Performance Report - to follow

*Discussion* *Sally May Executive Director of Finance*

### 7.3.
### Capital Delivery Programme Monitoring Report

*Discussion* *Sally May, Executive Director of Finance*

- 7.3 Capital Update ODC 22 January 2026 FINAL.pdf (15 pages)

**11:45 - 12:15**
30 min

## 8.
## PLANNING FRAMEWORK

### 8.1.
### Integrated Medium Term Plan (IMTP) 2025-28 Quarter Three Review

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

8.1 IMTP 25-26 Q3 review ODC 22 January 2026.pdf (7 pages)

### 8.2.
### Forest View Medical Centre - Application to close branch surgery located in Treorchy

*Decision* *Gethin Hughes, Chief Operating Officer*

8.2 Forest View Medical Centre Application to close branch surgery ODC 22 January 2026.pdf (8 pages)

**12:15 - 12:45**
30 min

## 9.
## INTEGRATED PERFORMANCE MANAGEMENT

### 9.1.
### Integrated Performance Dashboard

*Discussion* *Claire Thompson, Executive Director of Strategy & Transformation/Gethin Hughes, Chief Operating Officer*

9.1 Integrated Performance Dashboard ODC 22 January 2026.pdf (30 pages)

#### 9.1.1.
#### Workforce Metrics Report

*Discussion* *Natalie Price, Assistant Director Strategic Workforce Planning*

9.1.1 Workforce Metrics Report ODC 22 January 2026.pdf (10 pages)

### 9.2.
### Facilities Performance Report

*Discussion* *Gethin Hughes, Chief Operating Officer*

9.2 Facilities Performance Report ODC 22 January 2026.pdf (14 pages)

### 9.3.
### Community Response Times Analysis

*Discussion* *Gethin Hughes, Chief Operating Officer*

9.3 Community Response Times Analysis ODC 22 January 2026 1.pdf (7 pages)

**12:45 - 12:50**
5 min

## 10.
## CONSENT AGENDA

### 10.1.
### Items for Approval

#### 10.1.1.
#### Unconfirmed Minutes of the Meeting held on 28 October 2025

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

10.1.1 Unconfirmed Minutes 28.10.25 ODC 28 January 2025 v2 CH.pdf (17 pages)

#### 10.1.2.
#### Unconfirmed In Committee Minutes of the Meeting held on 28 October 2025

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

10.1.2 Unconfirmed IC Minutes 28.10.25 ODC 28 January 2026 v1 KD.pdf (3 pages)

#### 10.1.3.
#### Unconfirmed EO In Committee Minutes of the Meeting held on 20 November 2025

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

10.1.3 Unconfirmed Minutes EO IC ODC 20 November 2025 final.pdf (2 pages)

### 10.1.4.
### Unconfirmed EO In Committee Minutes of the Meeting held on 11 December 2025

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

10.1.4 Unconfirmed Minutes of the EO Closed ODC - 11 Dec 2025 V2.pdf (3 pages)

### 10.1.5.
### Committee Annual Cycle of Business 2026 - this item has been deferred to the next meeting

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

### 10.1.6.
### Carer's Leave Policy & Parental Leave Policy

*Decision* *Hayleigh Jones, Deputy Director of People*

10.1.6 Carer's Leave Policy Parental Leave Policy ODC 22 January 2026.pdf (7 pages)
10.1.6a Carer's Leave Policy final (002).pdf (14 pages)
10.1.6b Parental Leave Policy final.pdf (8 pages)

### 10.1.7.
### All-Wales Flexible Working Policy and All - Wales Reserve Forces Training & Mobilisation Policy

*Decision* *Hayleigh Jones, Deputy Director of People*

10.1.7 AW Flexible Working and Reserve Policy ODC 22 January 2026.pdf (6 pages)
10.1.7a All Wales Flexible Working Policy 10_2025.pdf (20 pages)
10.1.7b NHS Wales Reserve Forces Training and Mobilisation Policy.pdf (11 pages)

### 10.1.8.
### Enabling a Bilingual Organisation: Using Welsh at Work Policy

*Decision* *Hayleigh Jones, Deputy Director of People*

10.1.8 Enabling a Bil Org Using Welsh at Work ODC 22 January 2026.pdf (6 pages)
10.1.8a Using Welsh At Work Policy final.pdf (9 pages)

## 10.2.
## Items for Noting

### 10.2.1.
### Months 7,8 & 9 Monitoring Returns to Welsh Government

*Information* *Sally May, Executive Director of Finance*

10.2.1a M7 Monitoring Return Report ODC 22 January 2026.pdf (4 pages)
10.2.1b Annex A - Month 7 - CTM ULHB - Monitoring Narrative 2025-26.pdf (30 pages)
10.2.1c Annex A - Month 7 - CTM ULHB - Monitoring Tables 2025-26.pdf (4 pages)
10.2.1d M8 Monitoring Return Report ODC 22 January 2026.pdf (4 pages)
10.2.1e Annex A - Month 8 - CTM ULHB - Monitoring Narrative 2025-26.pdf (27 pages)
10.2.1f Annex A - Month 8 - CTM ULHB - Monitoring Tables 2025-26.pdf (4 pages)
10.2.1g M9 Monitoring Return Report ODC 22 January 2026.pdf (4 pages)
10.2.1h Annex A - Month 9 - CTM ULHB - Monitoring Narrative 2025-26.pdf (28 pages)
10.2.1i Annex A - Month 9 - CTM ULHB - Monitoring Tables 2025-26.pdf (4 pages)

### 10.2.2.
### Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report

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

10.2.2 JCC PPF Highlight Report ODC 22 January 2026.pdf (4 pages)

**12:50 - 12:55**
5 min

## 11.
## OTHER MATTERS

### 11.1.
### Any Other Urgent Business

*Discussion* *Rachel Rowlands, Committee Chair*

### 11.2.
### Committee Highlight Report to Board

*Discussion* *Rachel Rowlands, Committee Chair*

### 11.3.
### How did we do in this meeting?

*Discussion* *Rachel Rowlands, Committee Chair*

**12:55 - 12:55**
0 min

## 12.
## CLOSED/IN COMMITTEE SESSION

*Information* *Rachel Rowlands, Committee Chair*

Organisational Risk Register - Business Sensitive Risks

Cyber Security Risks

**Operational Delivery Committee – Non-Routine Committee Business Forward Plan**

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

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

| Date of Request | Origin of Request | Requestor | Item Summary / Title | Nature of Request | Lead Officer | Executive Lead | Intended Meeting Date | Status |
|---|---|---|---|---|---|---|---|---|
| November 2025 | Email | Head of Capital | Invest to Save Bid – Funding Application for Decarbonisation Refit Measures | Request to be added to the EO Meeting November 2025 | Head of Capital | Director of Finance | EO Meeting – November 2025 | **Propose to Close** This item was received at the EO Meeting on 20 November 2025 |
| November 2025 | Email | Head of Capital | PCH GF&FF Business Case | Request to be added to the EO Meeting November 2025 | Head of Capital | Director of Finance | EO Meeting – December 2025 | **Propose to Close** This item was received at the EO Meeting on 11 December 2025 |
| August 2025 | Email | Deputy Director for People | Family friendly policies – Carer's & Parental Leave Policies | Request to be added to the January 2026 meeting | Deputy Director for People | Director for People | January 2026 | This item will be received at the January 2026 meeting |
| December 2025 | Email | Deputy Director for People | All Wales Reservist Policy | Request to be added to the January 2026 meeting | Deputy Director for People | Director for People | January 2026 | This item will be received at the January 2026 meeting |
| December 2025 | Email | Deputy Director for People | People Plan Spotlight: Great Management and Leadership | Request to be added to the January 2026 meeting | Assistant Director of Leadership & Culture | Director for People | January 2026 | This item will be received at the January 2026 meeting |
| December 2025 | Email | Chief Operating Officer | Community Response Times Analysis | Request to be added to the January 2026 meeting | Chief Operating Officer | Chief Operating Officer | January 2026 | This item will be received at the January 2026 meeting |
| October 2025 | Email | Head of End User Services | Mobile Device Policy | Request to be added to January 2026 Agenda | Head of End User Services | Director of Digital | January 2026 – Deferred to next meeting | This item will be received at the April 2026 meeting |
| July 2025 | Email | Assistant Director of Planning Capital and Estates | Facilities Performance Report (Against KPI's) | Request to be added to January 2026 Agenda | Assistant Director of Planning - Capital and Estates | Director of Finance | January 2026 | This item will be received at the January 2026 meeting |
| July 2025 | Email | Assistant Director of Planning Capital and Estates | Facilities Performance Management System - Annual Report | Request to be added to January 2026 Agenda | Assistant Director of Planning - Capital and Estates | Director of Finance | January 2026 | This item will be received at the January 2026 meeting |
| July 2025 | Email | Assistant Director of Governance & Risk | Disposal of Pontypridd Cottage Hospital | Request to add to October 2025 agenda | Capital Finance Manager | Director of Finance | Deferred from January 2026 | This item will be received at the April 2026 meeting |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| July 2025 | Email | Information Governance Manager | AI Policy Data Quality Policy | Request to be added to the October 2025 Consent Agenda | Information Governance Manager | Director of Digital | Deferred from January 2026 | These items will be received at the April 2026 meeting |
| December 2025 | Email | Deputy Director for People | Employee Relations Annual Report | Deferred from January meeting | Deputy Director for People | Director for People | Deferred from January 2026 | This item will be received at the April 2026 meeting. |
| December 2025 | Email | Deputy Director for People | Neonatal and Fostering Policies | Deferred from January meeting | Deputy Director for People | Director for People | Deferred from January 2026 | This item will be received at the April 2026 meeting. |
| September 2024 | Planning, Performance & Finance Committee | Requested via Email<br><br>Deferred from April 2025 meeting. | Maesteg Community Hospital Development | Outline Business Case for Maesteg Community Hospital Development | Executive Director of Strategy & Transformation | Executive Director of Strategy & Transformation | Deferred from January 2026 | This item will be discussed at the July 2026 Committee Meeting. |

**COMPLETED ITEMS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| June 2025 | Email | Assistant Director of Governance & Risk | WG Revised Escalation Status | Request to add to July 2025 agenda | Chief of Staff | Director of Governance/Board Secretary | Deferred from July 2025 – Will now be received at the October 2025 meeting | **Closed**<br>This item was received at the October 2025 meeting |
| October 2025 | Email | Deputy Director for People | Sickness Absence – Deep Dive | Request to add to October 2025 agenda | Deputy Director for People | Director for People | October 2025 | **Closed**<br>This item was received at the October 2025 meeting |
| September 2025 | Email | Deputy Director for People | All-Wales Anti-sexual Harassment Policy | Request to add to October 2025 agenda | Deputy Director for People | Director for People | October 2025 | **Closed**<br>This item was received at the October 2025 meeting |
| October 2025 | Email | Assistant Director of Governance & Risk | CCTV Policy | Request to add to October 2025 agenda | Performance & governance Lead Facilities | Chief Operating Officer | October 2025 | **Closed**<br>This item was received at the October 2025 meeting |
| October 2025 | Email | Deputy Director for People | Social Partnership Duty Annual Report 2024-25 | Request to add to October 2025 Agenda | Deputy Director for People | Director for People | October 2025 | **Closed**<br>This item was received at the October 2025 meeting |
| September 2025 | Email | Head of OD & Inclusion | More Than Just Words Welsh Government Submission | Request to add to October 2025 Consent Agenda | Head of OD & Inclusion | Director for People | October 2025 | **Closed**<br>This item was received at the October 2025 meeting |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| October 2025 | Discussed at Agenda Planning Session | Chief Operating Officer/Chair | New Operational Escalation Framework | Request to be added to the October 2025 agenda | Chief Operating Officer | Chief Operating Officer | October 2025 | **Closed** This item was received at the October 2025 meeting |
| July 2025 | Email | Information Governance Manager | Personal Data Request Policy | Request to be added to the October 2025 Consent Agenda | Information Governance Manager | Director of Digital | October 2025 | **Closed** This item was received at the October 2025 meeting |
| October 2025 | Email | Assistant Head of Assets Governance and Technical Services | Asbestos Management Plan (Revised) | Request to be added to the October 2025 Consent Agenda | Assistant Head of Assets Governance and Technical Services | Director for People | October 2025 | **Closed** This item was received at the October 2025 meeting |
| September 2025 | Email | Assistant Director Value & Efficiency | Savings Delivery Programme Update | Request to be added to the October 2025 Agenda | Assistant Director Value & Efficiency | Director for People | October 2025 | **Closed** This item was received at the October 2025 meeting |
| April 2025 | Action from April 2025 ODC Meeting | Committee Members | Vaccination Programme Update | Progress Report | Assistant Director for Leadership & Culture | Director for People | Deferred from the July 2025 meeting. | **Closed** This item was received at the October 2025 meeting |

| Agenda Item |
| --- |
| 4.1 |

# Operational Delivery Committee

## Organisational Risk Register

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22 January 2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Cally Hamblyn, Assistant Director of Governance & Risk |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Gareth Watts, Director of Corporate Governance & Risk |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Gareth Watts, Director of Corporate Governance / Board Secretary |

| | |
| --- | --- |
| **Pwrpas yr Adroddiad / Report Purpose** | For Review |

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| Service, Function and Executive Formal Review | December 2025 / January 2026 | RISKS REVIEWED |
| Executive Leadership Group | 12 January 2026 | REVIEW & MANAGEMENT SIGN OFF RECEIVED |
| Quality, Safety & Experience Committee | 20 January 2026 | ASSIGNED RISKS REVIEWED |

| **Acronyms / Glossary of Terms** | |
| --- | --- |
| | |
| | |

## 1. Situation /Background

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

## 2. Specific Matters for Consideration

### Risk Review

2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.

2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.

2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.

2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 6 January 2026. Please note that as a result of site pressures with capacity and flow there are some risks within Appendix 1 which do not have a progress update captured. The Chief Operating Officers Business Team are seeking an update, and this will be reflected in the next iteration of the Organisational Risk Register. Updates prior to this can be sought from the Business Team as required.

### Training

2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.

2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:

- Risk Management Approach
- Practical Approach to Managing Risk
- Risk Assessment and Scoring
- Datix Risk Management Module

2.8 To date **861** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. A dedicated risk session was also

delivered to the Local Public Health Team Away Day on the 4 November 2025. A risk update was also provided to the Unscheduled Care Teams Away Day on the 21 November 2025.

2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

2.10 124 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.81 out of a maximum score of 5.

2.11 100% of the 124 attendees providing formal feedback found that:
- The session provided the right amount of information.
- They gained more confidence and knowledge in risk management having attended.
- They would recommend this training to a colleague.

2.12 98% of the 120 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.

2.13 Some of the recent comments from the session in January 2026, received through evaluation, have been included below:
- *Understanding the score system and Datix was really helpful*
- *Trainer ran through the relevant documents and processes for logging risks which gave me a better understanding of the escalation processes and how it's logged in the organisation.*
- *New to Datix so really helpful with risk assessing process*

## 3. Key Risks / Matters for Escalation

### 3.1 NEW RISKS

**Primary Care & Community Care Group**
- Datix Risk ID 6397 - Shortage of GPs to deliver urgent primary care services for escalation. New risk escalated to the Organisational Risk Register in January 2026. Risk score of 16.

### 3.2 CHANGES TO RISKS

**Risk Score Increased**

None identified this period.

**Risk Score Decreased**

**Estates Directorate**
- Datix Risk ID – 6234 - National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges

throughout the department. Risk score reviewed and whilst recognising that there continues to be a National UK skills shortage the Health Board has had recent success in appointing to two Senior Estate Manager roles, and due to robust succession planning filled other gaps within the team which has provided stability. Risk likelihood score has been reduced from a 4 to a 3 and the risk de-escalated from the Organisational Risk Register. The risk will continue to be monitored by the Capital and Estates Directorate.

**Primary Care & Community – Care Group**

- Datix Risk ID 5417 - Paediatric Dentistry - General Anaesthetic (GA) theatre list. As a result of the progress being noted to lists , the care group have reviewed and reduced the score to a 12 (Likelihood reduced to a 3) but will keep under review to ensure there is no notable impact to the lists to change position. (Action plan submitted to Board September 2025 to outline the plans to mitigate risk, as a result of the progress against the plan the Health Board were able to reduce this risk).

## 3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

**Finance Function**

- *Datix Risk ID 6240 - Failure to achieve the planned break-even position in 2025/26*. Likelihood risk score reduced from a 4 to a 3 in January 2026 as The Health Board is continuing to forecast a break-even position for 25/26. The key risks to the forecast have improved following confirmation of non-recurrent WG funding for the Welsh Risk Pool contributions together with Band 2/3 settlements in 2025/26. The Finance Function have therefore closed this risk as the target score of 12 has been achieved.

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

| Consequence | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 5 | | | 3337 | 4664<br>5276<br>6102 | |
| 4 | | | | 4671<br>4885<br>6039<br>5576<br>5304<br>6235<br>4632 | 5761<br>5691<br>2795<br>5045<br>4973<br>3567 | 4491<br>3826<br>6111<br>5753<br>6239<br>5821<br>6052 |
| 3 | | | | | 4672<br>4691<br>5040<br>6232 |
| 2 | | | | | |
| 1 | | | | | |
| CxL | 1 | 2 | 3 | 4 | 5 |
| | Likelihood | | | | |

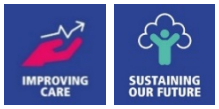
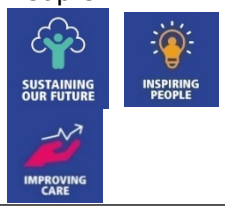
## Emerging Risks Identified for possible future escalation

Identified as part of the risks considered and reviewed for escalation in the January 2026 iteration of the Organisational Risk Register:

- **Pharmacy & Medicines Management** – Datix Risk ID 5890 – risk identified for escalation in relation to the temperature monitoring system which is used within CTMUHB to monitor the temperature for various areas within the Pharmacy departments and has a mechanism to alert to temperature deviations. This autodialler alert system requires action and the risk around this is being considered with a view to escalate to the Organisational Risk Register if necessary.
- **Children & Family Care Group** are considering the escalation of a risk regarding the extensive wait times for paediatric patients to have an Electroencephalogram (EEG) investigations (Datix Risk ID 6187) once a review of the demand management plan has been further considered with the Chief Operating Officer. The deep dive to understand the risks around this activity is ongoing and yet to be escalated.
- **The Planned Care - Care Group** are continuing to review the risk regarding Laser Safety at Princess of Wales Hospital as there is no designated laser safety advisor on site. As part of the risk review the Operational Management Board has directed the Care Group to engage with the Diagnostics, Therapies, Pharmacy and Sciences Care Group to consider workforce cover across CTM. Once the review is complete further consideration will be given to escalation to the Organisational Risk Register. (Datix Risk ID 6124).
- **The Planned Care and Unscheduled Care - Care Group** are continuing to jointly consider a risk in relation to 'Lack of Capacity for Hydroxychloroquine Screening in Ophthalmology'. Once the co-ordinated review between both Care Groups has been undertaken the risk will be considered for escalation to the Organisational Risk Register as one risk with shared actions across both Care Groups as appropriate. (Current Datix Risk IDs are 5797 and 3596).
- **Primary Care & Community Care Group** are considering the escalation of the following risks:
    - a risk relating to pathway of care delays following a notable increase. This has been highlighted with Welsh Government and Local Authorities and this will be further explored at the Discharge Board, which has representation from Local Authorities.
    - Social Care Capacity within Care Homes / Community is also being reviewed due to increasing concerns.

  The Service Director for Primary Care is currently reviewing these risks to reflect current position with a plan to formally escalate to the Operational Management Board in January 26 and then onto the Organisational Risk Register if required.

## 3.6 Board Assurance Framework – Principal/Strategic risks assigned to the Committee

| Risk no | Strategic Goal | Strategic / Principal Risk | Lead(s) for this risk | Assurance committee | Current score |
|---|---|---|---|---|---|
| 1. | Improving Care, Sustaining our Future   | **a) Enough capacity to meet and elective demand**<br>**b) Enough capacity to meet emergency demand** | Chief Operating Officer | Quality, Safety & Experience Committee and Operational Delivery Committee | 16 (C4XL4)<br>20 (C4xL5) |
| 2. | Improving Care, Sustaining our Future | **Ability to deliver improvements which transform care and enhance outcomes** | Executive Director of Nursing / Executive Medical Director | Quality, Safety & Experience Committee and Operational Delivery Committee | 16 (C4XL4) |
| 3. | Sustaining our Future, Improving Care and Inspiring People   | **Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)* | Executive Director for People | Quality, Safety & Experience Committee and Operational Delivery Committee | 16 (C4XL4) |
| 5. | Improving Care, Sustaining our Future | **Delivery of a digital and information infrastructure to support organisational transformation** | Director of Digital | Operational Delivery Committee and Strategic Development Committee | 16 (C4XL4) |
| 9. | Sustaining our Future Click Here for Risk 9 | **Failure to plan and manage revenue resources within the Resource limits set by WG** | Executive Director of Finance | Operational Delivery Committee | 20 (C4xL5) |

## 4. Assessment

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

| Impact Assessment | | |
|---|---|---|
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | Outcome: | Not required for the Organisational Risk Register. Individual risks may have been subject to QIA. |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE<br>Outcome for Welsh Language (delete as appropriate): | If no, please include rationale below:<br><br>Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment. |

| | | |
|---|---|---|
| | POSITIVE/NEUTRAL<br>NEGATIVE | |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | See detail captured for each risk | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | See detail captured for each risk | |
| **Effaith Adnoddau** *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | See detail captured for each risk | |

## 5. Recommendation

5.1 The Committee are asked to:

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

## 6. Next Steps

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

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Datix ID | Strategic Risk owner | Care Group / Service Function | Identified Risk Owner/Manager | Strategic Goal | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Rating (current) | Heat Map Link (Consequence X Likelihood) | Rating (Target) | Trend | Opened | Last Reviewed | Next Review Date |
| 2 | 6052 | Chief Operating Officer | Facilities Directorate | Facilities Director | Sustaining Our Future | Statutory Duty, Regulation, Mandatory Requirements | Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts) | **If:** The patient beverage trolley fleet is not maintained/replaced<br><br>**Then:** Patients are unable be fed breakfast and beverages. This is an essential part of the patient care.<br><br>**Resulting in:** Patient hydration and nutrition non-compliance.<br><br>Existing fleet of beverage trolleys in CTM UHB require a replacement programme (as per regen trolleys). The current fleet (apart from the Seren assets) are 10 plus years old and maximum life is 10 years old if maintained. The Ultrakarts are used for patient breakfast and beverages and then on used on average 5 times a day for beverages so are heavy use. The current models at all district general and community sites are not able to be put on maintenance contracts due to age, hence non-compliant. Several sites are now running with one per two/three wards and the service level is one per ward. YCC have 1 beverage trolley that is non-repairable. | There is a repair programme in place at each site when equipment is broken. However the beverage trolleys are too old to put on maintenance contracts. Replacement is the only alternative. | Update December 2025<br>An agreed replacement process has been approved, the risk will remain high until such time the service have sufficient spares from replaced carts to maintain the existing equipment. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 20 | C4xL5 | 8<br>(C4xL2) | ↔ | 15.01.2025 | 02.01.2026 | 30.01.2026 |
| 3 | 5821 | Executive Director of Strategy & Transformation | Central Corporate Directorate - Commissioning<br><br>DTPS Care Group | Assistant Director of Transformation, Strategic and Operational Planning | Improving Care | Service / Business interruption | Provision of secondary care immunology | If: CTM is unable to secure a new contract with an alternative commissioned provider;<br><br>Then: CTM residents will have no access to secondary care immunology provision.<br><br>Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards. | Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024.<br><br>CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GP's have been informed of the challenges currently experienced with immunology provision and delays can be expected. | Update December 2025:<br><br>Internal working group now meeting monthly and will produce paper to go for executive discussion. New outpatient capacity has been secured to bring adult over 52 weeks waiting list down to zero by 31/3/26 but there remains an issue with follow up appointments. Options are being considered for this. Work on paediatrics continues around gaps in service. Awaiting communications from Welsh Government regarding service development across Wales. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 20 | C4xL5 | 4<br>(C4xL1) | ↑ | 08.07.2024 | 18.12.2025 | 27.02.2026 |
| 4 | 6239 | Executive Director of Finance | Finance Directorate | Deputy Director of Finance | Sustaining Our Future | Financial Risk | Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26 | **IF:** The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2025/26.<br>**THEN:** The Health Board may not be able to deliver a break-even financial position for 2026/27.<br>**RESULTING IN :**<br>• The Health Board not being able to increase investments in services and/or reduce savings targets from current levels.<br>• Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action.<br>• WG not supporting the Health Board's plan for 26/27<br>• Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 26/27.<br>• Potential cash shortfalls in 26/27. | • Financial Accountability letters from CEO to Executive Leadership Group.<br>• Monthly monitoring arrangements and meetings in place with Care Groups and directorates.<br>• Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board. | Update December 2025<br><br>The Month 8 Year To Date (YTD) position is a £4.0m deficit and this position presents a risk to both the 1n year forecast and the recurrent forecast. The forecast recurrent position at the end of 25/26 has deteriorated from the planned £1.7m surplus to a £10.2m deficit due to lower than anticipated financial allocations for Pay awards and National Insurance along with under achievement of Savings Targets and operational cost pressures. The recurrent impact of Welsh Risk Pool contributions and the recurrent impact of Band 2/3 Healthcare Support Workers settlement remain a risk to this forecast position pending confirmation of WG financial settlements for 2026/27.<br><br>The main action is to develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 26/27 as well as schemes in delivery for 25/26. | Operational Delivery Committee | 20 | C4xL5 | 12<br>C4xL3 | ↔ | 30.06.2025 | 22.12.2025 | 31.01.2026 |
| 5 | 4491 | Chief Operating Officer | Deputy Chief Operating Officer - Acute Services. | Deputy Chief Operating Officer - Acute Services. | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Failure to meet the demand for patient care at all points of the patient journey | **IF:** The Health Board is unable to meet the demand upon its services at all stages of the patient journey.<br><br>**Then:** the Health Board's ability to provide high quality care will be reduced.<br><br>**Resulting in:** Potential avoidable harm to patients | Controls are in place and include:<br>• Technical list management processes as follows:<br>- Speciality specific plans are in place to ensure patients requiring clinical review are assessed.<br>- All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly.<br>- A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months.<br>- All unreported lists that appear to require reporting have been added to the RTT reported lists<br>- All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward.<br>• Patients prioritised on clinical need using nationally defined categories<br>• Demand and Capacity Planning being refined in the UHB to assist with longer term planning.<br>• Outsourcing is a fundamental part of the Health Board's plan going forward.<br>• The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load.<br>• A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas.<br>• The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found.<br>• Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified<br>Planned Care board established.<br>- The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating. | January 2026 Note: Due to site pressures with capacity and flow this risk was not updated at the time of the Organisational Risk Register for January being finalised. The Chief Operating Officers Business Team are seeking an update and this will be reflected in the next iteration of the Organisational Risk Register. Updates prior to this can be sought from the COO Business Team.<br><br>October 2025 - Unscheduled Care<br>A number of actions are being taken by the care group to address the demand and improve patient experiences/outcomes.<br>Launch UNITE (Unscheduled care Improvement, Transformation and Efficiency programme)<br>POW ED Ambulatory Footprint opened<br>Re-set RGH - short term de-escalation and re-alignment of Acute Medicine complete<br>Medical workforce review and Job Planning<br>Significant invest to save in Medical workforce<br>UTC Pilot extended in PCH March 2026<br>45 min Escalation Action Cards and escalation policy implemented<br>Weekly performance meetings established support by Unscheduled Care Dashboard<br>Phase one GP intake back to POW<br>Additional Ambulatory area in POW identified by the team to support the STAMP reset<br>Targeted recruitment currently underway for additional consultant posts<br>Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established<br>Successful recruitment of medical staff to uplift rotas and reduce reliance on agency completed<br><br>CTM UHB Winter Planning progressed<br>October 2025 - Planned Care<br>The below is a summary of initiatives reflecting the ongoing efforts by the care group to improve capacity and meet the elective demand.<br>Centralisation of Cataract Service: All cataract treatments have been consolidated to the POW Eye unit from 1st September 2025. Two main theatres plus sessions in the surgicube are dedicated to the service. Direct listing of cataracts has commenced.<br>Paediatric Dental Surgery: A recovery plan has been agreed upon between the Community Dental and RGH Theatre Service to increase theatre capacity.<br>6Cancer Services: Performance for August was 63.4%, and September 2025 is currently unvalidated but aiming at over 63%. Key actions are required for tertiary referrals, pathology, and optimisation pathways. The backlog has started to reduce against the trajectory, with a focus on Urology, Gastrointestinal, and Gynaecology.<br>Centralisation of Trauma & Orthopaedics: The POW theatres opened on 1st September 2025 with three dedicated arthroplasty theatres. Ward 7 is now a protected elective Orthopaedic Ward with 28 beds. Between 1st September and 22nd October, 239 elective arthroplasty cases were performed at POWH. The average length of stay has reduced to 1.9 days compared to 5 days this time last year.<br>Theatres: Utilisation and late starts are improving, especially in the Princess of Wales Hospital (POWH), although they are still below target. Speciality deep dives are being introduced. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 20 | C4xL5 | 12<br>C4 x L3 | ↔ | 13.7.2023 | 06.11.2025 | 06.12.2025 |
| 6 | 5276 | Director of Digital | Central Corporate - Digital & Data | Pathology Directorate Manager | Sustaining Our Future | Business Objectives - Operational<br>Patient safety Digital Healthcare Wales interdependencies | Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025, | **IF:** the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025.<br><br>**THEN:** operational delivery of pathology services may be severely impacted.<br><br>**RESULTING IN** potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact. | Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group.<br><br>Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps. | Update October 2025<br>Cell Path deployment pushed back to October 2025 and is now very close to Micro deployment - concerns around short time frames planned for User Acceptance Testing sign off and Cutover Qualification (CQ). Blood Sciences deployment is now delayed until 2026 due to significant issues in the aliquoting process in Biochemistry.<br><br>It has been agreed to roll out on a per discipline basis instead of per Health Board. The predicted time lines are:<br>Pre production environment – July 2025 (completed).<br>Production Environment – Beginning of October 2025.<br>Cell Path and Andrology – End of October 2025.<br>Microbiology – Beginning November 2025.<br>Blood Transfusion and Blood Sciences – No dates yet agreed, likely in the new year.<br><br>Update January 2026<br>LIMS2 Implementation has continued to slip into 2026. The delays with completing Tranche 1 & 2 requirements under the Technical Delivery and Cellular Pathology workstreams for Data Migration, Outstanding Severity 1 & 2 Defects and configuration, impacted on completion of testing to exit UAT. Mortuary has been decoupled for deployment to post winter pressures. CTM Cellular Pathology has been coupled with CAVUHB & ABUHB health boards for Go Live week 26 Jan.<br><br>Microbiology is scheduled for an end March/ early April 2026 deployment. Pending completion of outstanding configuration and defects. Deployment dates for Blood Sciences and Blood Transfusion have not been defined by the Programme.<br><br>The LIMS Programme Board have circulated Delay papers and WLIMS Infrastructure slide packs with all Health Boards (HBs) CEOs & DoD; To advise HBs on the Risk associated with LIMS1 End of Life and Out of Support by June 2026. Costs for extending the LIMS1 contract, supporting infrastructure have been detailed as part of the mitigation plan, should LIMS2 not be in place for all disciplines by June 2026. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 20 | C5xL4 | 5<br>(C5xL1) | ↔ | 26.10.2022 | 07.1.2026 | 7.2.2026 |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | 4664<br><br>Closed session due to business sensitivities. | Director of Digital | Central Corporate - Digital & Data | Assistant Director for Data Intelligence, Compliance & Design | Creating Health | Legal / Regulatory<br><br>Statutory duty, regulatory compliance, accreditation, mandatory requirements | Ransomware Attack resulting in loss of critical services and possible extortion | Due to business sensitivities the details of this risk are considered in the closed session of the Committee. | | | Operational Delivery Committee | 20 | C5 x L4 | 15<br>(C5xL3) | ↔ | 26.05.2021 | 7.1.2026 | 7.2.2026 |
| 9 | 3826<br><br>Linked to 4839 and 4841 in Bridgend<br><br>Linked to 4462 | Chief Operating Officer | Unscheduled Care Group | Care Group Service Director - Unscheduled Care. | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Emergency Department (ED) Overcrowding | **If:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information).<br><br>**Then:** patients are therefore placed in non-clinical areas.<br><br>**Resulting In:** Failure to deliver Emergency Department Metrics, Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters.<br><br>Filling the last resus space compromises the ability to manage an immediate life threatening emergency.<br>Clinicians taking increasing personal risk in management of clinical cases.<br>Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing. | Increased number of nursing staff being rostered over and above establishment.<br><br>Additional repose mattresses have been purchased with associated equipment.<br><br>Additional catering and supplies.<br><br>Incidents generated and attached to this risk.<br><br>Weekly report highlighting level of above risk being generated.<br>All patients are triaged, assessed and treatment started while waiting to offload.<br>- Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released.<br>- Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times.<br>- Expansion of the bed capacity in YS to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital.<br>- Daily site wide safety meeting to ensure flow and site safety is maintained.<br>- There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites.<br>-Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity.<br>-Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21<br>- Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements.<br>- Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board. | The emergency departments across CTM remain overcrowded. There are many internal actions being undertaken within Care Group to reduce attendances, improve flow and reduce overcrowding:<br>• CTM UHB Development of Urgent & Emergency Care Rapid Improvement Plan (45 minute ambulance handover and 90-day ED performance)<br>• TRUE Rapid Improvement Plan through 6 Goals Programme – SRO - Deputy Exec Med Director and Deputy COO<br>• USC CG Formalise and sign off 30/60/90-day improvement plan<br>• Acute Medicine Transformation Programme (STAMP) – POW – 2 workshops complete – 3 further planned June/early July<br>• New investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment drive currently underway.<br>• Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established.<br>• Targeted recruitment of Acute Medicine Consultants following new investment to provide 7/7<br><br>Update December 2025<br>The Emergency Department (ED) huddle is now live, which provides a live snapshot of each of the ED departments including crowding score is captured. Introductions of RATS at PCH for a number of sessions a week, this will assist in alleviating ED overcrowding due to timely assessments and redirection. | Operational Delivery Committee | 20 | C4xL5 | 12<br>(C4xL3) | ↔ | 24.09.2019 | 7.1.2026 | 7.2.2026 |
| 10 | 5753 | Executive Nurse Director | Children & Family Care Group | Care Group Service Director | Improving Care | Workforce / Organisational Development / Staffing / Competence | Inadequate Special School Nurse Provision | **If** the Health offer towards the current Special Schools Nursing Model is not increased and Bridgend Local Education Authority (LEA) does not contribute financially to the Service Level Agreement (SLA) in Special Schools<br><br>**Then t**he Community Children's Nursing (CCN) Service are unable to meet their obligations across the five special schools in CTM and be unable to fulfil their obligation to Rhondda Cynon Taf (RCT) and Merthyr who are the only LEAs who contribute financially into the SLA<br><br>**Resulting in**, Dissatisfaction and fractured relationships within RCT and Merthyr LEA, inequity of service provision across CTM special schools, risks to the children & young people (CYP), impact on Consultant Led clinics, inability of special school nurse to deliver on School Nursing Framework in Wales part 2 - Nursing in Special Schools and Healthy Child Wales (HCW) part 2, lack of access to continual professional development and peer support for the nurses based in Special Schools, continued issues with recruitment and retention of nursing staff into Special Schools | Mitigation – reviewing SLA at pace with LA, high level meetings with EDON, Nursing Director and Directors of education. Supporting staff, sharing risk across SSN schools. During periods of absence or vacancies; access to a school nurse will not be available in person 5 days per week. However, telephone advice and support will be available. These control measures do not meet expectations of Local Authority.<br><br>Meetings have been held between Directors of education and Director and Executive Nurse. SBAR has been escalated to Care Group OMB but needs to be escalated to HB OMB (19/02/2025) Engagement between senior nurse and head teachers and support for special school nurses has been given. | Update January 2026<br>A Care Group meeting with the Chief Operating Officer and Interim Executive Director of Nursing took place in December 2025. Next steps agreed:<br>1. Service Director to engage with School(s) directly<br>2. Interim Executive Director of Nursing to review current nursing model with the Head of Nursing<br>3. Additional Executive led meeting to review current engagement outcome and workforce modelling proposal<br>4. On-going active monitoring during this period of time for escalation to executives. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 20 | C4xL5 | 8<br>(C4xL2) | ↔ | 16.04.2024 | 8.1.2026 | 8.2.2026 |

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Datix ID | Strategic Risk owner | Care Group / Service Function | Identified Risk Owner/Manager | Strategic Goal | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Rating (current) | Heat Map Link (Consequence X Likelihood) | Rating (Target) | Trend | Opened | Last Reviewed | Next Review Date |
| 11 | 6372<br><br>Closed Session due to Business Sensitivities | Director for Digital | Central Corporate - Digital & Data | Assistant Director for Digital Delivery | Sustaining our Future | Financial Risk | Cost escalation risk – Microsoft Enterprise Agreement renewal | Due to business sensitivities the details of this risk are considered in the closed session of the Committee. | | | Operational Delivery Committee | 16 | C4xL4 | 12<br>(C4 x L3) | ↔ | 16.10.2025 | 7.1.2026 | 7.2.2026 |
| 12 | 4632 | Executive Director of Therapies and Health Sciences. | Unscheduled Care Group | Head of Strategic Planning and Commissioning | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation) while ensuring optimal performance and quality standards are consistently met | **IF:** changes are not made to improve and align stroke prevention initiatives, early intervention campaigns, and acute and rehabilitation stroke care pathways across CTM<br><br>**THEN:** avoidable strokes may not be prevented, patients who suffer a stroke may miss the time-window for specialist treatments (thrombolysis, thrombectomy), and patients may not receive timely, high-quality, evidence-based stroke care<br><br>**RESULTING In:** higher than necessary demand for stroke services, poorer patient outcomes/increased disability, increased length of stay, and poor patient/carer experience. Impact will extend to the need for increased packages of care, increased demand for community health services, and increased carer burden when discharged to the community. Additionally, the performance targets to monitor improvement of the stroke prevention and care service will be adversely affected, leading to significant challenges for the health board to include noncompliance with Quality Improvement Measures (QIMs). | • Executive-led Stroke Strategy Group in place, with targeted task and finish under development. Membership updated to reflect senior Ops changes.<br>• ToR and membership of Strategy Group updated.<br>• Close working amongst executive team to escalate and address operational and clinical issues in relation to stroke pathway<br>• Board briefing to ensure all sighted to challenges<br>• Quarterly briefings to Quality and Safety Committee<br>• Performance data regularly presented to Performance, Planning and Finance Committee<br>• Strong CTM input to regional and national Stroke Programme Boards<br>• Unified, evidence-based pathway developed for thrombolysis<br>• Preparations progressing to prepare for 24/7 thrombectomy service at Bristol and updated RCP guidance on thrombolysis and thrombectomy<br>• Designated senior operational lead for performance and improvement leadership for stroke pathway | Update October 2025<br>Risk reframed to take into account feedback received from the September 2025 Quality, Safety & Experience Committee to capture the performance element of the risk.<br><br>Medical Workforce Update<br>1.0 wte consultant returning from maternity leave October 25<br>1.0 wte consultant appointed, starting January 26<br>1.0 wte consultant returned from LTS - phased return<br><br>Specialty Medicine Directorate aiming to appoint 2.0 wte consultant neurologists. Job plan will support 1 clinical session allocated to stroke on call rota.<br><br>In terms of the risk score remaining at 16 the USC Care Group considers that the following mitigations support this rating.<br>- there has been and will be a senior decision maker for stroke i.e. a consultant who will immediately attend all stroke calls – Monday – Friday with Thrombolysis prioritised.<br>- CNS 6/7, based in ED, covering core hours 9-5 (some days till 1800).<br>- Enhanced monitoring with senior leadership oversight in place, through daily breach huddles with a live improvement plan. This is undertaken using an MDT approach, we have already seen improvement in CT and admission to ASU.<br>- Daily breach and weekly reports of top breach reasons and associated actions captured and tracked.<br>- A robust improvement action plan is in place for the unit which focusses on leadership, workforce, IP&C, and fundamentals of care – the actions are 89% complete.<br>-Nursing workforce and leadership now significantly improved; we have 2 x Band 7 ward manager which enables 7/7 cover for the unit.<br>-Medical workforce stabilised with a return from mat leave and start date for new consultant end of November<br>-Internal Audit report recently received indicates a positive outcome with an overall reasonable assurance rating.<br><br>Whilst the USC Care Group acknowledge there has been limited improvement in the QIMs to date there has been clear improvement in overall quality of care which was the basis of reducing this score from a 20 to a 16.<br><br>January 2026 Note: Due to site pressures with capacity and flow this risk was not updated at the time of the Organisational Risk Register for January being finalised. The Chief Operating Officers Business Team are seeking an update and this will be reflected in the next iteration of the Organisational Risk Register. Updates prior to this can be sought from the COO Business Team. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4xL4 | 12<br>(C4 x L3) | ↓ | 11.05.2021 | 06.11.2025 | 31.12.2025 |
| 16 | 6235 | Executive Director of Finance (Executive Lead for Estates) | Central Directorate - Estates | Assistant Director - Capital Estates | Sustaining Our Future | Environmental / Estate / Infrastructure | Insufficient funding to address backlog maintenance across the estate. | If: There is insufficient funding to address backlog maintenance across the estate.<br><br>Then: there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements/ improvements for patient care and staff well being<br><br>RESULTING IN:<br>An inability to deliver its services efficiently and effectively.<br>Poor environment and experience for patients, visitors and staff.<br>Estate infrastructure problems.<br>Unable to replace failing/ ageing plant and equipment.<br>Poor estate regulatory compliance.<br>High carbon footprint.<br>Loss of service and productivity.<br>Increased backlog maintenance | Prioritisation of Estate Activity based on risk-based decision making.<br>Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.<br>Applications to the AllWalesCapital Programme on an annual basis.<br>Discretionary Capital<br>Maximise current revenue allocations, optimised for statutory compliance and risk priorities.<br>Maintenance Programme established managed via the Planet Facilities Management System (planned and reactive maintenance jobs)<br>In 2024-2025 the estates operational function was digitised, the estates operatives were provided with mobile devices so that they are now ae to work in real time, this has helped to maintain performance despite the staff shortages.<br><br>**Internal -** Regular Monitoring through CTMUHB's Executive Capital Management Group.<br>Capital Scheme Delivery Programme.<br>Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and planning, Performance and Estates Committee prior to that Committee being disbanded)<br>Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings.<br>Escalation of Risk through the Capital and Estates Risk Escalation Group.<br>Comprehensive internal audit programme.<br><br>**External -** NHS Shared Services Partnership-Specialist Estate Services (NWSSP-SES) have collected Estates and Performance Monitoring System data (EFPMS) on behalf of Welsh Government.<br>ISO14001 Certification - Environmental Management Achieved.<br>Regular Reporting and Monitoring with Welsh Government.<br>Comprehensive external audit programme. | Lifecycle replacement programme in place to highlight risk and replacement of assets. This is utilised to secure funding form discretionary or Targeted estates funding to replaces the highest priority replacement assets.<br><br>Update January 2026<br>Risk reviewed and no change to current risk score at this stage.<br>Capital and Estates continue to seek all opportunities for Welsh Government funding. CTM had the highest capital allocation in 2025-26 than any other heath board in NHS Wales. However, this still does not mitigate all of the gaps and controls and the resulting impact of this risk. In November 2025 CTMUHB Board approved the Prince Charles Hospital (PCH) Refurbishment Project Finalised Phase 3 Full Business Case for submission to Welsh Government which subject to approval will support some further reduction in backlog on the PCH site. | Operational Delivery Committee<br>&<br>Health, Safety & Fire Sub Committee | 16 | (C4xL4) | 9 (C3xL3) | ↔ | 4.7.2025 - Opened on Datix | 6.1.2026 | 6.3.2026 |
| 17 | 5045 | Chief Operating Officer | Unscheduled Care Group | Care Group Service Director | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Access to Neurology Inpatient and Outpatient Services for CTM Residents | **If:** there is no clear direction and commissioning intentions set out in respect of neurology service provision for the residents of RTE;<br><br>**Then**: existing service pressures in respect of the consultant workforce, availability of diagnostic tests, inpatient demand, care of women on valproate medication, provision of epilepsy specialist nursing services, lack of ante natal epilepsy services and outpatient demand and waiting times will continue;<br><br>**RESULTING IN**: a risk of harm from late diagnosis; patient condition deterioration; delays starting appropriate treatments, long waiting times; medication issues and potentially sudden unexpected deaths.<br>There is also an issue around reporting of waiting times for neurology patients. | An additional Locum Consultant working out of RGH providing inpatient and outpatient neurology services support. Plan to appoint x3 consultant neurologists within CTM as part of the Neurology Liaison Plan. | Update December 2025<br><br>Interview will take place Wednesday (7/1/26) for the consultants post , providing the post can be covered following interview ,within 3 months we will be in an improved position. CTMUHB will report the neurology waiting list from 1 April. Locum post extended until December 2026. CAVUHB have committed to reducing over 52 week stage 1 backlog to 102 patients by the end of March 2026. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4xL4 | 8<br>(C4xL2) | ↔ | 09.3.2022 | 7.1.2026 | 7.2.2026 |
| 18 | 5576 | Chief Operating Officer | Primary Care and Community Care Group | Care Group Service Director | Sustaining Our Future | Workforce / Organisational Development / Staffing / Competence | Palliative Medicine Staffing | **If** the Health Board are unable to recruit to the vacant Palliative Medicine Consultant post in Ysbyty Cwm Cynon (YCC) for Merthyr/Cynon.<br><br>**Then.**. there will be a 60% gap in palliative medicine consultant cover. This is in addition to an already understaffed consultant compliment.<br><br>**Resulting In**.. a negative impact to the delivery of Specialist Palliative Care (SPC) inpatients at YCC. As well as negatively impact on capacity in the other SPC Centres in Royal Glamorgan Hospital and Princess Of Wales Hospital, as remaining Consultants will be required to cover. They are already low as a workforce establishment. Despite this the SPC Centre in YCC will not meet the required standards to retain the SPC status. | Unit is currently open with strict criteria for acceptance End of Life patients only when accepted by a consultant..<br><br>Limited cover from other SPC centres provided but this individual has now retired, and only remote cover has been secured from other SPC sites going forward.<br><br>Recruitment in specialist agencies being sought. Additional middle grade cover sought but will have limited impact as not meeting national standards | Update December 2025<br><br>The status for the SPC in YCC has been temporarily changed and removed as a result of implementation of admission criteria for end of life and complex care. This is an interim measure whilst the engagement process is complete around the long term future of the centre enabling the Care Group to commence a redesign of PEoLC across the CTM wide footprint. This will be under review as the care group continue the process around the long term future of the centre. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4xL4 | 8<br>(C4xL2) | ↔ | 11.10.2023 | 7.1.2026 | 7.2.2026 |
| 19 | 4973 | Chief Operating Officer | Mental Health Care Group | Care Group Service Director | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Clinical Medical Cover within CTM Adult Mental Health Services | **If:** CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CMHT services<br><br>**Then:** the Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff<br><br>**Resulting in**: sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians.<br>Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor. | Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support.<br><br>Substantive jobs which are new posts are being developed and advertised<br><br>Rehabilitation service is at a critically low level with urgent closure of one service needed. Redeployment from inpatients to Rehabilitation of locum has had knock on effect on inpatients.<br>Difficulty recruiting to locum posts due to introduction of rate card and need to have Welsh AC approval. Permission to go out to non-DE has been given by Executive Medical Director and the necessary paperwork submitted.<br>Weekly cover rota going out to inpatients and rehab wards to ensure all are aware of the cover arrangements.<br><br>Substantive and significant programme of work running alongside this in medical workforce productivity in place<br>International recruitment drive looking to recruit two speciality doctors to inpatient and rehab in August 2025.<br>Two PAs recruited to Rehab and IP in Jan/March 2025 which will free up senior time<br>The Adult Directorate is managing medical staffing through "escalated action" procedures with daily scrutiny and communication pressures and counter measures to release the Consultant body.<br>Daily reviews with Retinue on the availability of staff<br>The directorate plans, organises and publishes medical cover through a spreadsheet (upload reference) so everyone knows who is providing medical cover where and when. | Substantive jobs which are new posts are being developed and advertised.<br>Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place.<br>International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025.<br><br>Update December 2025<br>Risk reviewed, no change in the risk rating<br><br>Due to ongoing respect and resolution related issues medical staffing in RGH has been further pressured in December, to mitigate this further control measures have been implemented.<br><br>Two Interim Clinical Directors have been appointed.<br><br>Dr Sally Bolt is also supporting the MHLD Care Group with sessions as Interim Medical Director<br><br>The Directorate plans and organises publishes medical cover through a spreadsheet so everyone knows who is providing medical cover where and when. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4xL4 | 12<br>(C4xL3) | ↔ | 06.01.2022 | 19.12.2025 | 30.01.2026 |
| 20 | 6039 | Director of Digital | Central Corporate - Digital & Data | Assistant Director for Digital Delivery | Sustaining Our Future | Operational:<br>• Core Business<br>• Business Objectives<br>• Environmental / Estates Impact<br>• Projects<br><br>Including systems and processes, Service /business interruption | Increased cost of VMWare Licensing | **IF** the proposed increase in costs for providing a virtual server infrastructure (VMWare/VXRail) is not affordable or fully funded within FY25/26 and FY26/27<br><br>**THEN** nearly every clinical service (e.g. Pathology, ICU) will be affected<br><br>**RESULTING IN** the health board being unable to access local clinical systems | Identification of funding within discretionary capital allocations and opportunities in end of year slippage - estimates to replace all 35 VXRail nodes is £3.5m (Feb 26 - 4 nodes go out of support, June 26 - 6 nodes go out of support, Jan 27 - 18 nodes. Estimate cost to replace each node is £100k). | The further mitigating action plan is that the Digital and Data Team are exploring alternative technologies with providers to ensure an effective and efficient service.<br><br>Update December 2025 - The £2.1m was rejected by Welsh Government (WG) in the initial ask for capital. We have reviewed costs and looked to sequence activity this has enabled us to reframe our ask of WG for an initial investment of £1.5m, with a second investment of £0.8. These bids have been submitted to WG and we are awaiting a response.<br><br>Update January 2026 - WG have awarded us £1.5m in funding. Procurement planning has begun. | Operational Delivery Committee | 16 | C4xL4 | 8<br>(C4xL2) | ↔ | 09.01.2025 | 7.1.2026 | 7.2.2026 |

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| 1 | Datix ID | Strategic Risk owner | Care Group / Service Function | Identified Risk Owner/Manager | Strategic Goal | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Rating (current) | Heat Map Link (Consequence X Likelihood) | Rating (Target) | Trend | Opened | Last Reviewed | Next Review Date |
| 21 | 4885 | Director of Corporate Governance / Board Secretary | Corporate Governance | Corporate Governance | Improving Care<br><br>Sustaining our Future | Quality / Complaints / Assurance / Patient Outcomes | Failure to deliver and sustain effective Policy Management System and Process | If: the Health Board fails to maintain an effective policy management process/system to monitor, store and manage the review of policy and procedural documentation<br><br>Then: there is a risk that staff may act in a manner that is not consistent with strategic and functional expectations. Policies and procedures may not be readily accessible to support decision making and service delivery, and the Health Board may not be protected from litigation if policies and procedures are not regularly reviewed to reflect changes in standards and/or legislation.<br><br>Resulting in: Policies not being readily available for reference in decision making / emergency situations to support courses of action. Non compliance with new standards and legislative changes leading to possible legal challenge. Limited version control which could impact decision making if there are inconsistent or varying versions of a policy available. | The Policy for the Development, Review and Approval of Organisational Wide Policies is extant and sets out the process to follow.<br><br>Policy and Procedure advice and guidance is available from the Clinical Policy lead and the Assistant Director of Governance & Risk for non clinical policies.<br><br>SharePoint Intranet page acts as document library. | Update December 2025<br><br>The revised "Policy on Policies" is going forward for approval at the Quality, Safety & Experience Committee on the 21 January 2026. Once approved this will be circulated and published on the internal policy page. This will be accompanied by a simplified process flow chart for approval.<br><br>The new policy library web page is planned to 'go live' by the end of January 2026, however, this is dependent on the capacity within the Corporate Governance, Web Development Team and the Digital & Data Team.<br><br>The archiving of previous policy versions has been delayed, however, all available documents have been downloaded and are in a searchable format should any requests be received.<br><br>All Directorates have received the latest update as to the status of their current policy lists.<br><br>Whilst it is hoped that the new policy and current master library will be live by the end of January it is anticipated that other aspects will be delayed until circa the end of March 2026.<br><br>The policy programme continues to be monitored via the Executive Management Board. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4xL4 | 8<br>(C4xL2) | ⇔ | 26.10.2021 | 05.01.2026 | 05.03.2026 |
| 22 | 5761 | Executive Medical Director | Medical Directorate Function | Medical Directorate Manager | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Cross Health Board Data Sharing | If: Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts<br><br>Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data<br><br>Resulting in: Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments | For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Aneurin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTMUHB have asked for alternate options for a quicker solution and timescales to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting. | Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems - this has been an issue for some time. ABUHB have allocated some project resource to scope, map and plan the work needed, however, resources will need to be allocated by C&V and AB to get the work done. There was a strong commitment from Pan-South East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting.<br>Update May 2025 - No change to risk score or mitigation this period. Executive Medical Director to raise risk again at next All Wales Medical Director meeting.<br><br>Update 23 June 2025 -- Still no movement here. Its within the discussion of Digital HealthCare Wales provider status and open sharing of data between Health Boards. The current proposal has not been agreed between ABUHB and DHCW. CTMUHB are asking and raising the concern, however, cannot directly resolve.<br><br>Update September 2025 - remains as August 2025. It is raised at the relevant forums (All Wales Medical Director Meetings) regularly. No changes to risk score.<br><br>Update October 2025 - remains as reported previously. The risk continues to be raised at the relevant forums (All Wales Medical Director Meetings) regularly.<br><br>Update Jan 2026 - remains as reported previously. The risk continues to be raised at the relevant forums (All Wales Medical Director Meetings) regularly. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4xL4 | 8<br>C4xL2 | ↔ | 26.04.2024 | 23.12.2025 | 23.02.2026 |
| 26 | 4671<br><br>Closed Session due to business sensitivities | Director of Digital | Central Corporate - Digital & Data | Assistant Director for Data Intelligence, Compliance & Design | Creating Health | Operational:<br>• Core Business<br>• Business Objectives<br>• Environmental / Estates Impact<br>• Projects<br><br>Including systems and processes, Service /business interruption | Lack of a resilient and performant Digital Network Infrastructure and Assets | Due to business sensitivities the details of this risk are considered in the closed session of the Committee. | | | | 16 | C4 x L4 | 9<br>(C3xL3) | ↔ | 03.05.2021 | 7.1.2026 | 7.2.2026 |
| 27 | 6294 | Chief Operating Officer | Planned Care - Care Group | Service Director Planned Care | Sustaining our Future | Workforce / Organisational Development / Staffing / Competence | Insufficient Consultant Workforce - Endoscopy / Gastroenterology | **If** the Consultant posts cannot be filled, **then** it will impact on Service Delivery and affect our ability to deliver both diagnostics and clinical services to patients.<br><br>**If** the Consultants that are currently in post were no longer in post, **then** this would significantly affect our ability to deliver both diagnostics and clinical services to patients. Furthermore it would impact on ability to support inpatient services at POW.<br><br>Fragility of the Consultant workforce is contributing to potential gaps within the on call bleed rota, with little redundancy. This could **result in** a situation in which the on call bleed rota could not be covered. Unsustainable service provision to safely care for inpatients. | In terms of recruitment posts remain out to advert.<br>Locum in post for one of the vacancies however they are due to leave in the near future due to other obligations.<br>There has been no interest from agencies in supporting the vacancies. | Mitigating actions currently limited. Continuing to advertise for posts.<br><br>Update December 2025<br>No further mitigation. Posts remain out to advert. Locum has now left post as of early December (this was earlier than expected, with significant disruption to Endoscopy). Extremely fragile staffing position in POWH. There has been no interest from agencies. | Quality, Safety & Experience Committee.<br><br>Operational Delivery Committee | 16 | C4 x L4 | 9<br>(C3xL3) | ↔ | 07.08.2025 | 7.1.2026 | 7.2.2026 |
| 28 | 2713 | Chief Operating Officer | Diagnostics, Therapies, Pharmacy and Sciences Care Group | Service Director - DTPS | Sustaining Our Future | Workforce / Organisational Development / Staffing / Competence | Backlog of Reporting Radiology Examinations | **IF** there is consistent backlog of Radiology reports<br>**THEN** there will a delay in patient diagnosis and treatment, which could lead to poorer patient outcomes<br>**Resulting in** impact on patient outcomes, delay in diagnosis of patient condition and any additional interventions/treatment that may be required following diagnosis due to an excessive backlog and increasing demand in imaging services.<br>There is also a risk of damage to the reputation of the Organisation due to the failure to meet performance targets. There is also risk of work related stress due to pressure placed on existing Radiologist workforce to meet the demands of the service<br><br>The reporting backlog has been compounded by;<br>Reduced effective Radiologist workforce due to retirements, sickness, secondment, maternity leave and limited available Radiologist workforce.<br>RadIS merger which caused problems for outsourcing as prior imaging has not been available as it previously has been.<br>National Cyber attack, computer & RadIS patches which caused two weeks downtime for reporting.<br>Colon CT - All barium enema examinations are now scanned in CT which has increased the specialist reporting significantly with no increase in Radiologist support.<br>Long term inability to recruit Radiologists as there are insufficient numbers trained in the UK. | Radiologists performing extra reporting sessions in addition to their normal working hours.<br>Radiographers trained to report accident & emergency images.<br>Up to date job plans for all Radiologists.<br>Datix incident and concerns procedures in place. | There is a significant backlog of reporting radiology examinations, with just over 10,000 X-rays pending. Current mitigation measures include rostering SPRs for extra reporting, outsourcing MSK cases, utilising training posts and the returning from parental leave. We are aiming to address the backlog in the more likely clinical urgent cases (chest x rays) by December as a priority.<br><br>January 2026 Note: Due to site pressures with capacity and flow this risk was not updated at the time of the Organisational Risk Register for January being finalised. The Chief Operating Officers Business Team are seeking an update and this will be reflected in the next iteration of the Organisational Risk Register. Updates prior to this can be sought from the COO Business Team. | Quality, Safety & Experience Committee.<br><br>Operational Delivery Committee | 16<br>New risk escalated November 2025 | C4 x L4 | 6<br>(C2xL3) | ↔ | 08.02.2017 | 6.11.2025 | 15.12.2025 |
| 29 | 6379 | Chief Operating Officer | Diagnostics, Therapies, Pharmacy and Sciences Care Group | Service Director - DTPS | Improving Care | Safety & Wellbeing Patients / Staff and Public | CT Scanners at RGH damaged by power outage and manual generator/UPS switch over | **IF** the manual switch over following a power outage is not rectified.<br><br>**THEN** the CT scanners/tubes may become damaged<br><br>**RESULTING IN** no CT service on site, causing significant delay in patient outcomes, and significant cost to repair (circa £350k per tube) | Discussion with manufacturer and All Wales procurement<br>Discussion with estates team<br>Estates will ensure CT is switched on first, for generator to kick in<br>Regular weekly meeting with GE and estates to monitor | Action plan required urgently to show regular monitoring. If a separate or modified UPS is required then a statement of need for Capital consideration will be required.<br><br>January 2026 Note: Due to site pressures with capacity and flow this risk was not updated at the time of the Organisational Risk Register for January being finalised. The Chief Operating Officers Business Team are seeking an update and this will be reflected in the next iteration of the Organisational Risk Register. Updates prior to this can be sought from the COO Business Team. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4 x L4 | 4<br>C4xL1 | ↔ | 20.10.2025 | 06.11.2025 | 31.12.2025 |
| 30 | 6318 | Chief Operating Officer | Mental Health Care Group | Service Director - MHLD | Improving Care | Safety & Wellbeing Patients / Staff and Public | Tier 3 SHED Team Service Delivery | **If:** The level of vacancies continues in the CAVUHB service for high risk eating disorder patients (SHED)<br><br>**Then:** The service will be unable to fully deliver assessment and treatment interventions for CTM UHB residents.<br><br>**Resulting in:** Patient safety concerns for a number of high risk patients | Controls update December 2025:<br><br>•The recent appointment of a band 7 practitioner within CTMUHB to help with coordination . Individual would be starting in this role on 15th December for a fixed term until 31st March 2026. The costs for this post would be recharged to CAVUHB.<br>•The establishment of fortnightly SHED drop in clinics for adult CMHT staff in CTMUHB. MH Team colleague had helpfully been involved in establishing these regular meetings and initial feedback was positive.<br>•CTMUHB adult CMHT services will continue to provide physical health monitoring arrangements for their patients who have been referred to SHED.<br>•The Consultant lead for SHED, had agreed to schedule some training sessions for CTMUHB CMHT staff which was welcomed<br>Further Measures are under way<br>•finalise the SHED service specification (when staffed at typical levels) and agree a supplementary document describing what is currently available. CTMUHB have provided comments to facilitate further discussion.<br>•CAVUHB have commissioned 36 Degrees to review the SHED service and provide recommendations for its strategic future. The review requires CTMUHB input and lead identified to facilitate this.<br>•In advance of the review CAVUHB are recruiting to key posts. Details of the recruitment will be shared with MH Team so that CTMUHB can help to promote and to give real time updates on the restoration of assessment and intervention work<br>•A key risk is the reduction in medical cover (x2sessions CVUHB and x2sessions CTMUHB) from end Feb 2026. CAVUHB agreed that there were opportunities to use these sessions to create an attractive new consultant role. Colleagues will meet to consider the provision of future cover and any transition plan required. | Escalated at QMB 29.10.25 risk rating increased following dialogue with CMHTS. escalated to service director and director of nursing. The care group will progress with an action plan to mitigate the risk and the Care Group Service Director has requested a meeting with CAVUHB senior Mental Health leadership team to consider a route forward.<br><br>Update December 2025<br><br>Risk reviewed and updated, current control measures have been updated. Update from a meeting held with CAVUHB colleagues 02/12/25 also captured in Datix.<br>No change to the current risk score at present | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4 x L4 | C3xL2 = 6 | ↔ | 29.08.2025 | 19.12.2025 | 30.01.2026 |
| 31 | 6280 | ~~Chief Operating Officer~~<br><br>Executive Director of Strategy & Transformation<br><br>Executive Medical Director | Planned Care - Care Group | Service Director - Planned Care | Improving Care | Safety & Wellbeing Patients / Staff and Public | Suspension of the Regional Hepato-Pancreato-Biliary service model | **If…**<br>The commissioning of this service is not prioritised as part of the regional commissioning arrangements<br>**Then…**<br>there will be no Regional service for Severe Acute Pancreatitis<br>**Resulting in….**<br>sub optimal care for this group of acutely unwell patients | Each case currently being discussed on a case by case basis between neighbouring Health Board Medical Directors, however, this will add delays to an already complex and time sensitive treatment pathway. | As this is a service that is regionally commissioned the Health Board will need to have ongoing discussion with the Joint Commissioning Committee as to a way forward.<br><br>Update December 2025<br>Risk was noted as a risk at Executive Management Board on the 29.12.26 , as a result a decision was shared by the Chief Operating Officer that the risk will sit with the Executive Director of Strategy & Transformation and Executive Medical Director.<br><br>As this is a service that is regionally commissioned the Health Board will need to have ongoing discussion with the Joint Commissioning Committee as to a way forward. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4 x L4 | 9<br>C3xL3 | ↔ | 06.08.2025 | 05.01.2026 | 31.03.2026 |
| 32 | 5877 | Chief Operating Officer | Primary Care and Community Care Group | Service Director - Primary Care | Improving Care | Service / Business interruption | New Worker Contract for Out of Hour GPs | **IF** the new worker contract for out of hours GPs is implemented (ambition is for Dec 2025) it will require the application of Working Time Regulations.<br><br>**THEN** there will be a significant impact on shift fill rates.<br><br>**RESULTING in** the Health Boards ability to fill shifts across the whole roster having a negative impact on both WAST and ED departments. | Recruitment of more GPs who do not also work day time in other roles.<br>Whilst the weekend service will be affected to some degree, weekday evening service will be most adversely affected as any GP working until midnight will not be able to work in practice the next morning. | Additional recruitment of GPs is critical to establish the service.<br><br>Update December 2025<br><br>To mitigate the risk alternative methods for recruitment of GPs has been explored. However this process is not agile and flexible and suitable to the way in which GPs book shifts. Sometimes at very short notice as they work elsewhere. Options still being explored. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4 x L4 | C3xL2 = 6 | ↔ | 07.08.2024 | 7.1.2026 | 7.2.2026 |

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Datix ID | Strategic Risk owner | Care Group / Service Function | Identified Risk Owner/Manager | Strategic Goal | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Rating (current) | Heat Map Link (Consequence X Likelihood) | Rating (Target) | Trend | Opened | Last Reviewed | Next Review Date |
| 33 | 6397 | Chief Operating Officer | Primary Care and Community Care Group | Service Director - Primary Care | Improving Care | Service / Business interruption | Shortage of GPs to deliver urgent primary care services for escalation. | If the decision to have a 'hold' on the recruitment of GPs into GP OOH and Navigation Hub continues of engagement and contractual status of Out of Hours GPs.<br><br>THEN there will be a continued reduction in shift fill rates.<br><br>RESULTING in shifts remaining unfilled (specifically home visiting shifts) and this will lead to more patients (palliative and end of life) being conveyed into the Emergency departments. | Explore alternative engagement routes such as bank and salaried contracting although there are challenges as these due not offer flexible engagement for GPs who have permanent day time and other employment. | Update December 2025<br>The following has been applied to mitigate the risks. All GPs on a 'holding list' have been contacted. Adverts have been placed via bank and GPs encouraged to apply through this, but the process is not compatible with rota and does not offer flexibility for shift fill and short notice changes. Shift fill was challenging over the Christmas Period but was covered by senior GPs form the leadership team. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 16 | C4 x L4 | C4xL3 =12 | New Risk Escalated to the Organisational Risk Register in January 2026 | 31.10.2025 | 02.01.2026 | 31.01.2026 |
| 34 | 6232 | Executive Nurse Director | Central Directorate - Patient Care & Safety | Deputy Nurse Director | Sustaining our Future | Safety & Wellbeing Patients / Staff and Public | Stability of the Legal Services Function | **If:** the Health Board fails to adequately equip the Legal Services Function with the resources and support to fulfil the requirements of the function.<br><br>**Then:** there is a risk to staff turnover and retention, wellbeing and morale. Risk to the reputation of the function and the Health Board as an employer of choice. Lack of resilience and capacity to fulfil the obligations under the relevant legislation surrounding the activity of the function.<br><br>**Resulting in:** an adverse impact to the wellbeing and morale of staff leading to increased sickness absence and staff turnover. Lack of job satisfaction. Increasing risk of breaching relevant legislation due to lack of sustainable resources and resilience of the existing function. Loss of Trust and Confidence in the Legal Service Function / Reputation. | Review initiated to understand CTMUHB's position in terms of the number of inquests underway and the response to requests.<br><br>Current controls:<br>OCP underway to consider structures of the function.<br>Benchmarking and learning from other organisations. | Update January 2026<br>The position is now much more stable, with strong engagement from key stakeholders contributing to improved oversight and progress. However, risks remain associated with the pending closure of the Organisational Change Process (OCP). The Legal Services Recovery Plan continues to be implemented, focusing on ensuring sufficient capacity to manage cases effectively, reviewing internal processes and systems for potential changes, and identifying areas for further improvement. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 15 | C3xL5 | C3xL2 = 6 | ↔ | 3.7.2025 | 08.1.2026 | 8.3.2026 |
| 35 | 4672 | Director of Digital | Central Corporate - Digital & Data | Assistant Director for Data Intelligence, Compliance & Design | Creating Health | Operational:<br>• Core Business<br>• Business Objectives<br>• Environmental / Estates Impact<br>• Projects<br><br>Including systems and processes, Service /business interruption | Access to a complete, integrated, and coded medical record. | **IF:** The Health Board is not able to record information accurately and reliably, with complete and up to date information<br><br>**Then:** the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete<br><br>**Resulting in:** Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc. | **Operational controls:**<br>Coding key performance indicators covering productivity, demand and backlog robustly monitored<br>Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record<br>DHCW annual coding quality audit.<br>Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented.<br>Natural language programming resource deployed and outputs of programme being validated.<br>Tactical - EPR programme with deployment of snomed-CT onotology server, WCP & E-forms etc.<br>**Tactical controls:**<br>Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business<br>National Architecture Review - encompassing (NDR /CDR & Sharing arrangements)<br>Coding transformation programme -<br>**Gaps in controls**<br>Scanning time of outpatient activity to digitise the record is at 51 days cf maximum clinically safe time of 24-48 hours<br>Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards<br>Digital solutions not yet using snomed-CT/ structurally coded data<br>Information and Technical Standards not being followed with national body favouring document rather than data exchange<br>Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare)<br>Digital transcription programme unsupported & unsupported from march 23 | Update December 2025<br><br>Work ongoing on strategic roadmap for development of a modular approach to an integrated care record and delivery of core functionality to ensure consistent record of information. This will form part of the Digital & Data IMTP submission for 2026/2027. Key requirement is on integration and data acquisition, which incorporates AI to undertake transform free text to clinically assured structural information. This area of skill mix has been identified as a key enabler to the UHB's modular EPR strategy deployment and to our data and AI strategies, and as such is being factored into the resource allocation made for these developments. | Operational Delivery Committee | 15 | C3 x L5 | 9<br>(C3xL3) | ↔ | 05.06.2021 | 7.1.2026 | 7.2.2026 |
| 36 | 5040 | Director of Digital | Central Corporate - Digital & Data | Assistant Director for Data Intelligence, Compliance & Design | Creating Health | Operational:<br>• Core Business<br>• Business Objectives<br>• Projects<br><br>Including systems and processes, Service /business interruption | Digital Healthcare Wales (DHCW interdependencies | **IF:** The Health Board can not integrate new applications into its digital architecture in a timely fashion<br>**Then:** there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered<br>**Resulting in:** delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include:<br>1. Loss of information integrity and accessibility as multiple copies of clinical records.<br>2. Failure and delay of digital system deployments (e.g. WEDS)<br>3. Possible breaches to the GDPR, safeguarding and information governance risks.<br>4. Mistrust by staff of the ICT systems and services they are using<br>5. Money being wasted | A Myrddin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome<br><br>SLAs are in place between DHCW and NHS Wales organisations, however their futility has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months<br><br>Gaps in controls:<br><br>WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on HB (user / customer) needs - driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CareSSC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAS offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results. | Update December 2025<br><br>As part of the EPMA programme Digital Health Care Wales have provided integrations into the document repository service they host, and limited outbound feeds of test results and administrative data. These have yet to pass testing, despite considerable effort, resulting in the delay of the EPMA programme. Further concerns now noted that the Maternity system may be delayed as the integrations have not been provided and the UHB has not released the resource required. | Operational Delivery Committee | 15 | C3xL5 | 9<br>C3xL3 | ↔ | 07.02.2022 | 7.1.2026 | 7.2.2026 |
| 37 | 3337<br><br>Linked to RTE Risk 4813 and M&C 4817. Also linked to 4804. | Chief Operating Officer<br><br>Director of Primary Care and Mental Health Services | Central Corporate - Digital & Data | Lead Infrastructure Architect<br><br>Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services | Creating Health | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Lack of a Single Electronic Patient Record in Mental Health Services | **If:** Mental Health Services do not have a single integrated clinical information system that captures all patients details.<br><br>**Then:** Clinical staff may make a decision based on limited patient information available that could cause harm.<br><br>**Resulting In**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace. | Control measures updated September 2023.<br><br>1. A PID has been developed which outlines the processes, resources and timelines sought - this to be discussed in September Programme Board.<br><br>2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTMUHB staff who currently use WCCIS via local authority over to CTMUHB WCCIS platform. Requires Programme Board approval.<br><br>3. Business case to be progressed following Board approval.<br><br>4. A new MHLD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme | Update December 2025:<br>CTMUHB still await the Outcome report that recommends the Supplier and allows us to plan next steps. The team continue to escalate at all relevant meetings.<br><br>Therefore, our next steps are unchanged:-<br>1. Awaiting recommendation/outcome report<br>2. Report will be taken to Programme Board and Executive Board for approval<br>3. Supplier to be known<br>4. Procurement process to conclude<br>5. Start of implementation<br><br>The first Workshops have been arranged to review the forms used and current processes. These will take place:-<br><br>20th January CAMHs and Specialised Services (Ty Lliddiard)<br>22nd January Adults and Older Persons (Glanrhyd) | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 15 | C5xL3 | 6 | ↔ | 07.11.2018 | 2.1.2026 | 30.01.2026 |
| 38 | 4691<br><br>Linked to RTE Risks 4803, 4799, 3273 and 3019. | Chief Operating Officer | Mental Health Care Group | Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services | Sustaining Our Future | Operational:<br>• Core Business<br>• Business Objectives<br>• Environmental / Estates Impact<br>• Projects<br><br>Including systems and processes, Service /business interruption | New Mental Health Unit | **IF**: Mental health inpatient environments fall short of the expected design and standards.<br><br>**Then**: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations.<br><br>**Resulting In**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay. | A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April.<br><br>Assistant Director of Strategic Transformation – Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit.<br><br>Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution.<br><br>All anti ligature works planned for 2022 – 2023 have now been completed.<br><br>A scoping document case is to be prepared and submitted to WG.<br><br>Inpatient Improvement Programme established April 2023 | Update December 2025<br><br>Risk Reviewed, no change in scoring<br><br>The inpatient review and remodelling programme continues to progress, with Safe Wards interventions and enhanced therapeutic input positively received by staff, patients, and external reviewers. The inpatient renaming of the wards to align with the new model remains paused pending resolution of governance and safety compliance requirements. The programme reports to the MHLD Improving Care Board. November update included in datix risk assessment record. | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 15 | 15<br>(C3xL5) | 6<br>(C3xL2) | ↔ | 15.06.2021 | 22.12.2025 | 30.01.2026 |
| 39 | | | | | | | | | | | | | | | | | | |

| Datix ID | Strategic Risk owner | Strategic Objective | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Rating (current) | Rating (Target) |
|---|---|---|---|---|---|---|---|---|---|---|
| 6234 | Executive Director of Finance (Executive Lead for Estates) | Sustaining Our Future | Environmental / Estate / Infrastructure | National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department. | IF: A UK skills shortage coupled with the demand for labour in the private sector has caused recruitment and retention issues throughout the department, this has affected the ability to fill all WTE posts in a timely manner.<br><br>THEN: The Health Board is at risk of being unable to complete all statutory, mandatory preventative maintenance tasks and help desk request. There is also a risk of being unable to support the delivery of capital projects, and departmental virement works.<br><br>RESULTING IN:<br>Insufficient staff to deliver the service, significant delays in replacement of staff.<br>Increased revenue costs for overtime and contractor costs to supplement shortfalls.<br>Inability to complete all Statutory and mandatory maintenance activities which could potentially breach legislation requirements<br>Decrease in the maintenance performance figures.<br>Failing estates affecting patient safety and service.<br>Increased risk of claims.<br>Reputational damage. | Performance levels monitored monthly at SMT and weekly at operational estate management level<br>Overtime worked and contractors employed when key risks identified. | Vacancies reviewed at Senior Management team (SMT) meetings on a monthly basis.<br>Age profile developed to manage succession planning.<br><br>Update January 2026<br><br>Risk score reviewed and whilst recognising that there continues to be a National UK skills shortage the Health Board has had recent success in appointing to two Senior Estate Manager roles, and due to robust succession planning filled other gaps within the team which has provided stability.<br>Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates to roles advertised particularly around the Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.<br><br>On the basis of this review the risk likelihood score has been reduced to a 3 and the risk de-escalated from the Organisational Risk Register. The risk will continue to be monitored by the Capital and Estates Directorate. | Operational Delivery Committee & Health, Safety & Fire Sub Committee | 12 C4xL3 (Reduced from a 16) | 9 (C3xL3) |
| 5417 | Chief Operating Officer | Improving Care | Patient / Staff /Public Safety<br><br>Impact on the safety – Physical and/or Psychological harm | Paediatric Dentistry - General Anaesthetic (GA) theatre list | **If...** Regular additional GA theatre lists (necessary to meet current and future demand) are not made available to the Community Dental Service team for paediatric GA.<br><br>**Then...** the number of children waiting list for assessment and treatment will continue to increase beyond 1000 by March 2024.<br><br>**Resulting in...**<br>1. children waiting increased times for assessment/treatment who have high levels of dental caries and painful teeth requiring extraction,<br>2. a further increase in the number of children requiring GA, due to long waits for assessment more children need GA when assessed, conversion rate has jumped form 48% to 80%. Children can only wait 8 wks form assessment to treatment therefore there is a large backlog of assessments due to limited GA lists to provide treatment. | Current theatre lists are run on Monday mornings and Friday afternoons and are likely to be cancelled due to bank holidays. This impacts the running of the service, no additional lists are available when lists are missed. There are currently 800+ patients waiting for appointments, with some already waiting for 17 months. Patients are advised to return to their General Dental Practitioner (GDP) if they experience pain, some children are being prescribed multiple courses of antibiotics to ease dental infections that can only be alleviated by tooth extraction. There is a risk these patients will require the removal of more teeth/more require GA when assessed/children will present as an urgent case in Accident and Emergency if left untreated. | Update December 2025<br>Prince Charles Hospital additional theatre lists have commenced and now beginning to see the positive impact on the waiting list. October figures show 443 children waiting for assessment for GA.<br><br>There are also 516 children waiting for a PMBA assessment which may increase the number of children requiring GA once assessed. Following a delayed start to the RGH lists they are now due to commence the 1st week of January, with all lists in place, this should start addressing the backlog issue, however winter pressures does lead to dental GA lists being cancelled so the decrease in numbers may take time be seen.<br><br>As a result of the progress being noted to lists , the care group have reviewed and reduced the score to a 12 but will keep under review to ensure there is no notable impact to the lists to change position. (Action plan submitted to Board September 2025 to outline the HB plans to mitigate risk, as a result of the progress against the plan the HB were able to reduce this risk). | Quality, Safety & Experience Committee<br><br>Operational Delivery Committee | 12<br><br>Decreased from a 20 | 9 (C3xL3) |

| De-escalation Rationale |
| --- |
| Risk score reviewed and whilst recognising that there continues to be a National UK skills shortage the Health Board has had recent success in appointing to two Senior Estate Manager roles, and due to robust succession planning filled other gaps within the team which has provided stability. Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates to roles advertised particularly around the Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.<br><br>On the basis of this review the risk likelihood score has been reduced to a 3 and the risk de-escalated from the Organisational Risk Register. The risk will continue to be monitored by the Capital and Estates Directorate. |
| As a result of the progress being noted to lists , the care group have reviewed and reduced the score to a 12 (Likelihood reduced to a 3) but will keep under review in the Care Group to ensure there is no notable impact to the lists to change position. (Action plan submitted to Board September 2025 to outline the HB plans to mitigate risk, as a result of the progress against the plan the HB were able to reduce this risk). |

| | A | B | C | D | E | F | G | H | I | J | K |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Datix ID | Strategic Risk owner | Strategic Objective | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Month Closed on Org RR | Closure Rationale |
| 2 | 6240 | Executive Director of Finance | Sustaining Our Future | Financial Risk | Failure to achieve the planned break-even position in 2025/26. | **IF:** The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2025/26.<br>**THEN** : The Health Board will not be able to deliver the planned break-even financial position for 2025/26.<br>**RESULTING IN :**<br>• Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action.<br>• Failure to deliver the financial plan for 25/26.<br>• Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26.<br>• Potential cash shortfalls in the latter months of 25/26 | • Financial Accountability letters from CEO to Executive Leadership Group.<br>• Monthly monitoring arrangements and meetings in place with Care Groups and directorates.<br>• Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board. | Update December 2025<br><br>The M8 Year To Date (YTD) position is a £4.0m deficit, which includes a £5.6m shortfall in savings delivery. The Health Board is continuing to forecast a break even position for 25/26. The key risks to the forecast have improved following confirmation of non recurrent WG funding for the Welsh Risk Pool contributions together with Band 2/3 settlements in 2025/26. There remains a requirement to achieve further mitigation actions of £1m in maintaining our breakeven forecast. The following actions are to support savings plan identification, development and delivery:<br>• Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 26/27 as well as schemes in delivery for 25/26.<br>• Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward.<br>• Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. | Operational Delivery Committee | Risk Closed January 2026 | The Health Board is continuing to forecast a break even position for 25/26. The key risks to the forecast have improved following confirmation of non recurrent WG funding for the Welsh Risk Pool contributions together with Band 2/3 settlements in 2025/26. The Finance Function have therefore closed this risk as the target score of 12 has been achieved. |

| Agenda Item |
| --- |
| 6.1 |

# Operational Delivery Committee

## Digital & Data Highlight Report

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public |
| | Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Steve Macdonald<br>Assistant Director of Digital Delivery |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Stuart Morris<br>Director of Digital & Data |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Stuart Morris, Director of Digital & Data |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group /Forum Individuals** | **Date** | **Outcome** |
| N/A | N/A | N/A |

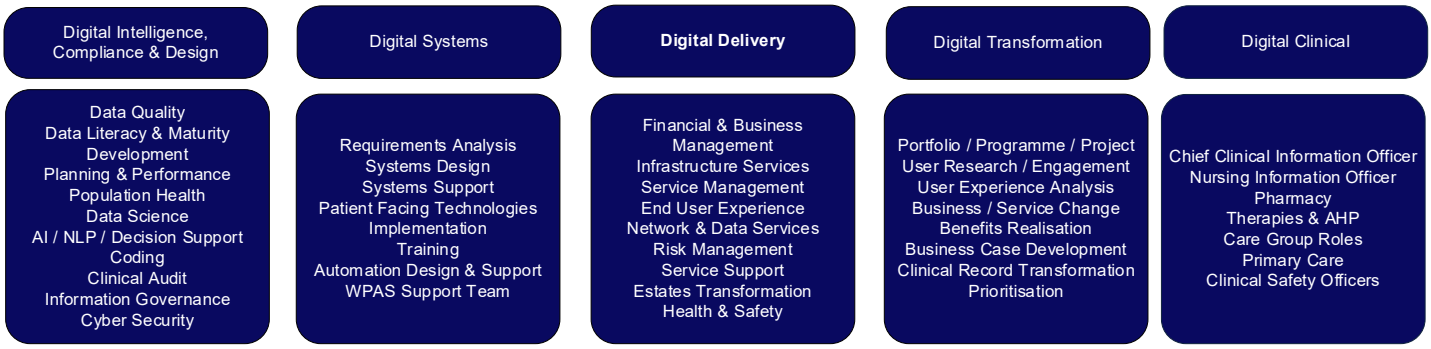
| Acronyms / Glossary of Terms | |
|---|---|
| AWCP | All Wales Capital Programme |
| CSIA | Cyber Security Impact Assessment |
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| DHCW | Digital Health Care Wales |
| DMS | Document Management System |
| DPIA | Data Protection Impact Assessment |
| DPIF | Digital Prioritisation Investment Fund |
| DR | Disaster Recovery |
| ETR | Electronic Test Requesting |
| FHIR | Fast Healthcare Interoperability Resources |
| GFDC | Ground Floor Data Centre |
| HEPMA | Hospital Electronic Prescribing & Medicine Administration |
| ISDN | Integrated Services Digital Network |
| MECM | Microsoft End Point Configuration Manager |
| MFD | Multi-Functional (Print) Device |
| MPI | Master Patient Index |
| NDR | National Data Resource |
| PCH | Prince Charles Hospital |

| Acronyms / Glossary of Terms | |
|---|---|
| PSBA | Public Sector Broadband Aggregation |
| PSTN | Public Switched Telephone Network |
| POW | Princess of Wales |
| RGH | Royal Glamorgan Hospital |
| SBUHB | Swansea Bay University Health Board |
| VPN | Virtual Private Network |
| WCCIS | Welsh Community Care Information System |
| WCP | Welsh Clinical Portal |
| WLGA | Welsh Local Government Association |
| WG | Welsh Government |
| WPAS | Welsh Patient Administration System |
| WPRS | Welsh Patient Referral System |
| YCR | Ysbyty Cwm Rhondda |

## 1. Situation /Background

1.1 The Digital & Data Operational Delivery Programme is complex and multi-faceted. In addition to supporting existing programmes of work, the directorate continues to improve and develop its core Business as Usual services.

1.2 The Digital & Data directorate consists of the following delivery pillars:




1.3 Existing operational programmes of work are reported through the Executive Management Board and / or the Operational Management Board / Improving Care Board.

1.4 As the Health Board governance structures develop, consideration will be given to how the Digital & Data Delivery Plan and a Technical Design Authority are managed.

## 2. Specific Matters for Consideration

### 2.1 Digital Systems

#### 2.1.1 WPAS Disaggregation

The Swansea Bay University Health Board (SBUHB) Service Level Agreement (SLA) has officially concluded. We are currently in discussions with Digital Health and Care Wales (DHCW) regarding the transfer of Welsh Patient Administration System (WPAS) costs.

An initial meeting between CTMUHB and SBUHB was held to discuss the legacy data residing in SBUHB-hosted services. Following this, an initial draft of a mapping document, outlining considerations for each system.

SBUHB has since held internal meetings and, recognising the overlap between CTMUHB and SBUHB services, proposing that we replace the Legacy Data SLA with a Memorandum of Understanding (MoU). This MoU will outline responsibilities for data management and service changes.

CTMUHB has agreed to this in principle, and SBUHB will draft the initial version for both Health Boards to discuss and review.

The cost for the SLA with SBUHB to support the Document Management Solution (DMS) solution has been finalised, and the SLA document is being prepared by SBUHB.

The DMS SLA and the MoU will be backdated to take effect from 1st October 2025 to align with the ceasing of Welsh Patient Administration System (WPAS).

### 2.1.2 Radiology

The Radiology Informatics System Programme (RISP) aims for a successful CTMUHB go-live by March 2026. The programme is **Green/Amber** (moderate assurance). Several readiness constraints must be addressed to achieve a full green rating. The local RISP project is progressing well, but key technical, logistical, and financial risks must be closed promptly to ensure a successful March 2026 go-live.

**Key Progress & Achievements**

- **Technical Enablement:** User Acceptance Testing (UAT) is underway with troubleshooting for access and test-image issues. Network capacity has been upgraded nationally, and storage expanded locally to support data migration.

- **Training:** Consultant one-to-one training is scheduled from 1 March 2026. Cascade training plans and speech-recognition ID lists are being prepared.

- **Change Control:** A draft Change Control Note (CCN) for the Local Deployment Order (LDO) is under review, addressing additional equipment needs and financial implications.

