

Operational Delivery Committee

Tuesday 28 July 2026, 13:30 - 16:30

Vifrtual via Teams



Agenda

13:30 - 13:35
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Information Rachel Rowlands, Committee Chair

1.2. Apologies for Absence

Information Rachel Rowlands, Committee Chair

1.3. Declarations of Interest

Information Rachel Rowlands, Committee Chair

13:35 - 13:40
5 min

2. CONSENT AGENDA BUSINESS

Rachel Rowlands, Committee Chair

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

13:40 - 13:40
0 min

3. PRELIMINARY BOARD MATTERS

3.1. Action Log

Discussion Rachel Rowlands, Committee Chair

3.2. Matters Arising not contained within the Action Log

Discussion Rachel Rowlands, Committee Chair

13:40 - 14:10
30 min

4. Risk Management / Governance Matters

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

Questions were raised ahead of the meeting which were as follows:

1. Can further clarity be provided about the differences between 4417 (Inadequate access control and site security across Health Board premises) and the new emerging risk – no datix number (Inconsistent Security Management Across Health Board Sites).
- Response: There is likely potential for Risk ID4417 to be subsumed into the new emerging overarching risk; but until it is assessed for inclusion on Datix (at which point it will be given an ID number), we didn't want to preempt anything, or leave a gap in assurance, by deescalating it prematurely from the ORR.
2. Who owns 5554 as there is no name/title assigned as the risk owner (there could be many in DTPS taking responsibility of this and without a named owner I would worry that no one would be taking responsibility)

Response: The assigned risk handler is the Clinical and Laboratory Haematology Service Manager.

3. Likewise for 3567. But also no named risk handler either.

Response: The assigned risk handler is the Cellular Pathology Operations Manager

-  4.1.a ORR Cover Report ODC 28 July 2026.pdf (10 pages)
-  4.1.b ORR Summary ODC 28 July 2026.pdf (6 pages)
-  4.1.c ORR ODC 28 July 2026.pdf (10 pages)

4.2. Draft Committee Annual Report 2025-26

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

-  4.2a Draft Annual Report 25-26 ODC 28 July 2026.pdf (4 pages)
-  4.2b Draft Annual Report 2025-26 ODC 28 July 2026.pdf (7 pages)

4.3. Review of the Committee Terms of Reference

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

-  4.3a Review of Terms of Reference ODC 28 July 2026.pdf (4 pages)
-  4.3b GC01 Standing Orders Schedule 3.4 - ODC ToR - HB Approved 26.03.2026.pdf (11 pages)

4.4. Outcome of the Committee Self Effectiveness Survey 2025-26

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

-  4.4 ODC_Cmt Self-Effectiveness ODC 28 July 2026.pdf (7 pages)

14:10 - 14:50
40 min

5. STRATEGIC PILLAR: SUSTAINING OUR FUTURE

5.1. Month 3 Finance Report

Discussion Sally May, Executive Director of Finance

-  5.1 M3 Finance Report ODC 28 July 2026.pdf (24 pages)

5.2. Month 3 Finance Performance Report

Discussion Sally May, Executive Director of Finance

-  5.2 M3 Finance Performance Report ODC 28 July 2026.pdf (28 pages)

5.3. Capital Delivery Programme Monitoring Report

Discussion Sally May, Executive Director of Finance

-  5.3 Capital Update ODC 28 July 2026.pdf (18 pages)

5.4. COMFORT BREAK - 10 MINUTES

14:50 - 15:55
65 min

6. STRATEGIC PILLAR: IMPROVING CARE

6.1. Integrated Performance Dashboard

Discussion Claire Thompson, Executive Director of Strategy & Transformation

-  6.1 Integrated Performance Dashboard ODC 28 July 2026.pdf (24 pages)

6.1.1. Workforce Metrics Report

Discussion Hywel Daniel, Executive Director for People/Natalie Price, Assistant Director, Strategic Workforce

Planning

 6.1.1 Workforce Metrics ODC 28 July 2026.pdf (13 pages)

6.1.2. People Metrics in Estates and Facilities

Discussion *Stephen Gardiner, Facilities Service Director*

 6.1.2 Estates and Facilities People Metrics ODC 28 July 2026.pdf (10 pages)

6.2. Digital & Data Delivery Report

Discussion *Stuart Morris, Director of Digital*

 6.2 Digital and Data Update ODC 28 July 2026.pdf (9 pages)

6.3. Integrated Medium Term Plan Quarter One Progress Report 2026-27

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

 6.3 IMTP Q1 Progress Report 2026-29 ODC 28 July 2026.pdf (15 pages)

15:55 - 16:20
25 min

7. STRATEGIC PILLAR: INSPIRING PEOPLE

7.1. Health & Wellbeing Action Plan Update

Discussion *Hywel Daniel, Executive Director for People*

 7.1 Health and Wellbeing presentation ODC 28 July 2026.pdf (11 pages)

7.2. Speaking Up Safely Update

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

 7.2 Speaking Up Safely ODC 28 July 2026.pdf (11 pages)

16:20 - 16:25
5 min

8. CONSENT AGENDA

8.1. Items for Approval

8.1.1. Unconfirmed Minutes of the Meeting held on 30 April 2026

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

 8.1.1 Unconfirmed Minutes 30.4.26 ODC 28 July 2026.pdf (12 pages)

8.2. Items for Noting

8.2.1. Months 1,2 & 3 Monitoring Returns to Welsh Government

Information *Sally May, Executive Director of Finance*

 8.2.1a M01 Monitoring Return Report ODC 28 July 2026.pdf (5 pages)

 8.2.1b Annex A - Month 01 - CTM ULHB - Monitoring Narrative 2026-27.pdf (16 pages)

 8.2.1c Annex A - Month 01 - CTM ULHB - Monitoring Tables 2026-27.pdf (6 pages)

 8.2.1e Annex A - Month 02 - CTM ULHB - Monitoring Narrative 2026-27.pdf (21 pages)

 8.2.1f Annex A - Month 02 - CTM ULHB - Monitoring Tables 2026-27.pdf (6 pages)

 8.2.1g M03 Monitoring Return Report ODC 28 July 2026.pdf (4 pages)

 8.2.1h Annex A - Month 03 - CTM ULHB - Monitoring Narrative 2026-27.pdf (27 pages)

 8.2.1i Annex A - Month 03 - CTM ULHB - Monitoring Tables 2026-27.pdf (6 pages)

8.2.2. St Davids Street Surgery - Additional Branch Surgery Application

Information *Gethin Hughes, Chief Operating Officer*

- 📄 8.2.2a Branch Opening Application ODC 28 July 2026.pdf (7 pages)
- 📄 8.2.2b Appendix 1 W95030 St David's Surgery Patient Distribution.pdf (1 pages)

8.2.3. Internal Audit Review - Savings Centrally Led - Final

Information Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 8.2.3 Savings Final Internal Audit Report ODC 28 July 2026.pdf (12 pages)

8.2.4. Value Based Healthcare Steering Group Highlight Report

Information Sally May, Executive Director of Finance

- 📄 8.2.4 Value Based Healthcare Highlight Report 28 July 2026v2.pdf (10 pages)

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

Information Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 8.2.5 JCC Planning, Performance & Finance Sub Committee Highlight Report.pdf (6 pages)

8.2.6. Committee Annual Cycle of Business

Information Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 8.2.6a Operational Delivery Committee ACB 28 July 2026.pdf (3 pages)
- 📄 8.2.6b FINAL CTMUHB ODC Cycle of Business 2026 v8.pdf (7 pages)

8.2.7. Committee Forward Work Plan (non routine business)

Information Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 8.2.7 Forward Work Plan ODC 28 July 2026.pdf (3 pages)

16:25 - 16:25 9. CLOSE OUT BUSINESS

0 min

9.1. Any Other Urgent Business

Discussion Rachel Rowlands, Committee Chair

9.2. Committee Highlight Report to Board

Discussion Rachel Rowlands, Committee Chair

9.3. How did we do in this meeting?

Discussion Rachel Rowlands, Committee Chair

Is there anything we could do more or less of?

Have we managed our time well and allowed open and balanced discussion?

Have we considered our values and acted in a way that supports embedding our values across CTM?

Have we maintained a strategic focus? Have we received sufficient assurance from a range of sources?

Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

16:25 - 16:25 10. (CLOSED) In Committee Session

0 min

Rachel Rowlands, Committee Chair

The following items will be discussed at the (Closed) In Committee Session:

- Organisational Risk Register - Business Sensitive Risks

- Cyber Resilience & Assurance Update
 - CTMUHB Overarching Major Incident Guidance 2026, CTMUHB Business Continuity Management Policy 2026 and CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2025/26
 - Transforming Access to Medicines (TRAMS) Business Case
-

16:25 - 16:30
5 min

11. DATE AND TIME OF NEXT MEETING

Information

Rachel Rowlands, Committee Chair

27th October 2026 at 14:00 pm

CTMUHB Operational Delivery Committee (ODC)

Organisational Risk Register – July 2026

Eitem yr Agenda / Agenda Item	4.1.a
Dyddiad y Cyfarfod / Date of Meeting:	Tuesday 28 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim 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
Diben yr Adroddiad / Report Purpose:	For Review
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is 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
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	Applies across all areas
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynnyddol <i>(Cyfeiriad blaenoriaeth berthnasol)</i> Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan <i>(Reference relevant priority)</i>	Supports delivery in general

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
 Dechreuwch drwy **grynhai'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth (*crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati*)

What (*summary of current position / issue & why it matters and evidence to support that position etc*)

This report presents the organisational risks assigned to the Operational Delivery Committee for assurance and oversight. These are risks where the Committee is identified as an assuring committee. These risks have a direct bearing on operational delivery, capacity and flow, service continuity, infrastructure, digital resilience, finance, estates or other key enablers of service delivery. Risks primarily assigned to other Board committees are not duplicated within this report, unless there is a clear operational delivery implication requiring ODC oversight.

This report presents the July 2026 position of the Organisational Risk Register (ORR).

The ORR has been substantially refreshed and rewritten in collaboration with risk handlers, with a focus on:

- improving readability and clarity through plain language descriptions
- presenting risks in a consistent format (current controls, gaps, and actions)

The main report (Excel document) has also been redesigned to fit onto a single A4 page, responding to feedback from Independent Members for a more accessible, navigable view.

Felly, beth (*darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain*)

So, what (*provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these*)

From the July iteration:

- The majority of risks remain unchanged in score and trajectory, with several continuing at high levels (including 20)
- A small number of new risks and recent escalations are included in the ORR
- There is limited movement overall in risk ratings, reflecting an ongoing stable but challenged risk position across the organisation
- As part of the refinement of the Organisational Risk Register, some specific operational risks have been de-escalated to local risk registers where they are more appropriately managed.

To ensure continued organisational oversight, these are being replaced by broader strategic risks that provide a consolidated view of the key themes, controls and assurance arrangements across multiple related local risks.

Beth Nesaf (*crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau*)

- The next iteration of the ORR will be presented to the Executive Leadership Group (ELG) on 14 September 2026 and subsequently shared with the Board and its committees.

a'r argymhelliad(au) sy'n cael eu gwneud)

What Next (*summary of intended action and benefits supporting the choices and recommendation(s) being made*)

- Work has been undertaken to review and refine the actions associated with each risk. The September iteration of the ORR will include clearer, time-bound actions and progress updates, supporting more effective monitoring of risk mitigation and delivery.
- The Executive Leadership Group met on 13 July 2026 and carried out its routine review and moderation of the ORR, ahead of presentation to the Board and committees. As part of this discussion, the ELG noted a high number of risks with a current score of 20, and committed to review and moderate the risk scores for a future iteration of this report.

Argymhelliad (*Wedi'i gysylltu â'r adran "Beth Nesaf" uchod*).

Recommendation (Linked to the "What Next" section above).

The Committee is 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

1. Background / Context

- 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.

Risk Review

- 1.2. Care Groups and Central leads continue to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 1.3. The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 1.4. The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 1.5. All risks on the Organisational Risk Register have been substantially revised for quality, consistency and readability. Whilst amendments are normally highlighted in red text to aid visibility of changes, this has not been applied on this occasion due to the extent of the revisions, which would have significantly reduced the readability of the document.
- 1.6. In parallel, Executive review by the Chief Operating Officer has supported a comprehensive refresh of the Organisational Risk Register. This has included constructive challenge to risk scoring and escalation decisions, clarification of risk ownership and accountability, strengthening of controls and action plans, identification of opportunities to consolidate overlapping

risks, and ensuring that risks are presented at an appropriate strategic level.

- 1.7. The review has also prompted further work with Care Groups to validate risk assessments, update mitigating actions and confirm the ongoing appropriateness of organisational escalation. This work remains ongoing and will continue to inform future iterations of the Organisational Risk Register.

Risk Training

- 1.8. Risk training, although not a core training requirement under the statutory and mandatory framework, is available via the Electronic Staff Record (ESR).
- 1.9. The sessions are run by the Interim Assistant Director of Governance & Risk, currently joined by the Business Manager for Chief Operating Office. The session are held virtually via Teams on a monthly basis for a duration of one hour.
- 1.10. Bespoke team sessions on Risk are also available by arrangement.

2. Strategic Insights

- 1.1 The July 2026 review suggests that the Health Board's overall risk profile remains broadly stable, with many of the principal organisational risks continuing to reflect longstanding challenges relating to workforce, capacity, service demand, infrastructure and regulatory compliance.
- 1.2 The review has also supported a move towards a more strategic level of organisational oversight in some places. A number of operational risks are being de-escalated to local registers where they can be managed most effectively, whilst new overarching risks are being developed to provide greater visibility of key organisation-wide themes and cumulative risk exposure.

3. Risks and Opportunities

3 NEW RISKS AND NEW ESCALATIONS

DTPS Care Group

- Datix Risk ID 3567 - *Patient safety and service delivery risk due to insufficient Cellular Pathology space*. This risk is proposed for escalation due to increasing Cellular Pathology space pressures, particularly following SBUHB disaggregation and cessation notice for POW work, which will increase workload beyond the capacity of the current environment

Cross-Cutting Risks (affecting multiple care groups)

- The following new overarching / cross-cutting risk will draw together and provide oversight for multiple risks relating to Hydroxychloroquine retinal

screening which have been identified across care groups. It will replace the current ORR risk ID5797: *Lack of Capacity for Hydroxychloroquine Screening in Ophthalmology*

→ **Risk ID TBC: Hydroxychloroquine (HCQ) Retinal Screening Capacity and Pathway Delivery** (*Working risk title*)

- The following new overarching / cross-cutting risk will draw together and provide oversight for multiple risks relating to safety and security which have been identified across care groups. It will replace the current ORR risks 4958 and 4933 (fire safety) and potentially also 4417 (access control and site security)

→ **Risk ID TBC: Inconsistent Security Management Across Health Board Sites** (*Working risk title*)

Digital Directorate

- The following new overarching risk will draw together and provide strategic oversight for the current ORR risks 6604, 6605 and 6426, which will now be deescalated from the ORR although remain open (please see below); and for other related risks on Datix.

→ **RISK ID TBC: Failure to comply with data protection legislation** (*Working risk title*)

3 CHANGES TO RISKS

Risk Score Increased

No ORR risks have increased in score since May 2026

Risk Score Decreased

Unscheduled Care Group

- Risk ID3826 - *Emergency Department overcrowding impacting patient safety and quality of care*. A review has been undertaken using the Community Emergency Department Overcrowding Scale (CEDOCS) and an outcome has been for the risk current score to reduce from 20 to 15.

Risk De-escalated from the ORR

Urgent Care Care Group

- The following risk is being replaced by a new overarching risk (see above):
 - 5797: Lack of Capacity for Hydroxychloroquine Screening in Ophthalmology

Digital

- The following risks are being deescalated from the Organisational Risk Register, although they will remain open. Following review, it has been agreed that these risks relate to specific operational issues that are more appropriately managed through local risk registers.
 - 6604: Misdirected clinical correspondence to GP practices

- 6605: Legal compliance with access to records requests
- 6426: Access to E-Whiteboards (Business sensitive risk)
- Organisational oversight will instead be provided through a new overarching information governance and data compliance risk (please see above)

People Directorate

- The following risks are being deescalated from the Organisational Risk Register although they will remain open. Following review, it has been agreed that these risks relate to specific operational issues that are more appropriately managed through local risk registers.
 - 4958: Fire Safety #1 (Business sensitive risk)
 - 4933: Fire Safety #2 (Business sensitive risk)
- Organisational oversight will instead be provided through a new overarching site security and safety risk (please see above)

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

- No risks have been closed

3.4 HEAT MAP

The heat map provides a visual representation of the current Organisational Risk Register, showing the relative position of each risk based on its residual likelihood and consequence score, together with indicators of risk movement and escalation status since the previous report.

KEY:

↑ = score increased since previous report (May 2026)
 ↓ = score decreased since previous report
 ↔ = score unchanged since previous report
 N = new risk identified and added to Datix since May 2026
 XX = risk closed

NB: This heat map also includes references to the risks marked as business sensitive and confidential.

Consequence	5			3337 ↔ 6451 ↔	4664 ↔ 5276 ↔	
	4			6318 ↔ 6498 ↔ 6429 ↔ 4417 ↔ 4632 ↔ 4671 ↔ 4885 ↔ 5045 ↔ 5761 ↔	5877 ↔ 6235 ↔ 6280 ↔ 6397 ↔ 6475 ↔ 6629 N TBC Data Protection (N) TBC Security (N)	4491 ↔ 5554 ↔ 6596 ↔ 6597 ↔ 5821 ↔ 6052 ↔ 3826 ↔ 6294 ↔ 5753 ↔ 3567 N
	3					4672 ↔ 5040 ↔ 6232 ↔ 4691 ↔
	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 July 2026 iteration of the Organisational Risk Register:

- **Planned Care Group** have noted the possible reemergence of a risk regarding the Backlog for Imaging in all modalities (Datix Risk ID 4152). The risk is listed here for awareness – awaiting further update from care group following performance review
- **Mental Health and Learning Disabilities Care Group:** Clinical Medical Cover within CTM Adult Mental Health Services (Datix Risk ID 4973) was deescalated in May 2026 but is now being revisited as a potential re-emerging risk, as ongoing fragility in clinical medical cover within adult mental health services persists despite existing mitigations and requires renewed organisational oversight.
- **Facilities Directorate** are continuing to review the risk regarding RGH car parking pressures (Datix Risk ID 6181). This emerging risk is currently rated as moderate, with additional parking capacity expected following removal of the Vanguard unit and introduction of a new permit system, and the position kept under active review due to ongoing pressures.
- **People Directorate** have noted that subject to board endorsement, there is an emerging risk around shift pattern alignment, including the potential for industrial action, noting that the proposals impact a large proportion of our nursing/ midwifery and HCSW (over 3,000 staff). This is a shared risk owned by the Executive Director of People and the Executive Nursing Director.

4. Compliance and Governance

4.1 The Organisational Risk Register remains a key component of the Health Board's assurance framework.

- 4.2 It supports the identification, oversight and mitigation of significant organisational risks; strengthens executive accountability and committee assurance arrangements; and promotes transparency through structured reporting and publication where appropriate.

5. Benchmarks

- 5.1 Whilst there is no formal benchmarking mechanism for the Organisational Risk Register, the Health Board's approach is informed by internal and external audit recommendations, together with learning and good practice shared through NHS Wales governance and risk management networks. This provides an element of continuous comparative review and supports ongoing development of the organisation's risk management arrangements.

6. Conclusion

- 6.1 The July 2026 ORR reflects the outcomes of a comprehensive review of all risks with risk handlers and owners.
- 6.2 The July 2026 ORR is presented for information. Feedback from members on the content and presentation of the register is welcomed.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd (Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg) Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item. The risks contained within the Organisational Risk Register collectively underpin all strategic risks within the Board Assurance Framework and support the delivery of the Health Board's strategic objectives.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales The Organisational Risk Register supports long-term organisational resilience by identifying risks which may impact the sustainability of services, workforce, infrastructure and system working, and by supporting mitigation and continuous improvement.
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research



	The ORR strengthens organisational learning and continuous improvement by: • identifying areas of risk and vulnerability • supporting structured action planning • enabling oversight of risk management arrangements across the organisation

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Choose an item.
	The ORR itself has no direct environmental impact. However, it includes risks related to environmental sustainability (e.g. estates, infrastructure and wider environmental responsibilities), supporting organisational oversight and mitigation of environmental risks.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i>	Outcome for Equality: NEUTRAL The ORR is a governance and oversight document and does not directly impact on individuals or groups. Individual risks within the ORR may have equality implications, which are considered separately where relevant.
Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Welsh Language: NEUTRAL The ORR itself does not directly impact Welsh language provision. Any impacts relating to specific services or risks are considered within the relevant service or policy context.
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i>	EWLIA not required for the ORR as a whole. Individual risks may be subject to impact assessment where appropriate.
Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	Quality Impact Assessment Outcome not required for the ORR as a whole. The ORR does not introduce service change but provides oversight of risks which may affect quality. Individual risks may be subject to Quality Impact Assessment where relevant.
Cyfreithiol / Legal	Yes (Include further detail below) Legal implications are inherent within a number of risks included in the ORR (e.g. statutory compliance, regulatory requirements and duty of

	care). These are captured and managed at individual risk level.
Enw da / Reputational	Yes (include further detail below) Failure to manage identified risks may result in: • adverse patient outcomes • regulatory or audit findings • loss of stakeholder confidence The ORR supports mitigation of reputational risk through structured identification, monitoring and escalation of organisational risks.
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (include further detail below) The risks within the ORR reflect pressures and dependencies relating to: • workforce capacity and capability • financial sustainability • infrastructure and service delivery resources The ORR supports visibility and management of these resource impacts at organisational level.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Comprehensive review of risks at care group and directorate team meetings	June and July 2026	Changes captured in this report.
Executive Leadership Group (ELG)	13 July 2026	Review and moderation. Commitment to moderate risk scores for next iteration.

Acronyms / Glossary of Terms	

Organisational Risk Register (ORR) – Summary Version – July 2026

This summary shows the ORR divided into two broad categories of risk:

1. **Care Group-led risks**, where the primary accountability for management and mitigation sits within a Care Group, with executive oversight; and
2. **Directorate-led risks**, where the risk reflects a cross-organisational, enabling or system level issue owned directly by an Executive Director and not linked to a specific care group (for example, digital, workforce, finance, estates or commissioning related risks).

The purpose of this summary is to assist navigation of the full ORR (Datix extract), and support oversight and sense checking. It does not replace the detailed ORR and does not alter the existing process.

1. CARE GROUP-LED RISKS

Datix ID	Strategic Risk Owner	Risk Title	Rating May 26	Rating July 26	Trend	Notes
Planned Care Group						
6294	COO (Chief Operating Officer)	Insufficient consultant workforce in endoscopy and gastroenterology	20	20	↔	July 2026: Temporary emergency service change enacted on 7 May 2026 for a minimum of 6 months; acute gastro admissions ceased at POWH and are now admitted at the RGH site. This was due to the fragility of the consultant workforce at the POWH site. There will be a review in 3 months and any impact to this risk noted.
6451	COO	Orthoplastic Pathway (<i>Business sensitive risk</i>)	15	15	↔	<i>Due to business sensitivities, the details of this risk are captured within the confidential section of the report.</i>
4152	COO	Backlog for Imaging in all modalities	12	12	↔	POSSIBLE (RE)EMERGING RISK: For awareness – awaiting further update from care group following performance review
Unscheduled Care Group						
3826	COO	Emergency Department overcrowding impacting patient safety and quality of care	20	15	↓	July 2026: A comprehensive programme of work is underway across the Health Board to address Emergency Department (ED) overcrowding and reduce excessive waits. A review has been undertaken using 'The Community Emergency Department Overcrowding Scale (CEDOCS)' and an outcome has been for the risk to reduce to a 15.
5045	COO	Insufficient neurology capacity impacting timely access to services	16	16	↔	July 2026: The Health Board has implemented a comprehensive neurology recovery programme, including consultant-led waiting list validation, backlog reduction activity, and escalation of commissioning concerns where external capacity is impacting delivery. Early validation work has identified opportunities to reduce demand on specialist neurology services through alternative pathways, whilst plans are being developed to strengthen local provision and improve long-term sustainability of neurology services for the CTM population
4632	ED T&HS	Inability to deliver timely, high-quality stroke care across CTM	16	16	↔	July 2026: The temporary stroke service model at RGH has been extended to March 2027 and improvement actions are underway; however, performance has declined and further work is required to improve early pathway standards and develop a sustainable future model.
Children and Families Care Group						

Datix ID	Strategic Risk Owner	Risk Title	Rating May 26	Rating July 26	Trend	Notes
5753	END	Inadequate Special School Nurse Provision	20	20	↔	July 2026: All funded posts are now filled; however, the absence of an agreed sustainable service model and SLA with Local Authorities means the risk to equitable and compliant Special School Nursing provision remains unchanged. Further discussions are taking place to work through next steps with Executive Director of Nursing in July 2026, where a further review of the risk score will be completed.
6475	COO and END	Patient safety and service delivery risks arising from industrial action impacting Health Visiting services	16	16	↔	July 2026: Industrial action continues to impact Health Visiting capacity, with daily operational oversight and prioritisation in place to maintain support for high-risk families.
Diagnostics, Therapies, Pharmacy & Specialties Care Group						
5554	DTPS	Inability to meet containment level 3 (CL3) standards creating risks to patient safety and statutory compliance	20	20	↔	July 2026: The risk remains high due to non-compliance of the CL3 laboratory, with interim safety measures in place and refurbishment re-tendering underway with WG major capital scheme. Meeting held 4 June CAV and ABUHB to discuss regional options which are not feasible at this time. A review of the risk score will be completed ahead of the next update to determine if a reduction is feasible with mitigating controls reviewed.
6429	ED H&TS	Risk to patient safety from an unfit Physiotherapy MSK self-referral system	16	16	↔	July 2026: The risk remains high, with further incidents reported and the current self-referral form still in use, while a revised digital solution is in development but not yet live. Microsoft Forms mechanism in development to assist reduce the risk further, a review on implementation will be completed to assess this impact on the score.
6498	COO	Risk to patient safety from insufficient availability of compliant dynamic mattress systems	16	16	↔	July 2026: A replacement programme and contract review are underway, but insufficient availability of compliant dynamic mattresses continues to present a risk to safe patient care.
3567 NEW	DTPS	Patient safety and service delivery risk due to insufficient Cellular Pathology space	20	20	↔	July 2026: The risk is proposed for escalation due to increasing Cellular Pathology space pressures, particularly following SBUHB disaggregation and cessation notice for POW work, which will increase workload beyond the capacity of the current environment. Existing controls help manage day-to-day risk but do not resolve the underlying estate constraint, with ongoing risks to patient safety, staff safety, diagnostic turnaround times, accreditation, service repatriation and future pathology developments. Internal plan in development to identify an interim solution in collaboration with estates
Mental Health and Learning Disabilities Care Group						
6318	COO	Tier 3 SHED (Severe and High-Impact Eating Disorders) Team Service capacity and resilience	16	16	↔	July 2026: Improved joint governance and communication arrangements are now in place with CAVUHB; however, underlying workforce and capacity challenges remain unresolved and the risk to service sustainability continues.
3337	COO & Director of Digital	Lack of a Single Electronic Patient Record in Mental Health Services inc CAMHS	15	15	↔	July 2026: Procurement is progressing with contract award and implementation planning expected imminently, but the absence of a single electronic patient record continues to present a risk to safe and effective information sharing.
4691	COO	Provision of safe and appropriate estate for Mental Health inpatient services	15	15	↔	July 2026: No change in risk position, with estate limitations continuing to impact inpatient environments while feasibility and capital planning work progresses.

Datix ID	Strategic Risk Owner	Risk Title	Rating May 26	Rating July 26	Trend	Notes
4973	COO	Clinical Medical Cover within CTM Adult Mental Health Services.	12	12	↔	July 2026: This risk was deescalated in May 2026 but is now being revisited as a potential re-emerging risk, as ongoing fragility in clinical medical cover within adult mental health services persists despite existing mitigations and requires renewed organisational oversight.
Primary and Community Care Group						
5877	COO	Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill	16	16	↔	July 2026: The risk remains under review while NHS Employers and BMA negotiations continue, with regular rota oversight, ongoing recruitment efforts and local Adastra procurement being progressed to support service continuity.
6397	COO	Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery	16	16	↔	July 2026: No material change, with the risk remaining under close care group monitoring as recruitment challenges and rota gaps persist.
Cross-Cutting Risks (affecting multiple care groups)						
4491	COO	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery	20	20	↔	July 2026: A whole-system programme of improvement is in place across urgent, emergency and planned care pathways; however, capacity and flow pressures persist and the risk to timely access and safe care remains unchanged.
4417	COO	Inadequate access control and site security across Health Board premises	16	16	↔	July 2026: Phase 1 security improvements are progressing, with further work planned across sites; however, inconsistent access control and incomplete rollout mean risks to site security and patient safety remain.
TBC NEW	COO	Hydroxychloroquine (HCQ) Retinal Screening Capacity and Pathway Delivery	---	15	↔	July 2026: Multiple risks relating to Hydroxychloroquine retinal screening have been identified across care groups, reflecting backlog, capacity constraints and early implementation of a new community-based pathway. A pan-CTM approach has been agreed; however, delivery remains at an early stage.
6052	COO	Inadequate patient hydration and nutrition due to failure of beverage trolley infrastructure	20	20	↔	July 2026: Replacement programme is underway with initial trolley deliveries expected mid July; however, the ageing fleet and constrained capacity continue to present risks to safe and compliant patient nutrition and hydration services, and the risk score remains unchanged.
6181	COO	RGH car parking pressures	12	12	---	July 2026: This emerging risk remains under close monitoring, with ongoing pressures on parking capacity at RGH. The removal of the Vanguard endoscopy unit has provided some additional capacity; however, as the Vanguard theatre units remain in situ demand continues to exceed available provision. A paper has been submitted which identifies potential longer-term solutions to manage site pressures effectively for Exec consideration including the option of introducing a new permit system (currently pending approval)
TBC	TBC	Inconsistent Security Management Across Health Board Sites	---	16	---	July 2026: An overarching Health Board-level risk relating to security is being assessed for inclusion on the ORR to reflect the cumulative impact of security incidents, variable provision and system-wide vulnerabilities across sites.

2. Summary of Directorate-Led Risks

The following are Directorate-led risks, where the risk reflects a cross-organisational, enabling or system level issue owned directly by an Executive Director and not linked to a specific care group. For example, digital, workforce, finance, estates or commissioning related risks.

Datix ID	Risk Title	Rating May 26	Rating July 26	Trend	Status update
ED of Strategy & Transformation					
6280	See below under Executive Medical Director - Regional Hepato-Pancreato-Biliary Service (Jointly owned risk)				
5821	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB)	20	20	↔	July 2026: Arrangements for secondary care immunology remain reliant on external provision, with no sustainable solution yet confirmed. Options for future provision continue to be explored, recognising ongoing funding constraints.
Executive Director of Finance					
6596	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27	20	20	↔	July 2026: Risk reviewed; no change to mitigations or score
6597	Failure to achieve the planned break-even position in 2026/27.	20	20	↔	July 2026: Risk reviewed; no change to mitigations or score
6235	Insufficient funding to address backlog maintenance across the estate.	16	16	↔	July 2026: No change. Insufficient backlog maintenance funding remains a tolerated risk, with limited mitigation available through discretionary and targeted capital schemes addressing only a small proportion of high-risk estate issues
Executive Director of Public Health					
No current risks under the remit of the ODC					
Director of Digital					
4664	Cyber attack resulting in loss of critical services, data and potential extortion (<i>Business sensitive risk</i>)	20	20	↔	July 2026: Risk reviewed; no change to scoring or controls. Cyber risks and mitigating actions now subject to formal monthly review through the Cyber Security Board in response to internal audit recommendations.
5276	Delay to LIMS 2.0 implementation impacting pathology service continuity (Jointly owned with Executive Director of Therapies and Health Sciences)	20	20	↔	July 2026: LIMS 2.0 implementation remains high risk, with low confidence in delivery within required timescales and ongoing concerns regarding safe deployment sequencing, legacy system reliance, Blood Transfusion risk and additional financial exposure.
4671	Ageing digital infrastructure impacting service resilience (<i>Business sensitive risk</i>)	16	16	↔	July 2026: Infrastructure refresh work is underway, with priority replacement of core network switches and wider upgrades to servers, wireless, firewalls, devices and power resilience progressing through 2026/27; the risk score remains unchanged while implementation continues, but there is increased assurance that key infrastructure vulnerabilities are being addressed.
6604	Misdirected clinical correspondence to GP practices	16	16	↔	July 2026: Following review, it has been agreed that Risks 6604, 6605 and 6426 would be more appropriately managed through local risk registers. A new overarching Data Protection compliance risk is proposed below to provide strategic oversight. These risks will therefore be de-escalated from the ORR and replaced by the new risk
6605	Legal compliance with access to records requests	16	16	↔	
6426	Access to E-Whiteboards (<i>Business sensitive risk</i>)	16	16	↔	
TBC NEW	Failure to comply with data protection legislation	---	16	---	July 2026: NEW overarching risk to replace Risks 6604, 6605 and 6426 and provide strategic oversight of Data Protection compliance.