- **Data Migration**: Fuji to Phillips Image migration is on track and 3 years of data migration is completed. Edge Gateway migration started on 12 December 2025. Some risk remain due to dual-system operation until migration is complete at SBUHB (Princess of Wales Images).

### 2.1.3 Pathology

LIMS Implementation has been further delayed. The delays with completing Tranche 1 & 2 requirements under the Technical Delivery and Cellular Pathology workstreams for Data Migration; outstanding severity 1 & 2 defects and configuration; have impacted the completion of testing to enable the exit UAT. Mortuary has been decoupled from deployment until post winter pressures pass. The CTM Cellular Pathology has been coupled with Cardiff & Vale University Health Board & Aneurin Bevan University Health Board with a Go Live scheduled for w/c 26 January 2026.

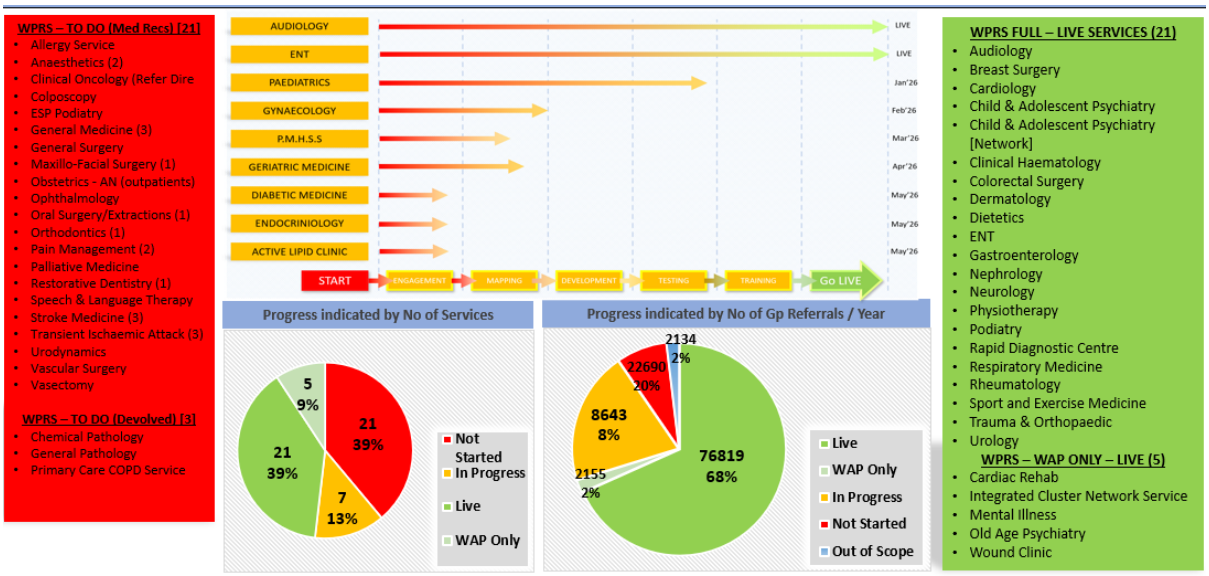
Microbiology is scheduled for an end March/ early April 2026 deployment, pending completion of outstanding configuration and defects. Deployment dates for Blood Sciences and Blood Transfusion have not been defined by the Programme.

The LIMS Programme Board have advised HBs on the risk associated with existing System End of Life Support by June 2026. Costs for extending the System contract, and supporting infrastructure, have been detailed as part of the mitigation plan, should LIMS implementation not be completed for all disciplines by June 2026.

### 2.1.5 Welsh Clinical Portal KPI

| Month | Path ETR | Path Results Viewed | Radiology Reports Viewed | Radiology ETR (excluding POW) |
|---|---|---|---|---|
| Nov-25 | 38896 (83%) | 201148 | 67782 | 17277 (79%) |
| Month | Radiology ETR (POW) | WPRS Referrals | Primary Care Radiology ETR | WCP Clinical Notes Created |
| Nov-25 | 1409 (17%) | 10205 | 302 | 13602 |
| Month | PACS Images Viewed | Cardiology ETR | Cardiology Viewed | GPTR Test Requesting |
| Nov-25 | 18559 | 522 | 11508 | 41562 (98%) |
| Month | Diabetes Consultation Form Completed | A&N Signed off Results | GP Records Viewed | DALs Sent |
| Nov-25 | 2787 | 18449 | 17,646 | 5284 |

### 2.1.6 Welsh Patient Referral Service




## 2.2 Digital Delivery

### 2.2.1 Prioritisation of Resources

Programmes of work have been reprioritised due to the volume of demand, with this is being most acutely felt in the Voice and Data and Server Management teams. This will impact the pace at which new equipment can be deployed, as well as enabling additional functionality.

Mitigation options are being considered such as the use of contractors and trusted suppliers in the short term, as well as additional recruitment in the medium to long term.

Critical to the future success of Digital Delivery will be the Strategic Deployment Framework for the Health Board.

### 2.2.2 Microsoft EA Renewal

On the 1 July 2025, Health Boards and Trusts across NHS Wales entered into year 4 of the current 5-year Enterprise Agreement (EA). A working group led by DHCW is scoping the next EA, and workshops are underway examining options with a view to a national business case being agreed in the Q4 2025/2026.

Active negotiations continue with Microsoft about potential approaches to a new EA. The new EA agreement will see costs increase across NHS Wales.

While it is hoped that a new Enterprise Agreement can be negotiated, there is a need for this to be progressed through appropriate governance channels during Q4 2025/2026.

### 2.2.3 Windows 10 to 11 Migration

On 14 October 2025 Windows 10 was categorised as End of Life by Microsoft. Since February 2025, over 6300 devices have either been upgraded to Windows 11 or replaced with a Windows 11 device. There are currently 582 remaining. We have now procured support licenses to protect the remaining Windows 10 PCs as we look to remove them from the estate.

### 2.2.4 Welsh Government – Additional Capital Request

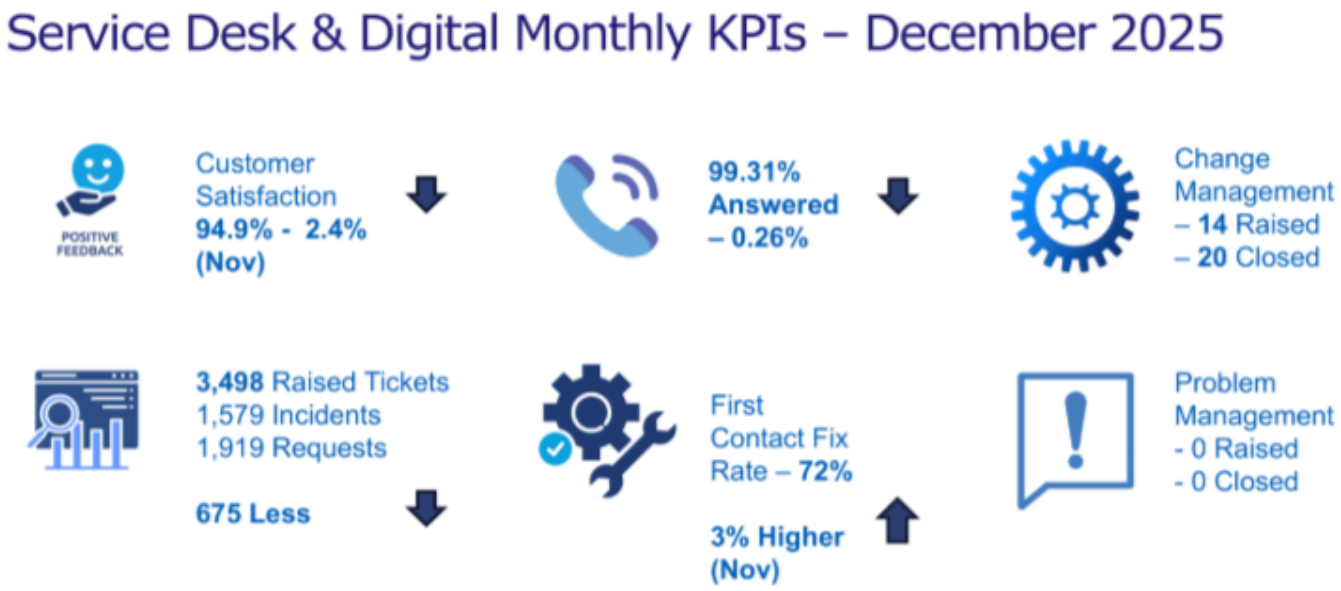
A list of Digital & Data capital requirements has been created and submitted to Welsh Government to support our own going replacement programme. As a Health Board we have successfully secured £7.8m in additional to our discretionary capital allocation of £1.8m The Digital & Data schemes include:

- Server / virtual platform replacement: £2.3m
- Wireless network replacement and improvement: £1.6m
- Devices replacement and improvement: £1.1m
- Network switch replacement: £882k
- Core network switch replacement: £732k
- Devices for digital enablement of clinical staff at ward level: £630k
- Digital Patient Notes Systems: £514k
- Spacelabs Pathfinder upgrade: £123k

As noted in 2.2.1, our workforce has been prioritised to deploy and maintain key infrastructural resources, which may delay full replacement of legacy equipment.

### 2.2.5 PSTN/ISDN Removal

The removal of analogue telephone circuits will begin after 31 December 2025. At CTMUHB 87% of circuits have already been cancelled, scheduled to be cancelled or migrated, and 13% are in progress. Circuit vendors will give a 3 month notice period if a circuit is to be removed. Work continues with CTMUHB Estates Department to progress remaining circuits they utilise. We are also progressing work on circuits migrated from SBUHB.




## 2.3 Digital Transformation

### 2.3.1 Patient Centred Contact Transformation Programme (PCCTP)

Excellent progress has been made in terms of understanding the current baseline and what will be required to facilitate this whole system change. On the 5 January 2026 the programme received approval to proceed with the procurement of the digital enablers that are critical to the delivery of the benefits/savings.

### 2.3.2 Electronic Prescribing (ePMA)

The implementation of ePMA has been delayed due to several issues with a DHCW integration feed which is critical for go-live. DHCW were scheduled to deliver the fix and test by the 9 January 2026 but unfortunately this has not been delivered. CTMUHB has escalated to DHCW for a resolution and mitigation actions have been considered to maintain the existing plan. All other aspects of the programme have been delivered in readiness for go-live.

The programme is continuing to plan an early adopter go-live site in Q4 2025/2026.

**Implementation Timescale:** Commence rollout in Q4 2025/2026 and continue into 2026/2027

### 2.3.3 NHS Wales App

The enhanced functionality of the NHS Wales App was delivered for CTMUHB as planned in October 2025. In the CTM region 85,957 patients have registered for the NHS Wales App. Since the launch CTM have sent 9,930 waiting list notifications and 49,146 first hospital appointment notifications. It is hoped that this will have a positive impact on Do Not Attend (DNA) rates.

### 2.3.4 Digital Ophthalmology: Open Eyes

Project resource has now been allocated to programme from within current resources. A formal project has now been established with representatives from clinical, operational, and technical teams. Good progress is being made, and the project team are working closely with colleagues from Cardiff & Vale UHB, Swansea Bay UHB and Aneurin Bevan UHB. This work will mean that the cataract pathway will be standardised in the Open Eyes solution across the South-East Wales region.

**Implementation Timescale:** March 2026

### 2.3.5 Digital Maternity: Badgernet Implementation

Digital Maternity deployment is a priority for March 2026. An all-Wales implementation plan has been developed. Competing priorities with other digital and data programmes across Wales, are impacting the ability to deliver against the current schedule. The timeline remains extremely challenging, despite more resource being allocated to the project. The team are currently working through the implementation plan commencing with Community services, to ensure the deployment is safe and effective. Programme is currently Amber.

**Implementation Timescale:** March 2026

### 2.3.6 Medical Records & Patient Contact Services Operations

The demand on the operational service remains high, with a high turnover of staff impacting our capability to deliver the current increased demand.

| Site | Activity | September 2025 | October 2025 | November 2025 | **Total during this period** |
|---|---|---|---|---|---|
| Williamstown Records Hub | Movement of paper records for care and business needs | 32,274 | 41,207 | 42,659 | **116,140** |
| Princess of Wales Library | Movement of paper records for care and business needs | 31,808 | 32,575 | 32,394 | **96,777** |
| Hub and POW destruction | Paper records reviewed against legal retention criteria and *legally destroyed, up to 18/11/25. | 4,277 | 5,239 | 3.206* | **12,722** |
| Hub – digital work | Legacy paper records digitised and destroyed | 152 | 138 | 101 | **391** |

| | | | | | |
|---|---|---|---|---|---|
| | Day-forward records of digital patients scanned and destroyed | 19.924 | 23,729 | 25,071 | **68,724** |
| | Sheets of paper scanned | 365,176 | 395,336 | 351,589 | **1,102,101** |
| | Digital images created | 730,352 | 790,672 | 703,178 | **2,224,202** |
| Digital folders used | Hospital staff prepared digital folders for outpatients and inpatients | 20,426 | 24,127 | 20,795 | **65,348** |
| Digital patients | Total digital patients with Cito content at month end | 177,328 | 180,620 | 183,291 | **Increase of 8,458** |

**Other data for September 2025 to November 2025:**

**Activity**: Medical Records Department supported @ 195k Outpatient attendances with patient contact/booking, case notes and digitisation activity.

@23k appointments in supported specialities were cancelled by hospital. Cancellations and changes to Outpatient clinics create high levels of re-work to cancel and re-book patients; a particular issue with in-sourced clinics. Urgent reactive work is required, both to set up and fill clinics at short notice, and also to cancel them at short notice due to schedule changes by the provider.

As part of the Patient Centred Contact Transformation Programme, the team (in collaboration with Microsoft) are automating the process related to clinic cancellations. The aim is to formalise this process in a digital tool to ensure a visible and auditable authorisation processes for any cancellation, particularly those under 6 weeks. This data will then be presented at a Directorate level to ensure compliance with the aim of reducing waste and improving patient experience.

Demand for Medico-legal requests continues to exceed capacity to complete them by the statutory 1-month deadline. Requests received in September to November 2025: Requests received - 1,357. Completed within target – 796. Not completed within target – 561. Breaches ranged from 2 days to 71 days beyond the statutory target.

* Storage of Paper Records are a growing concern, due to the Infected Blood Compensation Authority's potential requirement for unspecified records. A records destruction embargo has therefore been adopted across NHS Wales; this has significant implications for the safe management of records libraries and storage areas across CTM. The above destruction work, therefore ceased on 18 November 2025 and cannot resume until at least 2031, whilst IBCA work is ongoing.

### 2.3.7 Llantrisant Health Park (LHP) Digital Workstream

Digital & Data Workshop was held in December 2025, with another scheduled in January 2026. The aim is to work through the patient pathway and identify where current /future systems could support and then identify the gap. The requirements

that fall out of these workshops will help inform the development of the Full Business Case.

### 2.3.8 Mental Health Procurement

The evaluation has been completed and we are awaiting the final procurement outcome report.

A newly appointed Programme Manager and the established Project Manager are undertaking site visits and have started a baseline assessment.

### 2.3.9 Benefits Framework

A new Benefits Framework for Digital & Data has been drafted which was a key action from the Benefits Audit undertaken in 2025. This will be accompanied with a toolkit to ensure a standardised approach across all digital programmes. New Benefits Registers have been established across the major Digital Transformation Programmes. The Head of Digital Business Change & Benefits is also linking in with our corporate Improvement & Change colleagues to ensure consistency.

## 2.4 Data & Compliance

### 2.4.1 High Risk Process Notification to the ICO

In December 2025, the Health Board's Data Protection Officer requested advice from Information Commissioners Office (ICO) in Wales, as the Health Board had assessed the NHS Wales app as high-risk processing activity and sought clarity on a legal basis under both the common law duty of confidentiality and UK GDPR. This followed implementation that extracted patient identifiable and sensitive data from Health Board systems by DHCW. Further work is required to ensure we minimise data usage, engage patients that their information is being shared, and providing patients with an opt-out.

As a result, the ICO agreed to seek further information from the Welsh Government DPO as to the process and their position on data sharing, which has culminated in collaborative working to find lawful solutions across NHS organisations and Welsh Government (WG) via the Information Governance Management Advisory Group (IGMAG). More recently, and complimentary to the IGMAG work, the Health Board has been working with DHCW officers to discuss and understand concerns and risks from our respective perspectives and determine a programme of work which would enable lawful data sharing across Wales, involving all NHS organisations, Welsh Government, and the ICO. The key outputs of that meeting are:

- Agreement that WG needs to address some fundamental issues – those that broadly revolve around the need for clear purpose-driven and transparent directions when WG require the service to collect, process and disseminate patient data. Detailing those statutory responsibilities and those organisations required to data share.
- Develop a proposal that identifies the areas WG needs to address and will offer to support WG on the accelerated delivery of these. Examples include a clear position on what patient opt out means, co production of a new Code of Confidentiality for Wales,

setting a plan for public engagement on the scope of a shared care record and understanding public attitudes to using data for other purposes.

- Support WG to develop a comprehensive legal framework that acknowledges current limitations and encompasses the ability to set aside the common law duty of confidence in certain circumstances.

### 2.4.2 Mandatory Training

For the first time since it was established as a requirement, the UHB has achieved the mandatory training standard for Information Governance, Cyber Security and Medical Records Management, with the December position being 85.7%.

### 2.4.3 Subject Access Requests

Subject Access Requests which require either the main hospital medical records department or the Mental Health Services team to prepare the patient record for release are now taking in excess of 3 months to fulfil, in contrast to the legal requirement stipulated in GDPR, that requests should be met within one calendar month. As a consequence, several appeals and complaints to both the UHB and the ICO have arisen. Where appropriate the UHB has been able to apply the extension to 3 months for complex requests, although the outstanding issue of their being insufficient resource allocated to the processing of SARs remains an outstanding issue for the organisation.

### 2.4.4 Software Development Programme

Within the period, the UHB's software team has delivered:

- Deployment of the ED Huddle application, supporting the clinical management of the ED departments, in a standardised way across the UHB and in a manner that provides detail, transparency and a record of the operating environment within our ED departments. It is anticipated that the software will ultimately save 3 hours of clinical time every day by reducing administration.

- The development of phase 3 of the application supporting the digitised consent process for school vaccination service has entered User Acceptance Testing. Development is on track for a go live in mid-January 2026 in line with the service's requirements

- The development of the core integrations that enable the deployment of the electronic prescribing and medicines administration system were built to specification and have been tested for resilience. Whilst there remains outstanding issues with the wider integration requirements, these are outside of the UHB's control.

### 2.4.5 AI programme

Building on the success of the autocoder, data scientists and clinicians within the UHB and National Imaging Academy have been collaborating on the development of AI applications using openly available Large Language Models.

These incorporate:

- Clinical documentation and standardisation of radiology results reporting
- Ambient recording and structured summarisation of clinical consultations
- Structured and coded summarisation of the UHB's care records – drawing together structured and unstructured records from 15 different sources. A programme that has the potential to reduce the administration burden on clinicians and enable the UHB's effectiveness in undertaking Population Health Management and Pro-Active Care.

In addition to the self-build programme, the UHB has been innovating with the deployment of AI across numerous fields, with 16 systems to date have been deployed and tested. Not all of which have been continued following evaluation.

## 3. Key Risks / Matters for Escalation

3.1 Due to delays in some programmes, and therefore replanning of dates, system implementations key programmes are landing in March 2026. This will be a capacity issue the Health Board will need to monitor and prioritise.

## 4. Assessment

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Improving Care |
| | |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable |
| | Linked to all Strategic Areas |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Healthier Wales |
| | |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Whole-systems Perspective |
| | |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Equitable |
| | |

| Objectives / Strategy | |
|---|---|
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable |

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

## 5. Recommendation

5.1 The Committee are requested to review and note the contents of the report.

| Agenda Item |
| --- |
| 7.3 |

# Operational Delivery Committee

## Capital Programme Update 2025/26

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Carolyn Blockley, Head of Capital |
| **Cyflwynydd yr Adroddiad / Report Presenter**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Sally May, Executive Director of Finance |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Sally May, Executive Director of Finance |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group /Forum Individuals** | **Date** | **Outcome** |
| Due to timing of meetings , latest update not yet reported to ECMG – due to be reported 23/01/2026 | Click or tap to enter a date. | |

| Acronyms / Glossary of Terms | |
|---|---|
| ECMG | Executive Capital Management Group |
| IRCF | Integration and Rebalancing Care Fund |
| IPC | Infection Prevention and Control |
| DPIF | Digital Priorities Investment Fund |
| FEN | Fire Enforcement Notice |
| CRL | Capital Resource Limit |
| AWCP | All Wales Capital Programme |
| NBV | Net Book Value |
| WG | Welsh Government |
| PCH | Prince Charles Hospital |
| RGH | Royal Glamorgan Hospital |
| POW | Princess of Wales Hospital |
| YCC | Ysbyty Cwm Cynon |
| ED | Emergency Department |
| SOC | Strategic Outline Case |
| OBC | Outline Business Case |
| KHHP | Keir Hardie Health Park |
| YCR | Ysbyty Cwm Rhondda |

## 1. Situation /Background

The purpose of this report is to provide an update on the current Capital resource limit for 2025/26 and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 9 and a brief update on all current major capital projects

## 2. Specific Matters for Consideration

### 2.1 25/26 Capital Funding Position

The latest capital funding position for 25/26 is shown in **Table 1** below comprising £7.375m discretionary and £85.606m All Wales Capital funding.

| **Table 1 Confirmed CRL funding 2025/26** | **Current CRL £'000** |
|---|---|
| Discretionary allocation 2025/2026 | 7,375 |
| Prince Charles Hospital Refurbishment - Phase 2 | 27,265 |
| Purchase of Units 2 and 3, Prince Charles Hospital | 3,310 |
| National Imaging Academy Wales Discretionary | 200 |
| Princess of Wales Hospital replacement of roof covering, Fire Enforcement Notice and Electrical Upgrac | 10,277 |
| Works at Ysbyty George Thomas - Linked to POW Roof | 149 |
| Works at Ysbyty Cwm Cynon - Linked to POW Roof | 643 |
| Diagnostic and Medical Equipment 2024-25 | 169 |
| Llantrisant Health Park – Site Demolition Costs | 700 |
| Llantrisant Health Park – RIBA Stage 3 | 1,056 |
| Llantrisant Health Park – OBC Phase 1 – Community Diagnostic Hub | 2,828 |
| Llantrisant Health Park - Fees to FBC for Phase 1 - Community Diagnostic Hub | 1,888 |
| Llantrisant Health Park - Fees to OBC for Phase 2 - Regional Orthopaedic Hub | 1,934 |
| Efab - Fire | 136 |
| Efab - Decarbonisation | 339 |
| Backlog Maintenance - 2024-25 | 1,079 |
| TEF - Fire | 1,071 |
| TEF - Infrastructure | 4,403 |
| TEF - Decarbonisation | 1,205 |
| TEF - Mental Health | 1,782 |
| TEF - Infection Prevention Control | 1,052 |
| TEF - Decontamination | 1,366 |
| Interventional Radiology (IR), Royal Glamorgan Hospital | 1,571 |
| Pharmacy Robot, Royal Glamorgan Hospital | 1,200 |
| Non-Radiology Ultrasound Replacement | 474 |
| Mental Health Quality and Safety Schemes | 593 |
| Radiology Ultrasound Replacement | 858 |
| Hospital Helicopter Landing Site Schemes 2025-26 | 170 |
| End of Year Funding 2025-26 | 650 |
| End of Year Digital Funding 2025-26 | 1,614 |
| NIAW End of Year Digital Funding 2025-26 | 205 |
| Replacement Diagnostic and Treatment Equipment | 204 |
| End of Year Digital Funding - December 2025 | 1,500 |
| | |
| **DPIF** | |
| DPIF - single clinical record within mental health and learning disabilities' (MHLD) | 250 |
| DPIF - Digital Maternity Cymru Implementation 2024-25 | 50 |
| DPIF - Medicines & Prescribing: Electronic Prescribing & Medicines Administration (ePMA) | 1,417 |
| DPIF - RISP funding for National Imaging Academy Wales | 53 |
| DPIF - RISP | 422 |
| DPIF - Connecting Care | 326 |
| | |
| **IRCF** | |
| Bridgend Health & Wellbeing Centre | 10,485 |
| Maesteg Health and Wellbeing Park | 712 |
| | |
| **All Wales Capital Funding** | **85,606** |
| **IFRS 16 Funding** | **-194** |
| **Total WG Funding** | **92,787** |
| Disposal of Assets with NBV | |
| Government granted/Donated income | 228 |
| **Total Capital Funding as at 08.01.2026** | **93,015** |

The highlighted schemes shown in Table 1 have received funding approval since the last reported position in October. Total of additional funding approvals is £11.305m. This has been offset by reductions to reflect scheme slippage on PCH G&FF and Bridgend Health and Wellbeing Centre resulting in a net increase of c£5m

Significant additional allocations to the CRL are anticipated for recent funding approvals linked to the below schemes. Approval letters are in the process of being issued/returned but funding will be added to the CRL in the next few weeks.

| Table 2 - Anticipated Allocations | £'0000 |
|---|---|
| Entonox cracking devices | 11 |
| Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) for NIAW | 70 |
| End of Year Digital Funding - January 2026 | 4,859 |
| End of Year Estates and Equipment Funding - December 2025 | 549 |
| End of Year Funding - January 2026 | 1,377 |
| Invest to Safe - REFIT | 1,500 |
| **Total** | **8,366** |

The actual spend to 31st December is £52.951m which is equal to 57% of the total allocation. This is in line with financial planning assumptions.

## 2.2 Discretionary Programme Commitments 2025/26

As noted above there is £7.375m of Discretionary Capital available in 2025/26. In addition to this, the ECMG agree each year to over commit the programme to assist with managing inevitable year end slippage on capital schemes. Last year this was set at 13.5% however this did not cover the slippage encountered and hence a c17.5% overcommitment was agreed for 2025/26. This is based on the initial allocation before deductions such as TEF contribution and hence equates to £2.1m for this year. When slippage is confirmed it is managed appropriately to ensure a balanced outturn position at the end of the financial year.

**Table 3** below shows all approvals and commitments as at December 2025 against the areas of ICT, Equipment, Backlog Maintenance, Statutory Compliance and Service Redesign.

| Cwm Taf Morgannwg Discretionary Capital Plan 25/26 M9 | | |
|---|---|---|
| **Table 3 - Discretionary Funding and Allocations** | | **December Closing position** |
| **Funding Sources** | | |
| Discretionary Capital Funding | | 12,000 |
| TEF Top Slice | | -3,196 |
| All Wales Capital Scheme Commitments B/F | | -1,429 |
| Property Disposals | | 0 |
| 17.5% Over commitment | | 2,100 |
| **Total Funding (Including over-commitment)** | | **9,475** |
| **Department Allocations** | | - |
| **IT** | Funding | 1,795 |
| | Expenditure Allocations | 1,800 |
| | Contingency Allocation | - |
| **Statutory Compliance** | Funding | 1,486 |
| | Expenditure Allocations | 1,500 |
| | Contingency Allocation | - |
| **Backlog Maintenance** | Funding | 2,401 |
| | Expenditure Allocations | 2,577 |
| | Contingency Allocation | - |
| **Equipment** | Funding | 2,106 |
| | Expenditure Allocations | 1,951 |
| | Contingency Allocation | 155 |
| **Service Redesign** | Funding | 1,563 |
| | Expenditure Allocations | 944 |
| | Contingency Allocation | 596 |
| | | - |
| | Contingency b/f disc schemes | - |
| **Sub Total Committed Expenditure** | | **8,772** |
| **Subtotal amounts remaining to commit** | | **751** |
| **Total anticipated Spend** | | **9,523** |
| **Position against Funding ( including planned overcommitment )** | | **- 48** |
| **Position against actual funding under/(Over)** | | **- 2,148** |

The table shows that the position is currently £2.148m overcommitted if all funding is fully allocated. This is in line with the planned overcommitted position to allow for natural slippage on schemes. Currently £0.751m of the above is however not yet committed but is earmarked for schemes in development. Based on the latest position, slippage in excess of £2m is expected in the last 3 months of the financial year. This will be discussed in detail at January ECMG and recommendations provided to ensure a balanced outturn position is achieved.

### 2.2.1 Statutory Compliance and Backlog Maintenance

Funding has been fully allocated to high-risk backlog maintenance priorities and statutory compliance with no contingency remaining.

There were a number of outstanding requests for funding, some of these were therefore included in the bids recently submitted to WG. Approval of £0.4m has recently been provided by WG for a chiller replacement in PoWH and flooring replacements in RGH and PoWH, these will aim to be delivered by the end of March 2026. There is limited capacity to deliver any further schemes hence no further allocations are anticipated unless unforeseen issues emerge.

### 2.2.2 Service Driven Schemes

Works schemes are presented and discussed at Operational Capital Group meetings attended by Care Group Directors. There are a significant number of priorities escalated however there is insufficient capacity within the Capital and Estates team to progress all schemes.

Given the extensive number of schemes to develop, the works are being carried out on a phased basis. The priority schemes currently in development are the air handling unit replacement in the RGH Gynaecology Hub, the blast chillers replacement in the Central Production Unit and room refurbishments in the YCC Women's Hub. An element of funding is currently being held for these in 2025/26 however the majority of the spend will now fall into 2026/27.

### 2.2.3 Equipment Allocation

Significant additional year end equipment funding allocations of £2.175m were provided by Welsh Government in December 2025 and January 2026. This will enable a number of high-risk equipment purchases to be progressed. The majority of the unfunded bids have long lead times and hence are considered riskier purchases in terms of securing delivery by the end of March 2026. The unfunded equipment list and any newly escalated priorities will however be reviewed by Operational Capital Group (OCG) and if required (due to escalating clinical risk or internal slippage) recommended for approval from discretionary capital as appropriate. The remaining list will form the basis of the 2026/27 discretionary capital plan.

Digital bids totalling £10.503m were also submitted to WG for consideration, funding of £7.983m has been received over a number of phased allocations in November 2025– January 2026.

## 2.3 Major Capital Schemes

The update on the major capital projects is provided in **Appendix 1.**

## 2.4 Disposals

The disposal of Pontypridd Health Centre is progressing. The sale was anticipated to complete late in 2025 however a number of late queries were raised by the other party's solicitor. These have now been resolved and completion is expected January 2026. Proceeds from the sale will be reinvested in the digital programme as directed by Executives when setting the capital programme for 25/26.

The disposal of Bryncethin Clinic is also anticipated to complete by the end of the financial year, again this was delayed however all queries now resolved. This is part of the land swap arrangement with Linc Cymru for the land on which Bridgend Health and Wellbeing Centre is being built.

Plans for vacating Pontypridd Cottage Hospital are under review

## 3. Key Risks / Matters for Escalation

Significant additional funding allocations have been received late in the financial year, requiring coordinated support from multiple teams across the Health Board. While these investments, once implemented, will help mitigate several estate, equipment, and digital-related risks, they also increase the challenge of achieving a balanced CRL outturn. This position will be closely monitored by the Head of Capital and escalated as required.

## 4. Assessment

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

| **Impact Assessment** | | |
|---|---|---|
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** | Yes: ☐ | No: ☒ |
| | Outcome: | If no, please include rationale below:<br>N/A |

| | | |
|---|---|---|
| *Have you undertaken a Quality Impact Assessment Screening?* | | |
| **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):<br><br>NEUTRAL<br><br>Outcome for Welsh Language (delete as appropriate):<br>NEUTRAL | If no, please include rationale below:<br>N/A |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | Legal implications of the capital programme are assessed for each project and advice sought accordingly | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | The paper discusses the use of capital resources | |

## 5. Recommendation

5.1 The Committee are asked to

**NOTE** the funding position for 25/26, commitments made against this allocation and significant additional funding received and anticipated

**NOTE** the spend to date

**NOTE** progress on Major Capital Schemes

**NOTE** planned disposals in 2025/26

## 6. Next Steps

This report will be submitted to the next Health Board meeting for noting

**Appendix 1 – Major Capital Schemes Update**

1.1. **PCH ground and first floor Phase 2**

CRL funding for 25/26 for phases 2 and 3 is £27.265M. Approval received also for the purchase of the modular buildings at PCH currently rented as part of the scheme (units 2 and 3).

The full scheme is due to complete in October 2026 and the current forecast is that there will be a £0.95m overspend against the total budget of £224.6m**.** This overspend is caused by inflationary pressures and it is hoped to mitigate most of this with final VAT recovery and gain share although this will be later after the scheme has completed.

The scheme is split into 7 sections (6 approved within this phase) Sections 1, 2, 3 and 6 have completed.

Construction work is ongoing concurrently in the 2 remaining work sections, namely Sections 4 & 5.

The remaining contingency balance on the total scheme is currently £0.4m.

Final accounts have been agreed on sections 1, 2 and 6 and the gainshare for these is confirmed at £2.6m. However, the remaining gainshare figure is yet to be determined as Section 3 final account is yet to be agreed and Sections 4 & 5 are still in progress. A request to retain the confirmed gainshare to date to cover inflationary pressures on the scheme has been made and agreed with WG.

The scheme has currently committed 98.6% of the available contingency. This is being kept under close review with NWSSP-SES and Welsh Government and will be linked to discussions around retention of the gain share and VAT reclaim.

1.2. **PCH ground and first floor Phase 3**

The Full Business Case for Phase 3 was submitted to WG on the 19th December 2025 following Board approval. Scrutiny is ongoing with the expectation that this will conclude in time for the Health Board to present to the Welsh Government Infrastructure Investment Board in February 2026. The Health Board are mobilising to enable the scheme to potentially commence March /April 2026.

1.3. **Bridgend Health and Wellbeing Centre**

On site works are progressing however a further delay has been reported by the contractor and a revised programme has been provided with a

forecast completion date of 30th April 2026 (original completion date October 2025).

The primary reasons given for the initial programme delays are: Incomplete stage 3 designs, inadequate service voids, impact of decarbonisation requirements, room use amendments, technical submittal approvals and access control RFI ( request for information) timescales. Following discussion and advice from the Health Boards consultants, a deed of variation has been progressed by Linc Cymru on behalf of the Health Board to agree an extended completion date of 31st March with no financial penalty for the Health Board or for the contractor. The latest delay is linked to requests for additional power and data points throughout the building and on-going site related delays.

Discussions regarding a pharmacy provider are continuing through the Pharmacy Advisor although this can be a long, complicated process and will not be resolved in time for the opening of the centre which has a revenue impact. A request for expressions of interest is due to be sent out to providers following agreement re the lease term and rental value.

Approval has been received from WG for the disposal of Bryncethin, Bryntirion and Quarella Road Clinics. The transfer to Linc of Bryncethin has been expedited however did not complete in 2025 as planned due to delays on Linc's side regarding their planned onward transfer to another organisation. This is still progressing however and will be completed as soon as practically possible.

Whilst this is part of the land swap arrangement with Linc Cymru , initially Bryncethin will be purchased by Linc at the value agreed in the business case. On completion of the Health Centre and hence transfer of land to the Health Board, the 2 remaining clinics will transfer to Linc along with repayment of funds received.

1.4. **RGH Temporary Theatres**

As a consequence of the PoWH roof works, alternative capacity of 4 theatres and 2 endoscopy rooms was sourced for Royal Glamorgan.

The theatres are now currently being utilised as a decant to support replacement of critical mechanical ventilation in RGH theatres. It should be noted that the Health Board are currently in discussion with the supplier over the final account for the enabling works for this scheme. There are a number of variations included that the Health Board consider should already be included as part of a turnkey solution and hence these requests for additional fees are being challenged. A meeting was held on 20th November to discuss in detail with the supplier, but no resolution was reached. This is expected to be escalated as a dispute by the supplier under the contract,

which will mean discussion between the Chief Operating Officer and their Chief Commercial Officer.

1.5. **Maesteg Health and Wellbeing Centre**

The development of the SOC/OBC for Maesteg Health and Wellbeing Centre has now restarted following a pause to explore and discuss further potential options available . Additional fees funding was approved by WG in October 2025. The SOC/OBC is now targeted for submission Sept 2026 however formal updates to the Board will be provided at critical stages in the development of the business case.

1.6. **Targeted Estates Funding (TEF) Schemes**

**Background**

The Welsh Government approved £23.63M of schemes over 2 years as part of its TEF programme to upgrade and replace significant elements of the Health Board's Estates infrastructure across various sites. The Health Board must contribute 30% of this funding, which is top sliced from the opening discretionary position.

A total of 52 schemes have been approved all of which come under one of six headings: Infrastructure, Fire Safety, Mental Health, Decarbonisation, IPC & Decarbonisation. By their very nature, each scheme is technically complex and significant external mechanical and electrical engineering expertise is required to ensure appropriately designed schemes are prepared for competitive tender and experienced contractors are appointed to ensure delivery. In some cases, however, procurement of contractors will be via direct ward to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and BMS systems).

**RGH Air Handling Unit (AHU) Replacement Theatres 1-4**

This package of works is the most significant and incorporates four TEF bids with the principal project to replace end of life air handling unit plant feeding theatres 1-4 at the Royal Glamorgan Hospital. While the theatres are vacant there will be upgrades to the emergency and general lighting in Theatres 1 and 2 as well as cosmetic upgrades to all four theatres. The scheme is utilising the temporary Vanguard mobile theatre provision already on the RGH site and works are due to be completed by March 2026.

Following completion of the theatre works the scheme includes upgrading the Uninterruptible Power Supply (UPS) battery backup and installing Isolated Power Supply (IPS) to the Intensive Therapy Unit (ITU) to bring it in line with current standards. This also provides opportunity to replace the obsolete nurse call currently serving the area.

The final element of this works package is to introduce new UPS and IPS to the Coronary Care Unit (CCU) at the Royal Glamorgan Hospital. This will provide flexibility and resilience to the site, as well as providing a safe and resilient electrical system for our patients ensuring they remain safe by removing the risks of electrical failure or electrical faults that may cause them harm.

The works have been split into three phases, Phase 1 theatre works, Phase 2 CCU works and Phase 3 ITU works.

The decant strategy for Phase 2 of the works is still in discussion with the service.

**POWH Centralised Scope Decontamination**

Funding has been approved to centralise scope decontamination in POWH. The principal driver is to retain Joint Advisory Group ( JAG) accreditation for Endoscopy as the current non-compliant layout has led to the loss of accreditation, but the scheme includes decontamination for all the flexible endoscopes on site in other services such as Urology and Ear Nose and Throat. A provisional layout has been agreed with the users and this informed the brief.

This scheme has not progressed as quickly as planned in 2025/26 and hence the main works will now commence in 2026/27

**PoWH Hospital Sterilisation and Disinfection Unit (HSDU) AHU Replacement**

Work commenced mid-October to replace the air handling unit in PoWH HSDU and is currently on track to complete Feb 2026. For the duration of the works programme all services transferred from HSDU PoWH to HSDU RGH. Following completion of this work and the return to PoWH, minor works are planned for RGH including a replacement steriliser, racking and drying cabinet. Discussions are continuing with the PCH Major Projects team to ensure their timescales to vacate HSDU PCH and handover to the contractor in March 2026 can be met.

**Ty Llidiard Extra Care Areas (ECA)**

Lead Consultants for this scheme have worked closely with the Care Group to progress the detailed design. Specialist anti-ligature & anti-barricade doors with associated access control systems are an essential requirement for this environment and have been incorporated into the detailed design and funded from discretionary capital.

Following a successful tender process the main contractor has now been appointed for this scheme and works are due to commence in January 2026

**Mental Health works – YCC and Angelton**

The capital team have been working with the Care Group to establish a viable programme of works for the IP&C works in Angelton along with the two phases of work to develop fit for purpose Older Adult Wards. It was agreed that these works will be packaged together with one contractor to give maximum flexibility with the order in which the works progress, given the uncertainty around access to these areas. This has delayed the programme slightly, but this is being managed in conjunction with care group leads, slippage on this funding is anticipated.

**PoWH Roof works**

Whilst the funding for remaining roof replacements/upgrades is programmed into 2026/27 urgent works have been identified that will be progressed in year. The works were scoped following recent water ingress in Ward 16 and Y Bwythen Newydd. A direct award for these works was confirmed and work commenced December 2025. This will bring forward c£300k of spend**.**

**Other TEF Schemes**

Project managers are working on a further 28 TEF funded schemes including nurse call replacements, lift upgrades and significant fire safety works. Updates will be provided based on risk. Discussions have commenced regarding a number of key 26/27 schemes that have a service impact, as a reminder some of the are listed below.

**RGH**

- Negative pressure isolation room – service confirmation that location is preferably in Ambulatory Emergency Care Unit ( AECU) , detail needs to be worked up
- Accident & Emergency ( A&E) IPS/UPS to resus and majors

**PoWH**

- Negative pressure isolation room- service confirmation that location is preferably in the Acute Medical Unit (AMU) , detail needs to be worked up
- A&E IPS/UPS to resus and majors
- Main entrance toilets

In addition, there are significant Mental Health related schemes to deliver in Pinewood and PCH Emergency Department

1.7. **Llantrisant Health Park**

The Phase 1, Community Diagnostic Hub FBC was approved by Board at end of November for submission to WG. Infrastructure Investment Board (IIB) is scheduled for 16th January.

The sitewide planning application has been approved, Sustainable Drainage (SAB) approval remains outstanding but following a meeting this is now expected imminently. Work is already commencing on the discharge of pre commencement conditions.

An application for Phase 2 fees to support the development of the OBC for the orthopaedic hub has been approved. The Phase 2 OBC was also approved at November Board for submission to WG and will be presented at the January IIB

The site currently remains in use as overflow parking during the day however if phase 1 remains on programme this will need to vacate by January 2026.

1.8. **Llanilid Health and Wellbeing Hub**

Fees were approved October 2025 for SOC/OBC business case development across 2025/2026 and 2026/27.

The process of appointing a Project Manager and Cost Advisor have commenced, a Supply Chain Partner will follow after some initial work with consultants.

1.9. **Kier Hardie Health Park**

Fees approved to develop costs for inclusion in BJC for IRCF capital investment. The scheme is being driven by the Local Authority to redesign and extend the existing footprint and facilities of the Learning Disabilities Unit based at the Integrated and Health Wellbeing Hub at Keir Hardie Health Park in Merthyr Tydfil. The building is owned by the Health Board but the service is run by the Local Authority hence they are leading on developing the case.

The business case is being written by the Regional Capital Project Manager the Health Board will however manage the design and procurement process to establish the costs for inclusion within the case

## 2.0 Invest to Save -RE:FIT Framework

Repayable funding of £11.4m approved in December 2025 to progress a number of decarbonisation schemes across the Health Board. High level information provided below. Further detail will be provided on commencement of the scheme in late January 2026.

| ECM Description | RGH | POW | PCH | WMR | KHHP | YCC | YCR | Community Sites* |
|---|---|---|---|---|---|---|---|---|
| Low carbon heating | | | | ✔ | | | | |
| LED lighting and lighting controls | ✔ | | | ✔ | ✔ | ✔ | ✔ | |
| PV | | ✔ | | | | ✔ | | ✔ |
| BMS optimisation | ✔ | ✔ | ✔ | | | | | |
| Battery Energy Storage | | | | ✔ | | | | |

*Community sites to include Dewi Sant Health Park, Tonypandy Health Clinic, Maritime Resource Centre, Trealaw Resource Centre and Pencoed Medical Centre

| Agenda Item |
| --- |
| 8.1 |

# Operational Delivery Committee

## IMTP 2025-2028 – Quarter Three Review

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Elizabeth Beadle, Assistant Director of Transformation |
| **Cyflwynydd yr Adroddiad / Report Presenter**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Claire Thompson, Executive Director of Strategy and Transformation |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Claire Thompson, Executive Director of Strategy and Transformation |

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

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

| **Acronyms / Glossary of Terms** | |
| --- | --- |
| IMTP | Integrated Medium Term Plan |
| IRCF | Integration Rebalancing and Capital Fund |
| CRL | Capital Resource Limit |

## 1. Situation /Background

1.1 Developing an Integrated Medium Term (three-year) Plan (IMTP) is a statutory duty for all Welsh Health Boards alongside the 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)

1.2 The Board approved the 2025-2028 draft plan for submission to Welsh Government (WG) on 27th March 2025. The Health Board subsequently received formal confirmation of approval from Welsh Government, subject to satisfying accountability conditions set by Welsh Government.

1.3 The 2025-2028 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process.

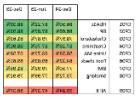
## 2. Specific Matters for Consideration

2.1 This report provides an update on progress with implementing IMTP actions during quarter three.

### Delivery of ministerial requirements

2.2 The table below sets out the key measurables for each ministerial priority. A number of measures are undergoing final validation, and the outcome will be confirmed once known.

| Strategic priority requirement | Q3 planned | Q3 actual | Notes |
|---|---|---|---|
| Timely access - cancer | 72% | Final validation ongoing | September 2025 validated compliance was 64.5%, an improving position, but not yet compliant with the trajectory. |
| Timely access - (104-week delays) | Max 834 breaches | Final validation pending | Indicative Q3 end figures are ahead of trajectory |
| Timely access – Cardiology diagnostics | 0 breaches | Final validation ongoing | The anticipated position is that the requirement will not be met as at Q3. |
| Timely access – Radiology/ other diagnostics - 8 weeks | 100%/ 0 breaches | Final validation ongoing | The anticipated position is that the requirement will not be met as at Q3. |

| Strategic priority requirement | Q3 planned | Q3 actual | Notes |
|---|---|---|---|
| Timely access - Endoscopy 8 weeks | 100% by July | Pending validation | The anticipated position is that this will not be met at Q3, but the position is improving monthly. |
| Timely access - ED 12-hour breaches | 50% reduction by July | 2072 breaches | 23% higher than March 25 baseline of 1666. Not compliant. |
| Timely access - ED Ambulance handover | • 80% of patient handovers within 1 hour<br>• 100% of handovers within 4 hours | Final validation pending | Continued positive reduction in <45min ambulance handover delays in Q2 average at 150 – 85.7% reduction from baseline March 25 at 1050.<br>Continued positive reduction in lost hours per arrival. |
| Population health - diabetes | 50% min compliance with all 8 care processes |  | The Health Board is compliant with this requirement as at December 2025. |
| Community access - General Medical Services | 100% access compliance | Data pending | It is anticipated that this remains compliant. |
| Community access - reduction in delayed transfers | | Number of delays ↑<br>Number of days ↓ | At November 2025, the number of delays represented a 16.5% increase from March 25 baseline based on average number of delays in Q3 however this is thought to be due to improved reporting processes following training.<br>Days delayed reduced by 13.5% from March 25 baseline based on average number of days delayed per month in Q3 |
| Mental health access Psychological therapies – improved access | 59% | | The MH service has reported a reduction in performance in quarter 3. An improvement plan is being implemented. |
| Delivery of women's health hubs | Q3 actions | On track | Please refer to the update below.<br>On track to deliver first hub during 25-26 |

2.3 These measures are recommended to be considered within the wider context of service delivery plans which are to be presented to the committee on a rolling basis, and the integrated performance report.

2.4 During quarter three, the Health Board achieved compliance with the eight diabetes measures.

**Enabling actions**

2.5 The enabling actions review for quarter three is undergoing final quality assurance and the revised status will be confirmed.

**Women's Health Plan**

2.6 Following the publication of the NHS Wales Women's Health Plan 2025-2035, women's health planning and a specific requirement to develop women's health hubs have been included in the requirements of the NHS Wales Planning Framework and incorporated into the health board's planning for 2025-2028.

2.7 During quarter three, further progress has been made with the development of pathfinder for the implementation and testing of the hub model. It is anticipated that the pathfinder will commence in February 2026, meeting the requirements of this ministerial action for 2025-2026.

**Financial position**

2.8 The M8 position is reporting a £0.3m surplus (break-even M7) for the period with a year-to-date (YTD) deficit of £4.0m (£4.3m M7), the forecast position has remained break even. The key components of the YTD position and the year-end forecast compared to the original IMTP are summarised below:

| | M8 YTD | M8 Year-end forecast | M7 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| | | | | |
| Savings Shortfall | 5.6 | 5.8 | 6.0 | 0 |
| Operating Variances | (0.7) | (0.6) | (0.7) | 0 |
| Plan Phasing adjustments | 3.7 | 0 | 0 | 0 |
| Financial Plan Improvements | (1.8) | (2.7) | (1.7) | 0 |
| Accountancy Gains | (5.3) | (5.3) | (5.3) | 0 |
| Financial Allocation Adjustments | 2.5 | 3.8 | 3.8 | 0 |
| Other Mitigating Actions | 0 | (1.0) | (2.1) | 0 |
| **Grand Total** | **4.0** | **0** | **0** | **0** |

2.9 The main driver for the year-to-date overspend at M8 is the £5.6m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £18.2m (£2.6m per month).

| **Savings Shortfall:** | **M8 YTD** | **M8 Year-end forecast** | **M7 Year-end forecast** | **IMTP** |
|---|---|---|---|---|
| | **£m** | **£m** | **£m** | **£'m** |
| Variance v £21.7m Delegated target | 5.1 | 5.1 | 5.3 | 0 |
| Variance v £2.4m Non delegated target – CAT M savings | (2.9) | (4.4) | (4.4) | 0 |
| NWSSP Energy Savings | (0.5) | (0.7) | (0.7) | 0 |
| Variance v £7.2m Central Executive led programmes | 3.9 | 5.8 | 5.8 | 0 |
| **Grand Total** | **5.6** | **5.8** | **6.0** | **0** |

2.10 As at M8 we have identified £0.7m of favourable operating variances against the original plan a reduction of £2.6m compared to M7 (£3.3m), it remains uncertain if these favourable variances will be maintained as delegated positions continue to report growing pressures.

2.11 Offsetting this favourable operating variance, M8 has reported the £2.5m impact of the reduced allocations for National Insurance and 24/25 pay awards which were assumed as part of the initial planning cycle. It is important to recognise that without this unplanned reduction in WG allocations, the Health Board would be on track to deliver its original IMTP position with no further mitigating actions required.

**Capital planning**

2.12 The M8 CRL is £91.287m, issued on 9th December 2025. As at M8, £43.9m has been charged against the CRL.

2.13 Risks to delivery of a number of capital schemes have been assessed and overall, this has been categorised as low risk as the Health Board plans to manage the position across the capital plans to a balanced position.

## 3. Key Risks / Matters for Escalation

3.1 The Health Board has made progress in implementing plans across all areas.

3.2 However, section two identifies a number of areas where performance has not yet met the planned delivery standard and some where there has been some reduction in performance. Work is ongoing to deliver improvement in these areas. Constraints to delivery are being fully assessed in the development of the Health Board's three-year plan for 2026-2029.

## 4. Assessment

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Improving Care |
| | If more than one applies please list below:<br>Creating Health<br>Sustaining our Future<br>Inspiring People |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Starting Well |
| | If more than one applies please list below:<br>All strategic areas apply. |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Healthier Wales |
| | If more than one applies please list below: |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Data to Knowledge |
| | If more than one applies please list below:<br>Culture and Valuing People |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Effective |
| | If more than one applies please list below:<br>All quality domains apply |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable |
| | If more than one applies please list below: |

| Impact Assessment | | |
|---|---|---|
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☒ | No: ☒ |
| | Outcome: | If no, please include rationale below:<br><br>All areas for investment consideration/ change were subject to QIA. |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | Outcome for Equality (delete as appropriate):<br><br>POSITIVE/NEUTRAL NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE | If no, please include rationale below: |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Delivery of ministerial priorities impacts on the reputation of the health board. | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | All resource implications of the IMTP have been identified in the planning. Availability of funds for investment and delivery of savings plans are key to the health board's service delivery and financial balance. | |

## 5. Recommendation

5.1 The Operational Delivery Committee is requested to **note** the contents of the report and to receive further updates on the delivery of plans.

5.2 Assurance of delivery of improvements will be overseen by the operational and corporate teams and the regular reporting structures.

## 6. Next Steps

6.1 Reporting will continue to be undertaken on a quarterly basis, supplemented by specific updates on key plans and programmes to the Operational Delivery Committee and other Committees as confirmed in the organisational performance structure.

| Agenda Item |
| --- |
| 8.2 |

# Operational Delivery Committee

**FOREST VIEW MEDICAL CENTRE – APPLICATION TO CLOSE BRANCH SURGERY LOCATED IN TREORCHY**

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Nicola Lush, Advisor, Primary Care |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Gethin Hughes, Chief Operating Officer |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Gethin Hughes, Chief Operating Officer |

| | |
| --- | --- |
| **Pwrpas yr Adroddiad / Report Purpose** | Endorse for Board Approval |

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| Contract Variation Group | 16/04/2025 | Supported |
| Operational Management Board | 03/09/2025 | Supported |
| Executive Management Board | 08/09/2025 | Supported |
| Contract Variation Group | 10/12/2025 | Supported |
| Executive Management Board | 29/12/2025 | Supported |

| Acronyms / Glossary of Terms | |
|---|---|
| GMS | General Medical Services |
| EMB | Executive Management Board |
| ODC | Operational Delivery Committee |
| PPG | Patient Participation Group |
| BDP | Business Development Plan |
| FVMC | Forest View Medical Centre |

## 1. Situation /Background

1.1 Forest View Medical Centre made an application to the Health Board earlier in the year to permanently close one of its branch surgeries 128 High Street, Treorchy. The application was considered at Contract Variation Group on the 16th April 2025. The Group was asked to SUPPORT the application to permanently close the branch site.

1.2 Any branch closure application is a significant change to services for the registered population and therefore subject to a robust branch surgery closure process. Several factors are taken into account when considering any application to close a branch for example registered list size, patient demographics, condition of the premises, proximity to the main branch, other provides in the area, financial viability and most importantly patient feedback. Appendix 1(a)* details the principle reasons provided by Forest View Medical Centre request to close 128 High Street. Appendix 1(b)* sets out the Business Development Plan (BDP) for Forest View Medical Centre for the period 2025-28.

1.3 Contract Variation Group agreed to SUPPORT the application to close the branch site located in Treorchy subject to patient and stakeholder engagement taking place. The Group requested a follow up report with the results and feedback received from the patient and stakeholder engagement. This was to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.

1.4 The above recommendation of the Contract Variation Group was supported at the Operational Management Board meeting on the 3rd September 2025 and subsequent Executive Management Board on the 8th September 2025.

## 2. Specific Matters for Consideration

2.1 An eight-week engagement exercise commenced on Monday 6th October 2025 and ended on Friday 28th November 2025. The aim of the exercise was to gather the views of patients and key stakeholders to understand the effects that the closure of 128 High Street might have on the registered patient population.

2.2 A robust range of feedback approaches was utilised during the engagement period. These included: -

- Meetings with staff and engagement with key stakeholders
- Correspondence sent to all Head of Household explaining the reasoning behind the proposal (Appendix 2a)* with a Frequently Asked Questions sheet and a few options to allow them to feedback their views (Appendix 2b)*.

- Information posted on the practice website, the Patient Participation Group, social media publicity and shared with local politicians and Llais Cymru to raise awareness of the engagement exercise and provide information about how to get involved
- A public event was held for patients and stakeholders to discuss the proposal and offer their views. This meeting was chaired by Llais Cymru with representation from the Health Board and Forest View Medical Centre (Appendix 3)*.

2.3 The practice showed real commitment to making sure the engagement exercise provided a genuine opportunity for local people to be heard and this was clearly demonstrated at the public event held on the 12th November. Patients were also invited to share their views with the Health Board or Practice in writing or email and/or Llais Cymru.

2.4 No comments/concerns were reported to the Health Board, the Practice or Llais via email, telephone or in writing. Attendance at the public event was limited but a robust exchange of views was undertaken (Appendix 4)*. There was good representation from the Patient Participation Group and local Councillor's, however patient attendance was low, despite this meeting being widely advertised. The Patient Participation Group extended their support to the closure of 128 High Street and were in full agreement to the changes.

One patient did mention that 3 surgeries had closed in the vicinity during the last 20 years. The Health Board explained concerns were addressed at the time and most of the old surgeries were too old to meet GP Access Standards. It was explained GPs like to work as part of a larger team, which is safer for patients and professionals.

Assurances were provided with regard patient access. There would be no reduction in number of appointments available and patients would be asked their preference on where to be seen.

Councillors in attendance were extremely positive having been involved in regular meetings and observations from a public perspective and said it was evident that staff really do care about the community. Thanks was expressed for the care the practice provides and continuing to improve service for patients. It was also noted the train station in Ynyswen is due to open in December 2025 which will significantly improve transport links with 4 trains per hour operating.

**Overall, there was no negative or adverse feedback regarding the proposed closure of 128 High Street.**

2.5 The Practice listened to the feedback raised during the engagement exercise and decided to continue the application process to close 128 High Street branch. Operating over 2 sites will make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

*Please note that all Appendices referred to above are available in the supporting documents folder on Admin Control for the Committee to review and as listed as 8.2a, 8.2.b, 8.2.c, 8.2d, 8.2e, 8.2f, 8.2g.

## 3. Key Risks / Matters for Escalation

3.1 Strategically the closure of 128 High Street offers a long-term solution for the delivery of services to the local community. Failure to support the closure may lead to the Practice not being able to secure the delivery of services to the local population due to the workforce and recruitment challenges at the current time.

3.2 Consideration is being given to all the necessary matters such as premises, financial matters and most importantly communication and engagement with key stakeholders and patients.

3.3 Those practices affected by any such proposed closures have been contacted. At the time of writing this report the Health Board has not received any reported concerns from those practices. However, the Health Board will monitor the impact on neighbouring practices and offer support where needed.

3.4 The practice will liaise with the HB, Llais, other appropriate agencies and patients continually throughout the process acting accordingly and responsibly to ensure the smooth transition of the reorganisation plan resulting in minimal disruption for patients and the practice.

The Practice would like to emphasise there is no intention to change the practice boundary. No patient currently registered with the Practice would be asked to register elsewhere. Any patient who needs to be seen will be seen and every effort will be made to ensure a smooth transition such that they can continue to receive high quality patient care at the remaining 2 sites.

3.5 If the application to close 128 High Street is approved the anticipated date of closure is the 1st March 2026. The Practice will continually monitor the impact of the closure and implement new mitigations or supportive solutions as needed. The Practice is committed to ensuring that patients receive the best possible care during this period of change.

## 4. Assessment

| Objectives / Strategy | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Sustaining Our Future |
| | If more than one applies please list below:<br>Improving Care |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Living Well |
| | If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Resilient Wales |
| | If more than one applies please list below: |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Leadership |
| | If more than one applies please list below:<br>**Whole system perspective** |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Efficient |
| | If more than one applies please list below:<br>Effective<br>Person centred |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | Choose an item. |
| | If more than one applies please list below: |

| Impact Assessment | | |
|---|---|---|
| **Ansawdd**<br>*Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /*<br>**Quality**<br>*Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☒ | No: ☐ |
| | Outcome:<br>Continuation of the provision of high quality general medical services to the local population is paramount. The practice detail a positive impact on quality of core, enhanced and additional services to patients should the proposal be approved. The impact on the practices ability to remain sustainable will be positive should the proposal be approved. | If no, please include rationale below: |
| **Cydraddoldeb a'r Gymraeg**<br>*Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /*<br>**Equality and Welsh Language**<br>*Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☒ | No: ☐ |
| | Outcome for Equality (delete as appropriate):<br><br>**NEUTRAL & NEGATIVE**<br>See attached (Appendix 5).<br><br>Outcome for Welsh Language<br>NEUTRAL<br><br>See attached (Appendix 5). | If no, please include rationale below: |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | If the branch closures are not supported this would lead to unsustainable pressures on the GP | |

| | |
|---|---|
| | partners, impinge on ability to recruit new GP partners and lead to a potential reduction in quality of service due to scarce resources being spread too thinly. |
| **Enw da / Reputational** | Yes (Include further detail below) |
| | Should the proposal not be taken through appropriate governance and scrutiny the reputation could be impacted negatively. |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) |
| | The practice may see a positive impact on their financial situation as they will no longer incur costs for the branch premises if the application is improved. |

## 5. Recommendation

5.1 The Contract Variation Group reconsidered the proposal on the 10th December 2025 after taking into account the outcome of the public engagement exercise. The Group **SUPPORTED** the application to close the branch site located at 128 High Street, Treorchy.

5.2 The Executive Management Board agreed to **ENDORSE FOR ODC COMMITTEE/BOARD ENDORSEMENT AND APPROVAL** the application to close the branch site located at 128 High Street, Treorchy at its meeting held on the 29th December 2025. It was noted there had been a very good PPG engagement, local councillors were supportive of the branch closure and although the public meeting was poorly attended there were no reported concerns throughout the whole process.

5.3 The Operational Delivery Committee is asked to **ENDORSE FOR BOARD APPROVAL** the application to close the branch site located at 128 High Street, Treorchy. The final decision will be made at the formal Board meeting on the 29th January 2026. The full report will be made available to members of the public one week prior to the Board Meeting.

## 6. Next Steps

6.1 Ensure that all relevant stakeholders are informed about the decision. This includes internal teams, external partners, and any other parties affected by the decision.

6.2 Develop or update a detailed action plan outlining the steps required to implement the decision. Assign responsibilities and set deadlines to ensure timely execution.

6.3 Closely monitor and track the progress of the implementation. Regularly evaluate the outcomes to ensure that the decision is achieving the desired results.

| Agenda Item |
|---|
| 9.1 |

# Operational Delivery Committee

## Integrated Performance Dashboard

| | |
|---|---|
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open / Public |
| | Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Senior Performance Monitoring Officer |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Claire Thompson, Executive Director of Strategy & Transformation |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Claire Thompson, Executive Director of Strategy & Transformation |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)** | | |
|---|---|---|
| **Committee/Group/Individuals** | **Date** | **Outcome** |
| Claire Thompson | 12/01/2026 | Endorsed for Approval |

### 1. Situation/Background

Welsh Government published the 2025/26 NHS Wales Performance Framework early in 2025, setting out the Minister's priorities, national delivery measures and key deliverables and is available to read at the following URL: NHS Wales performance framework 2025 to 2026 | GOV.WALES

Formal publication of the 2026/27 Performance Framework is expected shortly.

This refreshed Integrated Performance Dashboard has been redesigned to:

- Align explicitly with the 2025/26 NHS Wales Performance Framework and Cabinet Secretary priorities.

- Provide a concise, exception-focused overview for the Board, with detailed information available in appendices and dashboards.
- Use Quadruple Aim scorecards as the spine of the report, linking performance to the Integrated Medium Term Plan (IMTP).
- Standardise the presentation of key metrics, including Statistical Process Control (SPC) where appropriate.

The main body of the report is deliberately concise. A comprehensive catalogue of all national and local performance measures – including those not highlighted in the main text – is provided in Appendix 1 (Quadruple Aim) along with available benchmarking with the rest of Wales in Appendix 2.

## 2. Specific Matters for Consideration

### Key Highlights

**Planned Care:**

- **RTT** (Referral to Treatment Times):
  - **>52 weeks**: 5,763 patients (Dec 2025, provisional) – Target: March 2026 Zero.
  - **>104 weeks**: 426 patients (Dec 2025, provisional) – Target: March 2026 Zero.
- **Risks**: Orthopaedics backlog, theatre capacity, end of Vanguard contract.
- **Actions**: Weekend lists, locum recruitment, optimisation pathways. Note expectation we will deliver the zero >104 and 52 week targets in year priority at year end.

**Diagnostics:**

- **>8 weeks wait**: 4,541 patients (Dec 2025, provisional) – Target: March 2026 Zero.
- **Risks**: Workforce shortages, RIS implementation (March 2026), high demand for NOUS & CT.
- **Actions**: Additional funding for CT, insourcing, training sonographers. Note expectation we will deliver the zero >8 week position for year end.

**Cancer Pathway (SCP):**

- **Performance**: 65% treated within 62 days (Nov 2025) – Target: 80% by March 2026. Note this is the first time CTM have achieved our de-escalation standard from WG of 63% (sustained performance required).
- **Risks**: Endoscopy delays, pathology turnaround, tertiary treatment delays.
- **Actions**: Digital vetting, pathway audits, capacity reviews.

**Unscheduled Care:**

- **Handovers within 15 mins**: 58% (Dec 2025) – Target: 100%.
- **Handovers within 45 mins**: 214 (Dec 2025) from >1000 the same time last year – Target: Zero
- **4-hour ED waits**: 59.1% (Target: 95%).
- **12-hour breaches**: 2,187 patients (Target: Zero).
- **Risks**: Inpatient capacity and delays in transfer to wards.
- **Actions**: Flow improvement (STAMP, OPTIMISE), escalation protocols.

**Adult Mental Health:**

- Assessments within 28 days: 65.3% (Target: 80%).
- Psychological therapy <26 weeks: 44% (Target: 80%).
- **Risks**: Backlogs, rising acuity, therapy delays.
- **Actions**: Backlog clearance, group therapy rollout, CTP tracker.

**Quality & Safety:**

- **E.coli bacteraemia**: High incidence rate - 86.8 per 100,000 mostly driven by community onset urinary tract infections. Hospital Onset (HO) cases account for 17% of total cases.
- **Risks**: High incidence of community acquired infections continue. There is a risk that the underlying factors contributing to the issue will not be fully understood without more detailed epidemiological and case review in community settings.
- **Actions**: Infection prevention & control (IPC) team are undertaking point prevalence studies to better understand areas for improvement. Strengthen use of catheter passport & Reinstate ANTT training as mandatory for all clinical staff. Increase collaboration with Public Health Wales and epidemiology teams to understand and address community drivers.

**Population Health:**

- **Smoking cessation**:
  - Quit attempts: 3.3% (Q1–Q2), predicted 6.6% (Target: 5%).
  - CO-validated quits: 9.97% (Target: 40%).
- **Risks:** CO-validation - difficult to achieve due to high proportion of virtual appointments where carbon monoxide readings cannot be taken.
- **Actions:** Trialling face-to-face and mixed delivery approaches to improve CO-validation rates

- **Vaccination**:
  - **Childhood schedule** by age 5: 91.9% (Target: 95%).
- Risks: MMR uptake needs to remain at 95% to prevent measles outbreaks; risk of reduced uptake due to programme changes.

- Actions: Implementing programme changes (MMRV inclusion, age eligibility adjustments) with resource sharing and staff training.
    - **Flu uptake (65+)**: 66.3% (Target: 75%).
- **Risks**: Current uptake below target (66.3% vs 75%), risking health protection for older adults.
- **Actions**: Increasing awareness and access through community engagement and monitoring uptake data.

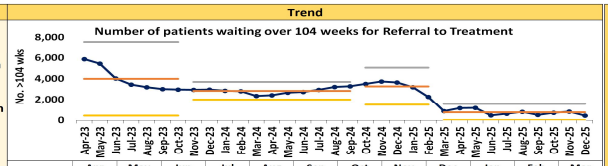
**Workforce:**

- **Sickness absence**: 7.25% (Rolling 12 months).
- **PADR compliance**: 71.5% (Target: 85%).
- **Risks**: Workforce sickness and training gaps.
- **Actions**: Intensive programme in place to support managers in managing attendance with identification of top contributing areas and remedial actions.

# 2.1 The Cabinet Secretary's Priority Delivery Actions & CTMUHB Executive Priority Measures

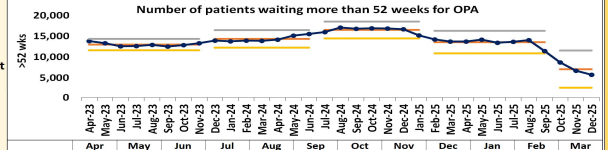
## Planned Care & Cancer

### Deliver the Welsh Government ambition of zero patients waiting in excess of 104 weeks from referral to treatment



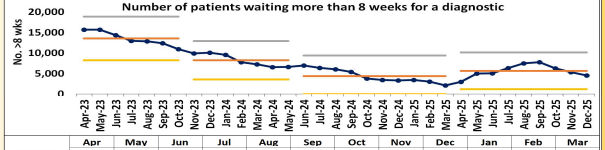

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 1,168 | 1,177 | 463 | 615 | 794 | 496 | 699 | 830 | 426 | | | |
| 2024/25 | 2,435 | 2,680 | 2,738 | 2,956 | 3,226 | 3,277 | 3,516 | 3,736 | 3,643 | 3,189 | 2,277 | 856 |
| 2023/24 | 5,855 | 5,430 | 4,031 | 3,447 | 3,185 | 3,015 | 2,980 | 2,938 | 2,973 | 2,854 | 2,804 | 2,364 |

### Provide outpatient appointments within 52 weeks for 100% of patients



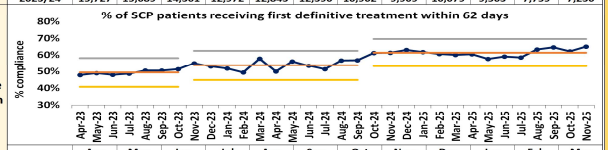

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 13,733 | 14,210 | 13,429 | 13,694 | 14,060 | 11,435 | 8,692 | 6,728 | 5,763 | | | |
| 2024/25 | 14,184 | 15,133 | 15,570 | 16,027 | 17,075 | 16,815 | 16,921 | 16,839 | 16,673 | 15,186 | 14,216 | 13,729 |
| 2023/24 | 13,812 | 13,334 | 12,558 | 12,619 | 12,948 | 12,548 | 12,865 | 13,309 | 13,943 | 13,780 | 13,945 | 13,914 |

### Ensure maximum wait for diagnostics does not exceed 8 weeks




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 2,991 | 5,000 | 5,081 | 6,355 | 7,509 | 7,769 | 6,253 | 5,364 | 4,541 | | | |
| 2024/25 | 6,549 | 6,646 | 6,989 | 6,403 | 6,031 | 5,417 | 3,764 | 3,414 | 3,329 | 3,426 | 3,037 | 2,113 |
| 2023/24 | 15,727 | 15,689 | 14,361 | 12,972 | 12,843 | 12,390 | 10,962 | 9,909 | 10,079 | 9,563 | 7,759 | 7,236 |

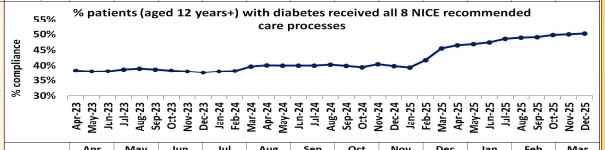
### Ensure >63% compliance with the Single Cancer Pathway measure (point of suspicion to receiving first definitive treatment within 62 days)




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 60.5% | 57.8% | 59.2% | 58.6% | 63.3% | 64.6% | 62.2% | 65.0% | | | | |
| 2024/25 | 50.0% | 56.2% | 53.4% | 51.4% | 56.7% | 56.8% | 61.3% | 61.4% | 63.1% | 61.8% | 60.7% | 60.2% |
| 2023/24 | 47.9% | 49.0% | 47.9% | 48.7% | 50.5% | 50.6% | 51.3% | 55.0% | 53.0% | 51.8% | 49.4% | 57.9% |

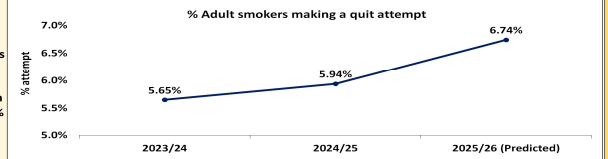
## Population Health

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

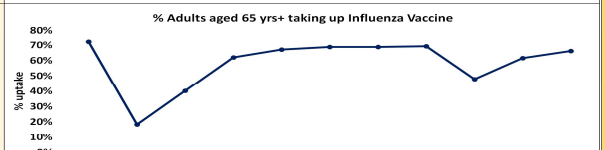



| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 46.6% | 46.9% | 47.4% | 48.6% | 49.0% | 49.2% | 49.8% | 50.0% | 50.3% | | | |
| 2024/25 | 40.1% | 40.0% | 40.0% | 40.0% | 40.3% | 39.9% | 39.5% | 40.5% | 39.9% | 39.4% | 41.8% | 45.5% |
| 2023/24 | 38.3% | 38.0% | 38.1% | 38.7% | 39.0% | 38.7% | 38.3% | 38.0% | 37.6% | 38.0% | 38.2% | 39.7% |

### % of adult smokers who make a quit attempt via smoking cessation services (5% Annual Target)

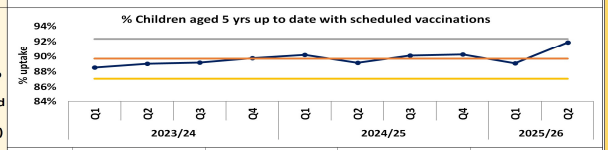



### % uptake of the influenza vaccination amongst adults aged 65 years & over (Target 75%)




| | 23/24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Oct-25 | Nov-25 | Dec-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Uptake | 72.2% | 18.5% | 40.3% | 62.0% | 67.1% | 68.8% | 68.8% | 69.3% | 48.0% | 61.6% | 66.3% |

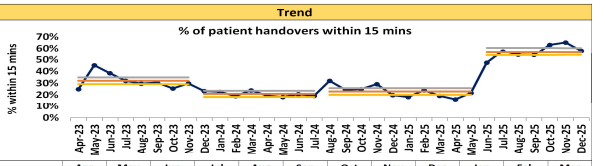
### % of children who are up to date with the scheduled vaccinations by age 5 (Target 95%)




| | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|---|---|---|---|---|
| 2025/26 | 89.1% | 91.9% | | |
| 2024/25 | 90.2% | 89.2% | 90.1% | 90.3% |
| 2023/24 | 88.1% | 89.1% | 89.2% | 89.8% |

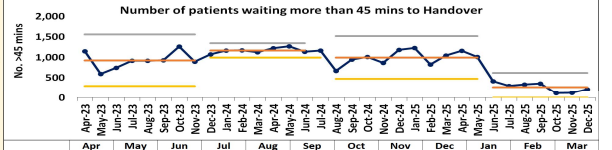
## Urgent & Emergency Care

### % ambulance conveyed patients completing handover to emergency departments within 15 minutes of arriving at a hospital site



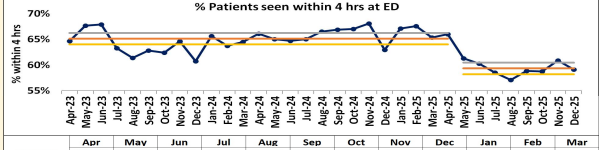

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 16.2% | 21.8% | 47.3% | 57.4% | 54.3% | 54.2% | 63.2% | 65.2% | 58.0% | | | |
| 2024/25 | 19.5% | 18.2% | 20.7% | 19.3% | 32.0% | 24.4% | 24.9% | 29.1% | 19.8% | 18.2% | 23.9% | 19.3% |
| 2023/24 | 24.9% | 45.2% | 38.4% | 31.9% | 29.5% | 30.6% | 25.6% | 29.9% | 23.4% | 22.6% | 19.0% | 23.8% |

### Number of ambulance conveyed patients completing handover to emergency departments within 45 minutes of arriving at a hospital site



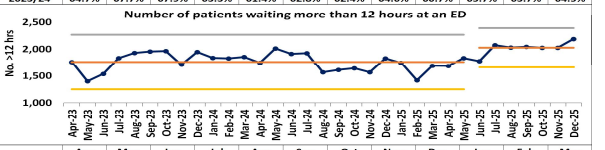

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 1,163 | 1,011 | 416 | 302 | 335 | 355 | 116 | 122 | 214 | | | |
| 2024/25 | 1,226 | 1,269 | 1,141 | 1,169 | 669 | 946 | 1,010 | 866 | 1,184 | 1,228 | 827 | 1,043 |
| 2023/24 | 1,150 | 595 | 743 | 918 | 921 | 929 | 1,265 | 896 | 1,077 | 1,168 | 1,174 | 1,129 |

### % of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target 95%



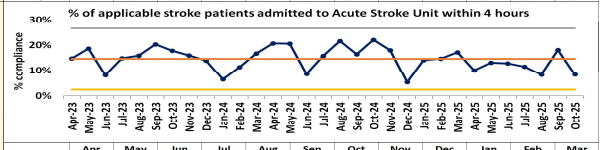

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 66.0% | 61.3% | 60.3% | 58.5% | 57.1% | 58.8% | 58.7% | 60.9% | 59.1% | | | |
| 2024/25 | 66.1% | 65.0% | 64.7% | 65.1% | 66.5% | 66.9% | 67.0% | 68.1% | 63.0% | 67.1% | 67.6% | 65.4% |
| 2023/24 | 64.7% | 67.7% | 67.9% | 63.3% | 61.4% | 62.8% | 62.4% | 64.6% | 60.7% | 65.7% | 63.7% | 64.5% |

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




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 1,685 | 1,836 | 1,779 | 2,077 | 2,031 | 2,045 | 2,029 | 2,026 | 2,187 | | | |
| 2024/25 | 1,745 | 2,015 | 1,914 | 1,928 | 1,569 | 1,610 | 1,642 | 1,566 | 1,832 | 1,745 | 1,420 | 1,691 |
| 2023/24 | 1,760 | 1,402 | 1,536 | 1,833 | 1,932 | 1,957 | 1,965 | 1,712 | 1,949 | 1,837 | 1,831 | 1,856 |

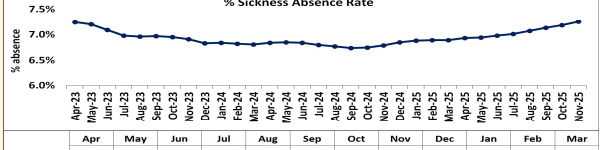
### % of applicable stroke patients admitted to Acute Stroke Unit within 4 hours




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 10.0% | 13.0% | 12.8% | 11.5% | 8.3% | 18.1% | 8.5% | | | | | |
| 2024/25 | 20.6% | 20.6% | 8.6% | 15.8% | 21.6% | 16.4% | 22.1% | 17.9% | 5.4% | 14.1% | 14.7% | 17.1% |
| 2023/24 | 14.7% | 18.6% | 8.2% | 14.8% | 15.9% | 20.3% | 17.8% | 15.9% | 13.9% | 6.5% | 11.3% | 16.7% |

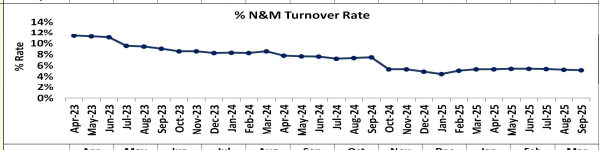
## People

### % of sickness absence rate of staff (Target is 12-month reduction trend)



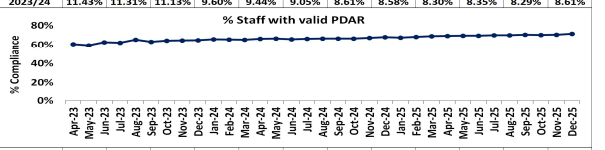

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 6.93% | 6.94% | 6.98% | 7.01% | 7.07% | 7.13% | 7.18% | 7.25% | | | | |
| 2024/25 | 6.84% | 6.85% | 6.84% | 6.80% | 6.77% | 6.74% | 6.75% | 6.79% | 6.85% | 6.88% | 6.89% | 6.89% |
| 2023/24 | 7.24% | 7.20% | 7.09% | 6.98% | 6.96% | 6.97% | 6.95% | 6.91% | 6.83% | 6.84% | 6.82% | 6.81% |

### Turnover rate for N&M registered staff leaving NHS Wales (Target is rolling 12 month reduction against 5.38%)



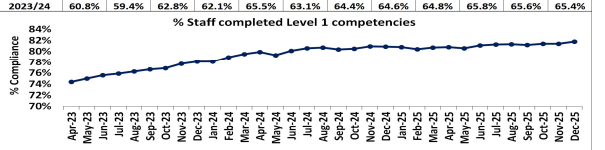

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 5.39% | 5.45% | 5.44% | 5.43% | 5.30% | 5.19% | | | | | | |
| 2024/25 | 7.81% | 7.68% | 7.64% | 7.24% | 7.40% | 7.53% | 5.35% | 5.38% | 4.94% | 4.53% | 5.13% | 5.38% |
| 2023/24 | 11.43% | 11.31% | 11.13% | 9.60% | 9.44% | 9.05% | 8.61% | 8.58% | 8.30% | 8.35% | 8.29% | 8.61% |

### % headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (Target 85%)




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 69.3% | 69.6% | 69.6% | 70.0% | 70.1% | 70.6% | 70.4% | 70.6% | 71.5% | | | |
| 2024/25 | 66.4% | 66.7% | 65.8% | 66.4% | 66.5% | 66.5% | 66.7% | 67.4% | 68.0% | 67.7% | 68.3% | 69.1% |
| 2023/24 | 60.8% | 59.4% | 62.8% | 62.1% | 65.5% | 63.1% | 64.4% | 64.6% | 64.8% | 65.8% | 65.6% | 65.4% |

### % compliance Level 1 core mandatory training (Target 85%)



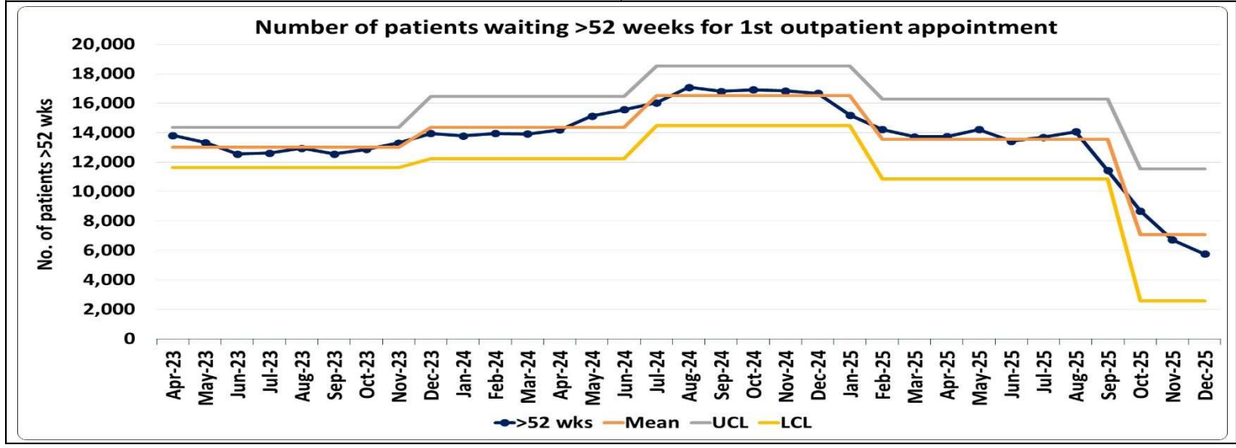

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025/26 | 80.8% | 80.6% | 81.1% | 81.3% | 81.3% | 81.2% | 81.4% | 81.4% | 81.8% | | | |
| 2024/25 | 79.9% | 79.3% | 80.1% | 80.6% | 80.7% | 80.4% | 80.5% | 80.9% | 80.9% | 80.8% | 80.4% | 80.7% |
| 2023/24 | 74.4% | 75.0% | 75.6% | 75.9% | 76.3% | 76.7% | 76.9% | 77.7% | 78.1% | 78.1% | 78.9% | 79.5% |

# CTMUHB Planned Care Group

## Referral to Treatment Times (RTT)

**Number of patients waiting over 52 weeks for a new outpatient appointment**

| Target - Zero | Dec 2025 – 5,763 (Provisional) |
|---|---|

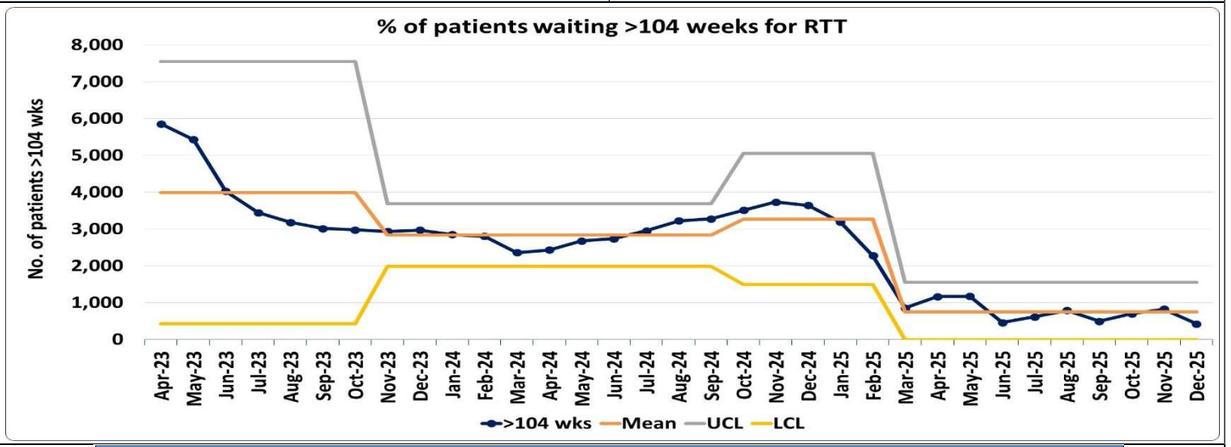



**How are we doing and what are our key concerns?**

- All services have a plan to achieve waits <52 weeks for new outpatients through the use of HBS(UK) and WLI's for additional capacity where required.
- HBS clinics for Hands, Knees & Hips are running at weekends, with potential requirement for WLI clinics for Shoulders under frequent review.

## Number of patients waiting >104 weeks RTT

**Target - Zero** | **Dec 2025 – 426 (Provisional)**




**Total number of open pathways per specialty - December 2025 (provisional)**

| Specialty | Patients waiting >52 Weeks for 1st OPA | All patients waiting >52 Weeks to 104 Weeks | All patients waiting >104 Weeks | Total Open Pathways |
|---|---|---|---|---|
| Breast Surgery | 0 | 0 | 0 | 793 |
| Cardiology | 578 | 995 | 0 | 6,163 |
| Clinical Immunology | 236 | 213 | 23 | 486 |
| Colorectal Surgery | 0 | 259 | 0 | 3,081 |
| Dermatology | 141 | 218 | 0 | 4,732 |
| Diabetic Medicine | 22 | 22 | 0 | 477 |
| Diagnostics | 1 | 5 | 0 | 5,068 |
| ENT | 954 | 2,054 | 0 | 9,126 |
| Endocrinology | 42 | 46 | 0 | 975 |
| Gastroenterology | 0 | 144 | 0 | 2,804 |
| General Medicine | 110 | 151 | 0 | 816 |
| General Surgery | 19 | 668 | 1 | 4,428 |
| Geriatric Medicine | 12 | 20 | 0 | 941 |
| Gynaecology | 359 | 1,808 | 4 | 7,981 |
| Haematology (Clinical) | 4 | 4 | 0 | 355 |
| Nephrology | 50 | 52 | 0 | 271 |
| Ophthalmology | 870 | 1,828 | 0 | 10,523 |
| Oral Surgery | 209 | 382 | 0 | 2,809 |
| Orthodontics | 60 | 60 | 0 | 500 |
| Orthopaedics | 491 | 4,006 | 392 | 13,718 |
| Paediatrics | 12 | 12 | 0 | 2,360 |
| Pain Management | 422 | 513 | 0 | 1,979 |
| Respiratory Medicine | 200 | 257 | 0 | 2,564 |
| Restorative Dentistry | 9 | 9 | 0 | 90 |
| Rheumatology | 240 | 293 | 0 | 1,555 |
| Sport & Exercise Medicine | 0 | 0 | 0 | 30 |
| Therapies | 0 | 0 | 0 | 912 |
| Urology | 629 | 1,806 | 3 | 8,129 |
| Vascular Surgery | 93 | 149 | 3 | 956 |
| Total | 5,763 | 15,974 | 426 | 94,622 |

**What key actions are we taking and when do we anticipate improvement?**

- Review of current theatre allocation template to ensure alignment with demand.
- Running weekend lists supported by ID Medical in POW and Bridgend Clinic beds.
- Recruitment of a locum consultant to work through backlog of Hand patients.
- Development of SOP and implementation of 'Fit for Surgery' process to easily identify those patients who are deemed fit. This allows for those patients to be listed as soon as possible and those not, to be targeted for pre-assessment or keeping well support.
- New Vascular criteria has been implemented to reduce demand and maintain reduction in waiting times.