Datix ID	Risk Title	Rating May 26	Rating July 26	Trend	Status update
6424	Mental Health Subject Access Requests (SARs) (IG/15)	16	16	↔	July 2026: Risk reviewed; no change to scoring or controls
4672	Inability to achieve timely, accurate clinical coding and structured data standards	15	15	↔	July 2026: Work continues to align Digital and Data activities to IMTP priorities through the Tektology partnership, while ongoing digitisation, structured data capture and coding improvement programmes support continued progress in data quality and information management.
5040	Digital system integration dependencies	15	15	↔	July 2026: Integration challenges with national digital systems continue to impact delivery of local programmes, including ePMA and maternity systems, although successful deployment of key data feeds has enabled further progress with ePMA implementation.
3337	See above under MH Care Group - Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS				
Executive Nurse Director					
5753	See above under Children & Family Care Group - Inadequate Special School Nurse Provision				
6232	Sustainability of the Legal Services Function	15	15	↔	July 2026: The revised establishment in the revised and concluded OCP continues to be progressed. This will enable the Legal Services team to be strengthened in capacity and leadership, full workforce establishment and embedded service improvements are in progress however, the recruitment process has not yet been fully achieved resulting in the risk remaining at its current risk rating.
Executive Director of Therapies and Health Sciences.					
4632	See above under <i>Unscheduled Care Group</i> - Provision of an effective and comprehensive stroke service across CTM				
5276	See above under <i>Director of Digital (jointly owned risk)</i> - Delay to LIMS 2.0 implementation impacting pathology service continuity				
Director of Corporate Governance / Board Secretary					
4885	Failure to deliver and sustain effective Policy Management System and Process	16	16	↔	July 2026: Controls for non-clinical policies have improved following implementation of the SharePoint policy system; however, processes remain reliant on manual input and consistency is variable, with clinical policy migration at an earlier stage.
Executive Medical Director					
5761	Cross Health Board Data Sharing	16	16	↔	July 2026: The risk remains unchanged, with ongoing reliance on national partners (DHCW) to resolve system and data sharing issues, and no confirmed delivery timescales.
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model	16	16	↔	July 2026: Interim case-by-case arrangements remain in place following suspension of the regional service model, with resolution dependent on regional commissioning decisions and associated funding.
6629	GMC/HEIW Conditions on PCH Emergency Department	---	16	---	July 2026: Risk opened in May 2026 following GMC and HEIW concerns relating to the Emergency Department at Prince Charles Hospital, with an action plan in place and delivery now being monitored through governance arrangements.
Executive Director for People					
4958	Fire Safety #1 (<i>Business sensitive risk</i>)	15	---	↔	July 2026: These two risks have been reviewed and are proposed for deescalation from the ORR. This reflects assurance that these risks are well-managed within existing operational and compliance frameworks and do not require escalation at organisational level. This review has informed
4933	Fire Safety #2 (<i>Business sensitive risk</i>)	15	---	↔	

Datix ID	Risk Title	Rating May 26	Rating July 26	Trend	Status update
					the development of a broader, overarching risk relating to security and site safety (see below), ensuring that the ORR focuses on areas where there is a need for strategic oversight and system-wide mitigation.
Emerging risk (July 2026): An overarching Health Board–level risk relating to security has been identified and is being formalised on the ORR to reflect the cumulative impact of security incidents, variable provision and system-wide vulnerabilities across sites. Please see above under Cross-Cutting Risks					
NOTE: Please see also Risk ID6475 (above): <i>Industrial action of SCPHN Health Visiting staff members of the UNITE union</i> . The risk to service delivery sits with the Care Groups, but the industrial relations element sits with the People Directorate.					
NOTE: Subject to board endorsement, there is an emerging risk around shift pattern alignment, including the potential for industrial action, noting that the proposals impact a large proportion of our nursing/ midwifery and HCSW (over 3,000 staff). (Shared risk owned by Executive Director of People, and Executive Nursing Director)					

	A	F	G	H	I	K
	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
1						
3	Planned Care Group					
4	6294 Risk Owner: COO Risk Handler: Directorate Manager for General Surgery and Gastrointestinal Services Risk Domain: Workforce / Organisational Development / Staffing / Competence	Insufficient consultant workforce in endoscopy and gastroenterology IF the Health Board is unable to recruit and retain sufficient consultant workforce in endoscopy and gastroenterology THEN services may be unable to sustain safe and timely provision RESULTING IN delays in diagnosis and treatment, increased waiting times, service disruption and risks to patient safety	• Consultant recruitment campaign underway, with posts currently out to advert • Interim service continuation plans in development • Ongoing Care Group and executive oversight following escalation	• Critically low consultant workforce, particularly following departure of locum staff • Limited or no agency interest to provide interim cover • Service provision remains fragile, particularly at Princess of Wales Hospital • Mitigations are limited and largely dependent on successful recruitment • No sustainable short-term solution in place to stabilise the service	• Progress recruitment to substantive consultant posts • Develop and implement plans to sustain service provision during recruitment period • Review and strengthen mitigations as requested by COO • Continue escalation and oversight through governance structures	20 ↔ C4 X L5 Target Score: 9 Opened: 07/08/2025 Last Updated: 01/07/2026
6	Unscheduled Care Group					
7	3826 Risk Owner: COO Risk Handler: Deputy Clinical Service Group Manager - Acute Medicine and ED Risk Domain: Safety & Well-being - Patients / Staff / Public	Emergency Department overcrowding impacting patient safety and quality of care IF the Health Board is unable to maintain patient flow across urgent, emergency, inpatient and community services THEN Emergency Departments will remain overcrowded RESULTING IN delays in treatment, increased risk of harm, poor patient experience and failure to meet national performance standards	• Urgent and Emergency Care improvement plans in place, aligned to national guidance (e.g. GIRFT, MAG, ED quality standards) • ED flow and performance action plans in place (including 12-hour wait reduction and ambulance handover improvements) • Six Goals / TRUE / UNITE programmes driving system-wide flow and demand management • Acute medicine transformation in place (e.g. AMU/SDEC models, early senior review, 72-hour model) • Discharge and flow improvements in place (including increased discharge rates and admission avoidance) • Workforce investment and recruitment underway to strengthen acute medical cover • Single Point of Access (SPOA) and integrated working with community services • Routine monitoring through dashboards, escalation processes and operational meetings	• Sustained system pressure continues to drive ED overcrowding • Flow remains constrained by inpatient capacity and discharge delays • Performance deterioration in 12-hour waits despite improvement actions • Whole-system dependency limits pace of improvement (e.g. community and partner capacity) • Improvements are not yet delivering consistent reduction in overcrowding • Workforce and demand pressures continue to challenge sustainability	• Progress ED 12-hour improvement plan and Safe Transfer of Patient policy • Deliver Urgent and Emergency Care action plan aligned to national recommendations • Continue development of long-wait reduction plans and ED performance improvement actions • Further embed acute medicine transformation and SDEC models • Continue recruitment to strengthen 7/7 acute medical workforce • Maintain system-wide focus on patient flow, discharge and admission avoidance • Engage with national UEC programmes and improvement forums	15 ↓ C4 X L5 Target Score: 12 Opened: 24/09/2019 Last Updated: 01/07/2026 July 2026: A review has been undertaken using 'The Community Emergency Department Overcrowding Scale (CEDOCS)' and an outcome has been for the risk to reduce to a 15.
8	4632 Risk Owner: ED Therapies and Health Sciences Risk Handler: Senior Quality & Safety Manager - Unscheduled Care Risk Domain: Safety & Well-being - Patients / Staff / Public	Inability to deliver timely, high-quality stroke care across CTM IF stroke prevention, urgent assessment, acute treatment and rehabilitation pathways are not consistently delivered across CTM THEN patients may experience delays in access to specialist assessment, treatment and rehabilitation RESULTING IN poorer outcomes, increased disability, longer lengths of stay, poorer patient/carer experience and failure to meet stroke quality standards	• Executive-led stroke governance and oversight arrangements in place • Temporary stroke service model at RGH agreed to continue to 31 March 2027 • Stroke improvement programme in place, with focus on key quality measures • Daily multidisciplinary huddles reviewing stroke presentations, breaches and actions • SOPs, escalation arrangements and medical clerking pathways in place • CNS presence in ED and routine daily/weekly performance reporting • Regional and national stroke programme engagement continuing	• Stroke performance has declined and key quality measures are not consistently met • Temporary service model remains in place pending development of a sustainable future model • Delays remain in the early pathway, particularly time to CT and access to the Stroke Unit • Workforce fragility remains across aspects of the pathway • Flow, capacity and estate constraints continue to impact timely stroke care • Psychology support and full pathway rehabilitation provision remain areas of concern	• Deliver the launched stroke improvement plan, with immediate focus on the first 30 days • Develop trajectories for all stroke quality improvement measures, prioritising the first four hours of the pathway • Progress 3-month pilot for 7-day stroke service delivery from July 2026 • Use multidisciplinary stroke teams to support development of the future service model • Continue recruitment and workforce actions to support improvement work • Roll out improvement approach across PCH and POWH, informed by baseline data	16 ↔ C4 X L4 Target Score: 12 Opened: 11/05/21 Last Updated: 01/07/2026

	A	F	G	H	I	K
	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
1						
9	5045 Risk Owner: COO Risk Handler: Directorate Manager Specialty Unscheduled Care Risk Domain: Safety & Well-being - Patients / Staff / Public	Insufficient neurology capacity impacting timely access to services IF the Health Board does not have sufficient neurology workforce and diagnostic capacity THEN patients may experience delays in access to neurology assessment and treatment RESULTING IN delays in diagnosis and care, deterioration in patient condition, longer waiting times and increased risk of harm	- Recruitment to Consultant Neurologist posts underway, with one substantive appointment confirmed (May 2026 start) - Locum consultant in place supporting inpatient care and outpatient clinics - Plans in place to establish a neurology liaison model within CTM - Ongoing engagement with Cardiff and Vale regarding commissioned service capacity - Transfer of neurology waiting list reporting for PCH and RGH to CTM completed	- Neurology workforce remains below required establishment, with a second consultant post still vacant - Ongoing reliance on locum provision to maintain service delivery - Significant outpatient backlog and long waits remain - Limited access to neurophysiology diagnostics impacting pathway timeliness - Uncertainty regarding long-term sustainable service model and commissioned capacity - Delivery of a proportion of neurology activity remains dependent on CV UHB meeting its commissioned obligations.	- Complete recruitment to remaining Consultant Neurologist post - Continue development and implementation of CTM neurology liaison service - Work with Cardiff and Vale to confirm delivery of commissioned activity - Monitor and reduce outpatient backlog and long waits - Review risk score following full implementation of additional consultant capacity	16 ↔ C4 X L4 Target Score: 8 Opened: 09/03/2022 Last Updated: 01/07/2026
11	Children and Families Care Group					
12	5753 Risk Owner: Executive Director of Nursing Risk Handler: Senior Nurse Community Children's Nursing Services Risk Domain: Workforce / Organisational Development / Staffing / Competence	Risk to patient safety and children's access to education due to Inadequate Special School Nurse Provision IF the Health Board is unable to provide sufficient Special School Nursing capacity and a clear service model aligned with Local Authority responsibilities THEN the service will be unable to meet requirements across special schools RESULTING IN inequitable provision, risks to children and young people, and failure to meet national standards and partnership expectations	- All funded Special School Nursing posts are currently filled - Ongoing engagement with Local Authorities and education partners - Executive and Care Group oversight in place with escalation through governance routes - Welsh Government guidance now issued clarifying Health Board and Local Authority responsibilities - Active review of the service model and workforce arrangements underway	- No agreed, sustainable service model across Health Board and Local Authorities - SLA with Local Authorities not yet finalised - Service resilience remains fragile despite posts being filled - Lack of long-term clarity on roles, responsibilities and funding arrangements - Risk of inequitable provision across special schools	- Redraft and agree SLA with Local Authorities - Update service model in line with Welsh Government expectations - Continue engagement with stakeholders to agree responsibilities and funding - Develop updated paper for internal decision-making and next steps - Maintain escalation through governance routes pending resolution	20 ↔ C4 X L5 Target Score: 8 Opened: 16/04/2024 Last Updated: 01/07/2026
13	6475 Risk Owner: COO and Executive Director of Nursing Risk Handler: Head of Nursing CYP Risk Domain: Service / Business Interruption	Patient safety and service delivery risks arising from industrial action impacting Health Visiting services IF industrial action reduces the capacity of Health Visiting services to deliver the full programme of care, THEN the Health Board may be unable to provide the expected level of universal and targeted support to children and families, RESULTING IN reduced contact with vulnerable families, risks to early identification of need and safeguarding, and potential gaps in delivery of statutory and national programme requirements.	- High-risk families are prioritised for service delivery and support. - Daily "strike action cell" in place, led by senior leaders, to review staffing levels and reallocate available capacity. - Additional review meetings (cells) arranged as required to respond to changes in service demand and staffing. - Formal communications issued to Local Authorities and supported through corporate communications arrangements. - Use of FAQs and guidance to support staff understanding of roles and responsibilities during industrial action. - Agreed mitigation plan and ongoing dynamic risk assessment in place through senior oversight.	- Reduced workforce capacity due to ongoing industrial action limits service delivery. - Inability to deliver the full Health Visiting service offer across all families. - Reliance on prioritisation means lower-risk families may not receive routine contacts. - Sustained disruption to preventative and early intervention work. - Continued need for dynamic reallocation of staff to maintain safe service delivery.	- Continue prioritisation of high-risk families to maintain safeguarding and essential service delivery. - Maintain daily operational oversight through "strike action cell" and adjust deployment of staff as required. - Continue engagement and communication with Local Authorities and stakeholders. - Maintain dynamic risk assessment and escalation through governance arrangements. - Keep the risk under review as industrial action continues and service capacity changes.	16 ↔ C4XL4 Target Score: 12 Opened: 21/01/2026 Last Updated: 01/07/2026
14	Diagnostics, Therapies, Pharmacy & Specialties Care Group					
15	5554 Risk Owner: Risk Handler: Clinical and Laboratory Haematology Service Manager Risk Domain: Statutory Duty, Regulation, Mandatory Requirements	Inability to meet containment level 3 (CL3) standards creating risks to patient safety and statutory compliance IF the CL3 laboratory does not meet required sealability and containment standards, THEN the Health Board may be unable to safely process high risk specimens in line with COSHH and HSE requirements, RESULTING IN risks to patient safety, disruption to critical diagnostic services, and potential regulatory enforcement action.	- Interim mitigation measures implemented to enable continued handling of high risk specimens while maximising safety. - Advice sought and aligned with Public Health Wales and HSE-supported approaches. - Escalation through organisational governance, including review at senior leadership level. - Refurbishment programme initiated to address laboratory compliance issues. - Engagement with estates and procurement teams to progress required works.	- CL3 laboratory remains non compliant with sealability requirements. - Fumigation is not currently possible in the existing environment. - Interim mitigations reduce but do not eliminate compliance and safety risks. - Refurbishment project delayed due to procurement issues and need to re tender. - Full compliance with HSE/COSHH standards not yet achieved.	- Progress re tendering and delivery of the CL3 laboratory refurbishment project. - Continue to implement and monitor interim mitigation measures to support safe operation. - Maintain engagement with HSE/Public Health Wales guidance to ensure mitigations remain appropriate. - Escalate funding and delivery requirements through governance routes to support timely resolution. - Review risk score in light of mitigations and progress, as requested by COO.	20 ↔ C4XL5 Target Score: 4 Opened: 19/09/2023 Last Updated: 01/07/26

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
1						
16	6498 Risk Owner: COO Risk Handler: Care Group Service Director - DTPS & Children and Family Risk Domain: Safety & Well-being - Patients / Staff / Public	Risk to patient safety from insufficient availability of compliant dynamic mattress systems IF there are insufficient compliant dynamic mattress systems available across the Health Board, THEN the delivery of appropriate pressure area care may be compromised, RESULTING IN avoidable patient harm, including increased incidence of pressure damage, extended lengths of stay, and reduced assurance of safe and effective care.	- Phased replacement programme in place to increase availability of dynamic mattress systems. - Ongoing monitoring of incidents and reporting related to pressure care. - Clinical teams alerted to shortages to support enhanced observation and clinical decision-making. - Individual patient risk assessments undertaken to prioritise high-risk patients. - Patient care plans in place to manage pressure care needs. - Contract with current provider under review ahead of expiry. - Escalation and governance processes in place to monitor and manage the risk.	- Current supply of compliant dynamic mattresses remains insufficient to meet demand. - Replacement programme not yet complete and insufficient to fully mitigate the risk. - Continued reliance on prioritisation and workarounds to manage shortages. - Risk of ongoing incidents and harm while full compliance is not achieved. - Contract renewal and long-term supply arrangements not yet secured.	- Continue phased replacement programme to increase the number of compliant mattress systems. - Progress review and renewal of supplier contract to ensure sustainable provision. - Maintain close monitoring of incidents and pressure care outcomes. - Ensure continued prioritisation of high-risk patients through clinical assessment and care planning. - Escalate through governance routes to secure a clear plan and actions to address the risk.	16 ↔ C4 X L4 Target Score: tbc Opened: 11/02/2026 Last Reviewed: 01/07/2026
17	6429 Risk Owner: ED Therapies and Health Sciences. Risk Handler: Physiotherapy Manager for Rehabilitation Risk Domain: Safety & Well-being - Patients / Staff / Public	Risk to patient safety from an unfit Physiotherapy MSK self referral system IF the Physiotherapy MSK self referral system does not safely triage patients or identify those requiring urgent medical assessment, THEN patients may remain within the physiotherapy pathway when they should seek urgent or alternative care, RESULTING IN delays in appropriate clinical intervention and potential patient harm.	- Existing self referral form remains in use to provide access to physiotherapy services. - Attempts made to improve the form, including development of enhanced triage and safety netting functionality. - Engagement with digital colleagues to develop a replacement MS Forms solution with improved functionality. - Approval in principle obtained to proceed with updated digital form. - Welsh language and DPIA requirements being progressed to support implementation. - Ongoing monitoring of incidents related to the self referral process via Datix reporting.	- Current self referral form is not fit for purpose and does not reliably support safe triage. - Increased demand has exceeded triage capacity, leading to delays in assessment. - Patients requiring urgent medical care may not be appropriately identified at point of referral. - Safer digital solution not yet implemented due to system and approval dependencies. - Continued reliance on an unsafe or suboptimal process while alternative solution is in development	- Progress implementation of the revised MS Forms self referral system. - Secure final approvals required for digital solution and publish on Physiotherapy internet page. - Review performance and safety of the new system once live, including impact on incidents and triage timeliness. - Continue monitoring Datix incidents and adjust controls as required. - Keep the risk under review until a safe and sustainable referral system is established.	16 ↔ C4 X L4 Target Score: 1 Opened: 24/11/2025 Last Reviewed: 01/07/2026
18	3567 Risk Owner: Risk Handler: Risk Domain: Quality / Complaints / Assurance / Patient Outcomes	Patient safety and service delivery risk due to insufficient Cellular Pathology space IF there is insufficient laboratory and office space for Cellular Pathology to safely manage current and increasing workload, including service disaggregation and future Health Board requirements, THEN the service may be unable to operate safely, efficiently and in line with required quality, infection prevention, health and safety, and accreditation standards, RESULTING IN risk of diagnostic delay or error, poorer cancer performance, staff safety and wellbeing concerns, increased outsourcing costs, and inability to support service repatriation, digital pathology and regional service developments.	- SOPs in place to standardise practice and reduce variation caused by environmental constraints. - Local workflows adapted to maximise use of limited space. - Reception and dissection areas managed to reduce use as a thoroughfare, including signage and demarcation. - Block and slide filing removed from laboratory areas where possible. - Checking processes in place within dissection to reduce risk of error. - IPC, health and safety, fire safety and UKAS findings reviewed to inform ongoing mitigation. - Office moves have created additional reporting space. - Fire build form submitted to scope potential laboratory expansion. - Regional and local estate options being explored, including short-term improvements and medium-term solutions.	- Existing laboratory and office space remains insufficient for current and anticipated workload. - Current mitigations do not resolve the underlying estate constraint. - Increased workload from service disaggregation and repatriation cannot be safely accommodated within the current footprint. - Limited space restricts ability to increase internal capacity, support additional staffing, introduce equipment, or reduce outsourcing. - Environmental constraints continue to present daily operational, patient safety, staff safety and accreditation risks. - Long-term regional or local estate solution has not yet been agreed or implemented.	- Complete costing of Phase 1 "make safe" arrangements for Statement of Need submission. - Progress scoping of laboratory expansion following submission of the fire build form. - Continue to develop local short-term estate options to improve safety and capacity. - Progress regional estate options through financial assessment. - Review the risk score and escalation following director review, including whether this should remain separate from Risk 5554. - Continue monitoring IPC, health and safety, fire safety, UKAS and operational impacts while estate options are progressed.	20 ↔ C4 X L5 Target Score: 6 Opened: 28/05/2019 Last Updated: 01/07/2026
20	Mental Health and Learning Disabilities Care Group					

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
1						
21	6318 Risk Owner: Chief Operating Officer Risk Handler: Directorate Manager - CAMHS and Specialist Services (Mental Health and Learning Disabilities) Risk Domain: Safety & Well-being - Patients / Staff / Public	Tier 3 SHED (Severe and High Impact Eating Disorders) Team Service Capacity and Resilience IF the Health Board and partner organisations are unable to provide sufficient workforce capacity and sustainable arrangements for the Tier 3 SHED service THEN the service may not be able to deliver safe, effective and consistent care RESULTING IN risks to patient safety and outcomes, reduced service effectiveness and increased operational and organisational pressure	- Regular joint working with Cardiff and Vale UHB, including established monthly oversight meetings - Improved governance, communication and escalation arrangements between organisations - Temporary service mitigations in place (e.g. nurse practitioner support, drop-in clinics, physical health monitoring) - Staff training and service development actions underway - Ongoing monitoring through Care Group and executive governance structures	- Workforce capacity challenges remain unresolved - Service sustainability remains dependent on partner organisation capacity - Temporary mitigations do not provide a long-term solution - Continued pressures on service delivery and effectiveness - Underlying structural issues not yet addressed	- Continue joint working with CAVUHB to develop sustainable service arrangements - Maintain regular oversight and monitoring through established governance routes - Progress workforce and service model improvements - Continue implementation of agreed actions arising from joint reviews and reports	16  C4 X L4 Target Score: 6 Opened: 29/08/2025 01/07/2026
22	3337 Risk Owner: COO and Director of Digital Risk Handler: Service Director, Mental Health and Learning Disability Risk Domain: Safety & Well-being - Patients / Staff / Public	Lack of a Single Electronic Patient Record in Mental Health Services inc CAMHS IF Mental Health services do not have a single integrated electronic patient record system, THEN clinical staff may not have access to complete and consistent patient information, RESULTING IN risks to patient safety, including potential for clinical decisions to be made on incomplete information and avoidable harm.	- Dedicated programme in place to procure and implement a single electronic patient record system. - Procurement process underway, with supplier engagement and contract negotiation planned/ongoing. - Programme governance arrangements in place, including Programme Board oversight. - Key programme roles (e.g. project and programme management) recruited to support delivery. - Workshops undertaken to review current systems, processes and information requirements. - Interim measures in place to support information sharing across existing systems (e.g. defined access and recording arrangements).	- No single integrated electronic patient record currently in place across Mental Health services. - Dependence on multiple systems and interim arrangements to access patient information. - Programme remains in procurement/delivery phase, with full implementation not yet confirmed. - Continued reliance on manual or workaround processes to access and share information. - Benefits of a fully integrated digital record not yet realised.	- Progress procurement, contract award and mobilisation of the new electronic patient record system. - Undertake detailed implementation planning with the selected supplier. - Continue programme governance and oversight to support delivery to planned milestones. - Maintain and refine interim arrangements to support safe information sharing until implementation. - Keep the risk under review as the programme progresses through procurement and into delivery.	15  C5 X L3 Target Score: 6 Opened: 07/11/2018 Last Updated: 01/07/2026
23	4691 Risk Owner: COO Risk Handler: Service Director, Mental Health and Learning Disability Risk Domain: Safety & Well-being - Patients / Staff / Public	Provision of safe and appropriate estate for Mental Health inpatient services IF Mental Health inpatient environments do not meet required design, safety and quality standards, THEN care delivery may be constrained and the ability to provide safe, therapeutic and effective inpatient care may be compromised, RESULTING IN increased risks to patient and staff safety, reduced quality of care, and negative impact on patient experience and clinical outcomes.	- Inpatient Improvement Programme in place, including a workstream focused on safe and therapeutic environments. - Review and remodelling of adult inpatient services underway, with oversight through MHLG governance structures. - Feasibility work progressing to assess Mental Health inpatient estate requirements. - Engagement with Capital Team to support development of estate solutions. - Routine environmental and safety assessments undertaken, including ligature risk identification and mitigation. - Additional staffing measures implemented where environmental risks require enhanced observation or supervision. - Ongoing programme of service and workforce redesign supporting improvements in inpatient care delivery.	- Current inpatient estate does not fully meet required standards across all areas. - Long-term estate solution not yet agreed or implemented. - Reliance on interim mitigation (e.g. staffing adjustments) to manage environmental risks. - Feasibility and capital planning work not yet translated into a deliverable programme of change. - Environmental constraints continue to impact service delivery and patient experience.	- Progress feasibility work and develop options for improving Mental Health inpatient estate. - Work with Capital Team to develop and secure approval for estate solutions. - Continue inpatient service review and remodelling to align with future estate requirements. - Maintain environmental risk assessments and implement interim mitigations where required. - Keep the risk under review as estate planning and service redesign work progresses.	15  C3 X L5 Target Rating: 6 Opened: 15/06/2021 Last Updated: 01/07/2026
25	Primary and Community Care Group					
26	5877 Risk Owner: COO Risk Handler: Development Manager - Out of Hours Risk Domain: Service / Business Interruption	Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill IF changes associated with the new GP Out of Hours (OOH) contract and Working Time Regulations reduce GP availability for OOH shifts, THEN rota gaps will increase, particularly for weekday evening cover, RESULTING IN reduced OOH service capacity and potential increased pressure on ambulance services, Emergency Departments, and timely patient access to urgent care.	- Regular oversight of the GP OOH rota. - Liaison with the GP pool to fill additional shifts where possible. - Alternative recruitment routes have been explored, including locum platforms. - Additional GP recruitment remains a key mitigation. - Procurement team engaged to progress local procurement of the Adastra clinical system, following advice that Health Boards should procure locally.	- NHS Employers and BMA negotiations remain unresolved, creating uncertainty about the final contract position and local impact. - Current recruitment routes are not sufficiently agile or flexible for how GPs book OOH shifts, often at short notice. - Additional GP recruitment remains critical to sustaining the service. - Weekday evening cover is expected to be particularly affected where GPs are unable to work late OOH shifts and then work in practice the following morning. - The Adastra contract ends in December 2026, with limited alternative providers available and local procurement still to be completed.	- Continue to monitor the outcome of NHS Employers and BMA negotiations and assess the local implications for GP OOH rota cover. - Maintain regular oversight of the GP rota and continue liaison with the GP pool to fill shifts where possible. - Continue to explore alternative recruitment and engagement routes for GPs. - Progress local procurement for Adastra to support continuity of the GP OOH and Navigation Hub clinical system. - Keep the risk under review as the contract position, rota impact and procurement position become clearer.	16  C4 X L4 Target Score: 8 Opened: 07/08/2024 Last Updated: 01/07/2026

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
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27	6397 Risk Owner: COO Risk Handler: Development Manager - Out of Hours Risk Domain: Service / Business Interruption	Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery IF there is an ongoing shortage of GPs to deliver urgent primary care services, THEN rota gaps will persist, particularly for home visiting and out of hours shifts, RESULTING IN unfilled shifts and increased conveyance of patients (including palliative and end of life) to Emergency Departments.	- All GPs on holding lists have been contacted to maximise available workforce. - Recruitment adverts placed via bank routes to encourage GP applications. - Shift cover maintained through senior GP leadership where required (e.g. over peak periods such as winter). - Risk remains under close monitoring by the care group, with ongoing review of position and mitigation.	- Bank recruitment processes are not aligned to how GPs prefer to work (lack flexibility and do not support short-notice shift fill). - Persistent shortage of GPs available for urgent primary care roles. - Ongoing challenges in filling specific shift types, particularly home visiting. - Reliance on senior clinical staff to cover gaps is not sustainable. - No substantive change in control effectiveness since previous reviews.	- Continue to promote recruitment through existing bank and holding list routes. - Maintain active monitoring of shift fill rates and escalation through care group governance. - Develop revised mitigation proposals for Executive consideration (as identified by the care group review process). - Keep the risk under review and update mitigation as workforce position changes.	16 ↔ C4 X L4 Target Score: 12 Opened: 31/10/2025 Last Updated: 01/07/2026
29	Deputy COO Risks					
30	4491 Risk Owner: COO Risk Handler: Deputy COO Care Group: Business Manager for Chief Operating Office Domain: Safety & Well-being - Patients / Staff / Public	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery IF the Health Board is unable to meet demand across the full patient pathway (urgent, emergency, inpatient and planned care) THEN timely access to care and patient flow will be compromised RESULTING IN increased risk of harm, delays in treatment, poor patient experience and sustained operational and performance pressures	- Whole-system improvement approach in place across urgent, emergency and planned care - Six Goals programme and UEC action plans in place (including ED flow and ambulance handover improvements) - Planned Care Recovery and PIT programmes supporting demand and capacity management - Integrated discharge arrangements in place (e.g. D2RA, Hospital at Home, community services) - Admission avoidance and integrated front door models in operation - Targeted pathway interventions in high-pressure areas (e.g. ophthalmology) - Routine performance monitoring and escalation through governance structures	- Capacity constraints remain across the system, particularly impacting flow and emergency demand - Dependency on whole-system delivery (including partners and community capacity) limits pace of improvement - Persistent discharge delays continue to impact bed availability and flow - Workforce and estate constraints continue to limit sustainable capacity - Performance remains fragile in high-pressure areas despite improvement actions - Actions are extensive but not yet delivering consistent system-wide impact	- Continue delivery of urgent and emergency care improvement plans, including ambulance handover and ED flow targets - Progress Six Goals programme actions across admission avoidance, flow and discharge - Further develop integrated discharge models and community alternatives to admission - Continue elective recovery and demand management initiatives across specialties - Target high-pressure pathways (e.g. ophthalmology) for stabilisation and improvement - Maintain enhanced performance oversight and escalation arrangements - Review and refine risk through Care Group-level review (as requested by COO)	20 ↔ C4 x L5 Target Score: 12 Opened: 11/01/21 Last Reviewed: 01/07/26
31	4417 Risk Owner: COO Risk Handler: Assistant Director of Operations MH and LD Risk Domain: Safety & Well-being - Patients / Staff / Public	Inadequate access control and site security across Health Board premises IF access control systems and site security arrangements across Health Board premises are not consistently implemented and maintained THEN there is an increased risk of unauthorised access, absconding and inability to safely manage patients and visitors RESULTING IN risks to patient and staff safety, breaches of security protocols and potential harm and reputational impact	- Access control assessments completed across acute sites, with wider programme of work established - Phase 1 security improvement works underway at Princess of Wales Hospital - Capital funding approved for initial works at POW and PCH - Programme of works overseen through Operational Capital Group - Incident monitoring and review in place to inform risk assessment - Standard operating procedures and action plans in place for high-risk areas	- Inconsistent access control systems across sites, with known vulnerabilities (particularly historically at POW) - Programme of works not yet completed across all sites (phase 2 pending) - Reliance on capital funding and prioritisation processes to progress improvements - Ongoing incidents indicating that risks are not fully mitigated - Full impact and effectiveness of improvements not yet evaluated	- Complete Phase 1 works at Princess of Wales Hospital - Scope and deliver Phase 2 programme across remaining sites - Develop further capital bids to support wider rollout - Maintain an analysis of incidents to inform risk scoring and prioritisation - Keep under review and consider alignment with overall Health Board risk relating to security	16 ↔ C4 X L4 Target Score: 8 Opened: 30/09/2020 Last Updated: 01/07/2026
33	Facilities Directorate Risks					
34	6052 Risk Owner: COO Risk Handler: Assistant Director OSS (Facilities) Risk Domain: Statutory Duty, Regulation, Mandatory Requirements	Inadequate patient hydration and nutrition due to failure of beverage trolley infrastructure IF the Health Board is unable to maintain or replace ageing beverage trolleys THEN patient meal and beverage services may be disrupted RESULTING IN risks to patient hydration and nutrition, alongside non-compliance with safety, IPC and quality standards	- Reactive repair arrangements in place to maintain existing trolley fleet - Partial replacement programme underway, with funding secured for a limited number of new trolleys - Procurement of additional trolleys in progress, with delivery expected end June 2026 - Use of decommissioned trolleys for spare parts to extend life of remaining fleet - Investment bid submitted through IMTP to support wider replacement programme - Estates condition assessments commissioned to understand current fleet risks - Operational prioritisation in place where trolley availability is constrained	- Ageing fleet (10+ years) no longer compliant with maintenance contracts - Insufficient funding to replace the fleet at the required scale - Current capacity below service standard (not one trolley per ward) - Ongoing risk to food safety, infection prevention and staff safety due to equipment condition - Interim repair approach is not sustainable and does not address underlying risk - Procurement delays mean benefits of replacement not yet realised	- Complete delivery and deployment of procured trolleys (June 2026) - Progress phased replacement programme through revenue and IMTP funding routes - Develop and implement a sustainable long-term replacement plan - Review risk score following operationalisation of newly delivered trolleys - Continue condition assessments to support prioritisation of further replacements - Explore additional funding options to accelerate fleet renewal	20 ↔ C4 X L5 Target Rating: 8 Opened: 15/01/2025 Last Updated: 01/07/2026
37	ED of Strategy & Transformation					

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
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38	5821 Risk Handler: Assistant Director of Transformation Risk Domain: Service / Business Interruption	Lack of sustainable commissioned provision for secondary care immunology services IF a sustainable commissioning solution for secondary care immunology services is not secured, THEN CTM residents may lack timely access to appropriate specialist assessment and treatment, RESULTING IN in delays in diagnosis and management, increased clinical risk, and poor patient experience.	- Organisational working group in place and meeting regularly to oversee the risk and identify solutions - Review underway of Welsh Government immunology recommendations (2025) to inform future service model - Ongoing engagement with Welsh Government and regional partners on longer-term options - Referral management arrangements in place, including oversight of patients requiring onward management (where possible)	- No confirmed, sustainable commissioned provider for secondary care immunology services - Limited capacity from external providers, with previous arrangements not currently deliverable - Lack of consistent pathway for both urgent and routine referrals - Ongoing uncertainty pending outcome of national (Welsh Government) service model decisions	- Executive discussion to confirm preferred commissioning approach and next steps (June 2026) - Explore potential commissioning options with North Bristol Trust (scoping meeting July 2026) - Use Welsh Government review findings to inform development of a sustainable service model - Continue regional and national discussions to secure a longer-term solution	20 ↔ C4 X L5 Target Rating: 4 Opened: 11/07/2024 Last Updated: 01/07/2026
40	Executive Director of Finance					
41	6597 Risk Handler: Executive Assistant, Corporate/Finance Risk Domain: Adverse Publicity or Reputation	Failure to achieve the planned break-even position in 2026/27. IF The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2026/27. THEN The Health Board will not be able to deliver the planned break-even financial position for 2026/27. RESULTING IN : - Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. - Withdrawal of recurrent funding support for Welsh Risk Pool risk of £18.4m. - Failure to deliver the financial plan for 26/27. - Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 26/27. - Potential cash shortfalls in the latter months of 26/27	- Financial Accountability letters from CEO to Executive Leadership Group. - Monthly monitoring arrangements and meetings in place with Care Groups and directorates. - Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board		The following actions are to support savings plan identification, development and delivery: - Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 27/28 as well as schemes in delivery for 26/27. - Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. - Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. - Reinforce the requirements to remain within delegated budgets and to control expenditure and commitments. - Maximise opportunities and non recurrent benefits.	20 ↔ C4 X L5 Target Rating: 8 Opened: 01/04/2026 Last Updated: 01/07/2026

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
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42	6596 Risk Handler: Executive Assistant, Corporate/Finance Risk Domain: Financial Stability & Impact of Litigation	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27 IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding confirmed for 2026/27. THEN: The Health Board may not be able to deliver a break-even financial position for 2026/27 & beyond. RESULTING IN : • The Health Board not being able to support increase demands within services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WG not supporting the Health Board's plan for 27/28 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 27/28. • Potential cash shortfalls in 27/28.	• Financial Accountability letters from CEO to Executive Leadership Group to be issued. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board		The main actions are to : • Manage establishments and recruitment within the context of the underlying deficit included in the Financial Plan for 2026/27 • Manage cost pressures and demands within the scope of the resources identified in the Financial Plan for 2026/27. • Critically review and challenge prior commitments to ensure they remain relevant, robust and deliver value. • Develop a more streamlined programmatic approach to planning and delivery of efficiency savings schemes, with a focus on cost reductions and managing expenditure within allocated budgets for 26/27 as well as identifying pipeline schemes in delivery for 27/28. • Maintain an investment free plan throughout 2026/27.	20  C4 X L5 Target Rating: 8 Opened: 01/04/2026 Last Updated: 01/07/2026
43	6235 Risk Handler: Head of Governance Estates Risk Domain: Environmental / Estate / Infrastructure	Insufficient funding to address backlog maintenance across the estate. If the Health Board is unable to secure sufficient funding to address backlog maintenance across the estate, THEN it may be unable to maintain estate infrastructure to a safe and compliant standard, RESULTING IN increased risk of infrastructure failure, inability to replace ageing assets, non-compliance with statutory requirements, deterioration of the care environment, service disruption, and continued growth in backlog maintenance.	• Risk-based prioritisation of estates activity • Planned and reactive maintenance programme managed through the Planet Facilities Management System • Digitisation of estates operations (mobile working) to support real-time management and maintain performance • Applications to Welsh Government funding streams (Targeted Estates Funding (TEF), All Wales Capital Programme) • Use of discretionary capital funding and maximisation of available revenue funding for statutory compliance and high-risk issues • Oversight via Executive Capital Management Group and Capital Scheme Delivery Programme • Routine monitoring and reporting to Estates and Capital Governance Board and Estates Operational Management Team • Annual Estates and Energy Performance Report to Committee • Risk escalation through the Capital and Estates Risk Escalation Group • Internal and external audit programmes	• Available capital and revenue funding is insufficient to address the scale of backlog maintenance across the estate • Current funding streams (including TEF and discretionary capital) only address a small proportion of high-risk backlog items • Continued reliance on external funding opportunities limits the Health Board's ability to deliver a sustained, planned reduction in backlog • Inability to fully replace ageing infrastructure and equipment at end of life • Even where additional funding is secured, there are inherent delivery constraints (e.g. planning, procurement and physical works) which mean backlog maintenance can only be addressed over an extended timeframe	• Continue to pursue all available Welsh Government funding opportunities, including TEF and capital allocations • Target available funding towards highest-risk backlog maintenance and statutory compliance issues • Progress approved capital schemes (e.g. major refurbishment programmes) to reduce backlog at priority sites • Continue to use maintenance and interim interventions to extend the life of critical assets where replacement is not yet possible	16  C4 X L4 Target Rating: Opened: 04/07/2025 Last Updated: 01/07/2026
45						
46	Director of Digital					

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
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47	5276 Joint Risk Owners: Director of Digital AND ED Therapies and Health Science. Risk Handler: Pathology Quality Manager Risk Domain: Service / Business Interruption	Delay to LIMS 2.0 implementation impacting pathology service continuity IF the LIMS 2.0 programme is not delivered within required timescales THEN pathology services may need to rely on unsupported or interim legacy systems RESULTING IN risks to service continuity, patient safety, regulatory compliance, financial sustainability and delivery of Blood Transfusion and laboratory services.	• Programme governance in place through LIMS Programme Board, Chief Executive Group and local Health Board oversight. • Regular executive updates and escalation routes in place for emerging operational, clinical and financial risks. • CTM working with DHCW, supplier and partner organisations on revised deployment sequencing. • Business continuity options being explored, including continued use or extension of legacy systems. • Expert review / stocktake completed and used to inform programme next steps. • Dedicated Pathology IT resource in place, although capacity remains limited. • Linked risks being developed for key themes including Blood Transfusion, staffing, finance and legacy data.	• Low confidence in delivery of the full programme within required timescales. • Revised deployment sequencing may be clinically or operationally difficult to deliver safely. • Blood Transfusion remains a significant concern due to system dependency and regulatory requirements. • Legacy system reliance creates operational, compliance and traceability risks. • Financial exposure remains unresolved, including additional programme delay costs and legacy support costs. • Programme delivery remains dependent on DHCW, supplier performance and all-Wales decisions outside CTM's direct control.	• Continue formal engagement with DHCW and partners to confirm safe and deliverable implementation plans. • Seek formal assurances on revised deployment sequencing, particularly for Blood Transfusion and Blood Sciences. • Complete assessment of the implications of bringing Tranche 4 ahead of Tranche 3. • Maintain executive escalation of clinical, operational and financial risks. • Progress business continuity planning for legacy system support beyond current timelines. • Develop and link supporting Datix risks for staff resource, finance, legacy data / compliance and Blood Transfusion.	20  C5 X L4 Target Rating: 5 Opened: 03/05/2021 Last Updated: 01/07/2026
50	NEW - Datix ID tbc	Failure to comply with data protection legislation IF the Health Board does not comply with statutory requirements THEN the Information Commissioner's Office (ICO) holds broad statutory powers to enforce compliance with Subject Access Requests (SARs) under the UK GDPR and the Data Protection Act 2018. For failure to respond within the statutory timeframes or for improper handling. RESULTING IN regulatory action, data breaches, complaints, reputational damage, loss of public confidence, and potential impacts on patient care, service delivery and organisational performance.	<i>The controls and actions for this risk are being developed as this is a new risk.</i> <i>For context, the ICO can issue the following:</i> • Warnings & Reprimands: Formal written warnings or public reprimands for non-compliance, which can damage an organisation's reputation. • Information & Assessment Notices: Legally binding orders to compel organisations to provide specific information or allow the ICO to enter premises and audit procedures. • Enforcement Notices: Direct, legally binding orders that mandate an organisation to take specific steps (like clearing a backlog of requests) or cease processing certain data until compliance is met. • Monetary Penalty Notices: Fines of up to £17.5 million or 4% of global annual turnover, whichever is higher, though these are typically reserved for severe or systemic breaches.			TBC
51	4672 Risk Handler: Head of Information Risk Domain: Business objectives or Projects	Inability to achieve timely, accurate clinical coding and structured data standards IF clinical information is not recorded, coded and structured consistently and accurately, THEN the data used to support clinical, operational and strategic decision-making may be incomplete or unreliable, RESULTING IN reduced service effectiveness, poorer decision-making, failure to meet national standards, and delays in delivering digital transformation and organisational objectives	• Coding performance, productivity and backlog are monitored through key performance indicators. • Clinical coding quality is subject to national audit and supported by an ongoing coding improvement programme • Automated coding tools are in place to support coding accuracy and efficiency. • Day-forward scanning is maintained within a 48-hour turnaround target to support timely access to records. • Digital developments are underway to improve structured data capture, including e-forms, integrated care records and digitisation programmes. • Strategic digital and data planning is underway through the Tektology partnership and alignment to IMTP priorities.	• Workforce capacity and specialist skills remain insufficient to fully support coding and data quality requirements. • Data quality, completeness and consistency remain variable across some services. • Reliance on paper records and scanning processes continues in parts of the organisation. • Use of structured and standardised clinical data remains limited in some systems and processes. • Access to and sharing of clinical data across organisational boundaries remains constrained.	• Continue delivery of the clinical coding improvement programme. • Progress digitisation and structured data capture through e-forms, integrated records and future EPR developments. • Develop workforce capacity and capability to support coding quality and data management. • Reduce reliance on paper records through ongoing digitisation and scanning programmes. • Continue improvement of data sharing, interoperability and access to clinical data • Maintain active management of coding performance, backlog and data quality.	15  C3 X L5 Target Rating: 9 Opened: 05/06/2021 Last Updated: 01/07/2026
52	5040 Risk Handler: Assistant Director for Digital Delivery Risk Domain: Business objectives or Projects	Digital system integration dependencies IF the Health Board is unable to integrate new digital systems into its existing architecture in a timely manner, THEN services may need to rely on disconnected systems or manual workarounds, RESULTING IN delays to patient care, reduced efficiency, delays to digital programmes, and increased information governance risks.	• National digital programmes led by DHCW and supported by Welsh Government funding. • Strategic oversight through national CEO and Digital Director groups. • Service agreements in place between DHCW and NHS Wales organisations. • Approved Digital and Data IMTP and strategic partner (Tektology) supporting development of the digital roadmap. • Progress being made in priority programmes, including ePMA integration and deployment activity.	• No single governance structure to prioritise and oversee digital developments across NHS Wales. • National priorities do not always align with local Health Board requirements. • Significant delays before digital developments can commence. • Current architecture and integration arrangements limit connectivity between systems. • Internal capacity to deliver and support digital change remains constrained.	• Work with Welsh Government and DHCW to influence future digital strategy, architecture and funding. • Continue development of the Health Board's digital roadmap and future electronic patient record approach. • Support development of more open and interoperable digital architecture. • Continue delivery of integration-dependent programmes, including ePMA. • Ensure local requirements are represented through national governance arrangements.	15  C3 X L5 Target Rating: 9 Opened: 07/02/2022 Last Updated: 01/07/2026
54	Executive Nurse Director					