**What are the key risks and mitigations?**

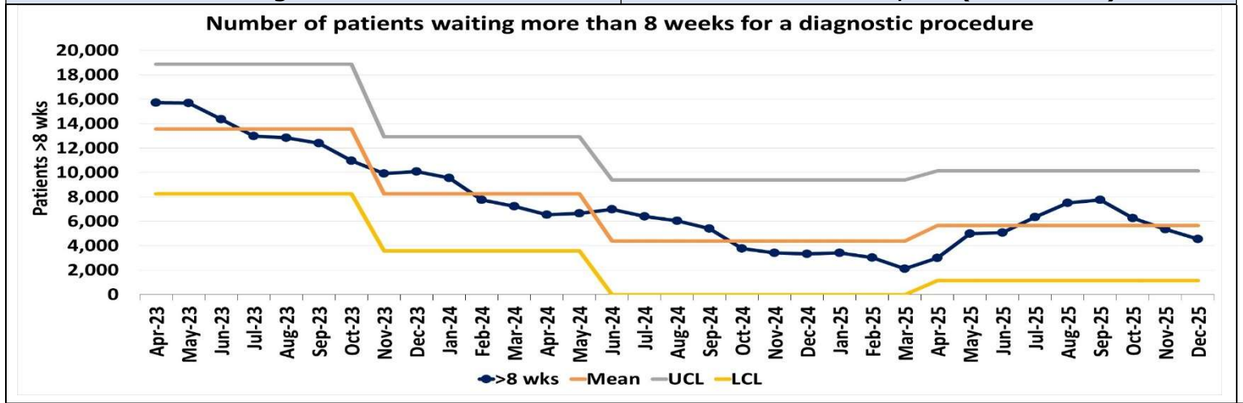
- Current risk is Orthopaedic services with circa 856 patients in the cohort without a TCI. However, plans are in place to address, including the centralised Arthroplasty unit at POW, increasing elective capacity and the recently implemented Optimisation pathway.
- Pre-assessment capacity may run low on patients deemed 'fit' for surgery without a pool of patients. Currently exploring appetite for additional clinics dedicated to support T&O across CTM. Could impact our treat in turn rate or theatre utilisation without pool of fit patients.
- Weekend work is also depleting this pool at an increased rate.
- End of Vanguard contract. Recruitment of a hand consultant to increase capacity of hand procedures, when the Vanguard contract ends. Without dedicated Day Surgery Unit capacity our D&C modelling shows that there is currently not enough theatre capacity to work through demand.

# CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

## Diagnostics

**Number of patients waiting >8 weeks for a specified diagnostic**

| Target - Zero | Dec 2025 – 4,541 (Provisional) |
|---|---|




| Number of Patients waiting >8 Weeks for a Diagnostic Test | | Nov-25 | Dec-25 | Difference from last period |
|---|---|---|---|---|
| Cardiology | Echo Cardiogram | 126 | 150 | 24 |
| Cardiology Services | Cardiac CT | 20 | 25 | 5 |
| | Cardiac MRI | 53 | 40 | -13 |
| | Diagnostic Angiography | 37 | 47 | 10 |
| | Stress Test | 13 | 10 | -3 |
| | DSE | 31 | 28 | -3 |
| | TOE | 1 | 1 | 0 |
| | Heart Rhythm Recording | 7 | 0 | -7 |
| | B.P. Monitoring | 1 | 0 | -1 |
| Bronchoscopy | | 0 | 0 | 0 |
| Colonoscopy | | 334 | 263 | -71 |
| Gastroscopy | | 173 | 161 | -12 |
| Cystoscopy | | 12 | 44 | 32 |
| Flexi Sig | | 134 | 105 | -29 |
| Radiology | Non-Cardiac CT | 1,827 | 1,016 | -811 |
| | Non-Cardiac MRI | 74 | 157 | 83 |
| | NOUS | 1,922 | 1,868 | -54 |
| | Non-Cardiac Nuclear Medicine | 10 | 5 | -5 |
| Imaging | Fluoroscopy | 45 | 45 | 0 |
| Physiological Measurement | Urodynamics | 97 | 101 | 4 |
| Neurophysiology | EMG | 388 | 409 | 21 |
| | NCS | 59 | 66 | 7 |
| Total | | 5,364 | 4,541 | -823 |

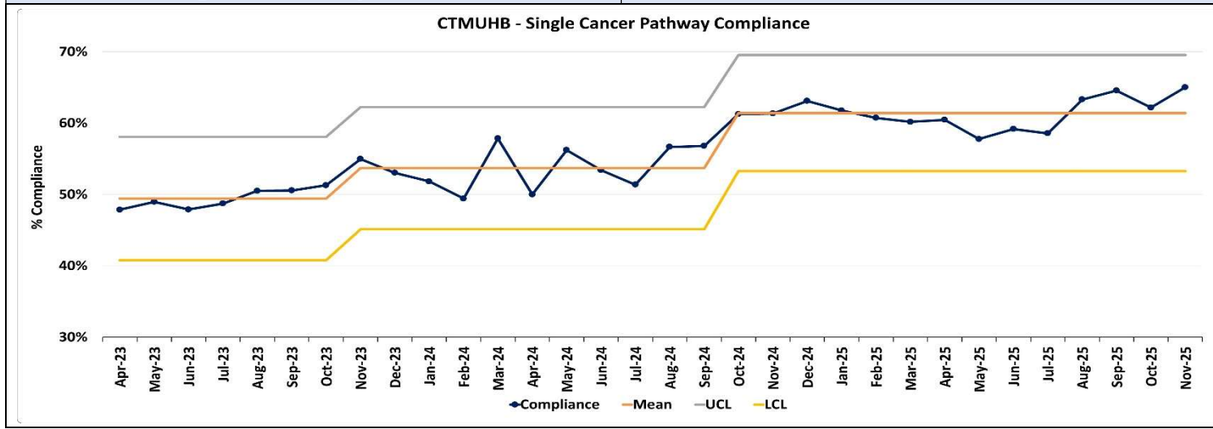
| Radiology: | Endoscopy: |
|---|---|
| **How are we doing and what are our key concerns?**<br><br>• NOUS and CT are currently in balance with non-recurrent capacity and reducing waiting times<br>• 7 additional Sonographers are in training to expand our capacity.<br>• An increase in USC reporting demand has been observed plus RTT escalations resulting in additional outsourcing to meet targets.<br>• Implementation of new RIS (16/03/26) may result in a decrease in capacity for 2-3 weeks whilst the service transitions over.<br>• HBS and additional work is impacting the diagnostic 8 week target due to the volume of expedites.<br><br>**What key actions are we taking and when do we anticipate improvement?**<br><br>• Further additional funding approved for CT, utilised to staff the unfunded CT sessions at POW as well additional weekend lists with an insourcing arrangement to address backlog & additional demand. A reduction in the >8-week backlog is observed from end of November 2025.<br>• Funding has been allocated for NOUS. Locum agency sonographers have increased capacity, coupled with additional SpR/Consultant lists; which has yielded a decrease in patients waiting >8 weeks. HCSWs have been realigned to support the additional staff/capacity. NIAW are also supporting additional NOUS training patient lists across the region.<br>• Additional Arthrogram Consultant lists have been arranged as well as USGI WLI additional work underway.<br><br>**What are the key risks and mitigations?**<br><br>• RIS implementation – the Planned Care Team have been advised to front load to enable scanning to take place by the end of February and the risk has been flagged to Welsh Government, in common with other Health Boards.<br>• Reporting backlog – concerns regarding the migration of patients reports. Additional funding is required to outsource backlog work prior to the RIS implementation.<br>• USGI – capacity is not meeting the current demand. There is no further additional funding to outsource this work.<br>• NOUS & CT demand/capacity trajectories show scanning capacity shortfalls as demand increases. Business case submitted for additional resource. | **How are we doing and what are our key concerns?**<br><br>• Endoscopy activity trending at highest levels seen in recent years.<br>• Supply and availability of Endoscopists to undertake complex polyp lists, general anaesthetic (GA) procedures and Bowel Screening Wales (BSW) procedures is of concern and plans being developed.<br>• Concerns remain in the fragility of POW infrastructure relating to ventilation and decontamination.<br>•<br><br>**What key actions are we taking and when do we anticipate improvement?**<br><br>• Step down of Insourcing in Theatre C - initial step down from full team to 2 nurses in Jan 2026, with full step down with no insourced nursing from Feb in order to sustainably deliver endoscopy services within the existing funding envelope.<br>• Launch of Pan CTM Transnasal Endoscopy Service - capacity for an additional 50 upper GI procedures per week from end of Jan/start of Feb.<br>• Commencement of practice educator facilitator (PEF) from Jan - streamlined endoscopy nurse training from Spring 2026.<br>• Purchase of ERCP scopes April 2026.<br><br>**What are the key risks and mitigations?**<br><br>• Lack of availability of Endoscopists to undertake GA or complex polyp procedures, risk to 8 week target – exploration of additional lists with certain endoscopists<br>• Additional endoscopy demand from HBS conversions - additional funding used for weekend insourcing.<br>• Demands in relation to 8 week RTT target result in deterioration of SCP position for upper and lower GI no immediate / short term mitigation – demand and capacity deficit across endoscopy services.<br>• POW infrastructure issues results in having to cancel lists at short notice - no immediate/short term mitigation - clear escalation channels and close working relationship with estates to manage issues as they arise - centralised HSDU expected late 2026.<br>• Lack of long term assurance regarding WLI funding – non-recurrence of this would result in significant deterioration of Endoscopy position. |

# CTMUHB Planned Care Group

## Single Cancer Pathway (SCP)

**% of patients starting first definitive cancer treatment within 62 days from point of suspicion**

| **Target - 12 month improvement trend towards national target of 80% by 31st March 2026** | **Nov 2025 – 65.0%** |
|---|---|




**How are we doing and what are our key concerns?**

The November 2025 performance of 65.0% is the highest SCP performance seen in CTM since June 2020.

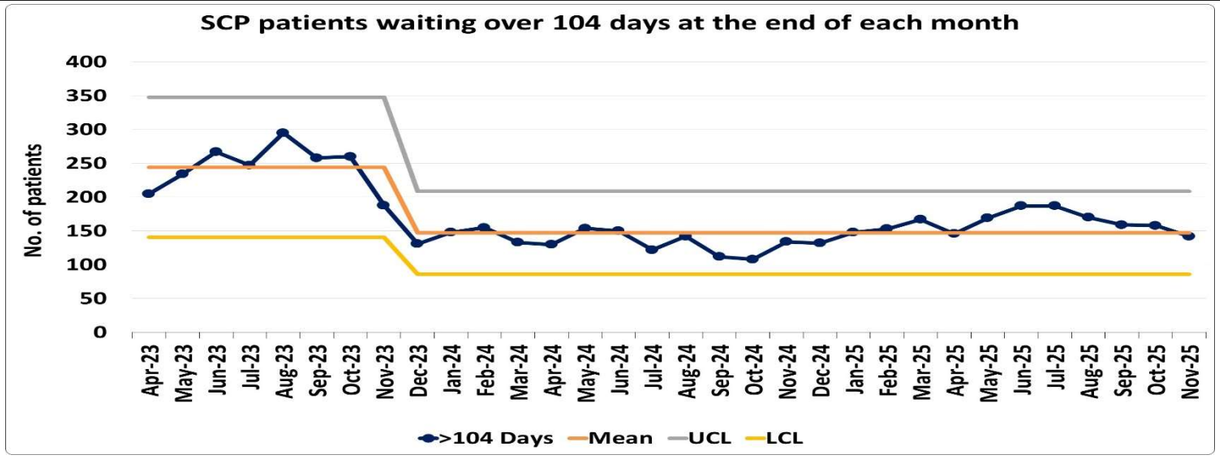
**What key actions are we taking and when do we anticipate improvement?**

- Endoscopy recovery plan in operation to improve turnaround of suspected cancer patients.
- Rollout of digital vetting continues.
- Continued focus on time to first appointment through capacity review, booking analysis and standing item in the regular Monday cancer performance meeting.
- MDT leads have completed an audit against the National Optimal Pathway guidance. An action plan has been collated following the audit and is being managed by the Cancer Business Unit.
- The data for GI tertiary treated patients is being reviewed to look at improvements in patient pathways alongside improvements in the data used to record their pathways.

## % SCP patients treated without suspensions per tumour site

| CTMUHB - SCP % Treated Without Suspensions - November 2025 | | | | |
|---|---|---|---|---|
| Tumour site | Treated in Target Without Suspensions | Patient Breaches | Total Treated | % Treated against Target of 80% |
| Head and neck | 4 | 4 | 8 | 50.0% |
| Upper GI | 10 | 16 | 26 | 38.5% |
| Lower GI | 14 | 22 | 36 | 38.9% |
| Lung | 28 | 17 | 45 | 62.2% |
| Sarcoma | 0 | 1 | 1 | 0.0% |
| Skin (exc BCC) | 97 | 5 | 102 | 95.1% |
| Brain/CNS | 3 | 1 | 4 | 75.0% |
| Breast | 32 | 4 | 36 | 88.9% |
| Gynaecological | 2 | 14 | 16 | 12.5% |
| Urological | 27 | 33 | 60 | 45.0% |
| Haematological | 5 | 4 | 9 | 55.6% |
| Children's | 1 | 0 | 1 | 100.0% |
| Other | 2 | 0 | 2 | 100.0% |
| Total | 225 | 121 | 346 | 65.0% |

## Number of SCP patients waiting more than 104 days from point of suspicion




- An audit is being carried out across all tumour sites to understand if there is variation in clinician practice at the triage stage of the pathway. This has a deadline for returns at the end of January.
- Different approach to PET usage in upper GI being reviewed.

**What are the key risks and mitigations?**

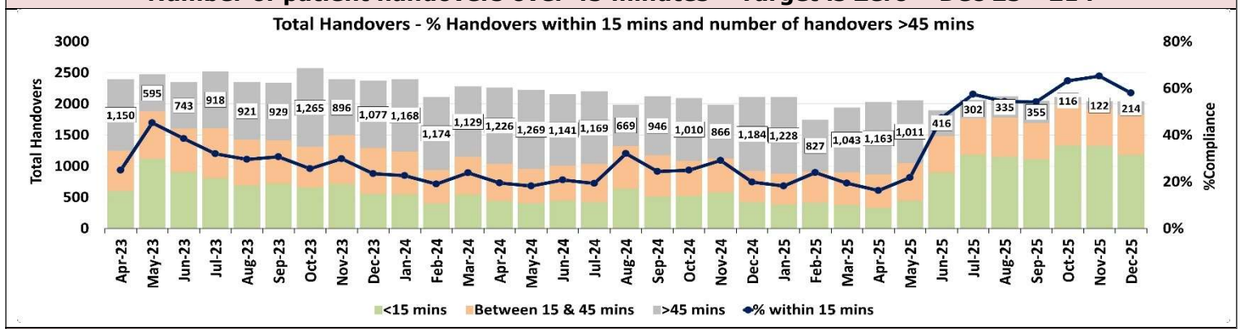
- Breast Test Wales are looking to move to an electronic system that would help CTM to manage patients. They are waiting for DHCW to set them up on the system – this has been escalated at WG performance meeting.
- All Wales Lymphoma Panel – National MDT has waits incompatible with a 62 day target - this has been escalated at the WG performance meeting.
- Performance challenges in non-urgent patient transport provision leads to short notice cancellations. We have been working with WAST to see if a solution can be provided to make it less likely that SCP patients have their transport cancelled but have been unsuccessful in finding a solution yet. This has also been escalated at the WG performance meeting.
- BSW waiting times for CTM are currently at 13 weeks, - work is ongoing to recover the position with the recruitment of a locum surgeon who is also a BSW Endoscopist.
- Pathology turnaround times are a risk, particularly for pathology sent from POW to SBUHB for processing. The longer turnaround times for specimens has been escalated to them via CTM's COO.
- National shortage of isotope affecting breast and urology cancer pathways as TRAMs (Transforming Access to Medicines) radiopharmacy facilities in the South East Wales region are delayed, with SBUHB currently the only providers to the whole area.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies is leading to longer pathways, but with the opportunity of more targeted treatment.
- Single consultant for laparoscopic nephrectomies.

# CTMUHB Unscheduled Care & Acute Medicine Group

## Ambulance Patient Handover & Emergency Department Waits

**% of patient handovers within 15 minutes Target – Improvement towards 100% - Dec 25 = 58%**

**Number of patient handovers over 45 minutes – Target is Zero – Dec 25 =214**




**% patients spending <4 hours in A&E**

| Target – 95% | Dec 2025 – 59.1% |
|---|---|

**How are we doing and what are our key concerns?**

Ambulance Patient Handover:

- Significant Improvement seen over the last 6 months, 58% of handovers within 15 minutes.
- 214 handovers exceeded 45 minutes, down from >1000 in the same month last year.

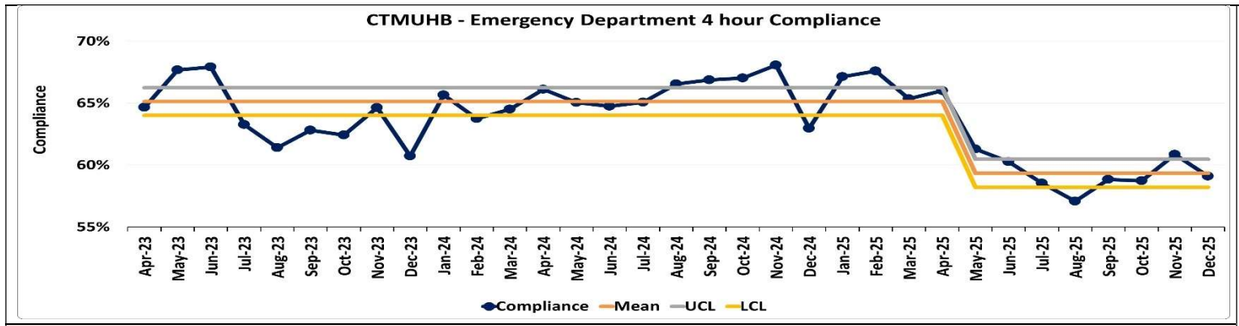
Key concerns:

- Without improved flow out of ED, safe handover within 45 minutes is not achievable.
- Risk of corridor care, which breaches RCEM/RCN guidance and Regulation 28.
- Increased chair-based care results in poor patient experience, higher falls and pressure ulcers.
- Overall patient safety risk remains high, noting front line mitigations below.

ED Waits:

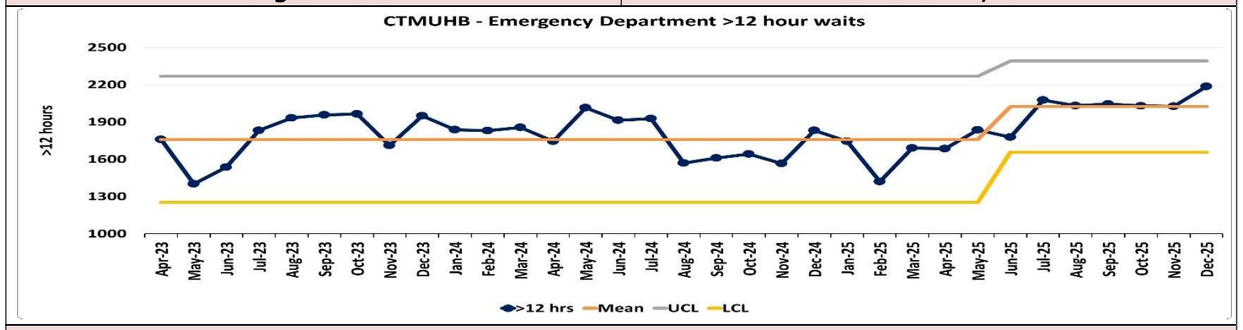
- 4-hour target performance 59.1% (target: 95%).
- 12-hour waits, 2,187 patients (target: zero); majority specialty patients.

Key Concerns:




**Number of patients spending >12 hours in A&E**

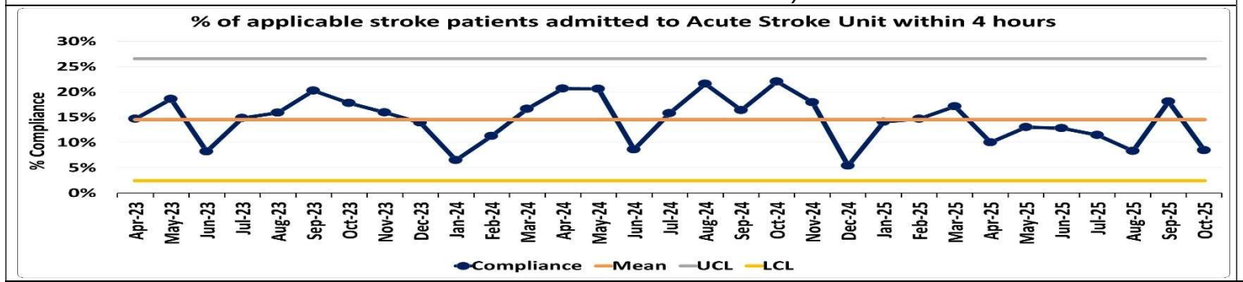
**Target - Zero** | **Dec 2025 – 2,187**




**% of applicable stroke patients admitted to Acute Stroke Unit within 4 hours**

**Oct 25 – 71 applicable stroke patients with 6 admitted within 4 hours = 8.5%**

*Please note data for Nov & Dec 2025 is not yet available*




- Frail elderly patients face long chair waits - safety risk.

Stroke Unit Admissions:

- 8.5% admitted within 4 hours in October
- Variation in weekly performance – improvement work has progressed at pace in recent weeks.

Key concerns: ED overcrowding, delays in scanning and transfers.

**What key actions are we taking and when do we anticipate improvement?**

Ambulance Handover:

- Pre-arrival - Clinical Nav. Hub review, ePCR checks, escalation card, risk-assessed handover spaces.
- On arrival - Dedicated triage nurse, senior clinician rapid assessment, maximise "fit to sit" capacity, new ambulatory space at POW.
- Improved flow out of ED via specialty assessment units, STAMP and OPTIMISE rollout.
- Anticipated improvement - better admission flow and capacity management.

12-hour Waits:

- Review of patients waiting beyond 4 hours, demand/capacity modelling, improved transport home, data quality enhancements (UEC app rollout March 2026), increased patient flow coordinators.

Stroke Pathway:

- Daily breach huddles, revised SOP, escalation card, Stroke CNS in ED, internal targets.
- Transformation Programme focusing on two key KPIs, time to CT scan and admission to Stroke Unit.

**What are the key risks and mitigations?**

- Risks: Long ambulatory waits for frail elderly patients
- IPC challenges - inability to isolate.
- Patient-specific needs (LD, MH, bariatric).
- Pressure ulcer development, staff wellbeing, batched ambulance arrivals.
- Stroke: ED capacity for assessment, scanning delays, cross-site transfers.

Mitigations:

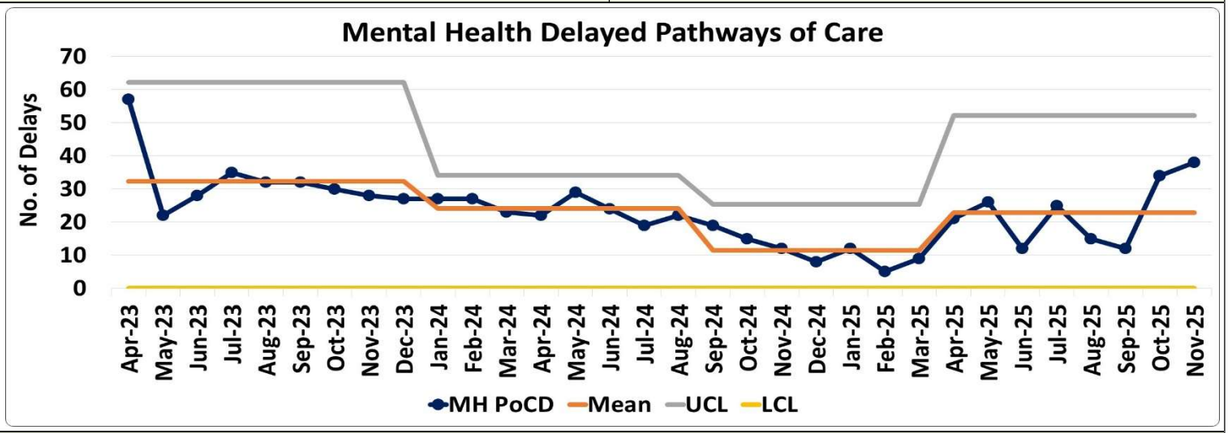
- Ambulance Handover Escalation Card, Integrated System Escalation Policy.
- Collaboration with WAST for pre-arrival info.
- Pressure ulcer care improvements.
- Daily MDT huddles, SOPs, escalation cards for stroke.

## CTMUHB Efficient Services

## Pathways of Care Delayed Discharges (POCD) – *please note data for December 2025 is not yet available*

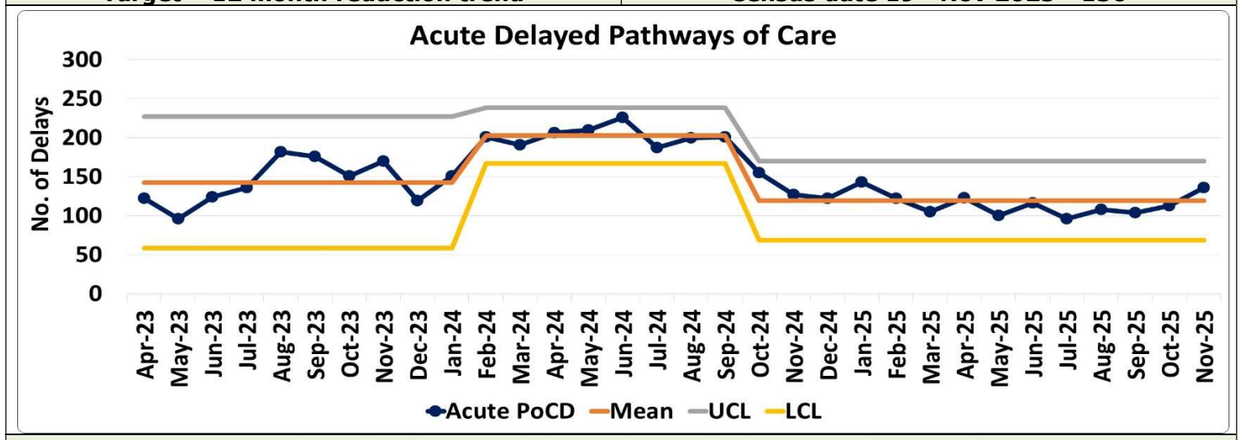
**Number of Pathways of Care delayed discharges – Mental Health**

| Target – 12 month reduction trend | Census date 19th Nov 2025 - 38 |
|---|---|



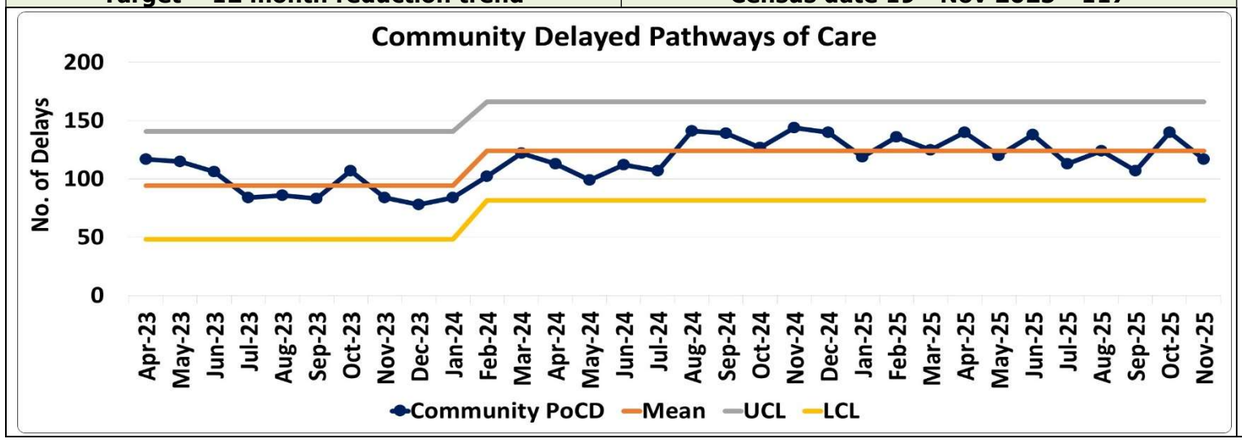

**Number of Pathways of Care delayed discharges – Acute**

| Target – 12 month reduction trend | Census date 19th Nov 2025 - 136 |
|---|---|




**Number of Pathways of Care delayed discharges – Community**

| Target – 12 month reduction trend | Census date 19th Nov 2025 - 117 |
|---|---|




**How are we doing and what are our key concerns?**

- 291 Pathways of Care Delayed Discharges were reported in the November snapshot census. This is 31 (12%) more delayed patients than the 12 month average and slightly higher than the equivalent period of 2024 (283).
- There has been intensive support for ward staff to implement D2RA and robust challenge of clinical optimisation.

Concerns

- Workforce challenges – an increase in assessment delays in the MTCBC area where a key member of staff has left their role in recent months.
- Increased complexity noted in some delays related to nursing needs assessments. Of the 170 assessment delays, 34% related to nursing needs during November.

**What key actions are we taking and when do we anticipate improvement?**

- Straight to service for intermediate care in both MTCBC and BCBC for in-house provision. This is currently being mapped and additional support to ensure that the trusted assessment document (EToC) is triaged by an MDT in the discharge hub and quality assured.
- Digitisation of the Nursing Needs Assessment (NNA) – the current paper based process has identified significant potential for delay.
- An integrated digital dashboard – access for all partners to the Discharge App – which is a power BI app providing live data at LA level - currently only accessible by health board staff.

**What are the key risks and mitigations?**

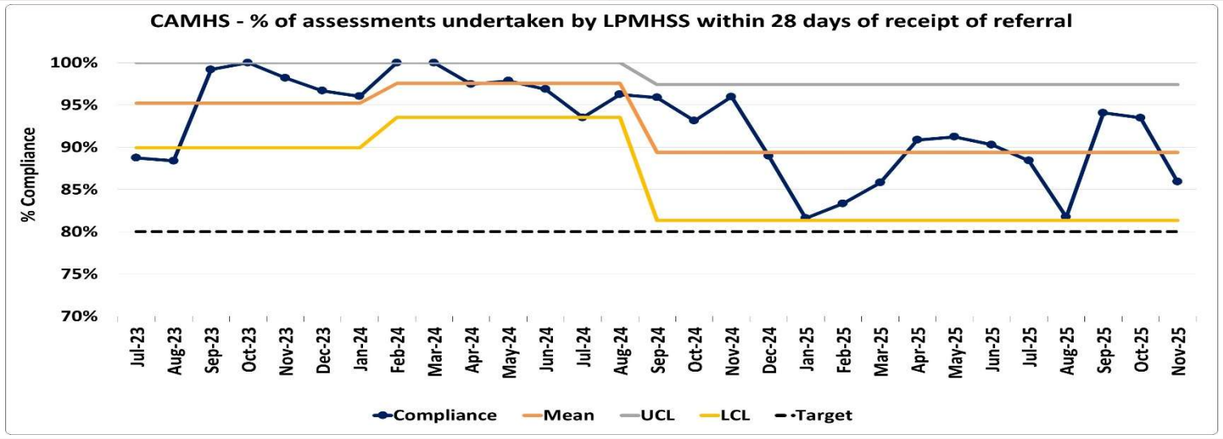
- Continued implementation of the joint working with local authorities
- Revision of the Integrated PoCD/Discharge delay escalation framework in line with new System Escalation Policy for Urgent and Emergency Care.
- Front door discharge model with revised standards in line with D2RA and crisis response services.

# CTMUHB Mental Health & Learning Disabilities Care Group

## Child and Adolescent Mental Health Services (CAMHS)

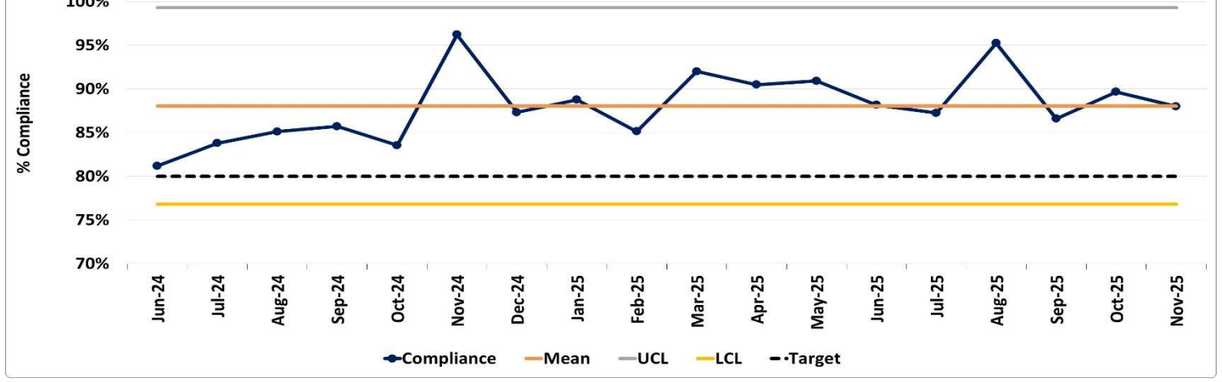
**% of assessments undertaken by LPMHSS within 28 days of receipt of referral**

| Target 80% | Nov 2025 – 85.9% |
|---|---|




**% of therapeutic intervention started within 28 days following an assessment by LPMHSS**

| Target 80% | Nov 2025 – 88.0% |
|---|---|




**How are we doing and what are our key concerns?**

- Since the summer of 2023, we have seen that performance has notably improved in all areas of the CAMHS service with compliance continually maintained above WG targets.
- Part 1a**:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. During November there were 162 referrals for assessment, with the 12 month average being 141.
- Part 1b**:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in November was 75 (the 12 month average equates to 71 per month)
- Part 2: We continually focus on quality in relation to CTP's with the audit tool regularly applied to the CAMHS caseload. We have reviewed care co-ordination numbers, which appear to be higher than other Health Boards across Wales (the current caseload stands at 154).

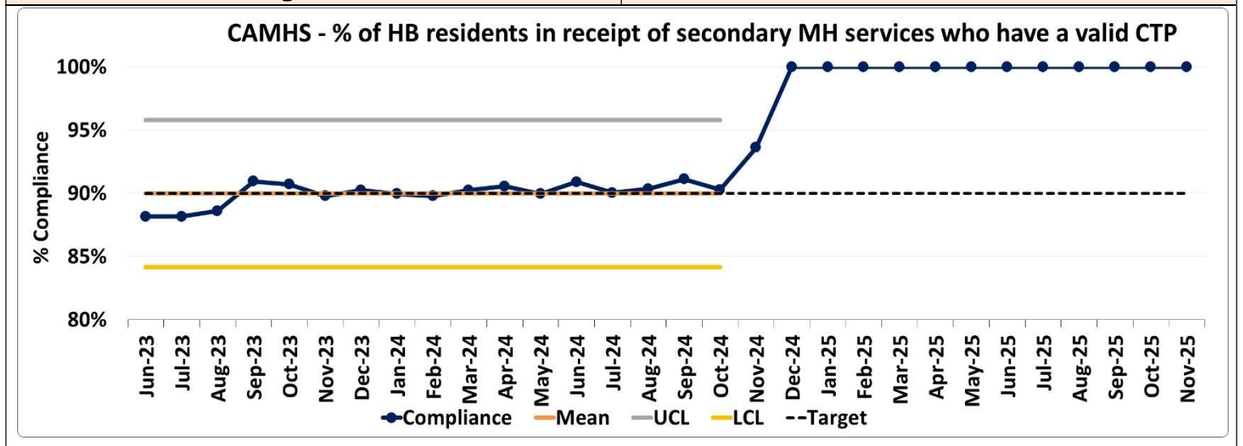
**What key actions are we taking and when do we anticipate improvement?**

- The improvement action plan & trajectory implemented during 2024 to improve compliance in Parts 1 & 2 of the Mental Health Measure continues to successfully deliver in all three areas.
- Maintaining compliance for Part 1b is facilitated by continuing to develop local groups within the directorate, in partnership with the third sector. The Service also continues to engage with the SilverCloud digital offer and attendance at the All Wales co-ordination meetings continues.
- The service monitors and maintains compliance with real time dashboards.
- Immediate action is taken, when required, to ensure performance compliance is maintained. This could result in reallocation of staff resource to an area experiencing high demand.
- The focus is very much on maintaining the positive compliance rates, which is assisted by our real time noting of all aspects of waiting times.
- Bi-Monthly supportive meetings are in place with NHS Performance and Improvement team, helping to improve sustainable compliance in all areas.

**What are the key risks and mitigations?**

**% of HB residents who are in receipt of secondary MH services who have a valid CTP**

| Target 90% | Oct 2025 -100% |
|---|---|



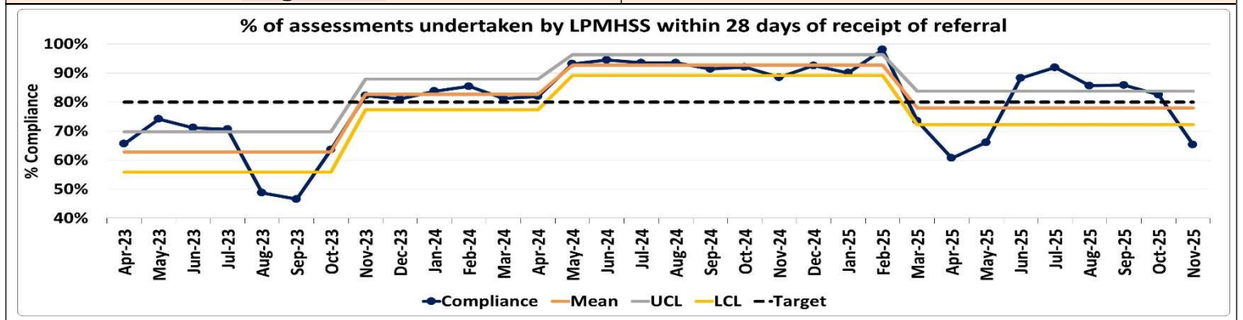

- The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment.
- Clinical colleagues continue to report rising acuity within their patient population, which may impact future delivery - this is closely monitored.
- Staffing levels and sickness are historically low in community CAMHS teams and good progress has been made with recruitment – currently very few/no vacancies. This strengthens the position if there is an increased demand on the service.
- The number of assessments is influenced by seasonal variation as observed during months such as August & September, where staff annual leave results in fewer assessments carried out.

# CTMUHB Mental Health & Learning Disabilities Care Group

## Adult Mental Health Services

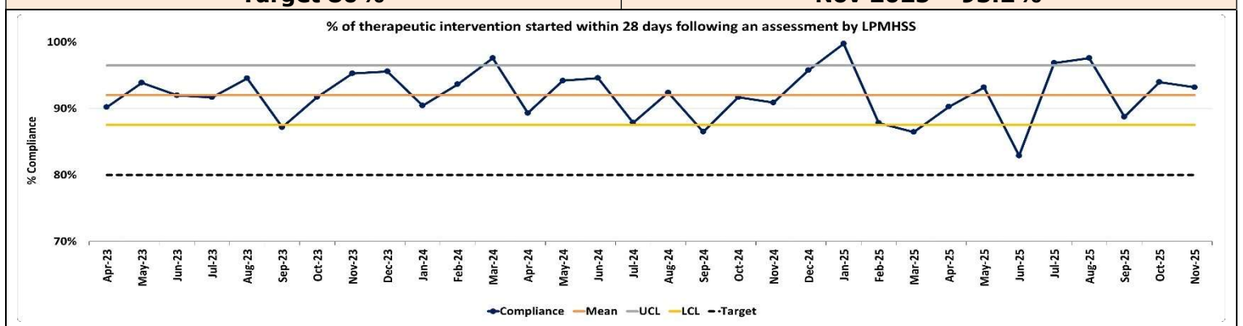
**% of assessments undertaken by LPMHSS within 28 days of receipt of referral**

| Target 80% | Nov 2025 – 65.3% |
|---|---|




**% of therapeutic intervention started within 28 days following an assessment by LPMHSS**

| Target 80% | Nov 2025 – 93.2% |
|---|---|




**How are we doing and what are our key concerns?**

Part 1a

- Performance dropped below target for the first time in five months due to clearing backlog of referrals.
- Waiting list for assessments has doubled in the past six months to 1,044 in November. 398 assessments completed in November (monthly average 469) - key concern - increased waiting times and backlog of assessments.

Part 1b

- Key concern - demand likely to rise once Part 1a backlog is cleared.

Part 2

- Adult services account for the largest number of patients, with performance between 81% and 83% since April 2025. Ensuring timely reviews of Care and Treatment Plans remains a concern.

Psychological Therapy

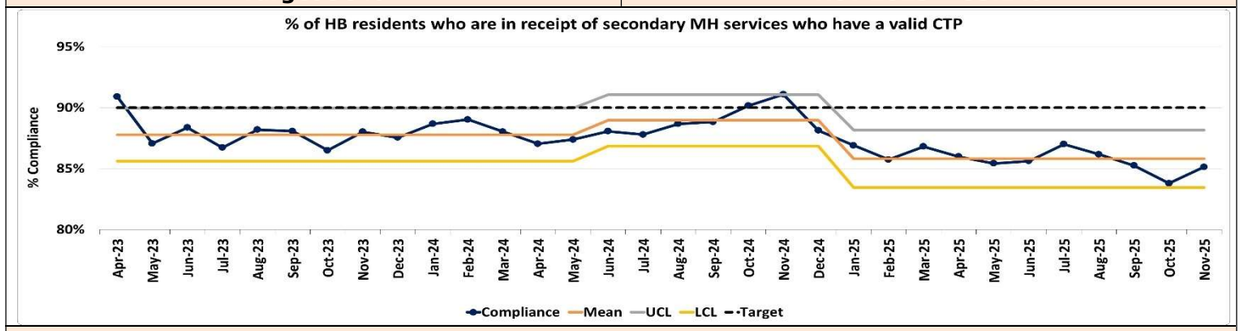
- Compliance is low due to limited resources available to support the service, including processing referrals and booking groups. Without action, compliance is projected to continue declining with an increase in the number of people waiting over 26 weeks for psychological intervention.

**What key actions are we taking and when do we anticipate improvement?**

Part 1a

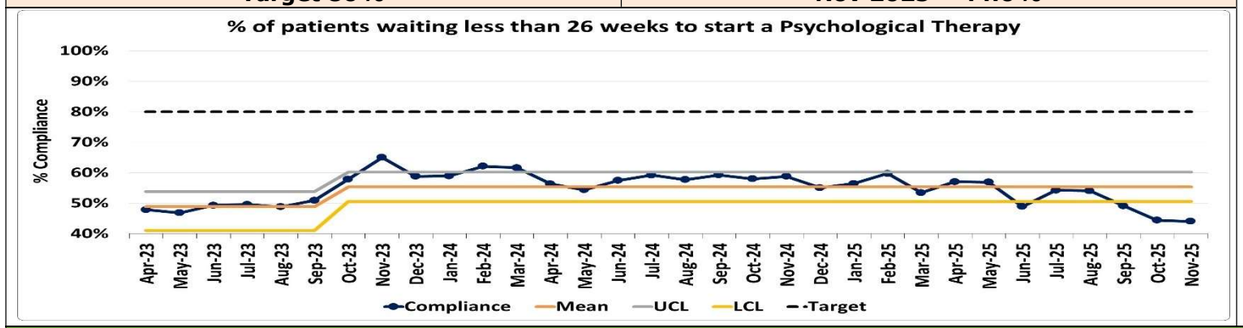
**% of HB residents who are in receipt of secondary MH services who have a valid CTP**

| Target 90% | Nov 2025 – 85.1% |
|---|---|




**% of patients waiting less than 26 weeks to start a Psychological Therapy**

| Target 80% | Nov 2025 – 44.0% |
|---|---|




- Clearing backlog of referrals and assessment/intervention outcomes - expected to be cleared by end of January 2026, with performance improving by end of March.

Part 2

- Reviewing CTP registers to align with contact records.
- Recruiting to vacant medical and administrative team leader posts.
- Developing a CTP tracker to flag upcoming reviews.
- Expected improvement from March onwards.

Psychological Therapy

- Validation of 1:1 and group therapies has been completed. The are 794 patients on the waiting list for 1:1 and 412 for group therapies.
- Psychotherapy Groups – Eight groups are scheduled to start in January which will reduce the waiting list by 180 - expected improvement from March onwards.

**What are the key risks and mitigations?**

Part 1a

- Risk: Further increase in waiting list size and longer waits.
- Mitigation: Weekly performance meetings to monitor actions and targets – waiting list management.

(Part 1b)

- Risk: Longer waiting times if demand rises.
- Mitigation: Weekly monitoring of demand and capacity.

Part 2

- Risk: Patients not receiving timely CTP reviews.
- Mitigation: Implementing CTP tracker to flag reviews where completion is due imminently.

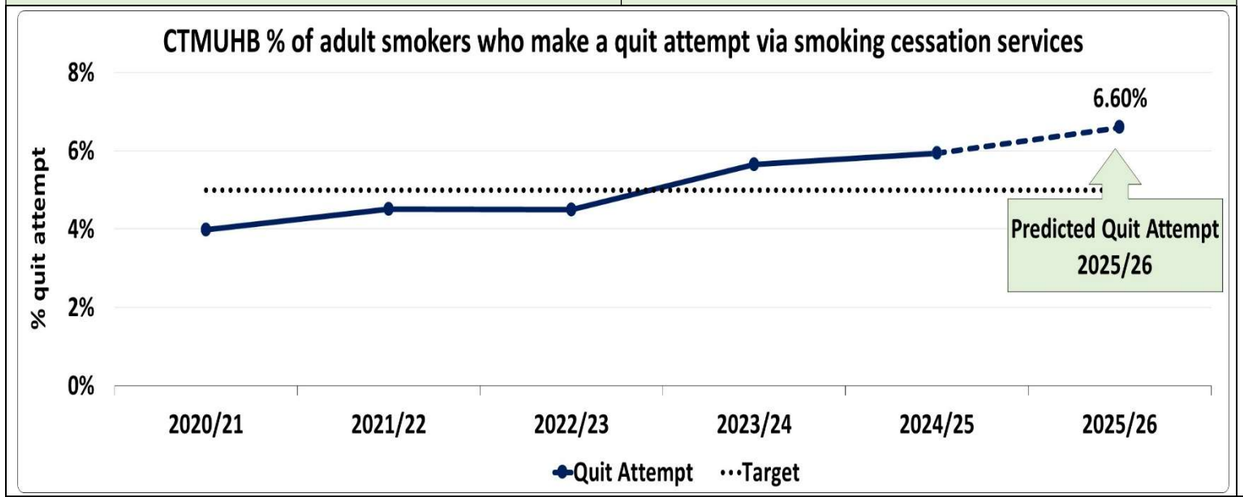
Psychological Therapy

- Risk: Waiting list continues to grow - increasing delays.

## CTMUHB Improving Population Health & Wellbeing

**% of adult smokers who make a quit attempt via smoking cessation services**

| Annual Target – 5% | Qtr 1 to Qtr 2 2025/26 – 3.3% |
|---|---|
| | Predicted Annual Performance – 6.6% |



| % of adult smokers who are CO-validated as quit at 4 weeks | |
|---|---|
| **Annual Target – 40%** | **Qtr 1 to Qtr 2 2025/26 – 9.97%** |

| Qtr 1 to Qtr 2 - 2025/26 | | |
|---|---|---|
| *Estimated number of smokers* | *Estimated % of CTMUHB population who are smokers* | *Estimated number of smokers needing to access smoking cessation to reach 5% of smokers* |
| **45,900** | **12.4%** | **2,300** |
| *Number of smokers treated by the smoking cessation service* | *Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter* | |
| **1,514** | **151** | |
| **3.30%** | **9.97%** | |

**How are we doing and what are our key concerns?**

- Health Board 'Help Me Quit' services are currently on track to exceed the 5% treated smoker target in 2025/26, which is extremely positive. It is encouraging to note we have increased performance above 5% for the third consecutive year.

CO-validated quit target

- It is very challenging to meet this target, due to the high proportion of appointments conducted virtually, resulting in CO readings unable to be taken. Telephone appointments are an efficient and effective way to deliver the service and surveys of our clients demonstrate that around 90% prefer this method. It should be noted that other Health Boards are experiencing similar challenges.

- All clients are followed up at 4 weeks to assess their quit status and this is recorded as 'self-reported' if CO validation cannot be undertaken. Consequently, the cumulative quit rate (self-reported & CO validated combined) for Quarters 1 & 2 is at 50%.

**What key actions are we taking and when do we anticipate improvement?**

CO-validated quit target

- It is hoped this issue will be addressed via a change to the national HMQ in Community Pharmacy service specification. This is currently undergoing the sign-off stage; however, the launch date is currently unknown.

- The HMQ Community team are trialling face-to-face and mixed delivery approaches to assess uptake rates, although it's unlikely that this can be provided on a large enough scale to meet the target.

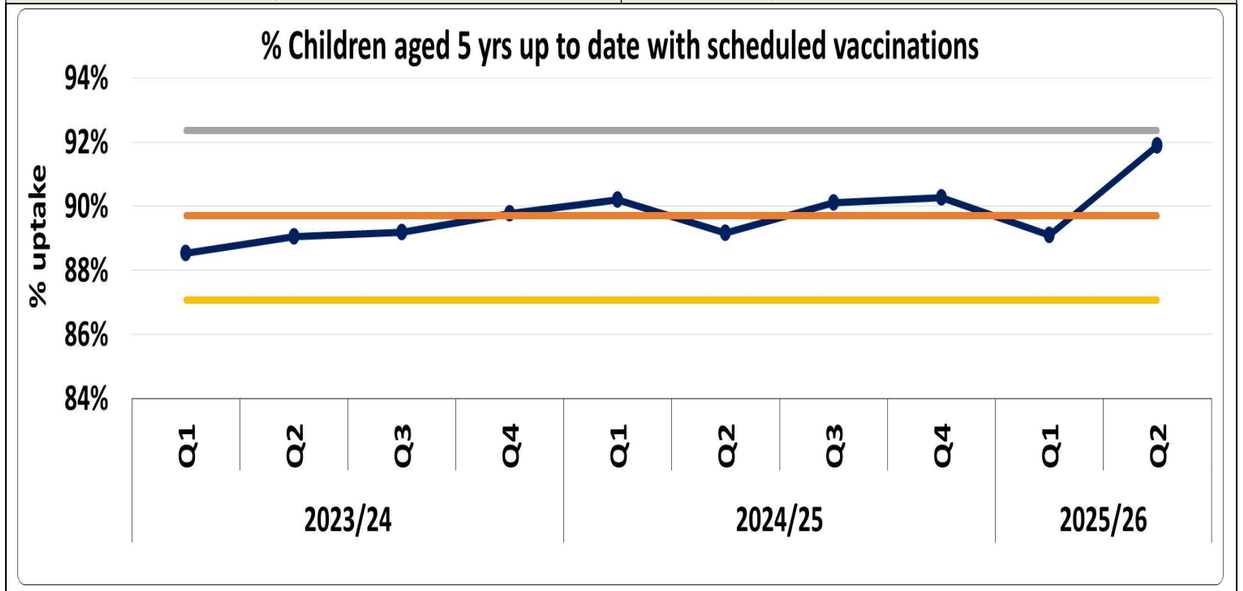
**What are the key risks and mitigations?**

- The main risk facing Help Me Quit services is capacity to further increase numbers of treated smokers. Achieving the Welsh Government ambition of reaching 5% smoking prevalence by 2030 will require a reduction from nearly 46,000 to 18,000 smokers over the next 4 years. Achieving such a reduction will

# CTMUHB Improving Population Health & Wellbeing

**% of children who are up to date with the scheduled vaccinations by age 5**

| Target – 95% | Quarter 2 2025/26 – 91.9% |
|---|---|



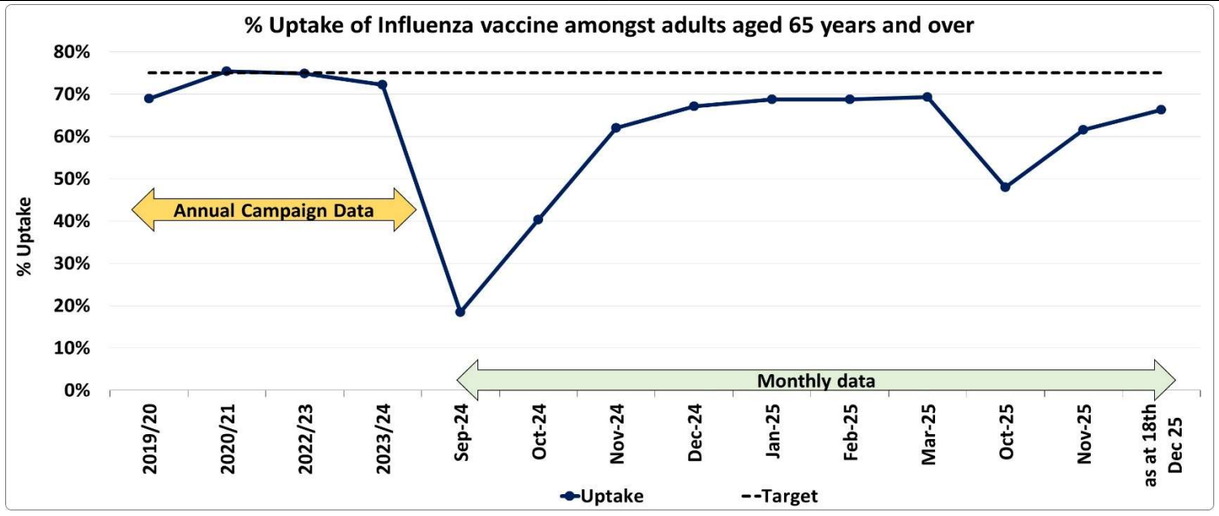

**How are we doing and what are our key concerns?**

- MMR uptake – 95% uptake of 2 doses of MMR is needed to prevent transmission. Smaller outbreaks of measles have been identified in Wales in the past few years. Changes to the MMR vaccination programme include Varicella being included as routine and a change of age eligibility from 01/01/2026.
- Influenza for 2 & 3 year olds – uptake of Flu vaccine for this group is lower than target. Increase is needed to support their health protection and that of the wider community.
- Influenza vaccination target – challenges remain to achieve the ambitious targets for all groups including those aged 65 and over.

**What key actions are we taking and when do we anticipate improvement ?**

- MMR uptake – From 01/01/2026, the second phase of childhood changes (replacing MMR with MMRV in the routine schedule for children born on or before 31/12/2019) has been implemented with sharing of resources and training carried out in preparation for this.
- Influenza 2 & 3 year olds – Additional 'Mop up' sessions after the school campaign held in community vaccination centres. Phase 1 took place in December 2025 with an additional 814 vaccines given and plans are in place for the first three weekends in January 2026. Vaccinating this group is essential to protect our older and vulnerable population.

| % uptake of the influenza vaccination amongst adults aged 65 years & over | |
|---|---|
| Target – 75% | As at 18th Dec 2025 – 66.3% |




Progress as at 18th December 2025 during the current Influenza vaccination campaign amongst adults aged 65 years & older is:

| Eligible adults | Immunised | % Uptake |
|---|---|---|
| 98,681 | 65,442 | 66.3% |

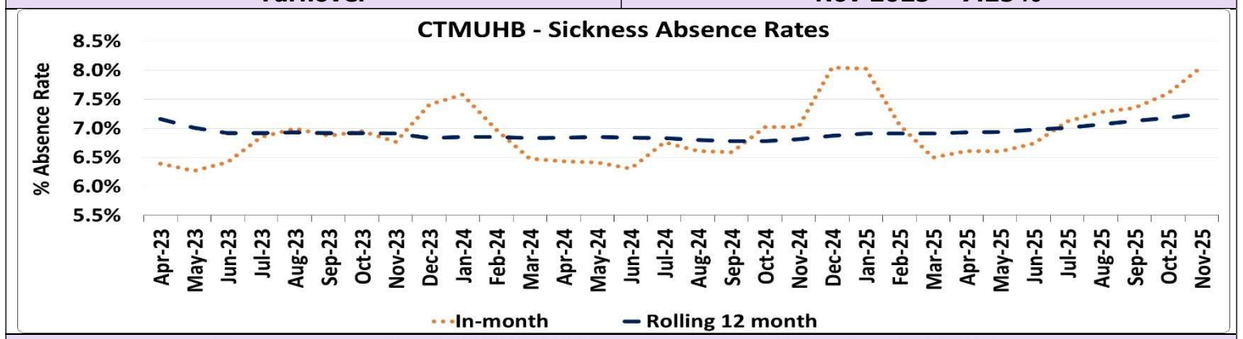
**What are the key risks and mitigations?**

- MMR uptake - Needs to be maintained to avoid outbreaks. Practice queue lists will be monitored to check uptake is not affected by the changes to programme.
- Influenza 2 & 3 year olds - Risk of children and the wider community being affected by flu outbreaks - the effect of mop up sessions will be monitored.
- Influenza vaccination target - Risk that eligible individuals do not have access to flu vaccination - increasing awareness and access will be monitored by uptake data and working with community leaders.

# CTMUHB Workforce Metrics

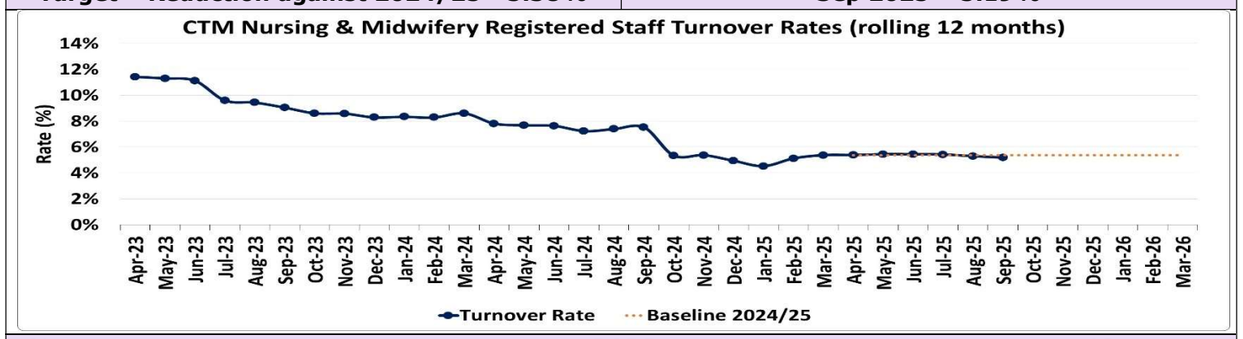
**% of sickness absence rate of staff (rolling 12 months)**

| Turnover | Nov 2025 – 7.25% |
|---|---|




**Turnover rate for CTMUHB N&M registered staff leaving NHS Wales**

| Target – Reduction against 2024/25 - 5.38% | Sep 2025 – 5.19% |
|---|---|




**% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months**

| Target – 85% | Dec 2025 – 71.5% |
|---|---|

**How are we doing and what are our key concerns?**

- Rolling 12-month **sickness rate** (Dec 2024–Nov 2025) is 7.25%, up from 6.81% last year. Concern - persistent high sickness rates impacting workforce capacity and wellbeing.
- **Turnover rate** (N&M) registered staff leaving NHS Wales: 5.19% (Sep 2025) - below 5.38% baseline 5. Concern: Retention remains critical for sustainability.
- **PADR** compliance at 71.5% (Dec 2025), below 85% target remains a concern.
- Improvements noted in targeted areas (e.g. Facilities risen from 57.5% to 79.02% since Aug 2025).
- **Level 1** at 81.8% (Dec 2025) - overall compliance across all levels 75.1%, short of 85% target. Concern: Training gaps could impact safety and assurance.

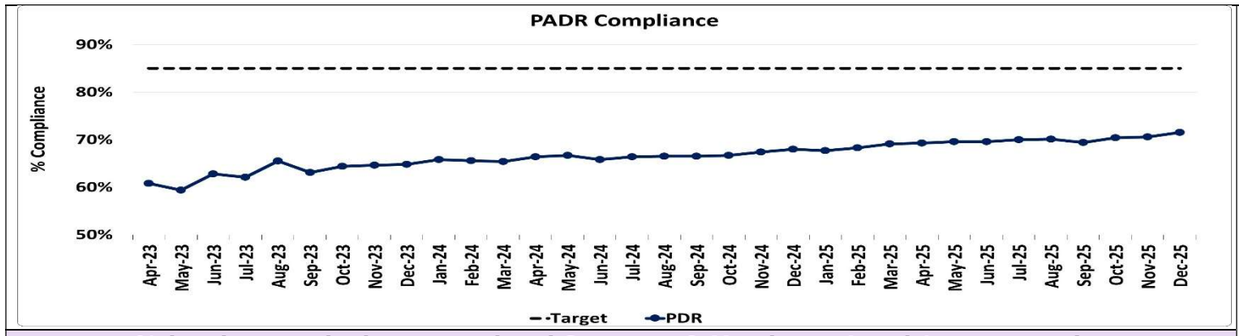
**What key actions are we taking and when do we anticipate improvement?**

Sickness:

- Health & Wellbeing Campaign launched (focus on management tools, governance, healthy environments).
- Internal audit on Medical & Dental sickness recording underway.
- Plans in place for the management of all absences greater than 12 months.
- Manager guides development (sickness recording, RTW, long-term sickness) by Jan 2026.
- Occupational Health feedback survey and focus groups planned Jan 2026.
- Managing Attendance at Work training rollout from Feb 2026.
- Plan is to achieve a 1% reduction in sickness absence by Oct 2026 (baseline - 6.98%).

Turnover:

- Continue to drive progress of N&M All-Wales retention plan.
- Holistic wellbeing strategy (including wellbeing courses and PDR-linked plans). Maintain Wellbeing Activists and Champions network.
- Engagement with student nurse/midwife recruitment streamlining.
- Nursing Academy development for career pathways.




**% headcount who have completed Statutory & Mandatory Level 1 competencies**

| Target – 85% | Dec 2025 – 81.8% |
|---|---|

- Pastoral and career support sessions re-launched.
- Establishment reporting rollout across staff groups.

PDR:

- Focus on low compliance via Care Group performance meetings.
- PDR quality audits to ensure meaningful conversations.
- Embed PDR training into Ignite Management Essentials.

Core Learning:

- Launch CTM Core Learning Review (align with Welsh Government recommendations).
- Improve governance for new training approvals.
- Develop CTM-specific modules to meet multiple requirements.
- Condense Violence & Aggression training to ensure relevance to roles.

**What are the key risks and mitigations?**

Sickness:

- Risk: Failure to reduce sickness impacts wellbeing, increases pressure on staff, and raises variable pay costs.
- Impact: Lower morale, productivity, and engagement.

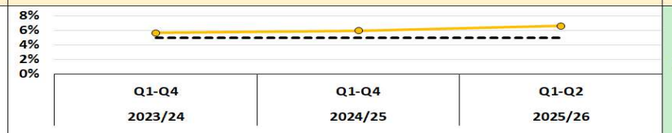
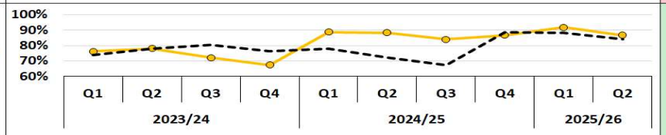
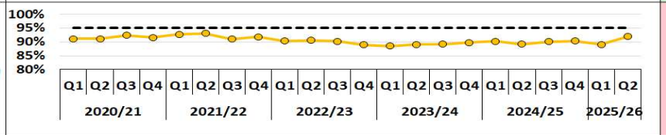
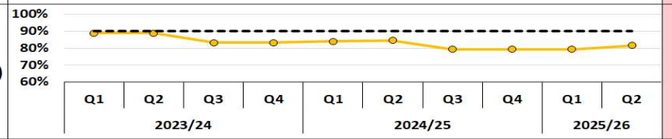
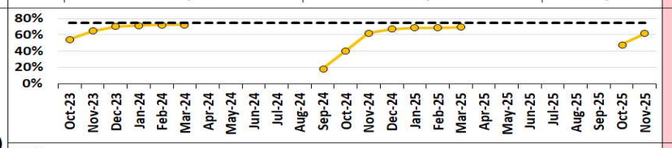
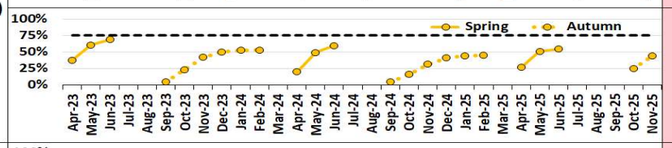
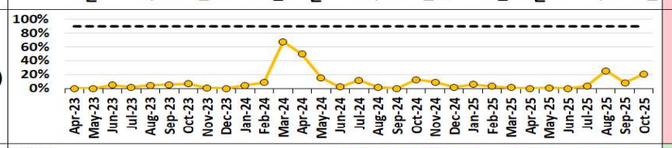
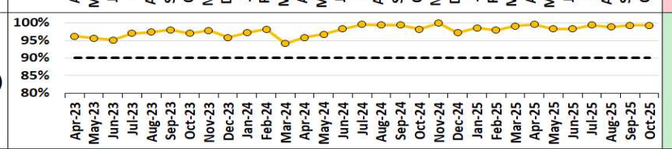
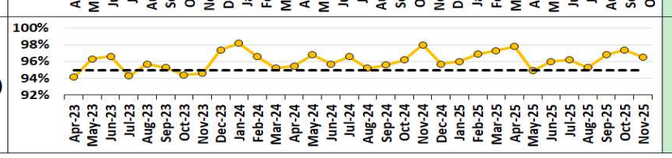
Turnover:

- Risk: Loss of talent and expertise affecting patient care.
- Impact: Increased recruitment time, variable pay costs, and potential rise in sickness due to vacancies.

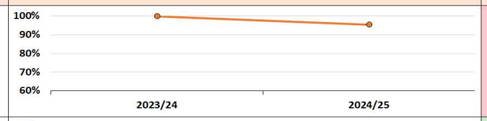
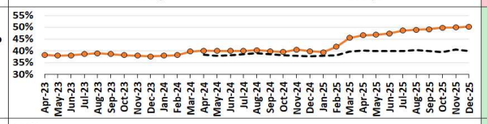
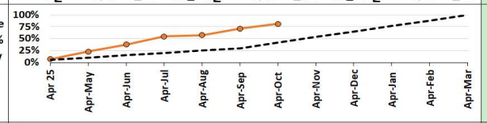
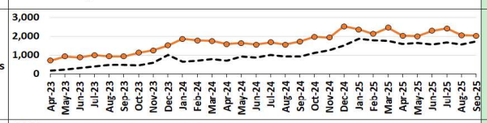
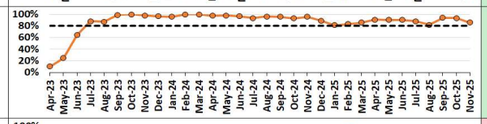
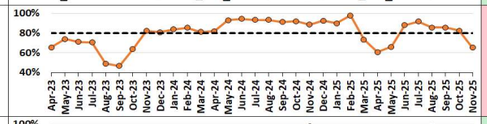
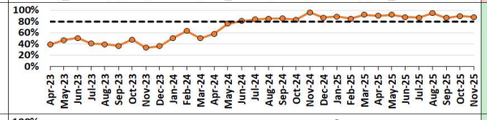
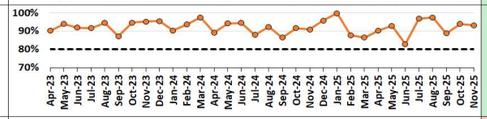
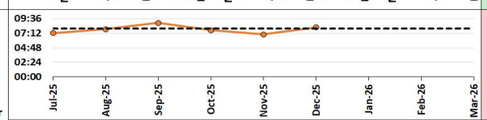
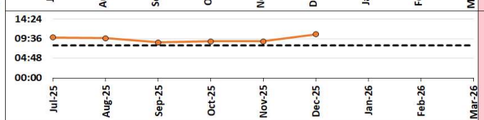
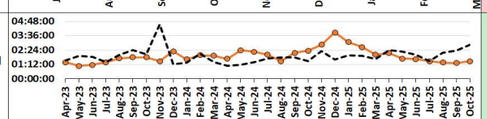
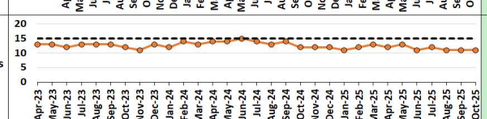
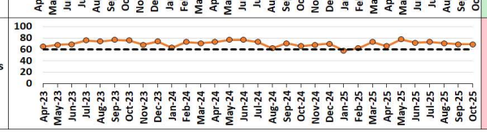
PDR & Core Learning:

- Risk: Lack of alignment with strategic objectives, poor morale, and retention issues.

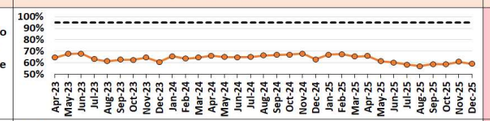
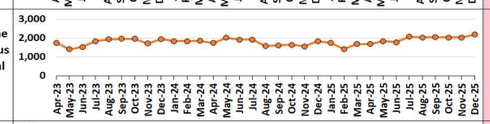
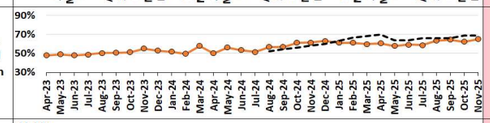
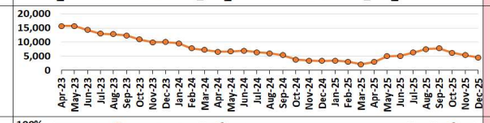
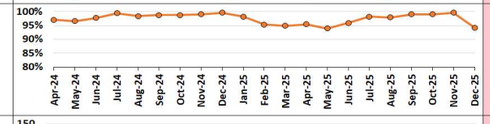
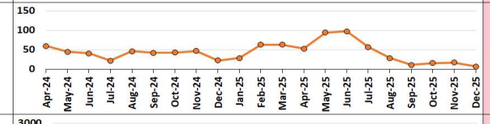
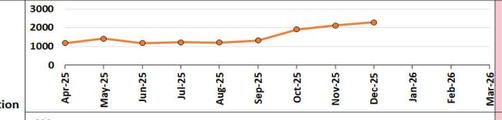
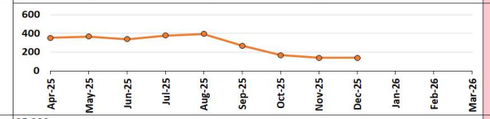
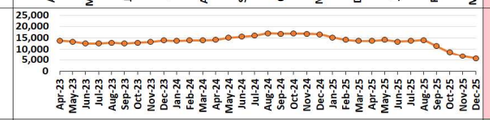
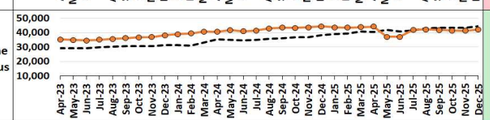
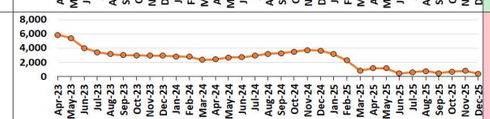
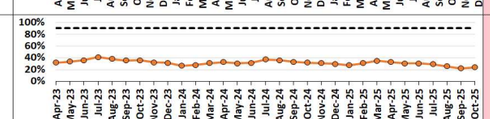
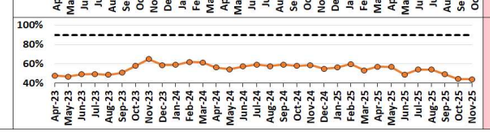
## 2.2 Appendix 1 - Welsh Government Performance Framework Indicators – Quadruple Aim

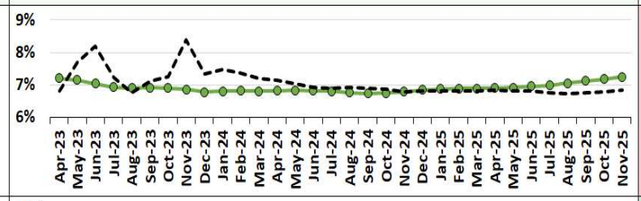
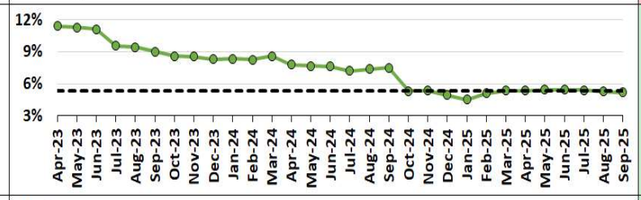
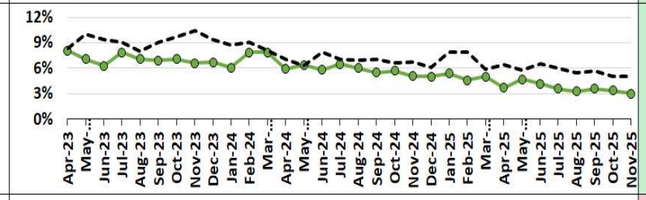
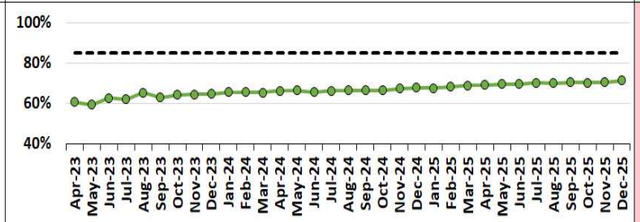
| Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management | | | | | |
|---|---|---|---|---|---|
| | Performance Measure | Target | Key: Trend / Target/Trajectory | Key: Hit Target / Latest Position | Target Failed / Latest Position |
| Prevention | Percentage of adult smokers who make a quit attempt via smoking cessation services | 5% Annual Target (Higher is good) |  | Predicted 2025/26 6.60% | Q2 2025/26 |
| | Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks | 40% Annual Target (Higher is good) | | 9.97% | |
| | Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) | 4 Qtr Improvement Trend (Higher is good) |  | 86.7% | Q2 2025/26 |
| | Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose) | 95% (Higher is good) |  | 91.9% | Q2 2025/26 |
| | 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)* | 90% (Higher is good) |  | 81.6% | |
| | Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(applicable during 01.09.25 - 31.03.26)* | 75% (Higher is good) |  | 61.6% | Nov-25 |
| | Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2025: All eligible people *(applicable 01.04.25 - 30.06.25 & 01.09.25 - 31.03.26)* | |  | 43.7% | Nov-25 |
| | Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment | 90% (Higher is good) |  | 20.9% | Oct-25 |
| | Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks | 90% (Higher is good) |  | 99.3% | |
| | Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life | 95% (Higher is good) |  | 96.5% | Nov-25 |

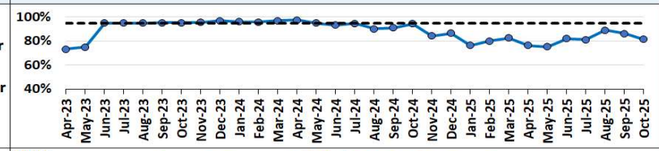
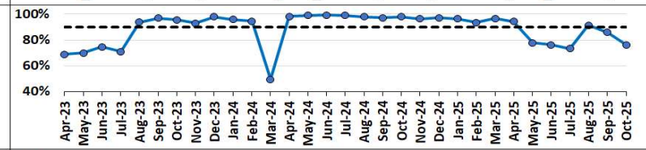
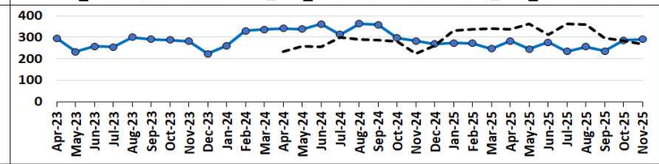
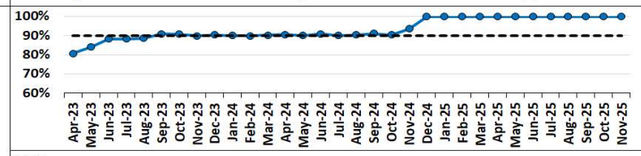
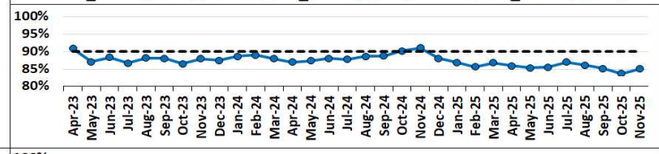
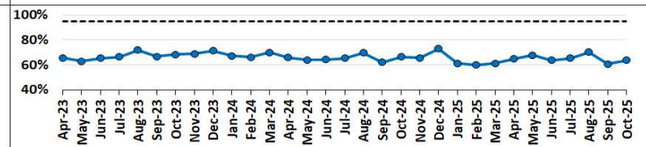
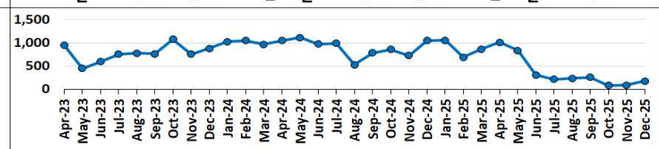
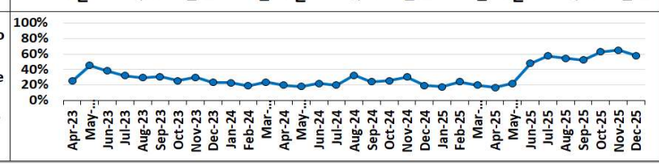
## Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

| | Performance Measure | Target | Key: Trend / Target/Trajectory | Key: Hit Target | Target Failed |
|---|---|---|---|---|---|
| | | | | Latest Position | |
| Services Delivered Close to Home | Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours | 100% |   | 95.5% | 2024/25 |
| | Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes | Improvement compared to the same month in the previous year (Higher is good) |   | 50.3% | Dec-25 |
| | Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) | A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026 (Higher is good) |   | 80.9% | Apr-Oct 2025 |
| | Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) | Increase compared to the same month in the previous year (Higher is good) |   | 2,030 | Sep-25 |
| | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years) | 80% (Higher is good) |   | 85.9% | Nov-25 |
| | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over) | 80% (Higher is good) |   | 65.3% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years) | 80% (Higher is good) |   | 88.0% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over) | 80% (Higher is good) |   | 93.2% | |
| Access Hospital Services Quickly | Median emergency response time to Purple (Arrest) Calls | 6-8 minutes median (Lower is good) |   | 08:13 | Dec-25 |
| | Median emergency response time to Red (Emergency) Calls | |   | 10:40 | |
| | Median emergency response time to amber calls | 12 Month Reduction Trend (Lower is good) |   | 01:40 | Nov-25 |
| | Median time from arrival at an emergency department to triage by a clinician | 15 minutes or less (Lower is good) |   | 13 | Dec-25 |
| | Median time from arrival at an emergency department to assessment by a senior clinical decision maker | 60 minutes or less (Lower is good) |   | 72 | |

## Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

| | Performance Measure | Target | Key: Trend / Target/Trajectory | Key: Hit Target | Target Failed |
|---|---|---|---|---|---|
| Access Hospital Services Quickly | % 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 | Improvement compared to the same month in the previous year, towards the national target of 95% (Higher is good) |   | 59.1% | Dec-25 |
| | Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge | Reduction compared to the same month in the previous year, towards the national target of zero (Lower is good) |   | 2,187 | |
| | % of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | 12 month improvement trend towards a national target of 80% by 31 March 2026 (Higher is good) |   | 65.0% | Nov-25 |
| | Number of patients waiting more than 8 weeks for a specified diagnostic | Zero (Lower is good) |   | 4,541 | |
| | Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional | 100% (Higher is good) |   | 94.2% | |
| | Number of patients waiting more than 14 weeks for a specified therapy (all ages) | Zero (Lower is good) |   | 7 | |
| | Number of adults waiting more than waiting more than 14 weeks for all audiology pathways (to include new & existing pathways for hearing aids, tinnitus & balance | Month on month reduction (Lower is good) |   | 2,288 | Dec-25 |
| | Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways) | |   | 138 | |
| | Number of patients waiting over 52 weeks for a new outpatient appointment | Zero (Lower is good) |   | 5,763 | |
| | Number of patients waiting for a follow-up outpatient appointment who are delayed over 100% | Reduction compared to the same month in the previous year (Lower is good) |   | 42,213 | |
| | Number of patients waiting more than 104 weeks for referral to treatment | Zero (Lower is good) |   | 426 | |
| | % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment | 80% (Higher is good) |   | 23.9% | Nov-25 |
| | % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | |   | 44.0% | |

| Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable | | | | | |
|---|---|---|---|---|---|
| | Performance Measure | Target | Key: Trend / Target/Trajectory | Key: Hit Target / Latest Position | Target Failed / Latest Position |
| Motivated & Sustainable Workforce | % of sickness absence rate of staff | 12 Month Reduction Trend (Lower is good) |  | 7.25% | Nov-25 |
| | Turnover rate for nurse & midwifery registered staff leaving NHS Wales | Rolling 12 month reduction against a baseline of 5.38% (2024-25) (Lower is good) |  | 5.19% | Sep-25 |
| | Agency spend as a percentage of the total pay bill | 12 Month Reduction Trend (Lower is good) |  | 3.0% | Nov-25 |
| Training & Development | Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | 85% (Higher is good) |  | 71.5% | Dec 2025 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Oct to Dec 2025 does not currently include medical staff) |

| Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes | | | | | |
|---|---|---|---|---|---|
| | Performance Measure | Target | Key: Trend --- Target/Trajectory | Key: Hit Target / Target Failed<br>Green = Target Met / Red = Under | |
| Effective Services | % of episodes clinically coded within one reporting month post episode discharge end date | Maintain the 95% target or demonstrate a 12 month improvement trend (Higher is good) |  | 81.3% | Oct-25 |
| | Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification | 90% (Higher is good) |  | 76.1% | |
| Efficient Services | Number of Pathways of Care delayed discharges | 12 month reduction trend (Lower is good) |  | 291 | Nov-25 |
| People Centred Care | % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years | 90% (Higher is good) |  | 100.0% | Nov-25 |
| | % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over | |  | 85.1% | |
| Safe Services | % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date | 12 month improvement trend towards national target of 95% (Higher is good) |  | 63.7% | Oct-25 |
| | Number of ambulance patient handovers over 1 hour | Zero (Lower is good) |  | 175 | Dec-25 |
| | Percentage of ambulance patient handovers within 15 minutes | Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes (Higher is good) |  | 58.0% | |

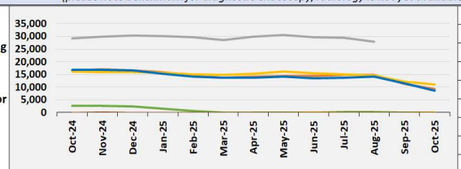
## 2.1 Appendix 2 – Benchmarking – How do we compare to the rest of Wales?

***Key:*** Wales AB BCU C&V CTM HDda Powys SB

### Planned Care & Cancer

*(please note benchmark for diagnostic endoscopy/radiology is not yet available)*

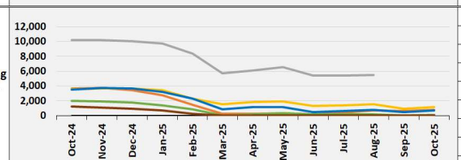
**Number of patients waiting over 52 weeks for a new outpatient appointment (please note benchmark for 26 wks OPA is not yet available)**




October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| SB | 0 | 1st |
| Powys | 1 | 2nd |
| HDda | 6 | 3rd |
| **CTM** | **8,692** | **4th** |
| AB | 9,398 | 5th |
| C&V | 11,021 | 6th |
| BCU | Not available | |

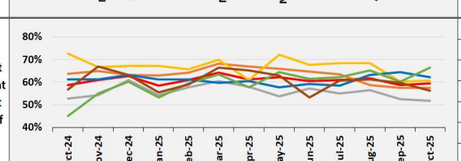
**Number of patients waiting more than 104 weeks for referral to treatment**




October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| SB | 0 | 1st |
| Powys | 1 | 2nd |
| HDda | 80 | 3rd |
| **CTM** | **699** | **4th** |
| AB | 749 | 5th |
| C&V | 1,125 | 6th |
| BCU | Not available | |

**% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)**

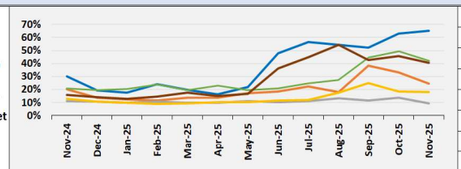



October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| HDda | 66.5% | 1st |
| **CTM** | **62.2%** | **2nd** |
| C&V | 60.7% | 3rd |
| AB | 57.6% | 4th |
| SB | 56.2% | 5th |
| BCU | 51.7% | 6th |

### Urgent & Emergency Care/Acute Medicine

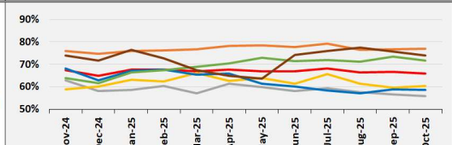
**Number of ambulance patient handovers within 15 minute (please note benchmark for handover within 45 minutes is not yet available)**




November 2025

| Health Board | Compliance | Rank |
|---|---|---|
| **CTM** | **65.2%** | **1st** |
| HDda | 42.2% | 2nd |
| SB | 40.5% | 3rd |
| AB | 24.4% | 4th |
| C&V | 17.9% | 5th |
| BCU | 9.4% | 6th |

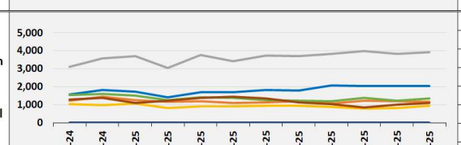
**% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge**




October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| Powys | 100.0% | 1st |
| AB | 76.9% | 2nd |
| SB | 73.9% | 3rd |
| HDda | 71.6% | 4th |
| C&V | 60.3% | 5th |
| **CTM** | **58.7%** | **6th** |
| BCU | 55.9% | 7th |

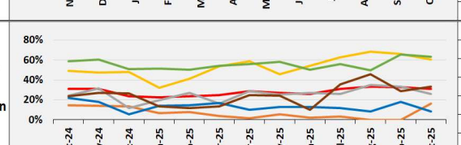
**Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge**




October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| Powys | 0 | 1st |
| C&V | 953 | 2nd |
| SB | 1,091 | 3rd |
| AB | 1,161 | 4th |
| HDda | 1,354 | 5th |
| **CTM** | **2,029** | **6th** |
| BCU | 3,911 | 7th |

**% of applicable stroke patients admitted to Acute Stroke Unit within 4 hours**

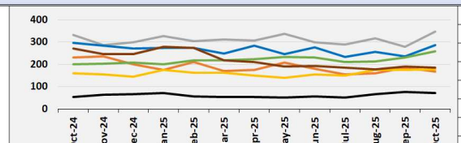



October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| HDda | 63.0% | 1st |
| C&V | 60.4% | 2nd |
| SB | 33.3% | 3rd |
| BCU | 25.9% | 4th |
| AB | 16.3% | 5th |
| **CTM** | **8.5%** | **6th** |

### Pathways of Care Delayed Discharges

**Number of Pathways of Care Delayed Discharges**

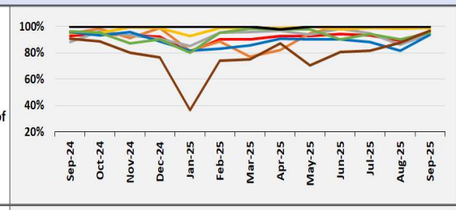



October 2025

| Health Board | Compliance | Rank |
|---|---|---|
| SB | 71 | 1st |
| AB | 167 | 2nd |
| C&V | 177 | 3rd |
| Powys | 186 | 4th |
| HDda | 258 | 5th |
| **CTM** | **287** | **6th** |
| BCU | 347 | 7th |

### Mental Health Services

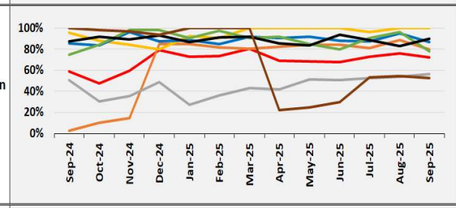
**% of assessments undertaken by LPMHSS within 28 days of receipt of referral (CAMHS)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| SB | 100.0% | 1st |
| AB | 98.7% | 2nd |
| C&V | 98.7% | 3rd |
| Powys | 96.8% | 4th |
| HDda | 95.2% | 5th |
| BCU | 94.2% | **6th** |
| CTM | 94.1% | 7th |

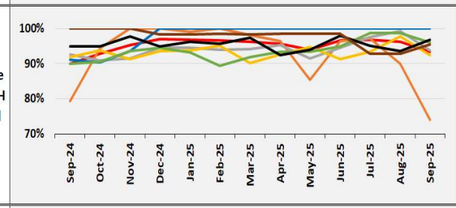
**% of therapeutic intervention started within 28 days following an assessment by LPMHSS (CAMHS)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| C&V | 100.0% | 1st |
| SB | 90.0% | 2nd |
| CTM | 86.6% | 3rd |
| AB | 80.0% | 4th |
| HDda | 77.8% | 5th |
| BCU | 56.3% | **6th** |
| Powys | 52.4% | 7th |

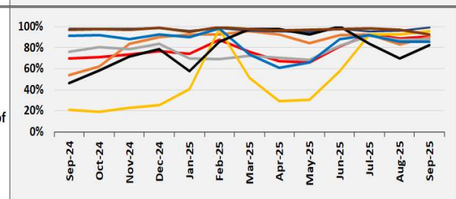
**% of HB residents who are in receipt of secondary MH services who have a valid CTP (CAMHS)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| CTM | 100.0% | 1st |
| SB | 96.8% | 2nd |
| HDda | 96.1% | 3rd |
| Powys | 95.4% | 4th |
| BCU | 93.8% | 5th |
| C&V | 92.5% | **6th** |
| AB | 74.0% | 7th |

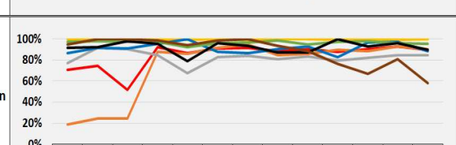
**% of assessments undertaken by LPMHSS within 28 days of receipt of referral (Adults)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| HDda | 99.0% | 1st |
| C&V | 95.9% | 2nd |
| Powys | 92.9% | 3rd |
| AB | 90.2% | 4th |
| BCU | 88.5% | 5th |
| CTM | 85.8% | **6th** |
| SB | 82.4% | 7th |

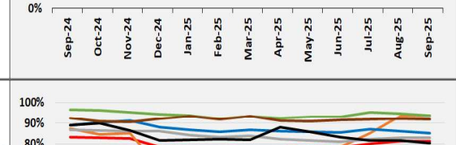
**% of therapeutic intervention started within 28 days following an assessment by LPMHSS (Adults)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| C&V | 99.6% | 1st |
| HDda | 95.4% | 2nd |
| AB | 90.3% | 3rd |
| SB | 89.6% | 4th |
| CTM | 88.8% | 5th |
| BCU | 84.6% | **6th** |
| Powys | 58.1% | 7th |

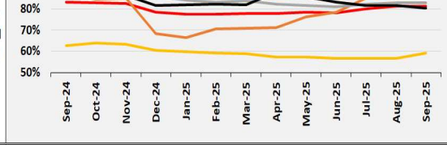
**% of HB residents who are in receipt of secondary MH services who have a valid CTP (Adults)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| AB | 93.6% | 1st |
| HDda | 93.6% | 2nd |
| Powys | 91.7% | 3rd |
| CTM | 85.2% | 4th |
| BCU | 82.8% | 5th |
| SB | 80.4% | **6th** |
| C&V | 59.1% | 7th |

**% of patients waiting less than 26 weeks to start a Psychological Therapy**

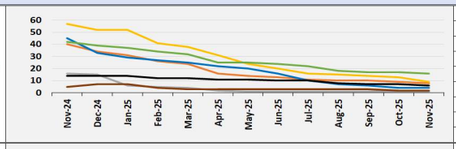



September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| SB | 88.6% | 1st |
| C&V | 73.4% | 2nd |
| BCU | 69.8% | 3rd |
| AB | 54.0% | 4th |
| HDda | 52.1% | 5th |
| CTM | 49.1% | **6th** |
| Powys | 42.4% | 7th |

### Safe Services

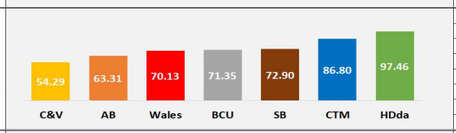
**Number of National Reportable incidents that remain open 90 days or more**




November 2025

| Health Board | Compliance | Rank |
|---|---|---|
| BCU | 1 | 1st |
| SB | 2 | 2nd |
| **CTM** | **4** | **3rd** |
| Powys | 6 | 4th |
| AB | 8 | 5th |
| C&V | 9 | 6th |
| HDda | 16 | 7th |

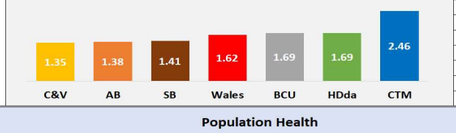
**Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli**




Apr to Dec 2025

| Health Board | Compliance | Rank |
|---|---|---|
| C&V | 54.29 | 1st |
| AB | 63.31 | 2nd |
| BCU | 71.35 | 3rd |
| SB | 72.90 | 4th |
| **CTM** | **86.80** | **5th** |
| HDda | 97.46 | 6th |

**Crude Mortality Rute (Acute Hospitals)**

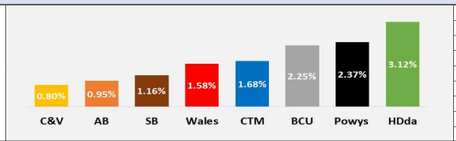



(Rolling 12 month) Nov 2024 - Oct 2025

| Health Board | Compliance | Rank |
|---|---|---|
| C&V | 1.35% | 1st |
| AB | 1.38% | 2nd |
| SB | 1.41% | 3rd |
| BCU | 1.69% | 4th |
| HDda | 1.69% | 4th |
| **CTM** | **2.46%** | **6th** |

### Population Health

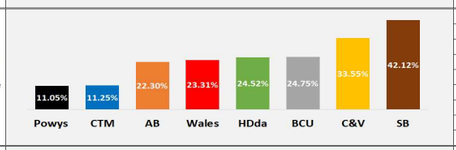
**Percentage of adult smokers who make a quit attempt via smoking cessation services**




Qtr 1 2025/26

| Health Board | Compliance | Rank |
|---|---|---|
| HDda | 3.12% | 1st |
| Powys | 2.37% | 2nd |
| BCU | 2.25% | 3rd |
| **CTM** | **1.68%** | **4th** |
| SB | 1.16% | 5th |
| AB | 0.95% | 6th |
| C&V | 0.80% | 7th |

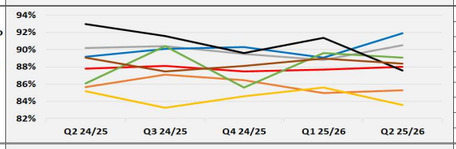
**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks**




Qtr 1 2025/26

| Health Board | Compliance | Rank |
|---|---|---|
| SB | 42.12% | 1st |
| C&V | 33.55% | 2nd |
| BCU | 24.75% | 3rd |
| HDda | 24.52% | 4th |
| AB | 22.30% | 5th |
| **CTM** | **11.25%** | **6th** |
| Powys | 11.05% | 7th |

**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)**

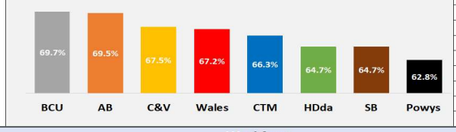



Qtr 2 2025/26

| Health Board | Compliance | Rank |
|---|---|---|
| **CTM** | **91.9%** | **1st** |
| BCU | 90.5% | 2nd |
| HDda | 89.1% | 3rd |
| SB | 88.4% | 4th |
| Powys | 87.6% | **5th** |
| AB | 85.3% | 6th |
| C&V | 83.6% | 7th |

**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over**

**(2025/26 Flu season)**



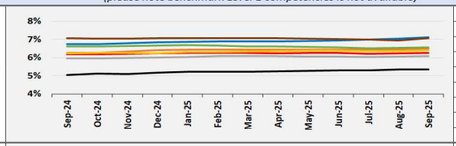

as at 18th December 2025

| Health Board | Compliance | Rank |
|---|---|---|
| BCU | 69.7% | 1st |
| AB | 69.5% | 2nd |
| C&V | 67.5% | 3rd |
| **CTM** | **66.3%** | **4th** |
| HDda | 64.7% | 5th |
| SB | 64.7% | 6th |
| Powys | 62.8% | 7th |

### Workforce

*(please note benchmark Level 1 competencies is not available)*

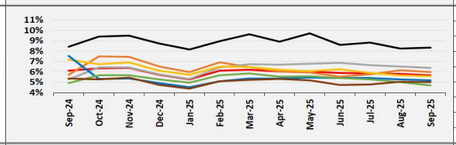
**% of sickness absence rate of staff**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| Powys | 5.3% | 1st |
| BCU | 6.1% | 2nd |
| C&V | 6.4% | 3rd |
| AB | 6.5% | 4th |
| HDda | 6.6% | 4th |
| SB | 7.1% | 6th |
| **CTM** | **7.1%** | **6th** |

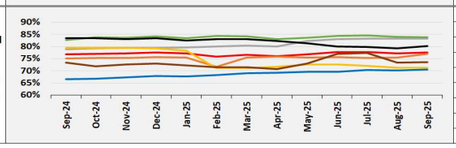
**Turnover rate for nurse & midwifery registered staff leaving NHS Wales**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| HDda | 4.7% | 1st |
| SB | 5.0% | 2nd |
| **CTM** | **5.2%** | **3rd** |
| C&V | 5.6% | 4th |
| AB | 6.0% | 5th |
| BCU | 6.4% | 6th |
| Powys | 8.4% | 7th |

**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)**




September 2025

| Health Board | Compliance | Rank |
|---|---|---|
| HDda | 83.8% | 1st |
| BCU | 83.2% | 2nd |
| Powys | 80.2% | 3rd |
| AB | 76.9% | 4th |
| SB | 73.6% | 5th |
| C&V | 71.3% | 6th |
| **CTM** | **70.6%** | **7th** |

## 3. Key Risks/Matters for Escalation

**3.1** The key risks for all areas are covered in the summary and main body of the report.

## 4. Assessment

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

| **Impact Assessment** | | |
|---|---|---|
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | | This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | Outcome: | This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge. | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision. | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board. | |

## 5. Recommendation

**5.1** The Committee is asked to **NOTE** the Integrated Performance Dashboard.

## 6. Glossary of terms

| Acronyms/Glossary of Terms | | Definition or Context |
|---|---|---|
| MDT | Multi-Disciplinary Team | Team of healthcare professionals managing patient care collaboratively |
| N&M | Nursing & Midwifery | Workforce category for nurses and midwives |
| NIAW | National Imaging Academy Wales | A training and capacity-building initiative for imaging professionals. |
| NOUS | Non-Obstetric Ultrasound | Ultrasound scans excluding obstetric cases |
| NRI | National Reportable Incident | Incidents that must be reported nationally due to severity or impact |
| PADR | Personal Appraisal Development Review | Annual staff appraisal process |
| PEF | Practice Educator Facilitator | A role supporting training and education for clinical staff |
| PET | Positron Emission Tomography | Imaging technique used in cancer diagnosis |
| RCEM | Royal College of Emergency Medicine | Professional body for emergency medicine |
| RCN | Royal College of Nursing | Professional body for nurses |
| RIS | Radiology Information System | System for managing radiology workflows |
| RTT | Referral to Treatment Times | Time from referral to the start of treatment |
| SCP | Single Cancer Pathway | National standard measuring time from suspicion to first definitive |
| SOP | Standard Operating Procedure | Step-by-step instructions for routine processes |
| SPC | Statistical Process Control | Method for monitoring performance trends and variation using statistical |
| SpR | Specialist Registrar | A doctor in specialist training |
| STAMP / OPTIMISE | STAMP / OPTIMISE | Flow improvement programmes aimed at reducing delays in emergency |
| TCI | To Come In | Scheduled admission date for a patient |
| USGI | Upper Gastrointestinal | Diagnostic investigations for upper GI tract |
| WAST | Welsh Ambulance Services NHS Trust | Provides ambulance and patient transport services |
| WLI | Waiting List Initiative | Additional sessions to reduce waiting lists |
| WPAS | Welsh Patient Administration System | Managing appointments, referrals, admissions and inpatient/outpatient |
| **Welsh Health Boards** | | |
| ABUHB | Aneurin Bevan University Health Board | |
| BCUHB | Betsi Cadwaladr University Health Board | |
| C&VUHB | Cardiff & Vale University Health Board | |
| CTMUHB | Cwm Taf Morgannwg University Health Board | |
| HDUHB | Hywel Dda University Health Board | |
| Powys THB | Powys Teaching Health Board | |
| SBUHB | Swansea Bay University Health Board | |

| Agenda Item |
| --- |
| 9.1.1 |

# Operational Delivery Committee

## Workforce Metrics Report

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Tanya Challenger, Workforce Information Manager<br>Sharon Page, Workforce Efficiency Manager<br>Emma Powell, Head of People Analytics |
| **Cyflwynydd yr Adroddiad / Report Presenter**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Natalie Price, Assistant Director, Strategic Workforce Planning. |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Hywel Daniel, Executive Director for People |

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

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

| Acronyms / Glossary of Terms | |
|---|---|
| A&C | Administrative and Clerical Staff Group |
| ACS | Additional Clinical Services Staff Group |
| AHP | Allied Health Professionals Staff Group |
| ANCIPS | Annual National Conference of Indian Psychiatric Society |
| APST | Additional Professional, Scientific, and Technical Staff Group |
| COO | Chief Operating Officer Care Group |
| C&F | Children and Families Care Group |
| C&H | Corporate and Hosted Care Group |
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| DTPS | Diagnostics, Therapies, Pharmacy and Sciences Care Group |
| E&A | Estates and Ancillary Staff Group |
| HCSW | Healthcare Support Worker |
| HS | Healthcare Scientists Staff Group |
| KPI | Key Performance Indicators |
| M&D | Medical and Dental staff group |
| MH&LD | Mental Health and Learning Disabilities Care Group |
| NMR | Nursing and Midwifery Registered staff group |
| P&C | Primary Care and Communities Care Group |
| PC | Planned Care Care Group |
| PDR | Personal Development Review |
| PST | People Services Team |
| ST | Students Staff Group |
| UC | Unscheduled Care Care Group |
| WTE | Whole Time Equivalent |

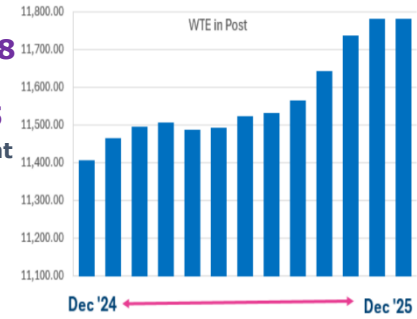
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

# December 2025 Dashboard

## GETTING THE BASICS RIGHT

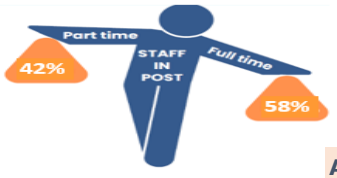
CTM employs **13,548** staff in post (SIP), equal to **11,783.35** whole time equivalent (WTE).

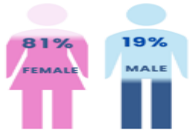
We have grown by **3.19%** (Dec 24 to Dec 25)




The biggest % increase in WTE is in Estates & Ancillary Staff Group by **7.42%** (Dec 24 to Dec 25)

**25%** of the workforce are aged 55 & over (Dec 25)




Average age is **44 years**

**43%** of Estates & Ancillary Staff Group are aged 55 & over (Dec 25)

## GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance is improving: currently **71.53%**

The target for PDR Compliance is 85%

Return to Work compliance is **60.26%** (Nov 25) which has increased slightly from **59.59%** (Nov 24)

Statutory and Mandatory Training Compliance in Dec 25 for Level 1 is **81.75%** and ALL Levels of Training is **75.08%**

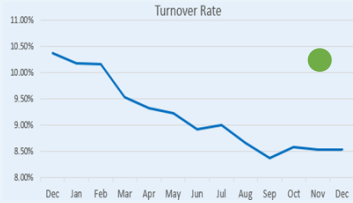
The target for all Statutory and Mandatory Compliance is 85%

Improved Performance | Static Performance | Decreased Performance

## MODERN WORKFORCE – SKILLS FOR THE FUTURE

### Staff Turnover

Rolling 12-month turnover has reduced from **10.36%** (Dec 24) to **8.54%** (Dec 25)

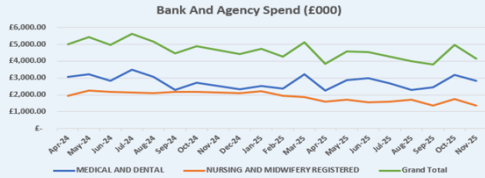



Area with the highest turnover: **Estates & Ancillary (12.07%)**

Top reasons: **Retirement Age & Voluntary Resignation**

### Bank & Agency Spend

Bank & Agency spend (Nov 25):
M&D was **£2.8m**
NMR was **£1.3m**




### Lateral Moves Scheme

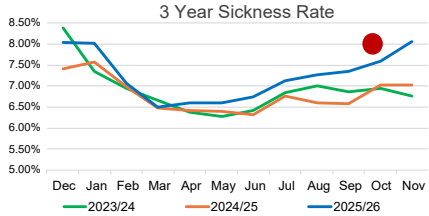
**327** eligible requests & **120** successful moves since launch (Dec 2025)

## AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **8.06%** (Nov 25) which is **948** WTE lost in month. This has increased from **7.02%** (Nov 24)
Rolling 12-month is **7.25%** (Nov 25) compared to **6.81%** (Nov 24)

**36.1%** of sickness (Nov 25 in mth) due to **Anxiety/Stress/ Depression/ other psychiatric illness**

Areas with the highest sickness: **Additional Clinical Services (10.93%)**



**Gender Pay Gap (Mar 25):**
Median Hourly Pay Gap is **12%**, which remains static
Mean Hourly Pay Gap is **27.5%**, a slight increase from last year

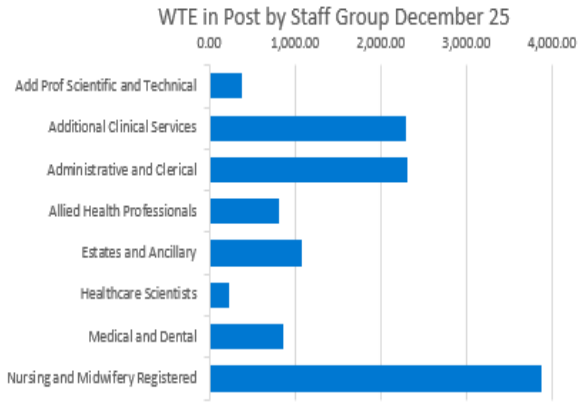
NHS Wales Staff Survey Response Rate 2025 stands at **35.6%**

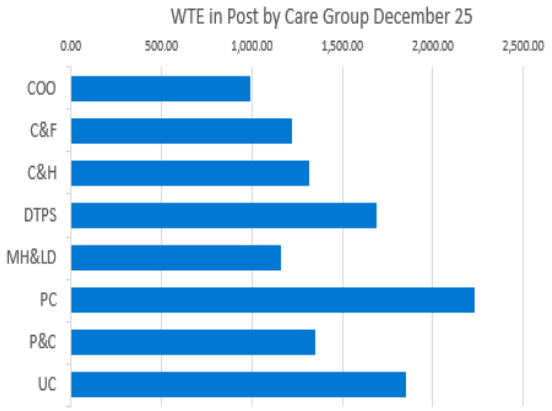
## Staff in Post

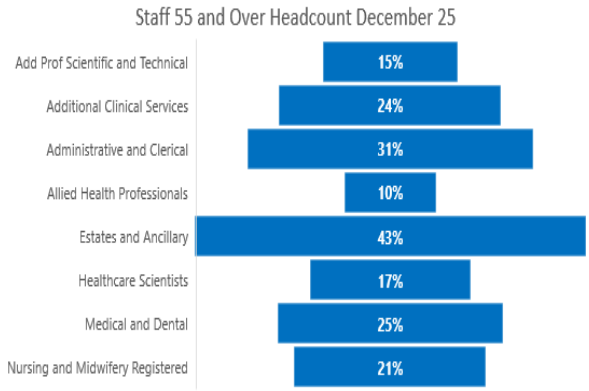
The Health Board's WTE has increased by 3.19% since December 2024: 11,407.39 WTE at the end of December 2024 to 11,783.35 WTE at the end of December 2025.

Increases have been seen in all clinical and administrative staff groups across the Health Board. In terms of headcount, the December 2025 position is 13,548 compared to 13,069 at the end of December 2024. A deeper dive has commenced to better understand the post-COVID changes to our workforce headcount/WTE.

In terms of age profile, as shown in the graph, Estates and Ancillary have the highest portion of their staff over the age of 55yrs (43%). Administrative and Clerical have the second highest proportion, closely followed by Medical and Dental and also Additional Clinical Services.



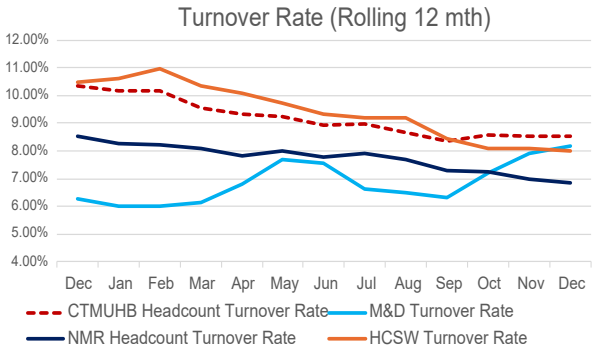



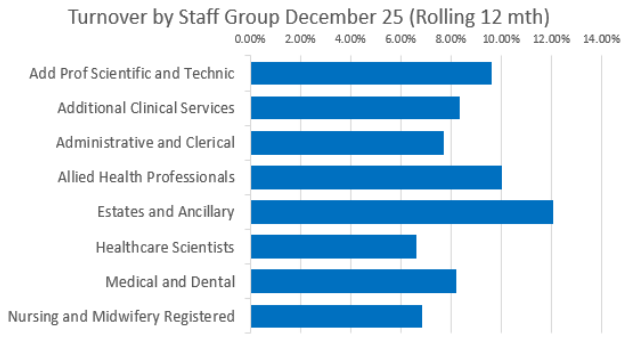




## Staff Turnover

The 12-month rolling turnover has continued to reduce from 10.36 % at the end of December 2024 to 8.54% at the end of December 2025. This downwards trend is reflected in the Nursing and Midwifery Registered staff group, however the Medical and Dental turnover has increased slightly. Healthcare Support Worker (HCSW) turnover, whilst on a reducing trajectory, remains high at 8.04% at the end of December 2025.

The staff group with the highest turnover is currently Estates and Ancillary with 12.07%. This is a decrease from 19.19% in December 2024. 34% of the leavers for all staff groups in the report period (January 2025 to December 2025) were due to retirement. As noted above, 43% of Estates and Ancillary are aged 55 and over and 55% of leavers within this staff group were due to retirement.



## Sickness Absence

The rolling twelve-month sickness rate to November 2025 is 7.25% and is slightly higher than the equivalent rolling 12-month period of the previous year (6.81%). The in-month November sickness rate is 8.06% (948 WTE Lost) which is higher than November 2024 (7.02%).

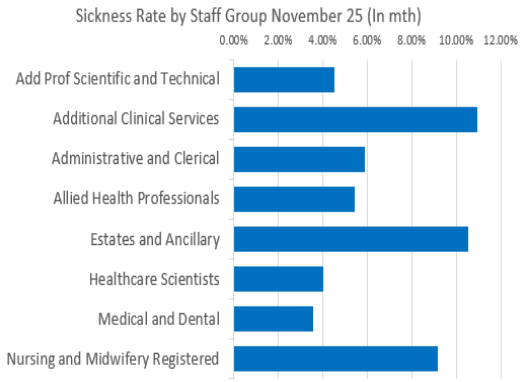
An internal target to reduce the rolling 12-month sickness absence by 1% by October 2026 has been agreed, with Care/Service Groups allocated a local target proportionate to their absence rate. The baseline for the reduction target is the July 2025 rolling twelve-month rate of 6.98% (to reduce to 5.98% by October 2026).

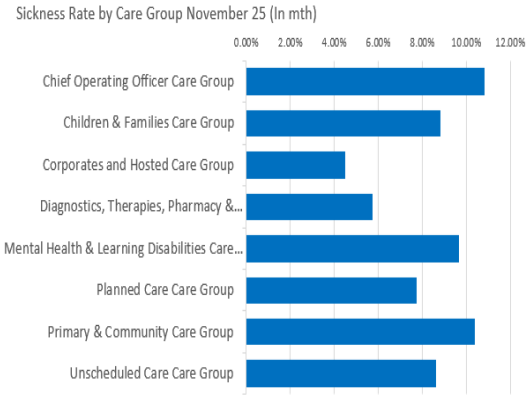
A Health and Wellbeing Campaign (with action plan) has been launched, alongside engagement with trade union colleagues, at Executive, Committee and Operational meetings and staff and management communication. The plan focuses on four key areas: Management Tools, Systems and Reporting, Governance and Assurance and Healthy Work Environments. A new Employee Experience and Wellbeing Sharepoint page has also been developed for management tools and updates.

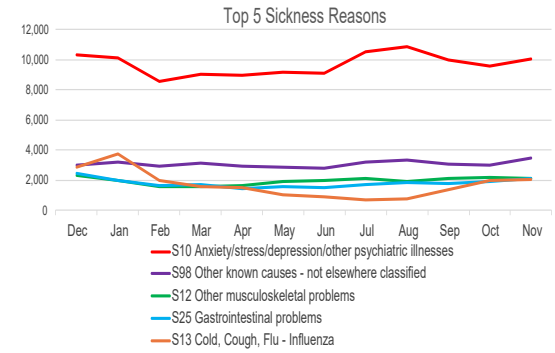
A key focus of the plan is return to work interview compliance – this is currently at 60.34% for October 2025, a slight increase from 58.74% for October 2024.

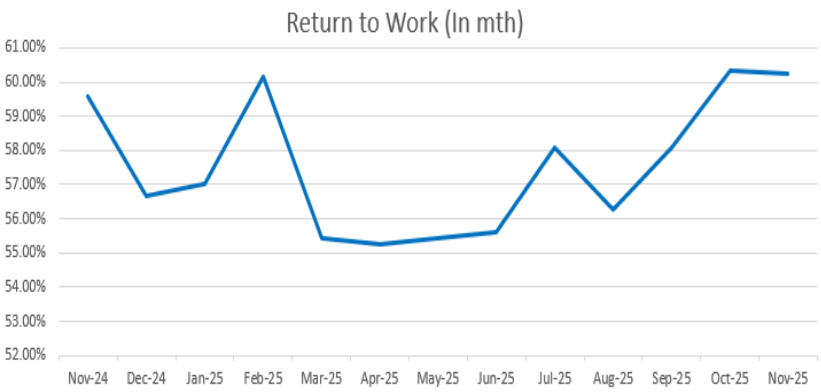
Initial priority areas under the Health and Wellbeing action plan include:

- Setting Care/service group targets.
- Dashboard rollout and training (familiarisation already undertaken)
- Internal advisory audit into the recording of Medical and Dental sickness absence commenced. This is likely to result in an increase in absence rates initially.
- All absences of 12 months plus in duration have plans in place as at December 2025.
- Further development of the Managing Attendance at Work training course for roll out from February 2026.
- Development of three manager guides for Sickness absence recording, RTW and long-term sickness management
- Occupational Health feedback survey and focus groups planned for January 2026



## PDR – Your Conversation

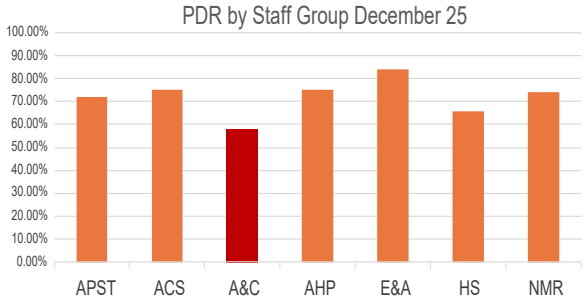
PDR – *Your Conversation* compliance rates continue to improve, with an overall compliance rate of 71.53% as at December 2025.

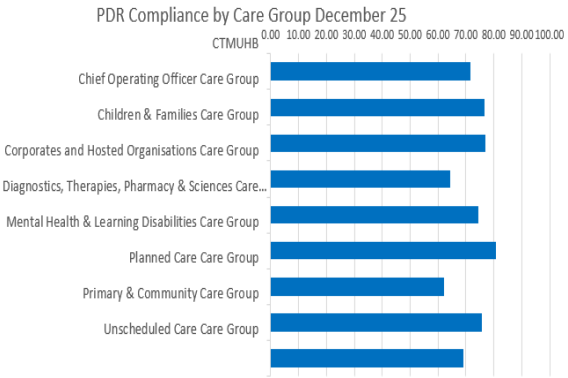
Although this remains below the 85% target, work is underway to maintain these improvements, whilst continuing targeted work to improve engagement in areas where compliance is lowest.

After a series of interventions following the Internal Audit Report, a summative analysis has found that significant improvements have been made where People Directorate support has been focussed – e.g., Facilities compliance rising from 57.5% to 79.02% since August 2025.

With the Internal Audit Report activities now formerly closed, a number of activities are being carried over into work plans in order to build upon these improvements in 2026:

- Continue quarterly reporting on lowest compliance areas and those where the greatest number of staff have never had a PDR. These can then be targeted via the Heads/ Deputy Heads of People.
- Conduct PDR quality audits, working with management teams to establish how meaningful development conversations are.
- Embed PDR training into the new Ignite Management Essentials development offer.




## M&D Bank and Agency Spend

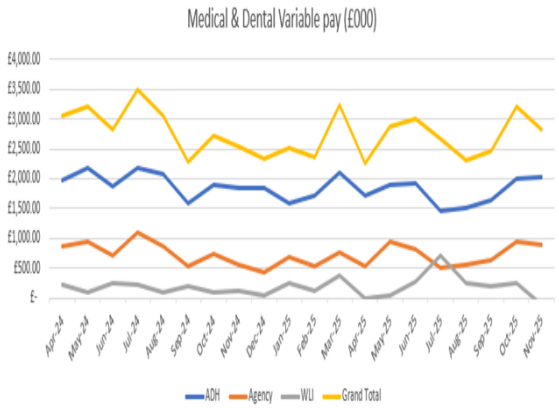
Medical Spend (Bank and Agency) was £2.5m in November 2024 (compared to 2.8m in month in November 2025).

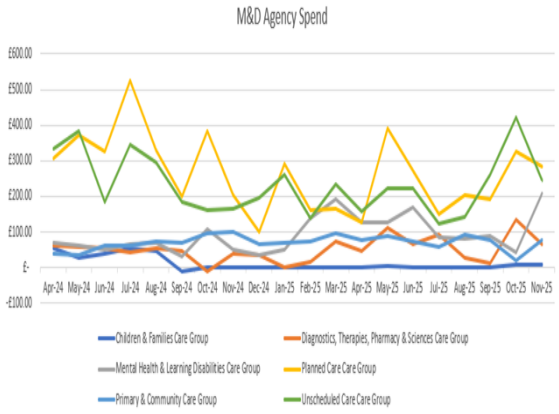
In regard to medical agency spend the current year end forecast is for a broadly similar spend this year compared to £9.1m in 2024/2025 .

Linked to the Savings Delivery Plan, significant work is underway to improve data and reporting via our workforce systems.

Other key areas of work:

- A tender exercise is underway for a managed service to support bank and agency provision. A new tender specification and KPIs have been designed to support increases in productivity & efficiency
- Progress updates, oversight and exit plans for high-cost agency locums are now produced and reviewed at Medical Workforce Productivity Programme Delivery Group.
- International Medical Recruitment remains underway, e.g., ANCIPs, NWSSP overseas recruitment programme in place for 2025/26. A further request for 3 Consultants (2 x Psychiatry and 1 x Haematology) submitted for WG funding for 2026/27 as hard to fill posts.
- Establishment reporting has enabled a more accurate understanding of medical vacancies, with targeted efforts to reduce usage of long- term agency locums and provide bespoke Recruitment support to identified posts.
- We continue to use the reduced ADH rate cap escalation rates that were introduced in the Summer (up to 5% can be authorised by the Care Group Leadership team, to a maximum of 10% via the Medical Director's office).
- SAS doctors – CTM regrading process agreed between Finance, People and EMD office. 11 regrading applications have been received in CTM, representing over half of the total applications in Wales. As these applications are being assessed, the process is being refined. A full review of the process will take place in February 2026 by which time the assessment of these applications will be completed.
- There has been an increase in job planning compliance from 35% in December 2024 to 44% in November 2025, with plans in place and monitored via the Medical Workforce Productivity Programme Delivery Group.
- Plans are underway but locally and nationally to prepare for Resident Doctor contract reform. The first meeting of the CTM Implementation Group took place on 31 December 2025.



## Nursing and Midwifery Bank and Agency Spend

Nursing Spend (Bank and Agency) was £1.3m in November 2025 compared to £2.1m in November 2024.

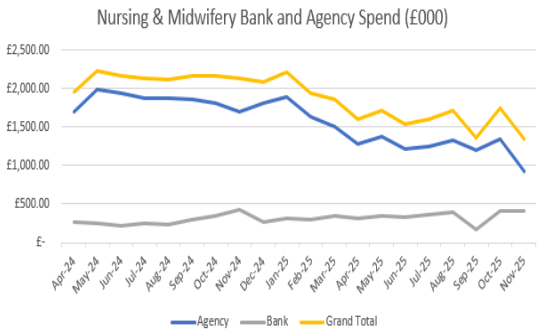
Of note, hourly agency rates for RN shifts were reduced following the renewed All Wales Consolidated Agency Contract March 2025. Dependent on shift type, the hourly rate was reduced between £4.92 to £9.72 on all RN shifts. These hourly rates will remain until contract renewal. This has contributed to a forecast 33% year end reduction in spend on agency compared to £21.5m in 2024/25.

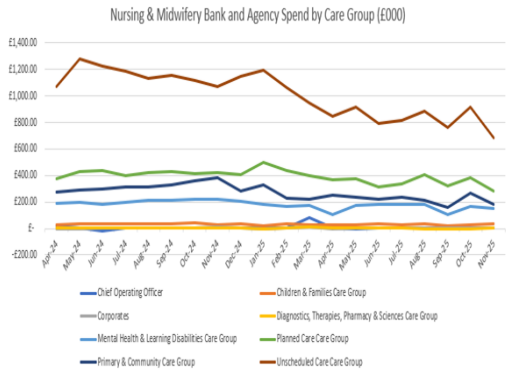
Work on Healthroster continues to ensure that the system is meeting the needs of the Health Board for data reporting, whilst promoting interoperability across other workforce systems, and core system functionality to support the Nurse Productivity Programme as part of the Savings Delivery Programme.

The work needed to improve data quality and functionalities of our workforce systems is being undertaken at pace to ensure we better understand and react to our workforce challenges. This will enable future metrics reporting and help to provide better insights and analysis around our high-cost temporary usage and spend. The optimisation not only focuses on system functionalities but is addressing behaviour and poor practices.

Further work being undertaken includes:

- We continue to drive the Nursing and Midwifery retention plan to support a reduction in turnover. Nursing and Midwifery turnover rates continue to reduce as outlined earlier in the report.
- As of 1st December 2025, agency use for registered nurses/midwives is by exception only (A manager completes an escalation form for Nurse Director approval, then Bank office manually cascade to agencies).
- Bank Modernisation plan: Bank recruitment process have been reviewed and are in line with All Wales recruitment Process and streamlining of PECs ensuring compliance with legal requirements
- Management of ongoing risk related to available resources and budget constraints to provide induction training for individuals who wish to join the bank (both RN and HCSW recruitment).
- Roll out of the All-Wales Bank Agenda for Change Terms of Engagement has been paused due to All Wales discussions around training and pay arrangements.
- CTM is actively engaging with the All-Wales student streamlining recruitment of student nurses/midwives to maximise the opportunity to fill vacancies. Nurse Directors and Heads of Nursing are looking to maximise opportunities for students whilst balancing the skill mix to ensure stability and positive patient experiences.
- Work around the N&M establishment has commenced. This will allow a more rounded view on staffing, alongside turnover and absence.
- Development of the Nursing Academy will raise the profile of career profiles and opportunities for N&M.
- HCSW Band 2/ Band 3: The Staff Bank is actively engaged with this work as it will impact on existing and new bank workers. There will also be impacts on rostering and roster templates once the way forward is agreed.



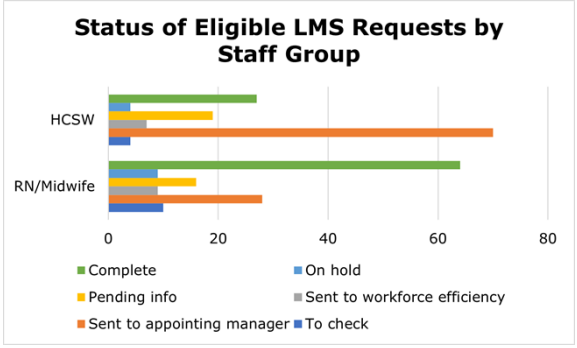
## Lateral Moves Scheme

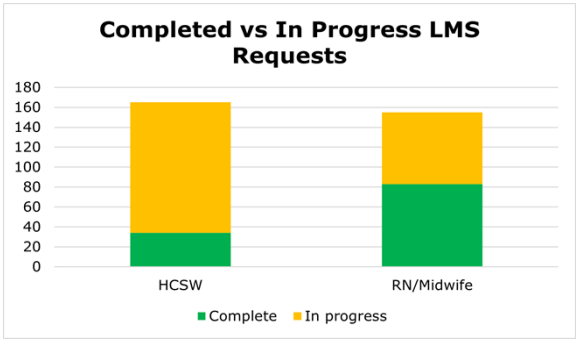
As of the 1st of December 2025, 327 eligible transfer requests have been received since launch in Feb 2024 (61 of these were withdrawn). Of these requests, 156 are from Registered Nurses and 166 from Healthcare Support Workers. To date, 120 staff have transferred successfully (37% of active requests), with the remainder still active in the process.

CTM's Lateral Moves Scheme successfully re-launched after a comprehensive review, on the 9th of December 2025 and expanded to include Band 3 Healthcare Support Workers alongside the current eligibility criteria (Band 2 Healthcare Support Workers and Band 5 Registered Nurses and Midwives). This has been well received by key stakeholders.

This data does not include any Band 3 requests as it pre-dates the re-launch, but these will form part of the dataset from January 2026 onwards.

Further engagement sessions are planned for the New Year, with the hopes to return to LPF with an updated dataset towards the end of the financial year.



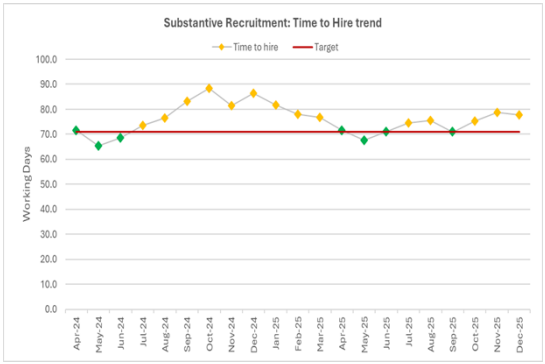

## Recruitment

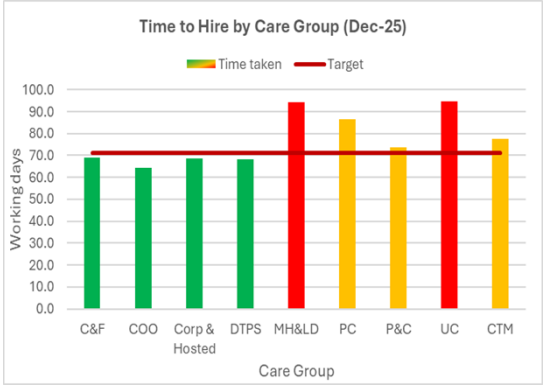
The recruitment time to hire (vacancy creation to unconditional offer) for December 2025 was 77.8 days against a target of 71 days, and for this year to date it is 73.6 days. This is a combined position for all substantive Agenda for Change and Medical and Dental recruitment.

There remains scope for improvement in the time taken to shortlist posts. Care Group focussed recruitment performance reporting is in place, with performance data shared monthly with the Senior Leadership teams.

Key recruitment focussed work streams currently underway include:

- Embedding the Attraction and Resourcing Working Group, which is prioritising an increased social media presence, work with local partners to raise visibility of vacancies (including job/career fair attendance) and developing and promoting our employer brand.
- Work is underway to prepare for Fairs across our localities during Careers Week at the start of March.
- A number of listening events have now been held with various groups across the Health Board. Feedback is currently being collated, an initial FAQ document and potentially a myth busting flyer are in development, followed by a more in-depth review of the outputs.
- 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 and hoping to include some M&D posts in coming months.
- International recruitment – we have recruited 2 Specialty Doctors from the Annual National Conference of Indian Psychiatric Society (ANCIPS) into our Mental Health and Learning Disabilities Care Group. The Pathology team have recruited a portfolio pathway doctor for Haematology who is currently undergoing recruitment checks. Searches are underway to support further Welsh Government supported international recruitment to Consultant and Specialty grade posts with a potential overseas event around February/March.



## 1. Key Risks / Matters for Escalation

1.1 Significant work involved in the tender process and then need to transition to another M&D Bank and Agency managed service provider. This project recognises the need for a robust tender exercise and implementation plan to ensure a smooth transition and built on lessons learnt from the exit from the previous system.

1.2 Scope and breadth of work to support improved workforce systems functionalities, which underpins the data required to inform our workforce risk and opportunities with more robust controls and enabling better informed workforce decisions.

## 2. Assessment

| **Objectives / Strategy** | | |
|---|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Improving Care | |
| | If more than one applies, please list below: Sustaining Our Future | |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable | |
| | If more than one applies, please list below: | |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Healthier Wales | |
| | If more than one applies, please list below: | |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Data to Knowledge | |
| | If more than one applies, please list below: | |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Efficient | |
| | If more than one applies, please list below: | |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable | |
| | If more than one applies, please list below: | |
| **Impact Assessment** | | |
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* | Yes: ☐ | No: ☒ |
| | Outcome: | If no, please include rationale below: |

| | | |
|---|---|---|
| **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | | Paper is for the presentation of metrics data only |
| **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):<br><br>NEUTRAL<br><br>Outcome for Welsh Language (delete as appropriate):<br>NEUTRAL | If no, please include rationale below:<br>The report covers the presentation of workforce related data, there is no policy or service change included. |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report. | |
| | | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report. | |
| | | |

## 3. Recommendation

3.1 Discuss the report and associated metrics and report and **NOTE** the detail.

3.2 Feedback on the reporting, in terms of metrics that need/do not need to be included to feed into the metrics review programme of work.

## 4. Next Steps

4.1 Work is ongoing to review our people data & metrics to ensure that we produce quality, accessible metrics that inform and drive the delivery of the ambitions articulated within our People plan. Further updates will be provided as this work progresses.

| Agenda Item |
| --- |
| 9.2 |

# Operational Delivery Committee

## Facilities Performance Report

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Stephen Gardiner, Facilities Services Director |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Gethin Hughes, Chief Operating Officer |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Gethin Hughes,<br>Chief Operating Officer |

| | |
| --- | --- |
| **Pwrpas yr Adroddiad / Report Purpose** | FOR NOTING |

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| | | |

| **Acronyms / Glossary of Terms** | |
| --- | --- |
| CTM | Cwm Taf Morgannwg |
| EFPMS | Estates and Facilities Performance Monitoring System |
| SLT | Senior Leadership Team |
| FLPF | Facilities Local Partnership Forum |
| DGH | District General Hospital |
| POW | Princess of Wales Hospital |
| PCH | Prince Charles Hospital |
| KPI | Key Performance Indicator |
| FSA | Food Safety Agency |

| | |
|---|---|
| HPV | Hydrogen Peroxide Vapour |

**FACILITIES PERFORMANCE REPORT**

## 1. SITUATION/BACKGROUND

The purpose of this report is to provide the Operational Delivery Committee with an overview of the performance of the Facilities Services Directorate, including the following;

- Workforce performance;
- Directorate Performance monitoring framework;
- 2024/25 All-Wales national key performance indicators (EFPMS);

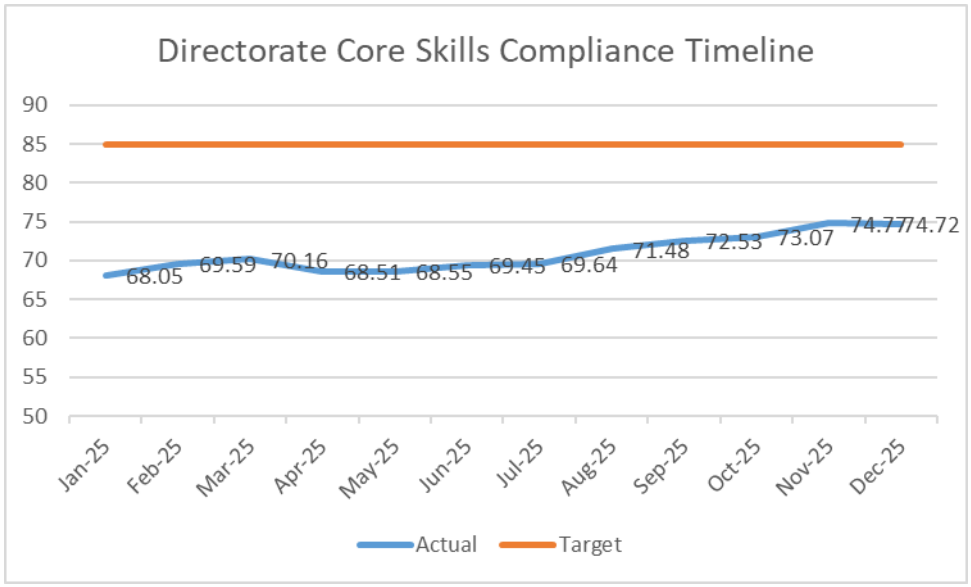
## 2. WORKFORCE PERFORMANCE

The Facilities Directorate regularly report on key workforce performance indicators through a number of forums, including:

- Facilities Senior Leadership Team (SLT)
- Facilities Performance Group
- Facilities Local Partnership Forum (FLPF)
- Operational Management Board (OMB)

### 2.1 Statutory Training Compliance

Over the last 12 months the Directorate compliance for core skills (statutory and mandatory) training has increased from 68.05% to 74.72%. This is a considerable achievement in view of the number of new starters across all teams following our recruitment activity.




The table below provides an overview of compliance for all modules that

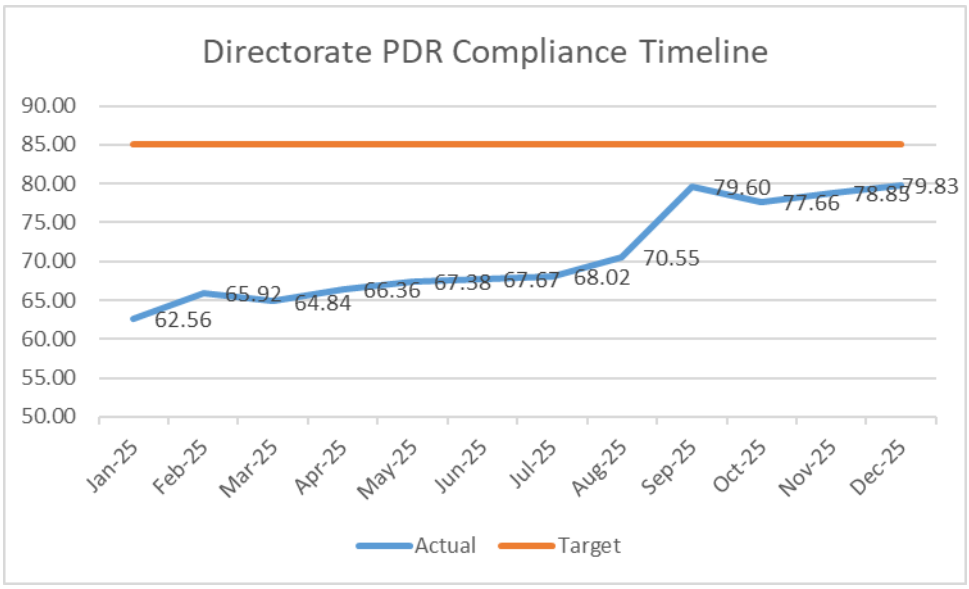
form part of the core skills training subjects.

| UHB | Null | Subject | Headcount | Competencies Required | Competencies In-date | Compliance % |
|---|---|---|---|---|---|---|
| 110 Cwm Taf Morgannwg University Health Board | | Equality, Diversity & Human Rights (1) | 1198 | 1198 | 900 | 75.13% |
| | | Fire Training (6) | 1198 | 2567 | 1834 | 71.45% |
| | | Health, Safety and Welfare (3) | 1198 | 1228 | 924 | 75.24% |
| | | Infection Prevention and Control (2) | 1192 | 1193 | 968 | 81.14% |
| | | Information Governance (1) | 1198 | 1198 | 894 | 74.62% |
| | | Moving & Handling (4) | 1198 | 2393 | 1672 | 69.87% |
| | | Resuscitation (7) | 1195 | 1195 | 896 | 74.98% |
| | | Safeguarding Adults (3) | 1175 | 1175 | 874 | 74.38% |
| | | Safeguarding Children (2) | 1050 | 1050 | 769 | 73.24% |
| | | Violence & Aggression (8) | 1193 | 1374 | 1157 | 84.21% |

Moving forward, the teams have been tasked to further increase compliance so that we achieve the UHB target of 85%.

## 2.2 PADR Compliance

The Facilities service teams have focused on ensuring all staff within the Directorate have an annual PADR conversation. Over the last 12 months, compliance for PADRs has increased from 62.56% to 79.83%. The teams have been tasked with achieving and maintaining the UHB target of 85%.




To support the teams to hold meaningful conversations with staff within our workforce, the PADR template was reviewed and amended to focus on key topics that are important to our staff, such as wellbeing, what has gone well, development opportunities (if of interest) and any further support required to enable staff to work well. This shortened template was shared with colleagues in People Services and Staff Side for approval and after a short pilot within the PCH facilities team, it has been rolled out across the Directorate. The impact has been positive, not only on compliance but has also improved the quality of these conversations and staff engagement.

## 2.3 Recruitment and retention

Over the last 12 months the Facilities team have worked tirelessly to fill vacant posts and move towards full establishments across all teams and services. This has not only reduced the financial burden of overtime and agency use, but it has also had a positive impact on staff wellbeing.

The table below provides a monthly summary of the recruitment activity within Facilities from April to December 2025.

| Facilities Directorate - Recruitment Volumes and Performance | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Recruitment Volumes | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | YTD Total |
| Number of Vacancies Raised | 31 | 29 | 25 | 51 | 44 | 34 | 29 | 23 | 32 | 298 |
| Number of WTE Raised | 40.17 | 40.09 | 26.11 | 57.46 | 48.06 | 39.04 | 36.94 | 25.25 | 45.07 | 358.19 |
| Number of posts advertised | 21 | 14 | 14 | 28 | 25 | 26 | 12 | 12 | 20 | 172 |
| Number of WTE advertised | 29.10 | 17.71 | 11.69 | 27.30 | 24.78 | 29.25 | 9.13 | 8.53 | 29.18 | 186.67 |
| Number of applications | 294 | 339 | 229 | 525 | 379 | 410 | 171 | 217 | 274 | 2838 |
| Number of applicants moved to interviews | 121 | 149 | 64 | 158 | 106 | 176 | 66 | 53 | 93 | 986 |
| Number of applicants moved to Offer | 32 | 38 | 25 | 15 | 34 | 46 | 29 | 15 | 15 | 249 |
| Number of Conditional Offers Sent | 31 | 32 | 22 | 16 | 31 | 42 | 22 | 9 | 13 | 218 |
| Number of Occupational Health Clearances Received | 33 | 31 | 28 | 16 | 30 | 38 | 25 | 11 | 17 | 229 |
| Number of DBS Checks | 31 | 26 | 25 | 20 | 18 | 30 | 30 | 13 | 15 | 208 |
| Number of Start Dates Requested | 29 | 34 | 18 | 23 | 17 | 30 | 35 | 16 | 20 | 222 |

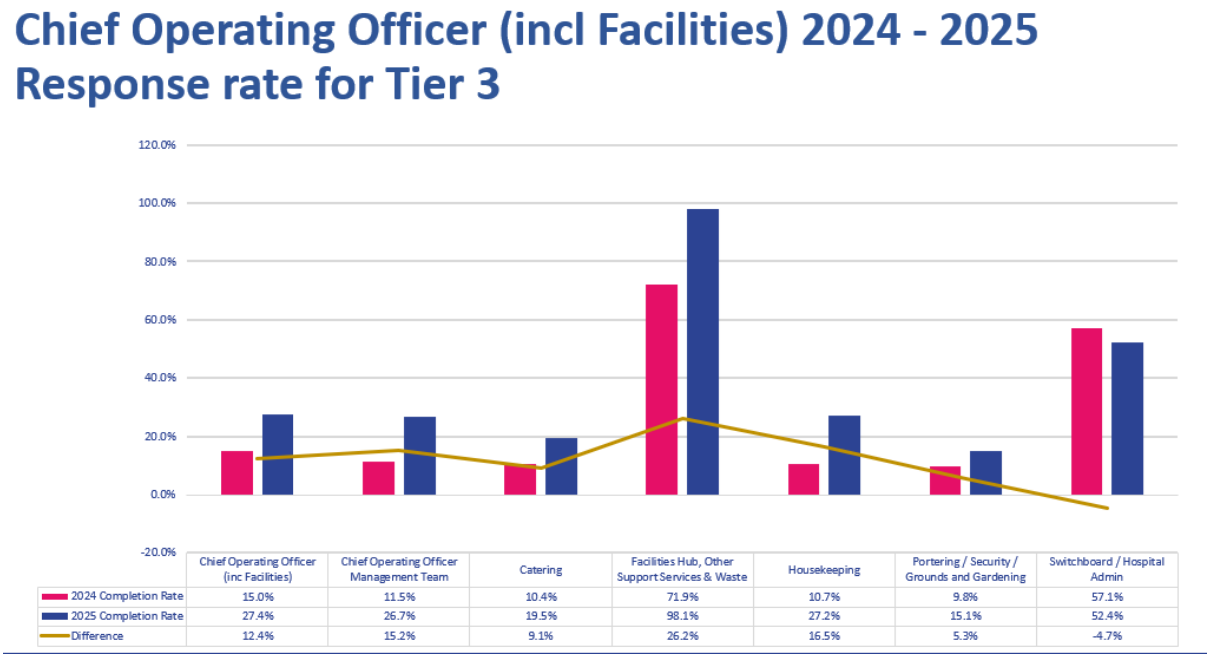
The table below summarises key recruitment and retention information for the team. Over the 12 months, we have successfully recruited 280 new colleagues equating to 181.17 WTE.

| FACILITIES RETENTION INFORMATION | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2025 / 01 | 2025 / 02 | 2025 / 03 | 2025 / 04 | 2025 / 05 | 2025 / 06 | 2025 / 07 | 2025 / 08 | 2025 / 09 | 2025 /10 | 2025 / 11 | 2025 / 12 |
| Headcount | 1,035 | 1,041 | 1,048 | 1,077 | 1,107 | 1,118 | 1,129 | 1,137 | 1,138 | 1,192 | 1,197 | 1,204 |
| Leavers Headcount | 11 | 7 | 16 | 6 | 13 | 16 | 11 | 11 | 18 | 13 | 10 | 10 |
| Starters Headcount | 17 | 15 | 21 | 38 | 40 | 26 | 25 | 17 | 21 | 24 | 17 | 15 |
| Turnover Rate (Headcount) | 0.98% | 0.62% | 1.42% | 0.53% | 1.15% | 1.42% | 0.98% | 0.98% | 1.60% | 1.10% | 0.84% | 0.84% |
| FTE | 784.74 | 788.89 | 789.84 | 809.02 | 827.96 | 832.54 | 837.91 | 843.25 | 841.98 | 887.48 | 889.66 | 896.16 |
| Leavers FTE | 9.00 | 5.51 | 12.65 | 5.27 | 9.95 | 12.81 | 6.73 | 6.81 | 13.47 | 7.84 | 8.01 | 6.75 |
| Starters FTE | 10.71 | 9.00 | 11.69 | 27.57 | 25.86 | 15.53 | 15.01 | 11.21 | 13.32 | 16.52 | 9.69 | 12.02 |
| Turnover Rate (FTE) | 1.08% | 0.66% | 1.51% | 0.63% | 1.19% | 1.53% | 0.80% | 0.81% | 1.61% | 0.89% | 0.91% | 0.76% |

To support the recruitment work, people services developed a bespoke recruitment platform, whereby several vacancies were advertised via health board social media. In addition, one off events were held for interested applicants to meet the teams and have an operational tour of departments followed by a short values based interview. These events have been considered hugely successful and will likely continue as part of our ongoing recruitment strategies.

2.4 Staff Engagement / Staff Survey

The graph below shows an improvement within the facilities areas compared with the responses in the 2024 survey;




| | Chief Operating Officer (inc Facilities) | Chief Operating Officer Management Team | Catering | Facilities Hub, Other Support Services & Waste | Housekeeping | Portering / Security / Grounds and Gardening | Switchboard / Hospital Admin |
|---|---|---|---|---|---|---|---|
| 2024 Completion Rate | 15.0% | 11.5% | 10.4% | 71.9% | 10.7% | 9.8% | 57.1% |
| 2025 Completion Rate | 27.4% | 26.7% | 19.5% | 98.1% | 27.2% | 15.1% | 52.4% |
| Difference | 12.4% | 15.2% | 9.1% | 26.2% | 16.5% | 5.3% | -4.7% |

As a team we have made progress in completing actions identified to address feedback provided in the 2024 staff survey. This includes:

- Increased staff engagement through the reintroduction of a quarterly Facilities newsletter
- Staff recognition and award scheme with a 'Star of the month' award winner and all staff nominated receiving a personalised thank you card
- Recruitment to fill vacancies reducing the burden to staff and investing in our teams
- Implementation of meaningful PADR conversations for all staff via revised template
- Development of respectful behaviours at work workshops to improve culture of our teams

## 3. DIRECTORATE PERFORMANCE MONITORING FRAMEWORKS

As part of the internal directorate scrutiny arrangements, a performance monitoring framework was implemented in March 2025, and all service leads are required to report service-related quality and governance performance against agreed key indicators. The table below provides a summary of the monthly reports included in the performance framework. These KPI's are shared with the Executive lead for facilities and the wider Executive team:

| Section | Key Indicators |
|---|---|
| Overview | • Service Highlights<br>• Good news information<br>• Staff engagement activity |
| Workforce information | • Sickness management<br>• Recruitment/retention<br>• Compliance – Core Skills Training & PADR<br>• Workforce Processes (E.G. Disciplinary) |
| Cleaning Services | • Cleanliness audit scores by risk rating<br>• Number of audits completed<br>• HPV cleans requested<br>• UVa Cleans requested |
| Catering Services | • Central Production Unit (CPU) Production information<br>• FSA food rating scores<br>• Retail catering income against targets |
| Waste Services | • Breakdown of waste across all streams<br>• % waste disposed against WG targets e.g. tiger and recycling |
| Switchboard | • Call Volume analysis<br>• Call wait times |
| Post Services | • Mail Volume by service (Royal Mail/Whistle)<br>• Mail service highest users<br>• Performance against budget |
| Taxi Services | • Taxi service highest users<br>• Performance against budget |
| Porter Services | • Task breakdowns by type/department<br>• Response time analysis |
| Security Services | • Task breakdowns by type/department<br>• Response time analysis<br>• Alarm activations<br>• Car Parking and PCN data |
| Grounds and Gardens | • Planned and completed task analysis |

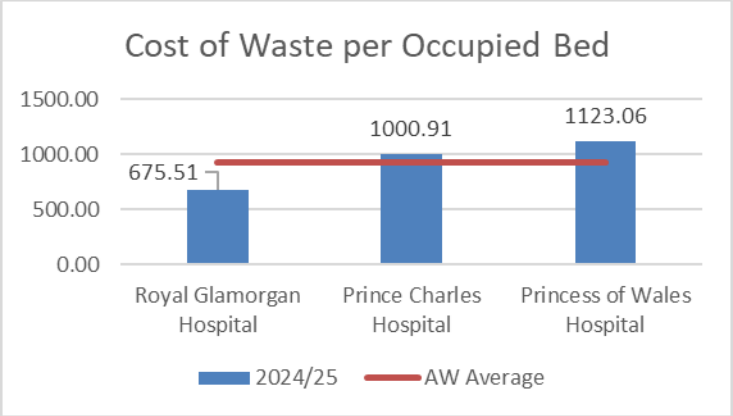
## 4 ALL WALES NATIONAL KEY PERFORMANCE INDICATORS

NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES) have collected Estates and Facilities Performance Monitoring system data (EFPMS) on behalf of Welsh Government since 2001/02. However, ownership of the data is retained by each organisation, and on occasion erroneous data is included within submissions causing anomalies within the data set.

This section will provide an overview of performance for our services against a data set of comparable hospitals across Wales. ***Please note, that at the time of writing this report, the EFPMS Facilities data has not been formally published by NWSSP-SES and therefore the analysis of the raw data input into the EFPMS system has been completed by the CTM Facilities team and has focussed on DGH sites***.

### 4.1 Waste Services

In the 2024/25 EFPMS return the average cost of Waste disposal per occupied bed in the data set of comparable hospitals was £932.23. The cost ranged from £415.38 to £1,747.09. The graph below compares costs at our sites compared to the average cost.

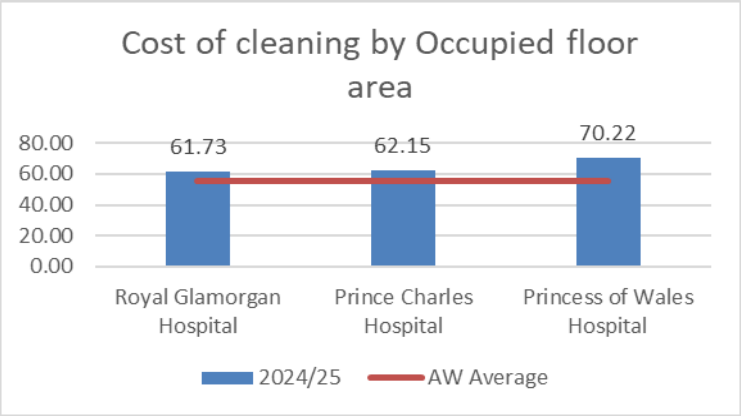



To Note;

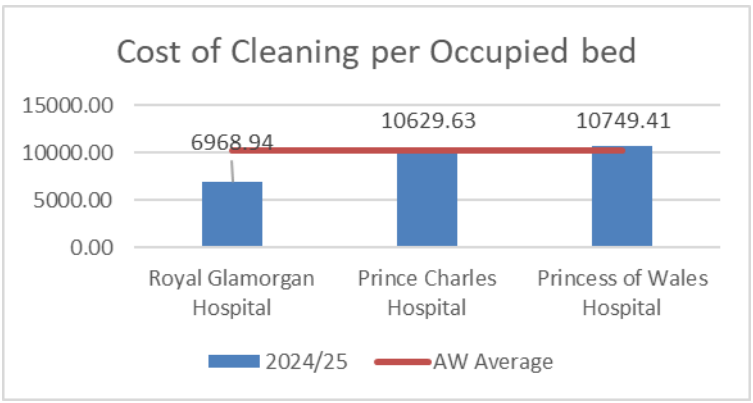
Facilities are unable to establish the impact of the site works and the decanting and movement of wards and the associated packaging etc that may have had an impact during the 24/25 period in relation to the POWH site. In addition, there is a high level of food waste, due to the patient catering service model delivery on the POWH site.

## 4.2 Cleaning Services

The average cost of cleaning per occupied floor area was £55.20m², with costs in the data sets ranging from £31.65m² to £72.00m². The graph below compares costs at our sites compared to the average cost.




When looking at the cost of cleaning per occupied bed, the average cost was £10,201.54, with cost ranging from £6,687.26 to £20,482.65. The graph below provides a summary of our performance against the average cost.

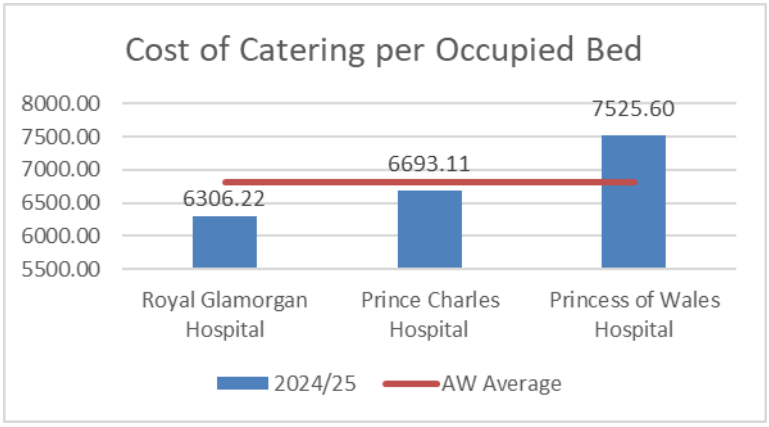



To Note;

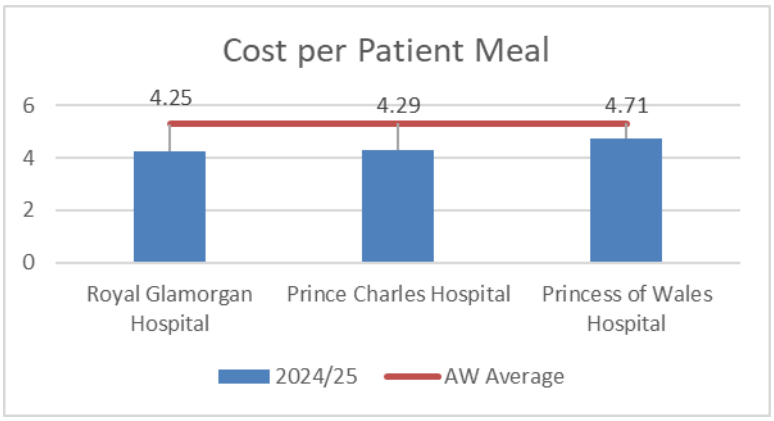
Further analysis is required in this area going forward to assess what is or is not being included in the figures submitted by CTM and by other Health Boards. The Occupied bed figure shows the service performing well or to the average of other DGH sites.

4.3 Patient Catering Services

The gross cost of patient catering services by occupied bed ranges from £3,947 to £11,164, with an average cost calculated of £6,811. The graph below compares costs at our sites compared to the average cost.




The average cost of a patient meal was calculated at £5.31, with cost ranging from £2.88 to £9.35. The graph below compares costs at our sites compared to the average cost.



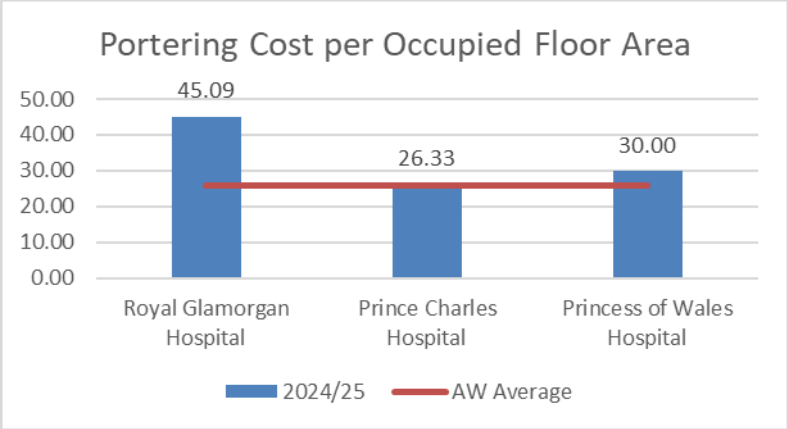

To Note;

Further analysis is required in this area going forward to assess what is or isn't being included in the figures submitted by CTM and by other Health Boards. The delivery of the ward-based catering model in POWH does not reflect the same service delivery model in the other CTM DGH's. This is something that is under review and may explain the higher costs.

## 4.4 Portering Services

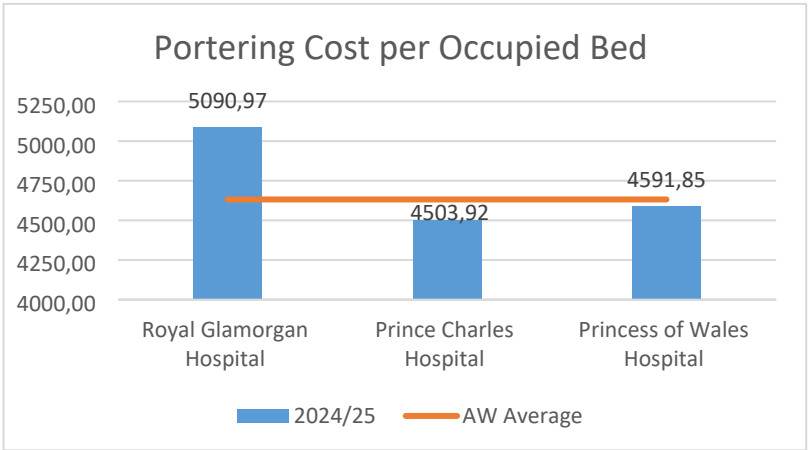
The average cost of Portering services per occupied floor area is £25.68m$^2$, with costs ranging from £3.53m$^2$ to £45.09m$^2$. The chart below summarises the performance of our hospitals compared to the average.

If the lower end data is being omitted from the data set (due to suspected anomalies) the calculated average cost is £26.99m$^2$.




The average cost of Portering Services per occupied bed is £4,632, with costs ranging from £595 to £9,880. The chart below summarises the performance of our hospitals compared to the average.

If the lower end data is omitted from the data set (due to suspected anomalies) the calculated average cost is £4,869.



To Note;

Further analysis is required in this area going forward to assess what is or isn't being included in the figures submitted by CTM and by other Health Boards.

The Royal Glamorgan Hospital operates a different portering service model compared to the other CTM DGH sites, which may explain the increase in costs associated with the service. In PCH and POWH, many of the patient movements will consist of 1 medical team with a porter whilst in RGH the movement of bed and trolley patients requires 2 porters.

4.5 Security Services

Due to the complexity and significant variance in approach to delivering Security services across Wales, benchmarking for security services has not been completed. Further work is required in this area to understand service delivery models to enable meaningful comparisons to be made

## 5. **Additional Information**

5.1 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.

The accreditation is on a three-year cycle with surveillance audits every year to ensure compliance. Following the successful re-certification audit in June 2023, CTMUHB Facilities and Estates team completed the 2024 and 2025 surveillance audits with no non-conformities to the ISO14001:15 requirements and standards retaining certification.

The team are working with Procurement to complete a competitive tender exercise for the next three-year audit cycle commencing in June 2026.

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

| Impact Assessment | | |
|---|---|---|
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | Outcome: | If no, please include rationale below: Not required |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** | Yes: ☐ | No: ☒ |
| | Outcome for Equality (delete as appropriate): | If no, please include rationale below: Not required |

| | | |
|---|---|---|
| *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | POSITIVE/NEUTRAL<br>NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL<br>NEGATIVE | |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report. | |
| | | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report. | |
| | | |

## 6.0 Recommendation

The Operational Delivery Committee are requested to **NOTE** the contents of the report.

| Agenda Item |
| --- |
| 9.3 |

# Operational Delivery Committee

## Community Response times Analysis

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public |
| | Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Sarah James – Deputy COO |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Gethin Hughes, Chief Operating Officer |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Gethin Hughes, Chief Operating Officer |

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

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

| **Acronyms / Glossary of Terms** | |
| --- | --- |
| WAST | Welsh NHS Ambulance Services Trust |
| CTM UHB | Cwm Taf Morgannwg University Health Board |
| RGH | Royal Glamorgan Hospital |
| POW | Princess of Wales Hospital |

## 1. Situation/Background

1.1 CTM continue to drive down ambulance handover rates to improve the outcomes and patient experience for our population. This improvement allows for a swifter response by WAST, to those patents waiting in the CTM community.

1.2 To date, although some improvement is noted, we have not seen the expected level of correlation between improved handover times and reduced WAST community waits.

1.3 Ambulance Handover Performance Summary for previous 12 months to December 2025 below: for the past 3 months we have been consistently the top performing Health Board in Wales.

**Handover 45 Report**
**(Hospital Emergency Department Handovers)**

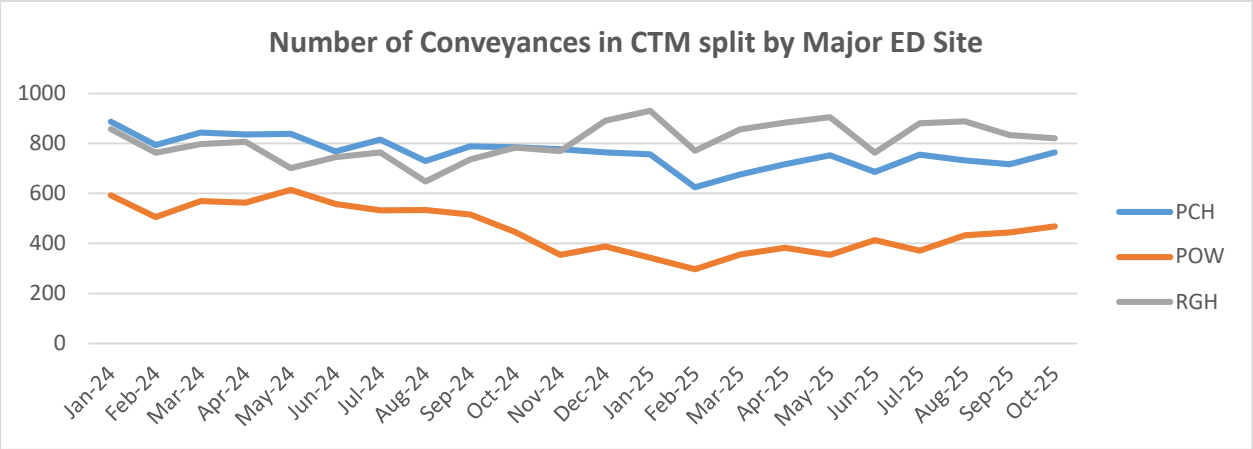
Monthly Handovers Within 45 Minutes % by Hospital - Previous 12 Months to Date (Dec 2024 to Dec 2025)

| Hospital Name | Dec 24 | Jan 25 | Feb 25 | Mar 25 | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sep 25 | Oct 25 | Nov 25 | Dec 25 * |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bronglais General Hospital Aberystwyth | 36% | 36% | 34% | 45% | 47% | 40% | 55% | 75% | 59% | 63% | 61% | 49% | 35% |
| Glangwili Hospital Carmarthen | 35% | 32% | 39% | 33% | 36% | 34% | 36% | 43% | 54% | 78% | 80% | 61% | 51% |
| Grange University Hospital Cwmbran | 33% | 31% | 30% | 36% | 33% | 41% | 41% | 45% | 37% | 68% | 65% | 50% | 39% |
| Morriston Hospital Swansea | 33% | 33% | 32% | 37% | 33% | 37% | 73% | 84% | 87% | 82% | 82% | 81% | 58% |
| Prince Charles Hosp Merthyr | 41% | 41% | 52% | 46% | 42% | 42% | 64% | 88% | 96% | 99% | 95% | 97% | 84% |
| Princess Of Wales Bridgend | 38% | 48% | 54% | 48% | 48% | 67% | 77% | 75% | 74% | 70% | 95% | 89% | 82% |
| Royal Glamorgan Hosp Pontyclun | 46% | 36% | 51% | 43% | 39% | 50% | 91% | 87% | 79% | 76% | 93% | 94% | 94% |
| University Hospital Of Wales Cardiff | 53% | 50% | 56% | 56% | 53% | 60% | 62% | 64% | 92% | 95% | 87% | 86% | 79% |
| Withybush Hospital Haverfordwest | 34% | 49% | 67% | 53% | 58% | 52% | 47% | 48% | 51% | 56% | 64% | 71% | 67% |
| Wrexham Maelor Hospital Wrexham | 35% | 26% | 29% | 31% | 31% | 29% | 34% | 52% | 29% | 30% | 28% | 29% | 36% |
| Ysbyty Glan Clwyd Hospital | 37% | 31% | 38% | 30% | 35% | 50% | 41% | 43% | 55% | 47% | 55% | 37% | 51% |
| Ysbyty Gwynedd | 33% | 26% | 33% | 32% | 31% | 30% | 36% | 33% | 33% | 27% | 30% | 27% | 29% |

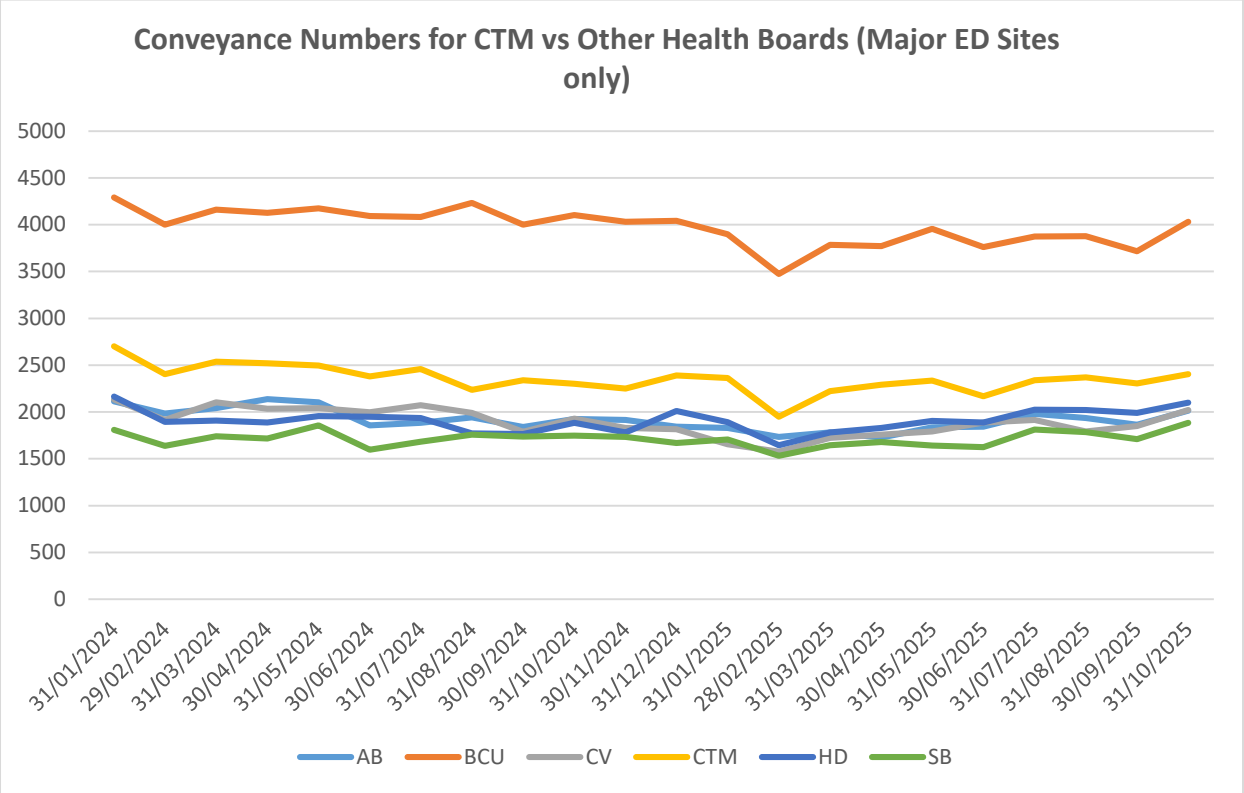
* part month

1.4 The number of conveyances has remained relatively static since January 2024 with approximately 2000 conveyances reported in October.

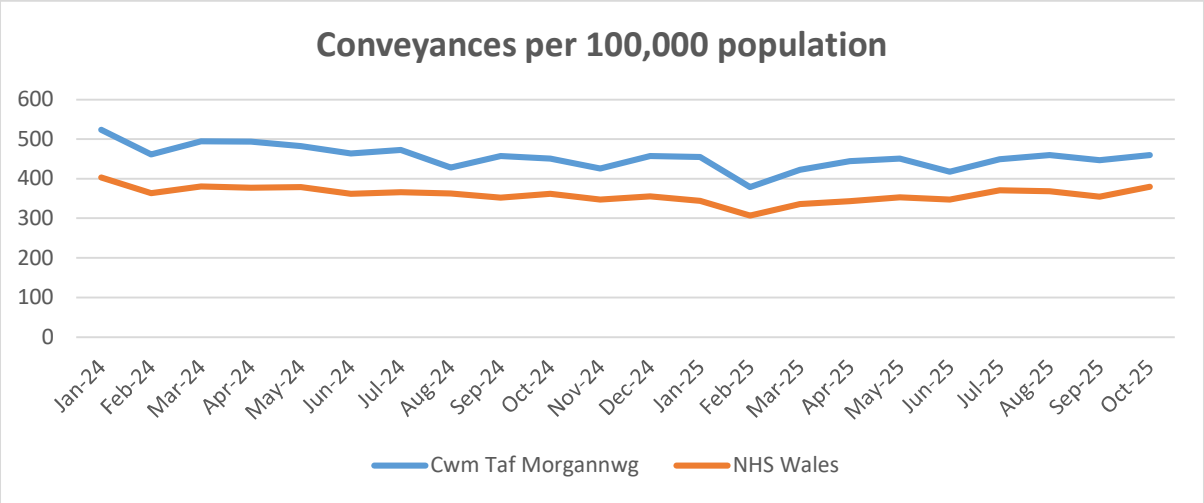
1.5 The graph below illustrates the number of Emergency Department (ED) conveyances split by each major ED. In August 2024, you will note that there is a rise in activity at RGH and a decline in activity at POW, which correlates with the clinical pathway changes made in response to the roof repair program at POW.




1.6 The graph below demonstrates that CTM has the second highest conveyance rate in Wales despite numerous demand reduction strategies implemented by WAST.



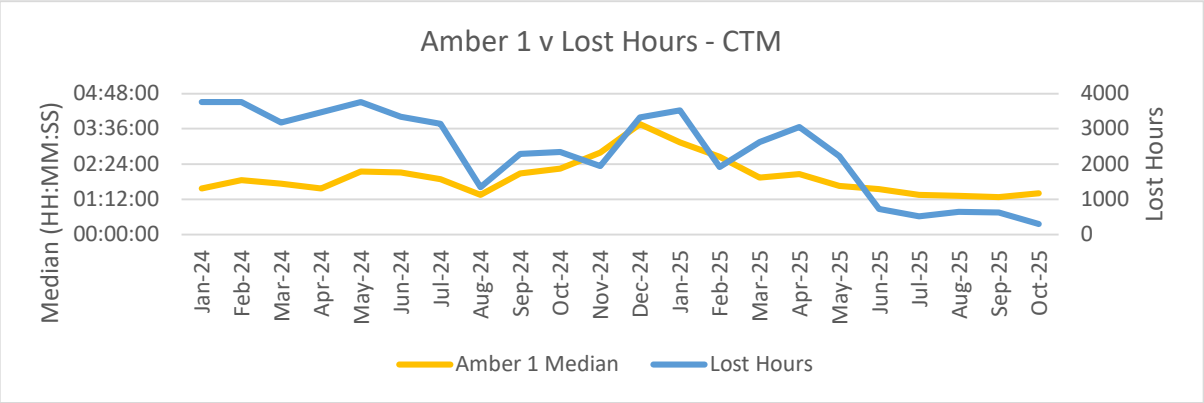
1.7 Furthermore, conveyances for CTM verses the National profile demonstrates that CTM still has a higher proportion of conveyances per head of population than any other Health Board in Wales.