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	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
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55	6232 Risk Handler: Deputy Executive Director of Nursing Risk Domain: Safety & Well-being - Patients / Staff / Public	Sustainability of the Legal Services function IF: the Health Board does not sufficiently resource and support the Legal Services function THEN: it may not have the capacity, resilience or capability to meet its statutory and operational responsibilities RESULTING IN: increased staff turnover, reduced wellbeing and morale, and an increased risk of failing to meet legal obligations, with consequent reputational impact.	- Organisational Change Process (OCP) completed, and implemented on 5 May 2026 - Additional posts within the Legal Services Team approved, with recruitment underway to strengthen capacity and resilience, with the aim of achieving full recruitment to the revised establishment by 31 July 2026 - Recruitment of a new Lead for Legal Services - Plan to transition from recovery to a 'business as usual' model, from the Legal Services Recovery Plan, including implementation of the revised structure following delivery of the OCP, with full recruitment to the new establishment targeted for completion by July 2026. - Benchmarking undertaken with other organisations to inform structure and demand requirements - Additional workforce in place (via recruitment and redeployment) to support service recovery - Ongoing review of demand, including inquests and response requirements	- There remains a gap in the full establishment of staff within the Legal Services Team, which is due to challenges with recruitment to the revised staffing structure, in line with the implementation of OCP. While full recruitment is targeted for 31 July 2026, this remains in progress and will extend beyond this timeframe. - Improvements from the OCP and recovery programme not yet fully embedded - Continued reliance on interim arrangements to maintain service delivery - Ongoing risk to staff wellbeing, retention and stability of the team	- Complete recruitment to the approved Legal Services Team structure and embed new staffing model - Continue implementation of OCP changes and associated service improvements - Deliver actions within the Legal Services Recovery Plan to strengthen capacity, processes and resilience - Continue to monitor demand and align workforce capacity accordingly	15  C3 X L5 Target Rating: 6 Risk opened: 03/07/2025 Last updated: 01/07/2026
60	Director of Corporate Governance / Board Secretary					
61	4885 Risk Handler: Head of Quality Assurance and Compliance Risk Domain: Quality / Complaints / Assurance / Patient Outcomes	Failure to implement and sustain an effective policy management system and governance process IF the Health Board is unable to maintain a clear and effective system and governance framework for managing policies (including review cycles, approval routes, version control and accessibility), THEN staff may not have access to current and appropriately approved guidance, RESULTING IN inconsistent practice, unclear accountability risk of non-compliance with legislation and standards, and potential exposure to legal or regulatory challenge.	- Policy on Policies and supporting guidance in place - Centralised SharePoint policy library (non-clinical) with controlled access - Master policy register and supporting archive arrangements maintained - Ongoing Directorate engagement to improve baseline position and compliance - Templates, guidance and governance support available - Oversight via Executive Management Board - Training and user support in place - Initial work underway to develop a clearer policy categorisation and approval framework	- Reliance on manual processes and workarounds - No clearly defined or consistently applied framework for policy approval routes, leading to reliance on judgement and precedent - Ambiguity in delegation between Board, committees and executive groups - Variable user understanding and engagement - Baseline policy position not yet fully confirmed; some policies overdue review - Clinical policies not yet fully aligned within the system - Capacity constraints continue to impact pace and sustainability	- Finalise baseline policy position by 30 September 2026. - Develop and implement a clear policy categorisation and approval framework (via the Scheme of Delegation) Timeframe tbc - interdependent with the work of the Strategy Team to map governance pathways - Provide targeted Directorate support to improve policy review compliance from the June 2026 baseline position of 50% within date to 75% by 31st December 2026.	16  C4 X L4 Target Rating: 8 Opened: 26/10/2021 01/07/2026
62	Executive Medical Director					
63	5761 Risk Handler: Medical Directorate Manager, YMH Risk Domain: Safety & Well-being - Patients / Staff / Public	Cross Health Board Data Sharing IF digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts THEN clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data RESULTING IN potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	- The Health Board has escalated this as a significant patient safety issue since 2024 and continues to press Digital Health and Care Wales (DHCW) for resolution. - The specific system issues and requirements have been clearly articulated. - The matter is regularly raised through national forums, including the All-Wales Medical Directors' meetings, to maintain visibility and support collective escalation.	- Resolution is dependent on DHCW and wider national agreement on provider status and data sharing arrangements. - The Health Board does not have direct control over system changes or delivery timescales, and no confirmed implementation date has been provided.	Ongoing escalation and monitoring through national forums, with continued engagement with DHCW to seek progress updates, clarity on delivery timelines, and exploration of potential alternative solutions.	16  C4 X L4 Target Rating: 8 Opened: 26/04/2024 Last Updated: 01/07/2026
64	6280 Risk Handler: Directorate Manager for General Surgery and Gastrointestinal Services Risk Domain: Safety & Well-being - Patients / Staff / Public	Suspension of the Regional Hepato-Pancreato-Biliary service model IF the commissioning of this service is not prioritised as part of the regional commissioning arrangements THEN there will be no Regional service for Severe Acute Pancreatitis RESULTING IN suboptimal care for this group of acutely unwell patients	- The risk has been formally recognised and escalated within the Health Board, with executive ownership assigned to the Executive Director of Strategy, Transformation and Planning and the Executive Medical Director. - Individual patient cases are reviewed on a case-by-case basis with neighbouring Health Boards to enable access to specialist input where possible. - The issue is subject to internal discussion through Planned Care forums and has been identified for escalation through regional commissioning	- There is currently no commissioned regional service model in place for Severe Acute Pancreatitis. - The interim case-by-case arrangements are not a formalised pathway and may introduce delays to time-critical care. - Resolution is dependent on regional commissioning decisions and ongoing funding through the Joint Commissioning Committee, which is outside the direct control of the Health Board.	- Ongoing engagement with regional partners and the Joint Commissioning Committee to seek agreement on a sustainable commissioned service model and associated funding. - Continued internal escalation through Planned Care and executive oversight to support regional resolution.	16  C4 X L4 Target Rating: 9 Opened: 06/08/2025 Last Updated: 01/07/2026

	A	F	G	H	I	K
1	Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	Rating (current) and details
65	6629 Risk Handler: Medical directorate manager, YMH Risk Domain: Safety & Well-being - Patients / Staff / Public	GMC/HEIW Conditions on PCH Emergency Department IF the recommendations from the General Medical Council (GMC) and Health Education and Improvement Wales (HEIW) following the targeted review of Prince Charles Hospital Emergency Department are not implemented, THEN there is a risk that clinical supervision, workforce capacity and training environments will not be sufficiently robust, RESULTING IN potential impacts on the safety, quality and timeliness of care for patients attending the ED.	- Following the Health Education and Improvement Wales (HEIW) targeted visit to Prince Charles Hospital (PCH) Emergency Department in March 2026, a comprehensive action plan has been developed by the ED Clinical Lead, ED Leadership Team and the Unscheduled Care Group. - This addresses key areas including clinical supervision, training opportunities, rota sustainability, recruitment, leadership engagement and patient flow. - Progress is being monitored through established governance arrangements, with ongoing engagement with HEIW.	- The effectiveness of the action plan is dependent on sustained delivery of improvements across workforce, supervision and patient flow. - Until these improvements are embedded and evidenced, there remains a risk of continued scrutiny from HEIW and the General Medical Council (GMC), and potential impact on trainee experience and retention.	Implementation and ongoing monitoring of the HEIW action plan, with regular review through governance structures and continued engagement with HEIW to demonstrate progress and address any further concerns.	16 ↔ C4 X L4 Target Rating: 9 Opened: 06/08/2025 Last Updated: 01/07/2026



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University Health Board

Operational Delivery Committee

Operational Delivery Committee – Annual Report 2025-26

Eitem yr Agenda / Agenda Item	4.2
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	Endorse for Board Approval
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	As above

1. Situation /Background

- 1.1 The purpose of this report is to highlight the activities and performance of the Operational Delivery Committee (ODC) during 2025-2026.
- 1.2 The Chair of the ODC is required to present an annual report outlining Committee business throughout the financial year to provide the Board with assurances on the monitoring and scrutiny undertaken in relation to those issues set out under the Terms of Reference (TOR) for this Committee.
- 1.3 The Committee's draft Annual Report for 2025-2026 is presented at **Appendix 1** for endorsing.
- 1.4 The Terms of Reference for the ODC Committee were last approved by the Board in March 2026 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards/cwm-taf-morgannwg-university-health-board/standing-orders).
- 1.5 An annual self-assessment questionnaire is also required to be undertaken and this will be completed by members outside of the meeting, the results of which will be reviewed at the July 2026 meeting

2. Specific Matters for Consideration

- 2.1 The Committee is asked to approve the Operational Delivery Committee Annual Report for 2025-2026.

3. Key Risks / Matters for Escalation

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board through the Chair at the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not Applicable
	If more than one applies please list below: Not Applicable



	Not Applicable	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not Applicable	
	If more than one applies please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Not Applicable Named Executive/Board member sign off for no EWLIA completion:
Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	Not applicable	

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report

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	
ODC	Operational Delivery Committee
CTMUHB	Cwm Taf Morgannwg University Health Board

5. Recommendation

- 5.1 The Operational Delivery Committee are asked **ENDORSE FOR BOARD APPROVAL** the Draft Annual Report 2025-26

6. Next Steps

- 6.1 Following this meeting, the report will be presented to the Health Board for Approval on the 24 September 2026.

ANNUAL REPORT 2025-2026

OPERATIONAL DELIVERY COMMITTEE

FOREWORD

I am pleased to present this first Annual Report of the CTMUHB Operational Delivery Committee which outlines the activity between 1st April 2025 – 31st March 2026.

The purpose of the Committee is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.

The Committee ensures that evidence based, and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within CTMUHB's Integrated Medium Term Plan.

In its first year of inception, the Committee considered a broad programme of work linked to the Health Board's Strategic Goals – Improving Care, Creating Health, Sustaining our Future and Inspiring People and is detailed within this Annual Report.

During this period my fellow Independent Members – Ian Wells, Patsy Roseblade, Dilys Jouvenat, Kathy Mason, Neil Mesher and Hayley Proctor offered considerable knowledge and wide-ranging experience to the Committee. In May 2025 Ian Well's term of office ended as an Independent Member and I would like to extend my thanks to Ian for his contribution to the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

As we look ahead to 2026-27 the Committee will continue to strengthen its role in supporting sustainable services and improved health outcomes for our population based on our strategic goals.

I commend this Annual Report to you.

Rachel Rowlands
Chair of the Operational Delivery Committee
Independent Member

Operational Delivery Committee

Annual Report April 2025 – March 2026

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee for the period April 2025 – March 2026.
- 1.2 The Committee's Annual 'Cycle of Business' for 2025-26 was approved by the Committee at their first inception meeting on the 30th January 2025 and then at the Board Development Session held on 26th February 2026 and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.

2. Role and Responsibilities

- 2.1 The key function of the Operational Delivery Committee (ODC) is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.
- 2.2 The Committee also provided advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

3. Operating Arrangements

- 3.1 The Terms of Reference for the Operational Delivery Committee were approved by the Board in March 2026 and are available on the Health Boards website via the following link:

[Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\).](#)

- 3.2 The Committee will annually review its Terms of Reference as part of the effective management of Board Business and this will be undertaken at its meeting to be held in July 2026.

4. Membership, Frequency and Attendance

- 4.1 The current Terms of Reference of the Committee for 2025/2026 state that the Committee should consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the "In Attendance" members.

4.2 During this period the Committee met on eleven occasions on the months of April, May, July, October, November, December 2025 and January 2026.

Independent Member attendance at these seven meetings was follows:

Public Meeting Attendance:

Name:	29.04.26	19.05.25 (EO)	29.07.25	28.10.25	20.11.25 (EO)	11.12.25 (EO)	22.01.26
Rachel Rowlands (Chair)	✓	✓	✓	✓	X	X	✓
Patsy Roseblade	✓	X	✓	✓	✓	X	✓
Kathy Mason		X	✓	X	✓	✓	✓
Neil Mesher	✓	✓	✓	X	✓	✓	✓
Dilys Jouvenat	✓	X	✓	✓	✓	✓	✓
Hayley Proctor		X	✓	X	✓	✓	✓
Ian Wells	✓						

In Committee Meeting Attendance:

Name:	29.04.26 (IC)	29.07.26 (IC)	28.10.25 (IC)	22.01.26 (IC)
Rachel Rowlands (Chair)	✓	✓	✓	✓
Patsy Roseblade	✓	✓	✓	✓
Kathy Mason		✓	X	✓
Neil Mesher	✓	✓	✓	✓
Dilys Jouvenat	✓	✓	✓	✓
Hayley Proctor		✓	X	✓
Ian Wells	✓			

- 4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.
- 4.4 Mirroring other Board Committees, the Operational Delivery Committee operates a Consent Agenda system for routine business consideration.
- 4.5 All of the meeting papers for this Committee during this period are available publicly via the CTMUHB [website](#). If there are circumstances where the matter cannot be legitimately considered in the public domain the Committee convenes an in-committee meeting. There were five In Committee (IC) meetings scheduled during this period and three Extraordinary (EO) Committee meetings.

5. Committee Activity April 2025 – March 2026

- 5.1 The Committee prioritised its work plan and the following topics were considered at its eleven meetings during this period aligned to the Health Boards Strategic Goals:



Improving Care

- Organisational Risk Register
- Organisational Risk Register Business Sensitive Risks (Closed/In Committee Session)
- Digital and Data Highlight Report
- Information Governance Toolkit
- Cyber Resilience & Assurance Update (Closed/In Committee)
- Quarterly Integrated Medium Term Plan (IMTP) Update
- Delivery Against IMTP for Primary Care and Community
- Integrated Performance Dashboard
- Workforce Metrics Report
- Civil Contingencies and Business Continuity Report 2024-25
- Ministerial Advisory Group (MAG) Update
- Update on Urgent Care Performance
- Planned Care Update
- Six Goals Highlight Report
- CTMUHB Revised Welsh Government Escalation Status
- Integrated System Escalation Policy for Urgent and Emergency Care
- Community Response Times Analysis
- Prince Charles Hospital Refurbishment Project Finalised Phase 3 Full Business Case (Closed/In Committee)
- Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case (Closed/In Committee)
- Paediatric Dental GA Service Briefing
- Outpatients Activity Update

Inspiring People

- Employee Relations Report
- Staff Survey Update
- People Plan 2025-2028 – Great Management & Leadership
- Social Partnership Duty Annual Report 2024/25
- Progress Update on Enforcement Action in relation to Welsh Language Recruitment
- Welsh Language Standards Annual Performance Report
- Annual Equality Report
- Social Partnership Duty Annual Report
- More Than Just Words 5 Year Plan Written Update for Ministerial Advisory Board
- NHS Staff Survey DTPS Therapies Engagement & Latest NHS 2024 Survey Reflections & Actions

Sustaining our Future

- Monthly Finance Report
- Monthly Finance Performance Report
- Savings Delivery Programme
- Value Based Health Care Highlight Report
- Monthly Monitoring Returns to Welsh Government
- Estates and Energy Performance Report
- Capital Delivery Programme Monitoring Report
- Invest to Save Bid – Funding Application for Decarbonisation Measures (Closed/In Committee)
- Internal Audit Report – PCH Financial and Technical - Final
- Internal Audit Report - PCH Redevelopment Programme Integrated Audit Plan 2025/26
- NHWJCC Planning, Performance & Finance Committee Highlight Report

Creating Health

- Staff Vaccination Programme Update

5.2 The following Policies were approved by the Committee during this period:

- Parental Leave Policy
- Carer's Leave Policy
- All Wales Flexible Working Policy
- NHS Wales Reserve Forces Training and Mobilisation Policy
- Using Welsh at Work Policy
- Personal Data Request Procedure
- CCTV Policy
- Policy for the Management of Asbestos Plan
- Fixed Term Contracts Policy
- All Wales Anti Sexual Harassment Policy
- Integrated System Escalation Policy for Urgent and Emergency Care
- Personal Data Request Procedure
- CCTV Policy
- Charter for Bereaved Families Bereaved by Public tragedy

- 5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our [website](#).
- 5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were no referrals made.

6. Committee Annual Self-Assessment

- 6.1 The Committee is required to complete an annual self-assessment and the questionnaire is undertaken via a link to Microsoft 365 Forms. This year's self-assessment outcome will be received at the July 2026 meeting.

7. Conclusion and Assurance to the Board

- 7.1 The Operational Delivery Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025-26 there are effective measures in place both to ensure the delivery of the key financial, planning and performance targets and to effectively scrutinise and monitor this important area. There are no outstanding issues that the Committee wish to bring to the attention of the Board.



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Operational Delivery Committee

Terms of Reference – Operational Delivery Committee

Eitem yr Agenda / Agenda Item	4.3
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Review
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The Committee are asked to review the Terms of Reference.

1. Situation / Background

- 1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Good Governance & Probity Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be aware of the Standing Orders and, where appropriate, should be familiar with their detailed content.
- 1.3 The Operational Delivery Committee Terms of Reference form schedule 3.4 of the Standing Orders and the purpose of the paper is for the Committee to note.

2. Specific Matters for Consideration

- 2.1 The Terms of Reference are attached as Appendix 4.2.1b and were Approved by the Health Board at its meeting held on 26 March 2026 and are being presented to the Committee to review.

3. Key Risks / Matters for Escalation

- 3.1 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Not applicable



Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not applicable	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not applicable	
	If more than one applies please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Not required Named Executive/Board member sign off for no EWLIA completion:
Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i>	Not applicable	
Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i>	There is no direct impact on resources as a result of the activity outlined in this report	
Operational Delivery Committee – Review of Terms of Reference	Page 3 of 4	Operational Delivery Committee 28/07/2026

Resource Impact
(People / Financial)

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

Committee / Group / Individuals	Date	Outcome
Health Board	26/03/2026	Approved

Acronyms / Glossary of Terms

5. Recommendation



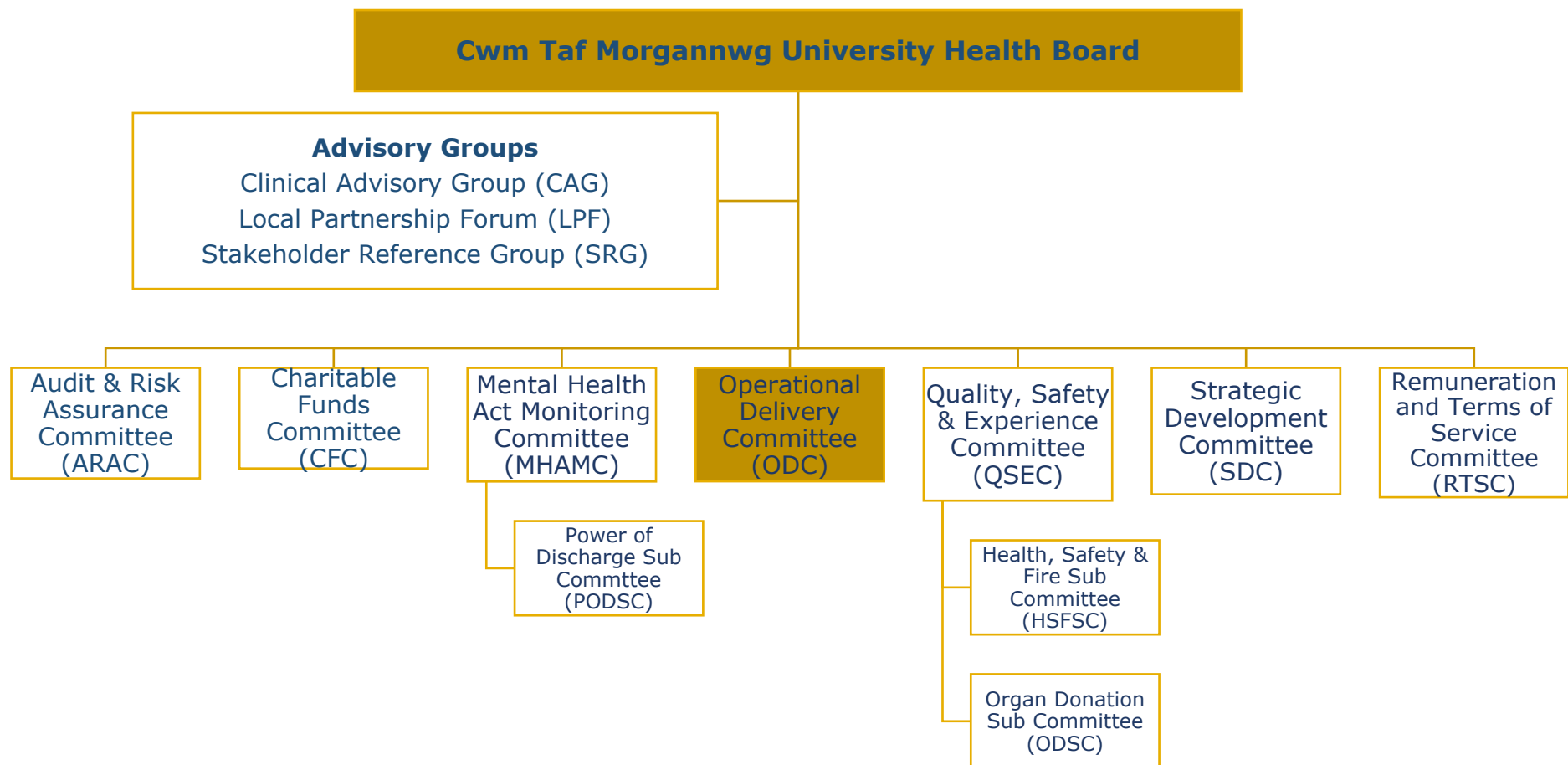
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OPERATIONAL DELIVERY COMMITTEE (ODC)

Terms of Reference & Operating Arrangements
(Schedule 3.4 of the Standing Orders)

Last Approved: Health Board Meeting 26th March 2026
CTM_Corporate_Governance@wales.nhs.uk



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Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Board Meeting	26 th September 2024	Approved	No later than he end of September 2024.
Version 2	Health Board meeting	26 March 2026	Approved	No later than end of March 2027

Board Committee Arrangements: This schedule forms part of, and shall have effect as if incorporated in the Health Boards Standing Orders

1. Introduction & Constitution

- 1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government, must appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".
- 1.2 In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Operational Delivery Committee (ODC)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2. Purpose

- 2.1 The purpose of the Committee is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.
- 2.2 Ensure that evidence based and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within CTMUHB's Integrated Medium Term Plan.

3. Scope and Duties

- 3.1 The scope of the ODC Committee extends to the full range of CTMUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.
- 3.2 The business of the Committee will be driven by the key risks to the in-year delivery of the annual plan.
- 3.3 The ODC will have specific responsibilities with regards the following:
 - 3.3.1 **Our People**
 - Assurance on key risks to the delivery of the People Plan.

- Promote staff engagement and partnership working. Oversee the coherence and comprehensiveness of the ways in which CTMUHB engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Seek assurance that CTMUHB adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed. Ensure that the arrangements to support the Speaking up Safely Framework are robust.
- Scrutinise plans for ensuring the development of leadership and management capacity, including CTMUHB's approach to succession planning.
- Ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including: Equality & Diversity Legislation, Welsh Language Standards.

3.3.2 Digital & Data

- Seek assurance that the arrangements for **Information Governance** are sufficient, effective and robust. This could include, however, is not exhaustive of;
 - application of legislation and regulation;
 - the arrangements to protect the integrity of data and information;
 - recommendations arising from national and local audits; and/or
 - self-assessments and the monitoring of arrangements to support the continued development of business intelligence and capacity.
- Seek assurance through:
 - Monitoring the Cyber Improvement Plan and associated actions.
 - the effectiveness and impact of the CTMUHB's Digital Transformation Plans and Projects being delivered by Digital and Data (Digital and Data Assurance Report)
 - The performance and delivery of the rollout of the local and core national IT systems which could have significant impact on CTMUHB's operational services and escalate to the Board as appropriate.
 - Management of Patient Medical Records (Medical Records Assurance Report)
 - the response and management of critical incidents.

It should be noted that in accordance with the Audit Committee Handbook the following activity will be considered at the Audit and Risk Assurance Committee.

- *Assurance on the arrangements for the Management of Cyber Risk*
- *Data loss incidents and breaches*

3.3.3 Planning Framework

- Monitor the process for the delivery of the expectations set out in the Integrated Medium Term Plan.
- Monitor and scrutinise the efficient prioritisation of capital schemes.
- Scrutinise and seek assurance that there is monitoring processes in place to ensure Capital Plans and Business Cases are managed in accordance with the Scheme of Delegation.
- Monitor the delivery of the Capital Programme.
- Escalation framework

3.3.4 Integrated Performance Dashboard

- Seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:
 - the ongoing implementation of the Board's Integrated Performance Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
 - the effectiveness of current performance management arrangements.
 - the monitoring and delivery of activity on Long Term Agreements with neighbouring Health Board.

3.3.5 Financial Management / Performance

- Seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust, including:
 - The annual allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
 - the monitoring of arrangements to ensure efficiency, productivity and value for money;
 - the monitoring of delivery against the agreed Discretionary Capital Programme; and
 - the adequacy of standing financial instructions, including the application of capital and estates controls;
 - Scrutinise investments in line with Standing Financial Instructions and the Scheme of Delegation prior to submission to Board for approval.

3.3.6 Risk

- Scrutinise risks on the Organisational Risk Register that fall within the remit and control of the Committee.
- The business of the Committee will be driven by the strategic risks facing the organisation as captured in the Board Assurance Framework.

4. Membership

Members

- 4.1 The membership of the Committee shall be determined by the Board, based on the recommendation of CTMUHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 4.2 The membership of the ODC Committee will be reviewed annually.
- 4.3 The Membership of the ODC is as follows:

Chair	Independent Member
Vice Chair	Independent Member
Members	4 further Independent Members

In Attendance

Chief Operating Officer (<i>Executive Lead for the Committee</i>)
Executive Director for People
Executive Director of Finance
Executive Director of Strategy & Transformation
Executive Director of Nursing / Deputy CEO
Director of Digital
Deputy Chief Operating Officer(s)
Deputy Director of People
Governance Lead

By Invitation:

- 4.1 The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

- 4.2 Other Executive Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

5 Quorum & Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the "In Attendance" members.
- 5.2 There is an expectation that the core Executive Directors noted in the "In Attendance" section will attend every Committee. Should any 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

6 Meeting Secretariat

- 6.1 The Committee Secretariat shall be determined by the Director of Corporate Governance/Board Secretary.

7 Frequency of Meetings

- 7.1 The Committee will meet **at least four times per annum** and shall agree an annual schedule of meetings.
- 7.2 Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive(s).
- 7.3 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of and procedures of such Committee meetings.

8 Withdrawal of Individuals in Attendance

- 8.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

- 9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

10 Access

- 10.1 The Chair of the ODC Committee shall have reasonable access to Executive Directors and other relevant senior staff.

11 Accountability, Responsibility & Authority

- 11.1 The ODC Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 11.2 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 11.3 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 11.4 The Committee shall embed CTMUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 11.5 The Committee is authorised by the Board to:
- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the CTMUHB. It may seek relevant information from any:
 - Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.
 - obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
 - By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.
 - Approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

- 11.6 The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

- 11.7 At this stage, no sub Committees/task and finish groups have been established.

12 Reporting

- 12.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of information.
- 12.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 12.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.
- 12.4 The Committee will consider the assurance provided through the work of the Board's other Committees and Sub-Committees to meet its responsibilities for advising the Board on the adequacy of CTMUHB's overall assurance framework.
- 12.5 The Committee Chair, supported by the Committee Secretary, shall:
- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within six weeks of the end of the financial year and timed to support the preparation of the Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.
 - Bring to the Board's specific attention any significant matter under consideration by the Committee.
 - Ensure appropriate escalation arrangements are in place to alert CTMUHB Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees performance and operation, including that of any sub-committees established.

13 Applicability of Standing Orders to Committee Business

- 13.1 The requirements for the conduct of business as set out in the CTMUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum

14 Chair's Action on Urgent Matters

- 14.1 There may, occasionally, be circumstances where decisions which would have been made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with at least two other members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

- 15.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16 Review

- 16.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Operational Delivery Committee

Committee Annual Self Effectiveness Survey Outcome 2025-6 & Improvement Plan

Eitem yr Agenda / Agenda Item	4.4
Dyddiad y Cyfarfod / Date of Meeting:	28 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Rachel Rowlands, ODC Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is asked to REVIEW the outcome of the 2025-26 Committee Self-Effectiveness Survey and APPROVE the proposed Committee Development action plan
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	This report supports all relevant Health Board strategic objectives by strengthening the effectiveness of the Committee responsible for scrutiny and assurance in relation to operational delivery, performance and associated enabling arrangements.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynnyddol <i>(Cyfeiriad blaenoriaeth berthnasol)</i> Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan <i>(Reference relevant priority)</i>	The report supports delivery of the Integrated Medium Term Plan and Annual Delivery Plan by ensuring that the Operational Delivery Committee remains effective in providing scrutiny, assurance and oversight of key operational delivery matters.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhai'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth (*crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati*)

What (*summary of current position / issue & why it matters and evidence to support that position etc*)

The 2025-26 annual self-effectiveness survey for the Operational Delivery Committee was completed by nine respondents.

Overall, the feedback provides positive assurance regarding the effectiveness of the Committee. Responses were positive across the majority of questions, including in relation to the Committee's Terms of Reference, Cycle of Business, meeting atmosphere, professional behaviours, use of private meetings, virtual meetings, chairing, Executive Director support and the Committee Highlight Report to Board.

A number of constructive comments were also received. These comments were not universal themes across all respondents, but they do identify areas the Committee may wish to reflect on as part of its self-development.

Specific comments were made about the breadth of the Committee's remit, the clarity of underpinning assurance arrangements, the boundary between ODC and SDC, agenda focus and prioritisation, the time available for questioning and scrutiny, the clarity of conclusions and follow-up from some agenda items, and potential development support for Independent Members in relation to scrutiny, open questioning and peer support.

Felly, beth (*darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain*)

So, what (*provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these*)

A small number of constructive comments were received from respondents. These should be interpreted proportionately, as the overall response was positive and not all issues were raised by multiple respondents.

However, the comments provide useful prompts for the Committee to consider as part of its ongoing development.

Feedback included observations regarding the breadth of the Committee's remit; the clarity of some reporting and assurance routes; the relationship between ODC and SDC; and opportunities to ensure sufficient focus on areas requiring discussion, challenge and assurance.

Several comments also related to the structure and management of Committee agendas. These included feedback that the agenda can be very full and varied, that some agendas may feel overloaded, and that too much meeting time can sometimes be spent on verbal presentation of reports, reducing the time available for questioning and scrutiny.

Feedback also suggested that there may be opportunities to strengthen exception reporting, improve triangulation of People-related information, and ensure that agenda

items are closed off clearly, with conclusions and follow-up visible to the Committee where required.

ACTION: The Committee Chair and Lead Officers have already agreed to carry out a review of the Committee's agenda structure and forward work programme.

A meeting between the Committee Chair and Executive Leads has been arranged for August 2026 to consider how future agendas can be aligned more closely to performance management, strategic priorities, key risks and assurance requirements. The feedback from the self-effectiveness survey will be used to inform that discussion.

DUE DATE: Feed back to ODC on outcomes at its next meeting on 27 October 2026.

Welsh Language in meetings

One respondent indicated that they would welcome greater use of the Welsh language in Committee meetings. No further detail was provided regarding the type of usage they would find helpful.

This is consistent with feedback received through other recent Committee self-effectiveness surveys and can be addressed through the following action already in place:

ACTION: The Governance Team will meet with the Equality and Welsh Language Impact Team to explore practical and proportionate opportunities to increase the visibility and use of Welsh within Committee meetings and will discuss any potential actions with the Committee Chair and Lead Officer(s).

DUE DATE: 31 August 2026

Member development, scrutiny and feedback mechanisms

Two respondents made comments relating to Independent Member confidence, scrutiny and assurance-based questioning. One respondent suggested that Independent Members may benefit from further training in the depth of scrutiny and the types of open questions that may provide greater assurance to the Board. Another respondent noted that they sometimes feel unsure whether they ask the right questions to gain assurance and scrutinise information effectively, although they were not clear whether formal training would address this.

One respondent suggested an Independent Member pre-meet to enable peer support, and a standardised post-Committee feedback form to allow members and attendees to provide feedback following meetings. This is helpful feedback and has been incorporated into the proposed action below.

	ACTION: The Governance Team will discuss this feedback with the Board Secretary and Committee Chair to consider whether existing Board and Committee development arrangements already address effective scrutiny, open questioning and assurance-based challenge, or whether any further support would be helpful. This discussion will also consider whether there would be value in further opportunities for Independent Member peer support and/or a more standardised mechanism for post-Committee feedback. This discussion will be informed by the wider review of the Committee's agenda structure and assurance arrangements described above, as a number of the comments relating to member scrutiny and support may be linked to broader aspects of the Committee's operation. DUE DATE: Feed back to ODC on outcomes at its next meeting on 27 October 2026.
Beth Nesaf (<i>crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud</i>) What Next (<i>summary of intended action and benefits supporting the choices and recommendation(s) being made</i>)	Subject to agreement by the Committee, the actions listed above will be completed and reported back to the Committee.

Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The Committee is asked to REVIEW the outcome of the 2025-26 Committee Self-Effectiveness Survey and APPROVE the proposed Committee Development action plan

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd (<i>Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg</i>) Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	The report does not directly affect the score or management of any individual strategic risk. However, it supports the Health Board's overall governance and assurance arrangements indirectly. A well-functioning Operational Delivery Committee supports effective scrutiny and assurance in relation to operational performance, delivery and improvement activities.

**Dolen i Ddeddf Llesiant
Cenedlaethau'r Dyfodol – Nodau
Llesiant /
Link to Wellbeing of Future
Generations Act – Wellbeing
Goals**

The report supports the Well-being Goals indirectly by strengthening the governance and assurance arrangements through which the Committee oversees operational delivery and organisational performance. The proposed actions also include proportionate consideration of Welsh language visibility and Committee development, supporting inclusive and sustainable governance practice.

**Dolen i Hwyluswyr Ansawdd /
Link to Enablers of Quality**

Leadership
Culture & Valuing People
Learning, Improvement & Research
The report supports the Enablers of Quality by using feedback from Committee members and attendees to identify opportunities for improvement. The proposed actions are intended to support effective leadership, constructive Committee culture and ongoing learning.

**Effaith Amgylcheddol/
Cynaliadwyedd (5R) /
Environmental Sustainability
Impact (5Rs)**

No - Not Applicable
There are no direct environmental sustainability impacts arising from this report. The report relates to committee effectiveness and governance improvement, rather than a service, estates, procurement or operational change proposal.