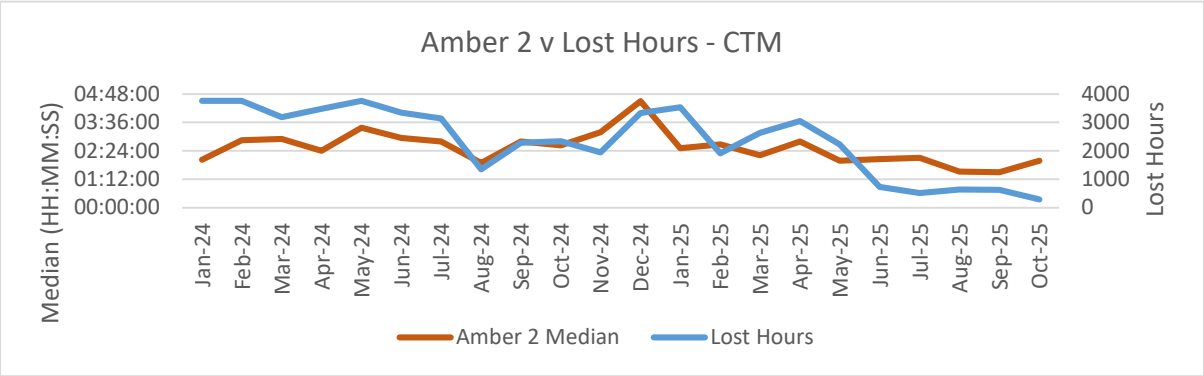


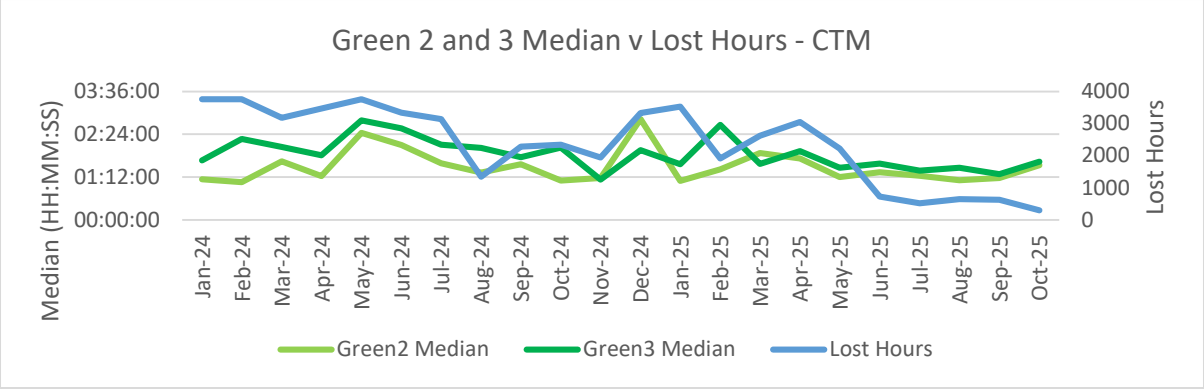

## 2. Community Waits

2.1 The graphs below illustrate that whilst CTM lost hours have been on an improving trajectory since April 2025, community wait times have not seen the same level of improvement and for Amber and Green categories, response times are starting to deteriorate.

2.2 Amber 1, 2 and Green WAST Response times are below which clearly highlight, that whilst community response times have improved, they are not improving to the degree expected given the sustained CTM handover position.






## 3. Analysis

- Handover delays in neighbouring Health boards are adversely impacting CTM community waits, as we have no dedicated ring-fenced resources. WAST will deploy crews across the M4 corridor as part of the historic regional agreement between Health Boards.

- Whilst CTM are achieving good 45-minute handover performance, another Health boards performance and emergency demand will ultimately impact on WASTs ability to meet all the needs of the CTM community population, as crews will be held up on forecourts outside of CTM footprint. Time is also lost for the crews to return to CTM locality. Unless all Health boards are handing over to target, community waits in CTM are unlikely to see the desired levels of improvement.

- Learning from a recent CTM coroner's inquest clearly highlighted the challenge for CTM acute operational teams, who are accountable for community waits, but have no access to the specific patient identifiable or incident detail as they are sitting in a WAST managed stack. This has to be requested each time we observe excessive community waits to be seen, unless the patient is reviewed by the CTM Navigation Hub, which is not always the case. As a Health board we have no input into the management plan for the waiting patient.

- Recently, we have seen extraordinary waits, one up to 60 hours. These are categorised as 'planned' by the new reporting framework introduced by WAST, where patients are deemed suitable for Health Care provider intervention and may be monitored under this category until closed or upgraded.

## 4. Assessment

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

| | |
|---|---|
| *(Duty of Quality Statutory Guidance (gov.wales))* | Equitable<br>Efficient |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable |
| | If more than one applies please list below: |

| **Impact Assessment** | | |
|---|---|---|
| **Ansawdd**<br>*Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /*<br>**Quality**<br>*Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☒ | No: ☐ |
| | Outcome: | If no, please include rationale below: |
| **Cydraddoldeb a'r Gymraeg**<br>*Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /*<br>**Equality and Welsh Language**<br>*Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☐ | No: ☐ |
| | Outcome for Equality (delete as appropriate):<br><br>POSITIVE/NEUTRAL<br>NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL<br>NEGATIVE | If no, please include rationale below: |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Inability to provide safe and timely care to patients | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | Financial impact | |

## 5. Recommendation

5.1 The Committee are asked to **NOTE** the report.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

| Agenda Item | 10.1.1 |
|---|---|

# Unapproved Minutes of the Operational Delivery Committee

| | |
|---|---|
| **Date and Time of Meeting** | Tuesday 28th October 2025 09:00 am |
| **Venue** | Virtual via Microsoft Teams |

| | | |
|---|---|---|
| **Members Present** | Rachel Rowlands | Independent Member/ Chair of Committee |
| | Patsy Roseblade | Independent Member |
| | Hayley Proctor | Independent Member |
| | Dilys Jouvenat | Independent Member |
| **In Attendance** | Gethin Hughes | Chief Operating Officer |
| | Philip Daniels | Executive Director of Public Health (in-part) |
| | Sally May | Executive Director of Finance |
| | Claire Thompson | Executive Director of Strategy and Transformation |
| | Stuart Morris | Director of Digital |
| | Richard Hughes | Executive Director of Nursing & Midwifery (Interim) |
| | Julie Denley | Deputy Chief Operating Officer Primary Community, MH & LD |
| | Sarah James | Deputy Chief Operating Officer |
| | Natalie Price | Assistant Director Strategic Workforce Planning (in part) |
| | Hayleigh Jones | Deputy Director for People |
| | Dom Hurford | Medical Director |
| | Carl Verrecchia | Service Director, DTPS & Children & Families Care Group (in-part) |
| | Meghann Morris | Directorate Business Manager Mental Health & Learning Disabilities (in-part) |
| | Ben Screen | Welsh Language Lead (in-part) |
| | Sarah Follows | Service Director, Unscheduled Care - Care Group (in-part) |
| | Cally Hamblyn | Assistant Director of Governance and Risk |
| | Denise Lowry | Head of Value Based Health Care (in-part) |
| | Kathrine Davies | Corporate Governance Manager |
| **Observing** | Hannah Jones | Audit Wales |
| | David Murphy | Audit Wales |
| | Rhiannon Dubberley | Corporate Governance Officer |

| Agenda Item | Meeting Business |
|---|---|
| **1.** | **PRELIMINARY MATTERS** |
| 1.1 | **Welcome and Introductions** |
| | The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted.<br><br>Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed. |
| 1.2 | **Apologies for Absence** |
| | Apologies for absence were received from:<br>• Hywel Daniel, Executive Director for People (Hayleigh Jones, Deputy Director for People Deputising)<br>• Gareth Watts, Director of Governance / Board Secretary (Cally Hamblyn, Assistant Director of Governance & Risk Deputising)<br>• Neil Mesher, Independent Member<br>• Kathy Mason, Independent Member |
| 1.3 | **Declarations of Interest** |
| | There were no declarations declared. |
| **2.** | **CONSENT AGENDA BUSINESS** |
| 2.1 | R. Rowlands reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 10) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none. |
| **3.** | **MATTERS ARISING** |
| 3.1 | **Action Log** |
| | C. Hamblyn presented the Action log and advised that a couple of items were being proposed for closure whilst the remainder were still in progress with updates captured.<br><br>G. Hughes provided an update in regard to operational risk 5417 that related to Paediatric GA Dental and advised that the action remained open whilst the waiting list was being reduced, however, assurance was provided to the Committee that progress was on track. It was noted that the trajectory had previously been shared with Board Members. |
| Resolution: | The Action Log was **NOTED.** |
| Action: | No action identified |
| 3.2 | **Matters Arising Not Captured on the Action Log** |
| | There were no matters arising. |

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| 3.3 | **Forward Work Plan** |
| | C. Hamblyn presented the report for consideration by the Committee.<br><br>C. Hamblyn advised that ahead of the new calendar year the forward Work Plans, Annual Cycles of Business and Terms of Reference were being reviewed in conjunction with Executive Leads and Committee Chairs. |
| Resolution: | The Forward Work Plan was **NOTED** |
| Action: | No action identified. |
| **4.** | **PEOPLE ACTIVITY** |
| 4.1 | **Staff Survey update and Care Group Action Plans** |
| | H. Jones provided a verbal update to the Committee and highlighted the following key updates:<br><br>• The staff survey is at the halfway point, closing on the 1 December 2025.<br>• The current response rate is 17.5%, which is over 900 responses higher than the same time last year and the highest amongst Welsh Health Boards with the all-Wales average is 12.3%.<br>• There is significant variation in response rates across Directorates, with some areas nearly complete and others with very low participation.<br>• Efforts included deep dives into high-performing areas, targeted activity for low-response areas, and sending 300 letters to staff on leave to encourage participation.<br>• Video blogs from leaders and peers are being launched to promote survey completion and reinforce anonymity.<br>• Roadshows continue, focusing on areas with low response rates and smaller sites with support provided from senior colleagues welcomed<br><br>R. Rowlands thanked H. Jones for the verbal update and advised that it was pleasing to see the progress being made. R. Rowlands referred to the anonymity issue and queried whether it was directly correlated with individual groups not completing the survey or if other factors were involved. H. Jones, in response, advised that different individuals have various reasons for not completing the staff survey but concerns about anonymity was a recurring theme in several areas. H. Jones emphasised that the survey was completely anonymous and was not linked to ESR and any names used were automatically redacted by an independent provider. She added that feedback is only provided for groups of at least 10 respondents ensuring that individuals could not be identified in smaller groups. |
| Resolution | The verbal update was **NOTED.** |
| Action: | No action identified. |
| 4.2 | **Staff Vaccination Programme Update** |
| | H. Jones presented the report that provided an overview of staff uptake for vaccinations and the impact of vaccinations on staff absences and patient care. G. Hughes commented that it was really positive to see the uptake rate for flu vaccinations and suggested that this should be communicated to the workforce |

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| | as a thank you and motivation to encourage further participation, linking in via the various staff network groups to further boost vaccination uptake.<br><br>H. Jones acknowledged G. Hughes suggestion and advised that she would raise this with the team as next steps with the communications plan.<br><br>H. Proctor also acknowledged G. Hughes suggestion and queried how long the programme would run for. H. Jones suggested that the programme would continue to the end of November, however agreed to confirm outside the meeting. |
| Resolution: | The report was **NOTED.** |
| Action: | To raise with the team the suggestions made by G. Hughes in relation to the promotion of positive communications with the various staff network groups. |
| Action: | To provide confirmation as to when the Vaccination Programme would end and advise outside of the meeting. |
| 4.3 | **People Plan 2025-30 – Sickness Absence Analysis and Recommended Actions** |
| | H. Jones provided a presentation on the Sickness Absence Analysis and Action Plan which provides overview of staff sickness oversight at CTM.<br><br>H. Jones advised the Committee that a new Sickness Absence Dashboard using Power BI had been created which replaced the previous current spreadsheet-based absence reports. The dashboard would be launched in November with further discussions ongoing via the Operational Management Board and further updates provided to the Committee in due course.<br><br>S. May raised a point of clarification that the reported cost of sickness absence of £3.6m for July was a calculated figure and not the actual cost, as most sickness absence was already factored into ward staffing levels due to legal requirements and many posts were not backfilled.<br><br>S. May raised caution against assuming that this figure represented funds that could be released for savings and was not directly linked to the savings reduction plan.<br><br>S. May reiterated the importance of improving workforce data quality, especially for ESR and medical/dental colleagues, to ensure accurate costing and effective targeting of activities and advised that the current data was not robust, making cost calculations unreliable. S. May suggested that further discussions should be held offline.<br><br>R. Rowlands queried whether the women in the group with the highest levels of sickness absence (notably older, lower-banded, predominantly female staff) have caring responsibilities outside of work, such as for older parents or grandchildren and suggested it might be helpful to understand what external factors could be impacting their sickness absence. H. Jones responded that it was not known whether caring responsibilities outside of work were a |

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| | contributing factor, however, acknowledged the value in exploring the underlying issues contributing to sickness absence.<br><br>D. Jouvenat sought assurance on the support provided to staff on long-term sickness absence (365+ days), emphasising the need for ongoing contact and reassurance around job security, especially for those dealing with serious ill health challenges. the<br><br>H. Proctor referred to the high number of sickness absences categorised as "unknown causes" and suggested it would be helpful to understand why people use this category, whether for privacy, confidentiality, or other reasons, so that the organisation can better support them.<br><br>H. Proctor referred to the complexity of managing back pain and highlighted its links with mental health, anxiety, depression and wider determinants of health such as BMI, obesity, smoking and nutrition and queried how staff were able to access wellbeing campaigns and to engage with these services given their workloads.<br><br>H. Jones, in response, suggested that they have a more detailed conversation offline to provide assurance on the action plan.<br><br>C. Thompson commented that the sickness absence action plan contained a high number of actions and suggested that initially focus is prioritised on data quality prior to implementing multiple other initiatives.<br><br>C. Thompson also distinguished between the financial proxy for opportunity and actual savings, recommending clear communication about the opportunity and the impact of poorly managed sickness absence. She also cautioned against attributing high sickness rates solely to wider health detriments and stressed the importance of the Health Board's role as the employer and not just the healthcare provider to the population.<br><br>R. Hughes highlighted that sickness absence has been a focus for nursing productivity, emphasising that when staff who provide direct clinical care return to work, the organisation will then be less reliant on agency nurses and can focus on high standards of care. He added that supporting and training staff to return to work, benefits both the workforce and care delivery. R. Hughes expressed support for the 1% sickness absence reduction target. |
| Resolution: | The Presentation was **NOTED.** |
| Action: | To hold offline discussions in relation to the points raised by S. May on the financial calculations and H. Proctor in terms of the assurance on the action plan |
| 4.4 | **Welsh Language Annual Report 2024-25** |
| | B. Screen presented the report, highlighting key matters. |

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| | B. Screen reported significant progress in embedding Welsh language standards at CTM, including the launch of a compliance dashboard, full bilingual recruitment materials, and a record number of staff learning Welsh with measurable increases in workplace use. B. Screen added that Strategic plans now target key clinical areas, and new recruitment guidance ensures objective assessment of language needs. Staff engagement and leadership development around Welsh language have grown, and an audit methodology is in place.<br><br>B. Screen advised that priorities for the next year focus on strengthening impact assessments, ensuring recruitment compliance, and improving everyday service delivery standards.<br><br>R. Rowlands thanked B. Screen and the team for the significant amount of work that had been undertaken and was evident from the report. She raised concern in relation to the some of the risks which highlighted the request for support and direction from the Board and Senior Leadership teams in ensuring that they drive for continuous improvement.<br><br>G. Hughes asked what success would look like for Welsh language in CTM in five or ten years, suggesting that setting a clear long-term vision would help every team understand their role and what actions they can take. He further emphasised the importance of both top-down policy and local team ownership, stating that every leader should consider how to drive Welsh language improvements within their services and what support they need from the Health Board.<br><br>In response, B. Screen agreed that leadership is core to the Welsh language agenda, emphasising the need for empathetic leadership that brings people along, including those who may not initially agree and highlighted the importance of leaders feeling comfortable having open discussions about bilingualism.<br><br>B. Screen clarified that, based on his analysis, only a small number of jobs i.e. about 150 out of 3,000 would require Welsh language skills, so the agenda is achievable and not as daunting as some might think and suggested that focusing on these manageable numbers would help reduce fear and make the goal seem more attainable. |
| Resolution: | The report was **ENDORSED** for Board **APPROVAL.** |
| Action: | No action identified |
| 4.5 | **Annual Equality Report 2024-25** |
| | H. Jones presented the report highlighting it as a statutory summary of Equality, Diversity & Inclusion (EDI) progress across four strategic pillars, with input from diverse teams and networks. Notable achievements included the award-winning Maternity Data Bank Initiative and increased engagement in staff and community networks. H Jones drew attention to the areas of the report which identified areas for further improvement, such as improved impact |

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| | measurement of EDI initiatives, addressing workforce diversity challenges, and narrowing the gender pay gap.<br><br>R. Rowlands thanked H. Jones for the work on the Annual Equality Report and referring to her previous comments in the sickness absence report asked if there was sufficient understanding of the female workforce, especially women of a certain age who may be affected by specific life stages, and whether the Health Board is doing enough to support them through women's health initiatives. She suggested this could be an area of focus going forward.<br><br>D. Jouvenat asked about the gender pay gap and specifically whether there were efforts being made to recruit more women into higher graded roles and she noted from experience women are not always encouraged to pursue these positions. D. Jouvenat suggested that actions should be made in this area and not just efforts to recruit more men into lower graded roles.<br><br>H. Jones agreed with the point made by D. Jouvenat, acknowledging that increasing the number of women in higher graded roles would likely have a greater impact on the gender pay gap. She stated that recruiting more men into lower bands and more women into higher bands should be addressed in combination. |
| Resolution: | The report was **ENDORSED** for Board **APPROVAL.** |
| Action: | No action identified. |
| 4.6 | **All-Wales Anti-Sexual Harassment Policy** |
| | H. Jones presented the report on the implementation of the All-Wales Anti-Sexual Harassment Policy, and sought its approval for its publication and coordinated launch with the 'Speaking Up Safely' initiative. She informed the Committee that the policy responds to new legislative requirements and local data indicating ongoing issues with sexual harassment among staff and from patients. The Committee were assured that the policy was developed collaboratively with health boards and trade unions and that it complements existing policies and will be supported by new training modules for staff and managers, with a planned launch in November.<br><br>R. Hughes emphasised the importance of the policy for the NHS in Wales and locally for CTM, noting that it provides clear definitions and aligns with existing CTM processes. He highlighted its relevance for professional management and safeguarding, especially regarding confidentiality in sensitive cases and also drew attention to the policy's guidance on risks and protections, particularly for incidents involving patients and staff, and its usefulness for managers, including flow charts and tutorials to support implementation |
| Resolution: | The Committee resolved to:<br><br>• **APPROVE** the adoption of NHS Wales Anti-sexual Harassment Policy for CTMUHB. |

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| | • **ENDORSE** a coordinated communication and implementation plan, alongside the launch of our Speaking Up Safely initiative in November. This will include the introduction of new anti-sexual harassment training, with targeted training for Guardians and People Services team. |
| Action: | No action identified. |
| **5.** | **DIGITAL AND DATA ACTIVITY** |
| 5.1 | **Digital & Data Highlight Report** |
| | S. Morris presented the report that provided an update on the Digital and Data programme of work and highlighted the following key matters:<br><br>• The single patient administration system (PAS) is now live, however, significant data quality issues remain, especially duplicate records and inconsistent coding, requiring ongoing work.<br>• The radiology system upgrade is highly complex, with Wales-wide delays; CTM's go-live is scheduled for March 2026, however, there are concerns about timeline slippage and cost implications if delayed beyond September 2026.<br>• The pathology system upgrade has shifted from a health board-by-health board to a discipline-by-discipline rollout; some disciplines may not be delivered by March 2026, risking additional costs.<br>• Microsoft contract renewal is expected to increase costs; however, Windows 10 to 11 upgrades have been managed well, reducing anticipated support costs.<br>• The EPMA (electronic prescribing) system is set to go live at Princess of Wales Hospital imminently.<br>• The NHS App will soon provide referral information to patients, however there are concerns about increased patient queries and workload.<br>• The OpenEyes ophthalmology system and maternity system are both due for March 2026, but OpenEyes is underfunded and at risk of delay.<br>• Medical records teams are under pressure due to increased activity and insourcing.<br>• The mental health system procurement is in its final stages, with a business case expected circa January 2025.<br>• There is a significant increase in FOI and subject access requests, especially in mental health.<br>• Many All Wales digital/data policies are out of date; CTM may need to write its own to ensure compliance.<br>• Clinical coding performance has dipped; however, a remedial plan is in place.<br><br>P. Roseblade referred to the Mental Health Procurement and queried whether an update would be provided at a Committee Meeting or a Board Briefing Session. S. Morris confirmed that he would provide an update at the next Board Briefing Session.<br><br>R. Rowlands referred to the congestion risk of deployments scheduled for March 2026 and the impact this presents not only financially but also the staff impact. S. Morris agreed that staff welfare was paramount and the issue had been |

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| | escalated to Health Board Chief Executives to reiterate the need for collective prioritisation, especially for critical systems.<br><br>S. May confirmed that the challenges are discussed at the all Wales Directors of Finance meetings and confirmed that there was no financial provision to continue to run at excess cost and there was a need to be clear about how to support exiting services and keeping the costs down to as manageable as possible.<br><br>It was agreed that the challenges identified in terms of congestion of deployment in March 2026 would be escalated to the Board in the Highlight Report. |
| Resolution: | The report was **NOTED.** |
| Action: | Provide an update on Mental Health Procurement System to the next Board Briefing Session. |
| **6.** | **RISK MANAGEMENT** |
| 6.1 | **Organisational Risk Register** |
| | C. Hamblyn presented the report and highlighted the following key points to the Committee:<br><br>• Section 3 of the report outlines the key changes in the report.<br>• This is the September iteration with work ongoing for the November iteration<br>• Updates in red are provided against every organisational risk in Appendix 1.<br><br>D. Jouvenat referred to risk 6052 regarding the trolley fleet and expressed concern about issues with equipment replacement that had been reported across several Committees. She suggested that the organisation should be more prepared with ongoing maintenance contracts being pro-actively monitored. In response, Executive leads provided assurance in terms of the robustness of the maintenance of equipment programmes within CTM.<br><br>G. Hughes also provided assurance that in terms of this specific risk, the replacement programme had commenced has started, allowing old machines to be cannibalised for repairs, and this will reduce the risk in due course. |
| Resolution: | The Committee **REVIEWED** and **CONSIDERED** the Organisational Risk Register. |
| Action: | No action identified. |
| **7.** | **FINANCIAL MANAGEMENT / PERFORMANCE** |
| 7.1 | **Month 6 Finance Report** |
| | S. May presented the report and highlighted the following key matters for the Committee:<br><br>• The financial position at month 6 has improved, with a reduced deficit of £4.8m and a break-even forecast, however, it was noted that this is contingent on mitigating a substantial savings shortfall and resolving outstanding pay-related funding issues. |

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| | • The main risks outlined in the risk and opportunities table include unconfirmed future pay award funding, an additional cost pressure of £6.1m for CTM due to increased settlements in relation to the Welsh Risk Pool with a further potential £1.7m risk, unresolved national pay disputes, and other cost pressures not yet reflected in the forecast including the Joint Commissioning Committee (JCC) issues of just under £1m. While there are some opportunities, they are not expected to fully offset these risks, and the challenges are shared across all Welsh Health Boards, with ongoing uncertainty about national funding allocations.<br><br>The risk of financial sustainability was agreed as an alert item in this highlight report to Board. |
| Resolution: | The report was **NOTED.** |
| Action: | No action identified. |
| 7.2 | **Month 6 Finance Performance Report** |
| | S. May presented the report highlighting key matters:<br><br>• The forecast savings at month 6 are below target: £31.3m target, with a £27.7m recurrent forecast, and £23.9m in-year forecast.<br>• Central savings include both centrally led schemes and non-delegated schemes, with most savings currently from prescribing rather than transformation schemes. Only the ward redesign scheme is delivering a centrally led saving of £0.5m<br>• The shortfall in savings is a key driver of the underlying deficit for next year, currently around £4m.<br>• Additional risks include pay issues and the Welsh Risk Pool, which is expected to see higher settlements in future years, increasing non-pay pressures.<br>• The draft Welsh budget indicates most new funding will go to pay, leaving little or no increase for non-pay, despite rising pressures such as the Welsh Risk Pool and real living wage impacts on continuing health care.<br><br>C. Thompson commented on the importance of communicating the "no investment" message in a way that does not make staff feel demotivated, emphasising the need for a unified message from Independent Members and Executive Directors which highlights the need to shift from a focus on investments to a focus on value and delivery.<br><br>In response, S. May agreed, noting that the challenge for next year will be delivering higher savings just to maintain current spending, and that improving spending efficiency is key. She also questioned what centrally led schemes can realistically be delivered next year if they are not delivering this year.<br><br>G. Hughes commented on the need to convert non-recurrent savings into recurrent ones for next year, and highlighted the scale of the savings challenge which was about £40m needed to stand still next year, and £140m over three |

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| | years, and asked how choices will be considered given the significant requirements.<br><br>C. Thompson raised the need for a three-year "base case" scenario as a mitigation plan, linking this to strategic planning and suggesting it be referenced in the Highlight Report to Board and future Board Briefings.<br><br>C. Hamblyn agreed with the suggestion made by C. Thompson and proposed aligning the escalation of these issues in the Highlight Report with the upcoming Board Development Session focused on IMTP planning. |
| Resolution: | The report was **NOTED.** |
| Action: | To include the issues raised in the 'escalation' section of the Highlight Report to Board and at the upcoming Board Development Session. |
| 7.3 | **Capital Delivery Monitoring Report** |
| | S. May presented the report and highlighted the following key matters:<br><br>• The current Capital budget is approximately £88 million, slightly less than last year's peak.<br>• The discretionary programme is intentionally overcommitted to manage year-end slippage.<br>• The targeted estates fund is a multi-year Welsh Government initiative requiring close service coordination due to infrastructure impacts.<br>• Equipment allocation and prioritisation remain challenging, with risks sometimes emerging mid-year due to breakdowns or shifting priorities.<br>• Disposals of Pontypridd Health Centre and Bryncethin Clinic are progressing, with Pontypridd Cottage Hospital under review.<br>• Major capital schemes include the ongoing Prince Charles Hospital Ground and First Floor Project, with the next Phase 3 Business Case being revised and should be finalised by November/December, and the Princess of Wales Hospital roof final account now agreed. |
| Resolution: | The Committee **NOTED**:<br><br>• The funding position for 2025/26, commitments made against this allocation and the bid submitted to Welsh Government for additional year-end funding<br>• The spend to date and risk if further funding is not available from Welsh Government<br>• The progress on Major Capital Schemes<br>• The planned disposals in 2025/26 |
| Action: | No action identified. |
| 7.4 | **Savings Delivery Programme Update - Presentation** |
| | D. Lowry presented the Savings Delivery Programme Update and highlighted the following key matters: |

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| | • Structured governance and data improvements across the savings programme, with targeted audits and deep dives underway due to underperformance.<br>• Key risks include workforce capacity, digital readiness, and the challenge of embedding sustainable, systematic savings.<br>• Immediate actions focus on accurate data, policy adherence, and sharing best practices, but ongoing vigilance is needed to address delivery gaps and operational risks.<br><br>R. Rowlands thanked D. Lowry for her presentation and queried how the various workstreams and data sources were linked together to get one overall picture. D. Lowry advised that matrix working was in place across all workstreams with finance, project management office and workforce colleagues collaborating to ensure co-ordination and up to date information. D. Lowry added that staff had worked hard to validate the data line by line, starting from a trusted baseline and that ongoing efforts focus on maintaining data accuracy and financial forecasting.<br><br>G. Hughes commented that while the programme is being delivered corporately, benefits must be realised within the Care Groups and future target setting should clarify where benefits are expected to be seen. He highlighted the importance of informatics capacity for timely, robust date and that despite progress, more work was needed to achieve delivery.<br><br>D. Lowry advised that the Presentation would be circulated to the Committee following the meeting. |
| Resolution: | The Presentation was **NOTED.** |
| Action: | Circulate the Presentation to the Committee. |
| **8.** | **PLANNING FRAMEWORK** |
| 8.1 | **Integrated Medium Term Plan 2025-2028 – Quarter Two Review** |
| | C. Thompson presented the report and highlighted the following key matters for the Committee:<br><br>• The IMTP 2025-28 Quarter 2 update was showing mixed progress across ministerial requirements with some areas, such as ambulance handovers, demonstrating significant progress, while others are not yet fully delivered.<br>• Of the 36 Ministerial enabling actions, 14 are on trajectory or delivering, 18 are amber, and 4 are red or at risk.<br><br>The finance, capital, and people plan updates were captured within the update, with the financial position and some performance indicators highlighted as escalation areas. |
| Resolution: | • The Committee **NOTED** the content of the report and to receive further updates on the delivery of plans. |

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| | • Took assurance that delivery of improvements would be overseen by the Operational and Corporate teams and the regular reporting structures. |
| Action: | No action identified. |
| 8.2 | **Integrated Medium Term Plan (IMTP) In Year Performance Against Delivery for Care Groups** |
| 8.2.1 | **Children and Families** |
| | C. Verrecchia provided the Committee with an update on Children and Families Care Group IMTP Q2 progress, covering gynaecology, paediatrics, and maternity/neonatal services.<br><br>C. Verrecchia highlighted improvements, ongoing challenges, and next steps for key service areas which included:<br><br>• The launch of the Women's Health Hub at Ysbyty Cwm Cynon by March 2026<br>• Completion of the air handling unit project for outpatient treatments<br>• To continue improving access for children/young people, especially neurodevelopment<br>• Participate in national maternity/neonatal review<br><br>Further clarity was sought from the Committee on the challenges surrounding the Special School Nursing Provision and whether the situation was unique to CTM. The Committee were advised that the challenges were mainly specific to CTM due to having an increased number of special schools. The risk is being mitigated by support from community nursing where possible, however, it was noted that discussions are required with Welsh Government colleagues to seek clarity on the way forward prior to discussions with other stakeholders. Due to the significant risk that Special School Nursing Provision presents it was agreed that a more detailed briefing note would be shared with Members of the Committee. |
| Resolution: | The Committee:<br>• **NOTED** the report and the progress made against the IMTP in a year that has seen a significant shift of services both Maternity and Neonatal services from Princess of Wales Hospital (PoW) to Prince Charles Hospital and back, and a shift of paediatric ward services from the Royal Glamorgan Hospital (Ward 17) as part of the 'critical incident' at PoW.<br>• Considered whether the Committee could seek assurance from the update that all that can be done is being done to progress with in year delivery and performance. |
| Action: | A detailed briefing on Special School Nursing to be provided outside the meeting. |
| 8.2.2 | **Unscheduled Care** |
| | S Follows reported notable improvements especially in ambulance handover performance, recruitment for key clinical roles, and service transformation. She also drew attention to ongoing concerns in terms of the risks related to 12-hour waits, stroke pathway performance, and workforce sustainability. |

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| | R. Rowlands congratulated the team on the ambulance performance and sought assurance as to how the improvements could be reinforced through communications, suggesting the need to celebrate the achievement.<br><br>P. Roseblade referred to the stroke data and in particular the clarity, noting that the RAG (red, amber, green) indicators seemed to be inconsistent and requested further clarification on the criteria behind the RAG ratings.<br><br>G. Hughes responded by explaining that the RAG ratings were based on month on month improvement rather than absolute performance against targets. G. Hughes suggested that future presentations should reflect performance against targets. The latest month to date performance data for stroke was agreed to be circulated outside the meeting |
| Resolution: | The Committee:<br>• Reviewed the progress made against IMTP in a year<br>• Considered whether the Committee can seek assurance from the update that all that can be done is being done to progress with in year delivery and performance |
| Action: | To include performance against targets for future Presentations to the Committee. |
| Action: | To circulate the latest performance data for stroke outside the meeting |
| 8.2.3 | **Mental Health and Learning Disabilities** |
| | M. Morris provided an update on the Mental Health and Learning Disabilities Care Group, highlighting progress in service redesign, digital transformation, and partnership working.<br><br>M. Morris highlighted the ongoing risks and concerns around workforce fragility, regional service dependencies, and statutory performance in psychological therapies. She also highlighted key improvements including Child & Adolescent Mental Health Services (CAMHS) measures where performance was consistently above compliance.<br><br>G. Hughes thanked M. Morris for her efforts and leadership, attributing much of the described progress in the Care Group to her work. G. Hughes advised that M. Morris was leaving at the end of November and wished her well in her new role |
| Resolution: | The Committee:<br>• Reviewed the progress made against IMTP in a year<br>• Considered whether the Committee can seek assurance from the update that all that can be done is being done to progress with in year delivery and performance |
| Action: | No action identified. |
| 8.2.4 | **Diagnostics, Therapies, Pharmacy and Specialties (DTPS)** |

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| | C. Verrecchia provided a presentation to the Committee that updated the Committee on the Diagnostics, Therapies, Pharmacy and Specialties (DTPS) Care Group, highlighting progress in inspections, service harmonisation, and digital rollouts, while noting ongoing risks in workforce capacity, system dependencies, and service delays.<br><br>C. Verrecchia highlighted that the DTPS group is adapting to the impact of the Princess of Wales Hospital (PoW) critical incident and working closely with other care groups to support emergency service challenges.<br><br>R. Rowlands queried whether, after the resolution of the PoW critical incident and other disruptions would the Care Group expect to move from amber/red to green status or if ongoing issues such as workforce and funding would continue to impact performance. C. Verrecchia responded that whilst the Care Group has adapted well to the critical incident and other disruptions and was settling down, there was a pattern of moving from one crisis to another, making it difficult to predict a stable 'green' status and he emphasised the need for a new normality and ongoing reconfiguration to achieve stability.<br><br>G. Hughes added that recent incidents and ongoing variation in processes across sites have made delivery more difficult and stressed the importance of reducing unwarranted variation and being realistic about what can be achieved, especially given the 'flat cash' position for the coming years. |
| Resolution: | The Committee:<br>• Reviewed the progress made against IMTP in a year<br>• Considered whether the Committee can seek assurance from the update that all that can be done is being done to progress with in year delivery and performance |
| Action: | No action identified. |
| **9.** | **INTEGRATED PERFORMANCE MANAGEMENT** |
| 9.1 | **Integrated Performance Dashboard (IPD)** |
| | C. Thompson presented the IPD highlighting the inclusion of the Cabinet Secretary priorities to ensure alignment with current ministerial priorities. The Committee were assured that key performance areas had already been discussed via the Care Group Updates and separate reports discussed in detail earlier in the meeting. |
| Resolution: | The Committee **DISCUSSED** and **NOTED** the report. |
| Action: | No action identified. |
| 9.1.1 | **Workforce Metrics Report** |
| | N. Price presented the report that provided an update on key workforce metrics, with historic trends identified as appropriate.<br><br>N. Price advised that the report was now in a different format as to previous versions and the team were undertaking a refresh of the people metrics to align |

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| | with the People Plan with a wider piece of work also looking at Key Performance Indicators'.<br><br>The Committee welcomed the news that the lateral move scheme had been extended and that the scope will be widened. |
| Resolution: | The Committee **DISCUSSED** the report and associated metrics and **NOTED** the detail. |
| Action: | No action identified. |
| 9.1.2 | **New Operational Escalation Framework Policy & Associated Cards for 45 Minute Handovers** |
| | G. Hughes updated the Committee on the new Operational Escalation Framework and associated escalation cards for 45-minute ambulance handovers, explaining the policy's background, development process, and training support.<br><br>G. Hughes advised that the framework aligns with the 2024 Welsh Government urgent and emergency care requirements and that the Policy and escalation cards have undergone extensive review and iteration with teams throughout the year. |
| Resolution: | The Committee **NOTED** the report and **APPROVED** the Policy. |
| Action: | No action identified. |
| **10.** | **CONSENT AGENDA** |
| 10.1 | **Items for Approval** |
| 10.1.1 | Unconfirmed Minutes of the Meeting held on 29 July 2025 were **APPROVED.** |
| 10.1.2 | Unconfirmed Minutes of the In-Committee Meeting held on 29 July 2025 were **APPROVED.** |
| 10.1.3 | The Personal Data Request Procedure was **APPROVED.** |
| 10.1.4 | The AI Policy was **Deferred to January 2026** |
| 10.1.5 | The Data Quality Policy was **Deferred to January 2026** |
| 10.1.6 | The Asbestos Management Plan (Revised) was **APPROVED.** |
| 10.1.7 | The CCTV Policy was **APPROVED** |
| 10.1.8 | The Social Partnership Duty Annual Report 2024-25 was **APPROVED.** |
| 10.2 | **Items for Noting** |
| 10.2.1 | The Month 4, 5 & 6 Monitoring Returns to Welsh Government were **NOTED.** |
| 10.2.2 | More Than Just Words – Welsh Government Submission was **NOTED.** |
| 10.2.3 | The Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report was **NOTED.** |
| 10.2.4 | The Committee Annual Cycle of Business 2025 was **NOTED.** |
| 10.2.5 | The CTMUHB Revised WG Escalation Framework was **NOTED.** |
| 11. | **OTHER MATTERS** |
| 11.1 | **Any Other Urgent Business** |
| | R. Rowlands advised that two Extra Ordinary Operational Delivery Committee meetings are being established for November and December to consider the following items prior to them being presented to Board for approval |

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| | • Invest to Save Bid – Funding Application for Decarbonisation Refit Measures – to be considered at an Extra Ordinary Meeting to be held on the 20th November 2025<br>• Prince Charles Hospital Ground & First Floor Business Case – to be considered at the Extra Ordinary Meeting to be held on the 11th December 2025 |
| 11.2 | **Committee Highlight Report to Board** |
| | C. Hamblyn highlighted two matters for the 'escalation' section – the financial position and the risk in relation to the digital delivery of programmes by March 2026.<br><br>C. Hamblyn suggested two positive 'escalation' items, one in relation to the improved performance of ambulance handover waiting times and the other relating to the Princess of Wales Hospital building work concluding within the timeframe. |
| 11.3 | **How did we do in this meeting?** |
| | The Chair invited members to provide feedback in the meeting or outside if that was preferable. |
| 12. | **CLOSED/IN COMMITTEE SESSION** |
| | The Chair advised that the following items would be discussed at the Private (CLOSED) In Committee:<br><br>• Organisational Risk Register - Business Sensitive Risks<br>• Cyber Security/Critical Incidents<br>• Capital Delivery Monitoring Report |
| | *Minute note* |
| 13. | **CLOSE OF MEETING** |
| 13.1 | **Date and Time of Next Meeting** |
| | • Thursday 20th November 2025 at 10:00 am – Extra Ordinary Meeting<br>• Thursday 11th December 2025 at 9:30 am – Extra Ordinary Meeting<br>• Wednesday 28th January 2026 at 14:00 pm |

| Agenda Item | 10.1.2 |
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# Unapproved Minutes of the In Committee Operational Delivery Committee

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| **Date and Time of Meeting** | Tuesday 28th October 2025 at 12.30pm |
| **Venue** | Virtually via Microsoft Teams |

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| **Members Present** | Rachel Rowlands | Independent Member (Committee Chair) |
| | Patsy Roseblade | Independent Member |
| | Dilys Jouvenat | Independent Member (in part) |
| | Hayley Proctor | Independent Member |
| **In Attendance** | Gethin Hughes | Chief Operating Officer |
| | Sally May | Executive Director of Finance |
| | Claire Thompson | Executive Director of Strategy & Transformation |
| | Hywel Daniel | Executive Director for People (in part) |
| | Dom Hurford | Executive Medical Director (in-part) |
| | Stuart Morris | Director of Digital |
| | Richard Hughes | Interim Director of Nursing, Midwifery and Patient Care |
| | Carolyn Blockley | Capital Finance Manager |
| | Gethin Hughes | Chief Operating Officer |
| | Julie Denley | Director of Primary and Community Mental Health |
| | Sarah James | Deputy Chief Operating Officer |
| | Hayleigh Jones | Deputy Director for People (in part) |
| | Cally Hamblyn | Assistant Director of Governance & Risk |
| | Kathrine Davies | Corporate Governance Manager (meeting secretariat) |
| **Observing** | Hannah Jones | Audit Wales |
| | David Murphy | Audit Wales |

| Agenda Item | Meeting Business |
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| **1.** | **PRELIMINARY MATTERS** |
| 1.1 | **Welcome and Introductions** |
| | The Committee Chair welcomed everyone to the meeting. |

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| 1.2 | **Apologies for Absence** |
| | Apologies for absence were received from:<br><br>• Gareth Watts, Director of Governance / Board Secretary<br>• Hayley Proctor, Independent Member<br>• Kathy Mason, Independent Member |
| 1.3 | **Declarations of Interest** |
| | There were no interests declared. |
| **2.** | **MAIN AGENDA** |
| 2.1 | **IMPROVING CARE/SUSTAINING OUR FUTURE** |
| 2.1.1 | **Organisational Risk Register –Business Sensitive Risks**<br>C. Hamblyn presented the report for the Committee to review and discuss the business sensitive risks on the organisational risk register and consider whether the assigned risks have been appropriately assessed. |
| Resolution: | The Committee:<br>• **Reviewed** the risks escalated to the Organisational Risk Register at Appendix 1.<br>• **Considered** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks |
| Action: | No action identified |
| 2.1.2 | **Cyber Resilience & Assurance Update**<br>S. Morris presented the report that highlighted the progress made in taking forward the cyber improvement plan this quarter, the risks presenting from phishing identified by the exercises and to make the Board aware of the incidents the UHB has managed.<br><br>G. Hughes commented that the report was, in the main, reassuring in showing more green areas than amber or red. He added that in terms of mitigating actions it would be helpful to look at where the biggest risks were and particularly in responding to incidents out of hours. S. Morris advised that the team have undertaken quite a bit of work in terms of out of hours responses and there was a more informal Senior Leadership team rota in the event of an incident, however, it does need to be formalised further moving forward.<br><br>S. Morris advised that Digital Health Care Wales also run a 24 hour cyber rota with a gold, silver and bronze level every week which he would share with the Committee offline. |
| Resolution | The Committee **NOTED** the following:<br><br>• Executive escalation to resolve SIEM log access with DHCW/Welsh Government and endorse CymruSOC procurement/onboarding once resolved. |

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| | • CDR resilience approach and associated information governance / contractual enablers.<br>• Implementation of the Supplier Management Policy with an annual assurance cycle for critical suppliers.<br>• Requirement for targeted investment and accountability for endpoint compliance to close the remaining patching gap. |
| Actions: | To share the DHCW Cyber Rota offline to the Committee. |
| 2.3 | **Capital Delivery Monitoring Report**<br>S. May presented the report and advised that the update on the Major Capital Projects was provided in the public session with the exception of the Maesteg Health and Wellbeing Centre element of the report which was due to the commercial sensitivity nature.<br><br>S. May advised that further updates on this would be reported to the Committee via the Capital Delivery Monitoring reports. |
| Resolution: | The Committee **NOTED** the following:<br>• The funding position for 2025/26, commitments made against this allocation and the bid submitted to Welsh Government for additional year-end funding<br>• The spend to date and risk if further funding is not available from Welsh Government<br>• The progress on Major Capital Schemes<br>• The planned disposals in 2025/26 |
| Action: | No action identified |
| **3** | **ANY OTHER BUSINESS** |
| 3.1 | There was no business to report. |
| **4.** | **DATE AND TIME OF NEXT IN COMMITTEE SESSION – 28th January 2026** |

| Agenda Item | 10.1.3 |
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# Unapproved Minutes of the Extra Ordinary In Committee Operational Delivery Committee

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| **Date and Time of Meeting** | *Thursday 20 November at 10:00am* |
| **Venue** | *Via Microsoft Teams* |

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| **Members Present** | Patsy Roseblade | Committee Vice Chair, Independent Member |
| | Hayley Proctor | Independent Member |
| | Dilys Jouvenat | Independent Member |
| | Kathy Mason | Independent Member |
| | Neil Mesher | Independent Member |
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| **In Attendance** | Philip Daniels | Executive Director of Public Health |
| | Gareth Watts | Director of Corporate Governance |
| | Hywel Daniel | Executive Director for People |
| | Julie Denley | Deputy Chief Operating Officer |
| | Emma Walters | Head of Corporate Governance & Board Business (Meeting Secretariat) |
| | Sally May | Executive Director of Finance |
| | Stuart Morris | Director of Digital |
| | Victoria Oxley | Deputy Director of Strategy and Partnerships |
| | Carolyn Blockley | Capital Finance Manager |

| Agenda Item | Meeting Business |
|---|---|
| **1.** | **PRELIMINARY MATTERS** |
| 1.1 | **Welcome and Introductions** |
| | The Committee Vice Chair welcomed everyone to the meeting. |
| 1.2 | **Apologies for Absence** |
| | Apologies for absence were received from:<br>• Rachel Rowlands, Committee Chair, Independent Member<br>• Gethin Hughes, Chief Operating Officer<br>• Richard Hughes, Interim Executive Director of Nursing<br>• Sarah James, Deputy Chief Operating Officer<br>• Dom Hurford, Executive Medical Director |

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| | • Claire Thompson, Executive Director of Strategy & Transformation |
| 1.3 | **Declarations of Interest** |
| | There were no interests declared. |
| **2.** | **MAIN AGENDA** |
| 2.1 | **Invest to Save Bid – Funding Application for Decarbonisation Measures** |
| | S May presented the report and highlighted the key matters for attention.<br><br>The Committee noted that endorsement for Board approval was being sought for an Invest to Save funding application to be submitted to Welsh Government for up to £11.5m. The bid is to deliver the schemes detailed within the report. The Committee noted that no financial commitment was being made at this point and noted that contracts would not be signed or orders raised until funding was approved by Welsh Government and subsequently accepted by the Health Board. It was also noted that endorsement had been given by the Executive Team for this proposal to be progressed.<br><br>In response to a question raised by N Mesher as to whether an all or nothing bid would be submitted given that the criteria referred to a ten year payback and some schemes appear to beyond the ten years, C Blockley advised that this would be submitted as one package, with longer pay backs being balanced against shorter pay back terms.<br><br>In response to a query raised by H Proctor as to whether the performance management element of the proposal would be time limited, C Blockley confirmed that the preferred partner had offered a performance guarantee of ten years.<br><br>In response to a query raised by P Roseblade as to whether the timing of this Invest to Save bid would place pressure on the Capital Resource Limit, C Blockley advised that there is likely to be some additional pressure as Welsh Government had indicated that they would like the Health Board to spend some of the funding this year. The Health Board's aim is to spend £1.5m this year on materials to enable the delivery of projects in the next financial year. S May advised that it would be important to recognise there was a small Capital Team of only ten staff who were responsible for covering a significant amount of capital spend. |
| Resolution: | The Committee **ENDORSED FOR BOARD APPROVAL** for an Invest to Save funding application to be submitted for up to £11.5m to deliver the schemes detailed within the report. |
| **3.** | **CLOSE OF MEETING** |

| Agenda Item | 10.1.4 |
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# Unapproved Minutes of the Extra Ordinary In Committee Operational Delivery Committee

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|---|---|
| **Date and Time of Meeting** | Thursday 11 December at 9:30am |
| **Venue** | Via Microsoft Teams |

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| **Members Present** | Dilys Jouvenat | Acting Committee Chair, Independent Member (Third Sector) |
| | Hayley Proctor | Independent Member (Trade Union) |
| | Kathy Mason | Independent Member (Digital) |
| | Neil Mesher | Independent Member (Commercial Business) |
| **In Attendance** | Philip Daniels | Executive Director of Public Health |
| | Sally May | Executive Director of Finance |
| | Richard Hughes | Interim Executive Director of Nursing |
| | Gethin Hughes | Chief Operating Officer |
| | Gareth Watts | Director of Corporate Governance |
| | Stuart Morris | Director of Digital |
| | Sallie Davies | Deputy Medical Director |
| | Sarah James | Deputy Chief Operating Officer – Acute Services |
| | Jeremy Holifield | Responsible Officer, PCH Construction Programme |
| | Bill Rogers | Programme Director PCH |
| | Cally Hamblyn | Assistant Director of Governance & Risk (Committee Secretariat) |

| Agenda Item | Meeting Business |
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| **1.** | **PRELIMINARY MATTERS** |
| 1.1 | **Welcome and Introductions** |
| | The Committee Vice Chair welcomed everyone to the meeting. |

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| 1.2 | **Apologies for Absence** |
| | Apologies for absence were received from:<br>• Rachel Rowlands, Committee Chair, Independent Member<br>• Patsy Roseblade, Committee Vice Chair, Independent Member<br>• Dom Hurford, Executive Medical Director<br>• Hywel Daniel, Executive Director for People<br>• Claire Thompson, Executive Director of Strategy & Transformation<br>• Victoria Oxley, Deputy Director of Strategy & Partnerships<br>• Hayleigh Jones, Deputy Director for People |
| 1.3 | **Declarations of Interest** |
| | There were no interests declared. |
| **2.** | **MAIN AGENDA** |
| 2.1 | **Prince Charles Hospital Refurbishment Project Finalised Phase 3 Full Business Case (FBC)** |
| | In introducing the item J Holifield apprised the Committee of the work undertaken to further refine the Phase 3 programme and associated costs since the original draft business case was shared with the Board in September 2025.<br><br>The Committee recognised that the final FBC varies in two key aspects: through a significant realignment of the phasing and programme enabled both by the retention of the Portakabin Units 2 and 3 and by securing a one phase approach to internal works in partnership with the Supply Chain Partner.<br><br>B Rogers provided the Committee with an overview of the scope changes as set out in the report.<br><br>In terms of timelines J Holifield outlined that whilst predicated by the approval the Board and then the Investment Improvement Board on the 13 February 2026, if supported work could start on site in March 2026 with a construction programme completion date of May 2028. The Committee welcomed the reduction in programme timescales from 158 weeks in the draft FBC to 104 weeks as outlined in the final FBC.<br><br>The Committee were assured that scrutiny and challenge on the final FBC had also been undertaken at Executive Management Board on the 8 December and the Extra-Ordinary Project Board on Tuesday 9 December, which had representation from Welsh Government through the attendance of the Director of Specialist Estates Services from the NHS Wales Shared Services Partnership. The Committee noted that further formal scrutiny on the technical aspects of the final FBC will be received from Welsh Government if approval to submit is granted by the Board at its meeting on the 18 December.<br><br>The Committee also noted difference between the 'Standalone' Programme Cost and the anticipated Capital Request that would be submitted to Welsh Government, which will show a reduced figure to account for fees received to |

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| | date and savings to be realised if Phase 3 over-laps with Phase 2 being still on site.<br><br>In concluding the presentation of the final FBC, S May outlined further points of detail and provided assurance that the programme had been tendered in accordance with the Design for Life framework and where possible aspects had been explored at market for competitive pricing. She further confirmed that the final FBC identifies best value for money, as confirmed by CTMUHB's external Cost Advisors.<br><br>G Hughes offered his support to the final FBC providing further assurance that the timeline, approach and plan has been developed in partnership with the operational team at Prince Charles Hospital so had been operationally endorsed which is an important factor as the programme is being delivered in a live operational environment.<br><br>In bringing the matter to a close D Jouvenat expressed her thanks on behalf of the Committee for the significant amount of work undertaken by the Team to deliver the programme and for the development of the FBC. |
| Resolution: | The Committee **ENDORSED FOR BOARD APPROVAL** the submission of the finalised Full Business Case to Welsh Government. |
| **3.** | **CLOSE OF MEETING** |

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| Agenda Item |
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| 10.1.6 |

# Operational Delivery Committee

## Carer's Leave Policy & Parental Leave Policy

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| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Amadu Jalloh, Head of People Policy and Compliance |
| **Cyflwynydd yr Adroddiad / Report Presenter**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Hayleigh Jones, Deputy Director for People |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Hywel Daniel, Deputy CEO/Executive Director for People |

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| **Pwrpas yr Adroddiad / Report Purpose** | For Approval | |
| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| Local Negotiating Committee (LNC) | 09/12/2025 | Supportive |
| People Policy Review Group | 11/12/2025 | Endorsed |
| Local Partnership Forum | 16/12/2025 | Endorsed |
| Staff consultation online | 18/12/2025 - 05/01/2026 | Incorporated |

| Acronyms / Glossary of Terms | |
|---|---|
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| EDI | Equality, Diversity & Inclusion |

## 1. Situation /Background

1.1 CTMUHB is committed to embedding a culture that supports our employees to balance work and family commitments. This purpose of this paper is to request endorsement of proposed changes to our Carer's Leave and Parental Leave policies. These provisions complement other types of leave available, including maternity, paternity, adoption, shared parental leave, breastfeeding support, pregnancy loss, neonatal care leave, and annual leave. Together, they form part of CTMUHB's broader commitment to being a family-friendly employer, which is a key area of focus within our People Plan 2025-2030.

1.2 The current Carer's Leave policy allows employees to take up to five days of paid leave within a rolling 12-month period, with the expectation that, wherever possible, this is matched by an equivalent amount of annual leave.

1.3 It is proposed to remove the requirement to match Carer's Leave with annual leave. This change aims to reduce the administrative burden on employees and managers, who currently need to submit and approve two separate leave applications. This is in line with our People Plan commitment to '*Getting the Basics Right'*.

1.4 The current Parental Leave policy allows employees to take up to 18 weeks of unpaid leave for each child until the child reaches 18 years of age. A maximum of four weeks per child per year can be taken. To be eligible, employees must have completed at least 12 months of NHS service. This is in line with current statutory requirements.

1.5 It is proposed to remove the 12-month NHS service requirement for eligibility. This enhancement will enable more employees to benefit from Parental Leave and proactively aligns our policy position with the forthcoming Employment Rights Bill.

1.6 Simplifying Carer's Leave and enhancing Parental Leave ahead of the adoption of the Employment Rights Bill strengthens CTMUHB's position as a family-friendly employer and demonstrates our ongoing commitment to supporting employees and their families.

## 2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

| Name Title | Date Consulted/Completed |
|---|---|
| Equality Impact Assessment | 29/12/2025 |

| | |
|---|---|
| Informal Consultation with interested parties | 11/12/2025 |
| Formal Consultation | 05/01/2026 |
| Committee – For approval | Operational Delivery Committee |

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 Organisational values and behaviours have been reflected within the policy.

2.4 Engagement in the revision of both policies included staff, trade union representatives and EDI team to ensure inclusivity and clarity.

2.5 Carer's Leave is widely used by employees to help balance work and caring responsibilities. Simplifying the process will create a more positive and supportive experience for those with caring duties.

2.6 Enhancing Parental Leave will broaden access to this benefit and ensure CTMUHB is proactively prepared to comply with new legislation expected in April 2026.

## 3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made:
Only minor typographical amendments were made as a result of the various consultation stages.

3.2 The revised Carer's Leave policy and Parental Leave policy demonstrate our People Plan commitment to *Building an Inclusive and Healthy Environment*. Policy simplification is also a key focus within our People Plan, as part of *Getting the Basics Right*. The revised policies have been streamlined, using plain English and embedding the overarching principle of trust.

3.3 Parental leave will become a day one right under the Employment Rights Bill, which received Royal Assent on 18 December 2025. Parental leave changes are expected to come into force from April 2026.

3.4 Lack of a compliant Parental Leave policy would therefore be in breach of legislation. Approval of the changes to our Parental Leave policy ensures proactive compliance with upcoming legislative changes.

## 4. Assessment

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Inspiring People<br>If more than one applies please list below: |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Healthier Wales<br>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))* | Culture and Valuing People<br>If more than one applies please list below: |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Person Centred<br>If more than one applies please list below:<br>Efficient and Timely |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable<br>If more than one applies please list below: |

| **Impact Assessment** | | |
|---|---|---|
| **Ansawdd** | Yes: ☐ | No: ☒ |

| | | |
|---|---|---|
| *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | Outcome: | If no, please include rationale below: |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☒ | No: ☐ |
| | Outcome for Equality (delete as appropriate): POSITIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE | If no, please include rationale below: |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | Parental Leave entitlement as a day right is part of the Employment Rights Act 2025 which will be enforceable early 2026. | |
| **Enw da / Reputational** | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report. | |
| | | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report. | |
| | | |

## 5. Recommendation

5.1 The Operational Delivery Committee is asked to:

- **APPROVE** the attached Carer's Leave policy and Parental Leave policy.
- **ENDORSE** the removal and archiving of the current Carer's Leave policy and Parental Leave policy.

## 6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

6.2 The next set of family-friendly policies scheduled for review includes Neonatal Care Leave and Foster Care Leave. These will be presented to the Operational Delivery Committee in due course, alongside updates to

Paternity Leave, which will become a day-one entitlement under the Employment Rights Bill from April 2026.

# Carer's Leave Policy

**People Policy 21**

| **Disclaimer:** |
| --- |
| If the review date of this document has passed (***February 2029*****,** please ensure that the version you are using is the most up to date version either by contacting the Lead of People Policy or CTM_Corporate_Governance@wales.nhs.uk |

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## 1. PURPOSE

This policy reflects Cwm Taf Morgannwg University Health Board's commitment to support our employees and their families during challenging times by ensuring you can take paid time away from work to help a dependent who needs long-term care. This is part of our overall commitment as a family friendly employer.

## 2. SCOPE

Carer's Leave applies to permanent and fixed-term employees who have recognised caring responsibilities for a dependent who needs long-term care.

A dependent has a long-term care need if they have any of the following:
- A disability as defined under the Equality Act 2010
- An illness or injury that is likely to need care for at least 3 months
- A care need related to old age

You will be entitled to up to 5 days' paid Carer's Leave within a 12-month period (pro-rata for part-time employees). If you need more than 5 days, you may request unpaid carer's leave.

## 3. WHAT TO DO IF YOU ARE A CARER

You should record your caring responsibilities on ESR (Appendix 1) and inform your line manager about your caring role. Managers have a duty to ensure that this policy is applied fairly and consistently (Appendix 2). You and your manager will complete a Caring & Career Record (Appendix 3) and will agree a carer's support plan, taking into consideration the level of need of the person for whom you care for can vary from day to day or over time. The needs of the service must always be considered when assessing your needs.

CTMUHB is committed to supporting individuals with caring responsibilities. As such, carers are entitled to 5 days' paid Carer's Leave (pro-rata for part-time employees) within a 12-month period. This entitlement can be taken as full days or time can be taken in hours, as appropriate. Your requests should be dealt with by your manager quickly and sensitively, and you will not be treated any less favourably than other employees who do not have caring responsibilities.

## 4. TAKING CARER'S LEAVE

Carer's Leave is primarily designed to cover the following short-term caring needs:

- Nursing care, following serious illness or discharge from hospital;
- Taking the cared for person to appointments;
- Relocation situations (i.e. into residential care).

Where possible, you are encouraged to provide reasonable notice period to take Carer's Leave. For up to one day's leave, please provide at least 3 days' notice. For more than one day's leave, provide at least twice the amount of notice as the requested leave period.

Managers must make every effort to accommodate requests for Carer's Leave, as per Appendix 4. If your manager is not able to accommodate your requested dates due to service need, the reasons will be provided to you in writing and alternative leave dates will be suggested to try to reach a compromise.

Managers are also required to record and monitor all Carer Leave absences within ESR (Appendix 5) for employees who are not working on shift, or via Health Roster (Appendix 6) for employees on shift.

## 5. ALTERNATIVE TYPES OF LEAVE

CTMUHB offers a range of different types of leave and working arrangements that may assist individuals to balance work and caring responsibilities. This includes:

- Flexible Working policy
- Employment Break policy
- Parental Leave
- Special Leave, for emergency/ unforeseen situations

## 6. WIDER SUPPORT AVAILBALE

CTMUHB is committed to supporting your wellbeing. We encourage you to access the range of services available, including:

- Employee Assistance Programme (Vivup) – offering confidential advice and support.
- In-house Wellbeing Services – tailored to meet your needs.
- Occupational Health Services – providing professional health guidance.

Support may also be available from external organisations and you are encouraged to make use of your local council's services. Full details can be found on each council's website. Carers Wales undertake policy work and campaigns but also provide information and support to carers. Department of Work and Pensions may also provide financial support to the cared for person or the carer.

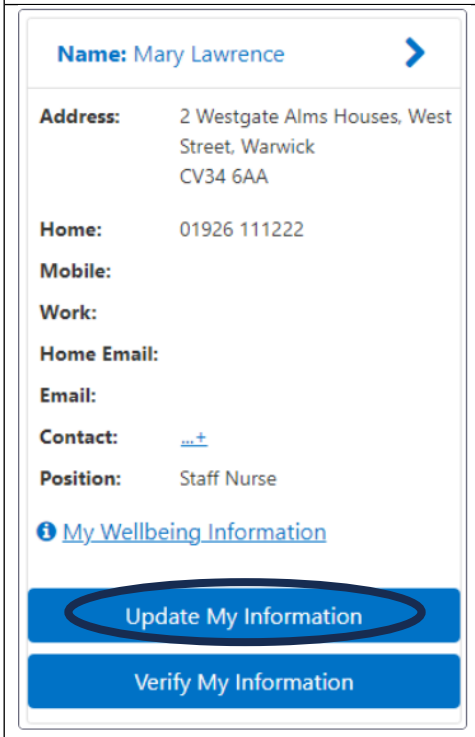
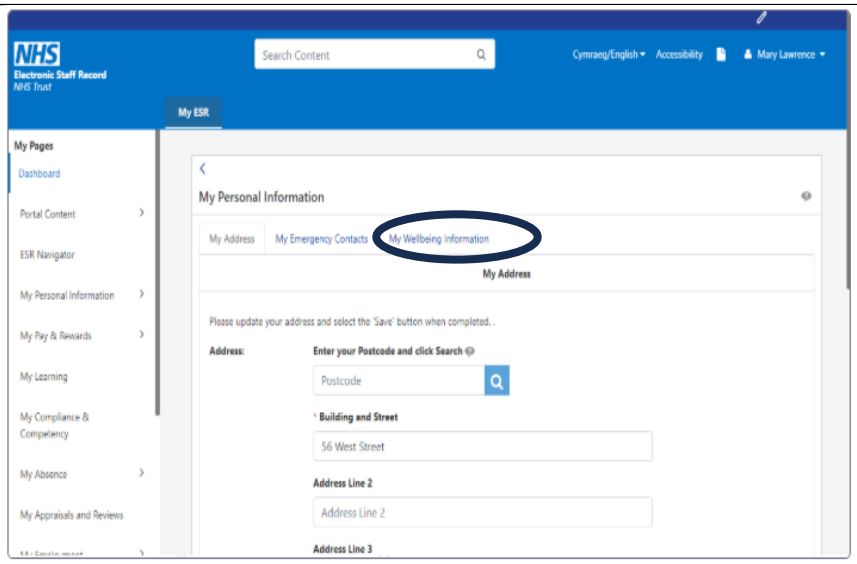
## Version Control

| Version | Author | Date | Summary of Changes |
|---|---|---|---|
| 1 | Claire Nicholas | March 2012 | Carer's leave introduced that allows up to 5 days paid leave per rolling 12 month period to be taken and to be matched by employees from their annual leave entitlement wherever possible. |

| | | | |
|---|---|---|---|
| 2 | Claire Nicholas | 09-05-2018 | Policy revised to ensure it is up to date. It allows up to 5 days paid leave per rolling 12 month period to be taken in conjunction with annual leave. |
| 3 | Amadu Jalloh | TBC | Carer's leave policy revised to allows 5 days paid Carer's leave per rolling 12-month period without the need of taking annual leave. |

## APPENDIX 1 – UPDATING YOUR INFORMATION ON ESR AS AN EMPLOYEE

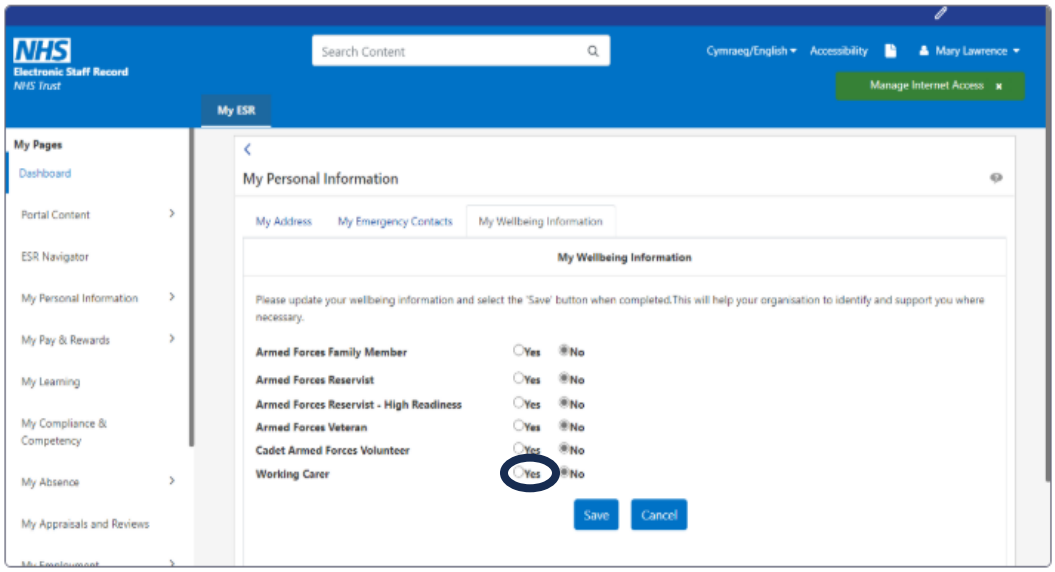
1. Log into your ESR Account
2. Scroll down on the home screen to Personal Information and click your name
3. Click 'Update My Information'

| 4. Click 'Update My Information' | 5. Click on 'My Wellbeing Information' |
|---|---|
|  |  |





6. Tick Yes that you are a Working Carer and save.



## APPENDIX 2 – CARING & CAREER GUIDANCE FOR MANAGERS

If your staff identifies themselves as a Carer, you should arrange a confidential one-to-one meeting to discuss their circumstances. This meeting provides an opportunity for both parties to explore any challenges and agree on appropriate support. The discussion can be guided by the following questions, which are intended as prompts rather than an exhaustive list:

- Could you share a little about your caring responsibilities?
- In what ways do your caring responsibilities affect your day-to-day work? Are there particular times or tasks that feel more challenging?
- How does your work impact your ability to manage those responsibilities? Are there adjustments that could make things easier?
- Are there specific times of day or week when you may need additional flexibility?
- What would help you feel more supported in your role?
- Are you currently receiving any support at work to help balance caring and your role? What is working well?
- Have you had a chance to review any policies or processes that might assist you in continuing your caring responsibilities alongside work—for example, the flexible working policy?
- What is the best way for you to let me know if you are unable to come to work?
- What could help ensure your needs are met while also supporting the team and the health board?
- Would you find it helpful to access support from psychological wellbeing services, occupational health, or an external organisation?
- How do you see your caring responsibilities changing in the future, if at all? Would temporary adjustments or longer-term arrangements be helpful for us to consider?

It is up to the employee to decide how much information they wish to share. However, it is important that they provide enough detail to help you understand the issues and challenges they are facing.

Actions and review dates should be recorded in the Caring & Career Record (see Appendix 3). Employees must follow the relevant CTMUHB policies when requesting support. As a manager, you should consider all available options and, wherever possible and reasonable, seek to accommodate both short-term and long-term caring needs. Each case should be assessed on an individual basis to ensure a fair and tailored approach.

If an employee moves to a different department, the Caring & Career Record can serve as a useful basis for discussion with their new manager. However, it does not guarantee that previously agreed arrangements will remain in place. Any adjustments should be reviewed and agreed upon in line with the needs of the new role and department.

**APPENDIX 3 – CARING & CAREER RECORD**

| **Caring & Career Record**<br>(Employee to complete) | |
|---|---|
| Employee Name: | Name of Manager: |
| **Overview of your caring responsibilities**<br><br>This section should include:<br>• A summary of your caring responsibilities<br>• The impact this has on your working life<br>• Any further information that may help your manager understand the impact your caring responsibilities have on you and your work | |
| **Overview of your role and team:** | |
| **Flexibilities which would be helpful:**<br>This section deals with flexibilities specific to your current job which would help you combine caring and work. These are intended to inform your discussion with your manager. | |

| **Flexibilities agreed between you and your manager:**<br>Set out agreed actions with dates for implementation.<br>Reviews should take place every 12months. | | |
|---|---|---|
| **Action Agreed** | **Date of Implementation** | **Date to Review Action** |
| | | |
| | | |
| | | |
| | | |
| **Any other actions agreed at the meeting:**<br>For example contacting the Occupational Health Team, Staff Psychological Services or Employee Counselling Service, Carers Assessment or Signposting Services. | | |
| I consent to my manager keeping a copy of the Caring & Career Record.<br>It is important to remember that the Caring & Career Record belongs to the employee involved and is confidential. Should the manager or employee move to another post, the manager should not pass the form to the next manager without permission of the employee concerned.<br><br>Only with the employee's consent should a copy be saved in the employee's file. | | |
| Employee Signature: | Date: | |
| Manager Signature: | Date: | |
| Date of Next Review Meeting: | | |

**APPENDIX 4 - APPLICATION FOR CARER'S LEAVE**

Please complete section 1 and pass the form to your Line Manager for authorisation.

**SECTION 1 - TO BE COMPLETED BY THE EMPLOYEE**

Name:_____

Employee number: _____

Post held: _____

Date: _____

| DETAILS OF LEAVE REQUESTED (REASON) | DATE(S) | NO OF DAYS/HOURS CARER LEAVE PAID OR UNPAID<br><br>(Up to 5 days paid Carer's Leave available per rolling 12 months) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**SECTION 2 – TO BE COMPLETED BY LINE MANAGER**

Carer leave approved as requested: YES / NO

Is it: PAID / UNPAID

Carer leave absences, paid or unpaid, need to be recorded on ESR or Health Roster if you use an e-rostering system.

If NO, please state reason:

_____

_____

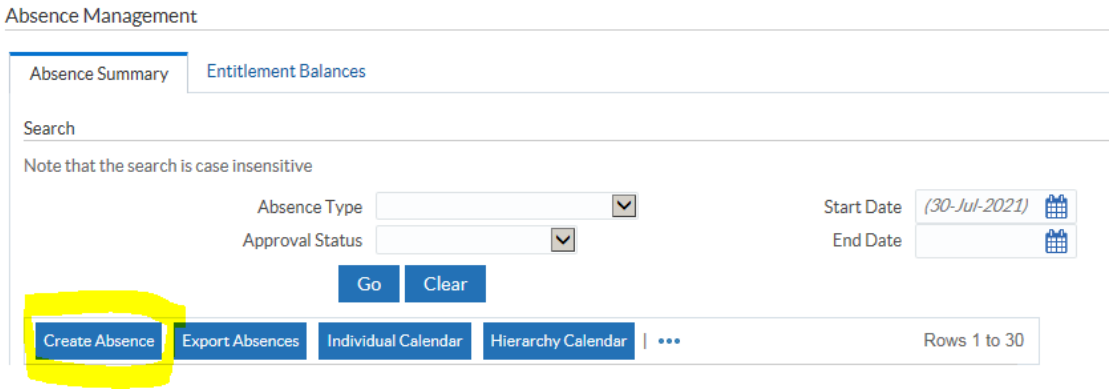
_____

Date employee informed:_____

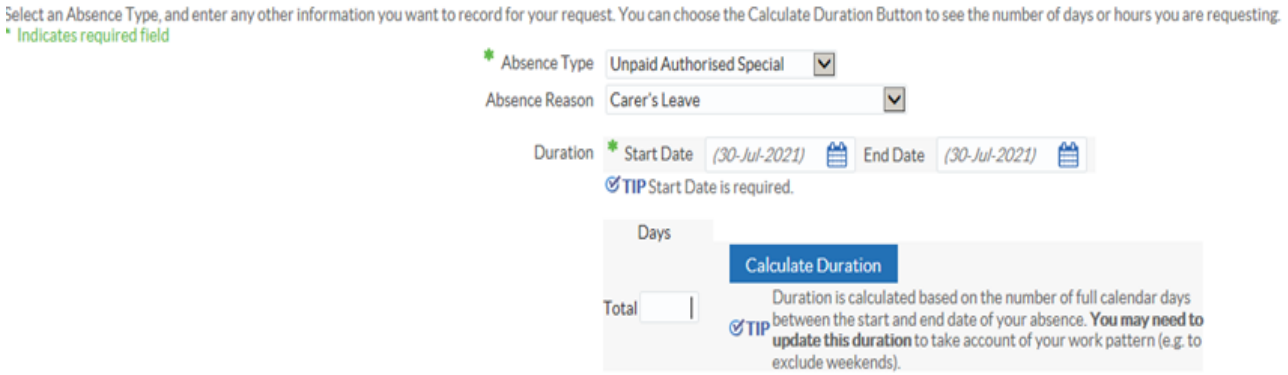
Please print name:_____

## APPENDIX 5 - GUIDANCE FOR MANAGER TO INPUT PAID OR UNPAID CARER'S LEAVE INTO ESR

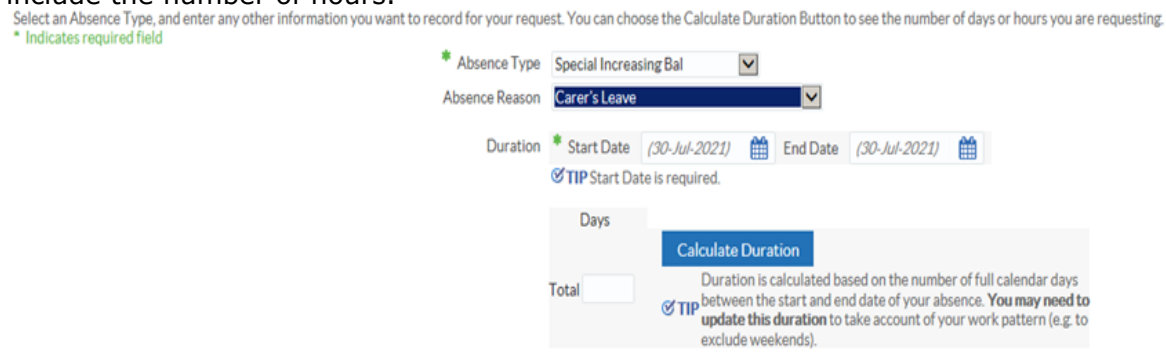
When Carer's leave has been agreed ESR needs to be updated by the manager via manger's self service for employees who are not working on shift. Firstly, find your employee and click on 'Create Absence':




If the Carer's leave has been agreed as **UNPAID** choose 'Unpaid Authorised Special' in 'Absence Type' and 'Carer's Leave' in 'Absence Reason'. The date fields need to be updated and the 'Total' field to include the number of hours. Please note depending on when it is entered, the hours may not be deducted from salary the same month in which the unpaid leave was taken.



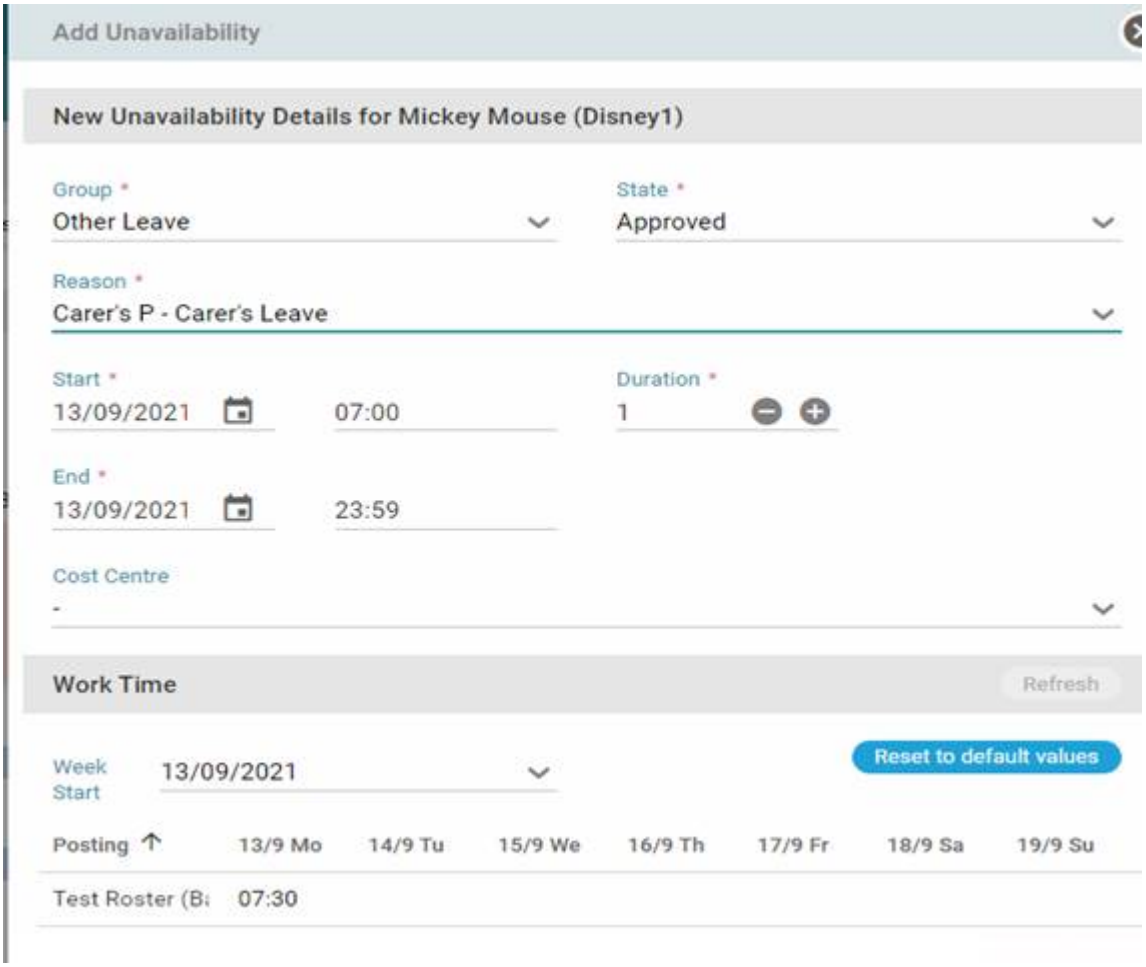

If the Carer's leave has been agreed as **PAID** choose 'Special Increasing Bal' in 'Absence Type' and 'Carer's Leave' in 'Absence Reason'. The date fields need to be updated and the 'Total' field to include the number of hours.



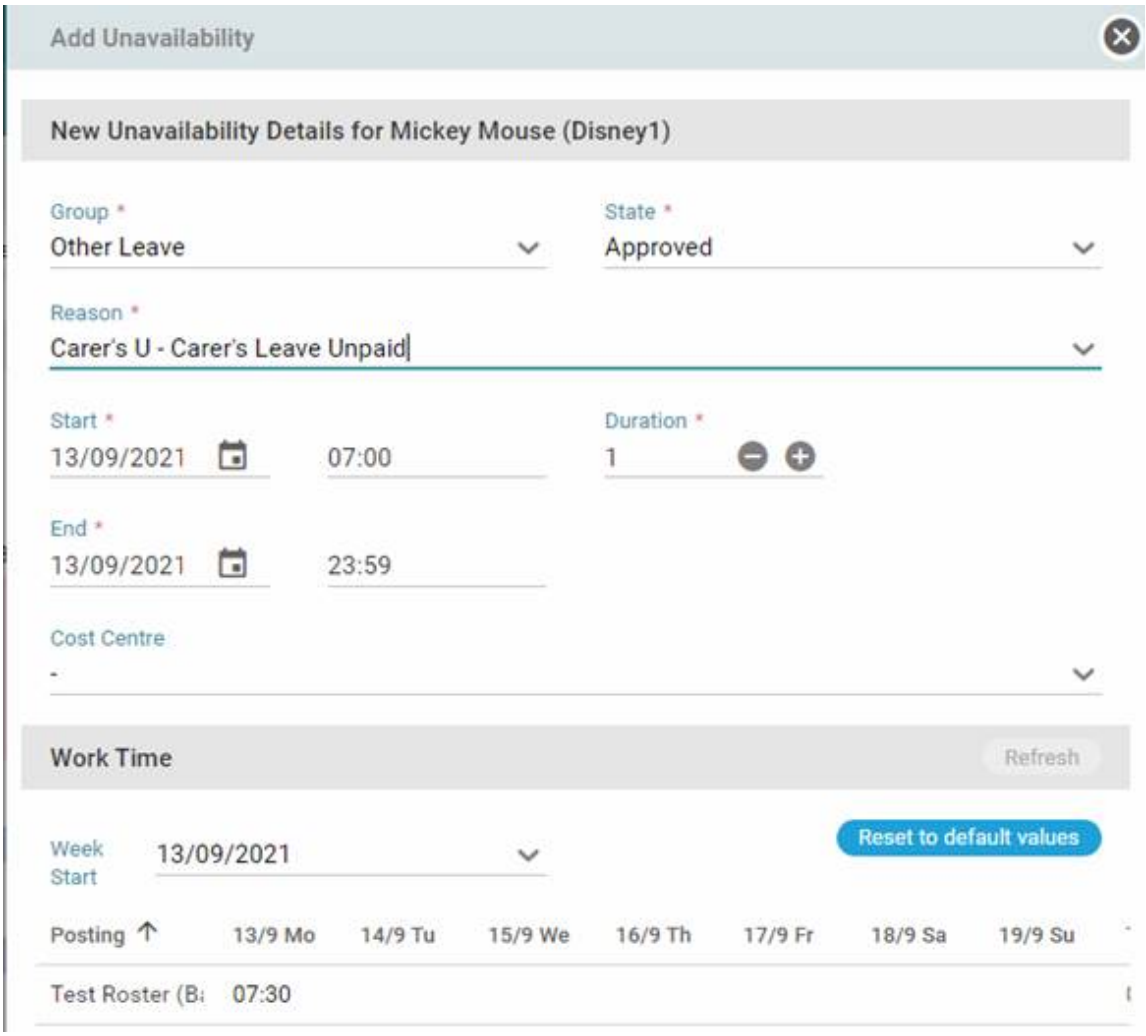
## APPENDIX 6 - GUIDANCE FOR MANAGER TO INPUT PAID OR UNPAID CARER'S LEAVE INTO HEALTH ROSTER

When Carer's leave has been agreed, Health Roster needs to be updated by the manager for employees working on shift.

If the Carer's leave has been agreed as **PAID:**



If the Carer's leave has been agreed as **UNPAID:**




if **unpaid** carers leave is added to Health Roster, a follow up email would need to be sent to payroll at NWSSP.PayrolleSystems@wales.nhs.uk with the following information:

Name:
Payroll number:
Date:
Number of hours:

## APPENDIX 7 – GOVERNANCE, LEGAL, NHS WALES AND HEALTH BOARD POLICIES AND POLICY INFORMATION

| | |
|---|---|
| **Document Type:** | Non Clinical Organisational Wide Policy |
| **Ref:** | People 21 |
| **Executive Sponsor:** | Executive Director for People |
| **Approved By:** | Choose an item. |
| **Approval / Effective Date:** | |
| **Review Date:** | February 2029 |
| **Version:** | 2 |
| **People who need to know about this document in detail** | The People Services Team<br>The NWSSP Payroll Team |
| **People who need to have a broad understanding of this document** | Managers and Staff and Trade Union Representatives |
| **People who need to know that this document exists** | Managers and staff |
| **Equality and Welsh language Impact Assessment** | Date Undertaken: |
| | Outcome for Equality:<br>Outcome for Welsh Language: |
| **Aligns to the following Wellbeing of Future Generation Act Objective** | Co-create with staff and partners a learning and growing culture |

**Legislation**: There are legislations in place to support Carer's Leave: -

- Carer's Leave Regulations 2024 and the Carer's Leave Act 2023
- Work and Families Act 2006
- Employment Act 2002
- Employment Relations Act 1999
- Employment Rights Act 1996
- Flexible Working Regulations 2014 (SI 2014/1398)

**Equality:** The Health Board provides services that meet public needs. It also aims to treat all employees and workers fairly and without discrimination. We have done an Equality and Welsh Language Impact Assessment on this policy. This helps us see how it may affect employees with protected characteristics or specific needs. The assessment found positive impact for some protected characteristics in compliance with the Equality Act 2010. The policy is also available in Welsh for those who wish to access it in their first language.

**Training Implications:** The People Services Team will provide advice and support to managers in respect of implementing this policy should they require it.

**Review, Monitoring and Audit Arrangements:** This policy will be reviewed every three years. Additional changes may be required earlier, based on insights gained from the implementation reviews, changes to legislation, etc.

**Retention/Archiving**
The Lead for People Policy is responsible for archiving this policy when it is amended or replaced and ensuring a copy is available for reference if needed, in accordance with the Records Management Policy.

# Parental Leave Policy

**People Policy 35**

| **Disclaimer:** |
| --- |
| If the review date of this document has passed (***Feb 2029***), please ensure that the version you are using is the most up to date version either by contacting the Lead of People Policy or CTM_Corporate_Governance@wales.nhs.uk |

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## 1. PURPOSE

This policy reflects CTMUHB's commitment to support our employees and their families by providing access to unpaid parental leave. This is in addition to other types of time off, including maternity, paternity, adoption, shared parental leave, neonatal care leave and annual leave. This is part of our overall commitment as a family friendly employer.

## 2. ELIGIBILITY

To be eligible for parental leave, you must:

- Be an employee of CTMUHB
- Have parental responsibility for a child who is under 18 years old

## 3. SCOPE

Eligible employees can take up to 18 weeks' unpaid Parental Leave for each child, until each child is 18 years old. A maximum of four weeks' leave can be taken per child per year, and it is to be taken in blocks of weeks. Parental leave may be added to periods of Paternity, Maternity, Adoption or Shared Parental Leave.

You will maintain all contractual rights except remuneration during Parental Leave. Your periods of Parental Leave will be counted as continuous service and will be pensionable.

## 4. PROCEDURE

### 4.1 PROVISION OF PARENTAL LEAVE

| Criteria | Details |
|---|---|
| **Eligibility** | • Permanent or fixed term contract employees from day 1 of working for CTMUHB.<br>• Have parental responsibility for a child under 18 years old. |
| **Leave** | 18 weeks unpaid Parental Leave per child untill the child's 18th Birthday. Maximum of 4 weeks Parental Leave per child per year. Pro rata for part time employees. |
| **Notice** | 21 days written notice. |
| **Evidence** | Able to provide evidence if requested in the form of a Child's birth certificate, adoption paper or a disability living allowance award letter |

## 4.2 REASONS FOR TAKING PARENTAL LEAVE

You may only take Parental Leave to care for your child. For example, this may include spending more time with your child, accompanying them during a stay in hospital, checking out new schools, helping to settle them into new childcare arrangements, visiting relatives with them.

## 4.3 TIMING AND LENGTH OF PARENTAL LEAVE

You are required to give 21 days written notice of the start and end dates of the leave period you wish to take using the form attached in **Appendix 1**.

CTMUHB may defer your requested leave for up to six months if there are valid business reasons. This typically applies where your absence would cause significant disruption to service delivery. If your leave request is postponed, your manager will notify you in writing within seven working days, explaining the reason for the decision. You will still be entitled to take the full amount of leave originally requested.

Leave may be taken as a minimum of one week block unless your child has a disability as defined under current Equality Act, in which case it may be taken as individual days. A week's leave would be classed as a normal working week, which may be part-time for some employees.

Where unforeseen, unplanned emergency situations arise, Parental Leave may be granted at short notice, at the discretion of CTMUHB. In some cases, Special Leave may be more appropriate. Please talk to your Line Manager about the most appropriate type of leave for your situation.

## 4.4 RETURNING TO WORK AFTER PARENTAL LEAVE

You are entitled to return to the same job following a standalone period of Parental Leave of four weeks or less.

If you have taken Parental Leave with another type of family leave, such as maternity, adoption or shared parental leave, then you have the right to return to the same job, unless that is not possible because there have been significant changes within CTMUHB whilst you have been away. In this case, you will be entitled to return to a similar role, with the same terms and conditions.

**Version Control**

| Version | Author | Date | Summary of Changes |
|---|---|---|---|
| 1 | Director of Workforce and Organisational Development | June 2013 | Parental Leave policy introduced to allow employee to take 18 weeks' unpaid leave in respect of each child under the age of 14 (18 in cases of adoption or disabled children). |
| 2 | Workforce and Organisational Development | 13-02-2018 | Updated parental leave of 18 weeks for each child and adopted child, applicable until the child reaches their 18th birthday. |
| 3 | People Policy Review Group | 28-01-2026 | Parental Leave policy simplified and enhanced to remove the 12 months NHS service requirement for eligibility. |

## APPENDIX 1 - APPLICATION FOR PARENTAL LEAVE

Please complete Section 1 of this form and pass it to your Manager for authorisation. The form must then be sent to People Services who will notify Payroll.

---

## SECTION 1 - TO BE COMPLETED BY THE EMPLOYEE

Name:_____

Employee Number:_____

Post held: _____

Name of child leave requested for: _____

Date of birth/Date of adoption:_____

**Leave requested**

| From | To | Number of days/weeks |
|---|---|---|
| | | |
| | | |
| | | |

**Details of previous leave taken for this child**

| Name of child | Dates leave taken | Number of days/weeks |
|---|---|---|
| | | |
| | | |
| | | |

I declare that this leave is requested to allow me to care for the above named child and that I have parental responsibility for the child.

Date:_____

**SECTION 2 - TO BE COMPLETED BY THE LINE MANAGER**

Parental Leave approved as requested: YES/NO*
***Delete as appropriate**

If NO, reason for this, please give reasons for your non-approval and details of alternative leave approved:

_____
_____
_____
_____

Date applicant informed:_____

Please print name: _____

Forward the completed form to People Services Team via the following email address:
**CTM.AccessPeopleServices@wales.nhs.uk**

**SECTION 3 - TO BE COMPLETED BY PEOPLE SERVICES**

Date application received: _____

Date details recorded for monitoring: _____

Please print name: _____

## APPENDIX 2 – GOVERNANCE, LEGAL, NHS WALES AND HEALTH BOARD POLICIES AND POLICY INFORMATION

| | |
|---|---|
| **Document Type:** | Non Clinical Organisational Wide Policy |
| **Ref:** | People 35 |
| **Executive Sponsor:** | Executive Director for People |
| **Approved By:** | Choose an item. |
| **Approval / Effective Date:** | |
| **Review Date:** | Feb 2029 |
| **Version:** | 3 |
| **People who need to know about this document in detail** | The People Services Team<br>The NWSSP Payroll Team |
| **People who need to have a broad understanding of this document** | Managers and Staff and Trade Union Representatives |
| **People who need to know that this document exists** | Managers and staff |
| **Equality and Welsh language Impact Assessment** | Date Undertaken: |
| | Outcome for Equality:<br>Outcome for Welsh Language: |
| **Aligns to the following Wellbeing of Future Generation Act Objective** | Co-create with staff and partners a learning and growing culture |

**Legislation**: There are legislations in place to support Parental Leave: -

- Parental leave regulations 2013
- Employment Rights Act 1996; Employee Relations Act 1999;
- Employment Act 2002;
- Maternity and Paternity Regulations 1999;
- Maternity and Parental Leave Regulations 1990.

**Equality:** CTMUHB provides services that meet public needs. It also aims to treat all employees and workers fairly and without discrimination. We have done an Equality and Welsh Language Impact Assessment on this policy. This helps us see how it may affect employees with protected characteristics or specific needs. The assessment found positive impact for some protected characteristics in compliance with the Equality Act 2010. The policy is also available in Welsh for those who wish to access it in their first language.

**Training Implications:** The People Services Team will provide advice and support to managers in respect of implementing this policy should they require it.

**Review, Monitoring and Audit Arrangements:** This policy will be reviewed every three years. Additional changes may be required earlier, based on insights gained from the implementation reviews, changes to legislation, etc.

**Retention/Archiving**

The Lead for People Policy is responsible for archiving this policy when it is amended or replaced and ensuring a copy is available for reference if needed, in accordance with the Records Management Policy.

| Agenda Item |
| --- |
| 10.1.7 |

# Operational Delivery Committee

## All-Wales Flexible Working Policy and All- Wales Reserve Forces Training & Mobilisation Policy

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Amadu Jalloh, Head of People Policy and Compliance |
| **Cyflwynydd yr Adroddiad / Report Presenter**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Hayleigh Jones, Deputy Director for People |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Hywel Daniel, Deputy CEO/Executive Director for People |

| | | |
| --- | --- | --- |
| **Pwrpas yr Adroddiad / Report Purpose** | For Approval | |
| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| Wales T&C Business Committee | 27/08/2025 (Flexible working policy)<br>19/11/2025 (Reserve Forces policy) | Endorsed |

| | | |
|---|---|---|
| Welsh Partnership Forum | October/ November 2025 | Agreed via Chairs' Action |
| Medical and Dental Business Group | | Agreed via Chairs' Action |
| Shared with local Health Boards for internal approval and implementation | 24/10/2025 (Flexible working policy)<br>12/12/2025 (Reserve Forces policy) | Subject to ODC approval |

| **Acronyms / Glossary of Terms** | |
|---|---|
| CTMUHB | Cwm Taf Morgannwg University Health Board |

## 1. Situation /Background

1.1 CTMUHB is committed to helping our employees achieve a healthy balance between their work responsibilities and other aspects of their lives. By supporting this balance, we aim to create a positive and rewarding workplace where people can thrive, learn, and deliver high-quality services to the communities we serve.

1.2 Flexible working arrangements are essential for meeting employees' diverse needs, supporting a healthy work-life balance, and enhancing productivity for both employees and CTMUHB.

1.3 The All-Wales Flexible Working Policy has been updated to place greater emphasis on the legal requirements around timescales. Managers must consider a flexible working application and inform the individual of the outcome (including any appeal) within a strict 2-month timeframe.

1.4 The Reserve Forces Training and Mobilisation Policy supports employees who are members of, or wish to join, the Volunteer Reserve Forces by allowing time off to complete required training. This training benefits both the individual and CTMUHB by enhancing skills and contributing to service delivery.

1.5 The Reserve Forces Policy has been updated with minor amendments to ensure it remains current and reflects discussions with the regional Armed Forces lead.

1.6 The revised Flexible Working Policy and Reserve Forces Training & Mobilisation Policy were approved by the Welsh Partnership Forum in October and November 2025, respectively. These updates reflect collaborative input from the People Network and Trade Unions. Individual organisations are now expected to adopt and implement the policies as part of a coordinated approach to ensure consistent principles across NHS Wales.

## 2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

| Name Title | Date Consulted/Completed |
|---|---|
| Equality Impact Assessment | 24/12/2025 |
| Informal Consultation with interested parties | |

| | |
|---|---|
| Formal Consultation | 27/08/2025 and 19/11/2025 |
| Committee – For approval | Operational Delivery Committee |

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 The revision process for these policies involved engagement with all Health Boards, and CTMUHB's feedback was fully incorporated. The updated policies align with our organisational values and behaviours, ensuring they reflect our commitment to supporting staff and delivering high-quality services.

2.4 In line with our corporate governance framework, Operational Delivery Committee is required to formally approve the CTMUHB adoption of policies which are written on an All-Wales basis.

## 3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made: Only minor typographical amendments were made as a result of the various consultation stages.

3.2 Flexible working is an increasingly common practice supported by legal rights that enable employees to request arrangements that better suit their personal circumstances while also benefiting CTMUHB. It is therefore essential to adhere to the required timescales for processing applications and resolving any appeals.

3.3 Legislation also governs reservist mobilisation and provides employment protection, which CTMUHB must comply with. The Reserve Forces Act 1996 (RFA 96) sets out the powers under which Reservists can be mobilised for full-time service.

## 4. Assessment

| Objectives / Strategy | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Inspiring People<br>If more than one applies please list below: |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Prosperous Wales<br>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))* | Culture and Valuing People<br>If more than one applies please list below: |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Person Centred<br>If more than one applies please list below: |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable<br>If more than one applies please list below: |

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

| | | |
|---|---|---|
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | Yes: ☒ | No: ☐ |
| | Outcome for Equality (delete as appropriate): POSITIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE | If no, please include rationale below: |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | Under the Employment Rights (Flexible Working) Act 2023, employees are entitled to request flexible working arrangements from their first day of employment. In addition, the Reserve Forces Act 1996 (RFA 96) sets out the powers under which Reservists can be mobilised for full-time service, ensuring compliance with legal obligations and employment protections. | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Failure to adopt the Flexible Working Policy and the Reserve Forces Policy could have a significant reputational impact on the Health Board, potentially undermining our commitment to staff wellbeing and alignment with NHS Wales standards. | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report. | |
| | | |

## 5. Recommendation

5.1 The Operational Delivery Committee is asked to:

- **APPROVE** the attached Flexible Working Policy and Reserve Forces Training & Mobilisation Policy.
- **ENDORSE** the removal and archiving of the current Flexible Working Policy and Reserve Forces Training & Mobilisation Policy.

## 6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

# All Wales Flexible Working Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

***Approved by:***
***Welsh Partnership Forum***
***Medical and Dental Business Group***

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# ALL WALES FLEXIBLE WORKING POLICY

## 1. POLICY STATEMENT

**1.1** Within NHS Wales we know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is are fundamental to our success. We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential. One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.

**1.2** Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.

**1.3** The NHS Wales Approach to Flexible Working is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than "We can't do this because…" the question becomes "How can we make this happen"? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.

**1.4** Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.

**1.5** All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.

**1.6** To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes. When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.

**1.7** NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.

## 2. SCOPE

The policy applies to all employees of the *NHS organisation* from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

## 3. PRINCIPLES

**3.1** The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to and ensure that all avenues have been explored before rejecting the request.

**3.2** All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their entirety, managers should consider whether certain elements of the role can be worked flexibly.

**3.3** Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.

**3.4** Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.

**3.5** It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met**.**

**3.6** Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.

**3.7** No form of flexible working will allow employees to work in breach of the Working Time Regulations.

**3.8** Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.

**3.9** Changes to an employee's contract of employment must be confirmed in writing.

## 4. BENEFITS OF FLEXIBLE WORKING

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are more generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees– and holding onto experienced and skilled people is important in maintaining quality and containing costs. Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible Working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

# 5. FLEXIBLE WORKING REQUEST PROCESS

**5.1** There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

## 5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect.

- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity leave, or when it is for childcare or dependents care.

## 5.3 Responding to a Request

5.3.1 Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome within 2 months, this should include any appeal, and should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

5.3.2 The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

5.3.3 Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone

workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

## 5.4 Considering the Request

5.4.1 All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/W&OD team.

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that NWSSP are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are informed of the employee's current duties and where / how they will be working.

5.4.3 All endeavors must be made to accommodate the request in full or in part, or by providing an alternative. If, after discussing with the employee and considering all of the alternatives available, the t manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources. If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable. The manager must provide details of the business grounds for refusing the request and how they apply in this case. The only acceptable reasons are:

- Burden of additional cost.
- Detrimental effect on ability to meet customer/patient needs.
- Inability to reorganise work among existing employees.
- Detrimental impact on quality
- Detrimental impact on performance.
- Detrimental impact on the ability to meet service demands.
- Insufficient work for the periods the employee proposes to work.
- Planned structural changes to the department

5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request. Advice should be sought from People Services/Human Resources/W&OD.

## 5.5. Escalation Stage

5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.

If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may be more supportive of the individual's circumstances and in line with their request.

5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

## 5.6 Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request including any appeal. This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee in writing. Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales and should be held without unreasonable delay. NHS Wales employees also have the right to request an appeal if their request is turned down. Managers must ensure adequate time remains available for the employee to appeal the decision and receive an outcome within the statutory 2-month time period, unless an extension to time limits is mutually agreed in writing.

## 5.7 More than one request received at around the same time

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received.

If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision. In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

## 5.8 Appeals

5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 7 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Where new information is now available in relation to the request
- Where the employee feels that the application was not handled in line with the policy
- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

5.8.2 An appeal meeting will be held and the outcome communicated to the employee without unreasonable delay once in receipt of the written appeal but must be concluded no later than 2 months from the date the initial flexible working request was first received by the employer. This will be dealt with impartially by a more senior person than the manager who made the original decision. Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeals will be communicated in writing without unreasonable delay after the appeal meeting and must be provided within 2 months of first receipt of the initial flexible working request by the employer. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

## 5.9 Review of Flexible Working Arrangements

5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.

5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.

5.9.3 In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place. This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.

5.9.4 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

## 6. CORRESPONDENCE

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place on an organisational level.

## 7. TERMS AND CONDITIONS CONSIDERATIONS

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/Pensions Department where necessary.

- ### Hours of Duty
  Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place.

- ### Annual Leave
  Annual leave will be calculated on a pro rata basis, as appropriate

- ### Sick Pay
  Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly.

- ### Maternity / New parent / Adoption / Shared Parental Leave
  Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The Health Board/Trust has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period.

- ### Pensions
  Pension contributions will be pro rata for employees working less than full-time hours.

- ### Expenses
  All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a Health Board/Trust base for the purpose of claiming travel expenses.

- Pay

  Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal will be paid in 12 equal installments each year.

- Additional Hours

  If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu.

- Policies and Procedures

  Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.

## 8. OTHER ASSOCIATED DOCUMENTS

This Policy should be read in conjunction with other All Wales and local policies on:

- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break

It should also be read in conjunction with:

- ACAS Code of Practice on Flexible Working Requests
- NHS Wales Flexible Working – briefing and guidance

## 9. MONITORING AND REVIEW

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

## Appendix 1 – Definitions

**Flexible working** describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

**Agile working** is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity. It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

**Working remotely** is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working. Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied.

**Hybrid working** is a mixture of remote working and working from a base.

### Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

### Part Time Working

Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

### Job Sharing

This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer. The principle of job sharing usually reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.

In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

**Term Time Working**

Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

**Seasonal Hours**

Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

**Compressed Hours**

Employees are able to work their full contracted hours over a shorter period than is standard.

Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

**Voluntary Temporary Reduction in Hours**

Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

**Flexi-time**

Flexi-time is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times. To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexi-time schemes are usually based on detailed, locally agreed procedures which set out:

- the core hours
- limits on early and late working
- the minimum lunch break to be taken
- the maximum number of credit and debit hours which can be accrued
- limits on the number of hours which can be carried over to the next month
- limits on the number of days off allowed in any one period
- limits on the number of employees allowed off at any one time

**Flexible and Partial Retirement**

There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibility available and the processes to be followed are set out in the Retirement Policy.

**Staggered Hours**

This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

**Split Shifts**

This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

**Employment Breaks**

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period. For further details see the All-Wales Employment Break Policy.

**Team based / Self Rostering**

Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward/team roster, within the constraints of service and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis. Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.

## Appendix 2 – Flexible Working Request Form

| PART 1 - Employee information | |
|---|---|
| Name of employee: | |
| Post: | |
| Band: | |
| Employee number: | |
| Email address: | |
| Department: | |
| Service Group: | |
| Line Manager: | |
| I would like to make a request to work a flexible working pattern that is different to my current working pattern. | |
| Requested start date of change: | |
| I would like this change to be Permanent/Temporary (please delete as appropriate): | Permanent/Temporary*<br>*For a period of…… |
| Please describe your current working pattern e.g., location/days/hours/ worked etc.: | |
| Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc. | |

| | |
|---|---|
| | |
| Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)?<br><br>*n.b. You do not have to give this information, but it will help your manager to make a decision on your application.* | Yes/No |
| If yes, please provide details: | |
| Employee signature: | |
| Date of application: | |

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

| PART 2 - Receipt of request | |
|---|---|
| Date of receipt: | |
| Line Manager Name (please print) | |
| Line Manager Title: | |
| Date meeting/conversation has been arranged for: | |

Part 3 - Acceptance or Rejection Form

**Either:**

Further to the meeting that took place on (Date) …….

I have considered your request for a new flexible working pattern.

☐ I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).

☐ I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months).

☐ I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you.

Please set out how the service will be maintained and how any impact on other employees can be mitigated.

Your new working pattern will be as follows:

**Or:**

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

- ☐ The burden of additional costs
- ☐ Detrimental effect on ability to meet service user/patient needs
- ☐ An inability to reorganise work amongst existing employees
- ☐ A detrimental impact on quality
- ☐ A detrimental impact on performance
- ☐ Detrimental effect on ability to meet service demands
- ☐ Insufficient work for the periods the employee proposes to work
- ☐ A planned structural change to the department

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case)**

| | |
|---|---|
| Start date of new working arrangements (if applicable): | |
| Line Manager Signature: | |
| Line Manager Name (in Full): | |
| Date: | |
| | |

| |
|---|
| Please confirm which applies:<br><br>**This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.**<br><br>OR:<br><br>This will be a temporary change to your working arrangements and will be until …… at which time the arrangements will be reviewed. |
| If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below. |

| | |
|---|---|
| Line Manager Signature: | |
| Line Manager Title (in full): | |
| Date: | |

| |
|---|
| If you accept the change outlined above, please sign and confirm receipt of the decision. |

| | |
|---|---|
| Employee Signature: | |
| Date: | |

| |
|---|
| To The Employee:<br><br>If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below. |
| APPEAL PROCESS |

If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.

**Notes:**

Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2 and 3 - to be completed by Line Manager

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.

# All Wales Reserve Forces Training and Mobilisation Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

***Approved***
***Welsh Partnership Forum November 2025***

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# 1. General Introduction

1.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.

1.2 Employees who wish to take advantage of the provisions contained within this policy must inform their employer that they are a Reservist by contacting the individual identified at Appendix 1 for their *NHS Organisation*. The designated contact for each *NHS Organisation* will keep a register of all employees who are members of the volunteer forces and will ensure that the individual's line manager is aware of their membership of the Volunteer Reserve Forces.

1.3 This policy will also apply to High Readiness Reserves (HRR) and Civil Contingency Reaction Forces (CCRF), both of whom must inform their employer of their status given the relatively short notice of deployment. High Readiness Reserves will also require written consent from their employer if they work more than two days per week before they are able to hold this status.

1.4 The training undertaken by Reservists enables them to develop skills and abilities that can be of benefit to them as employees, and to the employer in terms of service delivery. Members of staff should be encouraged to share these with colleagues.

1.5 A greater understanding of the training and skills development carried out in the Reserve Forces will assist managers in conducting PADRs.

# 2. The Legal Framework

2.1 In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.

2.2 There are two main pieces of legislation relating to employers and the Volunteer Reserve Forces:

- Defence Reform Act 2014 (DRA 14)
- The Reserve Forces Act 1996 (RFA 96) which provides the powers under which Reservists can be mobilised for full-time service.
- The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) which provides protection of employment for those liable to be mobilised and reinstatement for those returning from mobilised service.

# 3. Practical Support for Training

3.1 NHS Wales will support an employee to become a reservist and provide access to annual or unpaid leave to support attendance at any training required in advance of an employee becoming a Reservist.

3.2 Paid leave of up to 10 days per year will be made available to Reservists to attend annual camp or equivalent continuous training. Any additional leave required should be taken as annual or unpaid leave.

3.3 Line managers will as far as possible facilitate work rosters to allow attendance for annual camp and other training commitments, e.g. weekly or weekend training sessions.

3.4 Reservist employees should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances.

3.5 Any disputes should be referred to the designated contact (see appendix 1) in the first instance. Employees who remain dissatisfied may thereafter use the grievance procedure.

# 4. Mobilisation

4.1 Mobilisation is the process of calling reservists into full-time service. (i) With the Regular Forces on the military operations (ii) To fulfil their part of the UK's defence strategy. The Reserve Forces Act 1996 and the Defence Reform Act 2014 provide the legal basis for mobilisation. Subject to the severity of the crisis there would normally be a minimum of 30 days' notice. Mobilisation will normally be for between 3 and 12 months but on occasion could be as short as 2 weeks.

4.2 An employee who wishes to volunteer for mobilisation **must seek prior agreement of their employer through their line manager out of courtesy**. Any such request will be considered within 5 working days.

4.3 Where there are multiple requests in a single department/unit these will be referred to the appropriate Senior Manager.

4.4 Where there is compulsory mobilisation of any employee the employer (following a similar process to 4.2 above) will decide whether to seek exemption or deferral. The grounds of exemption are strictly limited and would have to show serious harm to the employer's ability to provide services. The employer would only seek exemption in very exceptional circumstances.

4.5 Additional information regarding exemption and deferral from mobilisation is contained in Appendix 2.

# 5. Financial Assistance for Employers

5.1 Where an employee's mobilisation results in additional costs the employer may seek compensation from the Ministry of Defence (MoD), e.g.:

- Overtime costs if another employee is used to cover the work of the Reservist.
- Any costs of hiring a temporary replacement that exceeds the Reservist's earnings.
- Advertising for replacement or agency costs.
- Training costs for any training the employee needs as a result of having been mobilised (the MoD will not pay for training that we would have carried out anyway) when they return to work to carry out their duties properly.

5.2 While the Reservist is mobilised, the employer is not obliged to pay their salary or contractual benefits. However, staff will receive their full salary from the employer during the first month of their mobilisation or until they receive their first months pay from the MoD. The excess salary paid after the date of mobilisation will be recoverable when the individual returns to work. The designated contact for the *NHS Organisation* should ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop.

5.3 In order to claim financial assistance the employer will provide the Ministry of Defence with appropriate supporting documentary evidence e.g. invoices.

5.4 The latest date for submitting claims for financial assistance, other than for training, is within four weeks of the date the Reservist is demobilised.

# 6. NHS Pension whilst on Active Service

6.1 A reservist who is called out is entitled to remain a member of the NHS Pension Scheme. The Ministry of Defence (MoD) will pay the employer's pension contributions whilst the individual is mobilised provided they continue to pay their individual contributions. Where mobilisation occurs, the employee will be given special unpaid leave of absence. The employee's pension contributions would be calculated and held over until the employee returns. These would then be recovered monthly from salary and over the same period as the employee was absent. The employer will continue, on request of the employee, to pay employer's contributions to the NHS Pension Scheme for the period of mobilisation and invoice the MoD to recover this amount.

See section 12:

(http://www.nhsbsa.nhs.uk/Documents/Pensions/Call_up_of_Reservists_factsheet_V2_07.13.pdf)

## 7. Annual Leave whilst Mobilised

7.1 Reservists have no entitlement to accrue annual leave whilst mobilised and on unpaid leave.

7.2 Reservists will have a period of 'post tour' leave which they **accrue at the rate of one day for every nine calendar days deployed** (JSP 753 Directive – Regulations for the Mobilisation of UK Reserve Forces) from the MoD. This leave must be taken before the individual is demobilised.

## 8. Carry Over of Annual Leave

8.1 Reservists should be encouraged to take any holiday accrued before mobilisation. However, any annual leave not taken will be carried forward.

## 9. Pay Progression

9.1 Where an employee is absent from work following mobilisation, the service will be considered continuous and an employee will not be penalised if it coincides with their pay step.

9.2 Line managers who carry out PADRs and / or appraisal meetings with a reservist should be made aware that the Volunteer Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace. It is therefore good practice that we recognise these skills and abilities in an individual's PADR or appraisal meeting and acknowledge that the activities can be regarded as evidence of achievement or in some circumstances contribute towards an individual being in a position to evidence application of knowledge and skills. These principles will also apply to reservists not employed on Agenda for Change Terms and Conditions, being mindful of professional requests, such as revalidation.

## 10. Support on Return to Work (Demobilisation)

10.1 Demobilisation may be a difficult time, with a Volunteer Reservist returning to work after a challenging period in deployment. Helping to ensure a smooth re-integration into the workplace/team will require consideration of:

- The need to update them on changes and developments in the organisation.
- The need to offer specific refresher training where it is sought/considered necessary.
- Where the job duties have changed since mobilisation, a period of skills training may be required to assist them with new aspects of the job.

- Whether the Reservist can meet up with colleagues informally or socially (if appropriate) before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment.

10.2 When an employer is advised by a Reservist that they want to return to work, the employer is obliged to employ them in their old job as stated in the Reserve Forces (Safeguard of Employment) Act 1985. Where this is not possible, they must be offered an equivalent position with the same terms and conditions of service in accordance with the Organisational Change Policy. The right to return to work lasts for six months after demobilisation.

10.3 To enable the employer to plan for their return to work after their military service has ended, Reservists must advise the designated organisational contact verbally and/or in writing, copied to their line manager, the date they will be available to start work. This communication should be made no later than three weeks after the completion of military service.

10.4 The employer must be advised as soon as possible if, due to illness or some other reasonable cause, the employee is unable to start work on the agreed date.

# 11. Review

11.1 This policy will be monitored and reviewed every two years or sooner in light of any legislative changes and in line with NHS changes.

# 12. Useful Sources of Help

**Reserve Forces and Cadet Association for Wales**

Telephone: 02920 375746 www.wales-rcfa.org

**NHS Wales Pensions Agency**

Address: NHS Pensions Agency

PO Box 2269

Bolton

BL6 9JS

Telephone: 0300 3301 346

www.nhsbsa.nhs.uk

# Appendix 1 – Designated NHS Organisation Contacts

Each NHS organisation has a responsibility to identify their designated contact, however, for the purposes of this policy the responsibility will be that of each NHS organisation's Director of Workforce and Organisational Development.

It will be the role of the designated NHS Organisation contact to ensure that: -

- they are fully aware of the provisions of this policy and are therefore able to advise employees of the support available to them;
- they maintain an up to date database of all Reservists working in their organisational area;
- they are available to work with both their employee and the employee's line manager to ensure the provisions of the policy are available;
- mechanisms in place to ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop;
- mechanisms in place to ensure that they maintain contact with the employee to ensure they are kept informed about their area. This may be through the provision of a staff newsletter, update e-mails, briefing notes etc;
- they act as first contact in any disputes.

# Appendix 2 – Exemption and Deferral from Mobilisation

1.1 The employer has the right to ask for exemption from, or deferral of, mobilisation if it is considered that the organisation will suffer serious harm because of the Reservist's absence.

1.2 The definition of definition of 'serious harm', varies from case to case, but the broad guidelines laid out in CORFA 05 specifically mention;

- Serious loss of sales, markets, reputation, goodwill or other financial harm.
- Serious impairment of the ability to produce goods or provide services.
- Demonstrable harm to research and development of new products, services or processes, provided that the harm could not be prevented by the employer receiving financial assistance under CORFA 05.

1.3 To be considered for exemption or deferral, the Reservist, or the employer, must make an application, within seven days of the Reservist being served with a mobilisation notice, to the Service Adjudication Officer (SAO) for the Service in which the Reservist will serve. Late applications can only be made with the permission of the SAO appointed by the MoD. A serving officer or MoD official normally holds this post.

**Address:** Army Adjudication Officer
Army Personnel Centre
PO Box 26703
GLASGOW G2 8YN

**Tel:** 0800 389 6585
**Fax:** 0141 224 2689

**Email:** apc-cmops-mob-so2@mod.uk

**Address:** Royal Navy and Royal Marines Adjudication Officer
West Battery (MPG-2)
Whale Island
PORTSMOUTH PO2 8BX

**Tel:** 02392 628858
**Fax:** 02392 628660
**Email:** NAVYLEGAL-RESERVESADJSO2@MOD.UK

**Address:** Royal Air Force Adjudication Officer
Royal Air Force Adjudication Service
c/o Imjin Barracks
GLOUCESTER GL3 1HW

**Tel:** 01452 712612 ext 6107
**Fax:** 01452 510939
**Email:** aira1-adjmlbx@mod.gov.uk

1.4 The following information must be provided when applying for exemption or deferral;

- Personal details including full name, address, payroll and national insurance number.
- Details of the job or role they perform within the Board.
- The effect that their absence would have on the Board and/or departmental business and/or service delivery.
- Justification for exemption in terms of the serious harm to the Board and department.

1.5 Once received, the application will be examined by the SAO who will decide if the case for exemption or deferral is acceptable. In making this decision, the SAO will seek to balance the needs of the Board and employing department against the operational needs of the Armed Forces for which the Reservist has been mobilised.

1.6 An appeal can be made to the Reserve Forces Appeal Tribunal if the Board is unhappy with the decision of the SAO. The SAO will provide information on making an appeal.

1.7 Reserve Forces Appeal Tribunals are independent of the MoD, with appointments made by the Secretary of State for Constitutional Affairs and Lord Chancellor. Each tribunal consists of a legally qualified chairperson and two lay-members drawn from a list held by the Employment Tribunals Service.

1.8 Appeals must be lodged with the office of the Secretary to the Tribunal no more than five working days after the SAO's decision is received. Appeals can be faxed or posted first class.

**Address:** Reserve Forces Appeal Tribunal
Tribunals Service
Alexandra House
14 – 22 The Parsonage
Manchester
M3 2JA

**Email:** rfat@tribunals.gsi.gov.uk

1.9 The employer will be advised of the date, time and place of the hearing of the appeal. Where considered necessary, employers may be asked to provide the Tribunal with additional information in support of their case. Appeals are normally heard within 28 days of receipt of the appeal, during which time the Reservist will not be deployed outside the United Kingdom.

| Agenda Item |
| --- |
| 10.1.8 |

# Operational Delivery Committee

## Enabling a Bilingual Organisation: Using Welsh at Work Policy

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Ben Screen, Welsh Language Lead/Arweinydd y Gymraeg |
| **Cyflwynydd yr Adroddiad / Report Presenter**<br>*If you do not wish for your name to be included in the public domain, please only include your job title* | Ben Screen, Welsh Language Lead/Arweinydd y Gymraeg |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Hywel Daniel, Deputy CEO/Executive Director for People |

| | | |
| --- | --- | --- |
| **Pwrpas yr Adroddiad / Report Purpose** | For Approval | |
| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| People Policy Review Group | 11/09/2025 | Endorsed |
| Welsh Language Steering Group | 19/09/2025 | Endorsed |
| Staff consultation online | 16/12/2025 – 02/01/2026 | Incorporated |

| Acronyms / Glossary of Terms | |
|---|---|
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| AMAT | Audit Management and Tracking |

## 1. Situation /Background

1.1 In accordance with Welsh Language Standard 79, CTMUHB is required to have an endorsed policy on the internal use of Welsh.

1.2 Organisations subject to this standard are expected to draft and approve their own policy, with the aim of increasing the use of Welsh in the organisation's internal business.

1.3 The current Welsh Language Policy was intended to address this requirement; however, it does not fully comply with Standard 79, as it fails to cover the internal use of Welsh as stipulated.

1.4 This new policy fulfils the requirement to clearly outline how CTMUHB will increase the use of Welsh in its internal operations for the first time, as required by Standard 79.

1.5 It is proposed that the current 'Welsh Language Policy' is removed and archived, and replaced by the Using Welsh at Work Policy.

## 2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

| Name Title | Date Consulted/Completed |
|---|---|
| Equality Impact Assessment | 05/01/2026 |
| Informal Consultation with interested parties | 11/09/2025 |
| Formal Consultation | 02/01/2026 |
| Committee – For approval | Operational Delivery Committee |

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 Organisational values and behaviours have been reflected within the policy.

2.4 This policy addresses the shortcomings of the current Welsh Language Policy by providing approved guidance on how to comply as well as formally committing to a method of regular checks and monitoring processes using AmAT audit and inspection recording software.

2.5 It also improves the use of Welsh in internal operations and commits CTMUHB to:

2.5.1 Increasing the use of Welsh in its internal communications, such as corporate messaging and the intranet.

2.5.2 Improving the offer to staff available in Welsh when using People Services, Occupational Health and Employee Well-being services.

2.5.3 Ensuring staff can use core workplace technology in Welsh such as Microsoft Office applications, Teams and Windows.

2.5.4 Increasing the use of Welsh to open and close formal meetings such as Board Committees.

2.5.5 Ensuring Welsh is visible in the workplace via workplace signage and the use of Welsh in inductions, so that Welsh can be mainstreamed from the start.

2.5.6 Supporting those staff who wish to learn Welsh at work through their managers.

## 3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made: Only minor typographical amendments were made as a result of the various consultation stages.

3.2 Publication of the revised Using Welsh at Work Policy demonstrates our commitment within our People Plan to *Getting the Basics Right* and ensures compliance with Standard 79.

3.3 Lack of an approved policy would be in breach of Standard 79.

3.4 Breaches of Welsh Language legislation carry legal, financial and reputational risk as set out in the Welsh Language Commissioner's Enforcement Policy.

3.5 The approval and publication of the Using Welsh at Work Policy, together with practical support for managers, will demonstrate our commitment to achieving the national Cymraeg 2050 strategy and wider Welsh language legislation.

## 4. Assessment

| Objectives / Strategy | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Inspiring People<br>If more than one applies please list below: |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | A Wales of Vibrant Culture & Thriving Welsh Language<br>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))* | Culture and Valuing People<br>If more than one applies please list below: |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable<br>If more than one applies please list below: |

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

| | | |
|---|---|---|
| *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?* | Outcome for Equality (delete as appropriate): POSITIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE | If no, please include rationale below: |
| **Cyfreithiol / Legal** | Yes (Include further detail below) | |
| | CTMUHB must have a ratified policy in place as required by Welsh Language Standard 79. | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Breaches of Welsh Language legislation carry legal, financial, and reputational risk as set out in the Welsh Language Commissioner's Enforcement Policy. | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report. | |
| | | |

## 5. Recommendation

5.1 The Operational Delivery Committee is asked to:

- **APPROVE** the attached Using Welsh at Work Policy.
- **ENDORSE** the removal and archiving of the previous Welsh Language Policy.

## 6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

6.2 An action plan will be finalised to drive new activities and ensure the effective implementation and monitoring of Welsh language integration across CTMUHB.

# Enabling a Bilingual Organisation: Using Welsh at Work Policy

| **Disclaimer:** |
| --- |
| If the review date of this document has passed (***February 2029),*** please ensure that the version you are using is the most up to date version either by contacting the People Policy Lead or CTM_Corporate_Governance@wales.nhs.uk |

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## 1. POLICY STATEMENT

The aim of this policy is to enable, support and ensure the use of Welsh across Cwm Taf Morgannwg University Health Board (CTMUHB), in turn helping achieve our national Cymraeg 2050 strategy in Wales. Both our People Plan 2025-2030 and our values are clear in that we want to create an inclusive and healthy environment, and one in which we treat everyone with respect. This means that we support each other to learn and use Welsh, we include Welsh, however small, in our everyday interactions, and we fulfil, if not exceed, our duties under the Welsh Language Standards.

As an official language in Wales, legislation is in place to provide Welsh speakers with services in Welsh. This includes us as employees, workers, students and more whilst working in and around CTMUHB sites, and on behalf of CTMUHB through a Service Level Agreement or as a 3rd party via a tender.

## 2. SCOPE OF THE POLICY

The policy applies to employees, workers, students, volunteers, and staff from other organisations who work at all sites (please see appendix 1 for more details).

This policy sets out activities and actions that ensure and encourage the use and integration of the Welsh language in CTMUHB. These are noted as:

- **Requirements** – these are must-dos derived from the Welsh Language Standards and other relevant legislation and regulations

- **Commitments** – these are supplementary, but not optional, actions that CTMUHB have set out to further demonstrate our support of the Welsh language in our organisation

Other policies, processes, guidance and resources will include specific Welsh language requirements and considerations. The most important of these is the Recruitment & Selection Policy, which covers the must-dos of Welsh in recruitment, and the Policy on Policies in relation to Welsh Language Impact Assessments.

## 3. USING WELSH AT WORK

We have set out requirements and commitments under three main headings:

- **As individuals:** what we all must or are committed to doing and what we can expect as Welsh speakers and learners.

- **As teams & groups**: what specific teams and groups must do or are committed to doing to enable the use of Welsh at work (or in specific circumstances).

- **As CTMUHB**: how the organisation is enabling and encouraging Welsh at work for everyone.

### 3.1 Individuals

In CTMUHB, all individuals must:

- Use bilingual email signatures and out of office messages: guidance on how to do so can be found here.
- Have access to policies, procedures, protocols and documents in Welsh available here, that relate to:
    - Training needs or performance objectives
    - Career plans
    - Working conditions and working patterns
    - Annual leave, absence from work and flexible working
    - Behaviour in the workplace
    - Salaries and workplace benefits
- Be supported to and not challenged when freely using Welsh – whether spoken or in writing, formal or informal. The only exception to this is when a non-Welsh speaker needs to be involved and cannot participate in conversation/discussion in Welsh. For example, where two Welsh-speaking clinicians are discussing patient care and need to involve a non-Welsh speaking clinician, the language used should change so that everyone understands. However, if the same two Welsh-speaking clinicians are discussing patient care and do not need to involve others at that point, they should not be asked to change language.
- Record and update their Welsh language skills following the guidance here.

We are committed to:

- Encouraging and supporting individuals to learn Welsh, including as managers.
- Providing post-learning mentoring and support to help them use Welsh at work.

### 3.2 Teams and Groups

#### 3.2.1 People Services (HR)

- The People Services team as our core HR function must provide internal telecoms messaging in Welsh: for example, recorded messages advising callers of opening hours or options to select from.

- The People Services team must inform staff in the first email or letter that they can get future communications in Welsh. This includes:
    - Any initial email with managers
    - Correspondence regarding disciplinary hearings, grievances, and complaints
    - Correspondence regarding any other aspect of a staff member's employment
    - Correspondence regarding changes to working conditions and arrangements

People must be asked if they want to use Welsh in any meeting about their employment including meetings about disciplinary matters, concerns, complaints, or grievances. This applies to those raising the issue or those involved in it, such as witnesses. People must be supported to use Welsh at any stage of a HR process, whether formal or informal.

If people do wish to use Welsh at a meeting, this can be facilitated by using Welsh-speaking staff, or if needed, by using a simultaneous interpreter. Contact the Welsh Language Lead for guidance on arranging interpretation.

### 3.2.2 Welsh Language Development Service

CTMUHB are committed to ensuring we have a modern workforce, with skills for the future. This includes supporting colleagues to learn new and develop existing Welsh Language skills in line with our People Plan 2025-2030, and to ensure these are recorded appropriately to support our People Plan Success Measures. The Welsh Language Development Service are committed to:

- Enabling a staff network (FfrindIaith), so staff can use Welsh in a safe and supportive setting
- Ensuring Welsh language learning programmes are available for all skills levels
- Offer post-course mentoring sessions for those who completed an advanced Welsh learning programme
- Evaluating the impact of learning programmes and providers

### 3.2.3 Internal Communications

Internal Communications must adhere to the following:

- The intranet/SharePoint homepage must be in Welsh and English. Core pages in relation to working life, and the news feed must be bilingual
- A page must be available and easily accessible, containing Welsh language information and support with information related to learning Welsh

We are also committed to:

- Open all-staff communications bilingually
- Start and end all-staff emails bilingually
- Ensuring all staff updates and any supplementary all staff email messages are fully bilingual by 2028

### 3.2.4 Board and Committee Meetings

Board, Committee, and other formal meetings must be opened and closed bilingually, or just in Welsh. Supporting guidance is available here.

### 3.2.5 Digital and Data

To enable people to use Welsh in work, we must have the following software and associated packages available:

- The Language Interface Pack for Windows

- The Language Interface Pack for Microsoft Office
- The Welsh language Proofing Tools for Microsoft Word
- Microsoft Teams
- Microsoft Outlook
- Cysgliad spell-checking software

Please see the guidance here on how to access/download.

Digital and Data are also committed to:
- Having bilingual internal telecoms messaging
- Sharing bilingual information with staff

### 3.2.6 Occupational Health and Wellbeing

The Occupational Health Service, and any service in relation to staff wellbeing in the workplace, is committed to supporting the use of Welsh with staff, and by the next review of this policy, commits towards:
- Ensuring its SharePoint and/or internet page is bilingual
- Ensuring generic all-staff communication is bilingual
- Ensuring appointment letters and text-to-remind communication is bilingual
- Ensuring any information and guidance created by the service is bilingual
- Asking language preference for interventions and, where feasible, providing support to staff in Welsh including any post-treatment communication where staff opt for this.

### 3.3 As Cwm Taf Morgannwg University Health Board

In CTMUHB, we are committed to being a bilingual organisation and exceeding statutory requirements. People will not be stopped or discouraged from using Welsh, and there will be no avoidable barriers to learning and/or developing Welsh language skills.

Colleagues who experience or feel they are experiencing barriers to using or learning Welsh should initially speak to their manager or a Speak Up Safely Guardian.

Our internal communication channels will help make the Welsh language visible to everyone and encourage us all to learn and use it, going over and above statutory requirements and going beyond ensuring they are bilingual. Commitments include doing the following regularly and strategically:

- Communicating CTMUHB's commitment to the Welsh language
- Encouraging staff to use Welsh in different contexts, including its impact on patient experience and it helping people feel included
- Promoting Welsh learning and development opportunities
- Raising awareness of the available support and resources and ensuring they are easily accessible

### 3.3.1 Across our workplaces

Staff workplace signage, promotional materials, and displays must be in both Welsh and English, including:

- Cafeteria and café signage, including menus and seasonal promotional material
- Internal shop signage
- Health & Safety and fire notices and warnings
- Directional signage for external visitors, for example, for interviews or events
- Any recorded workplace announcement played over an announcement system
- All signage, promotions, or staff displays for CTMUHB staff from corporate functions, such as the People Directorate, the Improvement Hub and our Library services
- Staff promotional audiovisual content such as videos

### 3.3.2 Joining CTMUHB

When joining CTMUHB, we are committed to including information on the following in our corporate and local inductions:

- The Welsh Language Standards;
- The Active Offer;
- Opportunities to learn Welsh at work

Teams can be supported to do so by using a short presentation from the Welsh Language Team here or by inviting them to meet new colleagues.

### 3.3.3 When providing services to members of the public

We must follow the Welsh Language Standards Regulations (Wales) 2017 and the More Than Just Words 5 Year Plan in our interactions with the public. These may vary depending on the service we are offering, when and how we are offering it. Approved, mandatory protocols setting out these requirements and how to follow them can be found here.

### 3.3.4 Equality and Welsh Language Impact Assessments

It is essential that we understand any impact on the Welsh language, including those learning and/or using it, when we make decisions, develop policies, services, and processes.
Equality and Welsh Language Impact Assessments (EWLIAs) must be completed by the relevant lead or manager, including actions to address risks and issues, and provided to the Executive Team, Board or other Group considering or approving the above. Guidance on how to do so can be found here.

## 4. MONITORING AND REPORTING

A Welsh Language & Culture Dashboard tracks key metrics to help CTMUHB build a strong bilingual culture. It will also support service delivery in both Welsh and English.

This dashboard will be provided to and considered by the Operational Delivery Committee annually.

The Welsh Language Development Service will conduct audits at least twice a year. Where issues are noted, they will be recorded in CTMUHB's Audit Management & Tracking System (AmAT). A responsible lead will be identified, develop recommended actions and further monitoring escalated to the Audit & Risk Committee as necessary.

Managers are also expected to include Welsh language compliance issues in their own departmental audits and mitigate/manage appropriately.

## APPENDIX 1 – GOVERNANCE, LEGAL, NHS WALES AND HEALTH BOARD POLICIES AND PROCEDURE INFORMATION

| | |
|---|---|
| **Document Type:** | Non Clinical Organisational Wide Policy |
| **Ref:** | People 66 |
| **Executive Sponsor:** | Executive Director for People |
| **Approved By:** | Choose an item. |
| **Approval / Effective Date:** | |
| **Review Date:** | |
| **Version:** | 1 |
| **People who need to know about this document in detail** | All managers and staff with Welsh language skills |
| **People who need to have a broad understanding of this document** | Employees, workers, students and managers |
| **People who need to know that this document exists** | Employees, workers, students, managers and trade union colleagues |
| **Equality and Welsh language Impact Assessment** | Date Undertaken: 13 April 2025 |
| | Outcome for Equality: POSITIVE<br>Outcome for Welsh Language: POSITIVE |
| **Aligns to the following Wellbeing of Future Generation Act Objective** | Co-create with staff and partners a learning and growing culture |

**Legislation**: This policy ensures a consistent approach across the Health Board to promote and support the implementation of the Welsh Language Standards Regulations (Wales) 2017 and the compliance notice, including Standard 79 and having a ratified policy on the internal use of Welsh.

**Equality:** The Health Board provides services that meet public needs. It also aims to treat all employees and workers fairly and without discrimination. An Equality and Welsh Language Impact Assessment has been undertaken on this policy, to understand how it might impact on employees with protected characteristics or identified needs.

**Training Implications:** No specific requirements.

**Review, Monitoring and Audit Arrangements:** This policy will be reviewed every three years based on:

- The core metrics in the Welsh Language & Culture Dashboard;
- The results of audits against Welsh Language Standards.

**Retention / Archiving**

The Lead of People Policy is responsible for archiving this policy when it is amended or replaced and ensuring a copy is available for reference if needed, in accordance with the Records Management Policy.

| Agenda Item |
| --- |
| 10.2.1a |

# Operational Delivery Committee

## MONTH 7 MONITORING RETURNS TO WELSH GOVERNMENT

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Andrew Jones, Acting Deputy Director of Finance |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Sally May, Director of Finance & Procurement |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Sally May, Executive Director of Finance |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group /Forum Individuals** | **Date** | **Outcome** |
| WG | Welsh Government | |
| M1 etc | Month 1 etc | |
| ODC | Operational Delivery Committee | |
| HB | Health Board | |

## 1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M7 Financial Monitoring Return submission to Welsh Government

## 2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2025) 013 – 2025/26 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23rd April 2025. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2025/26 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

| **Annex A** |
|---|
| M7 Narrative report |
| Table A - Movement |
| Tables C, C1, C2 & C3 |

## 3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M7 Financial Monitoring returns is summarised in Section 1.2 of the M7 Narrative report at Annex A. This information is consistent with the M7 Internal Board papers.

## 4. Assessment

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable<br>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:<br><br>Not Required |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* | Yes: ☐ | No: ☒ |
| | Outcome for Equality (delete as appropriate): | If no, please include rationale below: |

| | | |
|---|---|---|
| **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | POSITIVE/NEUTRAL NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE | Not required |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Financial Management of the Health Board and potential audit qualifications | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | Reflects the allocation and utilisation of resources of the Health Board | |

## 5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the contents of the M7 Monitoring Returns submitted to Welsh Government for 2025/26.

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
# MONITORING RETURNS – OCTOBER 2025
# FINANCIAL COMMENTARY

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 October 2025.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

## 1. Financial Plan, Year to Date and Forecast position

### 1.1 Financial Plan for 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

| | Recurrent £m | Non Recurrent £m | Total plan £m |
|---|---|---|---|
| **B'Fwd challenge at 31 March 2024** | **7.9** | **0** | **7.9** |
| Income changes | (21.1) | 0.7 | (20.4) |
| Cost Pressures & Investments: | 42.8 | 1.0 | 43.8 |
| Savings Target | (31.3) | 0 | (31.3) |
| **Total plan 23/24** | **(1.7)** | **1.7** | **(0.0)** |

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

### 1.2 Actual YTD and Forecast 2025-26 (Table A)

| | Actual | YTD | Year-end forecast |
|---|---|---|---|
| | £m | £m | £m |
| **Month 1** | **1.7** | **1.7** | **0.0** |
| **Month 2** | **2.0** | **3.7** | **0.0** |
| **Month 3** | **1.1** | **4.8** | **0.0** |
| **Month 4** | **1.5** | **6.3** | **0.0** |
| **Month 5** | **0.1** | **6.3** | **0.0** |
| **Month 6** | **(2.0)** | **4.3** | **0.0** |
| **Month 7** | **0.0** | **4.3** | **0.0** |

The M7 position is reporting a breakeven (£2.0m surplus M6) for the period

with a year to date deficit of £4.3m (£4.3m M6), the forecast position has remained break even. The key components of the YTD position and the year-end forecast compared to the original IMTP are summarised below:

| | M7 YTD | M7 Year-end forecast | M6 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| | | | | |
| Savings Shortfall | 7.5 | 6.0 | 7.4 | 0 |
| Operating Variances | (3.3) | (0.7) | (1.7) | 0 |
| Plan Phasing adjustments | 4.2 | 0 | 0 | 0 |
| Financial Plan Improvements | (1.0) | (1.7) | (1.7) | 0 |
| Accountancy Gains | (5.3) | (5.3) | (5.3) | 0 |
| Financial Allocation Adjustments | 2.2 | 3.8 | 3.8 | 0 |
| Other Mitigating Actions | 0 | (2.1) | (2.5) | 0 |
| **Grand Total** | **4.3** | **0** | **0** | **0** |

The main driver for the year to date overspend at M7 is the £7.5m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £18.2m (£2.6m per month).

| **Savings Shortfall:** | M7 YTD | M7 Year-end forecast | M6 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| Variance v £21.7m Delegated target | 7.1 | 5.3 | 8.1 | 0 |
| Variance v £2.4m Non delegated target – CAT M savings | (2.6) | (4.4) | (4.4) | 0 |
| NWSSP Energy Savings | (0.4) | (0.7) | (0.7) | 0 |
| Variance v £7.2m Central Executive led programmes | 3.4 | 5.8 | 4.4 | 0 |
| **Grand Total** | **7.5** | **6.0** | **7.4** | **0** |

As at M7 we have identified £3.3m of favourable operating variances against the original plan a reduction of £2.1m compared to M6 (£5.4m), it remains uncertain if these favourable variances will be maintained as delegated positions continue to report minimal operating variances at M7.

Offsetting this favourable operating variance, M7 has reported the £2.2m impact of the reduced allocations for National insurance and 24/25 pay awards which were assumed as part of the initial planning cycle. It is important to recognise that without this unplanned reduction in WG allocations, the Health Board would be on track to deliver its original IMTP position with no further mitigating actions required.

The phasing of our resources reflects this delegated assessment with a £4.2m adverse phasing adjustment. Section 1.4 expands upon the most significant operating variances.

As at M7 we have confirmed accountancy gains of £5.3m relating to Primary care Prescribing and Continuing Healthcare.

Following our M5 executive review of the remaining plans for cost pressures and investments, £1.7m of reserves have been released giving a year to date benefit of £1.0m.

There remains a requirement of £2.1m of mitigating actions to achieve our breakeven forecast, a reduction of £0.4m since M6. Resolving this mitigating action gap remains an urgent priority of the executive team.

The latest M5 (August 25) data on primary care prescribing was positive and as a result further forecast savings of £1.9m have been recognised at M7.

Other key issues include:

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicates a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m.

  Using the latest risk shares, the impact of this shortfall for CTM would be £6.1m with a further risk of £1.7m.

  Further updates from NWSSP have highlighted that the forecast impact remains volatile with a final forecast due to be presented in December. At M7, this position continues to be reported as a risk and has not been reflected in our forecast pending the December forecast and subsequent allocation adjustment from WG. It is important to note that if this position does not improve there is unlikely to be sufficient mitigating opportunities to maintain a breakeven position.

- POW Roof temporary arrangements – A letter was shared with WG on the 28th August outlining the latest assessment of the financial impact of the critical incident. Subsequent correspondence were issued on the 15th & 29th October in response to further queries. The latest assessment remains as follows:

- Vanguard Theatres at RGH – £5.6m, including costs of decommissioning & removal.
- On going temporary arrangements – £3.5m.

It is important to recognise that the forecast position relies upon a full allocation of £9.1m to be released by WG, confirmation of this allocation is critical to maintaining our breakeven forecast.

- We are aware that the all-Wales Framework for reviewing Band 2 health care support workers is progressing. Work continues on assessing the potential impact of implementing the framework within CTM and this could result in financial consequences which are not presently reflected in our forecast outturn. Further work is being undertaken to assess the timeline of the framework implementation which will support quantifying the financial risk and the extent to which this should be treated in 25/26. High level assessments indicate that this could be a significant financial impact.

  Further to recent discussions, it is assumed that if a provision is required for 2025/26, WG will provide sufficient non recurrent allocations to neutralise the provision and hence will not adversely affect our current year forecast. This would be consistent with the approach applied to Swansea Bay UHB.

- Confirmation of the funding for National Insurance changes and the 2024/25 pay awards have been received which were below our planning assumptions. Our local assessment of this impact is £1.6m YTD with a full year impact of £3.8m.

- During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision £1m having to be recognised.

- The 2025/26 pay award was processed in M5 with a further amendment in M6. The annual impact of the pay award including the real living wage element processed in M1 has been assessed at £28.6m with a corresponding anticipated allocation being recognised.

- Post Q1 Waiting times activity not funded via WG direct allocations is continuing to prove a risk with variable pay and insourcing levels continuing to remain higher than plan to support maintaining target requirements.

- Our assumptions for the national outpatient programme continues to align with the original WG plan and funding, this will be updated in future periods as actual activity is reported. Recent correspondence

supporting the provision of diagnostic impacts of the national outpatient programme are concerning as the cost indicated in the correspondence is not sufficient to meet the premium costs being incurred of sourcing short term immediate capacity.

- Recent appointments of Streamline Nursing posts have proven to be a pressure in M7, the appointments were intended to replace temporary staffing arrangements covering vacancies it will be critical that the M7 pressure is non recurrent and will not be a continuing trend.

- Further details of the remaining risks and opportunities to the M7 forecast break even position is included in Section 3.

### 1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

| | October | | | Year End Forecast | | |
|---|---|---|---|---|---|---|
| | Act | F/Cast | Movement | M7 | M6 | Movement |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| RRL | 130,783 | 129,714 | 1,069 | 1,528,311 | 1,540,597 | (12,286) |
| Donation/Grants | 22 | 0 | 22 | 228 | 197 | 31 |
| Welsh HBs & NHST | 6,376 | 6,101 | 275 | 74,148 | 73,373 | 775 |
| NHSWJCC | 1,277 | 1,034 | 243 | 14,574 | 13,331 | 1,243 |
| WG Income | 675 | 122 | 553 | 2,210 | 1,657 | 553 |
| Other Income | 4,551 | 4,162 | 389 | 51,589 | 50,849 | 740 |
| **Income Total** | **143,684** | **141,133** | **2,551** | **1,671,060** | **1,680,004** | **(8,944)** |
| PC Contractor | 14,347 | 14,018 | 329 | 168,333 | 167,785 | 548 |
| PC - Drugs | 8,276 | 8,962 | (686) | 103,387 | 105,088 | (1,701) |
| Pay | 65,003 | 63,885 | 1,118 | 769,929 | 768,811 | 1,118 |
| Non Pay | 9,450 | 10,259 | (809) | 120,312 | 119,724 | 588 |
| SC - Drugs | 5,924 | 5,231 | 693 | 62,010 | 61,353 | 657 |
| H/C Other NHS | 25,905 | 25,213 | 692 | 303,422 | 302,255 | 1,167 |
| Non H/C Other NHS | 0 | 0 | 0 | 0 | 0 | 0 |
| CHC & FNC | 6,915 | 7,026 | (111) | 79,374 | 79,485 | (111) |
| Private & Vol | 1,265 | 1,248 | 17 | 15,613 | 14,439 | 1,174 |
| Joint & Other | 2,009 | 1,541 | 468 | 19,327 | 18,359 | 968 |
| Losses, Spec Payments | 476 | 214 | 262 | 3,778 | 3,516 | 262 |
| DEL | 4,073 | 2,991 | 1,082 | 40,521 | 38,666 | 1,855 |
| AME | 53 | 45 | 8 | (14,927) | 535 | (15,462) |
| Res & Cont | 0 | 0 | 0 | 0 | 0 | 0 |
| P&L on Dispoal | (2) | 0 | (2) | (14) | (12) | (2) |
| **Cost - Total** | **143,694** | **140,633** | **3,061** | **1,671,060** | **1,680,004** | **(8,944)** |

Actual expenditure for M7 was £3.1m (2.18%) greater than the £140.6m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **WG Income - £553k Favourable** – M7 recognises £0.5m of WG funding for difference between Dispensing & Prescribing NCL, this is netted off with a corresponding adjustment within Primary Care Contractors £370k and Primary Care Drugs £150k.
- **Primary Care Drugs - £686k Favourable** – M7 recognises the improved PAR reports for August and corresponding savings offset with the Non Cash Limited variance of £150k.
- **Provider Pay - £1,118k Adverse** – M7 has reported a deterioration across many areas, the most significant being streamline nursing appointments £225k, adverse ADH/WLI expenditure £620k and adverse Agency £100k, Adverse Bank £150k.
- **Provider Non Pay - £809k Favourable** – Following WG request to revise the profile of the IFRS16 adjustment, M7 has reported a £1.4m reduction to recognise 7/12ths of the £2.4m allocation adjustment. This has been offset by £0.6m of increased non pay mainly relating to M&S supplies and higher than anticipated energy costs.
- **Secondary Care Drugs - £693k Adverse** – M7 recognises £0.7m expenditure higher than anticipated, the main areas include Rheumatology, Respiratory, Dermatology & AMD treatments.
- **Healthcare NHS - £692k Adverse** – M7 recognises £0.7m of WG allocations directed for JCC.

The year-end forecast expenditure at M7 has reduced by £8.9m to £1,671m. This is offset by a corresponding decrease in WG funding and other income. The most significant changes in the year-end forecast since M6 are as follows:

- **JCC Income - £1,243k Favourable –** Revised forecast following changes to LTA baseline.
- **Primary Care Drugs - £1,701 Favourable** – Revised forecast following August PAR data and recognition of savings.
- **Provider Pay - £1,118 Adverse** – Revised forecast following deterioration in M7 of £1.1m.
- **Healthcare NHS- £1,167k Adverse –** Reflects new WG allocations directed for JCC of £1.136m.
- **Private & Voluntary- £1,174k Favourable –** Reflects new WG allocations for Diagnostics RTT and National Outpatient allocations £1.1m.
- **Joint & Other - £968k Adverse** – M7 recognises a revised RIF plan including ICRF.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M1 – M6 reflects the latest planning assumptions for the continued temporary arrangements to support the POW Roof replacement.
- M1 – M11 reflects the latest planning assumptions for the continued temporary Vanguard Theatres at RGH to support the POW roof replacement.
- M1 – M3 reflect the latest planning assumptions for the Planned care funding of £3.0m.
- M6 – 12 reflects the latest planning assumptions for the planned care funding of £6.0m relating to outpatient and diagnostic programmes.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – Following request to reprofile IFRS 16 adjustments, the profile has been phased with 7/12ths now reported in M7 and 1/12th in periods M8-M12.
- M6 CHC reflects the payment of arears for revised 2025/26 FNC and CHC rates.
- M5 CHC included the recognition of £4.0m accountancy gains.
- Pay Award 2024/25 – Following confirmation of the allocation matrix, the LTA income and Expenditure recognises the flow of the pay awards via LTAs in M6 (including retrospective adjustments backdated to M1) along with M7 to M12 monthly impact.
- Pay award 2025/26 – The 2025/26 pay award has been processed in M5 with arrears, a further adjustment will be processed in M6.
- M6 Primary care prescribing included the recognition of £1.3m of accountancy gains.
- Primary Care prescribing M7-12 reflects the latest Cat M price from 1st October including Dapagliflozin.

### 1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £4.8m net operating surplus to M7, the most significant expenditure variances from original IMTP plans are noted below (net impact of spend reductions and cost pressures):

- **Primary Care Contractors**
  - M6 has reported a £129k adverse operating variance, giving a year to date variance of £891k favourable. This mainly relates to non cash limited expenditure reductions. The forecast has been adjusted to reflect this trend for future periods.
- **Primary Care – Drugs & Appliances**
  - M7 has reported a £299k favourable operating variance, giving a year to date variance of £1,298k favourable. This is due to better than anticipated PAR growth compared to the original plan.
- **Provider Services Pay**

- The M7 YTD position includes £1.883m impact of the National Insurance and pay award reduced allocations with a full year impact of £3.8m, as requested this has been transferred to unplanned cost pressures in M6. The M7 position reported a £1.0m operating deficit primarily driven by increased spend in Medical & dental (£0.5m relating to ADH/WLI) and Nursing (£0.7m relating to new streamline nurses and increased bank and agency) compared to the IMTP which reduced the YTD surplus to £3.0m.

- **Provider Services Non Pay**
  - M7 has reported a £346k adverse operating variance, giving a year to date variance of £2,740k favourable. This variance reflects elements of the £1.7m opportunities identified in M5 along with other favourable operating variances. These opportunities include:
    - £0.2m M&SE
    - £0.1m Buildings
    - £0.1m Microsoft enterprise agreement
    - £0.5m I2S consultancy
    - £1.2m Non-Pay Inflationary benefit
- **Provider Secondary Care Drugs**
  - M7 has reported a £653k favourable operating variance, giving a year to date variance of £206k favourable. This variance reflects lower than anticipated uptake of new drugs and slower growth levels than planned.
- **Healthcare Service NHS**
  - M7 has reported a £641k adverse operating variance, giving a year to date variance of £3,020k adverse. Contract monitoring has indicated higher than anticipated levels of activity particularly within Cardiff & Vale and Velindre activity.
- **CHC/FNC**
  - M7 has reported a £189k adverse operating variance, giving a year to date variance of £1,144k adverse. The year to date variance reflects higher than anticipated levels of new placements within Mental Health settings. Note that the original plan had assumed inflation including arrears would have been paid in M3, this was delayed and has been paid in M6, as requested this phasing adjustment has bee transferred from other to Virements.

There were no other material variances in M7 relating to Table B2 expenditure.

In addition to the variances noted in Table B2, further variances have been reported in Table A as follows:

- Income - a year to date adverse variance of £1,553k.
- Loss & Special Payments - £1,182k adverse variance year to date

mainly relating to a permanent injury benefit provision.

## 1.5 Pay Expenditure (Table B3)

The M7 Pay expenditure was £67.1m, the monthly trend is summarised below.

| | M7 | M6 | Q2* Average | Q1* Average | Q4* Average | Q3* Average | Q2* Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| A&C | 8.8 | 8.7 | 8.7 | 8.7 | 8.4 | 8.4 | 8.3 |
| Medical | 18.4 | 17.9 | 17.8 | 17.6 | 17.8 | 17.4 | 17.3 |
| Nursing | 20.7 | 20.0 | 20.2 | 20.2 | 20.6 | 19.9 | 19.7 |
| ACS | 8.4 | 8.5 | 8.5 | 8.4 | 8.2 | 7.9 | 8 |
| Other | 10.8 | 10.9 | 11 | 11.1 | 10.8 | 10.5 | 10.6 |
| **Total** | **67.1** | **66.1** | **66.1** | **65.9** | **65.7** | **64** | **63.8** |

**Quarterly Average has been adjusted to reflect a comparison with 2025/26 pay award.*

The Key issues to highlight are as follows:

- During M5 the 2025/26 pay award was processed, the impact of this has been assessed as £2.2m per month. The impact for staff paid real living wage was processed in M1 with an impact of £0.2m per month.

- The M7 position has reported a deterioration of £1.0m compared to M6. This includes:
  - £0.5m increase in Medical staff mainly relating to ADH/WLI expenditure.
  - £0.7m increase in Nursing staff relating to new streamline nursing posts along with increased agency & bank/overtime.

- The premium costs of supporting planned care capacity is continuing to have an impact upon Nursing, Medical and ACS variable pay expenditure.

- The annual impact of the 2025/26 pay awards including real living wage has been assessed at £28.6m, it is anticipated that this impact will be fully funded by WG.

The M7 agency expenditure was £2.3m and the monthly trend (excluding accountancy gains) is summarised below:

| | M7 | M6 | Q2 Average | Q1 Average | Q4 Average | Q3 Average | Q2 Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| Medical | 0.9 | 0.7 | 0.6 | 0.8 | 0.7 | 0.6 | 0.9 |
| Nursing | 1.3 | 1.2 | 1.3 | 1.3 | 1.7 | 1.8 | 1.9 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Other | 0.1 | 0.2 | 0.3 | 0.4 | 0.7 | 0.6 | 0.7 |
| **Total** | **2.3** | **2.2** | **2.2** | **2.5** | **3.0** | **2.9** | **3.4** |

The Key issues to highlight are as follows:

- Agency costs have continued to remain stable during M7, with agency expenditure being 27% lower than Q4 levels.
- The Nursing agency pressures experienced during M11 & M12 continue to ease, with the year to date Nursing agency costs reducing by 31% compared to the same periods in 24/25.
- Medical costs have deteriorated in month with an additional £133k compared to M6. The year to date expenditure in 25/26 is 17% lower than the comparative periods in 24/25.
- Other Agency costs continue to report improvements during Q2.

As per the 2025-26 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

| **Enabling Action Description** | **YTD** | **Forecast** |
|---|---|---|
| 30% reduction in 25/26 agency expenditure compared to 2024/25. | M7 2025/26 £16.4m<br>M7 2024/25 £23.4m<br>30% reduction | 2025/26 £27.5m<br>2024/25 £38.1m<br>28% reduction |
| Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 25 | M7 2025/26 average expenditure £226k per month.<br>M7 2024/25 average expenditure £473k per month. | Forecast assumes that this target will not be achieved with agency expenditure anticipated to continue beyond September 25 at circa £200k per month. |

The M7 variable pay expenditure was £5.7m and the monthly trend (excluding accountancy gains) is summarised below.

| | M7 | M6 | Q2 Average | Q1 Average | Q4 Average | Q3 Average | Q2 Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| Medical | 2.3 | 1.7 | 1.9 | 1.9 | 2.0 | 2.1 | 2.1 |
| Nursing | 1.2 | 1.0 | 1.1 | 1.0 | 1.2 | 0.9 | 0.9 |
| ACS | 1.5 | 1.6 | 1.5 | 1.4 | 1.4 | 1.2 | 1.2 |
| Other | 0.7 | 0.7 | 0.7 | 0.7 | 0.6 | 0.6 | 0.6 |
| **Total** | **5.7** | **5.0** | **5.2** | **5.0** | **5.2** | **4.8** | **4.8** |

The Key issues to highlight are as follows:

- During M7, variable pay reported a £0.7m deterioration compared to M6, with:
    - Medical staff reporting £0.6m of the deterioration relating to additional ADH/WLI expenditure.
    - Nursing reported £0.2m deterioration relating to Bank and Overtime payments.

- Overall variable pay remains higher than anticipated with pressures on planned care continuing to drive variable pay costs higher than plan.
- The forecasts for variable pay assume the M7 position will improve on the assumption that elements of the M7 increase are correction of prior periods and the impact of streamline nurses anticipated to improve bank and overtime.

### 1.6 Covid analysis (Table B)

| | M7 | YTD | Forecast | Allocation | Forecast Variance |
|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m |
| Health Protection and PPE | 0.1 | 0.6 | 2.6 | 2.6 | 0 |
| Vaccination | 0.4 | 2.3 | 4.6 | 4.6 | 0 |
| Adferiad | 0.1 | 0.5 | 1.1 | 1.1 | 0 |
| **Total** | **0.6** | **3.9** | **8.3** | **8.3** | **0** |

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

There are no key issues to highlight at M7.

## 1.7 Reserves analysis (Table B)

| | Current Plan | Confirmed Plans | Pending Plans | Forecast Requirement | Planning Variance |
|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m |
| NICE/HCD Reserve | 12.1 | 11.2 | 0.5 | 11.7 | (0.4) |
| Non Pay Recovery | 0.6 | 0 | 0.3 | 0.3 | (0.3) |
| 25/26 IMTP Cost Pressures | 2.1 | 0 | 1.6 | 1.6 | (0.5) |
| 25/26 IMTP Investment Plans | 3.9 | 1.6 | 1.8 | 3.4 | (0.5) |
| Planned Care | 4.9 | 0 | 4.9 | 4.9 | 0 |
| POW Roof Impact | 0.4 | 0.4 | 0 | 0.4 | 0 |
| **Total** | **24.0** | **13.2** | **9.1** | **22.3** | **(1.7)** |

As at M7 there are £22.3m of committed reserves held for actual and anticipated cost pressures and investment plans.

As at M7 there is £9.1m pending plans including

- £4.9m of National Outpatient and Diagnostic plans
- £1.8m of IMTP planned investment
- £1.6m of IMTP cost pressures

Following an executive review of plans after M5 reports, £1.7m of opportunities were identified and agreed to be released during M6.

## 2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26:

| | £'m |
|---|---|
| **Forecast In year position 25/26** | **0** |
| Balance sheet write backs | 0 |
| Other non recurrent costs/income loss in 25/26 | (2.0) |
| Other non recurrent benefits in 25/26 | 0.3 |
| **Forecast Recurrent position at the end of 25/26** | **(1.7)** |

As at M7 the underlying deficit remains at £4.2m.

The most material impacts upon the underlying assessment are:

- Under achievement of recurrent savings plans - £3.6m.
- Lower than anticipated in year allocation for NI changes - £2.1m.
- Non recurrent element of NI allocation (£16m All Wales) - £2.1m
- Lower than anticipated recurrent 24/25 pay award allocation - £1.7m.
- Accountancy Gains £5.3m

- Mitigating Actions of £2.4m recurrently

| Underlying Position | 2025/26 Forecast | Recurrent | Movement |
|---|---|---|---|
| | £'m | £'m | £'m |
| Initial Financial Plan | **0** | **(1.7)** | **(1.7)** |
| Savings Variances | 6.0 | 2.1 | (3.9) |
| Operational Variances | (0.7) | 0.6 | 1.3 |
| Financial Plan Variances | (1.7) | (1.7) | 0 |
| Financial Allocation Adjustments | 3.8 | 5.9 | 2.1 |
| Accountancy Gains | (5.3) | 0 | 5.3 |
| Mitigating Actions | (2.1) | (1.0) | 1.1 |
| **Grand Total** | **0** | **4.2** | **4.2** |

The underlying financial position will continue to be reviewed each month.

## 3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

| | Month 7 £m | Month 6 £m | Comment |
|---|---|---|---|
| **Funding risks:** | | | |
| Risk of the 2025/26 pay award not being fully funded – WG funding principles risk | 1.5 | 1.5 | Further clarification needed on funding assumptions for 25/26. |
| Risk of POW Critical Incident – Vanguard costs not supported by WG funding | 0 | 0 | Verbal confirmation received of intention to support. |
| POW Critical Incident – On going impact of temporary arrangements not supported by WG funding | 0 | 0 | |
| **Other risks:** | | | |
| Delivery Risk on Identified Savings Plans | 0.1 | 0.2 | Table C3 |
| Delivery Risk on Mitigating Actions yet to be identified | 0.9 | 2.5 | |
| Delegated Risk Assessments – High Risk | 2.9 | 1.8 | Revised assessment |
| Delegated Risk Assessments – Medium Risk | 0.6 | 0.7 | Revised assessment |
| WRP Forecast Risk Share | 6.1 | 6.1 | NWSSP estimate @ M6 |
| WRP Forecast Additional Risk Share | 1.7 | 1.7 | NWSSP estimate @ M6 |
| NWJCC Risks not included in Forecast | 0.9 | 0.9 | NWJCC risks @M7 |

| | Month 7 | Month 6 | Comment |
|---|---|---|---|
| National Pay & Employment disputes | Tbc | Tbc | |
| Further industrial action in 25/26. | Tbc | Tbc | |
| **Total Risks** | **14.7** | **15.4** | |
| | | | |
| **Opportunities** | | | |
| Balance sheet opportunities in 25/26 | Tbc | Tbc | |
| Further VAT opportunities in 25/26 | Tbc | Tbc | |
| Primary Care Prescribing Growth lower than plan | Tbc | Tbc | Only 3 months data received, awaiting Q2 data. |
| Internal NICE costs lower than plan | Tbc | Tbc | |
| Further IMTP Planning slippage | Tbc | Tbc | To be reviewed |
| JCC Opportunities | (0.4) | (0.4) | NWJCC opportunities @M6 |
| **Total opportunities** | **(0.4)** | **(0.4)** | |
| | | | |
| **Net risk** | **14.3** | **15.0** | |

The Confirmed 2024/25 pay award funding estimate from WG of £48.5m is £1.6m less than planned. This shortfall in funding may also apply to the 2025/26 pay settlement funding anticipated to be £28.6m, therefore a risk has been incorporated into the risk table to reflect this. Early confirmation of the pay award funding will allow us to close this risk.

Following a positive discussion regarding our letter detailing the impact of the POW critical incident, the risk of the anticipated allocation was removed for M5 on the basis that costs incurred will be supported. Written confirmation in response to the POW Critical Incident support funding letter would allow us to close this risk.

NWSSP Welsh Risk Pool Contributions – A recent report has been shared which highlights the funding that will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicates a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m. Using the latest risk shares, the impact of this shortfall for CTM is £6.1m with a further risk of £1.7m. At M7, this position continues to be reported a risk and has not been reflected in our forecast pending further discussions.

National Pay & Employment Disputes - There are a number of national pay disputes being nationally led by NHS Wales Employers which include:

- Band 2 health care support workers framework
- GP Out of Hours contract and employment status
- Band 6 Health Visitor

High level assessments indicate that these disputes could result in a significant financial impact in 2025/26.

Further to recent discussions it is assumed that if a provision is required for 2025/26, WG will provide sufficient non recurrent allocations to neutralise the provision and hence will not adversely affect our current year forecast.

## 4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O for General Medical Services (GMS) and General Dental services (GDS) have been updated for M6. As at Q2 the following positions were noted:

- GMS forecast against allocation is reporting a £4.3m overspend mainly attributed to Out of Hours provision and Dispensing. The forecast movement from plan increased by £848k from an underspend of (£263k) at M12 last year to a forecast overspend of £586k for 25-26.

  This is mainly due to the deterioration on QAIF (£770k). We've based the estimated spend this year on the actual values of the Access and Quality Achievement payments for 24-25 which were made in M3.

- Dental – The M6 forecast overspend of £103k against the allocation is mainly attributed to patient charge income being lower than target by £1.9m.

  The forecast contract performance remains £1.2m under plan despite the service re-commissioning additional activity of £1m in 25-26 in recognition of under-performance in 2024/25.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

| | **Allocation £'m** | **Forecast £'m** | **Comment** |
|---|---|---|---|
| Learning Disabilities | N/A | N/A | |
| Mental Health Services | 118.77 | 118.77 | Note 1 |
| Palliative Care/Bereavement | 0.9 | 0.9 | |
| Genomics | 2.2 | 2.2 | |
| Critical Care | 2.4 | 2.4 | |
| Planned Care Recovery | 7.3 | 7.3 | |
| Planned & Unscheduled Care | 18.4 | 21.7 | |
| Value Based Recovery | 2.1 | 2.1 | |

| | | | |
|---|---|---|---|
| Regional Integration Fund | 20.4 | 20.4 | |
| Further Faster | 1.8 | 1.8 | |
| Urgent Emergency Care | 2.7 | 2.8 | |
| Planned Care | 0.6 | 0.6 | |
| VBHC | 0.7 | 0.7 | |
| In Year Planned Care | 9.6 | 9.6 | Note 2 |

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2022/23 this reported £163.7m, the draft 2023/24 unpublished returns are indicating expenditure of £ 175.5m.

2. In Year Planned Care – Within this element, the following specific programmes have been consolidated:
   - Q1 Orthopaedic Treatments £3.0m
   - National Outpatient – Insourcing £2.9m
   - National Outpatient – In House £1.4m
   - National Outpatient - Support £0.5m
   - Diagnostic Plans £0.9m
   - RTT Waiting Times – Phase 5 £1.0m

## 5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

## 6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

## 7. Savings ( inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

| | **Month 6** | | | **Month 5** | | |
|---|---|---|---|---|---|---|
| | **YTD** | **25/26** | **Rec** | **YTD** | **25/26** | **Rec** |
| | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** |
| **Savings target as at M7** | **18.3** | **31.3** | **31.3** | **15.7** | **31.3** | **31.3** |
| Actual and Forecast Savings | (10.8) | (25.3) | (29.2) | (8.4) | (23.9) | (27.7) |
| **Variance** | **7.5** | **6.0** | **2.1** | **7.3** | **7.4** | **3.6** |

Further work is ongoing to develop robust plans to close the forecast gap of £6.0m In year and £2.1m recurrently.

The table below breaks down the £31.3m savings plan:

| | Initial Plan £'m | M7 £'m | YTD £'m | 25/26 £'m | Rec £'m |
|---|---|---|---|---|---|
| Savings | 16.5 | 2.4 | 10.6 | 24.6 | 28.2 |
| Income Generation | 0.8 | 0.0 | 0.2 | 0.7 | 1.0 |
| To be identified | 14.0 | 0.0 | 0.0 | 6.0 | 2.1 |
| **Total Savings** | **31.3** | **2.4** | **10.8** | **31.3** | **31.3** |
| Accountancy Gains | 0.0 | 0.0 | 5.3 | 5.3 | 0.0 |

The following approaches are being used for savings profiles and savings recognition in 25/26 on the basis that delegated budgets have been reset to recognise the underlying deficits identified:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

  **Non-Recurrent savings** – To focus efforts on sustainable recurrent saving plans and being consistent with WHC (2025) 013 which states:

  "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for

when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

Only non recurrent savings which have resulted from planned management action will be reported as a saving. All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

## 8. Income Assumptions 2025-26 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M7 position. The table below summaries the more material items:

| Description | M7 | M6 | Comments |
|---|---|---|---|
| | £'m | £'m | |
| 2025/26 RLW & Pay award | 28.6 | 28.6 | Pending 25/26 pay award |
| Emergency/Urgent Care | 1.4 | 1.4 | |
| DOLS/Advocacy | 0.3 | 0.3 | |
| Neurodivergence Imp Plan (NDIP) | 0.4 | 0.4 | |
| WG Funded Trainees | 1.9 | 1.9 | |
| | | | |
| DPIF | 1.0 | 1.1 | |
| 25/26 Outpatient Waiting Times | 4.6 | 4.4 | |
| 25/26 Diagnostics Waiting Times | 0.9 | 0.9 | |
| 25/26 RTT Waiting Times – Phase 5 | 1.0 | 0.0 | |
| | | | |
| IFRS 16 Adjustment | (2.5) | (2.5) | Reflects latest forecast |
| WRP Recovery | (5.3) | (5.3) | Reflects latest NWSSP Risk Share |
| POW Vanguard Support | 5.6 | 5.6 | |
| POW Temporary Impacts | 3.5 | 3.5 | |
| Capital Charges | (7.4) | 7.4 | Reflects latest forecast |
| Other Allocations | 0.6 | 0.8 | |
| **Total Anticipated Allocations** | **34.5** | **48.4** | |

It is important to note that confirmation of the 2025/26 pay award anticipated allocation of £28.6m together with the POW Roof anticipated allocation of £9.1m are critical to the achievement of the forecast breakeven position. Confirmation of these allocations before the end of November would be appreciated.

## 9. Health Care agreements

CTMUHB has agreed all of the LTA documentation with both providers and commissioners.

## 10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

### 10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M6 and M7:

- Provisions have increased by £5.4m since M6, this is due to an increase in the level of provision required for clinical negligence cases, for which there is a corresponding increase in the debtor due from the Welsh Risk Pool.

- Trade and Other Receivables have increased by £11.5m. £7.4m is due to the increase in the debtor for clinical negligence cases from the Welsh Risk Pool as detailed above. The remaining increase of £4.8m is due to a debtor for the nursing home pooled fund. We anticipate a reduction in the trade receivables balance in future months as we receive reimbursement of claims paid from WRP.

- Creditors have decreased by £13.2m from M6, £9.2m of this decrease is due to a decrease in the pharmacy accrual and £5.2m of the decrease is due to a reduction in Non-NHS accruals.

- Cash has decreased by £12.3m from M6 as planned, the aim is for the cash balance to be below £6m at month end. The month end balance was £2.0m.

### 10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are four NHS invoices due over 11 weeks, one for Cardiff and Vale UHB and three for Velindre NHS Trust. The invoices are being following up through usual debtor procedures.

## 11. Cash Flow Forecast (Table G)

In M7 the cash balance was brought within the targeted position following a high balance in M6, with the balance at the end of the month of £1.9m. The split between revenue and capital was a slight deficit on revenue of £0.7m, but this will be brought back into a surplus position in M8.

At year end we are projecting a cash deficit of £10m for which there will be a requirement of working balances cash, which we will put in a request in line with Technical Update 03.

This request is made up of £9m revenue and £1m capital. This is made up

of the following estimates:

| | £ |
|---|---|
| Net increase in debtors/inventories less c/f cash (6.6-5.2-0.4) | 1 |
| Decrease in receivables (mainly accountancy gains) & provisions | 9 |
| **Total Working Balances cash requirement** | **10** |

At M7 the current trade receivables balance is high at £134.4m this is due to claims paid out but we are awaiting reimbursement from WRP. We are anticipating receipt of these claims in the next couple of months.

## 12. Public Sector Payment Compliance (Table H)

No update required in this return.

## 13. Capital Schemes and Other Developments (Tables I, J &K)

The M7 CRL is £84.792m, issued on 7th November 2025. As at M7, £39.6m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

As discussed with WG at the latest Capital Review Meeting there are risks with the significant number of TEF schemes, spend has been accelerated on a number of infrastructure projects however there are risks of slippage within other areas. Overall this has been categorised as low risk as the Health Board plan to manage the position across the 5 areas to a balanced position.

| Scheme | Risk | Explanation |
|---|---|---|
| PCH GFF | Medium – slippage | Revised CRL now adjusted down to reflect lower cashflow forecast and the receipt of the Phase 1B VAT reclaim. This new CRL also includes expected funding for the purchase of Units 2&3. There continues to be some risk around the delivery of the remaining |

| | | |
|---|---|---|
| | | £17m of this scheme this year, approval for the SBAR to purchase units 2&3 is still in progress. |
| BHWC | Medium – slippage | Scheme now targeting a 31st March completion of works however there will be elements of spend still that slip into next financial year - commissioning, equipment, land transfer, fees and also remaining contingency on the scheme. CRL has been adjusted to reflect this but scheme now at a critical stage to meet completion at end of March. Recent bad weather may further delay this scheme. |
| LHP | High - Overspend | As per request to WG 23rd September, additional funding is required in year for Phase 1 FBC and Phase 2 OBC work. Current funding will be used over the next month. |

All risks are planning to be managed across the programme and hence the forecast shows a balanced position against the current CRL.

There is a validation error in the monitoring return (table J) because one of the IFRS16 figures is negative. This is because when we've extended the Roche pathology contract to 2031 and as a consequence we had a reduced cost on the hardware costs which creates a smaller ROU asset, hence the negative number.

**Disposals**

Approval has been provided by the Board and WG to dispose of Pontypridd Health Centre. An offer has been accepted and disposal is considered likely in 2025/26.

WG has given approval for the disposal of Bryncethin Clinic, linked to the BHWBC scheme. This is expected to transfer to Linc Cymru in 2025/26.

A small number of equipment sales are expected throughout the year.

1. **IFRS 16 and CAME (Table Q)**

Table Q has been completed.

## 14. Other Issues

Further to the recent issue of Technical Update 3, outlining the requirement to request strategic cash support by the 8th December 2025. At present the forecast breakeven position is predicated upon a number of key assumptions:

- Anticipated allocations for the following material items will be confirmed:
  - 2025/26 pay awards of £28.6m.
  - POW Roof financial support £9.1m.
- WG will provide non recurrent revenue allocations for Band 2/3 framework if a provision is deemed to be required for 2025/26 accounts.
- NWSSP WRP risk does not materialise as a resource allocation adjustment.

If these key assumptions are not confirmed, then the Health Board will not achieve the forecast breakeven position and will require strategic cash support. In order to comply with the requirement to issue an accountable officer letter by the 8th December, it is critical that these key assumptions are confirmed by WG before the 30th November 2025.