**Asesiad Effaith
Impact Assessment**

**Canlyniad Asesiad Effaith ar
Gydraddoldeb a'r Gymraeg**
(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)

**Equality & Welsh Language
Impact Assessment Outcome**
(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)

Outcome for Equality: NEUTRAL Summary of impact: No direct equality impact has been identified. The report relates to the outcome of the Committee's annual self-effectiveness survey and proposed governance improvement actions.	If no, please select a reason below. Choose an item. Not required at this stage – governance effectiveness report with no direct service, policy or operational change. Named Executive/Board
Outcome for Welsh Language: POSITIVE One respondent indicated that they would welcome greater use of the Welsh language in Committee meetings, and an	

	action has been proposed in response to this.	member sign off for no EWLIA completion: Gareth Watts
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	A separate Quality Impact Assessment has not been undertaken as the report does not propose a direct change to clinical services, patient pathways, staffing models or operational delivery. The report is expected to have a positive governance impact by supporting the ongoing effectiveness of the Operational Delivery Committee in scrutinising assurance and overseeing operational delivery matters.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	Choose an item. The report may have a positive reputational impact as it publicly demonstrates that the Committee routinely reviews its own effectiveness, considers feedback from members and attendees, and identifies proportionate improvement actions.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report The proposed actions are expected to be progressed through existing governance arrangements and through work already planned by the Committee to review its agenda structure, forward work programme and assurance arrangements. Any future resource implications arising from Committee-approved initiatives would be considered separately.	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Survey sent to all Operational Delivery Committee members and attendees	Click or tap to enter a date. June–July 2026	Nine responses were received. Feedback provided positive assurance overall, with a number of constructive comments identifying potential areas for further reflection in



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

		relation to agenda focus, underpinning assurance arrangements, Committee boundaries, Welsh language visibility and member development

Acronyms / Glossary of Terms	

2026-27 Finance Report

Month 3

Summary

Situation	Background
This Finance report outlines our financial performance for Month 3 (i.e. the period to 30th June 2026). This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 26/27 was submitted to Welsh Government (WG) at the end of March 2026. This plan showed a breakeven position with a net risk to the plan of £38.6m. A formal response to the plan is awaited from WG. As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2024/25 & 2025/26), delivering the breakeven plan in 2026/27 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Overall revenue position - 2026/27: • The M3 position reported a £2.2m in month deficit giving a year to date deficit of £7.4m against our plan. • The current year forecast break-even position has been maintained at M3. • The risks to the breakeven forecast have been assessed at £38.6m. Recurrent revenue position: • The submitted IMTP for 2026/27 planned for an underlying recurrent surplus of £0.3m by the end of 2026/27. • As at M03 we are maintaining a forecast underlying surplus at the end of 2026/27 of £0.3m. This will require mitigating savings plans of £15.8m to be achieved. Cashflow: • In M3 the cash balance was £6.3m, comprising £3.3m revenue and capital of £3.0m. Capital position: • The Capital Resource Limit for 2026-27 of £133.529m was issued on the 30th June 2026. • Expenditure to 30.06.26 amounted to £15.656M • The outturn capital position is breakeven	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 30th June 2026.

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19	Savings
20	Risks & Opportunities
21	Capital Expenditure
22	Statement of Financial Position – Reported from Month 3
23	Cash Flow Forecast
24	Public Sector Payment Policy Compliance

Overall Revenue Position

- The M3 position reported a £2.2m in month deficit, giving a £7.4m year to date deficit.
- The forecast current year break-even position has been maintained at M3.
- The forecast recurrent position has been maintained at £0.3m surplus at M3.
- The net opportunities/risks to the forecast break even position at M3 is £38.6m (M2: £54.3m) which are summarised on Page 21.

Savings Position

- Actual savings in M3 was £1.5m with year to date savings of £2.3m, which was £5.5m below the year to date target of £7.8m.
- The M3 forecast in year savings is £16.0m, which is £15.3m below the £31.3m target.
- The M3 forecast recurrent savings is £17.0m, which is £14.2m below the £31.3m target

Cash

- In M3 the cash balance was £6.3m, comprising £3.3m revenue and capital of £3.0m.

Capital

- The Capital Resource Limit for 2026-27 of £133.529m was issued on the 30th June 2026.
- Expenditure to 30.06.26 amounted to £15.656M
- The outturn capital position is breakeven

Summary Income & Expenditure Account



	M3 Actual	M3 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(132.3)	(390.2)	(1576.4)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.0)
03. Welsh NHS Local Health Boards & Trusts Income	(5.9)	(17.6)	(70.6)
04. WHSSC Income	(1.1)	(3.7)	(15.1)
05. Welsh Government Income (Non RRL)	(0.5)	(0.7)	(2.7)
06. Other Income	(4.7)	(13.9)	(55.3)
Total Allocations & Income	(144.5)	(426.1)	(1720.1)
08. Primary Care Contractor	15.0	44.8	182.0
09. Primary Care - Drugs & Appliances	9.4	28.0	108.2
10. Provided Services - Pay	67.1	198.9	791.7
11. Provider Services - Non-Pay	10.4	29.7	116.4
12. Secondary Care - Drugs	5.2	14.8	60.7
13. Healthcare Services Provided by Other NHS Bodies	26.5	78.6	313.2
14. Non-Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.6	22.4	85.5
16. Other Private & Voluntary Sector	0.9	2.7	7.8
17. Joint Financing and Other	1.4	4.1	18.5
18. Losses Special Payments and Irrecoverable Debts	0.4	1.2	3.2
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.7	8.2	32.8
23. AME Donated Depreciation\Impairments	0.0	0.0	0.1
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.0)
Total Expenditure	146.7	433.5	1720.1
Grand total	(2.2)	(7.4)	0.0

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The M03 year to date position is reporting a deficit of £7.4m.
- We are currently forecasting a year end break-even position.
- The main drivers of pressure in achieving the forecast break even position are:
 - Savings shortfall currently £15.3m
 - Clinical Negligence cost pressures – At M3 the position is reporting over £0.6m more than plan.
 - Continuing Health Care cost pressures – At M3 the position is reporting £0.9m over plan.
 - Provider LTA Income shortfall – At M3 the position is reporting £1.0m shortfall against plan.
 - Activity driven non pay growth



Year-to-Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0
Month 3	3.8	5.2	0.0
Month 3	2.2	7.4	0.0

Key Points:

- The M03 YTD overspend of £7.4m includes a £5.5m shortfall in savings.
- The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that £1.9m funding will be provided by DHCW for 2026/27, this has resulted in a £0.5m improvement in M3.
- Further details of the key drivers for the YTD are provided overleaf.



Year-to-Date Performance and Forecast



	Delegated Year-to-Date £m	Non-Delegated Year-to-Date £m	Total M3 Year-to-Date £m	M3 Forecast £m	Recurrent Forecast £m	IMTP £m
Savings Shortfall	5.7	(0.2)	5.5	15.3	14.2	0.0
Operational Variances	3.1	(0.8)	2.4	2.4	0.0	0.0
Plan Phasing Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Financial Plan Improvements	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocation	0.0	(0.5)	(0.5)	(1.9)	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	(15.8)	(14.2)	0.0
Grand Total	8.8	(1.5)	7.4	0.0	(0.3)	0.0

Key Points:

- The M03 position is reporting a £7.4m deficit (overspend) against the plan, of which £8.8m relates to delegated budgets.
- The main driver of the deficit position is the £5.5m shortfall in savings delivery.
- Additional Financial Allocations of £1.9m (£0.5m YTD) has been confirmed for EPMA programme.
- Mitigating actions of £15.8m have yet to be identified, and it is essential that savings plans are identified to meet this requirement.
- A separate Finance Performance report has been prepared which sets out the Delegated financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.

Forecast Underlying Position



Underlying Position	Plan £m	Delegated Recurrent @ M02 £m	Non-Delegated Recurrent @ M02 £m	Total Recurrent @ M03 £m	Total Recurrent @ Prev Mth £m
Initial Financial Plan	(0.3)	0.0	(0.3)	(0.3)	(0.3)
Savings Variances	0.0	15.0	(0.7)	14.2	16.5
Operational Variances	0.0	0.0	0.0	0.0	0.0
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	(15.0)	0.7	(14.2)	(16.5)
Grand Total	(0.3)	0.0	(0.3)	(0.3)	(0.3)

Key Points:

- The B/fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2026/27 planned for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27. The latest assessment is maintaining a £0.3m underlying surplus.
- The latest savings returns have indicated recurrent savings of £17.0m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £14.2m.
- As at M3 the underlying position recognises a requirement for £14.2m of mitigating actions.



Non-Delegated Reserves



Reserves	Plan £m	Issued @ M03 £m	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
IMTP Demand & Cost Pressures	4.3	0.1	4.2	2.9	(1.2)	0
IMTP Non-Recurrent Plans	0.5	0.0	0.5	0.5	0	0
Local Planned Care Reserves	1.4	0.0	1.4	1.4	0	0
Pre-committed business cases	2.0	0.0	2.0	0.1	(1.9)	0
Grand Total	8.2	0.1	8.1	4.9	(3.1)	0

Key Points:

- The approved plan identified £8.2m of reserves yet to be issued to delegated budgets.
- As at M3, £8.1m remains within the non delegated budgets. Funding will be issued as pressures and demands materialise through the year.
- The latest forecast assumes that £3.1m of the reserves will not be required and will be released to support the balanced financial plan. This is anticipated to be a non recurrent benefit only.
- Further detail of the Pre committed business cases is provided on the next page.

IMTP Prior Committed Plans



Investment Plans	Plan	Issued @ M02	Balance Remaining	Anticipated Commitments	Current Year Forecast	Recurrent Forecast
	£m		£m	£m	£m	£m
EMPA Business Case	1.9	(0.0)	1.9	0	(1.9)	0
Digital Cellular Pathology Bus Case	0.1	0	0.1	0.1	0	0
Grand Total	2.0	(0.6)	1.4	0.1	(1.9)	0.0

Key Points:

- The approved plan identified £2.0m of prior approved business case commitments, as at M2, £0.0m has been confirmed and issued.
- Following confirmation from DHCW that the EPMA costs in 2026/27 will be funded, the initial planning requirement of £1.9m can be released to support delivery of the break even financial plan.

Pay Expenditure Trends

Staff Group	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Administrative & Clerical	8.9	9.1	9.2	9.1	9.1
Medical And Dental	18.2	17.3	18.5	19.3	18.4
Nursing And Midwifery Registered	21.0	20.6	21.3	20.9	20.9
Add Prof Scientific And Technical	2.1	2.2	2.2	2.2	2.2
Additional Clinical Services	10.1	8.5	8.9	8.7	8.7
Allied Health Professionals	4.3	4.2	4.3	4.2	4.2
Healthcare Scientists	1.2	1.2	1.2	1.2	1.2
Estates And Ancillary	2.7	3.8	3.9	3.7	3.8
Students	0.0	0.0	0.0	0.0	0.0
Grand Total	68.4	66.9	69.4	69.4	68.6

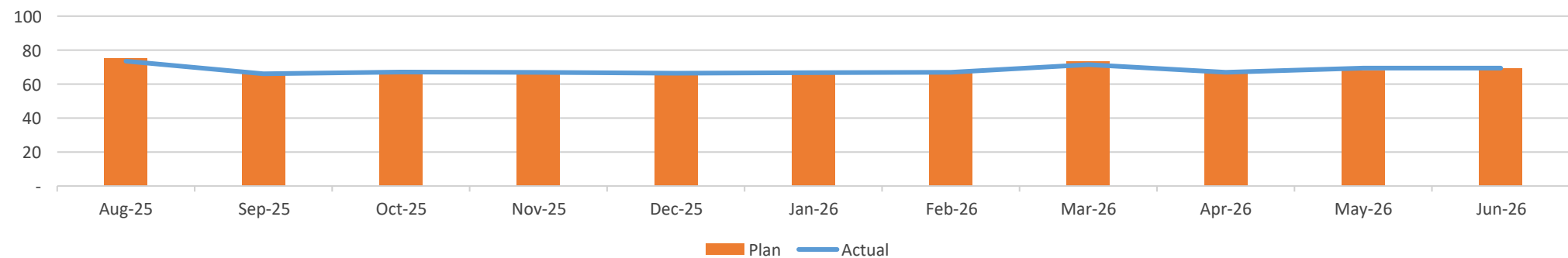
Key Points:

- Total pay expenditure in M03 was £69.4m. This is equal to M02.
- When compared with the M02 actual, the following variable pay movements occurred:
 - Increase in Core costs of £1.1m
 - Medical Pay award totalling £1.0m in arrears paid in M3.
 - Decrease in Agency of £0.4m
 - Decrease in Overtime of £0.2m
 - Decrease in ADHs of £0.8m
 - Decrease in Bank of £0.1m
 - Increase in WLIs of £0.3m

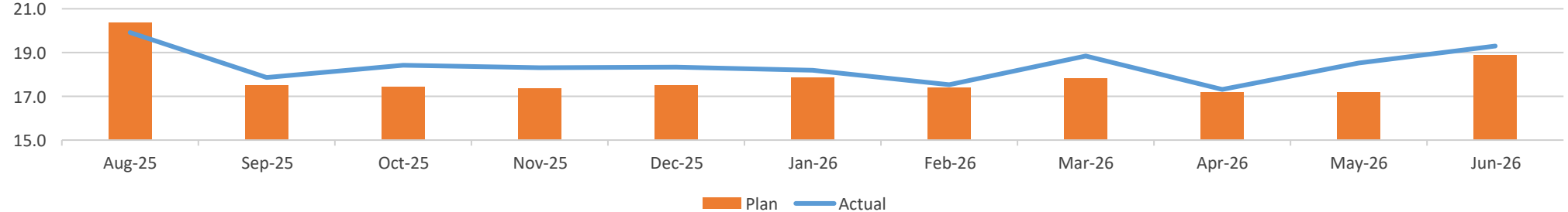
Spend category	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Core	61.0	60.8	61.7	62.8	61.8
Agency	2.0	1.5	1.8	1.4	1.6
Overtime	1.8	1.5	1.6	1.4	1.5
ADH	1.6	1.5	2.2	1.4	1.7
Bank	1.7	1.6	1.9	1.8	1.7
WLI	0.2	0.0	0.3	0.6	0.3
Grand Total	68.4	66.9	69.4	69.4	68.6

Pay Expenditure Trends

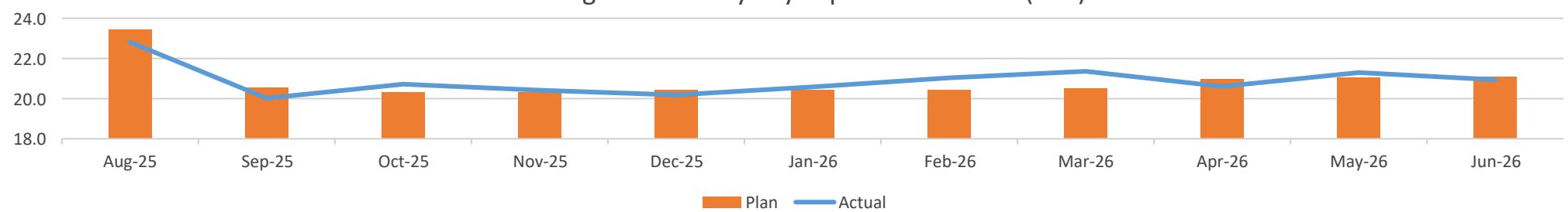
Total Pay Expenditure Trend (£'m)



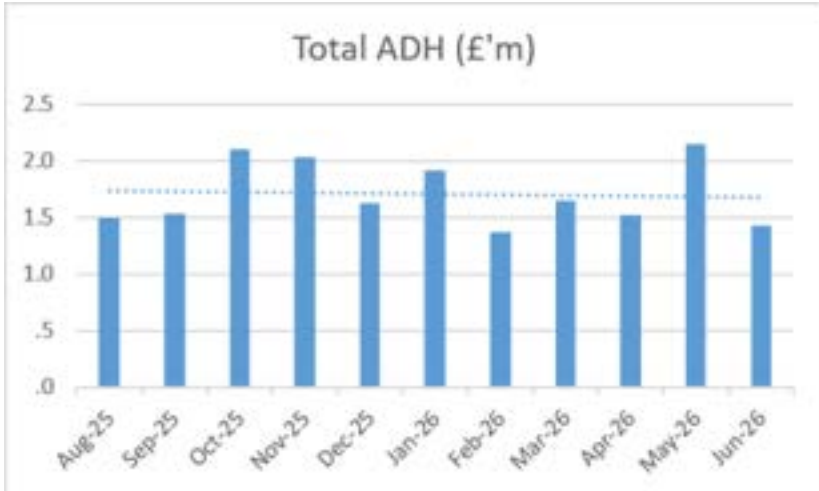
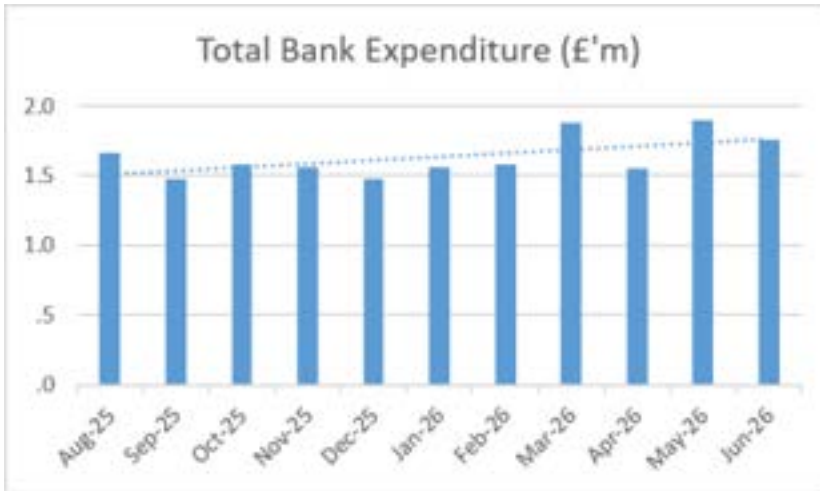
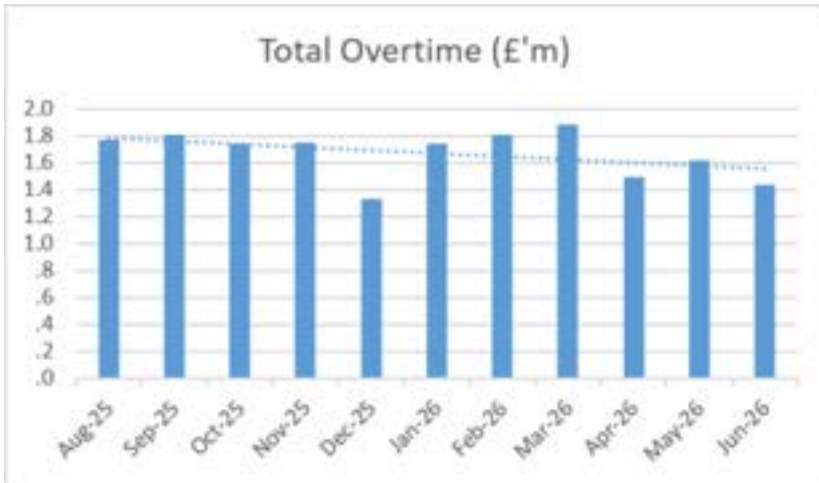
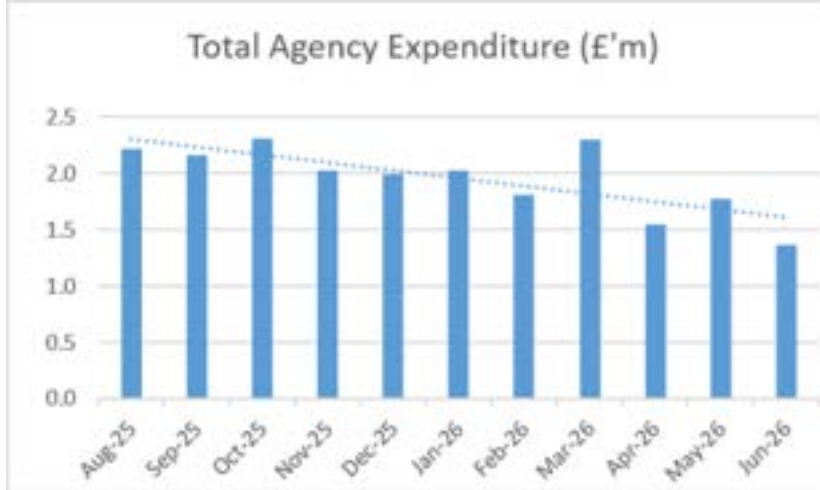
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends

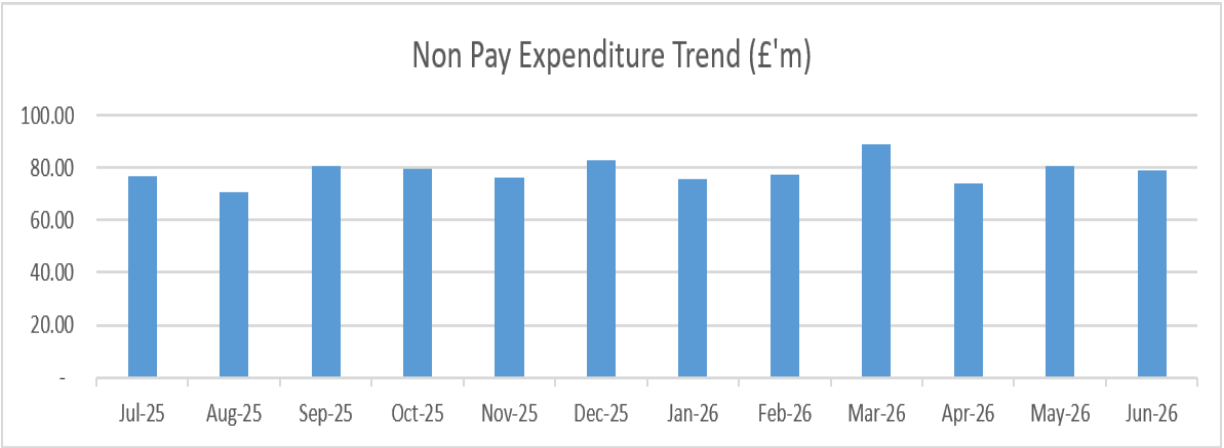


- Key Points :**
- Agency spend – has decreased by £0.4m but overall, a downward trend.
 - Overtime – has decreased by £0.2m when compared to M02, but overall, a decreasing trend.
 - Core enhancements – has decrease by £0.1m when compared to M02, with an increasing trend.
 - Bank – has decreased by £0.1m, with an upward trend.
 - ADH spend – has decreased by £0.8m, with a flat trend.



Non Pay Expenditure Trends

Non Pay Group	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Primary Care Contractors	14.9	13.9	14.0	14.1	14.0
Primary Care Drugs	8.8	8.9	9.8	9.4	9.3
Provider Non Pay	11.7	9.5	9.7	10.4	9.9
Secondary Care Drugs	4.7	5.0	4.6	5.2	4.9
Healthcare Commissioning	26.0	26.2	26.0	26.5	26.2
CHC & FNC	7.7	7.6	8.2	8.1	8.0
Other	6.8	2.9	8.4	5.5	5.6
Total Expenditure	80.6	73.8	80.7	79.1	77.9



- Key Points:**
- The total spend in M03 of £79.1m was £1.6m higher than M02. The main movements were:
 - Increase in Provider Non-Pay by £0.7m, Non-Pay has deteriorated in month as a result of the following:
 - £0.2m increase in T&O as a result of increased activity.
 - £0.1m increase in Ophthalmology due to Cataracts.
 - £0.2m increase in Diabetes expenditure.
 - Increase in Secondary Care Drugs by £0.6m, as a result of increased volume of items issued compared to M2 for NICE.
 - Decrease in Other of £2.9m. This is the result of the prior months capital adjustment in M2 returning to normal levels.

Income Group	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Welsh NHS Income	6.9	6.2	5.5	5.9	5.9
JCC Income	1.2	1.2	1.3	1.1	1.2
Primary Care Contractor Income	1.2	1.1	1.1	1.2	1.2
CHC Income	0.8	0.8	0.8	0.7	0.8
Other Income	6.0	4.0	5.2	4.7	4.6
Total Income	16.1	13.3	13.9	13.7	13.6



Key Points:

- The total income in M03 of £13.7m was £0.2m lower than M02.
- The main movements were:
 - NHS Income – Increase in M03 when compared to M02 due to an increase in LTA income as a result of increased patient activity.
 - Other Income - £0.5m decrease as a result of :
 - Medicines Management reduction of Primary Care prescribing of £0.4m. This is due to a catch up of rebates in M2, now returning to normal levels.

Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,386	32.2	27.8	99.5	1,545.5
Anticipated Allocations:					
Capital	(2.5)				(2.5)
Welsh Risk Pool	(5.3)				(5.3)
Payaward 26/27	21.9				21.9
M&D Pay Award 26/27	7.1				7.1
Discovering a Digital Solution	1.6				1.6
ESR Recharges	1.5				1.5
GP IM&T Refresh Programme				1.4	1.4
AHW Prevention & Early Years	0.9				0.9
Other	3.9			0.4	4.3
Total Allocations	1,415.1	32.2	27.8	101.3	1,576.4

Key Points:

- As at M03 the confirmed Revenue Resource Limit (RRL) allocation was £1,545.5m.
- We are anticipating a further £30.9m of funding.



Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£m	£m	£m
Swansea Bay University	25.0	0.0	25.0
Aneurin Bevan University	18.0	1.3	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	20.1	1.6	21.6
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.4	0.9
Powys	8.2	0.1	8.2
Public Health Wales	1.2	3.9	5.1
Velindre	0.0	11.5	11.5
DHCW	1.6	0.1	1.7
Wales Ambulance Services	0.0	0.1	0.1
JCC	14.0	0.2	14.1
HEIW	0.0	20.4	20.4
NHS Wales Executive	0.0	0.0	0.0
Total	88.6	39.9	128.5

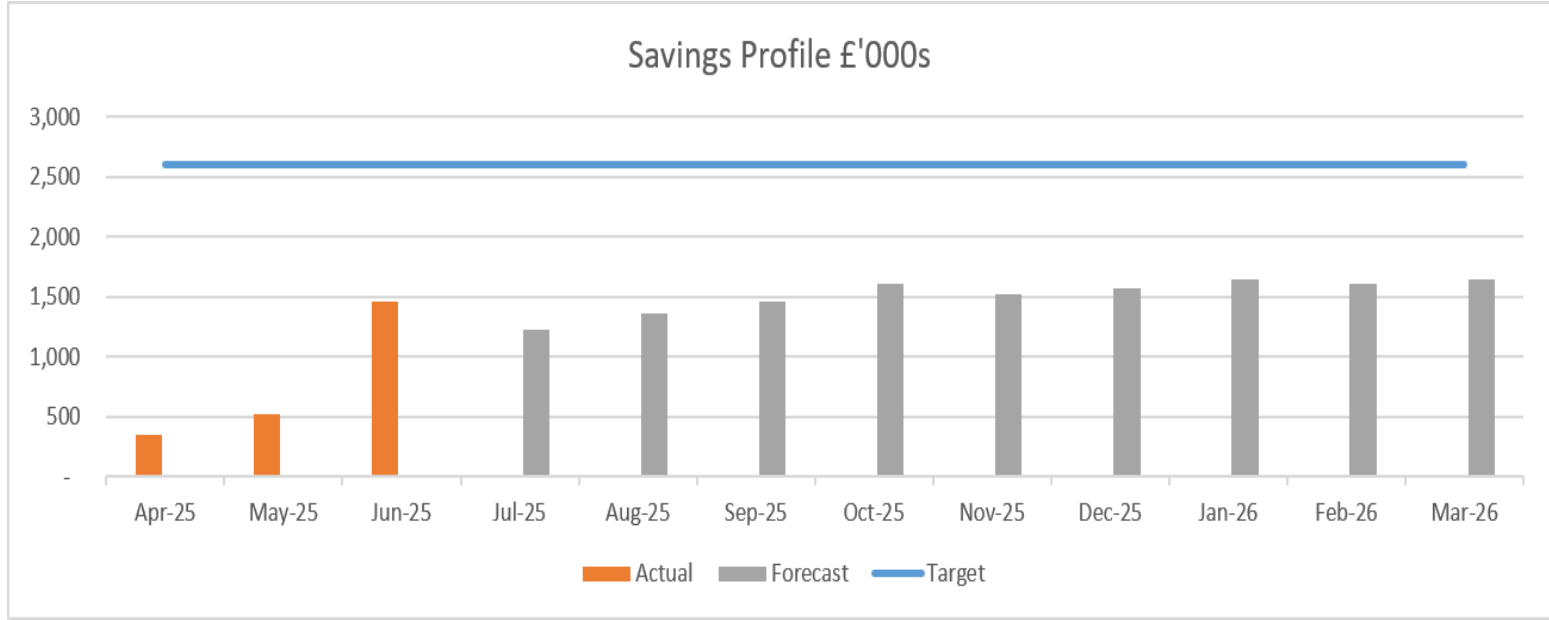
Key Points :

- Following agreement of the financial values for the 2026/27 LTAs, Documents for the 2026/27 LTAs have been submitted to all providers and commissioners for signature.
- LTA's for ABUHB, Hywel Dda UHB, SBUHB and Velindre NHST have been agreed with both commissioners and providers.
- The remaining LTA's are awaiting signoff or further queries.



	Month 3			Month 2		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M3	7.8	31.3	31.3	5.2	31.3	31.3
Actual and Forecast Savings	(2.3)	(16.0)	(17.0)	(0.8)	(14.4)	(14.7)
Total	5.5	15.3	14.3	4.4	16.9	16.6

- Key Points:**
- The M03 YTD savings is reporting £0.8m of identified savings, which is £5.5m below the YTD target of £7.8m.
 - The forecast in year savings of £16.0m is £15.3m below the £31.3m target.
 - The M03 forecast recurrent savings of £17.0m is £14.3m below the £31.3m target.



Risks & Opportunities

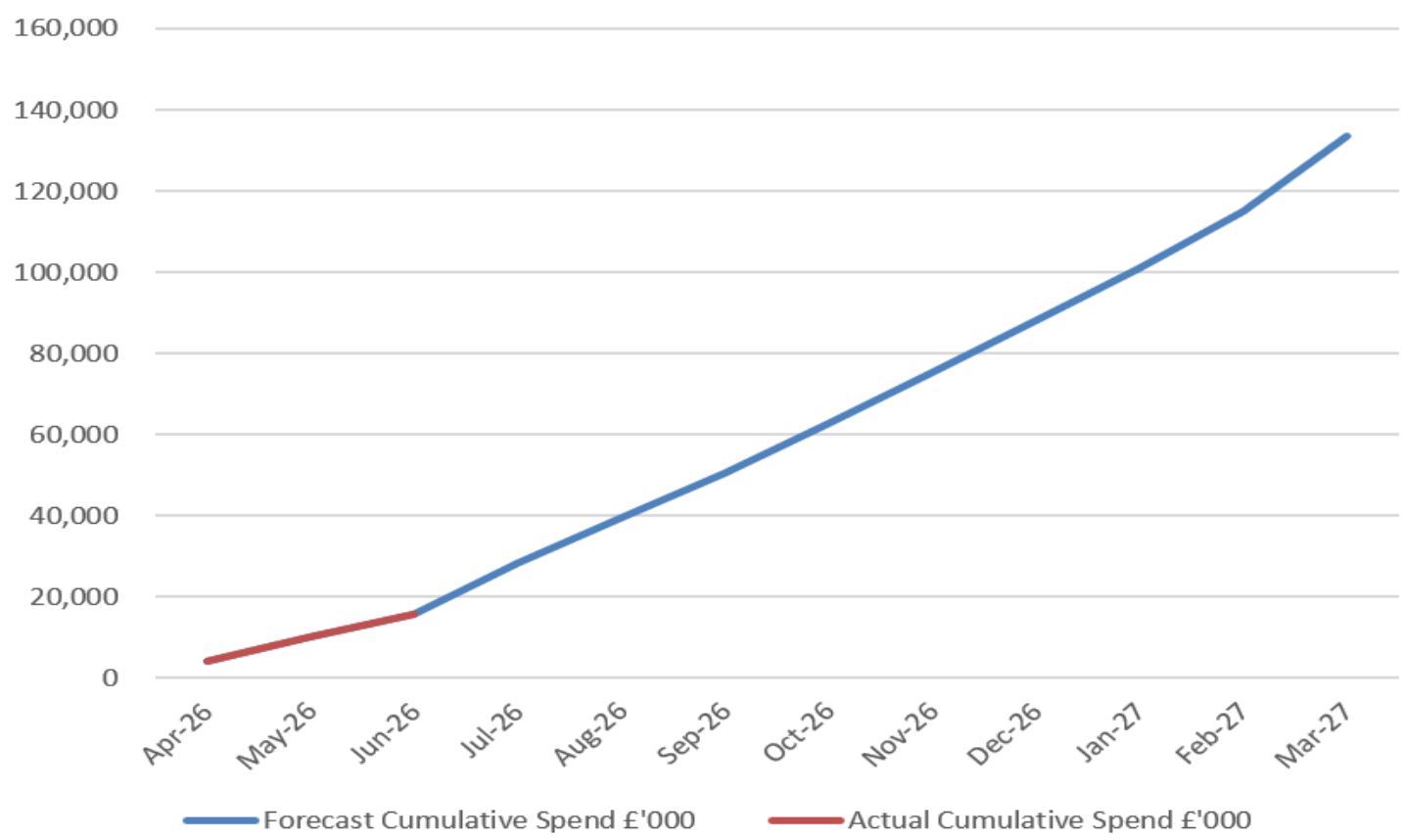
	Risk Level L/M/H	M3 £m	M2 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	M	Tbc	Tbc	Assumed to be fully funded in 2026/27
HMRC Travel Allowance change April 2026	L	Tbc	0.5	Assumed to be fully funded in 2026/27
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	1.3	Assumed to be fully funded in 2026/27
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	18.4	18.4	Recognised as Directed by WG.
DPIF Funding Risks on committed expenditure	M	Tbc	Tbc	Awaiting confirmation of 26/27 EPMA funding
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.7	1.7	Table C3
Delivery Risk on Savings plans yet to be identified	M	8.0	16.9	Unidentified mitigations, risk adjusted
Delegated Risk Assessments	H	8.2	8.2	Risk adjusted cost pressures
Delegated Risk Assessments – Medium Risk		0.0	3.0	Incorporated into item above
Health Visitors Band 6 Dispute	M	0.8	0.8	
NWJCC Plans not delivering	L	Tbc	2.0	JCC reporting nil risk
LTA Disputes	H	Tbc	Tbc	
Planned Care target pressures	M	Tbc	Tbc	
Pay & Employment disputes	M	Tbc	Tbc	
Primary Care Prescribing NCSO	M	1.0	1.0	NCSO continues
CHC Growth above Plan	M	Tbc	Tbc	
Energy Forecast	H	0.5	0.5	NWSSP Energy Forecast
Retention of Dental Underspend	L	1.0	0.0	
Total Risks		38.6	54.3	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		(Tbc)	(Tbc)	
Net Risk		38.6	54.3	

Key Points:

- As at M03 we have identified risks to the forecast, amounting to £39.6m.
- There is a small number of potential opportunities that could help mitigate the identified risks which have yet to be confirmed.

Capital Expenditure

Capital Expenditure £'000



Key Points:

- The apital Resource Limit for 2026-27 of £133.529m was issued on the 30th June 2026.
- This is supplemented by a forecast of £0.000m of donated funds and £0.000m of NBV of assets disposed of in this financial year giving an overall programme of £133.529m.
- Expenditure to 30.06.26 amounted to £15.656M.
- The outturn capital position is breakeven.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2026) £'000	Closing Balance as at M3 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	796,175	804,208	796,175
Intangible Assets	2,927	2,927	2,927
Trade and Other Receivables	104,127	104,127	104,127
Total Non-Current Assets	903,229	911,262	903,229
Current Assets			
Inventories	8,048	8,031	8,031
Trade and Other Receivables	117,362	127,906	115,706
Cash and Cash Equivalents	4,880	6,342	317
Non Current Assets Classified as Held for Sale			
Total Current Assets	130,290	142,279	124,054
Current Liabilities			
Trade and Other Payables	213,179	187,598	207,450
Provisions	52,860	73,521	61,251
Total Current Liabilities	266,039	261,119	268,701
Non-Current Liabilities			
Trade and Other Payables	16,750	16,750	16,750
Provisions	103,749	103,749	103,749
Total Non-Current Liabilities	120,499	120,499	120,499
TOTAL ASSETS EMPLOYED	646,981	671,923	638,083
Financed By:			
General Fund	507,326	532,268	498,428
Revaluation Reserve	139,655	139,655	139,655
TOTAL	646,981	671,923	638,083

Key Points :

The main changes in the balance sheet figures from opening balance to M03 include the following:

- Provisions have decreased by £7.7m since M11, this is mainly due to an increase in the level of provision required for clinical negligence cases.
- Trade and other payables have decreased by £25.6m in the first three months. This is due to a large reduction in NHS accruals as year-end creditors are paid, and a reduction in capital creditors and general AP control creditors from year-end.
- Provisions have increased by £20.7m, this is due to an increase in value of clinical negligence claims over the past 3 months. .
- The trade and other receivables balance has increased due to the money owed from WRP in relation to the increase in the clinical negligence provision. This has been offset by general reduction in AR control debtors from year-end.

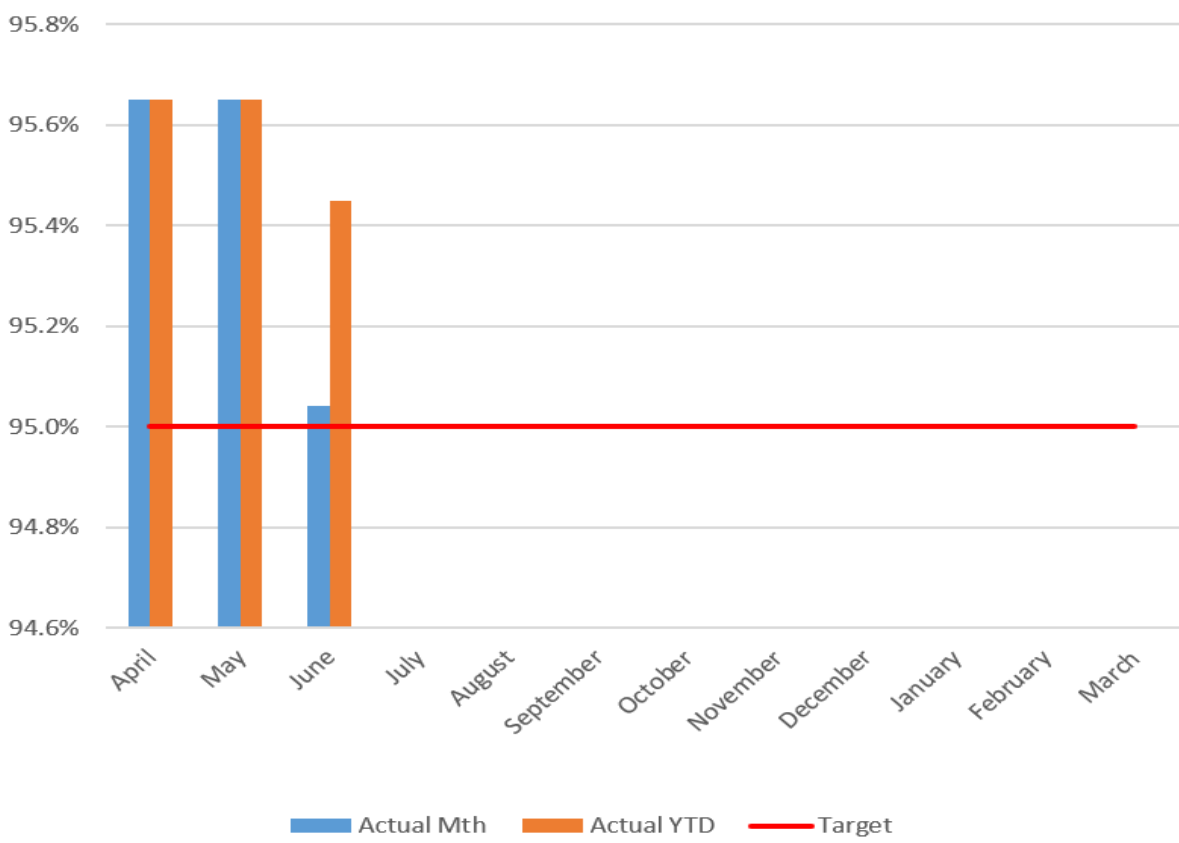
Cash Flow Forecast

Cash flow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	134,206	132,083	129,883	145,000	116,232	126,900	135,900	116,900	144,900	119,400	127,400	124,989	1,553,793
WG Capital Funding	14,000	12,500	1,400	3,900	5,400	9,600	7,200	10,500	6,700	10,900	11,600	42,418	136,118
Sale of Assets	84	1	0	0	0	0	0	0	0	0	0	0	85
Welsh NHS Org'ns	14,146	10,225	13,448	12,000	12,000	13,000	12,000	13,000	12,000	12,000	13,000	16,000	152,819
Other	3,375	6,769	5,840	5,000	6,000	8,000	9,000	6,000	6,000	6,000	6,000	10,000	77,984
Total Receipts	165,811	161,578	150,571	165,900	139,632	157,500	164,100	146,400	169,600	148,300	158,000	193,407	1,920,799
Payments													
Primary Care Services	21,258	21,156	24,602	32,035	9,613	22,043	29,266	9,609	35,886	9,967	21,463	21,648	258,546
Salaries and Wages	68,227	68,151	68,908	74,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	831,286
Non Pay Expenditure	62,165	62,059	54,650	57,000	56,000	57,000	58,000	57,000	58,000	58,000	58,000	61,200	699,074
Capital Payments	13,029	5,559	6,734	6,266	6,009	9,546	7,255	10,459	6,675	10,975	11,547	42,402	136,456
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	164,679	156,925	154,894	169,301	140,622	157,589	163,521	146,068	169,561	147,942	160,010	194,250	1,925,362
Net Cash In/Out	1,132	4,653	(4,323)	(3,401)	(990)	(89)	579	332	39	358	(2,010)	(843)	
Balance B/F	4,880	6,012	10,665	6,342	2,941	1,951	1,862	2,441	2,773	2,812	3,170	1,160	
Balance C/F	6,012	10,665	6,342	2,941	1,951	1,862	2,441	2,773	2,812	3,170	1,160	317	

Key Points within the Cash Flow Forecast :

- In M3 the cash balance was £6.3m, comprising £3.3m revenue and capital of £3.0m. This is close to the targeted balance of £6m. At this point there is no expected drawdown of working balances or strategic cash.
- At this point there is no expected drawdown of working balances or strategic cash.

30 Day Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30-day target in May was 95.0%.
- The cumulative percentage year to date is 95.5%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

2026-27 Finance Performance Report

Month 3

Summary

Situation	Background
The purpose of this Finance Performance report is focus on the financial performance of the individual care groups and directorates as at M3 (i.e. the delegated budget position). This Finance Performance report is discussed at the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings. Where required, ODC may request further information or a ‘deep dive’ on the financial performance of an individual care group or directorate. A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M3. The overall financial position report is discussed at the Board, ODC and EMB.	Over the previous 2 financial years, the delegated baseline budgets have increased by £44.2m (24/25) and a further £33.8m (25/26) to reflect assessed underlying deficits. However, the latest outturn for 25/26 is indicating a further £15.2m underlying deficit. Continuation of this scale of underlying deficit deterioration is not sustainable whilst striving to achieve a balanced financial position. For 2026/27, the approved recurrent budgets from 2025/26 will be the baseline initial budgets for 2026/27 with no additional funding for underlying deficits. However, the financial plan for 26/27 made provision for a £42.7m recurrent investment in Care Groups and directorates to cover the anticipated impacts of inflation, recognised cost pressures and approved investments. All care groups and directorates are therefore expected to deliver a £31.3m savings target by managing costs within their approved budgets and deliver a breakeven position in 26/27. All care groups and directorates will receive Budgetary Accountability letters which confirms this expectation.

Summary

Assessment	Recommendation
The delegated position reported an adverse variance of £2.6m in M3, giving a year to date variance of a £8.8m deficit compared to plan. The M3 variance of £2.6m is in line with the initial financial challenge assessment of £2.6m per month. The year to date variance of £8.8m is £1.1m worse than the initial financial challenge assessment. The overall savings plans (Delegated & Non Delegated) has identified savings achievement in M3 of £1.5m compared to the target of £2.6m. The forecast savings achievement (excluding Red schemes) is £16.0m. This represents a forecast shortfall of £15.3m compared to the £31.3m annual savings target. The latest delegated forecast position is indicating a deficit of £22.7m compared to the approved plan. A breakdown of the delegated position by care group/directorate is provided on page 6.	The Executive Management Board (EMB) and the Operational Delivery Committee (ODC) are asked to DISCUSS and NOTE the financial performance of individual care groups and directorates for the period to 30th June 2026.

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Slide	Subject Area
5	Executive Summary
6	Summary Performance Current Month
7	Summary Performance YTD
8	Summary Performance Forecast – Provided from M3
9	Summary Performance – Corporate Directorates Current Month
10	Summary Performance – Corporate Directorates YTD
11	Summary Performance – Corporate Directorates - Provided from M3
12-21	Annex A - Savings Analysis
22-28	Annex B - Operating Variance Analysis

Executive Summary

Delegated Position

- The delegated position reported a deficit of £2.6m in month, giving a year to date deficit of £8.8m.
- This represents a £1.1m YTD deterioration compared to the initial financial challenge assessment of £2.6m per month.
- The delegated forecast position is £22.7m deficit, which is £8.3m improvement upon the initial financial challenge of £31.0m.
- This forecast position includes £13.4m of savings offset by £5.1m of unplanned cost pressures.

Savings Plan Analysis

- The current year savings forecast has identified £16.0m compared to the current target of £31.3m, giving a shortfall of £15.3m.
- The recurrent forecast is £17.0m, which is £14.3m below the target of £31.3m.
- Within the £16.0m current year forecast, there is £5.9m identified against the Value & Effectiveness programme areas, compared with an initial target of £17m

Operating Variance Analysis

- The year-to-date delegated operating variance is £2.0m overspent at M3
- Pay is £1.6m overspent, with the most significant adverse YTD pay variances being Medical & Dental £1.9m (where Planned care is £0.9m & Unscheduled Care is £0.6m)
- Non-pay is £1.8m overspent, with the most significant spend being Clinical Support Services at £0.8m.
- Income is £2.0m overspent, with Other Income being at £1.3m.

Summary Performance M3



	Annual Budget	M3 Breakeven Target	M3 Current Variance	M3 Movement from Underlying Challenge	M3 Current Savings	M3 Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Planned Care	213,431	605	919	314	(203)	517
Unscheduled Care	172,675	335	506	171	(51)	222
Primary & Community Care	243,594	110	(64)	(174)	(167)	(7)
Mental Health & Learning Disabilities	140,469	353	699	346	(139)	485
Children & Families	92,948	151	208	57	(25)	82
Diagnostics, Therapies & Specialties (Med Mgt)	294,001	479	(114)	(593)	(588)	(5)
Corporate Directorates	133,375	259	181	(78)	(71)	(7)
Facilities	48,229	120	274	154	0	154
Contracting & Commissioning	194,497	174	(1)	(175)	0	(175)
Total Delegated Budgets	1,533,218	2,585	2,608	22	(1,244)	1,266

- Key Points:**
- The M3 Breakeven target is £2.6m, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
 - The current month variance is £2.6m adverse compared to plan, which was in line with the initial financial challenge assessment.
 - However, current savings only identified £1.2m in M3, leaving a further adverse contribution to the financial position of £1.3m.
 - Only four Care Groups, have delivered a contribution to the financial challenge. The four Care Groups that have created a contribution in M3 are:
 - Primary & Community Care – (£7k)
 - DTP&S – (5k)
 - Corporates – (£7k).
 - Contracting & Commissioning (£175k)

Summary Performance M3 YTD



	Annual Budget	M3 YTD Breakeven Target	M3 YTD Current Variance	M3 YTD Movement from Underlying Challenge	M3 YTD Current Savings	M3 YTD Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Planned Care	213,431	1,815	2,729	914	(329)	1,243
Unscheduled Care	172,675	1,005	1,563	558	(76)	634
Primary & Community Care	243,594	330	(221)	(551)	(180)	(371)
Mental Health & Learning Disabilities	140,469	1,059	1,723	664	(241)	905
Children & Families	92,948	453	588	135	(46)	181
Diagnostics, Therapies & Specialties (Med Mgt)	294,001	1,436	561	(875)	(683)	(192)
Corporate Directorates	133,375	777	821	44	(120)	164
Facilities	48,229	360	560	200	0	200
Contracting & Commissioning	194,497	522	507	(15)	0	(15)
Total Delegated Budgets	1,533,218	7,755	8,830	1,074	(1,676)	2,750

- Key Points:**
- The M3 YTD Breakeven target is £7.8m, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
 - The current YTD variance is £8.8m adverse compared to plan.
 - A deterioration of £1.1m has been reported in YTD from the initial underlying challenge of £7.8m. However, current savings only identified £1.7m YTD, leaving a further adverse contribution to the financial position of £2.8m.
 - Only three Care Groups, have delivered a contribution to the financial challenge. The three Care Groups that have created a contribution in M3 are:
 - Primary & Community Care – (£371k)
 - Diagnostics, Therapies & Specialties – (£192k).
 - Contracting & Commissioning – (£15k)

Summary Performance M3 Forecast



	Annual Budget	Breakeven Target	Forecast Variance	Forecast Movement from Underlying Challenge	Forecast Savings	Forecast Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Planned Care	213,431	7,255	5,808	(1,447)	(3,336)	1,889
Unscheduled Care	172,675	4,015	1,048	(2,967)	(2,001)	(966)
Primary & Community Care	243,594	1,325	0	(1,325)	(1,350)	25
Mental Health & Learning Disabilities	140,469	4,233	4,539	306	(1,872)	2,178
Children & Families	92,948	1,808	2,530	722	(272)	994
Diagnostics, Therapies & Specialties (Med Mgt)	294,001	5,745	2,183	(3,562)	(3,509)	(53)
Corporate Directorates	133,375	3,107	2,312	(795)	(886)	91
Facilities	48,229	1,442	1,840	398	(57)	455
Contracting & Commissioning	194,497	2,088	2,476	388	(90)	478
Total Delegated Budgets	1,533,218	31,018	22,736	(8,282)	13,374	5,092

Key Points:

- The Delegated Forecast Breakeven savings target is £31.0m, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The Forecast variance is £22.7m adverse compared to plan.
- An improvement of £8.3m has been Forecast from the initial underlying challenge of £31.0m. However, current forecast savings have identified £13.4m, leaving a further adverse net operating variance to the forecast financial position of £5.1m.
- Only two Care Groups, have forecast to deliver a contribution to the financial challenge. The two Care Groups that have created a forecast contribution are:
 - Unscheduled Care – (£966k)
 - Diagnostics, Therapies & Specialties – (£53k).

Summary Performance – Corporates Directorates M3



	Annual Budget	M3 Breakeven Target	M3 Current Variance	M3 Movement from Underlying Challenge	M3 Current Savings	M3 Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Patient Care & Safety	15,440	70	184	114	(1)	115
Corporate Governance	772	1	8	7	0	7
Chief Executive	3,949	8	7	(1)	(1)	0
Finance	5,229	10	11	1	(2)	3
Public Health	4,961	8	(81)	(89)	0	(89)
Digital	25,380	51	66	15	(2)	17
Medical Director	814	1	(8)	(9)	3	(12)
National Imaging Academy	1,762	0	11	11	0	11
Strategy & Transformation	21,474	10	(27)	(37)	0	(37)
Research & Development	1,445	0	8	8	0	8
Estates	30,567	50	(33)	(83)	(65)	(18)
Therapies & Healthcare Sciences	67	3	2	(1)	0	(1)
People Services	12,056	31	10	(21)	(1)	(20)
COO Management	9,460	15	24	9	(1)	10
Total Delegated Budgets	133,375	259	181	(76)	(70)	(6)

Key Points:

- The M3 Breakeven target is £259k, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current month variance is £181k adverse compared to plan.
- An improvement of £76k has been reported in M3 from the initial underlying challenge of £259k. However, current savings only identified £70k in M3, leaving a further favourable contribution to the financial position of £6k.
- Only six directorates, have delivered a contribution. The seven directorates that have created an additional pressure in M3 are:
 - Patient Care & Safety - £115k
 - Corporate Governance - £7k
 - Finance - £3k
 - Digital - £17k
 - National Imaging Academy - £11k
 - Research & Development - £8k
 - COO Management - £10k



Summary Performance – Corporates Directorates M3 YTD



	Annual Budget	M3 YTD Breakeven Target	M3 YTD Current Variance	M3 YTD Movement from Underlying Challenge	M3YTD Current Savings	M3 YTD Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Patient Care & Safety	15,440	210	612	402	(3)	405
Corporate Governance	772	3	(10)	(13)		(13)
Chief Executive	3,949	24	12	(12)	(3)	(9)
Finance	5,229	30	12	(18)	(5)	(13)
Public Health	4,961	24	(82)	(106)	(1)	(105)
Digital	25,380	153	275	122	(5)	117
Medical Director	814	3	(23)	(26)		(26)
National Imaging Academy	1,762	0	(0)	(0)		(0)
Strategy & Transformation	21,474	30	(77)	(107)	(1)	(106)
Research & Development	1,445	0	23	23		23
Estates	30,567	150	(60)	(210)	(96)	(114)
Therapies & Healthcare Sciences	67	9	5	(4)		(4)
People Services	12,056	93	13	(80)	(2)	(78)
COO Management	9,460	45	121	76	(4)	80
Total Delegated Budgets	133,375	777	821	44	(120)	164

Key Points:

- The M3 YTD Breakeven target is £777k, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current YTD variance is £821k adverse compared to plan.
- An deterioration of £44k has been reported YTD from the initial underlying challenge of £777k. However, current savings only identified £120k YTD, leaving a further adverse contribution to the financial position of £164k.
- All the directorates, except four have delivered a contribution. The four directorates that have created an additional pressure in M3 are:
 - Patient Care & Safety - £405k
 - Digital - £117k
 - Research & Development - £23k
 - COO Management - £80k



Summary Performance – Corporates Directorates M3 Forecast



	Annual Budget	Breakeven Target	Forecast Variance	Forecast Movement from Underlying Challenge	Forecast Savings	Forecast Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Patient Care & Safety	15,440	840	838	(2)	(13)	11
Corporate Governance	772	12	5	(7)	0	(7)
Chief Executive	3,949	96	127	31	(10)	41
Finance	5,229	120	201	81	(19)	100
Public Health	4,961	96	(36)	(132)	(71)	(61)
Digital	25,380	612	841	229	(21)	250
Medical Director	814	12	(2)	(14)	(18)	4
National Imaging Academy	1,762	0	0	0	0	(0)
Strategy & Transformation	21,474	120	51	(69)	(103)	34
Research & Development	1,445	0	0	0	0	0
Estates	30,567	600	62	(538)	(410)	(128)
Therapies & Healthcare Sciences	67	36	0	(36)	0	(36)
People Services	12,056	372	317	(55)	(166)	111
COO Management	9,460	180	(92)	(272)	(55)	(217)
)Total Delegated Budgets	133,375	3,108	2,312	(794)	(886)	92

Key Points:

- The Forecast Breakeven target is £3,108k, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current forecast variance is £2,312k adverse compared to plan.
- An improvement of £794k has been Forecast from the initial underlying challenge of £3,108k. However, current forecast savings have identified £886k, leaving a further adverse contribution to the financial position of £92k.
- Only 4 directorates are forecast to deliver a contribution. The four directorates are:
 - Corporate Governance - £4k
 - Public Health - £61k
 - Estates - £128k
 - Therapies & Health Sciences - £36k
 It is essential that corporate directorates do not deteriorate their Month 3 YTD position.

Annex A

Savings Performance

Month 3

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20	Forecast Savings – Cross Cutting Themes

Executive Summary Month 3

In Month Savings	The M3 savings was £1.5m. This represents a shortfall of £1.1m compared to the monthly savings target of £2.6m.
Year to Date Savings	The M3 YTD savings was only £2.4m. This represents a shortfall of £5.5m compared to the M3 YTD savings target of £7.8m.
Current Year Forecast Savings	- The forecast in year savings is £16.0m, which is £15.3m below the target of £31.3m. - Within the £16.0m current year forecast, there is £5.9m identified against the Value & Effectiveness programme, compared with an initial target of £17m. - The savings forecast of £16.0m is classified as £14.7m of Green schemes and £1.3m of Amber schemes. - A further £5.2m of savings plans have been assessed as Red schemes.
Recurrent Savings	- The M3 forecast recurrent savings achievement is £17.0m. This represents a forecast shortfall of £14.3m compared to the recurrent savings target of £31.3m. - The recurrent savings forecast of £17.0m is classified as £15.7m Green schemes and £1.4m Amber schemes. - A further £8.2m of savings plans have been assessed as Red schemes.

In Month Savings – Month 3



	Annual Savings Targets	Monthly Savings Targets	Month 3 Savings	Month 3 Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	7,255	605	203	401
Unscheduled Care	4,015	335	67	267
Primary Care & Community	1,325	110	167	(56)
Mental Health & LD	4,233	353	139	213
Children & Families	1,808	151	25	126
Diagnostics, Therapies, Pathology & Specialties	5,745	479	597	(118)
Corporate Executives	3,107	259	71	188
Facilities	1,442	120	0	120
Contracting & Commissioning	2,088	174	0	174
Central Target	282	24	217	(194)
TOTAL	31,300	2,608	1,486	1,122

Key Points:

- The M3 savings figure is £1.5m.
- This represents a £2.1m Deficit against the monthly savings target of £2.6m.

YTD Savings – Month 3



DELEGATED BUDGETS	Year to Date Variance (M3-26)			
	Annual Savings Targets	YTD Savings Targets	Month 3 YTD Savings	Month 3 Variance from Target
	£'000	£'000	£'000	£'000
Planned Care	7,255	1,814	329	1,485
Unscheduled Care	4,015	1,004	93	911
Primary Care & Community	1,325	331	180	151
Mental Health & LD	4,233	1,058	241	817
Children & Families	1,808	452	46	406
Diagnostics, Therapies, Pathology & Specialties	5,745	1,436	691	745
Corporate Executives	3,107	777	120	656
Facilities	1,442	361	0	360
Contracting & Commissioning	2,088	522	0	522
Central	282	71	651	(581)
TOTAL	31,300	7,825	2,352	5,473

Key Points:

- The M3 YTD savings position is reporting total of £2.4m, which is circa 30% of the M3 YTD target of £7.8m.
- This represents an adverse variance of £5.5m against the M3 YTD savings target of £7.8m.

Forecast Savings – Month 3



	Annual Savings Targets	Savings	Savings	Variance	Recurrent Forecast Savings	Recurrent Forecast Variance
DELEGATED BUDGETS	£'000	£'000	%	£'000	£'000	£'000
Planned Care	7,255	3,336	45.98%	3,919	2,759	4,496
Unscheduled Care	4,015	2,001	49.84%	2,014	2,958	1,057
Primary Care & Community	1,325	1,350	101.92%	(25)	1,248	77
Mental Health & LD	4,233	1,872	44.22%	2,361	2,722	1,511
Children & Families	1,808	272	15.05%	1,536	173	1,635
Diagnostics, Therapies, Pathology & Specialties	5,745	3,509	61.08%	2,236	3,778	1,967
Corporate Executives	3,107	886	28.52%	2,221	648	2,459
Facilities	1,442	57	3.92%	1,385	55	1,387
Contracting & Commissioning	2,088	90	4.31%	1,998	100	1,988
Central	282	2,604	923.40%	(2,322)	2,604	(2,322)
TOTAL DELEGATED BUDGETS	31,300	15,978	51.05%	15,322	17,045	14,255

Key Points:

- The forecast savings achievement (excluding Red schemes) is £16.0m. This represents a forecast shortfall of £15.3m compared to the £31.3m annual savings target.
- The forecast savings of £16.0m is only 51.05% of the annual target.
- The forecast recurrent savings achievement is £17.0m which represents a recurrent adverse variance of £14.3m.



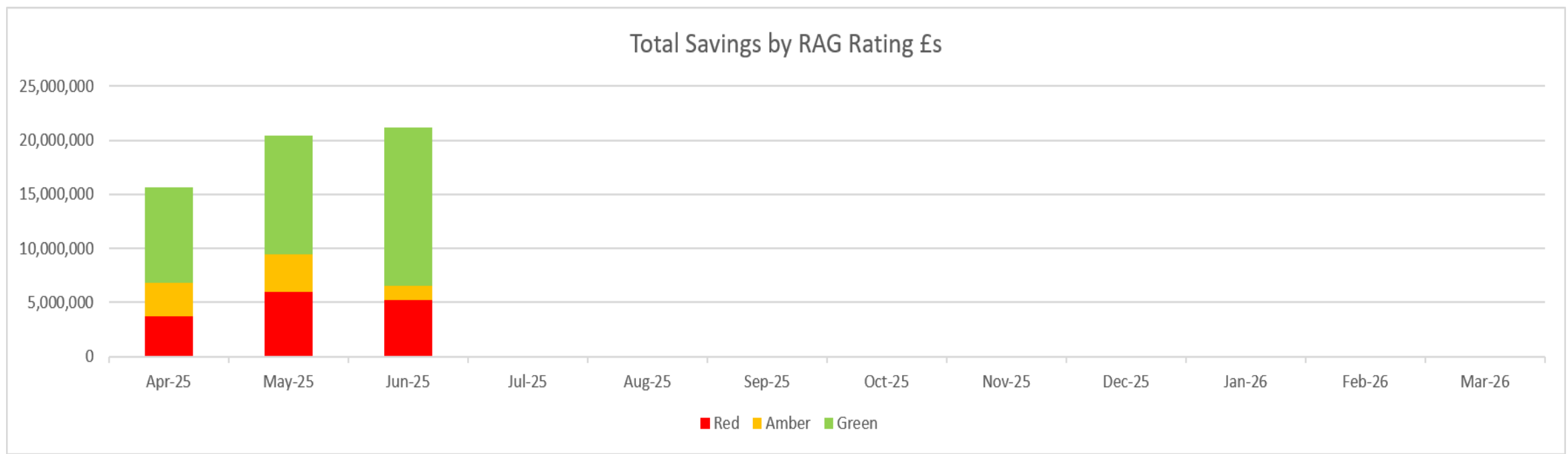
Forecast Savings RAG ratings - Month 3

	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes)	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes)
DELEGATED BUDGETS	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	7,255	2,496	840	118	3,919	2,522	237	235	4,496
Unscheduled Care	4,015	1,997	5	2,226	2,014	2,952	6	3,698	1,057
Primary Care & Community	1,325	1,240	111	51	(25)	1,051	197	102	77
Mental Health & LD	4,233	1,661	211	137	2,361	1,987	734	263	1,511
Children & Families	1,808	272	0	607	1,536	173	0	1,040	1,635
Diagnostics, Therapies, Pathology & Specialties	5,745	3,372	137	615	2,236	3,586	192	817	1,967
Corporate Executives	3,107	886	0	1,189	2,221	648	0	1,511	2,459
Facilities	1,442	57	0	35	1,385	55	0	70	1,387
Contracting & Commissioning	2,088	90	0	240	1,998	100	0	480	1,988
Central	282	2,604	0	0	(2,322)	2,604	0	0	(2,322)
TOTAL DELEGATED BUDGETS	31,300	14,674	1,304	5,217	15,322	15,679	1,366	8,216	14,255

Key Points:

- As at M3, the forecast savings of £15.3m is made up of £14.7m Green schemes and £1.3m Amber schemes. It's important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.

Forecast Savings Health Board Trend Line - Month 3



Key Points:

- As at M3, the forecast savings of £16.0m includes £14.7m of Green schemes and £1.3m Amber schemes.

Forecast Savings Executive Led Programmes



Executive Led Value & Effectiveness Programmes	Plan £'000	Month 3 Forecast £'000	Variance £'000
Medical Workforce Productivity	3,816	1,812	-2,004
Nursing Workforce Productivity	4,658	1,894	-2,764
Patient Centred Contact	1,000	0	-1,000
Procurement	4,800	1,377	-3,423
Individual Commissioned Patient Care	150	113	-38
Community Pathways Optimisation	2,544	674	-1,870
VALUE & EFFECTIVENESS PROGRAMME SAVINGS	16,968	5,870	(11,098)
Other	14,332	10,108	-4,224
TOTAL IDENTIFIED SAVINGS	31,300	15,978	(15,322)

Key Points:

- The M3 forecast is reporting plans of £5.9m (excluding Red schemes) against the Executive led Value & Effectiveness programme areas.
- This is a £11.1m variance on the Executive Led Value & Effectiveness Programmes compared to the £17m initial target.

Annex B

Operating Variance Analysis

Month 3

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25	Year to Date Pay Variances
26	Year to Date Non Pay Variances
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Executive Summary Month 3

Operating Variance	The M3 operating variance is a £2.0m overspend.
Pay Variance	- The year to date pay variance reported an overspend of £1.6m, the most significant YTD pay variances are: - Medical & Dental £1.9m (where Planned Care is £0.9m, Unscheduled Care is £0.6m and Mental Health & Learning Disabilities is £0.4m) - Additional Clinical Services £0.5m - Allied Health Professionals £0.3m - Estates & Ancillary is £0.2m
Non Pay Variance	- The M3 overspend is £1.2m. - The most significant YTD variance is: - Clinical Support Services £0.8m - Other (£0.6m)
Income Variance	- The M3 income overspend is £0.6m. - The most significant variances are within: - Other Income £1.3m - Welsh NHS Income £0.8m

M3 Operating Variances

	Month 3					Year to Date			
	Pay	Non Pay	Income	Total		Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Planned Care	413	298	28	739		1,592	368	66	2,026
Unscheduled Care	181	207	(1)	388		798	407	3	1,208
Primary & Community Care	(70)	(30)	111	11		(418)	(185)	351	(252)
Mental Health & Learning Disabilities	136	411	16	563		447	790	58	1,296
Children & Families	(214)	134	145	65		(575)	178	545	148
Diagnostics, Therapies & Specialities	31	(20)	13	25		35	(148)	30	(84)
Corporate Directorates	(172)	146	(9)	(34)		(249)	293	29	73
Facilities	(97)	261	53	217		(61)	249	201	390
Contracting & Commissioning	0	(210)	210	(1)		0	(203)	710	507
Grand total	210	1,197	566	1,973		1,569	1,750	1,993	5,311

Key Issues:

- The M3 outturn overspend of £2.0m is a concern, given the savings target and requirement for care groups to reduce spend and achieve breakeven.
- A detailed analysis of the M3 outturn pay, non-pay and income overspends is provided on the following pages.

M3 YTD Pay Variances

	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(31)	(100)	68	159	30	1	940	497	27	1,592
Unscheduled Care	(12)	405	(60)	(3)	0	(0)	613	(145)	0	798
Primary & Community Care	(40)	(38)	(239)	(123)	4	(0)	30	(12)	0	(418)
Mental Health & Learning Disabilities	(37)	208	(52)	(34)	0	0	389	(28)	0	447
Children & Families	(1)	36	(3)	(18)	14	0	(59)	(545)	(0)	(575)
Diagnostics, Therapies & Specialities	(108)	(55)	(61)	295	1	(219)	62	(16)	136	35
Corporates	(7)	48	(318)	18	29	26	(45)	(7)	8	(249)
Facilities	0	(2)	(165)	(2)	92	0	0	0	16	(61)
Grand total	(237)	502	(829)	291	171	(192)	1,931	(255)	187	1,569

Key Issues:

- At a bottom line level, the most concerning overspends are Medical & Dental £1,931k, Additional Clinical Services £502k, Allied Health Professionals £291k and Estates & Ancillary £171k.
- At a care group/directorate level, the more significant overspends are highlighted in RED.
- The underspend in Children & Family Nursing is partly due to the ongoing industrial action by Health Visitors, This is partly offset by a reduction in income related to services provided to Local Authorities by Health Visitors.
- Care groups and directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly performance review meetings with the care groups/directorates.

M3 YTD Non Pay Variances

	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	377	(21)	0	12	368
Unscheduled Care	409	(28)	0	26	407
Primary & Community Care	139	39	(461)	98	(185)
Mental Health & Learning Disabilities	52	60	666	13	790
Children & Families	252	(7)	53	(120)	178
Diagnostics, Therapies & Specialities	(333)	31	67	87	(148)
Corporates	(68)	(152)	(32)	545	293
Facilities	(6)	147	0	109	249
Contracting & Commissioning	0	0	11	(214)	(203)
Grand total	822	69	303	556	1,750

Key Issues:

- At a bottom line level, Clinical Services & Supplies was overspent by £0.8m YTD. Other is overspent by £0.3m YTD.
- At a care group/directorate level, the more significant overspends are highlighted in RED.
- Care groups and directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the care groups/directorates.
- The adverse impact of clinical negligence claims of £605k within patient care & safety directorate is included in the £545k overspend within Corporates – Other category.

M3 YTD Income Variances

	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(22)	0	0	88	66
Unscheduled Care	1	0	0	2	3
Primary & Community Care	(166)	0	(83)	600	351
Mental Health & Learning Disabilities	(1)	(1)	0	60	58
Children & Families	26	0	1	518	545
Diagnostics, Therapies & Specialities	(14)	(4)	(1)	48	30
Corporates	(22)	(0)	5	47	29
Facilities	14	0	0	187	201
Contracting & Commissioning	1,000	(24)	0	(266)	710
Grand total	815	(29)	(78)	1,285	1,993

Key Issues:

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£1.3m) and Welsh NHS Income (£0.8m)
- At a care group/directorate level, the more significant income shortfalls are highlighted in RED.
- The under achievement of Children & Families income is partly due to the ongoing industrial action by Health Visitors, this is offset by a reduction in pay costs related to Health Visitors.
- Care groups and directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly performance review meetings with the care groups/directorates.



Operational Delivery Committee

Capital Programme Update 2026/27

Eitem yr Agenda / Agenda Item	5.3
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The Committee are asked to: NOTE the funding position for 26/27, commitments made against this allocation and temporary mitigation for overcommitted position. NOTE the bid submitted to WG for additional funding NOTE progress on Major Capital Schemes NOTE planned disposals in 2026/27 NOTE upcoming discussion on longer term capital plans

1. Situation /Background

The purpose of this report is to provide an update on the latest approved capital funding, approved commitments and spend for 26/27 as at the 31st May 2026.

2. Specific Matters for Consideration

2.1 26/27 Capital Funding Position

The latest capital funding position for 26/27 is shown in **Table 1** below comprising £5.436m discretionary and £134.153m All Wales Capital funding. This gives a total CRL of £139.589m. Actual IFRS16 funding requirements for 26/27 have not yet been requested but estimates have been submitted.

Funding is added to Table 1 to show donations of £0.036m and NBV of assets sold of £0.067m which takes the total funding available in year to £139.692m

Since the last reporting an additional £0.770m of Mental Health funding was secured for works in PoWH.

Table 1 Confirmed CRL funding 2026/27		Current CRL £'000
Discretionary allocation 2026/2027		5,436
Prince Charles Hospital Refurbishment - Phase 2		18,621
Decarbonisation Project		9,931
National Imaging Academy Wales Discretionary		200
TEF - Fire		1,457
TEF - Infrastructure		3,731
TEF - Decarbonisation		2,320
TEF - Mental Health		2,992
TEF - Infection Prevention Control		2,429
TEF - Decontamination		2,000
Interventional Radiology (IR), Royal Glamorgan Hospital		627
Llantrisant Health Park - Phase 1		65,057
Llantrisant Health Park - Phase 2 OBC Fees		796
Prince Charles Hospital - Phase 3 - PCH Ground and 1st floor		17,188
Efab - Decarbonisation		144
Backlog Maintenance - 2024-25		249
Pharmacy Robot, Royal Glamorgan Hospital		409
Hospital Helicopter Landing Site Schemes 2025-26		165
Mental Health Quality and Safety Scheme 25-26		479
Mental Health Quality and Safety Schemes 2026-27		770
DPIF		
DPIF - single clinical record within mental health and learning disabilities' (MHLDD)		100
IRCF		
Bridgend Health & Wellbeing Centre		2,701
Maesteg Health and Wellbeing Park		961
IRCF - Llanilid Health and Wellbeing Hub		700
Kier Hardie Health Park		126
All Wales Capital Funding		134,153
IFRS 16 Funding		0
Total WG Funding		139,589
Disposal of Assets with NBV		67
Government granted/Donated income		36
Total Capital Funding as at 11.5.2026		139,692

2.2 Anticipated Funding Adjustments

The allocation for PCH Ground & First Floor (GFF) Phase 2 will be reduced at the end of June by £5.2m as this scheme is expected to underspend overall. An element of the forecast underspend is being returned prior to scheme completion in October to ensure WG have time to re allocate appropriately.

Following the announcement of £20m additional capital funding available across Wales , WG invited all organisations to submit funding bids for backlog maintenance and digital . Bids totalling £9.607m (£5.788m digital and £3.819m backlog) were submitted at the end of June for consideration.

2.3 2026/27 Discretionary Programme Commitments

As noted above there is £5.436m of Discretionary Capital available in 2026/27 after top sliced TEF funding and slippage adjustments. When the plan for the year was approved , it was anticipated there would be £7.514m available.

Table 2 below shows the initially approved plan and the current position as of June 2026 . This shows an allowance of £2m was initially provided for brought forward schemes; there was however significantly more slippage than this overall. For All Wales Capital Programme schemes alone £3.877m was required from discretionary capital to manage the position. In addition to this, slippage on discretionary capital schemes landed at just under £1m leaving the position for 2026/27 significantly more overcommitted than envisaged when the plan was initially agreed.

All options to bring forward spend on other schemes were taken including G&FF, Llantrisant Health Park (LHP) and a number of TEF schemes. The most significant late slippage was however on Bridgend Health & Wellbeing Centre (BHWBC) where, due to delays, £1.1m was required to be managed into 2026/27 .

ECMG agree each year to over commit the programme to assist with managing inevitable year end slippage on capital schemes. When slippage is confirmed, it is managed appropriately to ensure a balanced outturn position at the end of the financial year. This year the planned overcommitment is based on 25% of the initial allocation before deductions such as TEF contribution and hence equates to £3.369m . This overcommitment is an increase on the prior year's 17.5% but reflects that this is intended to manage slippage on the whole £140m programme and not just on the discretionary element.

The table below shows that due to the additional slippage from prior year, there is currently a £5.713m overcommitment compared to the planned £3.369m. There is clearly significant pressure on the discretionary plan this year which has been discussed and reviewed at ECMG . As a result, £0.805m of backlog schemes have been put on temporary hold. This combined with the £2.144m of service redesign

schemes not yet committed brings the plan to a manageable position until further funding is secured.