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M7 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

## 15. Authorisation

**H Daniels**
**Deputy Chief Executive**

**S May**
**Director of Finance**

**Date: 13 November 2025**

## Action Points arising from Month 6 Response

| Action Point | WG Comment | CTM Response |
|---|---|---|
| | | |
| | **TABLE A** | |
| **6.1** | The unplanned spend reductions supporting the September in-month position total £2.960m, which is £2.560m higher than the amount forecast last month (£0.400m). The future month profile projects lower spend reductions (£0.609m in M7 and then £0.400m from M8 onwards), primarily within Pay and Non-pay. Please review the future month profile of spend reductions and if the current trends continue, this could favourably impact on mitigations still to be finalised and the ability to manage any emerging risks. **(Action Point 6.1)** | The monthly profiles and forecasts are reviewed each month and adjusted where appropriate. |
| **3.4** | The value of movements to the 'funding and other income' (line 19) is now shown as a pressure of £2.438m impacting the position. For the element described as relating to movements in 'Non-RRL'; as WG provide funding for these items it is not clear why these are not having a net nil impact on your position. The narrative also states that Month 6 includes a RIF allocation (capital), again as this comes into the HB and is then transferred out to the Partnership, this should be having a net nil impact on the position. Please fully review the use of this line and provide a further explanation of any items still included at Month 7. **(c/f Action Point 3.4)** | A full review of income forecasts following the return to POW services has been undertaken and revised forecasts have been applied. |
| | | |
| | **TABLE A2 – Risks & Opportunities** | |
| **6.2** | The 'WRP Forecast requirement of risk share' value of £6.100m is higher than the corresponding risk value of £5.800m reported by NWSSP. Please review at Month 7, noting you are correctly reporting | The £5.8m adjustment in the risk pool report is a net impact of a change in the risk share together with the impact of the additional pressure of £42m. The £6.1m |

| | | |
|---|---|---|
| | the additional risk of £1.660m (rounded to £1.700m). **(Action Point 6.2)** | represents the impact of the additional £42m pressure at our revised risk share of £14.6%. There is a benefit in the change of our risk share of £0.3m as our share reduced from a planning assumption of 15.5% to a revised RSA of 14.6%.<br><br>Clearly this is position remains volatile as more recent forecasts have indicated potential further deterioration, However, we have retained the original risk pending the December revised forecast. |
| **6.3** | Please again review the Risks relating to the 'Delegated Risk Assessments' of £1.8m and £0.7m, before the next submission. **(Action Point 6.3)** | These risks are reviewed monthly by our care groups and reflected in the MMR. |
| | | |
| | **TABLE B – Monthly Position** | |
| **6.4** | At Month 6, the Health Board's share (£0.098m deficit) of the latest JCC forecast outturn position is a £0.769m improvement from last month's forecast. Please confirm if this improvement has been factored into your forecast position at Month 6 and where it is reflected in your tables i.e. Table B2 as a reassessment of in-year cost pressures? **(Action Point 6.4)** | The M6 position had recognised the JCC adjustment however this improvement was offset by a JCC baseline LTA adjustment for CTM relating to ICDs.<br><br>The forecast position reflects the latest position for JCC as both provider and commissioner. |
| **4.7** | We note that your colleagues will be in contact with Gary Young to discuss the reporting of the IFRS16 recovery amount within Non-pay, before Month 7. **(c/f Action Point 4.7)** | Actioned.<br><br>The M7 position has been adjusted to reflect the Non pay phasing of the accounting adjustment is consistent with the Depreciation adjustment. This has resulted in a £1.4m adjustment to Non Pay |

| | | |
|---|---|---|
| | | expenditure in M7 with future periods having been adjusted by £207k offset by the removal of the £2.482m adjustment in M12. |
| **6.5** | Section 1.7 of your narrative confirms the latest Reserves which have 'pending plans' now total £10.200m (was £13.800m) and this includes £5.000m for Planned care. Please undertake a full review before Month 7, to assess whether the £5.2m relating to various areas is likely to be incurred by year end. This is another potential area of flexibility that could favourably impact on mitigations still to be finalised and the ability to manage any emerging risks. **(Action Point 6.5)** | It is assumed that as the Planned Care funding cannot be utilised for mitigation as funding letters clearly indicated funding would only be provided for achievement of performance targets.<br><br>The national outpatient elements of this funding remain uncertain with current activity below anticipated levels.<br><br>We continue to monitor and review the potential for opportunities and managing the pace of investment plans |
| **6.6** | The narrative confirms that following a review of your Reserves at Month 6, £1.700m of opportunities were identified and agreed to be released in September. Please clarify where these have been reported in your Month 6 Tables (noting an element but not the full amount could be savings – refer to Action Point 5.16 below). **(Action Point 6.6)** | The £1.7m was broken down as:<br>£0.4m - NICE Growth – included as savings.<br>£0.3m - Non Pay Recovery – included in non pay forecast.<br>£0.5m - IMTP Cost pressure – included in non pay forecast.<br>£0.5m - IMTP Investment plans – included in non pay forecast. |
| | | |
| | **TABLE B1 – SoCNI Movement** | |
| **5.8** | Following the in-month Pay position again being an improvement from your forecast last month, we note you will be reviewing the Pay expenditure in detail to ensure the forecast remains robust. It is also | As previously noted, CTMUHB has migrated elements of the temporary Medical Staffing systems in Q2, this has |

| | | |
|---|---|---|
| | noted that the annual Pay spend has increased by c.£0.500m since Month 5. Please reflect the outcome of the review in the Month 7 submission. **(c/f Action Point 5.8)** | resulted in disruption in our normal month end processes which continue to be addressed. M7 had experienced a significant increase in temporary medical staffing costs, partly correcting prior periods.<br><br>There remain a number of queries and reviews ongoing in respect to M7 pay costs and may impact future forecasts. |
| **6.7** | Please provide a supporting explanation for the September CHC spend being c.£0.500m lower than forecast and why this favourable movement is non-recurring. **(Action Point 6.7)** | The improvement in M6 was related to approval of inflation uplifts for 2025/26. The impact of the uplift and the corresponding arrears was not as high as anticipated. |
| | | |
| | **TABLE B2 – Expenditure Movements** | |
| **5.1** | Please review your response to the request to explain what the 'unplanned spend reductions' relate to. The explanation provided stated that these "mainly relates to table B2 comparing our current forecast with the original IMTP submission adjusted for new allocations" – this is not considered acceptable, as it suggests the movement is simply a balancing item. Please explain what areas of Non-pay (YTD) are lower than that assumed in the Plan (£3.270m). **(c/f Action Point 5.1)** | Noted see section 1.4. |
| **5.12** | A response of 'Noted' has been provided to Action Point 5.12, however there continues to be certain categories where there is either a monthly 'unplanned spend reduction' value or an 'unplanned cost pressure' amount. Please ensure all items are reported gross each month and are not simply netted off, this will increase transparency of the individual items and will also assist in assessing if certain reductions or pressures have a recurring impact. As we approach | Noted see section 1.4. |

| | | |
|---|---|---|
| | Month 7, it is not acceptable to complete this table using balancing figures; the Health Board is expected to be able to robustly articulate the movements from Plan between the categories set out in Table B2. **(c/f Action Point 5.12)** | |
| **4.11** | After confirming that the correction of the rounding errors highlighted in Table B2 will be actioned for Month 6, this has now been delayed until Month 7. Please ensure this is fully actioned for the next submission. **(c/f Action Point 4.11)** | Completed correction of rounding, note this has had some minor impacts on previous months position. |
| | | |
| | **Table B3 – Pay Expenditure** | |
| **6.8** | Please ensure your narrative explains the assumptions which support your forecast Variable Pay spend profile. (Action Point 6.8) | Noted. |
| | | |
| | **Table C – C3 – Savings** | |
| **5.16** | Following your response to Action Point 5.16, below is an extract from the Tracker for those schemes/gains under the ''Reserves and Contingency' business unit. Please again review the classifications (including confirmation they are supported by a fully worked PID/Project Plan). There is a mixture of cash releasing and cost avoidance items, plus there is a release of an Accountancy Gains which will have derived from last year's accrual/provision in the SoFP and not a 25/26 Reserve or Contingency. **(Action Point 5.16)** | Renamed business unit as discussed. |
| **6.9** | We trust the remaining Amber schemes will meeting the Green criteria at Month 7. **(Action Point 6.9)** | Schemes have been reviewed, and the remaining amber schemes are within the 3 month time scale |
| | | |
| | **TABLE H – PSPP** | |
| **6.10** | It is acknowledged that the Health Board is currently delivering 95%+ performance for non-NHS invoices. It is also noted that the payment performance of NHS invoices has improved in quarter 2 (86.8%) compared to Q1 (82.5%). Please provide details of the actions being | We are currently reviewing whether the implementation of the Invoice Approval Workflow can be applied for NHS Wales invoices, therefore reducing delays in |

| | | |
|---|---|---|
| | taken to further improve the payment of NHS invoices in Quarter 3. **(Action Point 6.10)** | getting approval for payment. This will require significant training and communication to implement and will hopefully be in place by Q4. |
| | | |
| | **TABLE K– Disposals** | |
| **6.11** | Please review the completion of Table K at Month 7, ensuring the NBV and forecast sales receipts columns are populated. **(Action Point 6.11)** | NBV and estimated sales updated in October return |
| | | |
| | **TABLE O– Dental** | |
| **6.12** | The commentary refers to a £0.083m forecast overspend against the latest Dental WG Allocation. The Table O indicates a slightly higher overspend of £0.103m (£26.585m less £26.482m). Please review and ensure the forecast outturn against the ringfenced WG allocation is consistently reported. **(Action Point 6.12)** | Noted. |
| | | |
| | **OTHER** | |
| **6.13** | Should the reported WRP risks above the Plan crystalise into your YTD/Forecast expenditure, please record the additional spend in the SOCNE (losses line) and on Table A using a free text line (as there is no losses category in Table B2) reflecting the appropriate phasing. If these new pressures are offset by mitigating actions (finalised or still to be finalised), then these actions will reduce expenditure in the SOCNE and should be reported against the applicable category via Table B2. It is noted that you will also have the other entries, such as the WRP Debtor (against NWSSP) and the anticipated RRL reduction in Table E. **(Action Point 6.13)** | WRP will be an allocation adjustment and therefore will not report any vaiance in expenditure for table B or table B2.<br><br>However it will be reflected in table A as WG allocation adjustment which we will identify at free text line once recognised following the December revised forecast. |

**Cwm Taf Morgannwg ULHB** **Period : Oct 25**

**Table A - Movement of Opening Financial Plan to Forecast Outturn**

**This Table is currently showing 0 errors**

*Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG*
*Lines 1 - 12 should not be adjusted after Month 1*

| | | In Year Effect | Non Recurring | Recurring | FYE of Recurring |
|---|---|---|---|---|---|
| | | £'000 | £'000 | £'000 | £'000 |
| 1 | Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -7,900 | 0 | -7,900 | -7,900 |
| 2 | Cost Pressures (Negative Value) | -43,800 | -1,000 | -42,800 | -42,800 |
| 3 | Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift | 20,400 | 0 | 20,400 | 21,100 |
| 4 | Other Income Uplift / (Reduction) | 0 | 0 | | |
| 5 | RRL Profile - phasing only (in-year effect should total nil /Column C) | 0 | 0 | 0 | 0 |
| 6 | Planned (Finalised) Green and Amber Savings Plan | 16,509 | 989 | 15,520 | 17,774 |
| 7 | Planned (Finalised) Net Income Generation | 838 | 0 | 838 | 868 |
| 8 | Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 9 | Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | | |
| 10 | | 0 | 0 | | |
| 11 | Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | 13,953 | 1,295 | 12,658 | 12,658 |
| 12 | **Opening IMTP / Annual Operating Plan** | **0** | **1,284** | **-1,284** | **1,700** |
| 13 | Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | -13,953 | -1,295 | -12,658 | -12,658 |
| 14 | Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | | |
| 15 | Other Movement in Month 1 Planned & In Year Net Income Generation | -170 | 0 | -170 | 112 |
| 16 | Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | 453 | -156 | 609 | 741 |
| 17 | Additional In Year Identified Savings - Forecast | 7,666 | 1,221 | 6,445 | 9,692 |
| 18 | Variance to Planned RRL | -1,130 | -1,130 | | |
| 19 | Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional) | 857 | 857 | | |
| 20 | In Year Accountancy Gains | 5,300 | 5,300 | 0 | 0 |
| 21 | Unplanned Spend Reductions | 16,657 | 4,759 | 11,898 | 11,960 |
| 22 | Unplanned Cost Pressures | -16,561 | -3,141 | -13,420 | -16,667 |
| 23 | Planned Mitigations Yet To Be Finalised | 0 | 0 | 0 | 0 |
| 24 | Unplanned Additional Required Mitigations Yet To Be Finalised | 2,063 | 1,136 | 927 | 953 |
| 25 | Other | 0 | 0 | 0 | 0 |
| 26 | Losses & Spec Payments - Provision for permanent injury benefit | -985 | -985 | | |
| 27 | Other Losses & Special Payments Movements | -197 | -197 | | |
| 28 | | 0 | 0 | | |
| 29 | | 0 | 0 | | |
| 30 | | 0 | 0 | | |
| 31 | | 0 | 0 | | |
| 32 | | 0 | 0 | | |
| 33 | | 0 | 0 | | |
| 34 | | 0 | 0 | | |
| 35 | **Forecast Outturn (- Deficit / + Surplus)** | **0** | **7,653** | **-7,653** | **-4,167** |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -662 | -4,606 |
| 2 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -25,550 |
| 3 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 11,900 |
| 4 | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | 0 | 0 |
| 6 | 536 | 1,374 | 1,473 | 1,220 | 1,496 | 1,676 | 1,396 | 1,455 | 1,454 | 1,465 | 1,490 | 1,474 | 9,171 |
| 7 | 19 | 96 | 73 | 72 | 72 | 72 | 74 | 70 | 75 | 69 | 74 | 72 | 478 |
| 8 | | | | | | | | | | | | | 0 |
| 9 | | | | | | | | | | | | | 0 |
| 10 | | | | | | | | | | | | | 0 |
| 11 | 2,053 | 1,138 | 1,062 | 1,316 | 1,040 | 860 | 1,138 | 1,083 | 1,079 | 1,074 | 1,044 | 1,066 | 8,607 |
| 12 | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| 13 | -2,053 | -1,138 | -1,062 | -1,316 | -1,040 | -860 | -1,138 | -1,083 | -1,079 | -1,074 | -1,044 | -1,066 | -8,607 |
| 14 | | | | | | | | | | | | | 0 |
| 15 | 0 | -74 | -63 | 11 | -61 | -40 | -7 | 26 | 10 | 10 | 9 | 9 | -234 |
| 16 | 0 | -489 | -75 | -52 | -319 | -124 | 489 | 218 | 201 | 190 | 209 | 205 | -570 |
| 17 | 0 | 39 | 135 | 308 | 285 | 651 | 461 | 868 | 1,772 | 1,052 | 1,017 | 1,078 | 1,879 |
| 18 | 116 | -1,371 | -3,666 | 1,464 | -4,301 | 1,072 | 2,498 | 603 | -443 | 943 | 950 | 1,003 | -4,188 |
| 19 | -389 | 43 | 634 | -889 | 389 | -2,226 | 885 | 482 | 482 | 482 | 482 | 482 | -1,553 |
| 20 | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 |
| 21 | 1,021 | 2,063 | 3,291 | 2,207 | 2,617 | 2,959 | 499 | 400 | 400 | 400 | 400 | 400 | 14,657 |
| 22 | -385 | -1,105 | -255 | -2,403 | -1,436 | -785 | -3,439 | -1,317 | -1,337 | -1,325 | -1,324 | -1,450 | -9,808 |
| 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 303 | 494 | 422 | 401 | 443 | 0 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | | | | -985 | | | | | | | | | -985 |
| 27 | | | | 188 | -195 | 68 | -258 | | | | | | -197 |
| 28 | | | | | | | | | | | | | 0 |
| 29 | | | | | | | | | | | | | 0 |
| 30 | | | | | | | | | | | | | 0 |
| 31 | | | | | | | | | | | | | 0 |
| 32 | | | | | | | | | | | | | 0 |
| 33 | | | | | | | | | | | | | 0 |
| 34 | | | | | | | | | | | | | 0 |
| 35 | **-1,690** | **-2,032** | **-1,061** | **-1,467** | **-61** | **2,015** | **-10** | **500** | **500** | **1,100** | **1,100** | **1,104** | **-4,306** |

**TABLE A : Movement of Opening Financial Plan to Forecast Outturn**

| | |
|---|---|
| **Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions** | **Ok** |
| **Recurring & Non Recurring Analysis of In Year items is not greater than In Year items** | **Ok** |
| **FYE of Recurring items are greater than, or equal to, the In Year Recurring amount** | **Ok** |
| **FYE of Recurring items only reported against Recurring items** | **Ok** |
| **Has Organisation name being selected** | **Ok** |

**Cwm Taf Morgannwg ULHB**

**Period : Oct 25**

**Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)**

**This Table is currently showing 0 errors**

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY | Assessment | | Full In-Year forecast | | | Full-Year Effect of Recurring Savings |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | *YTD variance as %age of YTD* | Green | Amber | non recurring | recurring | | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | | £'000 |
| 1 | Pay | Budget/Plan | 94 | 796 | 568 | 629 | 629 | 632 | 693 | 716 | 747 | 763 | 763 | 765 | 4,041 | 7,795 | | 0 | 0 | | | | |
| 2 | | Actual/F'cast | 94 | 423 | 522 | 604 | 655 | 640 | 814 | 1,023 | 990 | 1,091 | 1,103 | 1,125 | 3,752 | 9,084 | 41.30% | 8,804 | 280 | 414 | 8,670 | 0 | 13,266 |
| 3 | | Variance | 0 | (373) | (46) | (25) | 26 | 8 | 121 | 307 | 243 | 328 | 340 | 360 | (289) | 1,289 | *(7.15%)* | 8,804 | 280 | | | | |
| 4 | Non-Pay | Budget/Plan | 42 | 178 | 144 | 175 | 162 | 240 | 199 | 200 | 202 | 199 | 188 | 204 | 1,140 | 2,133 | | 2,133 | 0 | | | | |
| 5 | | Actual/F'cast | 42 | 101 | 250 | 455 | 246 | 261 | 223 | 311 | 297 | 300 | 261 | 314 | 1,578 | 3,061 | 51.55% | 3,045 | 16 | 790 | 2,271 | 0 | 3,098 |
| 6 | | Variance | 0 | (77) | 106 | 280 | 84 | 21 | 24 | 111 | 95 | 101 | 73 | 110 | 438 | 928 | *38.42%* | 912 | 16 | | | | |
| 7 | Primary Care - Drugs & Appliances | Budget/Plan | 400 | 400 | 400 | 400 | 687 | 457 | 457 | 457 | 457 | 457 | 457 | 457 | 3,201 | 5,486 | | 5,486 | 0 | | | | |
| 8 | | Actual/F'cast | 400 | 400 | 400 | 400 | 544 | 316 | 1,231 | 1,047 | 1,713 | 1,158 | 1,158 | 1,159 | 3,691 | 9,926 | 37.19% | 9,926 | 0 | 0 | 9,926 | 0 | 9,928 |
| 9 | | Variance | 0 | 0 | 0 | 0 | (143) | (141) | 774 | 590 | 1,256 | 701 | 701 | 702 | 490 | 4,440 | *15.31%* | 4,440 | 0 | | | | |
| 10 | Secondary Care Drugs | Budget/Plan | 0 | 0 | 336 | 8 | 10 | 338 | 39 | 39 | 39 | 38 | 39 | 39 | 731 | 925 | | 925 | 0 | | | | |
| 11 | | Actual/F'cast | 0 | 0 | 336 | 9 | 9 | 552 | (1) | 46 | 347 | 79 | 80 | 80 | 905 | 1,537 | 58.88% | 1,537 | 0 | 0 | 1,537 | 0 | 1,695 |
| 12 | | Variance | 0 | 0 | 0 | 1 | (1) | 214 | (40) | 7 | 308 | 41 | 41 | 41 | 174 | 612 | *23.80%* | 612 | 0 | | | | |
| 13 | CHC/FNC | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 0 | 70 | | 70 | 0 | | | | |
| 14 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 0 | 70 | 0.00% | 70 | 0 | 0 | 70 | 0 | 120 |
| 15 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 16 | Primary Care Contractor | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 17 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 19 | Healthcare Services Provided by Other Healthboards | Budget/Plan | 0 | 0 | 25 | 8 | 8 | 9 | 8 | 8 | 9 | 8 | 8 | 9 | 58 | 100 | | 100 | 0 | | | | |
| 20 | | Actual/F'cast | 0 | 0 | 25 | 8 | 8 | 434 | 79 | 79 | 80 | 79 | 79 | 79 | 554 | 950 | 58.32% | 950 | 0 | 850 | 100 | 0 | 100 |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 425 | 71 | 71 | 71 | 71 | 71 | 70 | 496 | 850 | *855.17%* | 850 | 0 | | | | |
| 22 | Non-healthcare Services Provided by Other Healthboards | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 23 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 25 | Other Private & Voluntary Sector | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 26 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 28 | Joint Financing & Other | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 29 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 34 | Total | Budget/Plan | 536 | 1,374 | 1,473 | 1,220 | 1,496 | 1,676 | 1,396 | 1,455 | 1,454 | 1,465 | 1,490 | 1,474 | 9,171 | 16,509 | | 8,714 | 0 | | | | |
| 35 | | Actual/F'cast | 536 | 924 | 1,533 | 1,476 | 1,462 | 2,203 | 2,346 | 2,541 | 3,427 | 2,707 | 2,716 | 2,757 | 10,480 | 24,628 | 58.32% | 24,332 | 296 | 2,054 | 22,574 | 0 | 28,207 |
| 36 | | Variance | 0 | (450) | 60 | 256 | (34) | 527 | 950 | 1,086 | 1,973 | 1,242 | 1,226 | 1,283 | 1,309 | 8,119 | *855.17%* | 15,618 | 296 | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 37 | Variance in month | 0.00% | (32.75%) | 4.07% | 20.98% | (2.27%) | 31.44% | 68.05% | 74.64% | 135.69% | 84.78% | 82.28% | 87.04% | 14.27% | |
| 38 | In month achievement against FY forecast | 2.18% | 3.75% | 6.22% | 5.99% | 5.94% | 8.95% | 9.53% | 10.32% | 13.92% | 10.99% | 11.03% | 11.19% | | |

**Cwm Taf Morgannwg ULHB**

**Period : Oct 25**

**Table C1- Savings Schemes Pay Analysis**

| | | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | Green | Amber | non recurring | recurring | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | Pay - General & Substantive | Budget/Plan | 60 | 278 | 229 | 261 | 258 | 266 | 321 | 319 | 331 | 326 | 325 | 325 | 1,673 | 3,299 | 0 | 0 | | | |
| 2 | | Actual/F'cast | 60 | 100 | 184 | 203 | 292 | 236 | 403 | 515 | 457 | 464 | 476 | 486 | 1,478 | 3,876 | 3,858 | 18 | 414 | 3,462 | 5,700 |
| 3 | | Variance | 0 | (178) | (45) | (58) | 34 | (30) | 82 | 196 | 126 | 138 | 151 | 161 | (195) | 577 | 3858 | 18 | | | |
| 4 | Pay - Variable | Budget/Plan | 0 | 130 | 125 | 149 | 147 | 146 | 148 | 147 | 166 | 176 | 180 | 180 | 845 | 1,694 | 0 | 0 | | | |
| 5 | | Actual/F'cast | 0 | 62 | 123 | 179 | 117 | 138 | 139 | 221 | 187 | 222 | 229 | 234 | 758 | 1,851 | 1,838 | 13 | 0 | 1,851 | 2,746 |
| 6 | | Variance | 0 | (68) | (2) | 30 | (30) | (8) | (9) | 74 | 21 | 46 | 49 | 54 | (87) | 157 | 1,838 | 13 | | | |
| 7 | Pay - Agency | Budget/Plan | 34 | 388 | 214 | 219 | 224 | 220 | 224 | 250 | 250 | 261 | 258 | 260 | 1,523 | 2,802 | 0 | 0 | | | |
| 8 | | Actual/F'cast | 34 | 261 | 215 | 222 | 246 | 266 | 272 | 287 | 346 | 405 | 398 | 405 | 1,516 | 3,357 | 3,108 | 249 | 0 | 3,357 | 4,820 |
| 9 | | Variance | 0 | (127) | 1 | 3 | 22 | 46 | 48 | 37 | 96 | 144 | 140 | 145 | (7) | 555 | 3,108 | 249 | | | |
| 10 | Total | Budget/Plan | 94 | 796 | 568 | 629 | 629 | 632 | 693 | 716 | 747 | 763 | 763 | 765 | 4,041 | 7,795 | 0 | 0 | | | |
| 11 | | Actual/F'cast | 94 | 423 | 522 | 604 | 655 | 640 | 814 | 1,023 | 990 | 1,091 | 1,103 | 1,125 | 3,752 | 9,084 | 8,804 | 280 | 414 | 8,670 | 13,266 |
| 12 | | Variance | 0 | (373) | (46) | (25) | 26 | 8 | 121 | 307 | 243 | 328 | 340 | 360 | (289) | 1,289 | 8,804 | 280 | | | |

**Table C2- V&S Saving Categories**

| | | | Month | 1<br>Apr<br>£'000 | 2<br>May<br>£'000 | 3<br>Jun<br>£'000 | 4<br>Jul<br>£'000 | 5<br>Aug<br>£'000 | 6<br>Sep<br>£'000 | 7<br>Oct<br>£'000 | 8<br>Nov<br>£'000 | 9<br>Dec<br>£'000 | 10<br>Jan<br>£'000 | 11<br>Feb<br>£'000 | 12<br>Mar<br>£'000 | Total YTD | Full-year forecast |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Workforce | Budget/Plan | | 100 | 807 | 577 | 638 | 636 | 641 | 697 | 719 | 753 | 767 | 767 | 769 | 4,096 | 7,871 |
| 2 | | Actual/F'cast | | 100 | 430 | 528 | 612 | 673 | 637 | 740 | 969 | 918 | 1,019 | 1,029 | 1,053 | 3,720 | 8,708 |
| 3 | | Variance | | 0 | (377) | (49) | (26) | 37 | (4) | 43 | 250 | 165 | 252 | 262 | 284 | (376) | 837 |
| 4 | Medicines Management | Budget/Plan | | 400 | 438 | 755 | 428 | 715 | 816 | 515 | 514 | 516 | 514 | 515 | 515 | 4,067 | 6,641 |
| 5 | | Actual/F'cast | | 400 | 410 | 757 | 425 | 556 | 871 | 1,215 | 1,111 | 2,081 | 1,256 | 1,258 | 1,258 | 4,634 | 11,598 |
| 6 | | Variance | | 0 | (28) | 2 | (3) | (159) | 55 | 700 | 597 | 1,565 | 742 | 743 | 743 | 567 | 4,957 |
| 7 | Procurement & Non-pay | Budget/Plan | | 32 | 106 | 104 | 119 | 121 | 192 | 157 | 157 | 156 | 155 | 146 | 161 | 831 | 1,606 |
| 8 | | Actual/F'cast | | 32 | 70 | 216 | 422 | 217 | 250 | 220 | 245 | 247 | 253 | 213 | 264 | 1,427 | 2,649 |
| 9 | | Variance | | 0 | (36) | 112 | 303 | 96 | 58 | 63 | 88 | 91 | 98 | 67 | 103 | 596 | 1,043 |
| 10 | CHC | Budget/Plan | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 0 | 70 |
| 11 | | Actual/F'cast | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 0 | 70 |
| 12 | | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Pathway | Budget/Plan | | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 24 |
| 14 | | Actual/F'cast | | 0 | 0 | 0 | 0 | 0 | 0 | 83 | 83 | 83 | 83 | 84 | 84 | 83 | 500 |
| 15 | | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 79 | 79 | 79 | 79 | 80 | 80 | 79 | 476 |
| 16 | Other - Commissioning | Budget/Plan | | 4 | 23 | 37 | 22 | 21 | 23 | 20 | 22 | 22 | 22 | 20 | 22 | 150 | 258 |
| 17 | | Actual/F'cast | | 4 | 5 | 29 | 13 | 12 | 439 | 83 | 93 | 93 | 92 | 92 | 92 | 585 | 1,047 |
| 18 | | Variance | | 0 | (18) | (8) | (9) | (9) | 416 | 63 | 71 | 71 | 70 | 72 | 70 | 435 | 789 |

**Cwm Taf Morgannwg ULHB**

**Oct 25**

7 **This Table is currently showing 8 errors**

**Table C3 - Tracker**

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustment | Full-year Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 538 | 1,374 | 1,473 | 1,295 | 1,496 | 1,676 | 1,396 | 1,465 | 1,454 | 1,469 | 1,490 | 1,474 | 9,121 | 16,509 | 988 | 15,520 | 2,256 | 17,774 |
| | Month 1 - Actual/Forecast | 538 | 885 | 1,356 | 1,168 | 1,177 | 1,562 | 1,885 | 1,673 | 1,655 | 1,659 | 1,679 | 1,679 | 8,801 | 16,963 | 833 | 16,129 | 2,386 | 18,515 |
| | Variance | 0 | (489) | (75) | (52) | (319) | (114) | 489 | 208 | 201 | 190 | 189 | 205 | (320) | 453 | (156) | 609 | 130 | 741 |
| | In Year - Plan | 0 | 89 | 137 | 256 | 267 | 250 | 922 | 688 | 1,622 | 973 | 992 | 1,014 | 1,367 | 7,177 | 1,129 | 6,044 | 3,323 | 9,367 |
| | In Year - Actual/Forecast | 0 | 35 | 135 | 306 | 285 | 650 | 461 | 866 | 1,772 | 1,052 | 1,017 | 1,078 | 1,975 | 7,666 | 1,221 | 6,445 | 3,246 | 9,692 |
| | Variance | 0 | 0 | (2) | 51 | 18 | 400 | (461) | 199 | 150 | 79 | 25 | 64 | (26) | 489 | 93 | 401 | (78) | 325 |
| | Total Plan | 538 | 1,414 | 1,610 | 1,551 | 1,763 | 1,927 | 2,318 | 2,153 | 3,076 | 2,428 | 2,482 | 2,488 | 11,488 | 23,686 | 2,117 | 21,564 | 5,577 | 27,141 |
| | Total Actual/Forecast | 538 | 924 | 1,533 | 1,476 | 1,462 | 2,212 | 2,346 | 2,541 | 3,427 | 2,711 | 2,716 | 2,757 | 10,776 | 24,629 | 2,054 | 22,574 | 5,632 | 28,207 |
| | Total Variance | 0 | (489) | (77) | (75) | (301) | 285 | 28 | 412 | 351 | 283 | 234 | 269 | (712) | 943 | (63) | 1,010 | 55 | 1,066 |
| Net Income Generation | Month 1 - Plan | 10 | 96 | 73 | 71 | 73 | 73 | 74 | 73 | 75 | 69 | 74 | 83 | 839 | 839 | 0 | 839 | 26 | 866 |
| | Month 1 - Actual/Forecast | 10 | 96 | 73 | 71 | 73 | 73 | 74 | 73 | 75 | 69 | 74 | 83 | 839 | 839 | 0 | 839 | 26 | 866 |
| | Variance | 0 | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | 0 | (0) | (0) | (0) | 0 | 0 | 0 | 0 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 11 | 11 | 11 | 11 | 11 | 82 | 121 | 0 | 121 | 8 | 129 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 11 | 11 | 12 | 11 | 11 | 82 | 121 | 0 | 121 | 8 | 129 |
| | Variance | 0 | 0 | (0) | (0) | 0 | 0 | (0) | 1 | (0) | 1 | (1) | 1 | 0 | 0 | 0 | 0 | 0 | (0) |
| | Total Plan | 10 | 106 | 83 | 81 | 93 | 93 | 94 | 93 | 96 | 90 | 94 | 93 | 920 | 959 | 0 | 959 | 35 | 997 |
| | Total Actual/Forecast | 10 | 96 | 73 | 81 | 83 | 83 | 84 | 84 | 86 | 81 | 85 | 94 | 839 | 959 | 0 | 959 | 35 | 994 |
| | Total Variance | 0 | (9) | (9) | 0 | (9) | (9) | (9) | (9) | (9) | (9) | (9) | 1 | (81) | 0 | 0 | 0 | 0 | (3) |
| Accountancy Gains | In Year - Plan | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 | 5,300 | 5,300 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 | 5,300 | 5,300 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 552 | 1,470 | 1,546 | 1,292 | 1,568 | 1,748 | 1,470 | 1,525 | 1,529 | 1,534 | 1,564 | 1,540 | 9,949 | 17,347 | 988 | 16,358 | 2,286 | 18,642 |
| | Month 1 - Actual/Forecast | 548 | 981 | 1,429 | 1,237 | 1,186 | 1,573 | 1,961 | 1,759 | 1,728 | 1,731 | 1,753 | 1,762 | 9,759 | 17,801 | 833 | 16,968 | 2,669 | 19,366 |
| | Variance | 4 | (489) | (128) | (55) | (382) | (175) | 491 | 234 | 199 | 196 | 189 | 222 | (190) | 454 | (156) | 610 | 383 | 724 |
| | In Year - Plan | 0 | 48 | 146 | 300 | 4,286 | 1,563 | 932 | 685 | 1,633 | 984 | 1,002 | 1,025 | 7,274 | 12,598 | 6,433 | 6,165 | 3,332 | 9,497 |
| | In Year - Actual/Forecast | 0 | 35 | 135 | 306 | 4,295 | 1,960 | 472 | 878 | 1,784 | 1,063 | 1,028 | 1,089 | 7,264 | 13,095 | 6,521 | 6,574 | 3,287 | 9,861 |
| | Variance | 0 | (13) | (11) | 6 | 9 | 398 | (460) | 193 | 151 | 79 | 26 | 63 | (10) | 497 | 88 | 409 | (46) | 364 |
| | Total Plan | 552 | 1,518 | 1,692 | 1,592 | 5,854 | 3,311 | 2,402 | 2,210 | 3,162 | 2,518 | 2,566 | 2,565 | 17,223 | 29,945 | 7,421 | 22,523 | 5,618 | 28,139 |
| | Total Actual/Forecast | 552 | 946 | 1,543 | 1,559 | 5,472 | 3,535 | 2,413 | 2,637 | 3,512 | 2,790 | 2,780 | 2,838 | 16,824 | 30,596 | 7,354 | 23,242 | 5,948 | 29,187 |
| | Total Variance | 0 | (572) | (149) | (33) | (381) | 224 | 11 | 423 | 350 | 268 | 213 | 273 | (399) | 651 | (67) | 718 | 329 | 1,048 |

| Agenda Item |
| --- |
| 10.2.1d |

# Operational Delivery Committee

## MONTH 8 MONITORING RETURNS TO WELSH GOVERNMENT

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Andrew Jones, Acting Deputy Director of Finance |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Sally May, Director of Finance & Procurement |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Sally May, Executive Director of Finance |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group /Forum Individuals** | **Date** | **Outcome** |
| WG | Welsh Government | |
| M1 etc | Month 1 etc | |
| ODC | Operational Delivery Committee | |
| HB | Health Board | |

## 1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M8 Financial Monitoring Return submission to Welsh Government

## 2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2025) 013 – 2025/26 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23rd April 2025. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2025/26 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

| **Annex A** |
|---|
| M8 Narrative report |
| Table A - Movement |
| Tables C, C1, C2 & C3 |

## 3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M8 Financial Monitoring returns is summarised in Section 1.2 of the M8 Narrative report at Annex A. This information is consistent with the M8 Internal Board papers.

## 4. Assessment

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable<br>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:<br><br>Not Required |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* | Yes: ☐ | No: ☒ |
| | Outcome for Equality (delete as appropriate): | If no, please include rationale below: |

| | | |
|---|---|---|
| **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | POSITIVE/NEUTRAL NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE | Not required |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Financial Management of the Health Board and potential audit qualifications | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | Reflects the allocation and utilisation of resources of the Health Board | |

## 5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the contents of the M8 Monitoring Returns submitted to Welsh Government for 2025/26.

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
# MONITORING RETURNS – NOVEMBER 2025
# FINANCIAL COMMENTARY

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 November 2025.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

## 1. Financial Plan, Year to Date and Forecast position

### 1.1 Financial Plan for 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

| | Recurrent £m | Non Recurrent £m | Total plan £m |
|---|---|---|---|
| **B'Fwd challenge at 31 March 2024** | **7.9** | **0** | **7.9** |
| Income changes | (21.1) | 0.7 | (20.4) |
| Cost Pressures & Investments: | 42.8 | 1.0 | 43.8 |
| Savings Target | (31.3) | 0 | (31.3) |
| **Total plan 23/24** | **(1.7)** | **1.7** | **(0.0)** |

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

### 1.2 Actual YTD and Forecast 2025-26 (Table A)

| | Actual | YTD | Year-end forecast |
|---|---|---|---|
| | £m | £m | £m |
| **Month 1** | **1.7** | **1.7** | **0.0** |
| **Month 2** | **2.0** | **3.7** | **0.0** |
| **Month 3** | **1.1** | **4.8** | **0.0** |
| **Month 4** | **1.5** | **6.3** | **0.0** |
| **Month 5** | **0.1** | **6.3** | **0.0** |
| **Month 6** | **(2.0)** | **4.3** | **0.0** |
| **Month 7** | **0.0** | **4.3** | **0.0** |
| **Month 8** | **(0.3)** | **4.0** | **0.0** |

The M8 position is reporting a £0.3m surplus (break-even M7) for the period with a year to date deficit of £4.0m (£4.3m M7), the forecast position has remained break even. The key components of the YTD position and the year-end forecast compared to the original IMTP are summarised below:

| | M8 YTD | M8 Year-end forecast | M7 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| | | | | |
| Savings Shortfall | 5.6 | 5.8 | 6.0 | 0 |
| Operating Variances | (0.7) | (0.6) | (0.7) | 0 |
| Plan Phasing adjustments | 3.7 | 0 | 0 | 0 |
| Financial Plan Improvements | (1.8) | (2.7) | (1.7) | 0 |
| Accountancy Gains | (5.3) | (5.3) | (5.3) | 0 |
| Financial Allocation Adjustments | 2.5 | 3.8 | 3.8 | 0 |
| Other Mitigating Actions | 0 | (1.0) | (2.1) | 0 |
| **Grand Total** | **4.0** | **0** | **0** | **0** |

The main driver for the year to date overspend at M8 is the £5.6m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £18.2m (£2.6m per month).

| **Savings Shortfall:** | M8 YTD | M8 Year-end forecast | M7 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| Variance v £21.7m Delegated target | 5.1 | 5.1 | 5.3 | 0 |
| Variance v £2.4m Non delegated target – CAT M savings | (2.9) | (4.4) | (4.4) | 0 |
| NWSSP Energy Savings | (0.5) | (0.7) | (0.7) | 0 |
| Variance v £7.2m Central Executive led programmes | 3.9 | 5.8 | 5.8 | 0 |
| **Grand Total** | **5.6** | **5.8** | **6.0** | **0** |

As at M8 we have identified £0.7m of favourable operating variances against the original plan a reduction of £2.6m compared to M7 (£3.3m), it remains uncertain if these favourable variances will be maintained as delegated positions continue to report growing pressures.

Offsetting this favourable operating variance, M8 has reported the £2.5m impact of the reduced allocations for National insurance and 24/25 pay awards which were assumed as part of the initial planning cycle. It is important to recognise that without this unplanned reduction in WG allocations, the Health Board would be on track to deliver its original IMTP

position with no further mitigating actions required.

The phasing of our resource allocation reflects this delegated assessment with a £3.7m adverse phasing adjustment. Section 1.4 expands upon the most significant operating variances.

As at M8 we have confirmed accountancy gains of £5.3m relating to Primary care Prescribing and Continuing Healthcare.

Following a further executive review of the remaining plans for cost pressures and investments together with actions to improve the financial position, an additional £1.0m of plans have been released at M8 increasing the total revised financial plan release to £2.7m and giving a year to date benefit of £1.8m.

There remains a requirement of £1.0m of mitigating actions to achieve our breakeven forecast, a reduction of £1.1m since M7. Delivering this mitigating action remains an urgent priority of the executive team.

Other key issues include:

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicated a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m. The most recent forecast is indicating a £49m shortfall for NHS Wales.

  Using the latest risk shares, the impact of this shortfall for CTM would be £7.15m.

  During M8 WG have confirmed funding support up to the forecast of £49m will be released to Health Boards, with any remaining risk beyond the £49m to be managed by organisations.

- POW Roof temporary arrangements – Written confirmation of the £9.1m allocation has been received in M8.

- Following the approval of the all-Wales Framework for reviewing Band 2 health care support workers, the Health Board is escalating the work programme to meet the agreed milestones with the aim to process payments by the end of June 2026. Given the approved timetable to action the compensatory and recognition payments, it will be necessary for the costs to recognised within 2025/26 as an

accrual or provision depending upon the progress at the time of preparing draft accounts. As at M8, no impact has been recognised and no allocation has been anticipated, as work continues to quantify the impact in 2025/26, initial high level assessments have indicated an impact of circa £8.5m in 2025/26 with a potential recurrent impact of £2.9m. In line with recent correspondence from WG, it is assumed that the full cost within 2025/26 will be funded by WG and therefore will not impact upon our break even forecast.

- Confirmation of the funding for National Insurance changes and the 2024/25 pay awards have been received which were below our planning assumptions. Our local assessment of this impact is £1.6m YTD with a full year impact of £3.8m.

- During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision £1m having to be recognised.

- The 2025/26 pay award was processed in M5 with a further amendment in M6. The allocation has been confirmed in M8 at the full value.

- Waiting times activity not funded via WG direct allocations is continuing to prove a risk with variable pay and insourcing levels continuing to remain higher than plan to support maintaining target requirements.

- Our assumptions for the national outpatient programme continues to align with the original WG plan and funding, this will be updated in future periods as actual activity is reported. Recent correspondence supporting the provision of diagnostic impacts of the national outpatient programme are concerning as the cost indicated in the correspondence is not sufficient to meet the premium costs being incurred of sourcing short term immediate capacity.

- Further details of the remaining risks and opportunities to the M8 forecast break even position is included in Section 3.

## 1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

| | November | | | Year End Forecast | | |
|---|---|---|---|---|---|---|
| | Act £'000 | F/Cast £'000 | Movement £'000 | M8 £'000 | M7 £'000 | Movement £'000 |
| RRL | 128,857 | 129,942 | (1,085) | 1,533,694 | 1,528,311 | 5,383 |
| Donation/Grants | 0 | 0 | 0 | 228 | 228 | 0 |
| Welsh HBs & NHST | 6,234 | 6,201 | 33 | 74,181 | 74,148 | 33 |
| NHSWJCC | 1,247 | 1,234 | 13 | 14,587 | 14,574 | 13 |
| WG Income | 91 | 122 | (31) | 2,179 | 2,210 | (31) |
| Other Income | 5,164 | 4,232 | 932 | 52,521 | 51,589 | 932 |
| **Income Total** | **141,593** | **141,731** | **(138)** | **1,677,390** | **1,671,060** | **6,330** |
| PC Contractor | 13,869 | 14,165 | (296) | 169,019 | 168,333 | 686 |
| PC - Drugs | 7,603 | 8,616 | (1,013) | 103,741 | 103,387 | 354 |
| Pay | 64,672 | 64,285 | 387 | 771,328 | 769,929 | 1,399 |
| Non Pay | 10,878 | 10,052 | 826 | 121,976 | 120,312 | 1,664 |
| SC - Drugs | 5,219 | 5,224 | (5) | 62,039 | 62,010 | 29 |
| H/C Other NHS | 25,747 | 25,308 | 439 | 306,054 | 303,422 | 2,632 |
| Non H/C Other NHS | 0 | 0 | 0 | 0 | 0 | 0 |
| CHC & FNC | 6,924 | 7,026 | (102) | 78,872 | 79,374 | (502) |
| Private & Vol | 1,661 | 1,509 | 152 | 16,433 | 15,613 | 820 |
| Joint & Other | 1,517 | 1,641 | (124) | 18,806 | 19,327 | (521) |
| Losses, Spec Payments | (36) | 214 | (250) | 3,528 | 3,778 | (250) |
| DEL | 3,146 | 3,146 | 0 | 40,521 | 40,521 | 0 |
| AME | 46 | 45 | 1 | (14,926) | (14,927) | 1 |
| Res & Cont | 0 | 0 | 0 | 0 | 0 | 0 |
| P&L on Dispoal | 17 | 0 | 17 | (2) | (19) | 17 |
| **Cost - Total** | **141,263** | **141,231** | **32** | **1,677,390** | **1,671,060** | **6,330** |

Actual expenditure for M8 was £0.03m (0.02%) greater than the £141.2m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Other Income - £932k Favourable** – increased primary care drug rebates, partly related to new Tirzepatide rebates.
- **Primary Care Drugs - £1,013k Favourable** – M8 recognises revised forecast and phasing following M6 PAR.
- **Provider Non Pay - £826k Adverse** – M7 has reported a deterioration across many areas, the most significant increased energy cost together with increased patient transport costs and increased M&SE beyond anticipated planned care levels.
- **Healthcare NHS - £439k Adverse** – M8 recognises WG allocations directed for JCC pay awards together with increased elective activity

with C&V UHB for spinal treatments and increased Velindre NICE charges.

The year-end forecast expenditure at M8 has increased by £6.3m to £1,677m. This is offset by a corresponding decrease in WG funding and other income. The most significant changes in the year-end forecast since M7 are as follows:

- **Other Income - £932k Favourable –** increased primary care drug rebates, partly related to new Tirzepatide rebates
- **Primary Care Contractors - £686k Adverse** – Reflects new WG allocations for 25/26 Pharmacy Pay uplift and GMS Dispensing Drs & PADMs together with revised forecasts.
- **Provider Pay - £1,399k Adverse** – Revised forecast following continued deterioration in M8 of £0.4m.
- **Provider Non-Pay - £1,664k Adverse**– Recognition of in month movement and revised forecast reflecting higher than anticipated planned care activity levels
- **Healthcare NHS- £2,632k Adverse –** Reflects new WG allocations directed for JCC of £2.427m.
- **Private & Voluntary- £820k Adverse –** Reflects new WG allocations for Diagnostics RTT and National Outpatient allocations £0.8m.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M1 – M6 reflects the latest planning assumptions for the continued temporary arrangements to support the POW Roof replacement.
- M1 – M11 reflects the latest planning assumptions for the continued temporary Vanguard Theatres at RGH to support the POW roof replacement.
- M1 – M3 reflect the latest planning assumptions for the Planned care funding of £3.0m.
- M6 – 12 reflects the latest planning assumptions for the planned care funding of £6.0m relating to outpatient and diagnostic programmes.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – Following request to reprofile IFRS 16 adjustments, the profile has been phased with 7/12ths now reported in M7 and 1/12th in periods M8-M12.
- M6 CHC reflects the payment of arears for revised 2025/26 FNC and CHC rates.
- M5 CHC included the recognition of £4.0m accountancy gains.
- Pay Award 2024/25 – Following confirmation of the allocation matrix, the LTA income and Expenditure recognises the flow of the pay

awards via LTAs in M6 (including retrospective adjustments backdated to M1) along with M7 to M12 monthly impact.

- Pay award 2025/26 – The 2025/26 pay award has been processed in M5 with arrears, a further adjustment was processed in M6.
- M6 Primary care prescribing included the recognition of £1.3m of accountancy gains.
- Primary Care prescribing M7-12 reflects the latest Cat M price from 1st October including Dapagliflozin.

### 1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £2.2m net operating surplus to M8, the most significant expenditure variances from original IMTP plans are noted below (net impact of spend reductions and cost pressures):

- **Primary Care Contractors**
  - M8 has reported a £349k favourable operating variance, giving a year to date variance of £1,240k favourable. This mainly relates to non cash limited expenditure reductions. The forecast has been adjusted to reflect this trend for future periods.
- **Primary Care – Drugs & Appliances**
  - M8 has reported a £882k adverse operating variance, giving a year to date variance of £416k favourable. This is due to better than anticipated PAR growth compared to the original plan.
- **Provider Services Pay**
  - The M8 YTD position includes £2.5m impact of the National Insurance and pay award reduced allocations with a full year impact of £3.8m. The M8 position reported a £0.5m operating deficit primarily driven by increased spend in Medical & dental (£0.5m relating to ADH/WLI) compared to the IMTP which reduced the YTD surplus to £2.6m.
- **Provider Services Non Pay**
  - M8 has reported a £719k adverse operating variance, giving a year to date variance of £2,021k favourable. This variance reflects elements of the £2.7m initial plan opportunities identified in M5 & M8 along with other favourable operating variances. These opportunities include:
    - £0.2m M&SE
    - £0.1m Buildings
    - £0.1m Microsoft enterprise agreement
    - £0.5m I2S consultancy
    - £1.2m Non-Pay Inflationary benefit
    - £1.0m Reduced cost pressures (Comm Pharm, Pathology External Testing)
- **Provider Secondary Care Drugs**
  - M8 has reported a £12k adverse operating variance, giving a year to date variance of £194k favourable. This variance reflects lower than anticipated uptake of new drugs and slower

growth levels than planned.

- **Healthcare Service NHS**
  - M8 has reported a £816k adverse operating variance, giving a year to date variance of £3,836k adverse. Contract monitoring has indicated higher than anticipated levels of activity particularly within Cardiff & Vale and Velindre activity.
- **CHC/FNC**
  - M8 has reported a £198k adverse operating variance, giving a year to date variance of £1,342k adverse. The year to date variance reflects higher than anticipated levels of new placements within Mental Health settings. Note that the original plan had assumed inflation including arrears would have been paid in M3, this was delayed and has been paid in M6, as requested this phasing adjustment has been transferred from other to Virements.

There were no other material variances in M8 relating to Table B2 expenditure.

In addition to the variances noted in Table B2, further variances have been reported in Table A as follows:

- Income - a year to date adverse variance of £1,205k.
- Loss & Special Payments - £928k adverse variance year to date mainly relating to a permanent injury benefit provision.

### 1.5 Pay Expenditure (Table B3)

The M8 Pay expenditure was £66.9, the monthly trend is summarised below.

| | M8 | M7 | M6 | Q2* Average | Q1* Average | Q4* Average | Q3* Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| A&C | 8.8 | 8.8 | 8.7 | 8.7 | 8.7 | 8.4 | 8.4 |
| Medical | 18.3 | 18.4 | 17.9 | 17.8 | 17.6 | 17.8 | 17.4 |
| Nursing | 20.4 | 20.7 | 20.0 | 20.2 | 20.2 | 20.6 | 19.9 |
| ACS | 8.3 | 8.4 | 8.5 | 8.4 | 8.2 | 7.9 | 8 |
| Other | 11.1 | 10.8 | 11 | 11.1 | 10.8 | 10.5 | 10.6 |
| **Total** | **66.9** | **67.1** | **66.1** | **65.9** | **65.7** | **64** | **63.8** |

**Quarterly Average has been adjusted to reflect a comparison with 2025/26 pay award.*

The Key issues to highlight are as follows:

- During M5 the 2025/26 pay award was processed, the impact of this has been assessed as £2.2m per month. The impact for staff paid real living wage was processed in M1 with an impact of £0.2m per month.

- The M8 position has improved compared to M7 but remains higher than previous months. the man areas of concern are:
    - £0.6m increase in Medical staff within core staffing levels increasing with limited impact of reduced variable pay. There has been a negative impact upon M8 agency as a result of critical cover requirement within Mental Health services.
    - £0.2m increase in Nursing staff relating to new core nursing posts offset by reduced agency but increasing use of variable pay.

- The premium costs of supporting planned care capacity is continuing to have an impact upon Nursing, Medical and ACS variable pay expenditure.

The M8 agency expenditure was £2.0m and the monthly trend (excluding accountancy gains) is summarised below:

| | **M8** | **M7** | **M6** | **Q2 Average** | **Q1 Average** | **Q4 Average** | **Q3 Average** |
|---|---|---|---|---|---|---|---|
| | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** |
| Medical | 0.9 | 0.9 | 0.7 | 0.6 | 0.8 | 0.7 | 0.6 |
| Nursing | 0.9 | 1.3 | 1.2 | 1.3 | 1.3 | 1.7 | 1.8 |
| Other | 0.2 | 0.1 | 0.2 | 0.3 | 0.4 | 0.7 | 0.6 |
| **Total** | **2.0** | **2.3** | **2.2** | **2.2** | **2.5** | **3.0** | **2.9** |

The Key issues to highlight are as follows:

- Agency costs improved during M8, with agency expenditure being 33% lower than Q4 levels.

- The Nursing agency pressures experienced during M11 & M12 continue to ease, M8 has reported an improvement following increased scrutiny and review of agency usage alongside recruitment of core staff. Nursing agency costs have reduced by 33% compared to the same periods in 24/25.

- Medical costs have remained similar to M7, with an additional £158k compared to M6. The year to date expenditure in 25/26 is 11% lower than the comparative periods in 24/25.

- Other Agency costs continue to remain below prior year levels.

As per the 2025-26 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

| Enabling Action Description | YTD | Forecast |
|---|---|---|
| 30% reduction in 25/26 agency expenditure compared to 2024/25. | M8 2025/26 £18.4m<br>M8 2024/25 £26.3m<br>30% reduction | 2025/26 £27.0m<br>2024/25 £38.1m<br>29% reduction |
| Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 25 | M8 2025/26 actual expenditure was £123k.<br>M8 2024/25 average expenditure £475k per month. | Forecast assumes that this target will not be achieved with agency expenditure anticipated to continue beyond at circa £100k per month. |

The M8 variable pay expenditure was £5.3m and the monthly trend (excluding accountancy gains) is summarised below.

| | M8 | M7 | M6 | Q2 Average | Q1 Average | Q4 Average | Q3 Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| Medical | 1.9 | 2.3 | 1.7 | 1.9 | 1.9 | 2.0 | 2.1 |
| Nursing | 1.2 | 1.2 | 1.0 | 1.1 | 1.0 | 1.2 | 0.9 |
| ACS | 1.4 | 1.5 | 1.6 | 1.5 | 1.4 | 1.4 | 1.2 |
| Other | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.6 | 0.6 |
| **Total** | **5.3** | **5.7** | **5.0** | **5.2** | **5.0** | **5.2** | **4.8** |

The Key issues to highlight are as follows:

- During M8, variable pay reported a £0.4m improvement compared to M7, but remains slightly higher than Q2 average.
- Overall variable pay remains higher than anticipated with pressures on planned care continuing to drive variable pay costs higher than plan.
- The forecasts for variable pay assume the M8 position will improve for nursing & midwifery as impact of recruitment reduces the need to variable pay coverage.

## 1.6 Covid analysis (Table B)

| | M7 | YTD | Forecast | Allocation | Forecast Variance |
|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m |
| Health Protection and PPE | 0.4 | 1.0 | 2.6 | 2.6 | 0 |
| Vaccination | 0.4 | 3.0 | 4.6 | 4.6 | 0 |
| Adferiad | 0.1 | 0.7 | 1.1 | 1.1 | 0 |
| **Total** | **0.9** | **4.8** | **8.3** | **8.3** | **0** |

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

There are no key issues to highlight at M8.

## 1.7 Reserves analysis (Table B)

| | Current Plan | Confirmed Plans | Pending Plans | Planning Variance |
|---|---|---|---|---|
| | £'m | £'m | £'m | £'m |
| NICE/HCD Reserve | 0 | 0 | 0 | (0.4) |
| Non Pay Recovery | 0.2 | 0 | 0.2 | (0.3) |
| 25/26 IMTP Cost Pressures | 0.6 | 0.5 | 0.1 | (1.3) |
| 25/26 IMTP Investment Plans | 3.0 | 1.1 | 1.9 | (0.7) |
| Planned Care | 5.8 | 0 | 5.8 | 0 |
| POW Roof Impact | 0.4 | 0.4 | 0 | 0 |
| **Total** | **10.0** | **2.0** | **8.0** | **(2.7)** |

As at M8 there are £10.0m of committed reserves held for actual and anticipated cost pressures and investment plans.

As at M8 there is £8.0m pending plans including

- £5.8m of National Outpatient and Diagnostic plans
- £1.9m of IMTP planned investment
- £0.3m of IMTP cost pressures and non pay recovery

Following a further executive review of plans at M8, an additional £1.0m of opportunities have been released increasing the total plans released to £2.7m for the year.

## 2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26:

| | £'m |
|---|---|
| **Forecast In year position 25/26** | **0** |
| Balance sheet write backs | 0 |
| Other non recurrent costs/income loss in 25/26 | (2.0) |
| Other non recurrent benefits in 25/26 | 0.3 |
| **Forecast Recurrent position at the end of 25/26** | **(1.7)** |

A full review of the underlying deficit has been undertaken following M7 reports. This review has identified a further deterioration in the underlying deficit to £10.2m (M7 £4.2m).

The most material impacts upon the underlying assessment are:

- Under achievement of recurrent savings plans - £3.8m.
- Increasing cost pressures and Full year effect of 25/26 actions £7.9m
- Lower than anticipated in year allocation for NI changes - £2.1m.
- Non recurrent element of NI allocation (£16m All Wales) - £2.1m
- Lower than anticipated recurrent 24/25 pay award allocation - £1.7m.
- Accountancy Gains £5.3m
- Mitigating Actions required of £3.0m recurrently

| **Underlying Position** | **2025/26 Forecast** | **Recurrent** | **Movement** |
|---|---|---|---|
| | **£'m** | **£'m** | **£'m** |
| Initial Financial Plan | **0** | **(1.7)** | **(1.7)** |
| Savings Variances | 5.8 | 3.8 | (2.0) |
| Operational Variances | (0.6) | 7.9 | 8.5 |
| Financial Plan Variances | (2.7) | (2.7) | 0 |
| Financial Allocation Adjustments | 3.8 | 5.9 | 2.1 |
| Accountancy Gains | (5.3) | 0 | 5.3 |
| Mitigating Actions | (1.0) | (3.0) | (2.0) |
| **Grand Total** | **0** | **10.2** | **10.2** |

The M8 underlying deficit of £10.2m excludes any recurrent impact of the Welsh Risk Pool and the Band 2/3 framework.

The underlying financial position will continue to be reviewed each month.

## 3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

| | Month 8 £m | Month 7 £m | Comment |
|---|---|---|---|
| **Funding risks:** | | | |
| Risk of the 2025/26 pay award not being fully funded – WG funding principles risk | 0 | 1.5 | 25/26 funding confirmed M8. |
| **Other risks:** | | | |
| Delivery Risk on Identified Savings Plans | 0.1 | 0.1 | Table C3 |
| Delivery Risk on Mitigating Actions yet to be Delivered | 0.9 | 0.9 | |
| Delegated Risk Assessments – High Risk | 0.4 | 2.9 | Revised assessment |
| Delegated Risk Assessments – Medium Risk | 0.8 | 0.6 | Revised assessment |
| WRP Forecast Risk Share | 0 | 6.1 | WG funding support confirmed M8 |
| WRP Forecast Additional Risk Share | 0 | 1.7 | NWSSP estimate @ M8 update. |
| NWJCC Risks not included in Forecast | 0.7 | 0.9 | NWJCC risks @M8 |
| National Pay & Employment disputes | 0 | Tbc | GP OOH now included in forecast, Band 2/3 dispute to be fully funded in 25/26. |
| Further industrial action in 25/26. | Tbc | Tbc | |
| **Total Risks** | **2.9** | **14.7** | |
| | | | |
| **Opportunities** | | | |
| Balance sheet opportunities in 25/26 | Tbc | Tbc | |
| Further VAT opportunities in 25/26 | 0 | Tbc | Not anticipating any further benefits. |
| Primary Care Prescribing Growth lower than current forecast. | Tbc | Tbc | Current forecast reflects 6 months data received. |
| Internal NICE costs lower than plan | 0 | Tbc | Not anticipating any further benefits. |
| Further IMTP Planning slippage | Tbc | Tbc | To be reviewed |
| JCC Opportunities | (0.4) | (0.4) | NWJCC opportunities @M8 |
| **Total opportunities** | **(0.4)** | **(0.4)** | |
| | | | |
| **Net risk** | **2.5** | **14.3** | |

During M8, the 2025/26 pay award allocation has been confirmed at the full requested value removing this risk.

Recent correspondence has confirmed the POW funding requirement of £9.1m will be allocated in 2025/26.

NWSSP Welsh Risk Pool Contributions – recent correspondence has confirmed that WG funding will be released to recognise the risk pool requirements up to the latest risk pool forecast of £49m. Any further requirements will remain a risk to organisations, the latest forecast from NWSSP indicates that the £49m WG support would be sufficient.

National Pay & Employment Disputes - There are a number of national pay disputes being nationally led by NHS Wales Employers which include:

- Band 2 health care support workers framework
- GP Out of Hours contract and employment status
- Band 6 Health Visitor

Confirmation has recently been received that the Band 2 framework will be fully funded in 2025/26 by WG resource allocation removing this risk from the current year assessment.

The GP out of hours dispute has been progressing and the impact of the most likely outcome has been recognised in the M8 forecasts thus removing this risk from the current year assessment.

The Band 6 Health Visitor dispute continues to be challenged by trade unions, it remains unlikely to have an impact in 2025/26.

## 4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O for General Medical Services (GMS) and General Dental services (GDS) have been updated for M6. As at Q2 the following positions were noted:

- GMS forecast against allocation is reporting a £4.3m overspend mainly attributed to Out of Hours provision and Dispensing. The forecast movement from plan increased by £848k from an underspend of (£263k) at M12 last year to a forecast overspend of £586k for 25-26.

  This is mainly due to the deterioration on QAIF (£770k). We've based the estimated spend this year on the actual values of the Access and Quality Achievement payments for 24-25 which were made in M3.

- Dental – The M6 forecast overspend of £103k against the allocation

is mainly attributed to patient charge income being lower than target by £1.9m.

The forecast contract performance remains £1.2m under plan despite the service re-commissioning additional activity of £1m in 25-26 in recognition of under-performance in 2024/25.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

| | **Allocation £'m** | **Forecast £'m** | **Comment** |
|---|---|---|---|
| Learning Disabilities | N/A | N/A | |
| Mental Health Services | 118.77 | 118.77 | Note 1 |
| Palliative Care/Bereavement | 0.9 | 0.9 | |
| Genomics | 2.2 | 2.2 | |
| Critical Care | 2.4 | 2.4 | |
| Planned Care Recovery | 7.3 | 7.3 | |
| Planned & Unscheduled Care | 18.4 | 21.7 | |
| Value Based Recovery | 2.1 | 2.1 | |
| Regional Integration Fund | 20.4 | 20.4 | |
| Further Faster | 1.8 | 1.8 | |
| Urgent Emergency Care | 2.7 | 2.8 | |
| Planned Care | 0.6 | 0.6 | |
| VBHC | 0.7 | 0.7 | |
| In Year Planned Care | 11.1 | 11.1 | Note 2 |

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2022/23 this reported £163.7m, the draft 2023/24 unpublished returns are indicating expenditure of £ 175.5m.

2. In Year Planned Care – Within this element, the following specific programmes have been consolidated:
    - Q1 Orthopaedic Treatments £3.0m
    - National Outpatient – Insourcing £2.8m
    - National Outpatient – In House £1.4m
    - National Outpatient - Support £0.5m
    - Diagnostic Plans £0.9m
    - RTT Waiting Times – Phase 5 £1.0m
    - RTT Orthopaedics £1.6m

## 5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

## 6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

## 7. Savings ( inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

| | Month 8 | | | Month 7 | | |
|---|---|---|---|---|---|---|
| | YTD | 25/26 | Rec | YTD | 25/26 | Rec |
| | £'m | £'m | £'m | £'m | £'m | £'m |
| **Savings target as at M7** | **20.9** | **31.3** | **31.3** | **18.3** | **31.3** | **31.3** |
| Actual and Forecast Savings | (15.3) | (25.5) | (27.5) | (10.8) | (25.3) | (29.2) |
| **Variance** | **5.6** | **5.8** | **3.8** | **7.5** | **6.0** | **2.1** |

Further work is ongoing to develop robust plans to close the forecast gap of £5.8m In year and £3.8m recurrently.

The table below breaks down the £31.3m savings plan:

| | Initial Plan £'m | M7 £'m | YTD £'m | 25/26 £'m | Rec £'m |
|---|---|---|---|---|---|
| Savings | 16.5 | 4.4 | 14.9 | 24.9 | 26.5 |
| Income Generation | 0.8 | 0.1 | 0.3 | 0.7 | 1.0 |
| To be identified | 14.0 | 0.0 | 0.0 | 5.8 | 3.8 |
| **Total Savings** | **31.3** | **4.5** | **15.2** | **31.3** | **31.3** |
| Accountancy Gains | 0.0 | 0.0 | 5.3 | 5.3 | 0.0 |

The following approaches are being used for savings profiles and savings recognition in 25/26 on the basis that delegated budgets have been reset to recognise the underlying deficits identified:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being

managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

  **Non-Recurrent savings** – To focus efforts on sustainable recurrent saving plans and being consistent with WHC (2025) 013 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  Only non recurrent savings which have resulted from planned management action will be reported as a saving. All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

## 8. Income Assumptions 2025-26 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M8 position. The table below summaries the more material items:

| Description | M8 | M7 | Comments |
|---|---|---|---|
| | £'m | £'m | |
| 2025/26 RLW & Pay award | 0 | 28.6 | Allocation confirmed M8 |
| Emergency/Urgent Care | 1.4 | 1.4 | |
| DOLS/Advocacy | 0.3 | 0.3 | |
| Neurodivergence Imp Plan (NDIP) | 0.4 | 0.4 | |
| WG Funded Trainees | 1.9 | 1.9 | |
| | | | |
| DPIF | 1.0 | 1.0 | |
| 25/26 Outpatient Waiting Times | 4.4 | 4.6 | Reduction in allocation |
| 25/26 Diagnostics Waiting Times | 0.9 | 0.9 | |
| 25/26 RTT Waiting Times – Phase 5 | 1.0 | 1.0 | |
| 104 Weeks T&O PLan | 1.6 | 0 | New Allocation |
| IFRS 16 Adjustment | (2.5) | (2.5) | Reflects latest forecast |
| WRP Recovery | (12.4) | (5.3) | Reflects latest NWSSP Risk Share |
| WRP Funding Support | 7.1 | 0 | Confirmation of funding support up to £49m forecast |
| POW Vanguard Support | 5.6 | 5.6 | |
| POW Temporary Impacts | 3.5 | 3.5 | |
| Capital Charges | (7.4) | (7.4) | Reflects latest forecast |
| Other Allocations | 0.6 | 0.6 | |
| **Total Anticipated Allocations** | **7.4** | **34.5** | |

Recent correspondence from WG has confirmed the funding support for POW Temporary Support and the Welsh Risk Pool requirements, with the actual allocations to follow.

## 9. Health Care agreements

CTMUHB has agreed all of the LTA documentation with both providers and commissioners.

## 10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

### 10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M7 and M8:

- Provisions have increased by £2.6m since M7, this is due to an increase in the level of provision required for clinical negligence cases, for which there is an increase in the debtor due from the Welsh Risk Pool.

- Trade and Other Receivables have increased by £5.7m. The Welsh Risk Pool debtor has increased by £8.1m, £2.6m of this is due to the increase in the debtor for clinical negligence cases as detailed above. £5.2m of the WRP debtor balance relates to lump sum payments made by CTM during the month, that are due for reimbursement. This has been offset by a decrease in Non-NHS Manual accruals of £2.2m.

- Creditors have increased by £19.6m from M7, £10.3m relates to an increase in the pharmacy accrual and £6.7m relates to an increase in Non-NHS accruals. The remaining increase is due to a greater level of trade creditors at M8.

### 10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are no NHS invoices due over 11 weeks.

## 11. Cash Flow Forecast (Table G)

In M8 the cash balance was £6.5m, with a split of revenue and capital of £4.2m and £2.3m respectively. The capital balance will be brought down in M9.

At year end we are projecting a cash deficit of £10m for which there will be a requirement of working balances cash. We have anticipated that this £10m working balance requirement in Table E.

This request is made up of £9m revenue and £1m capital. This is made up of the following estimates:

| | £ |
|---|---|
| Net increase in debtors/inventories less c/f cash (16.6-5.2-0.1) | 11.3 |
| Increase in payables (mainly accountancy gains) & provisions (0.6+0.7) | (1.3) |
| **Total Working Balances cash requirement** | **10** |

In terms of the increase in payables, even though there are significant accountancy gains within our position, this is offset by an increase in creditor for PANISU compared to carried forward from 2024/25.

## 12. Public Sector Payment Compliance (Table H)

No update required in this return.

## 13. Capital Schemes and Other Developments (Tables I, J &K)

The M8 CRL is £91.287m, issued on 9th December 2025. As at M8, £43.9m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

As discussed with WG at the latest Capital Review Meeting there are risks with the significant number of TEF schemes, spend has been accelerated on a number of infrastructure projects however there are risks of slippage within other areas. Overall this has been categorised as low risk as the Health Board plan to manage the position across the 5 areas to a balanced position.

| Scheme | Risk | Explanation |
|---|---|---|
| Interventional Radiology Room RGH | Medium – slippage | Due to staff absence this scheme is experiencing some delays and will now not complete until June 2026. Plan for equipment to be vested Slippage will be managed by the HB. |
| Pharmacy Robot RGH | Medium – slippage | Due to delays with confirming the tender award for the robot, the works program is delayed and is now being reassessed to understand the impact. Slippage will be managed |

All risks are planning to be managed across the programme and hence the forecast shows a balanced position against the current CRL.

There is a validation error in the monitoring return (table J) because one of the IFRS16 figures is negative. This is because when we've extended the Roche pathology contract to 2031 and as a consequence we had a reduced cost on the hardware costs which creates a smaller ROU asset, hence the negative number.

**Disposals**

Approval has been provided by the Board and WG to dispose of Pontypridd Health Centre. An offer has been accepted and disposal is considered likely in 2025/26.

WG has given approval for the disposal of Bryncethin Clinic, linked to the BHWBC scheme. This is expected to transfer to Linc Cymru in 2025/26.

A small number of equipment sales are expected throughout the year.

1. **IFRS 16 and CAME (Table Q)**

   Table Q has been completed and the December return to request authorisation of additional schemes this year has been submitted.

## 14. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M8 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

## 15. Authorisation

**P Mears**
**Chief Executive**

**S May**
**Director of Finance**

**Date: 11 December 2025**

## Action Points arising from Month 7 Response

| Action Point | WG Comment | CTM Response |
|---|---|---|
| | | |
| | **TABLE A** | |
| **7.1** | The unplanned additional required mitigating actions yet to be identified which are supporting the outturn position, have reduced by only c£0.450m to £2.063m this month. The narrative refers to this issue being an urgent priority of the Executive Team, however the pace at which the position is being addressed remains a concern. Our expectation remains unchanged in that, 100% confidence in the delivery of your outturn was required at Month 6 and therefore all mitigations should be finalised by the next submission**. (Action Point 7.1)** | Noted |
| **7.2** | Please ensure that there are clear explanations for the -£1.130m (total) reduction in planned RRL and the £0.857m additional other income. If these values change next month, please ensure the explanations are updated. Please also ensure the narrative explains the monthly phasing of these two income issues. **(Action Point 7.2)** | Noted that there was an error in the submitted Table A where the £1.130m RRL Variance was erroneously reported and should have been nil with an offsetting adjustment within Other Income. The cause of this error will be monitored in future returns. |
| **7.3** | By the Month 9 reporting (if not sooner), please provide a table showing each of the cost pressures and spend reductions by issue, the recurring and non-recurring split and the FYE (R), with a supporting narrative. **(Action Point 7.3)** | Noted. |
| | | |
| | **TABLE A2 – Risks & Opportunities** | |
| **6.3** | The total 'Delegated Risk Assessments' risk now total £3.500m (£2.500m last month), with £2.900m assessed as high risk. Please provide supporting details of what additional expenditure is likely to | The reported delegated risk assessments reflect items **not** included in the SOCNE |

| | | |
|---|---|---|
| | crystalise, beyond what is already in your SOCNE position, which you describe is being reported by the Care Groups. This should be a key area of focus and if this position is not improved next month, then we will require the various opportunities currently shown in Table A2, to be quantified. **(c/f Action Point 6.3)** | that have been assessed as High or Medium Risk to the latest forecast.<br><br>The M8 position of £1.2m reflects the following:<br>Tirzepatide Growth beyond f/cast £0.2m<br>Draft Birthrate+ report £0.2m<br>McMillan Income risks £0.1m<br>Nebulizer Growth beyond f/cast £0.1m<br>Winter pressure risks £0.4m<br>Other Lower value risks £0.2m |
| **7.4** | As referenced above, there are several unquantified opportunities which are assessed as having a medium likelihood of materialising. We will look to your next submission for a progress update. **(Action Point 7.4)** | There are a number of opportunities depending upon future performance the key items that remain at M8 is:<br>• Balance Sheet Annual Leave Accrual – data won't be available until M12 when the final reports are produced.<br>• Prescribing Growth – At M8 PAR data to M6 has been received and is reflected in our forecasts, given the scale of expenditure in PAR, there is a potential opportunity if prices or growth continue to improve beyond forecasts<br>As opportunities are realised, they are reflected in our forecast. Both risks and opportunities are reviewed monthly. |
| | | |
| | **TABLE B – Monthly Position** | |

| | | |
|---|---|---|
| **7.5** | The narrative confirms the Month 7 unplanned expenditure increase within Pay of £1.100m is primarily due to 'streamlining nursing' appointments £225k, adverse ADH/WLI expenditure £620k, adverse Agency £100k and adverse Bank £150k. Please provide an explanation which supports your assumption that none of these additional pay costs will continue into future months. **(Action Point 7.5)** | Nurse Streamliners – anticipated to be substantive roles for November following periods of supernumery induction.<br>ADH/WLI & Agency – Retrospective corrections following implementation of new temporary staffing systems.<br>Bank – Improved controls and local actions taking effect. |
| **7.6** | In Month 7, the Secondary Care Drug costs were £0.700m higher (Rheumatology, Respiratory, Dermatology & AMD treatments) than forecasted last month, please explain why you do not expect these material additional costs to continue into future months. **(Action Point 7.6)** | The deterioration in M7 followed an improvement in M6 and was partly a timing difference compared to our plans. |
| | | |
| | **TABLE B2 – Expenditure Movements** | |
| **7.7** | Please provide details of the unplanned cost pressures totalling £0.346m reported within Non-Pay (line 54) which are not forecast to continue into future month. **(Action Point 7.7)** | This will be addressed as part of action point 7.3. |
| **5.12** | Following on from Action Point 5.12, there continues to be several expenditure categories where there is either a monthly 'unplanned spend reduction' value or an 'unplanned cost pressure' amount. Please ensure all items are reported gross each month and that issues are not simply netted off, this will increase transparency of the individual items and will also assist in assessing if certain reductions or pressures have a recurring impact. In addition, please enhance your narrative relating to Table B2 to ensure unplanned pressures and spend reductions are explained separately. **(c/f Action Point 5.12)** | This will be addressed as part of action point 7.3. |
| | | |
| | **Table C – C3 – Savings** | |

| | | |
|---|---|---|
| **7.8** | There are currently 8 'Amber' saving schemes being reported with a total forecast delivery of £0.296m. For assurances purposes, we will look to the next submission for confirmation that these have been converted to a 'Green' status. **(Action Point 7.8)** | Schemes are continually reviewed, and the remaining amber schemes are within the 3 month time scale of them being added to the template. There are now only 6 schemes totalling £0.159m. They will continue to be reviewed each month. |
| **7.9** | The savings delivery for the 'unscheduled care drugs' scheme (SPC18) has been fully reversed at Month 7 to report a nil YTD achievement. Although it is acknowledged that the savings value is not material, please ensure such retrospective saving adjustments are referenced in the narrative. **(Action Point 7.9)** | Noted. |
| | | |
| | **TABLE G – Cashflow** | |
| **7.10** | For the first time this financial year, the HB is requesting Working Balances Cash support for Revenue and owned Capital. The requirements analysed in your narrative of £10m do not align with the Cashflow which reports a shortfall of £12.269m. Following the submission, a member of my team has met with your colleague to discuss the requirements. Going forward, please ensure any cash requirements are anticipated via Table E (as per the guidance) and improve the supporting narrative. **(Action Point 7.10)** | Noted<br><br>There was an error in Table G where the £10m cash requirement was erroneously reported as £12.7m. The cause of this error will be monitored in future returns. |
| | | |
| | **TABLE M– Aged Debtors** | |
| **7.11** | As the outstanding C&V UHB Invoice (No: 42587) is over 17 weeks old. We trust the issue has now been resolved (either paid or cancelled), as it must not be listed as unpaid at Month 8. **(Action Point 7.11)** | This has now been resolved |
| | | |
| | **OTHER** | |
| **6.13** | Following the response to Action Point 6.13, please refer to Gary Young's email dated 6th November to Andrew Jones on the required | Noted |

| | | |
|---|---|---|
| | presentation for any additional WRP contributions. **(c/f Action Point 6.13)** | |

**Cwm Taf Morgannwg ULHB** **Period : Nov 25**

**Table A - Movement of Opening Financial Plan to Forecast Outturn**

**This Table is currently showing 0 errors**

*Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG*
*Lines 1 - 12 should not be adjusted after Month 1*

| | | In Year Effect | Non Recurring | Recurring | FYE of Recurring |
|---|---|---|---|---|---|
| | | £'000 | £'000 | £'000 | £'000 |
| 1 | Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -7,900 | 0 | -7,900 | -7,900 |
| 2 | Cost Pressures (Negative Value) | -43,800 | -1,000 | -42,800 | -42,800 |
| 3 | Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift | 20,400 | 0 | 20,400 | 21,100 |
| 4 | Other Income Uplift / (Reduction) | 0 | 0 | | |
| 5 | RRL Profile - phasing only (in-year effect should total nil /Column C) | 0 | 0 | 0 | 0 |
| 6 | Planned (Finalised) Green and Amber Savings Plan | 16,509 | 989 | 15,520 | 17,774 |
| 7 | Planned (Finalised) Net Income Generation | 838 | 0 | 838 | 868 |
| 8 | Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 9 | Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | | |
| 10 | | 0 | 0 | | |
| 11 | Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | 13,953 | 1,295 | 12,658 | 12,658 |
| 12 | **Opening IMTP / Annual Operating Plan** | **0** | **1,284** | **-1,284** | **1,700** |
| 13 | Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | -13,953 | -1,295 | -12,658 | -12,658 |
| 14 | Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | | |
| 15 | Other Movement in Month 1 Planned & In Year Net Income Generation | -177 | 0 | -177 | 120 |
| 16 | Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | 2,609 | -153 | 2,762 | 2,519 |
| 17 | Additional In Year Identified Savings - Forecast | 5,749 | 2,035 | 3,714 | 6,199 |
| 18 | Variance to Planned RRL | 0 | 0 | | |
| 19 | Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional) | 723 | 723 | | |
| 20 | In Year Accountancy Gains | 5,300 | 5,300 | 0 | 0 |
| 21 | Unplanned Spend Reductions | 17,420 | 6,721 | 10,699 | 10,699 |
| 22 | Unplanned Cost Pressures | -17,706 | -3,282 | -14,424 | -21,757 |
| 23 | Planned Mitigations Yet To Be Finalised | 0 | 0 | 0 | 0 |
| 24 | Unplanned Additional Required Mitigations Yet To Be Finalised | 963 | 963 | 0 | 3,000 |
| 25 | Other | 0 | 0 | 0 | 0 |
| 26 | Losses & Spec Payments - Provision for permanent injury benefit | -985 | -985 | | |
| 27 | Other Losses & Special Payments Movements | 57 | 57 | | |
| 28 | | 0 | 0 | | |
| 29 | | 0 | 0 | | |
| 30 | | 0 | 0 | | |
| 31 | | 0 | 0 | | |
| 32 | | 0 | 0 | | |
| 33 | | 0 | 0 | | |
| 34 | | 0 | 0 | | |
| 35 | **Forecast Outturn (- Deficit / + Surplus)** | **0** | **11,368** | **-11,368** | **-10,178** |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -662 | -5,264 |
| 2 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -29,200 |
| 3 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 13,600 |
| 4 | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | 0 | 0 |
| 6 | 536 | 1,374 | 1,473 | 1,220 | 1,496 | 1,676 | 1,396 | 1,455 | 1,454 | 1,465 | 1,490 | 1,474 | 10,626 |
| 7 | 19 | 96 | 73 | 72 | 72 | 72 | 74 | 70 | 75 | 69 | 74 | 72 | 548 |
| 8 | | | | | | | | | | | | | 0 |
| 9 | | | | | | | | | | | | | 0 |
| 10 | | | | | | | | | | | | | 0 |
| 11 | 2,053 | 1,138 | 1,062 | 1,316 | 1,040 | 860 | 1,138 | 1,083 | 1,079 | 1,074 | 1,044 | 1,066 | 9,690 |
| 12 | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| 13 | -2,053 | -1,138 | -1,062 | -1,316 | -1,040 | -860 | -1,138 | -1,083 | -1,079 | -1,074 | -1,044 | -1,066 | -9,690 |
| 14 | | | | | | | | | | | | | 0 |
| 15 | 0 | -74 | -63 | 11 | -61 | -40 | -7 | 13 | 14 | 12 | 9 | 9 | -221 |
| 16 | 0 | -489 | -75 | -52 | -319 | -124 | 489 | 2,180 | 233 | 236 | 263 | 267 | 1,610 |
| 17 | 0 | 39 | 135 | 308 | 285 | 651 | 461 | 793 | 862 | 706 | 720 | 789 | 2,672 |
| 18 | 116 | -1,371 | -3,666 | 1,464 | -4,301 | 1,072 | 2,498 | 503 | 254 | 490 | 1,335 | 1,605 | -3,685 |
| 19 | -389 | 43 | 634 | -889 | 389 | -2,226 | 885 | 348 | 482 | 482 | 482 | 482 | -1,205 |
| 20 | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 |
| 21 | 1,021 | 2,063 | 3,291 | 2,207 | 2,617 | 2,959 | 499 | 581 | 546 | 545 | 545 | 546 | 15,238 |
| 22 | -385 | -1,105 | -255 | -2,403 | -1,436 | -785 | -3,439 | -3,259 | -1,125 | -1,125 | -1,125 | -1,264 | -13,067 |
| 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 313 | 228 | 215 | 207 | 0 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | | | | -985 | | | | | | | | | -985 |
| 27 | | | | 188 | -195 | 68 | -258 | 254 | | | | | 57 |
| 28 | | | | | | | | | | | | | 0 |
| 29 | | | | | | | | | | | | | 0 |
| 30 | | | | | | | | | | | | | 0 |
| 31 | | | | | | | | | | | | | 0 |
| 32 | | | | | | | | | | | | | 0 |
| 33 | | | | | | | | | | | | | 0 |
| 34 | | | | | | | | | | | | | 0 |
| 35 | **-1,690** | **-2,032** | **-1,061** | **-1,467** | **-61** | **2,015** | **-10** | **330** | **500** | **500** | **1,400** | **1,575** | **-3,976** |

**TABLE A : Movement of Opening Financial Plan to Forecast Outturn**

| | |
|---|---|
| **Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions** | **Ok** |
| **Recurring & Non Recurring Analysis of In Year items is not greater than In Year items** | **Ok** |
| **FYE of Recurring items are greater than, or equal to, the In Year Recurring amount** | **Ok** |
| **FYE of Recurring items only reported against Recurring items** | **Ok** |
| **Has Organisation name being selected** | **Ok** |

**Cwm Taf Morgannwg ULHB**

**Period : Nov 25**

**Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)**

**This Table is currently showing 0 errors**

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY | Assessment | | Full In-Year forecast | | | Full-Year Effect of Recurring Savings |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | *YTD variance as %age of YTD* | Green | Amber | non recurring | recurring | | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | | £'000 |
| 1 | Pay | Budget/Plan | 94 | 796 | 568 | 629 | 629 | 632 | 693 | 716 | 747 | 763 | 763 | 765 | 4,757 | 7,795 | | 0 | 0 | | | | |
| 2 | | Actual/F'cast | 94 | 423 | 522 | 604 | 655 | 640 | 814 | 1,051 | 896 | 1,006 | 1,077 | 1,122 | 4,803 | 8,904 | 53.94% | 8,761 | 143 | 1,210 | 7,694 | 0 | 11,227 |
| 3 | | Variance | 0 | (373) | (46) | (25) | 26 | 8 | 121 | 335 | 149 | 243 | 314 | 357 | 46 | 1,109 | *0.97%* | 8,761 | 143 | | | | |
| 4 | Non-Pay | Budget/Plan | 42 | 178 | 144 | 175 | 162 | 240 | 199 | 200 | 202 | 199 | 188 | 204 | 1,340 | 2,133 | | 2,133 | 0 | | | | |
| 5 | | Actual/F'cast | 42 | 101 | 250 | 455 | 246 | 261 | 223 | 258 | 279 | 297 | 255 | 303 | 1,836 | 2,970 | 61.82% | 2,954 | 16 | 811 | 2,159 | 0 | 2,897 |
| 6 | | Variance | 0 | (77) | 106 | 280 | 84 | 21 | 24 | 58 | 77 | 98 | 67 | 99 | 496 | 837 | *37.01%* | 821 | 16 | | | | |
| 7 | Primary Care - Drugs & Appliances | Budget/Plan | 400 | 400 | 400 | 400 | 687 | 457 | 457 | 457 | 457 | 457 | 457 | 457 | 3,658 | 5,486 | | 5,486 | 0 | | | | |
| 8 | | Actual/F'cast | 400 | 400 | 400 | 400 | 544 | 316 | 1,231 | 2,942 | 955 | 955 | 955 | 955 | 6,633 | 10,453 | 63.46% | 10,453 | 0 | 0 | 10,453 | 0 | 10,453 |
| 9 | | Variance | 0 | 0 | 0 | 0 | (143) | (141) | 774 | 2,485 | 498 | 498 | 498 | 498 | 2,975 | 4,967 | *81.33%* | 4,967 | 0 | | | | |
| 10 | Secondary Care Drugs | Budget/Plan | 0 | 0 | 336 | 8 | 10 | 338 | 39 | 39 | 39 | 38 | 39 | 39 | 770 | 925 | | 925 | 0 | | | | |
| 11 | | Actual/F'cast | 0 | 0 | 336 | 9 | 9 | 552 | (1) | 63 | 339 | 70 | 72 | 71 | 968 | 1,520 | 63.68% | 1,520 | 0 | 0 | 1,520 | 0 | 1,695 |
| 12 | | Variance | 0 | 0 | 0 | 1 | (1) | 214 | (40) | 24 | 300 | 32 | 33 | 32 | 198 | 595 | *25.71%* | 595 | 0 | | | | |
| 13 | CHC/FNC | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 | | 70 | 0 | | | | |
| 14 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 | 50.00% | 70 | 0 | 0 | 70 | 0 | 120 |
| 15 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *0.00%* | 0 | 0 | | | | |
| 16 | Primary Care Contractor | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 17 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 19 | Healthcare Services Provided by Other Healthboards | Budget/Plan | 0 | 0 | 25 | 8 | 8 | 9 | 8 | 8 | 9 | 8 | 8 | 9 | 66 | 100 | | 100 | 0 | | | | |
| 20 | | Actual/F'cast | 0 | 0 | 25 | 8 | 8 | 434 | 79 | 79 | 80 | 79 | 79 | 79 | 633 | 950 | 66.63% | 950 | 0 | 850 | 100 | 0 | 100 |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 425 | 71 | 71 | 71 | 71 | 71 | 70 | 567 | 850 | *859.09%* | 850 | 0 | | | | |
| 22 | Non-healthcare Services Provided by Other Healthboards | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 23 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 25 | Other Private & Voluntary Sector | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 26 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 28 | Joint Financing & Other | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 29 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 34 | Total | Budget/Plan | 536 | 1,374 | 1,473 | 1,220 | 1,496 | 1,676 | 1,396 | 1,455 | 1,454 | 1,465 | 1,490 | 1,474 | 10,626 | 16,509 | | 8,714 | 0 | | | | |
| 35 | | Actual/F'cast | 536 | 924 | 1,533 | 1,476 | 1,462 | 2,203 | 2,346 | 4,428 | 2,549 | 2,407 | 2,473 | 2,530 | 14,908 | 24,867 | 66.63% | 24,708 | 159 | 2,871 | 21,996 | 0 | 26,492 |
| 36 | | Variance | 0 | (450) | 60 | 256 | (34) | 527 | 950 | 2,973 | 1,095 | 942 | 983 | 1,056 | 4,282 | 8,358 | *859.09%* | 15,994 | 159 | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 37 | Variance in month | 0.00% | (32.75%) | 4.07% | 20.98% | (2.27%) | 31.44% | 68.05% | 204.33% | 75.31% | 64.30% | 65.97% | 71.64% | 40.30% |
| 38 | In month achievement against FY forecast | 2.16% | 3.72% | 6.16% | 5.94% | 5.88% | 8.86% | 9.43% | 17.81% | 10.25% | 9.68% | 9.94% | 10.17% | |