Cwm Taf Morgannwg Discretionary Capital Plan 26/27 M3		
	Approved Plan 26/27	June Closing Position £'000
Table 2 - Discretionary Funding and Allocations		
Funding Sources		
Discretionary Capital Funding	13,474	13,274
TEF Top Slice	- 3,960	- 3,960
All Wales Capital Scheme Commitments B/F	- 2,000	- 3,877
Disposals		0
25% Over commitment	3,369	3,369
Total Funding (Including over-commitment)	10,883	8,806
Department Allocations		
IT	Funding	2,068
	Expenditure Allocations	2,068
	Contingency Allocation	-
Statutory Compliance	Funding	1,632
	Expenditure Allocations	1,636
	Contingency Allocation	-
Backlog Maintenance	Funding	2,068
	Expenditure Allocations	1,988
	Contingency Allocation	80
Equipment	Funding	1,741
	Expenditure Allocations	1,631
	Contingency Allocation	110
Service Redesign	Funding	3,374
	Expenditure Allocations	1,945
	Contingency Allocation	1,429
Sub Total Committed Expenditure	9,268	9,006
Subtotal amounts remaining to commit	1,619	2,144
Total anticipated Spend	10,887	11,150
Position against Funding (including planned overcommitment)	- 4	- 2,344
Position against actual funding under/(Over)	- 3,373	- 5,713

Equipment funding is fully committed and hence no further allocations are planned until additional funding is available from WG, or slippage identified. Operational Capital Group meet monthly to discuss priorities and there are currently equipment priorities totalling £1.715m awaiting funding. Priorities totalling £6.483m have also been presented under Service Redesign. A significant number of these will not progress in 2026/27 due to funding availability but also capacity constraints within Capital , Estates and Procurement teams.

The spend to 31st May across all schemes is £9.976m which is equal to 7% of the total committed spend. This is in line with the planned profile as significant spend on Llantrisant Health Park is profiled later in the year.

2.4 IMTP

As noted in the previous update , further discussion is required to confirm major capital priorities going forward. This is scheduled for 1st October 2026 .

Business cases are in development for the below schemes, and discussions have commenced regarding priorities for future TEF schemes and a 2nd phase REFIT project . In addition, a number of Mental Health priorities are developed and ready to submit should further funding become available with the ringfenced funding in WG.

Llantrisant Health Park Phase 2
Maesteg SOC/OBC
Llanilid SOC/OBC
KHHP Learning Disabilities BJC
Caswell Fire Improvements (part of SB Case)

2.5 Disposals

Following Board approval to dispose of Pontypridd Cottage Hospital , the property has been listed on the NHS Wales Estates Database (formally Electronic Property Information Mapping Service -EPIMS) . There has been interest from a few parties and viewings are being undertaken

The transfer of Bryncethin Clinic completed 1st April 2026 as part of the land swap arrangement with Codi for the land on which Bridgend Health and Wellbeing Centre is being built. The remaining two clinics required as part of the land swap are Quarella Road and Bryntirion, these will transfer on completion of the Health Centre later in 2026/27.

Key Risks / Matters for Escalation

Whilst a substantial proportion of the 2026/27 CRL is associated with the LHP programme and therefore does not impact the existing estate, there remains a large number of complex schemes within the remaining TEF and discretionary programme to be delivered. Expectations around delivery timescales for these approved schemes, and the limited capacity to accommodate any additional priorities as they emerge needs to be carefully managed across the Health Board.

3. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 10
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective	
	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:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhwch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	Not applicable	
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) Reputational risk if backlog maintenance issues not addressed.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (include further detail below) The paper discusses the use of capital resources

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Executive Capital Management Group	24/06/2026	Noted
Operational Delivery Committee	28/07/2026	Noted

Acronyms / Glossary of Terms	
AWCP	All Wales Capital Programme
BCBC	Bridgend County Borough Council
BJC	Business Justification Case
CRL	Capital Resource Limit
CRM	Welsh Government Capital Review Meeting
DPIF	Digital Priorities Investment Fund
ECMG	Executive Capital Management Group
ED	Emergency Department
FEN	Fire Enforcement Notice
FBC	Full Business Case
IRCF	Integration and Rebalancing Care Fund
IFRS	International Financial Reporting Standards
IPC	Infection Prevention and Control
ICT	Information and Communication Technology
IMTP	Integrated Medium Term Plan
KHHP	Keir Hardie Health Park
NBV	Net Book Value
NWSSP SES	NHS Wales Shared Services Partnership Specialist Estates Services
OBC	Outline Business Case
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RIBA	Royal Institute of British Architects
RGH	Royal Glamorgan Hospital
SOC	Strategic Outline Case
TEF	Targeted Estates Funding

WG	Welsh Government
YCR	Ysbyty Cwm Rhondda
YCC	Ysbyty Cwm Cynon

Appendix 1 – Major Capital Schemes Update

PCH ground and first floor Phase 2

CRL funding for 26/27 for phase 2 is £18.621M and for phase 3 is £17.188M.

Phase 2 is due to complete in October 2026 and the current forecast is that there will be a £7.4m underspend against the total budget of £221.6m.

Sections 1, 2, 3, 4 and 6 have been completed. Construction work is ongoing concurrently in the remaining work section, namely Section 5.

The remaining contingency balance on this phase 2 of the scheme is currently £0.158m.

Final accounts have been agreed on sections 1, 2, 3 and 6 and the gainshare for these is confirmed at £5.6m. However, the remaining gainshare figure is yet to be determined as Section 3 & 4 final accounts are yet to be agreed and Section 5 is still in progress. These form a significant part of the forecast scheme underspend position.

As agreed at last CRM with WG, an element of the forecast underspend on this scheme will be declared and returned by end of June 2026. The value to return was agreed at the GFF Project Board on 22nd June 2026 as £5.2m and hence WG have been notified of this. This still leaves a forecast underspend against the in year and overall position however, given this forecast position could be subject to change as works are still on site, this is considered a reasonable approach at this time.

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. Presentation made to the Welsh Government Infrastructure Investment Board 13th February 2026 and funding approval for spend of £41.679m was given 26th February 2026. The scheme commenced 30th March 2026.

HMRC have agreed that VAT recovery on scheme will be treated separately from Phase 2. No VAT is currently being recovered on section 7 until this process is agreed and initial percentage confirmed.

Bridgend Health and Wellbeing Centre

As at the end of June reporting to ECMG , the Practical Completion Date had been revised to 17th July to align with completion of the S111 works and to accommodate delays in the commissioning and defect rectification programme. A further issue has since been identified during testing and commissioning (9th July) where the contractor has confirmed that 6 fire smoke dampers (FSD's) have been missed from two locations in their design package citing co-ordination issues within their M&E design process. The immediate implication is that there is a four-week lead-in time from the manufacturer and an additional two week install, re-commission and making good period resulting in a revised completion date w/c 24th August. All avenues to reduce this period are being looked at. FSD's form part of the fire safety system and as such are life critical meaning that no certificate can be issued until approved sign-off of the ventilation system.

In addition, Section S111 Highway works are on-going with the target completion date remaining 24th July. The Local Authority have however requested additional works to upgrade the road wearing surface 14m either side of the new toucan crossing citing unforeseeable additional wear and tear. The impact of this is still to be confirmed but is not expected to add further delay to the above revised August date.

Target completion date for commissioning and testing (less the ventilation system) is 28th July subject to there being no further major problem issues identified for the remaining system items.

DRAC Consultancy (Clerk of Works) weekly defect reviews are on-going. They are currently reporting notable progress being made but are also highlighting as a risk that a substantial amount of work remains to meet the defect completion target date.

The Health Board are working with the GP practice on contingency arrangements due to the delay. Initial occupancy of the Health Centre will be phased with priority given to the Bridgend Group Practice. Full building occupation is now expected by mid-October.

In respect of pharmacy, expressions of interest were received from two pharmacy providers, next steps are now being agreed with procurement .

The transfer to Linc of Bryncethin took place 1st April 2026 On completion of the Health Centre and hence transfer of land to the Health Board, the 2 remaining clinics will transfer to the Codi.

RGH Theatres (Vanguard)

The Endoscopy unit has been removed and the costs agreed. Discussion regarding the remaining removal costs has been paused while a potential scheme linked to

a Welsh Government announcement of additional funding to increase surgical capacity across Wales.

Maesteg/Llynfi Valley

A workshop was held on 8th May to update the options appraisal with the inclusion of the alternative site at Ewenny Rd. A preferred option was identified, and a paper went to Board on 21st May, which confirmed Ewenny Rd as the preferred location. The SCP has been informed and detailed design can now progress. Further consultation will take place with the Stakeholder and Community engagement plan will be presented to public board

There was pressure on the square metreage “envelope” in the Schedule of Accommodation following recent discussions with service users. The subsequent decision by Llynfi Surgery at their Annual General Meeting (AGM) on 4th June to remain in their current location has resolved this and removed the consequential cost pressure on the build costs.

Discussions were ongoing regarding the impact of complying with NHS England Net Zero building standard. This is deemed by the appointed SCP as a scope increase from the current Welsh guidance of 2021 that the fees were based on.

Further discussion was held with the Framework Managers and engineering leads in NWSSP-SES and it has been agreed that the NZC “Lite” approach can be used in the first instance, which will mitigate the cost pressure. The SCP has been advised accordingly.

The change from the original programme for the SOC/OBC will incur additional costs, estimated circa £250k but not yet confirmed

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 contributes 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 Building Management Systems (BMS) systems).

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

This package of works 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. Also includes upgrade to the emergency and general lighting in Theatres 1 and 2 as well as cosmetic upgrades to all four theatres.

Part of the same package of works is upgrading the UPS (uninterruptible power supply) battery backup and installing IPS (isolated power supply) to the Intensive Therapy Unit (ITU) department to bring it in line with current standards. Also taking the 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 high-level sequencing of works agreed to date is that:-

- Theatres works, independent to other phases
- CCU will be decanted to Ward 1, this allows the CCU work to be done;
- Once completed ITU will decant into CCU, this allows the ITU work to be done;
- ITU will then return;
- CCU to return

Latest Update

Theatres are now operational with partial completion certificate issued for that element of the project. Works to provide decant space capable of receiving CCU patients in Ward 1 are almost complete with final completion for bedside monitors expected by the end of June.

Following the decant of patients from CCU, there is a three-month programme of works to upgrade the unit. All going well there is the potential to decant ITU, into the upgraded CCU space, in late September 2026.

UPS battery system will be installed during the CCU phase of works. Ceilings have been removed in the main corridors in readiness for containment and cable installation.

POWH Centralised Scope Decontamination

A sum of £1.82m has been approved to centralise scope decontamination in PoWH. The principal driver is to retain 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 & Throat (ENT).

This scheme will mean the old, vacant modular building (former Booking Clerks' office) will be demolished and replaced like for like (thus not requiring a planning application) to be able to decant the occupants of the former Histopathology laboratory that will be refurbished for the scope decontamination department. The modular building layout has been agreed, and this is about to be tendered under a new NHS Modular Framework that started in March 2026. This is on the critical path of the indicative programme which indicates completion and commissioning in March 2027.

The layout of the scope decontamination unit has been agreed, and the tender package has been issued and is due for return early July. The Pre-Tender Estimate has been received and is currently above budget. Value engineering options have been requested to reduce the costs and this might delay award of tender as this is worked through.

Although several meetings have been held on the revenue implications a service lead to co-ordinate these between several clinical services needs to be nominated.

Ty Llidiard Extra Care Areas (ECA)

Lead Consultants for this scheme 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 works commenced in January 2026. The scheme has seen some challenges attempting to work in a live environment and work has been paused on a number of occasions. This has been discussed regularly with the service who have now agreed to decant the area fully as agreed in the initial plan. Works are progressing well with targeted completion early July 2026.

Mental Health works

The capital team has been working with the Care Group to establish a viable programme of works for the IP&C & Anti-ligature 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. This has delayed the programme slightly as well as delays in access to areas and agreeing decant plans, this is being managed in conjunction with care group leads. A design consultant has been appointed and is currently working closely with the care group and PM to ensure the correct requirements are met. The design stage is nearing completion and now the decant plan has been agreed, the tender will be issued June 2026. This tender package is expected to exceed the current funding available however in discussion with procurement this will be issued in a way

that allows a phased award of works which will hopefully align with the funding available.

PoWH Roof works

Phase 1 was addressed under the earlier programme. While funding for remaining roof replacements/upgrades was programmed into 2026/27, some urgent works were identified and progressed in 2025/26. The works were scoped following water ingress in Ward 16 and Y Bwthyn Newydd. A direct award for these works was confirmed and work commenced December 2025 and completed March 2026. This brought forward c£300k of spend. In addition, repairs above the Costa coffee shop were also investigated and remedial work undertaken. Similarly, with the remaining balance and a small uplift, the water leaks in Ward 14 (Mental Health) are the final part of this scheme and will start shortly.

The remaining allocation for PoWH and Glanrhyd Roofs will now be picked up as a new scheme requiring a compliant procurement award.

Pinewood House

Essential refurbishment works are being undertaken to raise security, IPC and Health & Safety (H&S) standards. The main body works include renewal of 12 bathrooms / showers / WC's, new front / rear door access controls, new air conditioning to annex rooms, new fire doors, new flooring, new decorations and the relaying of external pathways.

Appointed design consultants have worked closely with end users and PM to establish requirements. Main contractors have been appointed with works due to start on site early July 26.

PCH ED

The upgrading of existing MH assessment rooms to ensure that they are fit for purpose and safe for the function of assessing patients in MH crisis. Essential Rhymney Block enabling works included within the scheme.

Main contractor appointed mid-January, works commenced late January and were due to complete early April, some delays have been experienced with the scheme and works are continuing.

RGH HCID / AE IPS&UPS /ED Expansion

Feasibility reports commissioned to look at cost of new build High Consequence Infection Disease (HCID) room connected to RGH ED. This report will encapsulate MEP, structural and architectural requirements with two costed solutions for appraisal. A separate feasibility has also been commissioned to determine the scope and impact of a new IPS/UPS system to serve the department. This will establish if the work can be carried out in a live ED environment or if a decant will be required. Following a query from Public Health and the IPC lead it has

been established with the AE for Ventilation in NWSSP-SES that a fully compliant Negative Pressure Suite (NPS) with a pressurised lobby can be used for both source isolating patients and immuno-compromised patients thus negating the need for a Positive Pressure Ventilated Lobby (PPVL) facility. This has been agreed with the Public Health Consultant and IPC and hence scheme is now proceeding as planned.

Welsh Government shortly will be running an All-Wales audit of progress towards Negative Pressure Suite facilities.

Other TEF Schemes

Completed TEF schemes

- PoWH - Theatre med gas works, surgeons panels, nurse call replacements
- PoWH – HSDU AHU replacement and refurb including replacement steriliser and washer disinfectant
- PoWH – phase 1 anti ligature works Ward 14
- RGH – Nurse call replacements, sterilisers, ENT scopes

Schemes in Progress

- PoWH – Electrical Infrastructure -Design Consultants appointed
- PoWH – Chiller replacement- 1 replaced to reduce risk, 2nd commencing design (more complex)
- YCR – Nurse call replacement -contractor appointed, due to commence
- YCC- Atrium Roof – contractor appointed, awaiting long lead time materials
- PowH and RGH Lifts – on order
- HB Wide – Fire safety works – multiple programmes of emergency lighting, fire damper and fire compartmentation works in progress
- PoWH - S136 Suite - currently out for 2nd tender for consultancy appointment as 1st tender deemed non-compliant by procurement.
- YCC – Biomass boiler replacement- contractor appointed
- HB Wide BMS works – procurement progressing
- East Glam Laundry Roof – delays due to asbestos however back on site and nearing completing
- East Glam Laundry – Boiler Replacement -enabling works commenced, scoping main replacement now confirmation received that this can proceed in terms of longevity of the site
- Glanrhyd - Continued Roof Replacement and Upgrade – recently assigned to PM for progression

Not commenced

- RGH HRC fuse board replacements – on hold due to current estates AP capacity
- RGH atrium Roof – on hold due to PM capacity
- PoWH main entrance toilets- due to commence discussions with site team
- Tonteg – site refurbishment works- on hold due to PM capacity
- Quarella Road - site refurbishment works- on hold due to PM capacity
- PoWH negative pressure isolation room and A&E IPS/UPS to resus and majors - service confirmed that location is preferably in AMU, detail needs

to be worked up. Initial meetings postponed due to service pressures. RGH agreed as priority hence this will be picked up once RGH advanced

Llantrisant Health Park

Phase 1 Community Diagnostic Hub

Work on site commenced in late February and groundworks have progressed well. Piling on both phase 1 and phase 2 completed on 14th May and drainage works are ongoing. Risk of small delay due to unexpected gas main discovered however all measures are being taken to mitigate against the same. Permanent welfare facilities are now available on site so the CTM cabin will be available for CTM staff shortly.

During initial ground investigations a number of obstructions in the ground relating to foundations of previous buildings. In addition, there have been a number of blocked drains and damaged manholes which should have been rectified by the demolition contractor. It has also come to light that the petrol interceptors that were intended to remain in situ and be reused by the programme have been filled with rubble, it is likely that the damage caused will result in a replacement being required. These issues have been raised with the contractor as defects. A meeting is still in process of being arranged to discuss further, replacements have been instructed into the programme to prevent delay whilst settlements are discussed

The main site wide planning application has been approved. All pre-commencement planning conditions have been addressed and are now fully accepted.

Initial meetings with the service provider have been had and technical information is being provided. A number of issues have been raised around the MRI design and a possible impact on the slab. A requirement to move the gulleys has resulted in a week's delay due to abortive works with the slab. Drawings are awaited from the service provider to confirm MRI layouts and shielding requirements and these are at risk of causing further delay to the programme.

A number of smaller changes have needed to be instructed, and the impact of the contingency is being assessed. The largest outstanding risks being around the MR and CT design whilst information remains outstanding.

Phase 2 – Regional Orthopaedic Hub -

As reported at the last meeting, following a letter from WG in January a revised and updated OBC had been prepared and submitted to WG at the end of February addressing a number of WG questions around the revenue, capacity and workforce plans for phase 2. Further correspondence was received on 16th March confirming that due to a number of outstanding questions that an approval of the OBC would not be given before the election period. However, there was confirmation that work should not be halted and that funding would be made available to continue to make progress.

A sum of £1.2M was approved to continue to maintain progress to end of July. This will take the contractor through to the end of the RIBA 4 design stage. This

work has now completed, and an agreed target cost has been agreed to inform the business case.

A current single OBC/FBC document is being drafted alongside the regional orthopaedic plan update with both documents proposed to be completed by 8th July and submitted to regional boards for decision at the end of the month. This is a delay on the previous programme which had targeted business case submission at the end of June. All attempts to sort early scrutiny on the technical design and capital costs are being made to shorten scrutiny to enable a decision to be made in early September in line with the Deputy Director of the NHS's current requirement. This is also what the current programme and target cost submissions are based on.

Llanilid Health and Wellbeing Hub

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

The project is obviously at a very early stage but a very high-level estimate of £17.22m has been submitted for a building 1,500 – 1,800 m². Figures were based on advice from consultants working on other similar projects across Wales and input from NWSSP SES.

Project Manager and Cost Advisor appointed March 2026 . Discussions were held on 26th March with the site developer Persimmon which will be crucial to determine health board costs for site works.

An architect has been appointed to undertake a short "test for fit" feasibility study which will commence very soon. The focus is also on clarifying the S106 obligations of Persimmon with regards to the health and wellbeing hub.

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. Target for tendered costs to be secured by Sept 2026.

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.

Veolia appointed as main contractors, Hoare Lea as Project Consultants.

Further to a number of reviews the contract programme was finally agreed by the HB allowing the contract to be signed. Works were due to commence May 26 however there were further delays in the physical signing of the contract and hence works now commencing in June 2026 with a targeted completion date June 27. Slippage to be defined and communicated to WG

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, Tonypany Health Clinic, Maritime Resource Centre, Trealaw Resource Centre and Pencoed Medical Centre

National Imaging Academy for Wales (NIAW) Discretionary Allocation

As in previous years, NIAW have submitted their plan for utilising their discretionary allocation . This is still in discussion as the original 10 year plan submitted did not include any works schemes in 2026/27. Given the current capacity constraints , feedback has been provided that these schemes will not be prioritised in the first half of the year. NIAW may therefore re assess their priorities.

Approval was provided by ECMG for NIAW to progress with the equipment purchase detailed below, with works on hold at this time.

Item	Issue	Benefits	Estimated Cost
- Kitchen refurbishment (upstairs)	Kitchen refurbishment was not completed as part of the original purchase in 2018.	These upgrades provide a combination of operational, safety, and reputational benefits.	£50,000
- Minor kitchen upgrade (downstairs)	To make additional room to install commercial grade dish washer to support event management, etc	Collectively, they help modernise the facility, improve security and protect the long-term value of the original investment made in 2018.	
- CCTV upgrades	Improves security of staff, visitors, equipment, and premises.		

- Simulation Equipment Upgrade	The current simulation equipment was purchased in 2018 and is now out of manufacturer support which is creating increasing risks around reliability, maintenance, compatibility, and educational quality.	Upgrading the equipment is necessary to ensure the facility remains, functional, and fit for modern simulation-based training.	£150,000
Total			£200,000

3. Key Risks / Matters for Escalation

Note the significant number of schemes being managed across the estate and those with service impacts including those that have not yet commenced due to PM , estates and procurement capacity

Operational Delivery Committee

Integrated Performance Dashboard

Eitem yr Agenda / Agenda Item	6.1
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation & responsible Executive Directors
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The ODC is asked to NOTE the Integrated Performance Dashboard.

1. Situation/Background

The Welsh Government's NHS Wales Performance Framework for 2026/27 sets out the national priorities and performance expectations for Health Boards and will inform the development of future reporting arrangements and performance assessment in the forthcoming year. The framework is available to read at the following URL: [NHS Wales performance framework | GOV.WALES](#)

Revisions to the framework for 2026/27 can be found in Appendix 3 at the end of this report

This Integrated Performance Dashboard provides a consolidated overview of the Health Board's current performance position, highlighting key areas of operational pressure, risk and delivery challenge. While targeted recovery actions have supported improvement in specific areas, overall performance continues to operate under sustained pressure.

Service delivery remains supported through a combination of non-recurrent capacity, system partner collaboration and active executive oversight to manage demand and mitigate risks to patient safety, experience and statutory performance requirements. This reflects the ongoing gap between demand and sustainable capacity across the health and care system.

A comprehensive suite of performance measures, aligned to the Quadruple Aim and supported by benchmarking against other NHS Wales organisations', is provided within the appendices.

2. Specific Matters for Consideration - Key Performance Highlights:

Planned Care: Significant improvement has been achieved in reducing long outpatient waits, with 8,019 patients waiting over 26 weeks for a first outpatient appointment, representing a 75% reduction compared with the previous year. However, 451 patients remain waiting over 104 weeks for treatment, predominantly within Orthopaedics and Neurology.

Diagnostics: Diagnostic performance remains challenged, with provisionally, 3,580 patients waiting over eight weeks. Demand growth, workforce constraints and the introduction of the new Radiology Information System have affected performance.

Cancer Services: Suspected Cancer Pathway performance was 61.1% against the 75% target. Recovery is constrained by endoscopy capacity, pathology delays and reliance on tertiary providers, although governance arrangements have improved significantly.

Unscheduled Care: The most significant area of concern remains urgent and emergency care. Ambulance handovers within 15 minutes fell to 58.0% against an 80% target, four-hour Emergency Department performance was 56.4% against a 95% target, and 2,432 patients waited over 12 hours in Emergency Departments during June.

Delayed Discharges: Delayed discharge pathways increased to 261 patients, reflecting growing patient complexity and challenges within community and social care capacity.

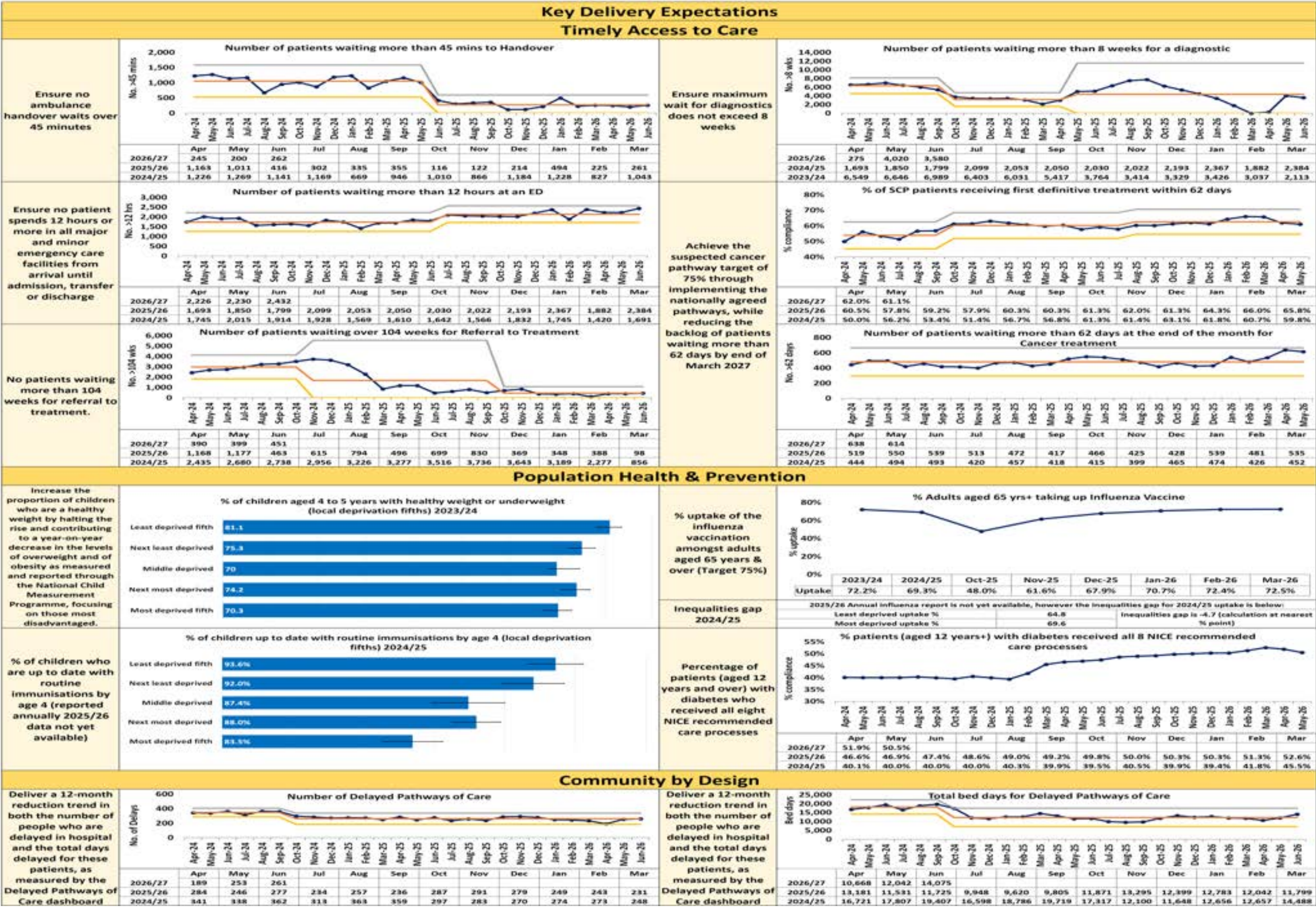
Mental Health: CAMHS performance remains strong and above target across all measures. Adult Mental Health services continue to underperform due to workforce, capacity and administrative pressures, although improvement actions are underway.

Population Health: Smoking cessation targets continue to be exceeded; however, childhood vaccination uptake remains below the 95% target.

Workforce: Workforce pressures remain significant. Rolling 12-month sickness absence has increased to 7.54%, while PDR compliance (72.3%) and mandatory training compliance (81.3%) remain below target, although both measures continue to improve.

Key Statistics								
Planned Care	Period	Total Open Pathways	Waiting <26 wks for New OPA (Stage 1)	Waiting >26 wks for New OPA (Stage 1)	% Waiting >26 wks for New OPA			
	Jun-26	85,214	37,645	8,019	21.3%			
Diagnostics	Jun-26	Total Patients Waiting for Diagnostic Test	Patients Waiting <8 wks	Patient Waiting >8 wks	% Waiting >8 wks			
		15,940	12,360	3,580	22.5%			
Cancer Services	May-26	Total Patients Treated	Total Patients Treated within 62 days (SCP)	% Patients Treated within 62 days (SCP)	Number of patients waiting over 62 days from point of suspicion at month end (May 26)			
		303	185	61.1%	614			
Unscheduled Care	Jun-26	Total Ambulance Handovers	Total Handovers within 15 mins	% Handovers within 15 mins	Total Handovers over 45 mins	% Handovers over 45 mins		
		2,074	1,202	58.0%	262	12.6%		
		ED Attendances	Patients seen within 4 hrs	% seen within 4 hrs	Patients waiting >12 hrs	% waiting >12 hrs		
	Major	15,693	7,951	50.7%	2,432	15.5%		
	Minor	2,056	2,056	100.0%	0	0.0%		
	Total	17,749	10,007	56.4%	2,432	13.7%		
Delayed Discharges	Census Date	Acute	Mental Health	Community	Total			
	17th June 26	116	16	129	261			
Mental Health	May-26	Part 1a			Part 1b			
		Number of Assessments	Assessments within 28 days	% within 28 days	Number of Interventions	Interventions within 28 days	% within 28 days	
		CAMHS	139	125	89.9%	83	74	89.2%
		Adults	619	291	47.0%	52	19	36.5%
		Part 2			Psychological Therapies within 26 wks			
		Total currently in receipt of secondary Mental Health services	Total patients a valid CTP at the end of the month	% with a valid CTP	Total patients waiting for PT	Patients waiting <26 wks	% waiting <26 wks	
		CAMHS	152	149	98.0%	N/A		
	Adults	1,925	1,655	86.0%	1,544	900	58.3%	
Population Health	2025/26	Estimated number of Smokers	Number of Smokers treated by Smoking Cessation Service	% of Smokers treated by Smoking Cessation Service				
		45,900	2,900	6.3%				
	Qtr 4 2025/26	Eligible Children aged 5 for scheduled vaccination	Uptake of the Eligible Children	% Uptake				
		1,042	930	89.3%				

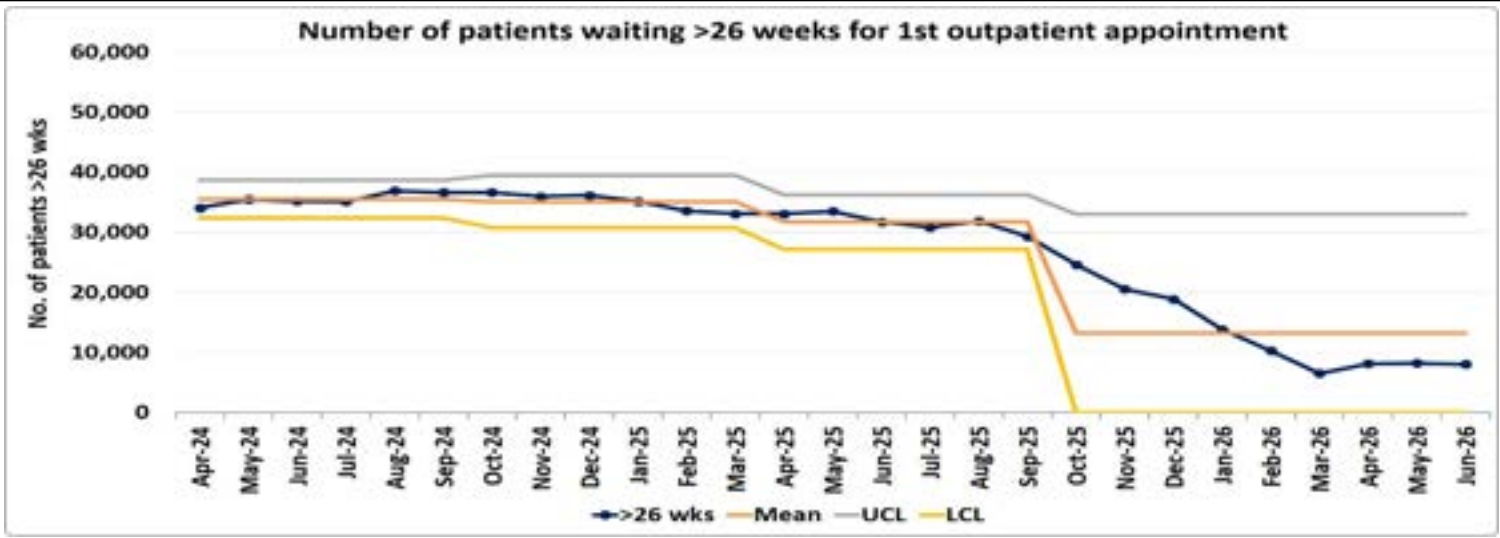
2.1 The Cabinet Secretary's Key Delivery Expectations



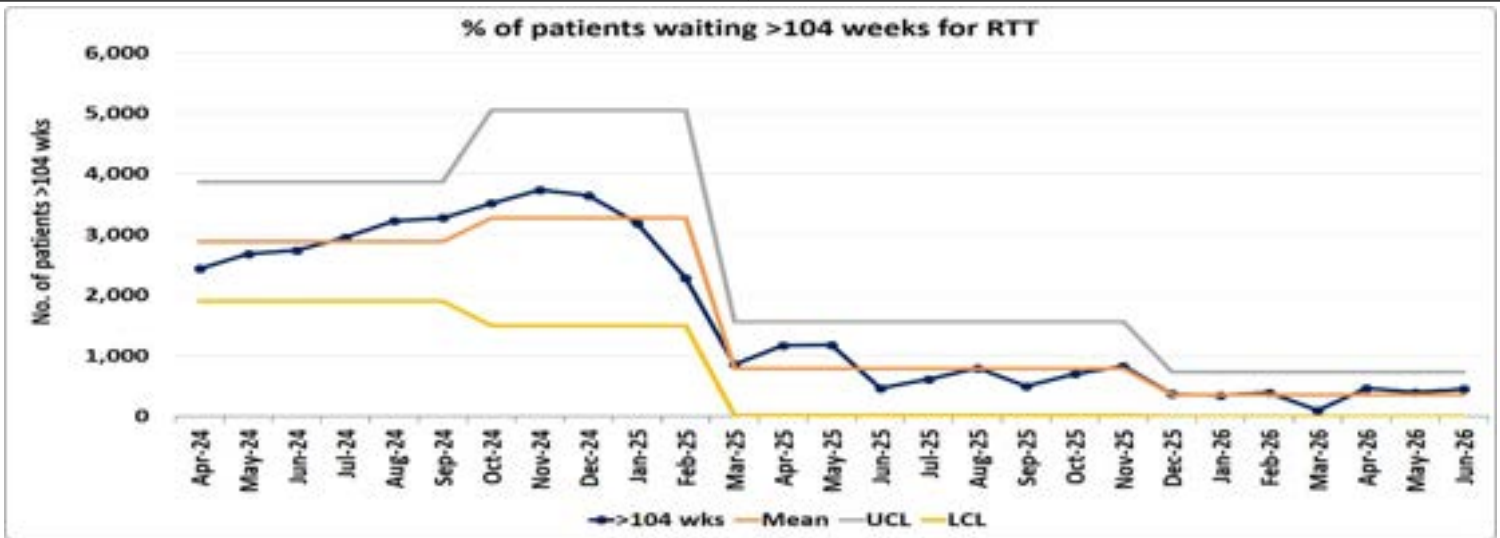
CTMUHB Planned Care Group

Referral to Treatment Times (RTT)

Number of patients waiting more than 26 weeks for a new outpatient appointment	
Target - Zero	Jun 2026 – 8,019 (Provisional)



Number of patients waiting more than 104 weeks for referral to treatment (RTT)	
Target - Zero	Jun 2026 – 451 (Provisional)



Total number of open pathways per specialty - June 2026 (provisional)				
Specialty	Patients waiting >26 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	641
Cardiology	938	255	1	5,161
Colorectal Surgery	196	257	0	3,427
Dermatology	355	0	0	4,535
Diabetes Service/Medicine	121	1	0	565
Diagnostics	0	0	0	4,632
Ear Nose and Throat Service	1,176	1,310	1	8,419
Endocrinology	158	3	0	963
Gastroenterology	143	16	0	3,038
General Medicine	15	11	0	503
General Surgery	106	619	0	4,495
Geriatric Medicine	3	4	0	518
Gynaecology	148	1,189	0	6,253
Haematology (Clinical)	83	0	0	282
Nephrology	2	5	0	135
Neurology	800	347	35	1,753
Ophthalmology	903	1,075	0	9,449
Oral Surgery	144	192	0	2,523
Orthodontics	104	0	0	384
Orthopaedics	1,060	3,171	413	12,488
Paediatrics	232	0	1	2,407
Pain Management	384	234	0	1,736
Respiratory Medicine	79	65	0	1,471
Restorative Dentistry	10	0	0	64
Rheumatology	281	75	0	1,382
Sport and Exercise Medicine	0	0	0	32
Therapies	0	0	0	1,260
Urology	524	930	0	6,114
Vascular Surgery	54	32	0	584
	8,019	9,791	451	85,214

How are we doing and what are our key concerns?

Performance against the new-outpatient measure has been stable during the first quarter of 2026/27 with 8,019 patients waiting over 26 weeks for an appointment at the end of June. This represents a 75% reduction compared to the equivalent period last year and demonstrates improved management of outpatient demand and capacity.

The key challenge remains the number of patients waiting longer than 104 weeks for RTT. Provisionally, at the end of June 451 patients were waiting over 104 weeks against the national target of zero.

Recovery continues to be constrained by longstanding orthopaedic capacity gaps, workforce pressures, theatre productivity issues and the impact of the Neurology service transfer from Cardiff and Vale UHB.

Whilst progress continues to be made in reducing long waits, demand continues to exceed available capacity in a number of specialties, limiting the pace of recovery and increasing the risk of further backlog growth.

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

Actions are focused on reducing the number of patients waiting over 26 weeks and accelerating reductions in the 104-week cohort.

Work is underway to improve outpatient booking processes, maximise clinic utilisation and implement additional clinic capacity to reduce unnecessary delays.

Within Orthopaedics, substantive and locum recruitment is progressing to address recurring capacity gaps, supported by initiatives to improve theatre productivity, delivery of the anaesthetic workforce plan and implementation of GIRFT recommendations.

Neurology waiting lists are being validated following the transfer of activity from Cardiff and Vale UHB, while additional capacity and pathway reviews are being used to ensure the longest waiting patients are prioritised.

Subject to successful implementation of these actions, gradual improvement is expected throughout 2026/27, with the greatest impact anticipated during Quarters 2 to 4.

What are the key risks and mitigations?

The principal risk remains insufficient capacity within key specialties, particularly Orthopaedics and Neurology, which could result in an increase in patients waiting over both 26 weeks and 104 weeks.

Additional risks include consultant workforce shortages, anaesthetic staffing pressures and continued growth in demand for planned care services. These factors have the potential to slow recovery and affect delivery of national waiting-time targets.

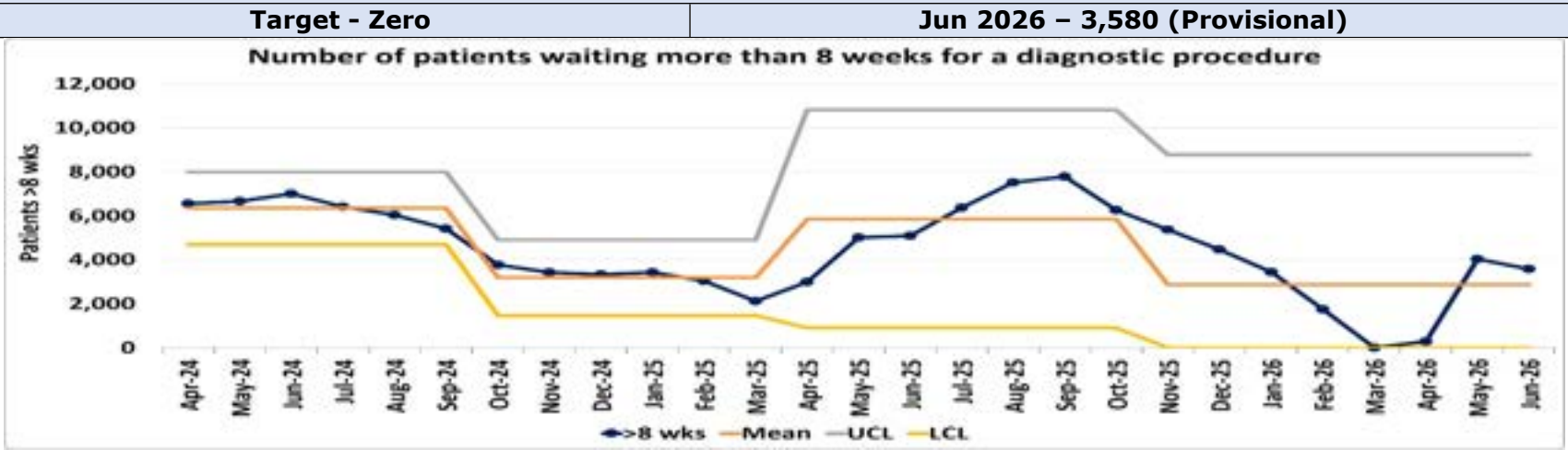
To mitigate these risks, the Health Board is continuing targeted recruitment, expanding clinic and theatre capacity, validating waiting lists, improving booking processes and seeking regional and national support to address recurring orthopaedic capacity gaps.

Performance is monitored closely through established governance arrangements to ensure timely intervention where required.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics

Number of patients waiting 8 weeks for a specified diagnostic



Radiology:

How are we doing and what are our key concerns?

Radiology services continue to experience significant operational pressure, with performance against the 8-week diagnostic target affected by increasing demand and ongoing capacity constraints. Demand growth is being driven primarily by Urgent Suspected Cancer pathways and RTT activity, resulting in continued reliance on outsourced capacity.

The implementation of the Radiology Information System (RiS) in March temporarily reduced productivity during the transition phase. Data validation, migration assurance and reporting processes remain under review and continue to be closely monitored. In addition, periods of MRI downtime caused by extreme weather and ongoing equipment issues have further reduced available capacity.

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

- CT and MRI capacity templates are being reviewed and optimised to maximise available capacity, with improvements already realised within CT services.
- Additional weekend MRI sessions have been introduced to recover activity lost through equipment downtime.
- Locum sonographers and additional senior clinical sessions have been deployed to stabilise ultrasound services.
- Support workforce realignment to enable expanded service delivery, while the National Imaging Academy Wales continues to support additional NOUS training lists across the region.
- Workforce and template reviews are underway to inform forthcoming demand and capacity modelling with Informatics.
- Recruitment to vacant posts continues.
- The sonographer training pipeline is being expanded, with several trainees expected to reach independent practice over the next 12–18 months.
- Ongoing monitoring and validation of RiS data migration is being undertaken.
- Full or partial booking processes are being implemented from June 2026.
- Participation in national programmes to reduce DNAs, improve RTT process standardisation and improve booking and reporting consistency.

What are the key risks and mitigations?

Risks:

- Ongoing risks associated with RiS data validation and reporting backlog.
- Insufficient recurrent capacity to meet sustained demand growth.
- Continued reliance on non-recurrent funding and outsourcing.

Mitigations:

- Robust data validation and external assurance processes.
- Workforce expansion through recruitment and training.
- Capacity optimisation through service redesign and template review.
- Continued engagement with national improvement programmes.

Number of Patients waiting >8 Weeks for a Diagnostic Test		May-26	Jun-26	Difference from last period
Cardiology Services	Echo Cardiogram	317	401	84
	Cardiac CT	2	54	52
	Cardiac MRI	0	9	9
	Diagnostic Angiography	34	36	2
	Stress Test	10	10	0
	DSE	25	18	-7
	TOE	3	1	-2
	Heart Rhythm Recording	8	17	9
Bronchoscopy	B.P. Monitoring	1	0	-1
		0	2	2
	Colonoscopy	89	36	-53
	Gastroscopy	62	26	-36
Cystoscopy		27	35	8
	Flexi Sig	27	13	-14
Radiology	Non-Cardiac CT	499	371	-128
	Non-Cardiac MRI	1,166	325	-841
	NOUS	1,590	2,019	0
	Non-Cardiac Nuclear Medicine	18	14	-4
Imaging	Fluoroscopy	25	26	1
	Physiological Measurement	15	35	20
Neurophysiology	Urodynamics	73	91	18
	EMG	29	41	12
Total	NCS			
		4,020	3,580	-869

Endoscopy:

How are we doing and what are our key concerns?

Core endoscopy capacity, including backfilled sessions, is sufficient to meet urgent, routine and Urgent Suspected Cancer demand. However, capacity remains insufficient to sustainably address the existing surveillance backlog and ongoing surveillance demand. CTM continues to perform strongly compared with other Health Boards in Wales and currently has the lowest proportion of patients waiting over 6 weeks among Health Boards undertaking complex procedures. Demand and capacity remain finely balanced, with infrastructure challenges at Princess of Wales Hospital impacting activity and productivity.

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

- Insourcing contracts for BSW and non-BSW activity have progressed through finance and procurement processes.
- Planning continues for Phase 2 Endoscopy to develop a sustainable service model aligned to National Endoscopy Programme recommendations.
- Recovery plans remain focused on achieving and sustaining the 8-week diagnostic target.
- Further work is underway to address surveillance backlog requirements, including clinical validation and capacity planning.
- Planning is aligned to JAG accreditation requirements and future LHP developments.

What are the key risks and mitigations?

Risks:

- Limited availability of specialist endoscopists for complex and GA procedures.
- Potential deterioration in SCP performance due to focus on RTT target.
- Infrastructure fragility at POW.
- Uncertainty regarding BSW funding allocations.

Mitigations:

- Additional targeted endoscopy lists and workforce optimization.
- Robust escalation processes and collaboration with Estates.
- Development of centralised HSDU (planned late 2026).
- Expansion of Clinical Endoscopist roles.

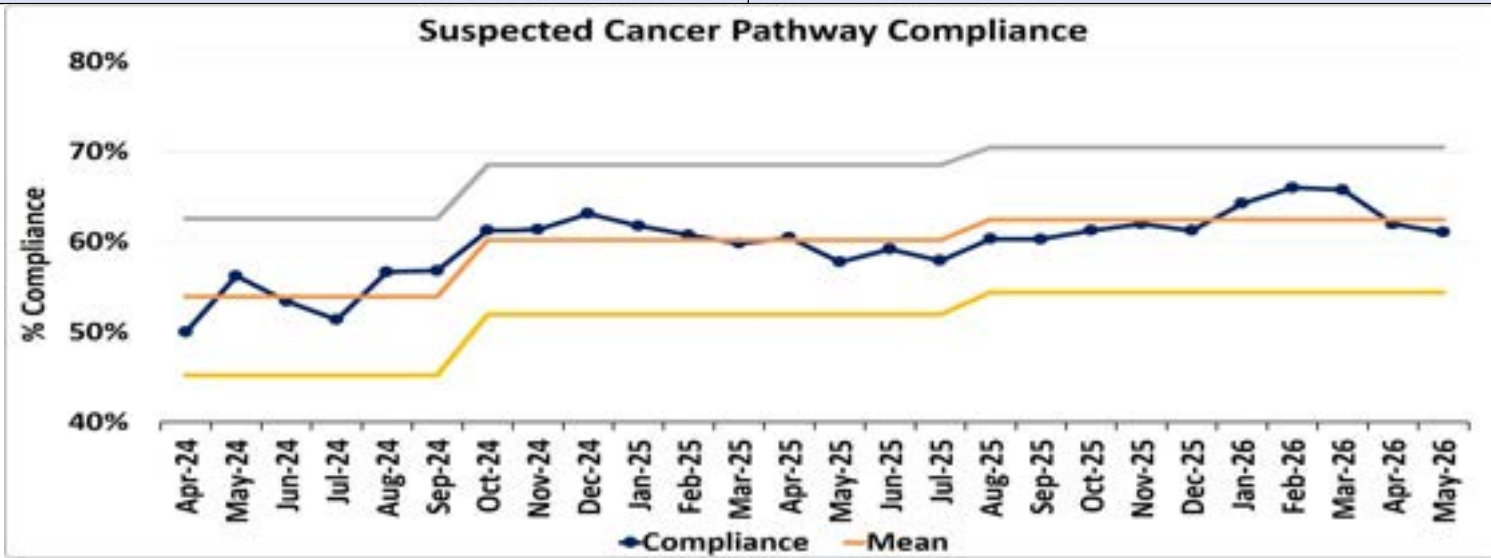
CTMUHB Planned Care Group

Suspected Cancer Pathway (SCP)

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

Target – 75%

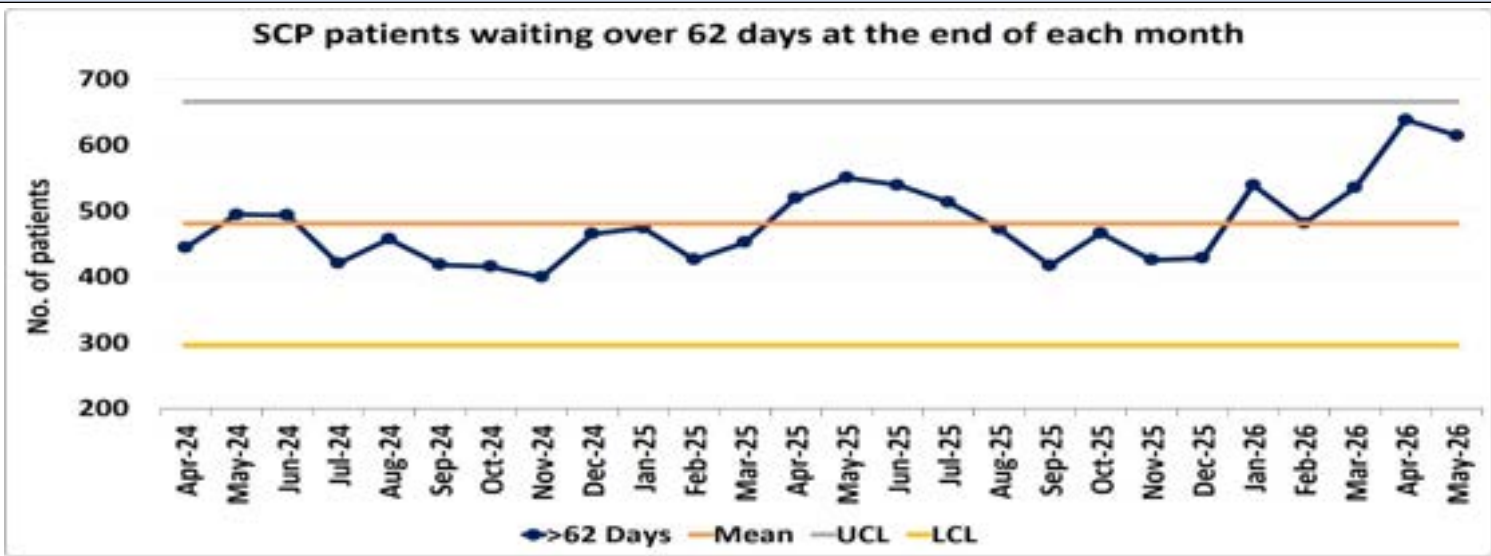
May 2026 – 61.1%



% SCP patients treated without suspensions per tumour site

CTMUHB - SCP % Treated Without Suspensions - May 2026				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 75%
Head and neck	3	7	10	30.0%
Upper GI	16	15	31	51.6%
Lower GI	24	20	44	54.5%
Lung	13	16	29	44.8%
Sarcoma	2	0	2	100.0%
Skin (exc BCC)	50	3	53	94.3%
Brain/CNS	2	0	2	100.0%
Breast	28	11	39	71.8%
Gynaecological	8	5	13	61.5%
Urological	32	36	68	47.1%
Haematological	4	4	8	50.0%
Children's	1	1	2	50.0%
Other	2	0	2	100.0%
Total	185	118	303	61.1%

Number of SCP patients waiting more than 62 days from point of suspicion



How are we doing and what are our key concerns?

SCP performance was 61.1% in May 2026, below the 75% target.

Performance continues to be impacted by Endoscopy capacity constraints, pathology reporting delays, tertiary provider dependencies and increasing pathway complexity, which are affecting timely progression through diagnostic and treatment pathways. Despite these challenges, CTM Cancer Services remain in Level 1 (Routine Arrangements) following de-escalation in February 2026, reflecting improvements in governance and pathway oversight.

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

A number of recovery actions are underway, including the introduction of additional USC Endoscopy capacity, expansion of Breast and Dermatology clinic capacity, and the appointment of a substantive Urology Consultant to increase biopsy capacity and improve pathway resilience.

Further improvements are being supported through digital vetting, pathway tracking and weekly performance reviews to identify and address delays at the earliest opportunity.

These actions are expected to support improvements during Quarter 3 2026/27, subject to external dependencies.

What are the key risks and mitigations?

The principal risks remain Endoscopy and pathology capacity constraints, ongoing tertiary provider delays, and increasing genomic testing requirements, all of which continue to extend pathway durations.

Operational pressures including workforce availability, administrative capacity and elective bed availability also present challenges to recovery.

Capacity expansion, strengthened performance monitoring and pathway reviews are being used to mitigate these risks, however, tertiary provider capacity remains a significant risk to achievement of the 75% target.

CTMUHB Unscheduled Care & Acute Medicine Group

Ambulance Patient Handover & Emergency Department Waits

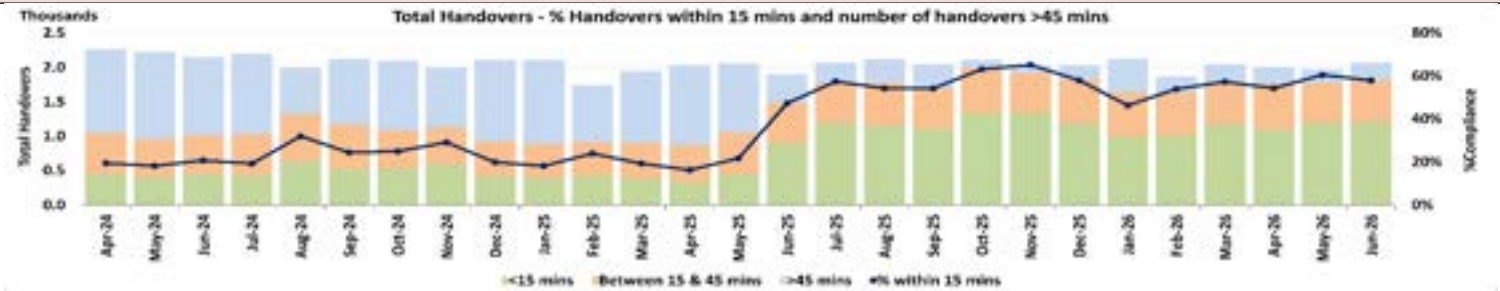
Median emergency ambulance response time to purple (arrest) & red (emergency) category calls

Target – each measure 6-8 minutes median Jun 2026 – Purple =08:39 / Red = 11:06

Period	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response
Jul-25	04:57	08:16	08:19	09:36	07:49	11:16	07:17	09:53
Aug-25	04:13	08:45	09:28	10:25	08:13	09:45	07:54	09:45
Sep-25	08:54	08:33	09:29	09:13	07:22	08:16	08:55	08:43
Oct-25	04:02	05:58	08:16	09:35	09:31	10:09	07:45	08:56
Nov-25	04:25	07:40	07:35	09:52	07:35	08:48	07:05	09:07
Dec-25	05:15	09:20	08:45	10:59	08:40	10:38	08:14	10:40
Jan-26	05:52	10:30	08:49	10:20	08:11	10:19	08:33	10:20
Feb-26	05:57	07:57	07:09	09:58	08:07	11:09	07:16	09:54
Mar-26	06:15	08:24	07:32	11:02	08:28	11:03	07:44	10:34
Apr-26	07:07	09:04	08:15	11:26	07:05	11:28	07:54	10:55
May-26	05:06	07:57	08:25	11:31	09:01	11:18	08:14	10:54
Jun-26	06:13	09:24	09:43	11:52	07:46	10:46	08:39	11:06

% patient handovers within 15 minutes Target – 80% - Jun 2026 = 58%

Number of patient handovers over 45 minutes – Target is Zero – Jun 2026 =262

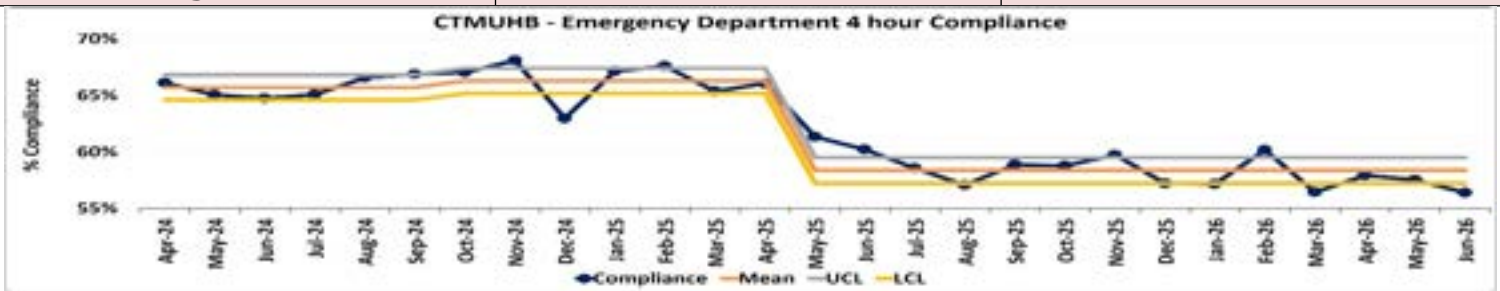


% patients spending <4 hours in A&E

Target – 95%

Jun 2026 – 56.4%

YTD = 57.3%

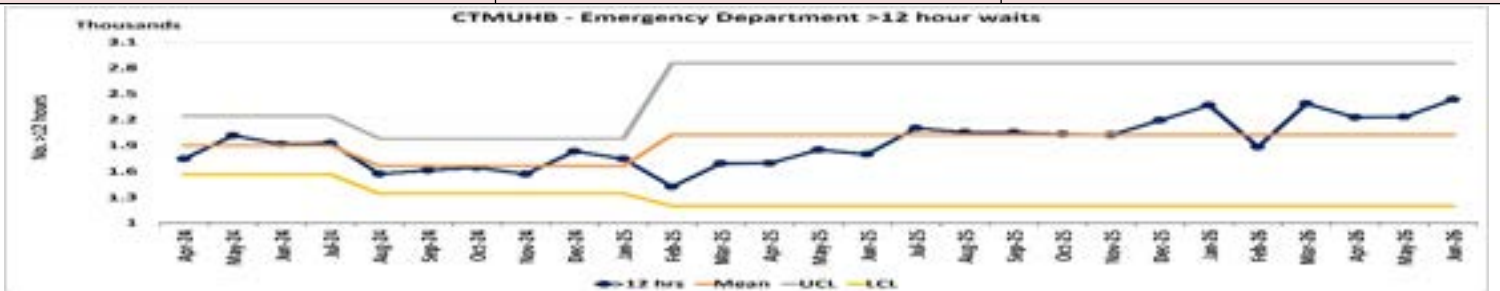


Number of patients spending >12 hours in A&E

Target - Zero

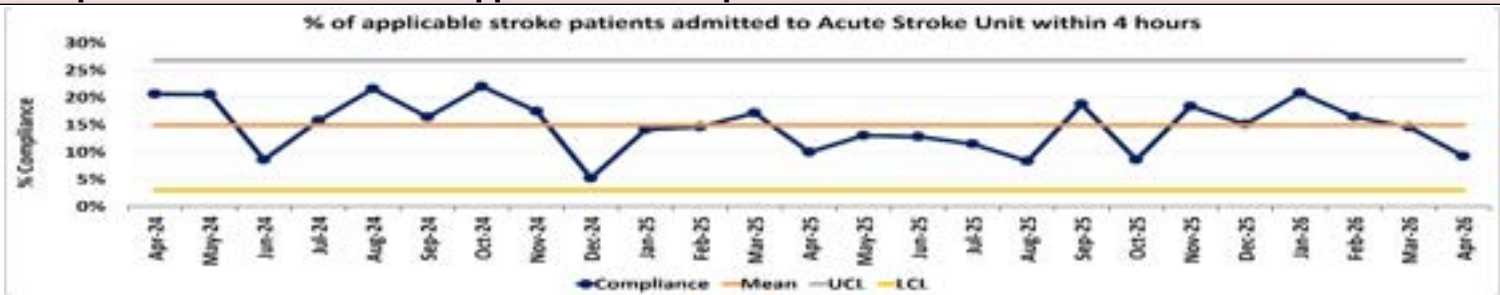
Jun 2026 – 2,432

YTD = 6,888



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

Apr 2026 – There were 65 applicable stroke patients with 6 admitted within 4 hours = 9.2%



How are we doing and what are our key concerns?

Ambulance Patient Handover:

- Performance for handovers completed within 15 minutes declined slightly in June 2026 to 58.0% (from 60.5% in May). Handovers exceeding 45 minutes increased by 62 to 262 from 200 in the previous month. Achieving safe and timely handovers continues to depend on improved Emergency Department (ED) flow. Prolonged ambulatory waits pose ongoing safety and regulatory risks, particularly for frail patients, with increasing reliance on chair-based care associated with poorer patient experience and higher risk of falls and pressure injury. Ambulance Handover Improvement Plan is in development for POW.

Emergency Department (ED) Waits:

- Four-hour ED performance was 56.4% in June (target: 95%) and patients waiting over 12 hours increased to 2,432 from 2,230; though the majority remain specialty patients. ED Flow Action Cards have been produced by the Directorate with the aim of improving patient waits within the ED and improved ambulance handover times. Wider Directorate/Care Group support is vital to achieve improved performance. Frail and elderly patients continue to experience extended waits, often in non-ideal environments, presenting significant safety concerns.

Stroke Unit Admissions:

- During April 2026, 9.2% of applicable patients were admitted to the Stroke Unit within four hours (6 of 65 patients). Performance remains variable week-to-week. Key constraints include ED overcrowding, delays in access to scanning and bottlenecks in transferring patients to stroke beds.

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

Ambulance Handover:

- Strengthened pre-arrival processes, including Clinical Navigation Hub review, ePCR checks and risk-assessed handover locations.
- ED Flow Action Cards produced.
- Dedicated triage nurse and senior clinician for rapid assessment
- Expansion of ambulatory ("Fit to Sit") capacity and additional clinical space
- Improved patient flow through specialty assessment units and transformation programmes (STAMP, OPTIMISE).

12-Hour Waits:

- Development of UEC Action Plans and ED Flow Action Cards.
- Exploration of SDEC-first model for GP referrals.
- Implement Extended Emergency Medicine Ambulatory Care (EEMAC) Unit.
- Enhanced review of long-wait patients supported by demand and capacity modelling.
- Improvements in discharge processes and data quality.

Stroke Pathway:

- Daily breach huddles, revised SOPs and introduction of a Stroke Escalation Card.
- Placement of a Stroke CNS in ED and use of internal performance targets.
- Transformation Programme focuses on driving improvements in time to CT and time to Stroke Unit admission.

What are the key risks and mitigations?

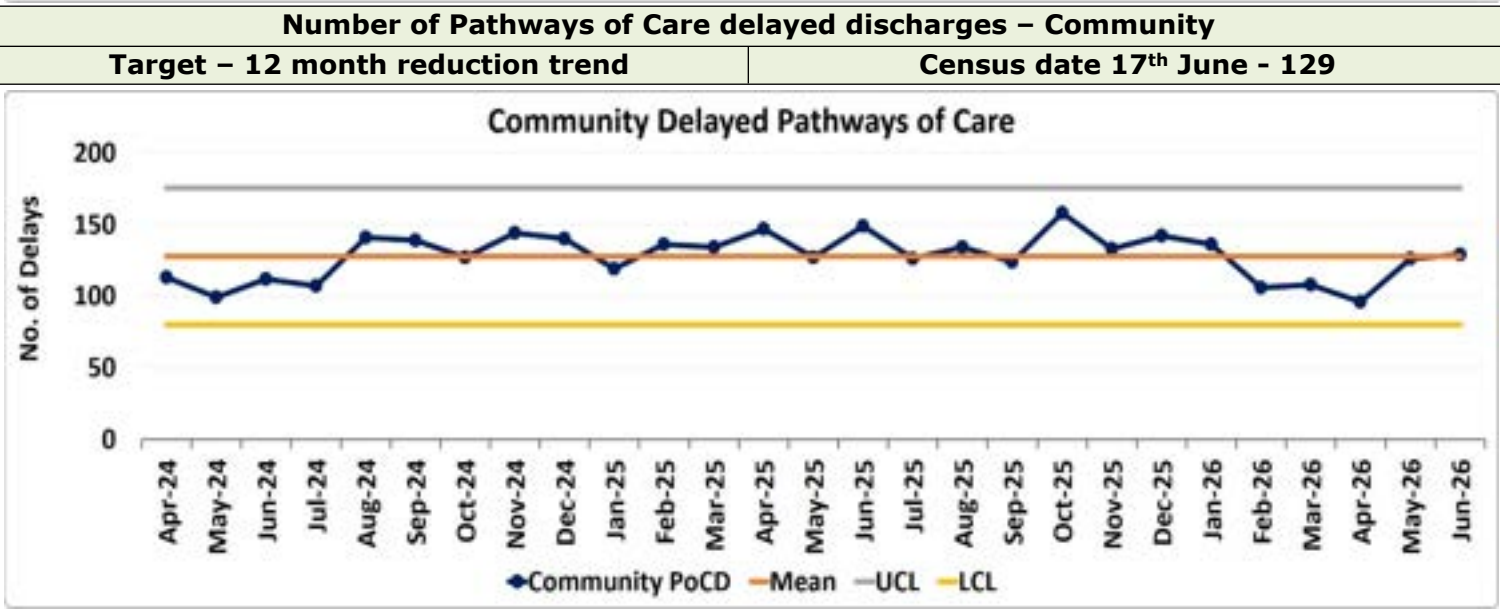
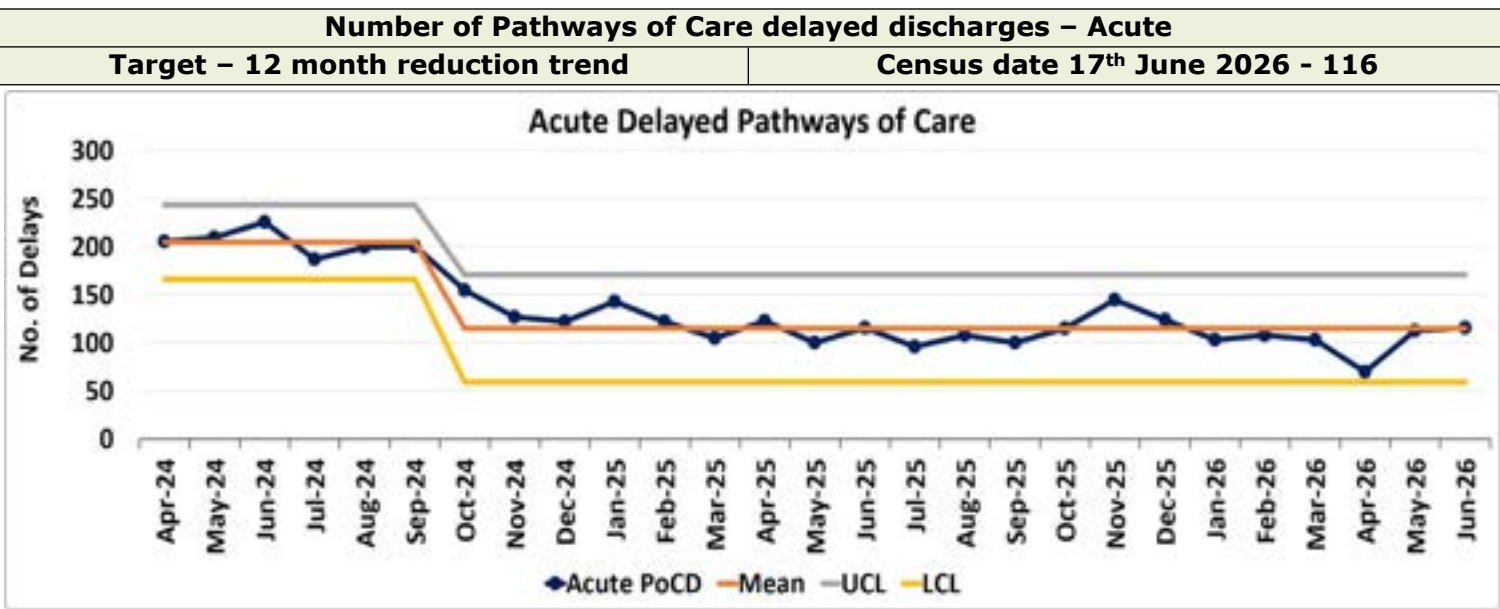
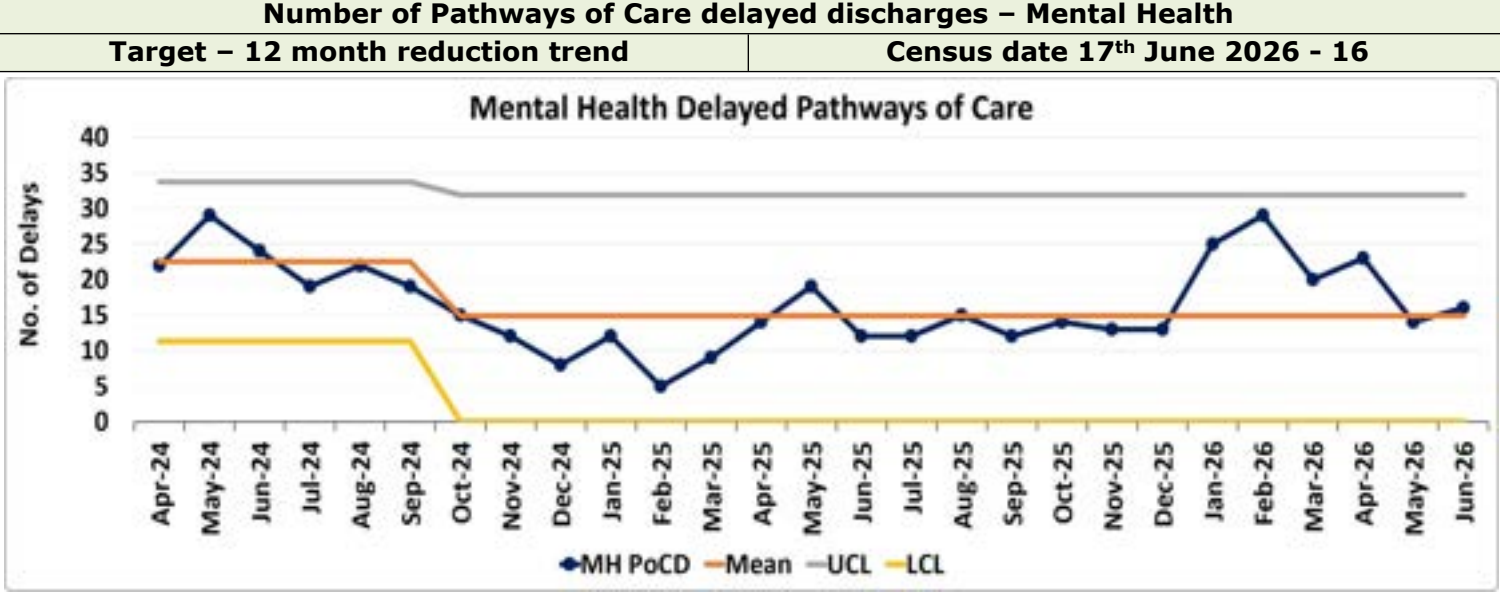
Risks:

- Prolonged waits for frail and elderly patients.
- Infection prevention challenges due to limited isolation capacity.
- Increasingly complex patient needs.
- Elevated risk of pressure ulcers and staff fatigue.
- Stroke pathway delays from ED capacity, diagnostics, and transfers.

Mitigations:

- Implementation of escalation frameworks for ambulance handovers and system pressures.
- Continued collaboration with WAST to improve pre-arrival information.
- Strengthened pressure ulcer prevention measures.
- Daily multidisciplinary reviews and enhanced escalation processes for stroke care.

Pathways of Care Delayed Discharges (POCD)



How are we doing and what are our key concerns?

The June 2026 snapshot census recorded 261 Pathways of Care Delayed Discharges across Mental Health, Acute and Community services. This represents an increase of 10 patients (4%) compared with the 12-month rolling average and continues the upward trend observed since April 2026, when delayed discharges were at their lowest level in the past three years.

A key concern remains the increasing complexity of patients awaiting discharge, particularly those requiring statutory assessments, specialist placements or multi-agency decision-making. These patients often experience longer lengths of stay and contribute disproportionately to delayed discharge days.

In addition, changes within the wider legal and policy environment may increase demand for assessment and decision-making processes during a transition period. The full impact is still being assessed; however, there is potential for further pressure on discharge pathways for a small number of highly complex cases.

What are we doing and what are the key risks and mitigations?

Risk 1: Deterioration in delayed discharge performance

If delayed discharge performance continues to worsen due to increasing patient complexity, growing demand within Pathway 3 cohorts, delays in statutory assessments and barriers to accessing care-at-home services, the Health Board may be unable to maintain effective patient flow across acute, community and mental health services.

- Further increases in delayed discharges, continued growth in delayed discharge days and longer lengths of stay for patients with complex needs.
- Increasing acuity within inpatient settings.
- Greater use of inpatient settings for assessments that could be undertaken in community environments.

Mitigations/Actions

- Implement a quality improvement programme for the EToC (Proportionate Trusted Assessment) process.
- Continue embedding Home First principles through multidisciplinary review and challenge.
- Strengthen oversight of long-stay and complex discharge cohorts.