**Cwm Taf Morgannwg ULHB**

**Period : Nov 25**

**Table C1- Savings Schemes Pay Analysis**

| | | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | Green | Amber | non recurring | recurring | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | Pay - General & Substantive | Budget/Plan | 60 | 278 | 229 | 261 | 258 | 266 | 321 | 319 | 331 | 326 | 325 | 325 | 1,992 | 3,299 | 0 | 0 | | | |
| 2 | | Actual/F'cast | 60 | 100 | 184 | 203 | 292 | 236 | 403 | 580 | 431 | 470 | 484 | 491 | 2,058 | 3,934 | 3,929 | 5 | 928 | 3,006 | 4,425 |
| 3 | | Variance | 0 | (178) | (45) | (58) | 34 | (30) | 82 | 261 | 100 | 144 | 159 | 166 | 66 | 635 | 3929 | 5 | | | |
| 4 | Pay - Variable | Budget/Plan | 0 | 130 | 125 | 149 | 147 | 146 | 148 | 147 | 166 | 176 | 180 | 180 | 992 | 1,694 | 0 | 0 | | | |
| 5 | | Actual/F'cast | 0 | 62 | 123 | 179 | 117 | 138 | 139 | 184 | 175 | 186 | 194 | 227 | 942 | 1,724 | 1,724 | 0 | 109 | 1,615 | 2,668 |
| 6 | | Variance | 0 | (68) | (2) | 30 | (30) | (8) | (9) | 37 | 9 | 10 | 14 | 47 | (50) | 30 | 1,724 | 0 | | | |
| 7 | Pay - Agency | Budget/Plan | 34 | 388 | 214 | 219 | 224 | 220 | 224 | 250 | 250 | 261 | 258 | 260 | 1,773 | 2,802 | 0 | 0 | | | |
| 8 | | Actual/F'cast | 34 | 261 | 215 | 222 | 246 | 266 | 272 | 287 | 290 | 350 | 399 | 404 | 1,803 | 3,246 | 3,108 | 138 | 173 | 3,073 | 4,134 |
| 9 | | Variance | 0 | (127) | 1 | 3 | 22 | 46 | 48 | 37 | 40 | 89 | 141 | 144 | 30 | 444 | 3,108 | 138 | | | |
| 10 | Total | Budget/Plan | 94 | 796 | 568 | 629 | 629 | 632 | 693 | 716 | 747 | 763 | 763 | 765 | 4,757 | 7,795 | 0 | 0 | | | |
| 11 | | Actual/F'cast | 94 | 423 | 522 | 604 | 655 | 640 | 814 | 1,051 | 896 | 1,006 | 1,077 | 1,122 | 4,803 | 8,904 | 8,761 | 143 | 1,210 | 7,694 | 11,227 |
| 12 | | Variance | 0 | (373) | (46) | (25) | 26 | 8 | 121 | 335 | 149 | 243 | 314 | 357 | 46 | 1,109 | 8,761 | 143 | | | |

**Table C2- V&S Saving Categories**

| | | | Month | 1 Apr £'000 | 2 May £'000 | 3 Jun £'000 | 4 Jul £'000 | 5 Aug £'000 | 6 Sep £'000 | 7 Oct £'000 | 8 Nov £'000 | 9 Dec £'000 | 10 Jan £'000 | 11 Feb £'000 | 12 Mar £'000 | Total YTD | Full-year forecast |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Workforce | Budget/Plan | | 100 | 807 | 577 | 638 | 636 | 641 | 697 | 719 | 753 | 767 | 767 | 769 | 4,815 | 7,871 |
| 2 | | Actual/F'cast | | 100 | 430 | 528 | 612 | 673 | 637 | 740 | 976 | 821 | 931 | 1,001 | 1,047 | 4,696 | 8,496 |
| 3 | | Variance | | 0 | (377) | (49) | (26) | 37 | (4) | 43 | 257 | 68 | 164 | 234 | 278 | (119) | 625 |
| 4 | Medicines Management | Budget/Plan | | 400 | 438 | 755 | 428 | 715 | 816 | 515 | 514 | 516 | 514 | 515 | 515 | 4,581 | 6,641 |
| 5 | | Actual/F'cast | | 400 | 410 | 757 | 425 | 556 | 871 | 1,215 | 3,025 | 1,298 | 1,043 | 1,048 | 1,045 | 7,659 | 12,093 |
| 6 | | Variance | | 0 | (28) | 2 | (3) | (159) | 55 | 700 | 2,511 | 782 | 529 | 533 | 530 | 3,078 | 5,452 |
| 7 | Procurement & Non-pay | Budget/Plan | | 32 | 106 | 104 | 119 | 121 | 192 | 157 | 157 | 156 | 155 | 146 | 161 | 988 | 1,606 |
| 8 | | Actual/F'cast | | 32 | 70 | 216 | 422 | 217 | 250 | 220 | 220 | 249 | 253 | 209 | 256 | 1,647 | 2,614 |
| 9 | | Variance | | 0 | (36) | 112 | 303 | 96 | 58 | 63 | 63 | 93 | 98 | 63 | 95 | 659 | 1,008 |
| 10 | CHC | Budget/Plan | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 |
| 11 | | Actual/F'cast | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 |
| 12 | | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Pathway | Budget/Plan | | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 8 | 24 |
| 14 | | Actual/F'cast | | 0 | 0 | 0 | 0 | 0 | 0 | 83 | 83 | 83 | 83 | 84 | 84 | 166 | 500 |
| 15 | | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 79 | 79 | 79 | 79 | 80 | 80 | 158 | 476 |
| 16 | Other - Commissioning | Budget/Plan | | 4 | 23 | 37 | 22 | 21 | 23 | 20 | 22 | 22 | 22 | 20 | 22 | 172 | 258 |
| 17 | | Actual/F'cast | | 4 | 5 | 29 | 13 | 12 | 439 | 83 | 84 | 93 | 93 | 91 | 92 | 669 | 1,038 |
| 18 | | Variance | | 0 | (18) | (8) | (9) | (9) | 416 | 63 | 62 | 71 | 71 | 71 | 70 | 497 | 780 |

**Cwm Taf Morgannwg ULHB**

**Nov 25**

8 **This Table is currently showing 6 errors**

**Table C3 - Tracker**

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustment | Full-year Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 538 | 1,374 | 1,473 | 1,295 | 1,496 | 1,676 | 1,396 | 1,465 | 1,454 | 1,468 | 1,490 | 1,474 | 16,626 | 16,509 | 988 | 15,520 | 2,256 | 17,774 |
| | Month 1 - Actual/Forecast | 538 | 886 | 1,366 | 1,148 | 1,177 | 1,562 | 1,885 | 3,636 | 1,687 | 1,701 | 1,753 | 1,741 | 17,230 | 19,118 | 956 | 18,282 | 2,011 | 20,293 |
| | Variance | 0 | (488) | (75) | (53) | (319) | (114) | 489 | 2,169 | 233 | 233 | 263 | 267 | 1,604 | 2,609 | (953) | 2,762 | (243) | 2,519 |
| | In Year - Plan | 0 | 38 | 137 | 296 | 267 | 252 | 922 | 788 | 1,638 | 1,676 | 1,664 | 1,129 | 7,988 | 2,467 | 1,471 | 6,117 | 3,396 | 9,513 |
| | In Year - Actual/Forecast | 0 | 38 | 138 | 306 | 285 | 645 | 461 | 784 | 862 | 706 | 720 | 788 | 5,749 | 2,609 | 2,035 | 3,714 | 2,485 | 6,199 |
| | Variance | 0 | 0 | (0) | 10 | 18 | 393 | (461) | (4) | (776) | (970) | (944) | (341) | (2,239) | 141 | 564 | (2,403) | (911) | (3,314) |
| | Total Plan | 538 | 1,412 | 1,610 | 1,591 | 1,763 | 1,927 | 2,318 | 2,253 | 3,092 | 3,144 | 3,154 | 2,603 | 24,614 | 18,976 | 2,459 | 21,637 | 5,652 | 27,287 |
| | Total Actual/Forecast | 538 | 924 | 1,503 | 1,454 | 1,462 | 2,207 | 2,346 | 4,420 | 2,549 | 2,407 | 2,473 | 2,530 | 22,979 | 21,727 | 2,991 | 21,996 | 4,496 | 26,492 |
| | Total Variance | 0 | (488) | (77) | (136) | (301) | 279 | 28 | 2,167 | (543) | (737) | (681) | (73) | (1,635) | 2,751 | 532 | 359 | (1,156) | (795) |
| Net Income Generation | Month 1 - Plan | 23 | 96 | 73 | 77 | 73 | 73 | 77 | 74 | 79 | 79 | 80 | 74 | 854 | 548 | 608 | 0 | 839 | 839 |
| | Month 1 - Actual/Forecast | 23 | 23 | 73 | 88 | 69 | 69 | 56 | 73 | 77 | 77 | 77 | 74 | 701 | 533 | 0 | 0 | 532 | 532 |
| | Variance | 0 | (73) | (0) | (9) | (4) | (4) | (21) | (1) | (2) | (2) | (3) | (0) | (153) | (15) | 0 | 0 | (307) | 307 |
| | In Year - Plan | 0 | 0 | 0 | 0 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 330 | 121 | 0 | 121 | 0 | 121 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 34 | 23 | 11 | 11 | 12 | 12 | 11 | 11 | 125 | 129 | 0 | 129 | 0 | 129 |
| | Variance | 0 | 0 | (0) | (0) | 1 | (9) | (22) | (22) | (21) | (21) | (22) | (22) | (205) | 8 | 0 | 8 | (0) | 8 |
| | Total Plan | 23 | 105 | 81 | 91 | 91 | 86 | 84 | 81 | 86 | 86 | 86 | 83 | 928 | 950 | 0 | 959 | 39 | 997 |
| | Total Actual/Forecast | 23 | 23 | 10 | 83 | 11 | 92 | 67 | 83 | 89 | 89 | 88 | 83 | 827 | 661 | 0 | 661 | 327 | 988 |
| | Total Variance | 0 | (83) | (71) | 2 | (80) | (50) | (17) | 3 | 3 | 3 | 1 | (1) | (101) | (288) | 0 | (298) | 288 | (9) |
| Accountancy Gains | In Year - Plan | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 | 5,300 | 5,300 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 | 5,300 | 5,300 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 555 | 1,470 | 1,546 | 1,292 | 1,568 | 1,748 | 1,470 | 1,525 | 1,529 | 1,534 | 1,564 | 1,548 | 17,174 | 17,347 | 989 | 16,358 | 2,296 | 18,642 |
| | Month 1 - Actual/Forecast | 555 | 907 | 1,439 | 1,237 | 1,246 | 1,631 | 1,941 | 3,709 | 1,764 | 1,777 | 1,829 | 1,814 | 17,809 | 19,650 | 826 | 18,814 | 2,539 | 21,352 |
| | Variance | 0 | (563) | (108) | (55) | (322) | (117) | 471 | 2,183 | 235 | 243 | 266 | 266 | 1,365 | 2,303 | (163) | 2,456 | 243 | 2,710 |
| | In Year - Plan | 0 | 48 | 149 | 309 | 4,288 | 1,585 | 932 | 781 | 1,649 | 1,690 | 1,704 | 1,132 | 8,033 | 13,009 | 6,771 | 6,238 | 3,405 | 9,643 |
| | In Year - Actual/Forecast | 0 | 38 | 138 | 306 | 4,319 | 1,968 | 472 | 883 | 874 | 718 | 731 | 799 | 8,054 | 11,178 | 7,335 | 3,843 | 2,485 | 6,328 |
| | Variance | 0 | (9) | (10) | (3) | 30 | 383 | (460) | 43 | (775) | (972) | (973) | (333) | 21 | (1,831) | 564 | (2,395) | (920) | (3,315) |
| | Total Plan | 555 | 1,518 | 1,695 | 1,596 | 5,856 | 3,333 | 2,402 | 2,306 | 3,178 | 2,823 | 2,868 | 2,677 | 19,206 | 30,356 | 7,760 | 22,596 | 5,685 | 28,285 |
| | Total Actual/Forecast | 555 | 946 | 1,543 | 1,559 | 5,472 | 3,535 | 2,413 | 4,511 | 2,638 | 2,488 | 2,556 | 2,611 | 20,535 | 30,829 | 8,171 | 22,657 | 4,822 | 27,480 |
| | Total Variance | 0 | (572) | (148) | (36) | (384) | 201 | 11 | 2,205 | (540) | (336) | (312) | (66) | 1,329 | 472 | 411 | 61 | (864) | (805) |

| Agenda Item |
| --- |
| 10.2.1g |

# Operational Delivery Committee

## MONTH 9 MONITORING RETURNS TO WELSH GOVERNMENT

| | |
| --- | --- |
| **Dyddiad y Cyfarfod / Date of Meeting** | 22/01/2026 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public<br>Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Andrew Jones, Acting Deputy Director of Finance |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Sally May, Director of Finance & Procurement |
| **Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor** | Sally May, Executive Director of Finance |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
| --- | --- | --- |
| **Committee / Group /Forum Individuals** | **Date** | **Outcome** |
| WG | Welsh Government | |
| M1 etc | Month 1 etc | |
| ODC | Operational Delivery Committee | |
| HB | Health Board | |

## 1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M9 Financial Monitoring Return submission to Welsh Government

## 2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2025) 013 – 2025/26 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23rd April 2025. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2025/26 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

| **Annex A** |
|---|
| M9 Narrative report |
| Table A - Movement |
| Tables C, C1, C2 & C3 |

## 3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M9 Financial Monitoring returns is summarised in Section 1.2 of the M9 Narrative report at Annex A. This information is consistent with the M9 Internal Board papers.

## 4. Assessment

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas** | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals** *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)* | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Hwyluswyr Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Dolen i Feysydd Ansawdd** *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))* | Not Applicable<br>If more than one applies please list below: |
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | No - Not Applicable<br>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:<br><br>Not Required |
| **Cydraddoldeb a'r Gymraeg** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* | Yes: ☐ | No: ☒ |
| | Outcome for Equality (delete as appropriate): | If no, please include rationale below: |

| | | |
|---|---|---|
| **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?* | POSITIVE/NEUTRAL NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE | Not required |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| | | |
| **Enw da / Reputational** | Yes (Include further detail below) | |
| | Financial Management of the Health Board and potential audit qualifications | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | Reflects the allocation and utilisation of resources of the Health Board | |

## 5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the contents of the M9 Monitoring Returns submitted to Welsh Government for 2025/26.

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
# MONITORING RETURNS – DECEMBER 2025
# FINANCIAL COMMENTARY

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 December 2025.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

## 1. Financial Plan, Year to Date and Forecast position

### 1.1 Financial Plan for 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

| | Recurrent £m | Non Recurrent £m | Total plan £m |
|---|---|---|---|
| **B'Fwd challenge at 31 March 2024** | **7.9** | **0** | **7.9** |
| Income changes | (21.1) | 0.7 | (20.4) |
| Cost Pressures & Investments: | 42.8 | 1.0 | 43.8 |
| Savings Target | (31.3) | 0 | (31.3) |
| **Total plan 23/24** | **(1.7)** | **1.7** | **(0.0)** |

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

### 1.2 Actual YTD and Forecast 2025-26 (Table A)

| | Actual | YTD | Year-end forecast |
|---|---|---|---|
| | £m | £m | £m |
| **Month 3** | **1.1** | **4.8** | **0.0** |
| **Month 4** | **1.5** | **6.3** | **0.0** |
| **Month 5** | **0.1** | **6.3** | **0.0** |
| **Month 6** | **(2.0)** | **4.3** | **0.0** |
| **Month 7** | **0.0** | **4.3** | **0.0** |
| **Month 8** | **(0.3)** | **4.0** | **0.0** |
| **Month 9** | **(0.6)** | **3.4** | **0.0** |

The M9 position is reporting a £0.6m surplus (£0.3 surplus M8) for the

period with a year to date deficit of £3.4m (£4.0m M8), the forecast position has remained break even. The key components of the YTD position and the year-end forecast compared to the original IMTP are summarised below:

| | M9 YTD | M9 Year-end forecast | M8 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| | | | | |
| Savings Shortfall | 6.3 | 5.4 | 5.8 | 0 |
| Operating Variances | 0.8 | 0.9 | (0.6) | 0 |
| Plan Phasing adjustments | 2.4 | 0 | 0 | 0 |
| Financial Plan Improvements | (3.6) | (4.8) | (2.7) | 0 |
| Accountancy Gains | (5.3) | (5.3) | (5.3) | 0 |
| Financial Allocation Adjustments | 2.8 | 3.8 | 3.8 | 0 |
| Other Mitigating Actions | 0 | 0 | (1.0) | 0 |
| **Grand Total** | **3.4** | **0** | **0** | **0** |

The main driver for the year to date overspend at M9 is the £6.3m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £23.5m (£2.6m per month).

| **Savings Shortfall:** | M9 YTD | M9 Year-end forecast | M8 Year-end forecast | IMTP |
|---|---|---|---|---|
| | £m | £m | £m | £'m |
| Variance v £21.7m Delegated target | 5.2 | 5.1 | 5.1 | 0 |
| Variance v £2.4m Non delegated target – CAT M savings | (2.9) | (4.8) | (4.4) | 0 |
| NWSSP Energy Savings | (0.5) | (0.7) | (0.7) | 0 |
| Variance v £7.2m Central Executive led programmes | 4.5 | 5.9 | 5.8 | 0 |
| **Grand Total** | **6.3** | **5.8** | **5.8** | **0** |

During M9 the operating variances have deteriorated by £1.5m from the M8 favourable variance of £0.7m to an adverse variance of £0.8m. This was mainly attributed to CHC Mental Health Placements and Provider Non Pay.

As at M9, the impact of the reduced allocations for National insurance and 24/25 pay awards which were assumed as part of the initial planning cycle is £2.8m.

The phasing of our resource allocation reflects this delegated assessment with a £2.4m adverse phasing adjustment. Section 1.4 expands upon the

most significant operating variances.

As at M9 we have confirmed accountancy gains of £5.3m relating to Primary care Prescribing and Continuing Healthcare.

Following a further executive review of the remaining plans for cost pressures and investments together with actions to improve the financial position, an additional £2.1m of plans have been released at M9 increasing the total revised financial plan release to £4.8m and giving a year to date benefit of £3.6m.

The latest financial assessment and actions that have been taken have now removed the requirement for further mitigating actions. However there still remains a relatively small level of risk to delivering this break even forecast (see section 3 – Table A2).

Other key issues include:

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicated a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m.

  During M8 WG have confirmed funding support up to the forecast of £49m will be released, with any remaining risk beyond the £49m to be managed by organisations.

- Following the approval of the all-Wales Framework for reviewing Band 2 health care support workers, the Health Board is escalating the work programme to meet the agreed milestones with the aim to process payments by the end of June 2026. Given the approved timetable to action the compensatory and recognition payments, it will be necessary for the costs to recognised within 2025/26 as an accrual or provision depending upon the progress at the time of preparing draft accounts. As at M9, no impact has been recognised and no allocation has been anticipated, as work continues to quantify the impact in 2025/26, initial high level assessments have indicated an impact of circa £8.5m in 2025/26 with a potential recurrent impact of £2.8m. In line with recent correspondence from WG, it is assumed that the full cost within 2025/26 will be funded by WG and therefore will not impact upon our break even forecast.

- Confirmation of the funding for National Insurance changes and the

2024/25 pay awards have been received which were below our planning assumptions. Our local assessment of this impact is £1.6m YTD with a full year impact of £3.8m.

- During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision £1m having to be recognised.

- Waiting times activity not funded via WG direct allocations is continuing to prove a risk with variable pay and insourcing levels continuing to remain higher than plan to support maintaining target requirements.

- Our assumptions for the national outpatient programme continues to align with the approved WG plan and funding, this will be updated in future periods as actual activity is reported. Recent correspondence supporting the provision of diagnostic impacts of the national outpatient programme are concerning as the cost indicated in the correspondence is not sufficient to meet the premium costs being incurred of sourcing short term immediate capacity.

- Further details of the remaining risks and opportunities to the M9 forecast break even position is included in Section 3.

## 1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

| | December | | | Year End Forecast | | |
|---|---|---|---|---|---|---|
| | Act £'000 | F/Cast £'000 | Movement £'000 | M9 £'000 | M8 £'000 | Movement £'000 |
| RRL | 135,652 | 132,674 | 2,978 | 1,541,103 | 1,533,694 | 7,409 |
| Donation/Grants | 151 | 0 | 151 | 328 | 228 | 100 |
| Welsh HBs & NHST | 6,059 | 6,201 | (142) | 74,039 | 74,181 | (142) |
| NHSWJCC | 1,180 | 1,234 | (54) | 14,533 | 14,587 | (54) |
| WG Income | 352 | 122 | 230 | 2,409 | 2,179 | 230 |
| Other Income | 4,419 | 4,232 | 187 | 52,708 | 52,521 | 187 |
| **Income Total** | **147,813** | **144,463** | **3,350** | **1,685,120** | **1,677,390** | **7,730** |
| PC Contractor | 19,152 | 15,099 | 4,053 | 174,830 | 169,019 | 5,811 |
| PC - Drugs | 7,903 | 8,708 | (805) | 102,546 | 103,741 | (1,195) |
| Pay | 64,109 | 64,580 | (471) | 771,124 | 771,328 | (204) |
| Non Pay | 10,937 | 10,251 | 686 | 124,284 | 121,976 | 2,308 |
| SC - Drugs | 4,942 | 4,931 | 11 | 62,166 | 62,039 | 127 |
| H/C Other NHS | 26,856 | 26,895 | (39) | 306,039 | 306,054 | (15) |
| Non H/C Other NHS | 0 | 0 | 0 | 0 | 0 | 0 |
| CHC & FNC | 7,446 | 6,926 | 520 | 79,992 | 78,872 | 1,120 |
| Private & Vol | 1,223 | 1,639 | (416) | 16,317 | 16,433 | (116) |
| Joint & Other | 1,396 | 1,529 | (133) | 18,757 | 18,806 | (49) |
| Losses, Spec Payments | 81 | 214 | (133) | 3,365 | 3,528 | (163) |
| DEL | 3,146 | 3,146 | 0 | 40,590 | 40,521 | 69 |
| AME | 46 | 45 | 1 | (14,889) | (14,926) | 37 |
| Res & Cont | 0 | 0 | 0 | 0 | 0 | 0 |
| P&L on Dispoal | 0 | 0 | 0 | (2) | (2) | 0 |
| **Cost - Total** | **147,237** | **143,963** | **3,274** | **1,685,120** | **1,677,390** | **7,776** |

Actual expenditure for M9 was £3.3m (2.27%) greater than the £143.9m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Primary Care Contractors - £4,053k Adverse** – M9 recognises new allocations for the Dental and GMS 2025/26 settlement including arrears.
- **Primary Care Drugs - £805k Favourable** – M9 recognises revised forecast and phasing following M7 PAR where volume growth was lower than plan together with better than anticipated CAT M savings.
- **Provider Non Pay - £686k Adverse** – M9 has reported a deterioration across many areas, the most significant are the continued increased energy cost and building & engineering maintenance expenditure together with increased cost of professional legal fees from NWSSP.

- **CHC/FNC - £520k Adverse** – M9 has reported an increase in Mental Health CHC placements and retrospective corrections of fees following negotiations on disputes.
- **Private & Voluntary - £416k Favourable** – M9 activity has been lower than planned due to reduced clinics in December. It is anticipated that the majority of this activity will be recovered in Q4.

The year-end forecast expenditure at M9 has increased by £7.8m to £1,685m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M8 are as follows:

- **Primary Care Contractors - £5,811k Adverse** – The forecast recognises new allocations for the Dental and GMS 2025/26 settlement.
- **Primary Care Drugs - £1,195k Favourable** – Recognises revised forecast and phasing following M7 PAR where volume growth was lower than plan together with better than anticipated CAT M savings. Recent Q4 prices have indicated further CAT M benefits for January – March.
- **Provider Non Pay - £2,308k Adverse** – M8 & M9 have reported a deterioration across many areas, a revised forecast has been undertaken to reflect pressures and demands being experienced continuing for Q4.
- **CHC/FNC - £1,120k Adverse** – M9 had reported an increase in Mental Health CHC placements and retrospective corrections of fees following negotiations on disputes, the forecast reflects the impact of these placements for the remainder of the year.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M1 – M6 reflects the latest planning assumptions for the continued temporary arrangements to support the POW Roof replacement.
- M1 – M11 reflects the latest planning assumptions for the continued temporary Vanguard Theatres at RGH to support the POW roof replacement.
- M1 – M3 reflect the latest planning assumptions for the Planned care funding of £3.0m.
- M6 – 12 reflects the latest planning assumptions for the planned care funding of £6.0m relating to outpatient and diagnostic programmes.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays

- Provider Non-Pay – Following request to reprofile IFRS 16 adjustments, the profile has been phased with 7/12ths now reported in M7 and 1/12th in periods M8-M12.
- M6 CHC reflects the payment of arears for revised 2025/26 FNC and CHC rates.
- M5 CHC included the recognition of £4.0m accountancy gains.
- Pay Award 2024/25 – Following confirmation of the allocation matrix, the LTA income and Expenditure recognises the flow of the pay awards via LTAs in M6 (including retrospective adjustments backdated to M1) along with M7 to M12 monthly impact.
- Pay award 2025/26 – The 2025/26 pay award has been processed in M5 with arrears, a further adjustment was processed in M6.
- M6 Primary care prescribing included the recognition of £1.3m of accountancy gains.
- Primary Care prescribing M7-12 reflects the latest Cat M price from 1st October including Dapagliflozin.
- M9 reflects the processing or 2025/26 settlements including arrears within Primary Care Contractors for Community Pharmacy, Dental and GMS.

### 1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £1.4m net operating surplus to M9, the most significant expenditure variances from original IMTP plans are noted below (net impact of spend reductions and cost pressures):

- **Primary Care Contractors**
  - M9 has reported a £302k favourable operating variance, giving a year to date variance of £1,542k favourable. This mainly relates to non cash limited expenditure reductions along with lower than anticipated Ophthalmic fees and community pharmacy costs.
- **Primary Care – Drugs & Appliances**
  - M9 has reported a £803k favourable operating variance, giving a year to date variance of £1,219k favourable. This is due to better than anticipated PAR growth compared to the original plan.
- **Provider Services Pay**
  - At M9, the net operating variance is £2.3m favourable, incorporating a £2.8m adverse impact of NI and pay award allocation shortfalls and a £5.1m favourable operating variance. This favourable operating variance reflects:
    - Anticipated investment plans not progressing
    - Redirection of services initially assumed to be delivered within own pay costs to services contracted and reported within Non Pay.
    - Improvements within pay expenditure management.
- **Provider Services Non Pay**
  - M9 has reported a £689k adverse operating variance, giving a year to date variance of £1,332k favourable. This variance

reflects elements of the £2.7m initial plan opportunities identified in M5 & M8 along with other favourable operating variances. These opportunities include:

- £0.2m M&SE
- £0.1m Buildings
- £0.1m Microsoft enterprise agreement
- £0.5m I2S consultancy
- £1.2m Non-Pay Inflationary benefit
- £1.0m Reduced cost pressures (Comm Pharm, Pathology External Testing)

- **Provider Secondary Care Drugs**
  - M9 has reported a £9k adverse operating variance, giving a year to date variance of £185k favourable. This variance reflects lower than anticipated uptake of new drugs and slower growth levels than planned.
- **Healthcare Service NHS**
  - M9 has reported a £572k adverse operating variance, giving a year to date variance of £4,408k adverse. Contract monitoring has indicated higher than anticipated levels of activity particularly within Cardiff & Vale and Velindre activity.
- **CHC/FNC**
  - M9 has reported a £720k adverse operating variance, giving a year to date variance of £2,062k adverse. The year to date variance reflects higher than anticipated levels of new placements within Mental Health settings. Note that the original plan had assumed inflation including arrears would have been paid in M3, this was delayed and has been paid in M6, as requested this phasing adjustment has been transferred from other to Virements.

There were no other material variances in M9 relating to Table B2 expenditure.

In addition to the variances noted in Table B2, further variances have been reported in Table A as follows:

- Income - a year to date adverse variance of £643k.
- Loss & Special Payments - £791k adverse variance year to date mainly relating to a permanent injury benefit provision.

## 1.5 Pay Expenditure (Table B3)

The M9 Pay expenditure was £66.4, the monthly trend is summarised below.

| | M9 | M8 | M7 | Q2* Average | Q1* Average | Q4* Average | Q3* Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| A&C | 8.8 | 8.8 | 8.8 | 8.7 | 8.7 | 8.4 | 8.4 |
| Medical | 18.3 | 18.3 | 18.4 | 17.8 | 17.6 | 17.8 | 17.4 |
| Nursing | 20.2 | 20.4 | 20.7 | 20.2 | 20.2 | 20.6 | 19.9 |
| ACS | 8.2 | 8.3 | 8.4 | 8.4 | 8.2 | 7.9 | 8 |
| Other | 10.9 | 11.1 | 10.8 | 11.1 | 10.8 | 10.5 | 10.6 |
| **Total** | **66.4** | **66.9** | **67.1** | **65.9** | **65.7** | **64** | **63.8** |

**Quarterly Average has been adjusted to reflect a comparison with 2025/26 pay award.*

The Key issues to highlight are as follows:

- The M9 position has improved compared to M8 but remains higher than previous months. the man areas of concern are:
    - Medical staff remains £0.6m above Q1 & Q2 levels, with core staffing levels increasing with limited impact of reduced variable pay. There continues to be a negative impact upon Medical agency as a result of critical cover requirements within Mental Health services.
    - £0.2m reduction in Nursing staff reflects the recent controls upon agency usage alongside benefits of reduced overtime in planned care, returning costs to levels experienced in Q1 & Q2.
    - As with Registered Nursing, Additional Clinical Services has reported a £0.2m reduction, returning costs to levels experienced in Q1. This has mainly achieved through Bank and Overtime reductions.

- The premium costs of supporting planned care capacity is continuing to have an impact upon Nursing, Medical and ACS variable pay expenditure.

The M9 agency expenditure was £2.0m and the monthly trend (excluding accountancy gains) is summarised below:

| | M9 | M8 | M7 | Q2 Average | Q1 Average | Q4 Average | Q3 Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| Medical | 1.0 | 0.9 | 0.9 | 0.6 | 0.8 | 0.7 | 0.6 |
| Nursing | 0.9 | 0.9 | 1.3 | 1.3 | 1.3 | 1.7 | 1.8 |
| Other | 0.1 | 0.2 | 0.1 | 0.3 | 0.4 | 0.7 | 0.6 |
| **Total** | **2.0** | **2.0** | **2.3** | **2.2** | **2.5** | **3.0** | **2.9** |

The Key issues to highlight are as follows:

- Agency costs slightly improved during M9, with agency expenditure being 34% lower than Q4 levels.

- The Nursing agency pressures experienced during M11 & M12 continue to ease, M9 has reported an improvement following increased scrutiny and review of agency usage alongside recruitment of core staff. YTD Nursing agency costs have reduced by 35% compared to the same periods in 24/25.

- Medical costs have remained consistent with M7 & M8. The year to date expenditure in 25/26 is 2% lower than the comparative periods in 24/25.

- Other Agency costs continue to remain below prior year levels.

As per the 2025-26 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

| **Enabling Action Description** | **YTD** | **Forecast** |
|---|---|---|
| 30% reduction in 25/26 agency expenditure compared to 2024/25. | M8 2025/26 £20.4m<br>M8 2024/25 £29.1m<br>30% reduction | 2025/26 £26.9m<br>2024/25 £38.1m<br>30% reduction |
| Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 25 | M9 2025/26 actual expenditure was £91k.<br>M9 2024/25 average expenditure £473k per month. | Forecast assumes that this target will not be achieved with agency expenditure anticipated to continue beyond at circa £100k per month. |

The M9 variable pay expenditure was £4.7m and the monthly trend (excluding accountancy gains) is summarised below.

| | M9 | M8 | M7 | Q2 Average | Q1 Average | Q4 Average | Q3 Average |
|---|---|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m | £'m | £'m |
| Medical | 1.9 | 1.9 | 2.3 | 1.9 | 1.9 | 2.0 | 2.1 |
| Nursing | 1.0 | 1.2 | 1.2 | 1.1 | 1.0 | 1.2 | 0.9 |
| ACS | 1.3 | 1.4 | 1.5 | 1.5 | 1.4 | 1.4 | 1.2 |
| Other | 0.6 | 0.7 | 0.7 | 0.7 | 0.7 | 0.6 | 0.6 |
| **Total** | **4.7** | **5.3** | **5.7** | **5.2** | **5.0** | **5.2** | **4.8** |

The Key issues to highlight are as follows:

- During M9, variable pay reported a £0.6m improvement compared to M8, and the lowest monthly expenditure since M1.

- The improvements were mainly reflecting lower Bank and overtime payments. This was partly due to reduced planned care capacity during December.

- The forecasts for variable pay assume the M9 position will not be maintained as overtime will increase to service the planned care capacity required to year end.

## 1.6 Covid analysis (Table B)

| | M9 | YTD | Forecast | Allocation | Forecast Variance |
|---|---|---|---|---|---|
| | £'m | £'m | £'m | £'m | £'m |
| Health Protection and PPE | 0.4 | 1.4 | 2.6 | 2.6 | 0 |
| Vaccination | 0.4 | 3.4 | 4.6 | 4.6 | 0 |
| Adferiad | 0.1 | 0.8 | 1.1 | 1.1 | 0 |
| **Total** | **0.9** | **5.6** | **8.3** | **8.3** | **0** |

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

There are no key issues to highlight at M8.

## 1.7 Reserves analysis (Table B)

| | Current Plan | Confirmed Plans | Pending Plans | Planning Variance |
|---|---|---|---|---|
| | **£'m** | **£'m** | **£'m** | **£'m** |
| NICE/HCD Reserve | 0 | 0 | 0 | (0.4) |
| Non Pay Recovery | 0.0 | 0 | 0 | (0.3) |
| 25/26 IMTP Cost Pressures | 0.4 | 0.4 | 0 | (1.3) |
| 25/26 IMTP Investment Plans | 1.0 | 0.5 | 0.5 | (2.8) |
| Planned Care | 5.0 | 5.0 | 0 | 0 |
| POW Roof Impact | 0.4 | 0.4 | 0 | 0 |
| **Total** | **6.7** | **6.2** | **0.5** | **(4.8)** |

As at M9 there are £6.7m of committed reserves held for actual and anticipated cost pressures and investment plans.

As at M9 there is £0.5m pending plans relating to IMTP planned investments which have slipped, primarily this relates to delays in the procurement of digital investment.

Following a further executive review of plans at M9, an additional £2.1m of opportunities have been released increasing the total plans released to £4.8m for the year.

## 2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26:

| | **£'m** |
|---|---|
| **Forecast In year position 25/26** | **0** |
| Balance sheet write backs | 0 |
| Other non recurrent costs/income loss in 25/26 | (2.0) |
| Other non recurrent benefits in 25/26 | 0.3 |
| **Forecast Recurrent position at the end of 25/26** | **(1.7)** |

A full review of the underlying deficit had been undertaken following M7 reports. This review had identified a further deterioration in the underlying deficit to £10.2m (M7 £4.2m). Following confirmation that previously assumed non recurrent NI allocations have been confirmed as recurrent, the M9 position has recognised a £2.1m improvement. However, the recurrent impact of the Band 2/3 framework is anticipated to exceed this benefit. For M9 the underlying position has been retained at £10.2m pending preparation further information on the Band 2/3 framework impact.

The most material impacts upon the underlying assessment are:

- Under achievement of recurrent savings plans - £4.0m.
- Increasing cost pressures and Full year effect of 25/26 actions £5.7m
- Full Year effect of Band 2/3 Framework £2.8m
- Mitigating Actions required of £1.7m recurrently

| **Underlying Position** | **2025/26 Forecast** | **Recurrent** | **Movement** |
|---|---|---|---|
| | **£'m** | **£'m** | **£'m** |
| Initial Financial Plan | **0** | **(1.7)** | **(1.7)** |
| Savings Variances | 5.4 | 4.0 | (1.4) |
| Operational Variances | 0.9 | 5.7 | 4.8 |
| Financial Plan Variances | (4.8) | (2.7) | 2.1 |
| Financial Allocation Adjustments | 3.8 | 3.8 | 0 |
| Band 2/3 Framework – TBC | 0 | 2.8 | 2.8 |
| Accountancy Gains | (5.3) | 0 | 5.3 |
| Mitigating Actions | 0 | (1.7) | (1.7) |
| **Grand Total** | **0** | **10.2** | **10.2** |

The main drivers of the recurrent operating variance of £5.7m are as noted below:

| **Operating Variances** | **2025/26 Forecast** | **Recurrent** | **Movement** |
|---|---|---|---|
| | **£'m** | **£'m** | **£'m** |
| NWSSP Non Recurrent Distribution | (0.5) | 0 | 0.5 |
| Non Recurrent Income | (0.4) | 0 | 0.4 |
| Med & Dental Temp System reductions | (0.3) | 0 | 0.3 |
| Non Recurrent Vacancies | (4.3) | 0 | 4.3 |
| Non Recurrent Costs incurred 25/26 | 3.6 | 0 | (3.6) |
| FYE Effect of Hospital @ Home | 0.3 | 1.2 | 0.9 |
| FYE of Loss of Drug Rebates | 1.0 | 1.3 | 0.3 |
| FYE Urgent Treatment Centre | 0.3 | 0.6 | 0.3 |
| FYE Medical Devices/Appliances | 0.2 | 0.8 | 0.6 |
| FYE Diabetes Pumps/Consumables | 0.2 | 0.8 | 0.6 |
| Other | 0.8 | 1.0 | 0.2 |
| **Grand Total** | **0.9** | **5.7** | **4.8** |

The underlying financial position will continue to be reviewed each month.

## 3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

| | Month 9 £m | Month 8 £m | Comment |
|---|---|---|---|
| **Funding risks:** | | | |
| **Other risks:** | | | |
| Delivery Risk on Identified Savings Plans | 0.1 | 0.1 | Table C3 |
| Delivery Risk on Mitigating Actions yet to be Delivered | 0 | 0.9 | |
| Delegated Risk Assessments – High Risk | 0.4 | 0.4 | Revised assessment |
| Delegated Risk Assessments – Medium Risk | 0.5 | 0.8 | Revised assessment |
| NWJCC Risks not included in Forecast | 0.7 | 0.7 | NWJCC risks @M9 |
| Further industrial action in 25/26. | Tbc | Tbc | |
| **Total Risks** | **1.6** | **2.9** | |
| | | | |
| **Opportunities** | | | |
| Balance sheet opportunities in 25/26 | Tbc | Tbc | |
| Primary Care Prescribing Growth lower than current forecast. | Tbc | Tbc | Current forecast reflects 7 months data received. |
| Further IMTP Planning slippage | Tbc | Tbc | To be reviewed |
| JCC Opportunities | (0.2) | (0.4) | NWJCC opportunities @M9 |
| **Total opportunities** | **(0.2)** | **(0.4)** | |
| | | | |
| **Net risk** | **1.5** | **2.5** | |

During M9 the POW funding requirement of £9.1m has been confirmed.

NWSSP Welsh Risk Pool Contributions – recent correspondence has confirmed that WG funding will be released to recognise the risk pool requirements up to the latest risk pool forecast of £49m. Any further requirements will remain a risk to organisations, the latest forecast from NWSSP indicates that the £49m WG support would be sufficient.

National Pay & Employment Disputes - There are a number of pay disputes being nationally led by NHS Wales Employers which include:

- Band 2 health care support workers framework
- GP Out of Hours contract and employment status
- Band 6 Health Visitor

Confirmation has been received that the Band 2 framework will be fully funded in 2025/26 by WG resource allocation removing this risk from the current year assessment.

The latest proposal for GP OOH setlement has been recognised within our forecast with an assumption it will increase the existing provision from 2024/25.

The Band 6 Health Visitor dispute continues to be challenged by trade unions, it remains unlikely to have an impact in 2025/26.

## 4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O for General Medical Services (GMS) and General Dental services (GDS) have been updated for M9. As at Q3 the following positions were noted:

- GMS forecast against allocation is reporting a £5.3m overspend mainly attributed to Out of Hours provision and Dispensing. The forecast movement from plan increased by £1,354k from an underspend of (£263k) at M12 last year to a forecast overspend of £1,091k for 25-26.

  This is mainly due to the deterioration on QAIF (£770k). We've based the estimated spend this year on the actual values of the Access and Quality Achievement payments for 24-25 which were made in M3.

- Dental – The M9 forecast overspend of £303k against the allocation is mainly attributed to patient charge income being lower than target by £1.8m.

  The forecast contract performance remains £1.1m under plan despite the service re-commissioning additional activity of £1m in 25-26 in recognition of under-performance in 2024/25.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

| | **Allocation £'m** | **Forecast £'m** | **Comment** |
|---|---|---|---|
| Learning Disabilities | N/A | N/A | |
| Mental Health Services | 118.77 | 118.77 | Note 1 |
| Palliative Care/Bereavement | 0.9 | 0.9 | |
| Genomics | 2.2 | 2.2 | |
| Critical Care | 2.4 | 2.4 | |
| Planned Care Recovery | 7.3 | 7.3 | |
| Planned & Unscheduled Care | 18.4 | 21.7 | |
| Value Based Recovery | 2.1 | 2.1 | |
| Regional Integration Fund | 20.4 | 20.4 | |

| | | | |
|---|---|---|---|
| Further Faster | 1.8 | 1.8 | |
| Urgent Emergency Care | 2.7 | 2.8 | |
| Planned Care | 0.6 | 0.6 | |
| VBHC | 0.7 | 0.7 | |
| In Year Planned Care | 11.2 | 11.2 | Note 2 |

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2022/23 this reported £163.7m, the draft 2023/24 unpublished returns are indicating expenditure of £ 175.5m.

2. In Year Planned Care – Within this element, the following specific programmes have been consolidated:
   - Q1 Orthopaedic Treatments £3.0m
   - National Outpatient – Insourcing £2.8m
   - National Outpatient – In House £1.4m
   - National Outpatient - Support £0.5m
   - Diagnostic Plans £0.9m
   - RTT Waiting Times – Phase 5 £1.0m
   - RTT Orthopaedics £1.6m
   - RTT Waiting Times Validation £0.2m

## 5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

## 6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

## 7. Savings ( inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

| | **Month 9** | | | **Month 8** | | |
|---|---|---|---|---|---|---|
| | **YTD** | **25/26** | **Rec** | **YTD** | **25/26** | **Rec** |
| | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** | **£'m** |
| **Savings target as at M9** | **23.5** | **31.3** | **31.3** | **20.9** | **31.3** | **31.3** |
| Actual and Forecast Savings | (17.2) | (25.9) | (27.3) | (15.3) | (25.5) | (27.5) |
| **Variance** | **6.3** | **5.4** | **4.0** | **5.6** | **5.8** | **3.8** |

Further work is ongoing to develop robust plans to close the forecast gap of £5.4m In year and £4.0m recurrently.

The table below breaks down the £31.3m savings plan:

| | Initial Plan £'m | M9 £'m | YTD £'m | 25/26 £'m | Rec £'m |
|---|---|---|---|---|---|
| Savings | 16.5 | 1.8 | 16.8 | 25.3 | 26.3 |
| Income Generation | 0.8 | 0.1 | 0.4 | 0.6 | 1.0 |
| To be identified | 14.0 | 0.0 | 0.0 | 5.4 | 4.0 |
| **Total Savings** | **31.3** | **1.9** | **17.2** | **31.3** | **31.3** |
| Accountancy Gains | 0.0 | 0.0 | 5.3 | 5.3 | 0.0 |

The following approaches are being used for savings profiles and savings recognition in 25/26 on the basis that delegated budgets have been reset to recognise the underlying deficits identified:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

  **Non-Recurrent savings** – To focus efforts on sustainable recurrent saving plans and being consistent with WHC (2025) 013 which states:

  "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for

when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

Only non recurrent savings which have resulted from planned management action will be reported as a saving. All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

## 8. Income Assumptions 2025-26 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M9 position. The table below summaries the more material items:

| Description | M9 | M8 | Comments |
|---|---|---|---|
| | £'m | £'m | |
| Emergency/Urgent Care | 0 | 1.4 | Allocation confirmed M9 |
| DOLS/Advocacy | 0.3 | 0.3 | |
| Neurodivergence Imp Plan (NDIP) | 0.4 | 0.4 | |
| WG Funded Trainees | 0 | 1.9 | Allocation confirmed M9 |
| DPIF | 1.0 | 1.0 | |
| 25/26 Outpatient Waiting Times | 4.3 | 4.4 | |
| 25/26 Diagnostics Waiting Times | 0.9 | 0.9 | |
| 25/26 RTT Waiting Times – Phase 5 | 1.0 | 1.0 | |
| 104 Weeks T&O Plan | 1.6 | 1.6 | New Allocation |
| IFRS 16 Adjustment | (2.6) | (2.5) | Reflects latest forecast |
| WRP Recovery | (5.3) | (12.4) | Reflects latest NWSSP Risk Share |
| WRP Funding Support | 0 | 7.1 | Reflects direct funding to NWSSP |
| POW Vanguard Support | 0 | 5.6 | Allocation confirmed M9 |
| POW Temporary Impacts | 0 | 3.5 | Allocation confirmed M9 |
| Capital Charges | (7.4) | (7.4) | Reflects latest forecast |
| Other Allocations | 0.9 | 0.6 | |
| **Total Anticipated Allocations** | **(5.0)** | **7.4** | |

Recent correspondence from WG has confirmed the funding support for POW Temporary Support and the Welsh Risk Pool requirements, with the actual allocations to follow.

## 9. Health Care agreements

CTMUHB has agreed all of the LTA documentation with both providers and commissioners.

## 10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

### 10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M8 and M9:

- Provisions have increased by £4.1m since M8, this is mainly due to an increase in the level of provision required for clinical negligence cases of £3.6m.

- Trade and Other Receivables have decreased by £12.4m.
  - The Welsh Risk Pool debtor has decreased by £8.1m, following reimbursements from the WRP of £13.7m.
  - The remainder of the decrease is due to a reduction of £4.2m in Non-NHS receivables.

- Creditors have decreased by £16.8m from M8, £12.6m relates to a decrease in the pharmacy accrual and the remaining decrease is due to a reduction in trade creditors.

- Fixed Assets have increased by £5.9m due to expenditure on the PCH G&FF Phase 2 scheme.

### 10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are two NHS invoices due over 11 weeks, both for Velindre NHS Trust. The invoices are being following up through usual debtor procedures.

## 11. Cash Flow Forecast (Table G)

In M9 the cash balance was £5.7m, with a split of revenue and capital of £5.6m and £0.1m respectively.

At year end we are projecting a cash deficit of £10m for which there will be a requirement of working balances cash. We have anticipated that this £10m working balance requirement in Table E.

This request is made up of £9m revenue and £1m capital. This is made up of the following estimates:

| | £ |
|---|---|
| Net increase in debtors/inventories less c/f cash (16.6-5.2-0.1) | 11.3 |
| Increase in payables (mainly accountancy gains) & provisions (0.6+0.7) | (1.3) |
| **Total Working Balances cash requirement** | **10** |

In terms of the increase in payables, even though there are significant accountancy gains within our position, this is offset by an increase in creditor for PANISU compared to carried forward from 2024/25.

## 12. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30 day target for Q3 was 95.3%. We expect to remain above the 95% target for the rest of the year.

The target of paying NHS invoices within 30 days was 60% for Q3, so continues to be below the 95% target. There was a specific issue in M9 for one NHS England Supplier for 392 invoices all in relation to vaccines. If these invoices had been paid within 30 days the Qtr 3 actual would be 87.5%, whilst still below the target, would be in line with previous quarter's results.

## 13. Capital Schemes and Other Developments (Tables I, J &K)

The M9 CRL is £93.265m, issued on 8th January 2026. As at M9, £52.9m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

As discussed with WG at the latest Capital Review Meeting there are risks with the significant number of TEF schemes, spend has been accelerated on a number of infrastructure projects however there are risks of slippage within other areas. Overall this has been categorised as low risk as the

Health Board plan to manage the position across the 5 areas to a balanced position.

| Scheme | Risk | Explanation |
|---|---|---|
| Llantrisant Health Park | Medium – slippage | Phase 1 & 2 to be discussed at IIB on Jan 16th. If approval to proceed to the next stage is not received in line with programme presented, there is a risk of slippage of £1.2m this year. This will need to be returned to Welsh Government and cannot be managed by the Health Board. |
| Interventional Radiology Room RGH | Medium – slippage | Due to staff absence this scheme is experiencing some delays and will now not complete until June 2026. Plan for equipment to be vested. Slippage will be managed by the HB. |
| Pharmacy Robot RGH | Medium – slippage | Due to delays with confirming the tender award for the robot, the works programme is delayed. Slippage will be managed |

All other risks are planned to be managed across the programme and hence the forecast shows a balanced position against the current CRL.

There is a validation error in the monitoring return (table J) because of a negative allocation for an IFRS 16 scheme. On extending the Roche pathology contract there was a reduction in the hardware costs, this creates a smaller ROU asset, hence the reduction and a negative number in year.

**Disposals**

Approval has been provided by the Board and WG to dispose of Pontypridd Health Centre. An offer has been accepted and disposal is expected in 2025/26.

WG has given approval for the disposal of Bryncethin Clinic, linked to the BHWBC scheme. This is expected to transfer to Linc Cymru in 2025/26.

A small number of equipment sales are expected throughout the year.

**1. IFRS 16 and CAME (Table Q)**

Table Q has been completed with additional leases approved this month now included. As requested the unapproved figure has now been included

for further expected leases in year, the inclusion of this does however create a validation error in the return.

## 14. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M9 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

## 15. Authorisation

**P Mears**
**Chief Executive**

**S May**
**Director of Finance**

**Date: 14 January 2026**

## Action Points arising from Month 8 Response

| Action Point | WG Comment | CTM Response |
|---|---|---|
| | | |
| | **TABLE A** | |
| **8.1** | The 'unplanned mitigating actions yet to be identified' which are supporting the outturn position, have reduced this month from £2.063m to £0.963m. The narrative continues to refer to this mitigation as being an urgent priority for the Executive Team, we therefore trust this will be fully eliminated before the next submission. **(Action Point 8.1)** | Noted, mitigating actions have been removed for M9. |
| **8.2** | Following the letter issued by Hywel Jones dated 10 December 2025, in relation to the support for the additional WRP forecast deficit, the WG will be recovering £5.263m from the HB for the WRP risk-sharing contribution (being the share of the original pressure of £36.056m based on the final RSA of 14.6%). We would not expect the HB to report any further risks in Table A2 this year, if the NWSSP worst case forecast does not exceed £49m. **(Action Point 8.2)** | Noted. |
| **6.1** | A response to Action Point 6.1 appears to be outstanding; please clarify why the unplanned spend reductions phased in Months 7-12 (now 9 -12) are materially lower than months 1 - 6. **(c/f Action Point 6.1)** | As noted in the narrative the level of favourable operating variances were not anticipated to continue due to uncertainty upon the achievability of that assumption and potential impact of pressures during autumn & winter. These opportunities were recognised as further mitigating actions in our forecast. A revised forecast has been included for M9 and a number of unplanned spend reductions have now been recognised. |
| **8.3** | Please provide supporting details for the future month 'in year' cost pressures being materially lower than those incurred to date. | As noted in 6.1 above, a revised forecast has been included for M9 which |

| | | |
|---|---|---|
| | **(Action Point 8.3)** | recognises both spend reductions and cost pressures continuing for Q4. |
| **7.3** | It is noted the forecast c/f underlying deficit position has increased by £4.311m to £10.178m since Month 8. We wish to remind you of the following request for Month 9: please provide a table showing each of the cost pressures and spend reductions by issue, the recurring and non-recurring split and the FYE (R), with a supporting narrative. This schedule should help with the responses to AP 6.1 and 8.3 above. **(c/f Action Point 7.3)** | Noted |
| | | |
| | **TABLE A2 – Risks & Opportunities** | |
| **8.4** | It is acknowledged that the combined 'Delegated Risk Assessments' risk value has materially reduced from £3.500m to £1.200m (£0.400m High and £0.800m Medium), which now has a supporting breakdown. We will look to your Month 9 submission for an updated assessment and for clarification if the various opportunities with 'TBC' values have been progressed as potential mitigation. **(Action Point 8.4)** | Noted |
| **8.5** | The reported JCC 'opportunity' of £0.400m is slightly higher than the £0.213m reported in JCC's Month 8 Risk-sharing Tables. (Risks £0.710m, Opps £0.213m – net £0.497m) **(Action Point 8.5)** | Noted, M9 tables reflect latest JCC risk schedule. |
| **8.6** | The narrative confirms that the GP Out of Hours dispute has been progressing, and the impact of the most likely outcome has been recognised in your Month 8 position. Please provide confirmation of the costs which have now been factored into your forecast and if you have a provision to mitigate the impact. **(Action Point 8.6)** | The 24/25 accounts had recognised a provision for 2 years of retrospective payments for GP OOH, the impact of the latest proposal has been estimated and has required a £0.6m increase in the provision which has been recognised in our forecast. The recurrent impact of the latest proposal has been estimated at £0.5m per annum. |
| | | |
| | **TABLE B – Monthly Position** | |

| | | |
|---|---|---|
| **8.7** | Please clarify if the forecast expenditure increases in the December within 'Healthcare services provided by other NHS bodies' of £1.600m relates to amounts being paid over to JCC. **(Action Point 8.7)** | Agreed – This relates to allocations that had been recently confirmed and not been processed in time for M8. |
| **8.8** | The Primary Care Drugs expenditure in Month 8 was c.£1.000m lower than forecast last month, with your narrative referring to a revised forecast and phasing following the receipt of the M6 PAR. The decrease spend in November has in the main been reprofiled into December, the overall annual forecast spend has increased by c. £0.400m; and within Table B2, an unplanned cost pressure of £0.882m is reported within November. Please provide further supporting details on the expenditure profile and explain why there was an in-month pressure was reported in Table B2 (Line 24) when costs were lower than projected last month. **(Action Point 8.8)** | Savings had been recognised which related to prior periods expenditure, resulting in an in-month pressure as the savings had been fully recognised in M8. |
| **8.9** | The supporting narrative confirms there remain items which are 'pending plans' for the following IMTP referenced reserves:<br>• £1.9m of IMTP planned investment<br>• £0.3m of IMTP cost pressures and non pay recovery<br>As these reserves were part of the opening plan, and as we approach the final quarter of the financial year when there is greater certainty on expenditure; please clarify next month, if these are a potential offset for the unidentified mitigating actions of c.£1.000m, noting that the IMTP Planning Slippage 'TBC' is listed as an Opportunity in Table A2. **(Action Point 8.9)** | There remains uncertainty on procurement timelines of digital projects and the forecast reflects monthly realignment of likelihood of in year commitments.<br><br>The non pay pressures are risks upon demand growth and are revised each month to reflect lower impact as each period passes. |
| **8.10** | The annual spend on the 'Joint Financing and Other' line has reduced by c.£0.500m, resulting in the future month estimated values being more aligned to the November actual and YTD average. This was a highlighted variance in Table B1, that required an explanation. Going forward please ensure the narrative explains all highlighted movements. **(Action Point 8.10)** | Noted. |
| | | |
| | **TABLE B2 – Expenditure Movements** | |

| | | |
|---|---|---|
| **8.11** | The narrative confirms that the 'Primary Care Contractor' spend reductions primarily relate to non-cash limited expenditure. We assume this refers to non-resource limited expenditure, which is matched with WG income. If these forecasts have reduced, then both the spend and income would be reduced. Please confirm that you have a reduction compared to the opening plan and therefore have a movement in associated planned income to report also; this category of spend would have a nil impact on the position. **(Action Point 8.11)** | The non resource limited expenditure is aligned to the WG non resource Limited Income, so across income & expenditure lines remains neutral. As at M9 the reduction in non resource limited expenditure and income for primary care contractors is £1m. |
| **8.12** | The narrative provides a broad explanation to cover off why certain categories show no future month spend reductions, even though they have been reported every month to date (i.e. delegated positions continue to report growing pressures). There is no supporting explanation for having no cost pressures in certain categories, in future months, when there have been in every month to date (yet delegated positions continue to report growing pressures). Please again review the forecast spend reductions/cost pressures next month, if they again crystalise in December. **(Action Point 8.12)** | Revised forecast and profiles have been recognised in M9. |
| | | |
| | **Table C – C3 – Savings** | |
| **8.13** | There are 6 'Amber' saving schemes (previously 8) being reported with a total forecast delivery of £0.159m. For assurances purposes and to eliminate the corresponding £0.080m highlighted delivery risk, we will look to the next submission for confirmation that these have been converted to a 'Green' status. **(Action Point 8.13)** | There are only 3 new amber schemes this month totalling a forecast delivery of £0.138m and delivery risk of £0.069m. These fall within the 3 month guideline of being added to the schedule against them being turned green. |
| | | |
| | **TABLE E – Resource Limits** | |
| **8.14** | Following the above referenced letter issued by Hywel Jones dated 10 December 2025, in relation to the support for the additional WRP forecast deficit, we trust you will be considering the corresponding | Noted. We still anticipate there will be a requirement for revenue working balances cash request as there will be a continued use of accountancy gains in the position. |

| | | |
|---|---|---|
| | impact on your revenue working balances cash request. **(Action Point 8.14)** | |
| | | |
| | **TABLE Q – IFRS 16** | |
| **8.15** | Please populate the unapproved line for any currently unapproved new/renewal leases which you anticipate will materialise in this financial year. **(Action Point 8.15)** | Unapproved now included in M9 |
| | | |
| | **OTHER** | |
| | | |

**Cwm Taf Morgannwg ULHB** **Period : Dec 25**

**Table A - Movement of Opening Financial Plan to Forecast Outturn**

**This Table is currently showing 0 errors**

*Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG*
*Lines 1 - 12 should not be adjusted after Month 1*

| | | In Year Effect | Non Recurring | Recurring | FYE of Recurring |
|---|---|---|---|---|---|
| | | £'000 | £'000 | £'000 | £'000 |
| 1 | Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -7,900 | 0 | -7,900 | -7,900 |
| 2 | Cost Pressures (Negative Value) | -43,800 | -1,000 | -42,800 | -42,800 |
| 3 | Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift | 20,400 | 0 | 20,400 | 21,100 |
| 4 | Other Income Uplift / (Reduction) | 0 | 0 | | |
| 5 | RRL Profile - phasing only (in-year effect should total nil /Column C) | 0 | 0 | 0 | 0 |
| 6 | Planned (Finalised) Green and Amber Savings Plan | 16,509 | 989 | 15,520 | 17,774 |
| 7 | Planned (Finalised) Net Income Generation | 838 | 0 | 838 | 868 |
| 8 | Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 9 | Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | | |
| 10 | | 0 | 0 | | |
| 11 | Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | 13,953 | 1,295 | 12,658 | 12,658 |
| 12 | **Opening IMTP / Annual Operating Plan** | **0** | **1,284** | **-1,284** | **1,700** |
| 13 | Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | -13,953 | -1,295 | -12,658 | -12,658 |
| 14 | Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | | |
| 15 | Other Movement in Month 1 Planned & In Year Net Income Generation | -192 | 0 | -192 | 131 |
| 16 | Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | 2,974 | -84 | 3,058 | 2,728 |
| 17 | Additional In Year Identified Savings - Forecast | 5,769 | 2,107 | 3,662 | 5,818 |
| 18 | Variance to Planned RRL | 0 | 0 | | |
| 19 | Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional) | 803 | 803 | | |
| 20 | In Year Accountancy Gains | 5,300 | 5,300 | 0 | 0 |
| 21 | Unplanned Spend Reductions | 21,219 | 8,202 | 13,017 | 13,017 |
| 22 | Unplanned Cost Pressures | -21,129 | -5,707 | -15,422 | -22,574 |
| 23 | Planned Mitigations Yet To Be Finalised | 0 | 0 | 0 | 0 |
| 24 | Unplanned Additional Required Mitigations Yet To Be Finalised | 0 | 0 | 0 | 1,660 |
| 25 | Other | 0 | 0 | 0 | 0 |
| 26 | Losses & Spec Payments - Provision for permanent injury benefit | -985 | -985 | | |
| 27 | Other Losses & Special Payments Movements | 194 | 194 | | |
| 28 | | 0 | 0 | | |
| 29 | | 0 | 0 | | |
| 30 | | 0 | 0 | | |
| 31 | | 0 | 0 | | |
| 32 | | 0 | 0 | | |
| 33 | | 0 | 0 | | |
| 34 | | 0 | 0 | | |
| 35 | **Forecast Outturn (- Deficit / + Surplus)** | **0** | **9,819** | **-9,819** | **-10,178** |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -658 | -662 | -5,922 |
| 2 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -3,650 | -32,850 |
| 3 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 1,700 | 15,300 |
| 4 | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | 0 | 0 |
| 6 | 536 | 1,374 | 1,473 | 1,220 | 1,496 | 1,676 | 1,396 | 1,455 | 1,454 | 1,465 | 1,490 | 1,474 | 12,080 |
| 7 | 19 | 96 | 73 | 72 | 72 | 72 | 74 | 70 | 75 | 69 | 74 | 72 | 623 |
| 8 | | | | | | | | | | | | | 0 |
| 9 | | | | | | | | | | | | | 0 |
| 10 | | | | | | | | | | | | | 0 |
| 11 | 2,053 | 1,138 | 1,062 | 1,316 | 1,040 | 860 | 1,138 | 1,083 | 1,079 | 1,074 | 1,044 | 1,066 | 10,769 |
| 12 | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| 13 | -2,053 | -1,138 | -1,062 | -1,316 | -1,040 | -860 | -1,138 | -1,083 | -1,079 | -1,074 | -1,044 | -1,066 | -10,769 |
| 14 | | | | | | | | | | | | | 0 |
| 15 | 0 | -74 | -63 | 11 | -61 | -40 | -7 | 13 | -4 | 15 | 10 | 8 | -225 |
| 16 | 0 | -489 | -75 | -52 | -319 | -124 | 489 | 2,180 | -473 | 601 | 628 | 608 | 1,137 |
| 17 | 0 | 39 | 135 | 308 | 285 | 651 | 461 | 793 | 892 | 701 | 718 | 786 | 3,564 |
| 18 | 116 | -1,371 | -3,666 | 1,464 | -4,301 | 1,072 | 2,498 | 503 | 1,268 | 659 | 1,305 | 453 | -2,417 |
| 19 | -389 | 43 | 634 | -889 | 389 | -2,226 | 885 | 348 | 562 | 482 | 482 | 482 | -643 |
| 20 | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 |
| 21 | 1,021 | 2,063 | 3,291 | 2,207 | 2,617 | 2,959 | 499 | 581 | 1,577 | 1,138 | 1,126 | 2,140 | 16,815 |
| 22 | -385 | -1,105 | -255 | -2,403 | -1,436 | -785 | -3,439 | -3,259 | -2,304 | -1,872 | -1,875 | -2,011 | -15,371 |
| 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | | | | -985 | | | | | | | | | -985 |
| 27 | | | | 188 | -195 | 68 | -258 | 254 | 137 | | | | 194 |
| 28 | | | | | | | | | | | | | 0 |
| 29 | | | | | | | | | | | | | 0 |
| 30 | | | | | | | | | | | | | 0 |
| 31 | | | | | | | | | | | | | 0 |
| 32 | | | | | | | | | | | | | 0 |
| 33 | | | | | | | | | | | | | 0 |
| 34 | | | | | | | | | | | | | 0 |
| 35 | **-1,690** | **-2,032** | **-1,061** | **-1,467** | **-61** | **2,015** | **-10** | **330** | **576** | **650** | **1,350** | **1,400** | **-3,400** |

**TABLE A : Movement of Opening Financial Plan to Forecast Outturn**

| | |
|---|---|
| **Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions** | **Ok** |
| **Recurring & Non Recurring Analysis of In Year items is not greater than In Year items** | **Ok** |
| **FYE of Recurring items are greater than, or equal to, the In Year Recurring amount** | **Ok** |
| **FYE of Recurring items only reported against Recurring items** | **Ok** |
| **Has Organisation name being selected** | **Ok** |

**Cwm Taf Morgannwg ULHB**

**Period : Dec 25**

**Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)**

**This Table is currently showing 0 errors**

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY | Assessment | | Full In-Year forecast | | | Full-Year Effect of Recurring Savings |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | *YTD variance as %aoe of YTD* | Green | Amber | non recurring | recurring | | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | | £'000 |
| 1 | Pay | Budget/Plan | 94 | 796 | 568 | 629 | 629 | 632 | 693 | 716 | 747 | 763 | 763 | 765 | 5,504 | 7,795 | | 0 | 0 | | | | |
| 2 | | Actual/F'cast | 94 | 423 | 522 | 604 | 655 | 640 | 814 | 1,051 | 868 | 1,011 | 1,081 | 1,105 | 5,671 | 8,868 | 63.95% | 8,730 | 138 | 1,290 | 7,578 | 0 | 10,745 |
| 3 | | Variance | 0 | (373) | (46) | (25) | 26 | 8 | 121 | 335 | 121 | 248 | 318 | 340 | 167 | 1,073 | *3.03%* | 8,730 | 138 | | | | |
| 4 | Non-Pay | Budget/Plan | 42 | 178 | 144 | 175 | 162 | 240 | 199 | 200 | 202 | 199 | 188 | 204 | 1,542 | 2,133 | | 2,133 | 0 | | | | |
| 5 | | Actual/F'cast | 42 | 101 | 250 | 455 | 246 | 261 | 223 | 258 | 283 | 305 | 266 | 311 | 2,119 | 3,001 | 70.61% | 3,001 | 0 | 872 | 2,129 | 0 | 2,817 |
| 6 | | Variance | 0 | (77) | 106 | 280 | 84 | 21 | 24 | 58 | 81 | 106 | 78 | 107 | 577 | 868 | *37.42%* | 868 | 0 | | | | |
| 7 | Primary Care - Drugs & Appliances | Budget/Plan | 400 | 400 | 400 | 400 | 687 | 457 | 457 | 457 | 457 | 457 | 457 | 457 | 4,115 | 5,486 | | 5,486 | 0 | | | | |
| 8 | | Actual/F'cast | 400 | 400 | 400 | 400 | 544 | 316 | 1,231 | 2,942 | 303 | 1,302 | 1,303 | 1,302 | 6,936 | 10,843 | 63.97% | 10,843 | 0 | 0 | 10,843 | 0 | 10,843 |
| 9 | | Variance | 0 | 0 | 0 | 0 | (143) | (141) | 774 | 2,485 | (154) | 845 | 846 | 845 | 2,821 | 5,357 | *68.55%* | 5,357 | 0 | | | | |
| 10 | Secondary Care Drugs | Budget/Plan | 0 | 0 | 336 | 8 | 10 | 338 | 39 | 39 | 39 | 38 | 39 | 39 | 809 | 925 | | 925 | 0 | | | | |
| 11 | | Actual/F'cast | 0 | 0 | 336 | 9 | 9 | 552 | (1) | 63 | 339 | 70 | 72 | 71 | 1,307 | 1,520 | 85.99% | 1,520 | 0 | 0 | 1,520 | 0 | 1,695 |
| 12 | | Variance | 0 | 0 | 0 | 1 | (1) | 214 | (40) | 24 | 300 | 32 | 33 | 32 | 498 | 595 | *61.56%* | 595 | 0 | | | | |
| 13 | CHC/FNC | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 | | 70 | 0 | | | | |
| 14 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 | 50.00% | 70 | 0 | 0 | 70 | 0 | 120 |
| 15 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *0.00%* | 0 | 0 | | | | |
| 16 | Primary Care Contractor | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 17 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 19 | Healthcare Services Provided by Other Healthboards | Budget/Plan | 0 | 0 | 25 | 8 | 8 | 9 | 8 | 8 | 9 | 8 | 8 | 9 | 75 | 100 | | 100 | 0 | | | | |
| 20 | | Actual/F'cast | 0 | 0 | 25 | 8 | 8 | 434 | 79 | 79 | 80 | 79 | 79 | 79 | 713 | 950 | 75.05% | 950 | 0 | 850 | 100 | 0 | 100 |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 425 | 71 | 71 | 71 | 71 | 71 | 70 | 638 | 850 | *850.67%* | 850 | 0 | | | | |
| 22 | Non-healthcare Services Provided by Other Healthboards | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 23 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 25 | Other Private & Voluntary Sector | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 26 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 28 | Joint Financing & Other | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 29 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 34 | Total | Budget/Plan | 536 | 1,374 | 1,473 | 1,220 | 1,496 | 1,676 | 1,396 | 1,455 | 1,454 | 1,465 | 1,490 | 1,474 | 12,080 | 16,509 | | 8,714 | 0 | | | | |
| 35 | | Actual/F'cast | 536 | 924 | 1,533 | 1,476 | 1,462 | 2,203 | 2,346 | 4,428 | 1,873 | 2,767 | 2,836 | 2,868 | 16,781 | 25,252 | 75.05% | 25,114 | 138 | 3,012 | 22,240 | 0 | 26,320 |
| 36 | | Variance | 0 | (450) | 60 | 256 | (34) | 527 | 950 | 2,973 | 419 | 1,302 | 1,346 | 1,394 | 4,701 | 8,743 | *850.67%* | 16,400 | 138 | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 37 | Variance in month | 0.00% | (32.75%) | 4.07% | 20.98% | (2.27%) | 31.44% | 68.05% | 204.33% | 28.82% | 88.87% | 90.34% | 94.57% | 38.92% |
| 38 | In month achievement against FY forecast | 2.12% | 3.66% | 6.07% | 5.85% | 5.79% | 8.72% | 9.29% | 17.54% | 7.42% | 10.96% | 11.23% | 11.36% | |

**Cwm Taf Morgannwg ULHB**

**Period : Dec 25**

**Table C1- Savings Schemes Pay Analysis**

| | | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | Green | Amber | non recurring | recurring | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | Pay - General & Substantive | Budget/Plan | 60 | 278 | 229 | 261 | 258 | 266 | 321 | 319 | 331 | 326 | 325 | 325 | 2,323 | 3,299 | 0 | 0 | | | |
| 2 | | Actual/F'cast | 60 | 100 | 184 | 203 | 292 | 236 | 403 | 580 | 456 | 473 | 487 | 478 | 2,514 | 3,952 | 3,952 | 0 | 1,008 | 2,944 | 3,943 |
| 3 | | Variance | 0 | (178) | (45) | (58) | 34 | (30) | 82 | 261 | 125 | 147 | 162 | 153 | 191 | 653 | 3952 | 0 | | | |
| 4 | Pay - Variable | Budget/Plan | 0 | 130 | 125 | 149 | 147 | 146 | 148 | 147 | 166 | 176 | 180 | 180 | 1,158 | 1,694 | 0 | 0 | | | |
| 5 | | Actual/F'cast | 0 | 62 | 123 | 179 | 117 | 138 | 139 | 184 | 122 | 188 | 195 | 223 | 1,064 | 1,670 | 1,670 | 0 | 109 | 1,561 | 2,668 |
| 6 | | Variance | 0 | (68) | (2) | 30 | (30) | (8) | (9) | 37 | (44) | 12 | 15 | 43 | (94) | (24) | 1,670 | 0 | | | |
| 7 | Pay - Agency | Budget/Plan | 34 | 388 | 214 | 219 | 224 | 220 | 224 | 250 | 250 | 261 | 258 | 260 | 2,023 | 2,802 | 0 | 0 | | | |
| 8 | | Actual/F'cast | 34 | 261 | 215 | 222 | 246 | 266 | 272 | 287 | 290 | 350 | 399 | 404 | 2,093 | 3,246 | 3,108 | 138 | 173 | 3,073 | 4,134 |
| 9 | | Variance | 0 | (127) | 1 | 3 | 22 | 46 | 48 | 37 | 40 | 89 | 141 | 144 | 70 | 444 | 3,108 | 138 | | | |
| 10 | Total | Budget/Plan | 94 | 796 | 568 | 629 | 629 | 632 | 693 | 716 | 747 | 763 | 763 | 765 | 5,504 | 7,795 | 0 | 0 | | | |
| 11 | | Actual/F'cast | 94 | 423 | 522 | 604 | 655 | 640 | 814 | 1,051 | 868 | 1,011 | 1,081 | 1,105 | 5,671 | 8,868 | 8,730 | 138 | 1,290 | 7,578 | 10,745 |
| 12 | | Variance | 0 | (373) | (46) | (25) | 26 | 8 | 121 | 335 | 121 | 248 | 318 | 340 | 167 | 1,073 | 8,730 | 138 | | | |

**Table C2- V&S Saving Categories**

| | | | Month | 1 Apr £'000 | 2 May £'000 | 3 Jun £'000 | 4 Jul £'000 | 5 Aug £'000 | 6 Sep £'000 | 7 Oct £'000 | 8 Nov £'000 | 9 Dec £'000 | 10 Jan £'000 | 11 Feb £'000 | 12 Mar £'000 | Total YTD | Full-year forecast |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Workforce | Budget/Plan | | 100 | 807 | 577 | 638 | 636 | 641 | 697 | 719 | 753 | 767 | 767 | 769 | 5,568 | 7,871 |
| 2 | | Actual/F'cast | | 100 | 430 | 528 | 612 | 673 | 637 | 740 | 976 | 793 | 938 | 1,004 | 1,031 | 5,489 | 8,462 |
| 3 | | Variance | | 0 | (377) | (49) | (26) | 37 | (4) | 43 | 257 | 40 | 171 | 237 | 262 | (79) | 591 |
| 4 | Medicines Management | Budget/Plan | | 400 | 438 | 755 | 428 | 715 | 816 | 515 | 514 | 516 | 514 | 515 | 515 | 5,097 | 6,641 |
| 5 | | Actual/F'cast | | 400 | 410 | 757 | 425 | 556 | 871 | 1,215 | 3,025 | 651 | 1,390 | 1,396 | 1,392 | 8,310 | 12,488 |
| 6 | | Variance | | 0 | (28) | 2 | (3) | (159) | 55 | 700 | 2,511 | 135 | 876 | 881 | 877 | 3,213 | 5,847 |
| 7 | Procurement & Non-pay | Budget/Plan | | 32 | 106 | 104 | 119 | 121 | 192 | 157 | 157 | 156 | 155 | 146 | 161 | 1,144 | 1,606 |
| 8 | | Actual/F'cast | | 32 | 70 | 216 | 422 | 217 | 250 | 220 | 220 | 257 | 257 | 220 | 264 | 1,904 | 2,645 |
| 9 | | Variance | | 0 | (36) | 112 | 303 | 96 | 58 | 63 | 63 | 101 | 102 | 74 | 103 | 760 | 1,039 |
| 10 | CHC | Budget/Plan | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 |
| 11 | | Actual/F'cast | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 0 | 0 | 35 | 0 | 35 | 70 |
| 12 | | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Pathway | Budget/Plan | | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 12 | 24 |
| 14 | | Actual/F'cast | | 0 | 0 | 0 | 0 | 0 | 0 | 83 | 83 | 83 | 83 | 84 | 84 | 249 | 500 |
| 15 | | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 79 | 79 | 79 | 79 | 80 | 80 | 237 | 476 |
| 16 | Other - Commissioning | Budget/Plan | | 4 | 23 | 37 | 22 | 21 | 23 | 20 | 22 | 22 | 22 | 20 | 22 | 194 | 258 |
| 17 | | Actual/F'cast | | 4 | 5 | 29 | 13 | 12 | 439 | 83 | 84 | 84 | 93 | 92 | 91 | 753 | 1,029 |
| 18 | | Variance | | 0 | (18) | (8) | (9) | (9) | 416 | 63 | 62 | 62 | 71 | 72 | 69 | 559 | 771 |

9

This Table is currently showing 0 errors

Table C3 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustment | Full-year Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 538 | 1,374 | 1,473 | 1,295 | 1,496 | 1,676 | 1,396 | 1,465 | 1,454 | 1,469 | 1,490 | 1,474 | 12,080 | 16,509 | 988 | 15,520 | 2,256 | 17,774 |
| | Month 1 - Actual/Forecast | 538 | 885 | 1,366 | 1,148 | 1,177 | 1,562 | 1,885 | 3,635 | 981 | 2,068 | 2,118 | 2,082 | 13,727 | 19,483 | 905 | 18,578 | 1,924 | 20,502 |
| | Variance | 0 | (489) | (75) | (53) | (319) | (114) | 489 | 2,169 | (473) | 601 | 628 | 608 | 1,647 | 2,973 | (84) | 3,058 | (332) | 2,726 |
| | In Year - Plan | 0 | 38 | 137 | 296 | 267 | 252 | 922 | 788 | 1,643 | 1,662 | 1,154 | 1,179 | 4,366 | 7,715 | 1,471 | 6,244 | 3,541 | 9,785 |
| | In Year - Actual/Forecast | 0 | 38 | 138 | 308 | 285 | 693 | 461 | 764 | 892 | 701 | 718 | 786 | 3,564 | 5,769 | 2,197 | 3,662 | 2,156 | 5,818 |
| | Variance | 0 | 0 | (0) | 12 | 18 | 439 | (461) | (23) | (751) | (961) | (436) | (393) | (736) | (1,946) | 726 | (2,582) | (1,385) | (3,967) |
| | Total Plan | 538 | 1,412 | 1,610 | 1,591 | 1,763 | 1,927 | 2,318 | 2,253 | 2,097 | 2,547 | 2,644 | 2,655 | 16,380 | 24,224 | 2,459 | 21,764 | 5,795 | 27,559 |
| | Total Actual/Forecast | 538 | 924 | 1,533 | 1,456 | 1,462 | 2,255 | 2,346 | 4,400 | 1,873 | 2,767 | 2,836 | 2,868 | 16,781 | 25,252 | 3,011 | 22,240 | 4,080 | 26,320 |
| | Total Variance | 0 | (488) | (77) | (135) | (301) | 328 | 28 | 2,222 | (1,224) | 220 | 192 | 213 | 401 | 1,029 | 551 | 476 | (1,715) | (1,239) |
| Net Income Generation | Month 1 - Plan | 23 | 96 | 73 | 72 | 73 | 73 | 74 | 73 | 75 | 69 | 74 | 82 | 823 | 838 | 0 | 838 | 75 | 913 |
| | Month 1 - Actual/Forecast | 23 | 96 | 73 | 72 | 73 | 73 | 74 | 73 | 75 | 69 | 74 | 82 | 823 | 838 | 0 | 838 | 75 | 913 |
| | Variance | 0 | (0) | (0) | (0) | (0) | (0) | (0) | 0 | (0) | 0 | (0) | (0) | (0) | (0) | 0 | (0) | 0 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 0 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 330 | 396 | 0 | 396 | 36 | 432 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 34 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 330 | 396 | 0 | 396 | 36 | 432 |
| | Variance | 0 | 0 | (0) | (0) | 0 | (0) | (0) | 0 | (0) | 0 | (0) | (0) | 0 | 0 | 0 | 0 | (0) | 0 |
| | Total Plan | 23 | 105 | 83 | 81 | 91 | 86 | 84 | 81 | 86 | 86 | 83 | 93 | 713 | 959 | 0 | 959 | 36 | 997 |
| | Total Actual/Forecast | 23 | 22 | 10 | 83 | 11 | 33 | 67 | 83 | 71 | 84 | 84 | 83 | 368 | 648 | 0 | 648 | 353 | 999 |
| | Total Variance | 0 | (83) | (73) | 2 | (80) | (53) | (17) | 3 | (15) | (1) | 0 | (10) | (345) | (312) | 0 | (312) | 318 | 2 |
| Accountancy Gains | In Year - Plan | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 | 5,300 | 5,300 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 4,000 | 1,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5,300 | 5,300 | 5,300 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 555 | 1,470 | 1,546 | 1,292 | 1,568 | 1,748 | 1,470 | 1,525 | 1,529 | 1,534 | 1,564 | 1,548 | 12,703 | 17,347 | 989 | 16,358 | 2,286 | 18,642 |
| | Month 1 - Actual/Forecast | 555 | 907 | 1,439 | 1,217 | 1,186 | 1,573 | 1,961 | 3,709 | 1,049 | 2,140 | 2,191 | 2,163 | 13,317 | 20,060 | 924 | 19,036 | 2,277 | 21,372 |
| | Variance | 0 | (563) | (108) | (75) | (382) | (175) | 471 | 2,183 | (480) | 606 | 627 | 606 | 614 | 2,653 | (64) | 2,729 | (9) | 2,730 |
| | In Year - Plan | 0 | 48 | 149 | 309 | 4,288 | 1,583 | 932 | 761 | 1,654 | 1,663 | 1,164 | 1,190 | 9,693 | 13,136 | 6,771 | 6,365 | 3,550 | 9,915 |
| | In Year - Actual/Forecast | 0 | 38 | 138 | 342 | 4,319 | 1,960 | 472 | 863 | 964 | 711 | 775 | 786 | 6,894 | 11,198 | 7,497 | 3,701 | 2,192 | 5,967 |
| | Variance | 0 | (9) | (10) | 32 | 31 | 377 | (460) | 43 | (750) | (953) | (430) | (404) | (2,799) | (1,938) | 726 | (2,574) | (1,358) | (3,948) |
| | Total Plan | 555 | 1,518 | 1,695 | 1,601 | 5,856 | 3,331 | 2,402 | 2,286 | 3,183 | 2,627 | 2,728 | 2,738 | 22,396 | 30,483 | 7,760 | 22,723 | 5,836 | 28,557 |
| | Total Actual/Forecast | 555 | 946 | 1,543 | 1,559 | 5,472 | 3,535 | 2,413 | 4,511 | 1,944 | 2,851 | 2,965 | 2,948 | 22,479 | 31,198 | 8,312 | 22,886 | 4,433 | 27,319 |
| | Total Variance | 0 | (572) | (148) | (43) | (384) | 204 | 11 | 2,225 | (1,239) | 224 | 192 | 210 | 87 | 715 | 552 | 163 | (1,403) | (1,238) |

Cyd-bwyllgor Comisiynu Joint Commissioning Committee

**Planning, Performance and Finance**

# Highlight Report from the Planning, Performance and Finance Sub-Committee

| | |
|---|---|
| **Dyddiad y Cyfarfod / Date of Meeting** | 18/12/2025 |
| **Statws Cyhoeddi / Publication Status** | Open/ Public |
| | Not Applicable |
| **Awdur yr Adroddiad / Report Author** | Maxine Evans, Assurance & Risk Officer |
| **Cyflwynydd yr Adroddiad / Report Presenter** | Paul Worthington, PPF Chair and Lay Member, NWJCC |
| **Noddwr yr Adroddiad / Report Sponsor** | Stacey Taylor, Deputy Chief Commissioner and Director of Finance and Value, NWJCC |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)** | | |
|---|---|---|
| **Committee / Group / Individuals** | **Date** | **Outcome** |
| Health Boards | | Noted |

## 1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 18 December 2025.

Key highlights from the meeting are reported in Section 2.

## 2. HIGHLIGHT REPORT

(Links to reports highlighted - December 2025 - NHS Wales Joint Commissioning Committee)

| Status | Update |
|---|---|
| **Alert / Escalate** | The NWJCC Finance Report - Month 8 2025/26 was received. The end of year forecasted financial deficit remains at £7.7m. An increase in lung transplants and activity costs for respiratory disease was noted. This is currently being managed but could become a risk if the increase continues. There is an expectation from Welsh Government that further in-year opportunities will be considered to improve the forecast position. Discussions highlighted the pending need for health boards and the NWJCC to declare their positions. A formal letter will be sent from the NWJCC to health board CEOs in respect to this. |
| **Advise** | The NWJCC Operational Performance Report was received. Discussions noted that work is ongoing to produce a meaningful integrated performance report. The complexity of the work and the capacity required to deliver the report was highlighted. It was acknowledged that whilst an updated report would be shared at Joint Committee in March 2026, which would provide greater assurance than at present, work would continue to refine the report over the following year. A session is scheduled in January with the NWJCC Senior Leadership Team to consider the necessary levers required to hold providers to account through their contracts, recognising the need to be far more robust around performance metrics, measures and management.<br><br>The Managing Activity Brief was received which provided further financial detail, detail of risks and a plan of action for the three areas of opportunity to support an improvement in this year's financial position. It was noted that a detailed plan had been considered and approved at Joint Committee and is currently being actioned at pace. It was recognised that delivery of agreed actions agreed will have a significant impact on the capacity of NWJCC staff which would need to be managed. Further quality impact assessments will be undertaken as the work proceeds, acknowledging the direct impact of the actions on patients. |
| **Assure** | The PPF Organisational Risk Register (ORR) was received for review and scrutiny. It was noted that work to improve the ORR, that is fed into the Sub-Committees and the JC, remained ongoing. Risks were being redefined with commissioner-focused actions and mitigations that support mitigation of risks. A new risk was highlighted (Risk 94 – High-Cost Medicines). Whilst this risk was more significant for the NWJCC and its IPFR function. Additionally, it was noted that health boards had identified |

| Status | Update |
|---|---|
| | several high-cost drugs for transfer to the NWJCC which, if approved for transfer, would also have a financial impact for 2025/26 and beyond and would need to be manged. |
| **Inform** | Members received an update on the development of the NWJCC Integrated Medium-Term Plan, noting that feedback received at the JC meeting on 16 December 2025 would be used to develop the plan and that a detailed evidence-based review of the previously agreed 'Must Do's' would be undertaken. Work will continue with health boards throughout January with a view to developing the plan and ensuring alignment with health board IMTPs. This will include a session with Directors of Planning, a detailed review taking place at the extraordinary Collaborative Commissioning Leadership Group meeting of the 22 January. A further update will be provided at the JC meeting of the 27 January 2026. |
| **Appendices** | None. |

## 3. ASSESSMENT

| **Objectives / Strategy** | |
|---|---|
| **Dolen i Amcan (au) Strategol CBC**<br>**Link to JCC Strategic Objectives(s)** | Maximise Value |
| | Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration |
| **Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals**<br>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales) | A Resilient Wales |
| | A Healthier Wales |
| **Dolen i Hwyluswyr Ansawdd** (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /<br>**Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales)) | Leadership |
| | Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective |
| **Dolen i Feysydd Ansawdd** (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /<br>**Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales)) | Effective |
| | Efficient; Equitable; Person-centred; Timely; Safe |
| | No - Not Applicable |

| | |
|---|---|
| **Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)** | |

| **Impact Assessment** | | |
|---|---|---|
| **Ansawdd** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?* | Yes: ☐ | No: ☒ |
| | Outcome: | If no, please include rationale below: This is a summary of the latest meeting of the JCC |
| **Cydraddoldeb** *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?* | Yes: ☒ | No: ☒ |
| | Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~<br><br>Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ | If no, please include rationale below: This is a summary of the latest meeting of the JCC |
| **Cyfreithiol / Legal** | There are no specific legal implications related to the activity outlined in this report. | |
| **Enw da / Reputational** | There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report. | |
| **Effaith Adnoddau** *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)* | Yes (Include further detail below) | |
| | The performance of the services will be used to develop the IMTP and identify the areas where resources may be required. | |

## 4. RECOMMENDATIONS

The Operational Delivery Committee is asked to:

- **Note** the highlights outlined in Section 2 of this report.