Risk 2: Increased delays for complex discharge pathways

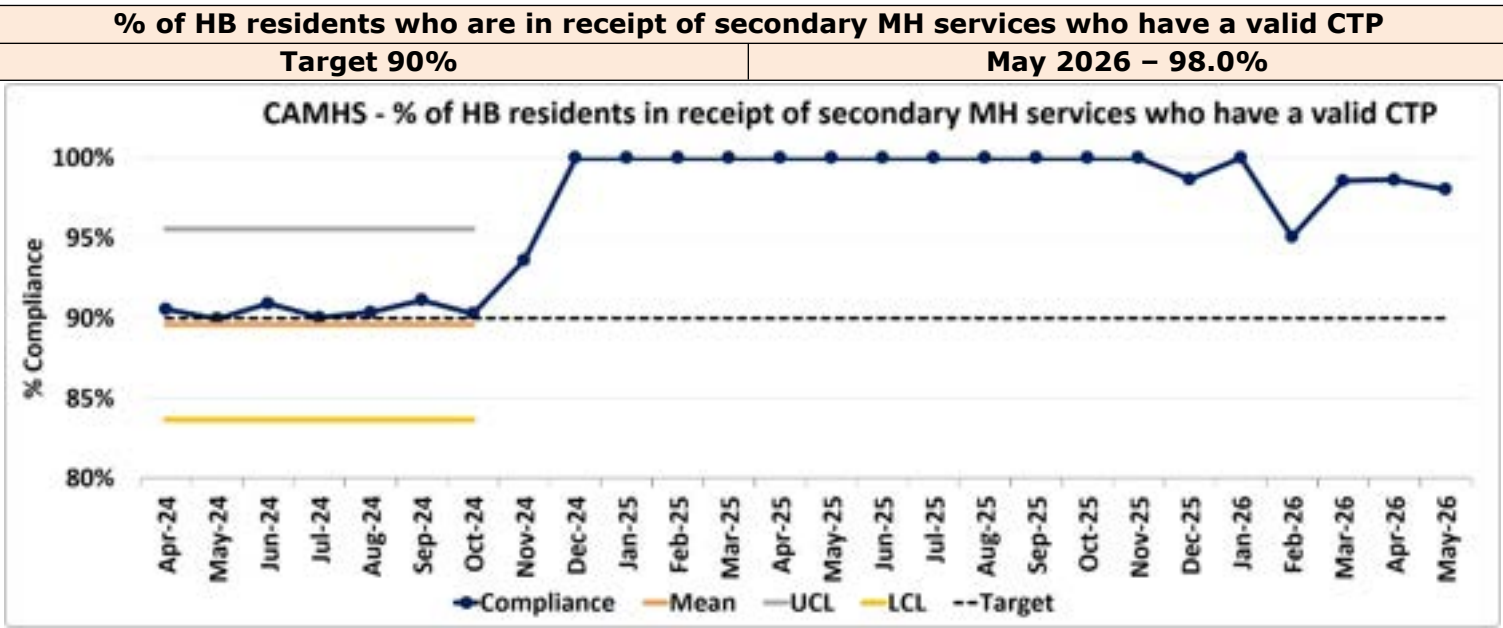
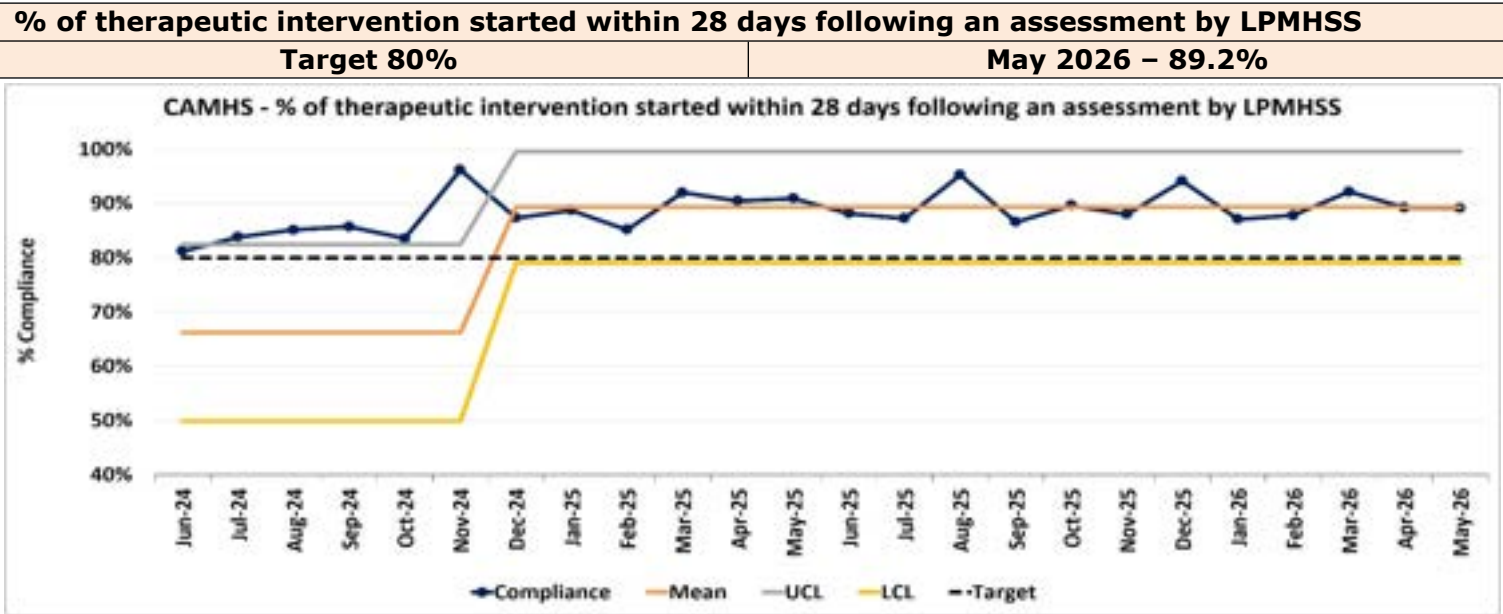
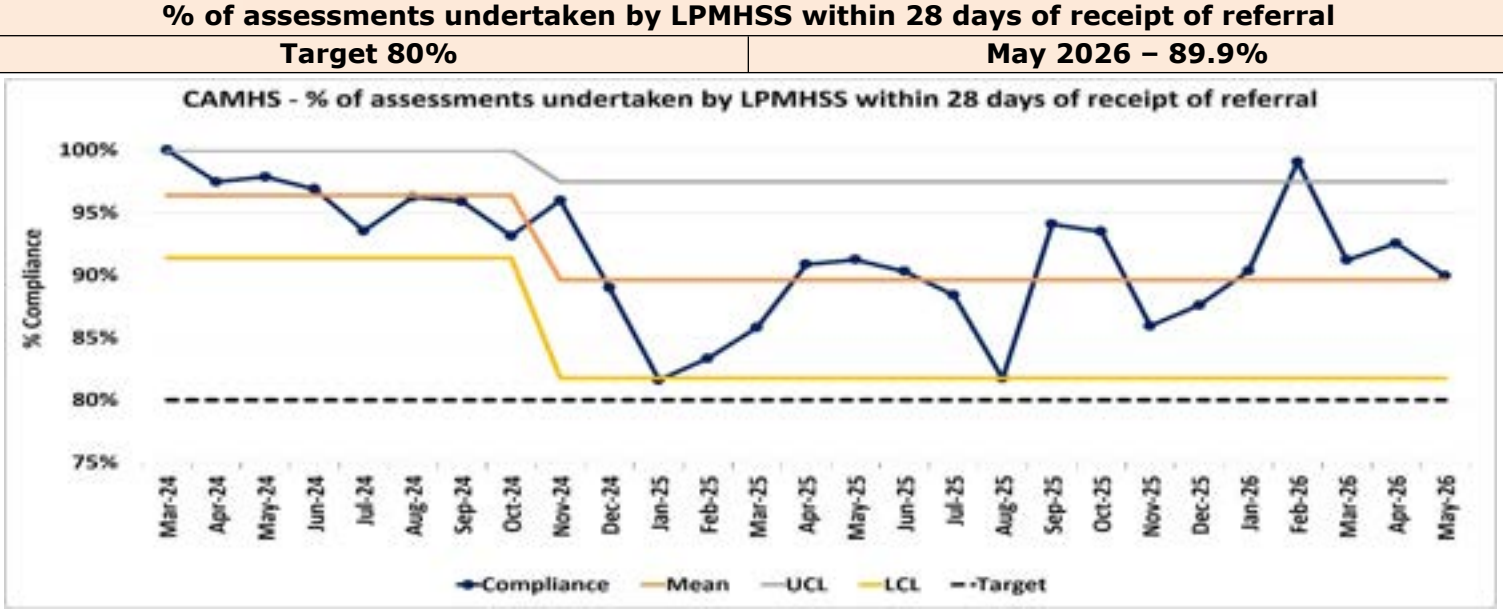
Complex discharge pathways requiring multi-agency assessment, legal processes and specialist care arrangements remain vulnerable to delay. Any increase in demand or variation in process application could result in extended lengths of stay, reduced patient flow and additional pressure on inpatient capacity.

Mitigations/Actions

- Continue to work closely with local authority partners to support timely decision-making.
- Strengthening oversight and monitoring complex discharge pathways.
- Monitor trends in assessment-related delays and implement improvement actions where required.
- Prioritise patients experiencing the longest delays through existing escalation and review processes.

CTMUHB Mental Health & Learning Disabilities Care Group

Child and Adolescent Mental Health Services (CAMHS)



How are we doing and what are our key concerns?

Performance across all areas of the CAMHS service has been consistently strong since 2023 with compliance consistently exceeding Welsh Government targets, reflecting sustained operational oversight and effective management of demand and capacity.

Part 1a – During May 2026, the service received 140 referrals, slightly below the rolling 12-month average of 150 referrals. A total of 139 assessments were completed during the month. Real-time performance monitoring remains in place to ensure continued compliance with waiting time standards.

Part 1b – Demand for therapeutic interventions remains stable and is being managed effectively. During May, 83 interventions commenced, broadly in line with the 12-month average of 86. Capacity and demand are monitored closely to maintain timely access to treatment.

Part 2 – Significant improvements in the quality and consistency of Care and Treatment Plans (CTPs) have been achieved following the caseload audit completed last year. The CTP audit tool is now embedded within routine practice. Although compliance reduced slightly to 98.0% in May, performance remains well above target. Three patients were without a current CTP at month end from a total care-coordinated caseload of 152.

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

The improvement action plan and performance trajectory introduced during 2024 continue to support sustained compliance across all areas of the Mental Health Measure. To maintain performance in Part 1b, the service continues to strengthen local support groups and partnership arrangements with third-sector organisations, helping to manage demand and improve access to interventions.

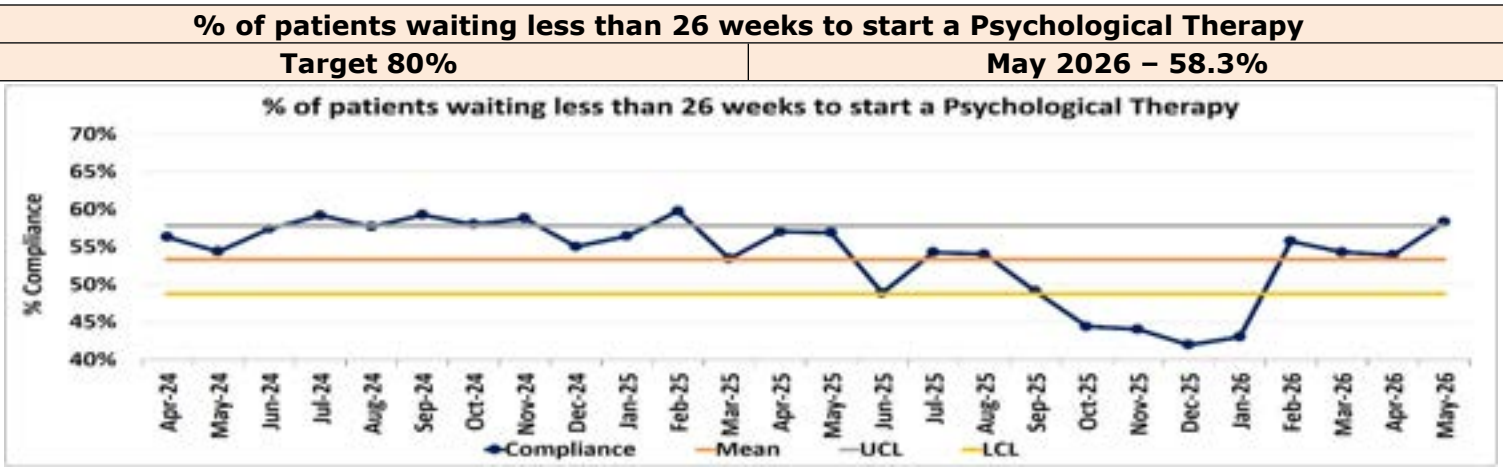
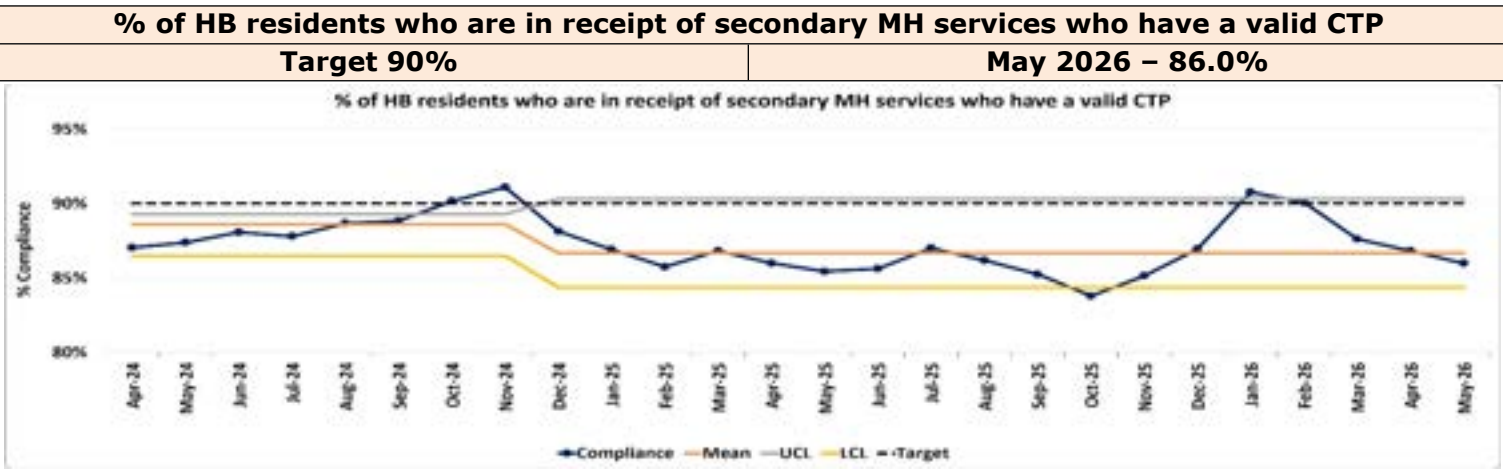
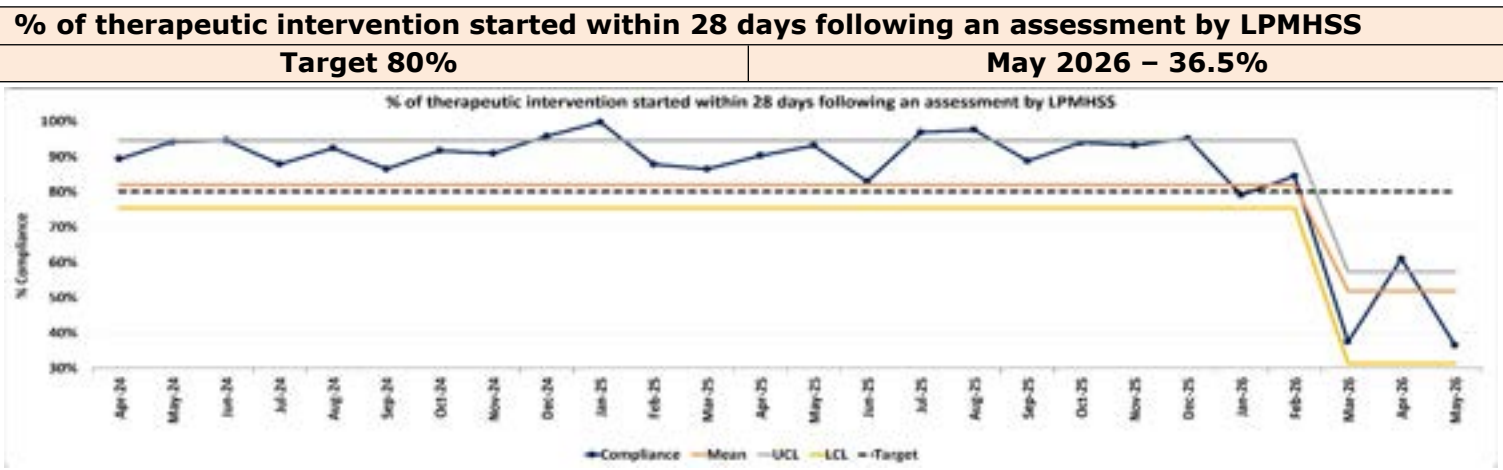
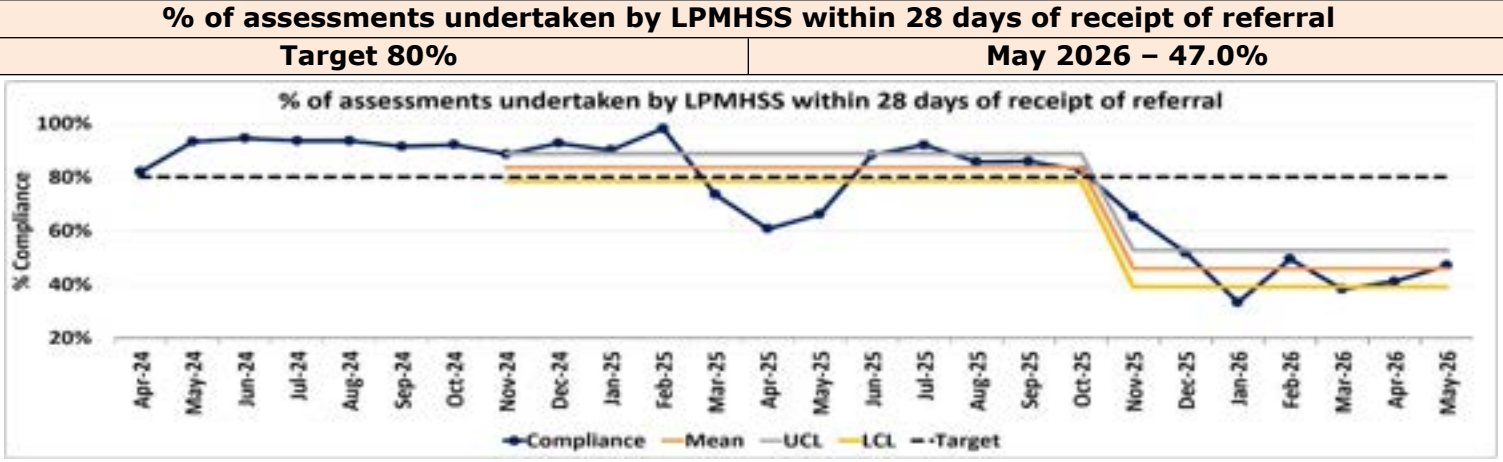
- Real-time dashboards are used to monitor performance continuously and identify emerging pressures at an early stage. Where required, resources are reallocated to areas experiencing increased demand to protect compliance.
- The primary focus remains on sustaining current performance levels through proactive waiting list management and detailed monitoring of assessment and treatment pathways.
- Bi-monthly support meetings with the NHS Performance and Improvement Team continue to provide challenge, assurance and shared learning, supporting the delivery of sustainable performance across all indicators.

What are the key risks and mitigations?

- CAMHS continues to experience fluctuations in referral demand, which may place pressure on assessment and treatment waiting times. Demand trends are monitored regularly to support timely operational responses.
- Clinical teams continue to report increasing levels of complexity and acuity within the patient population. This may affect future service capacity and performance; however, activity and caseloads are reviewed routinely to identify any developing risks.
- Recruitment activity has been successful and staffing levels remain stable, with historically low sickness absence and very few vacancies across community CAMHS teams. This strengthens service resilience and provides greater flexibility to respond to increases in demand.
- Seasonal factors, including annual leave arrangements, can influence monthly assessment activity. This is particularly evident during summer months and is incorporated into workforce and capacity planning.

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services



How are we doing and what are our key concerns?

Performance remains below target across all key Adult Mental Health measures.

LPMHSS assessment performance improved to 47.0%, while intervention performance reduced to 36.5% following a change in reporting methodology.

CTP compliance declined for the fourth consecutive month to 85.7% and Psychological Therapies improved to 58.3% but remained significantly below the 80% target.

Workforce, capacity and administrative pressures continue to impact delivery across services.

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

Actions are focused on:

- improving capacity, efficiency and data quality.
- LPMHSS - a single CTM waiting list, self-referral process, enhanced demand reviews and monitoring of revised coding arrangements are being implemented.
- CTPs - medical and nursing recruitment is underway alongside joint working with local authority partners.
- Psychological Therapies - waiting list validation and structured job planning.
- Standardising operating procedures and implementing proactive management of long waiters.

Improvement is expected as these actions become embedded over the coming months.

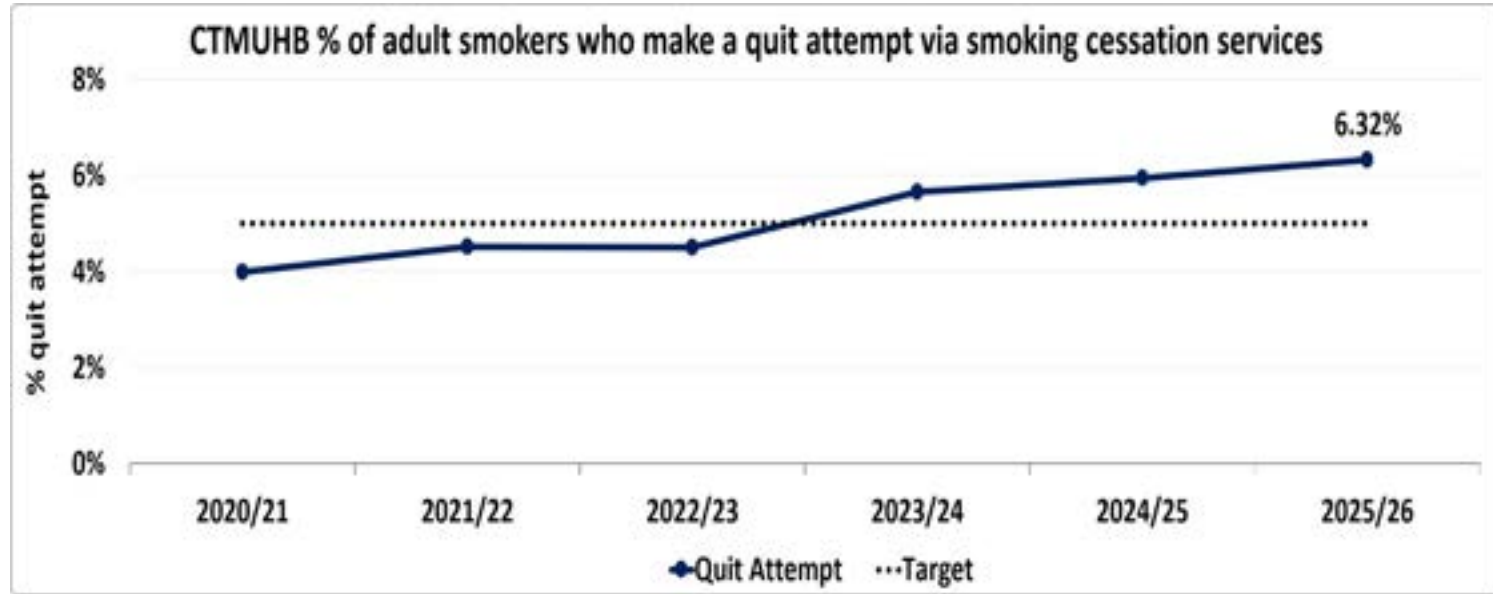
What are the key risks and mitigations?

Key risks include:

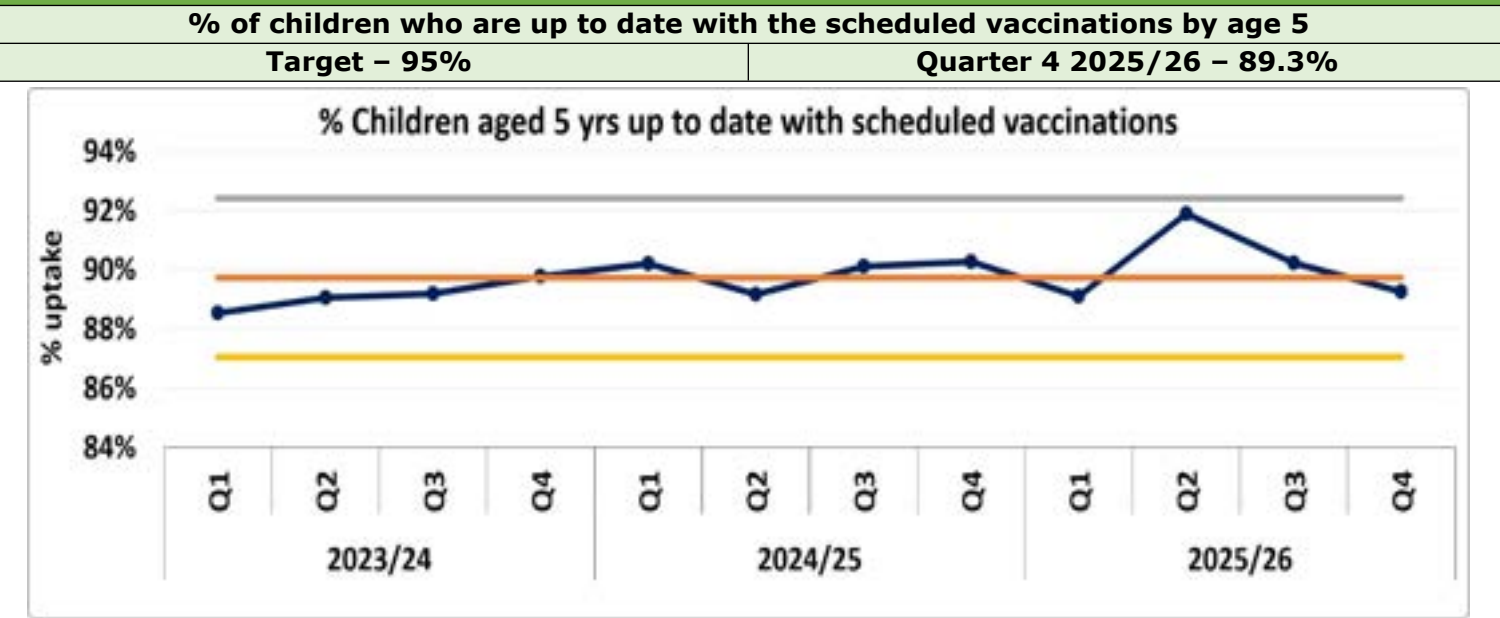
- Continued underperformance, workforce shortages and the risk that recent improvements are not sustained.

These risks are being mitigated through:

- Enhanced performance monitoring.
- Workforce recruitment.
- Regular demand and capacity reviews.
- Strengthened governance arrangements and collaborative working with local authority partners to improve compliance and service resilience.

CTMUHB Improving Population Health & Wellbeing			Next update expected September 2026																							
% of adult smokers who make a quit attempt via smoking cessation services			How are we doing and what are our key concerns? Health Board Help Me Quit (HMQ) services have exceeded the 5% treated smoker target for 2025/26, marking the third consecutive year of performance above target. This reflects strong service engagement and sustained demand for cessation support.																							
7.5% Annual Target for 2026/27:		1.5% by Quarter 1 3.5% by Quarter 2 5.5% by Quarter 3 7.5% by Quarter 4																								
2025/26 – 6.32%			CO-validated quit target																							
CTMUHB % of adult smokers who make a quit attempt via smoking cessation services  <table><caption>CTMUHB % of adult smokers who make a quit attempt via smoking cessation services</caption><tr><th>Year</th><th>Quit Attempt (%)</th><th>Target (%)</th></tr><tr><td>2020/21</td><td>4.0</td><td>5.0</td></tr><tr><td>2021/22</td><td>4.5</td><td>5.0</td></tr><tr><td>2022/23</td><td>4.4</td><td>5.0</td></tr><tr><td>2023/24</td><td>5.5</td><td>5.0</td></tr><tr><td>2024/25</td><td>5.8</td><td>5.0</td></tr><tr><td>2025/26</td><td>6.32</td><td>5.0</td></tr></table>			Year	Quit Attempt (%)	Target (%)	2020/21	4.0	5.0	2021/22	4.5	5.0	2022/23	4.4	5.0	2023/24	5.5	5.0	2024/25	5.8	5.0	2025/26	6.32	5.0	- Meeting the CO-validated quit target remains challenging due to the high proportion of virtual appointments, where CO readings cannot be taken. Our own client insight work indicates that approximately 90% of clients prefer telephone appointments and this flexibility increases engagement with the service. This pattern is consistent across the other health boards in Wales. - 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. When combined, self-reported and CO-validated quit rates for 2025/26 stand at 52%.		
Year	Quit Attempt (%)	Target (%)																								
2020/21	4.0	5.0																								
2021/22	4.5	5.0																								
2022/23	4.4	5.0																								
2023/24	5.5	5.0																								
2024/25	5.8	5.0																								
2025/26	6.32	5.0																								
% of adult smokers who are CO-validated as quit at 4 weeks			What key actions are we taking and when do we anticipate improvement? CO-validated quit target - A proposed change to the national HMQ Community Pharmacy specification is expected to support improved CO validation. - Face-to-face and mixed-model delivery approaches are being trialled to improve uptake, although scaling these approaches to a level sufficient to meet the CO-validated target is unlikely.																							
Target 2026/27– 40% Each Quarter		2025/26 – 9.79%																								
<table><tr><th colspan="3">2025/26</th></tr><tr><td>Estimated number of smokers</td><td>Estimated % of CTMUHB population who are smokers</td><td>Estimated number of smokers needing to access smoking cessation to reach 5% of smokers</td></tr><tr><td>45,900</td><td>12.4%</td><td>2,300</td></tr><tr><td>Number of smokers treated by the smoking cessation service</td><td colspan="2">Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter</td></tr><tr><td>2,900</td><td colspan="2">284</td></tr><tr><td>6.32%</td><td colspan="2">9.79%</td></tr></table>			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		2,900	284		6.32%	9.79%		What are the key risks and mitigations? - The main risk facing Help Me Quit services is capacity to increase the number of treated smokers. Achieving the Welsh Government ambition of reducing smoking prevalence to 5% by 2030 will require a reduction from nearly 46,000 to 18,000 smokers within 4 years, requiring significant further resource. However, smoking remains a major driver of harm in CTM, with 11% of deaths and 4% of admissions attributable to smoking annually. Reaching 5% prevalence would yield significant improvements in population health with resultant reductions in healthcare activity. - Welsh Government have raised the target for % of adult smokers who make a quit attempt from 5% to 7.5% in 2026/27, meaning HMQ services in CTM will need to support an additional 1,000 smokers per year. The service is already planning for how this could be achieved.					
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																								
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CTMUHB Improving Population Health & Wellbeing



How are we doing and what are our key concerns?

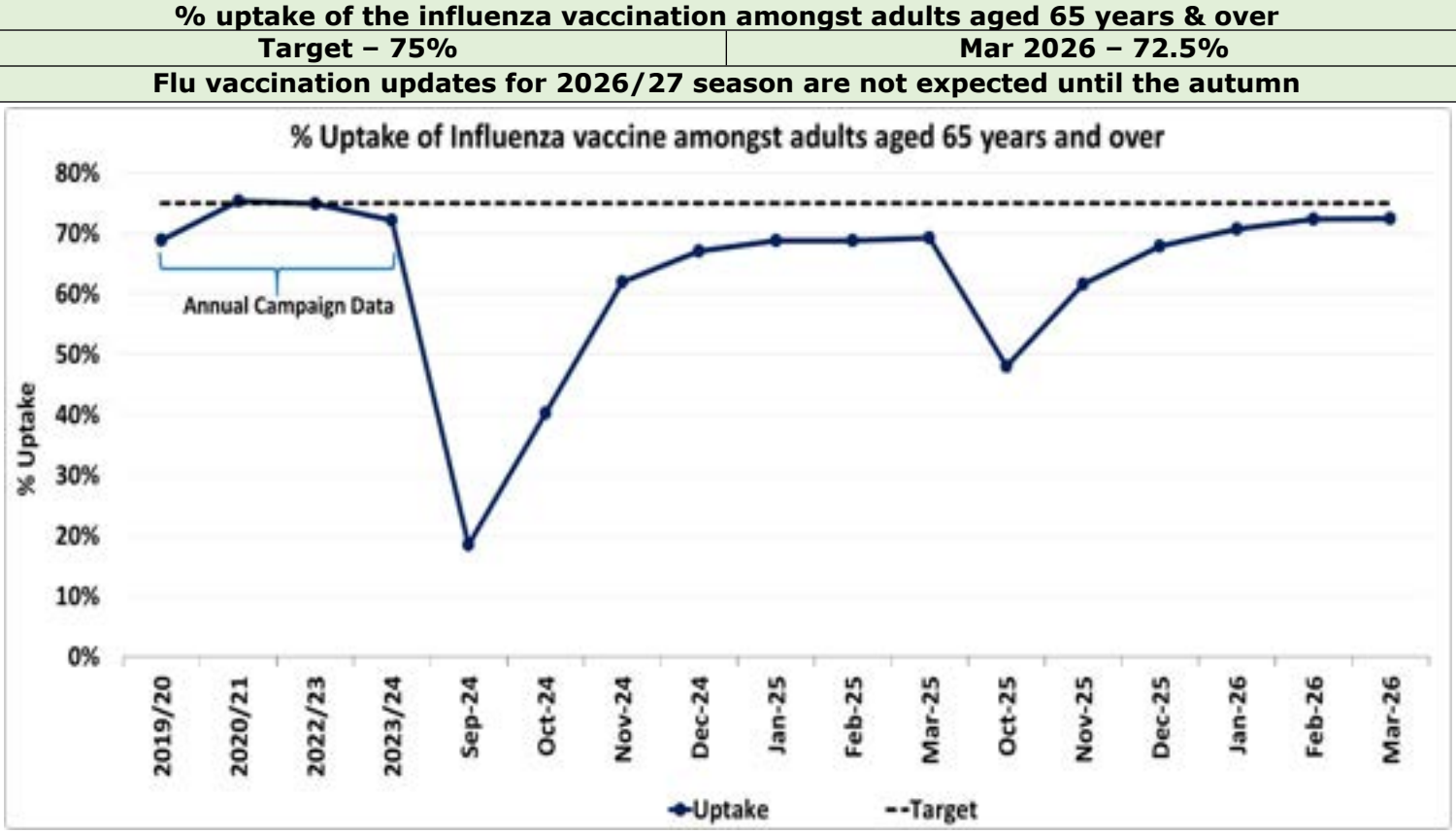
Uptake of the childhood vaccination by age 5 remains below the 95% target, with a small decline reported (89.3%).

MMR2 uptake has reduced to 90.9% and 4-in-1 uptake to 90.8%, highlighting the continued challenge of achieving the level of coverage required to prevent outbreaks of vaccine-preventable diseases.

MMR uptake remains a key priority, particularly following the introduction of the MMRV vaccine, which has contributed to appointment pressures in some primary care settings. Preparations are also underway for the national Meningococcal B catch-up campaign commencing in July 2026. In addition, influenza vaccination uptake among adults aged 65 years and over remained below the 75% target at 72.5%, with delivery arrangements for some childhood flu cohorts still being finalised.

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

- Work is underway with Child Health and GP practices to address clinic backlogs, optimise appointment scheduling and share best practice from practices that have successfully avoided vaccination queues.
- A targeted MMRV catch-up programme for eligible children will commence from November 2026 through Primary Care.
- Planning for the 2026/27 influenza vaccination programme is now underway following publication of national guidance, with work progressing to strengthen delivery models for children, inpatients and staff vaccination programmes.
- Additional engagement with schools and Public Health Wales communications teams is planned during the autumn term to promote vaccine uptake.



What are the key risks and mitigations?

- Failure to improve childhood vaccination coverage increases the risk of outbreaks of vaccine-preventable diseases, particularly measles, where 95% population coverage is required for effective protection. Ongoing monitoring of clinic capacity and vaccination queues, supported by Child Health and Primary Care teams, is in place to mitigate this risk.
- There is also a continued risk that eligible adults, especially those in clinical risk groups, do not receive influenza vaccination. Mitigation focuses on targeted communications, improved accessibility and ongoing analysis of uptake data to support focused interventions.

People Metrics Dashboard:
July 2026



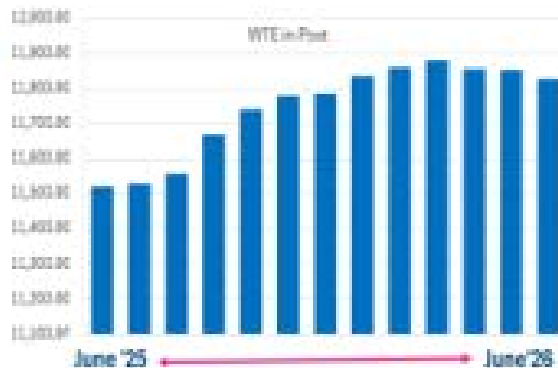
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



GETTING THE BASICS RIGHT

CTM employs **13,613** staff in post (SIP), equal to **11,828.78** whole time equivalent (WTE).

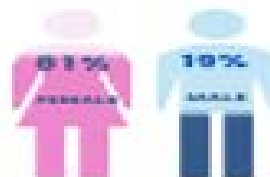
We have grown by **2.62%** (Jun 25 to Jun 26)



The biggest % increase in WTE is in Nursing and Midwifery Registered Staff Group by **4.35%** (Jun 25 to Jun 26)

25% of the workforce are aged 55 & over (Jun 26)

44% of Estates & Ancillary Staff Group are aged 55 & over (Jun 26)



Average age is **44 years**



MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover
Rolling 12-month turnover has reduced from **8.91%** (Jun 25) to **8.18%** (Jun 26)



Area with the highest turnover: **Estates & Ancillary (12.60%)**

Top reasons all Staff Groups: **Retirement & Voluntary Resignation**

Bank & Agency Spend

Bank & Agency spend (Apr 26):
M&D was £3.3m
NMR was £2.7m



Lateral Moves Scheme 358 eligible requests & 151 successful moves since launch (Feb 2024)



GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **72.30%** (Jun 26)

The target for PDR Compliance is **85%**



Return to Work compliance is **59.50%** (May 26) which has increased from **55.44%** (May 25)

Statutory and Mandatory Training Compliance in June 26 for Level 1 is **81.3%** and ALL Levels of Training is **75%**

The target for all Statutory and Mandatory Compliance is **85%**

Improved Performance Static Performance Decreased Performance



AN INCLUSIVE & HEALTHY ENVIRONMENT

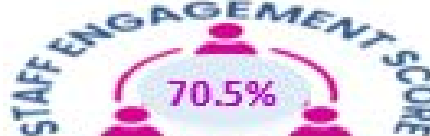
Sickness Absence: In month **6.92%** (May 26) which is **818** WTE lost in month. This is compared to **6.61%** (May 25). Rolling 12-month is **7.54%** (May 26)

35.6% of sickness (May 26 in month) due to **Anxiety/Stress/Depression/Other Psychiatric Illness**

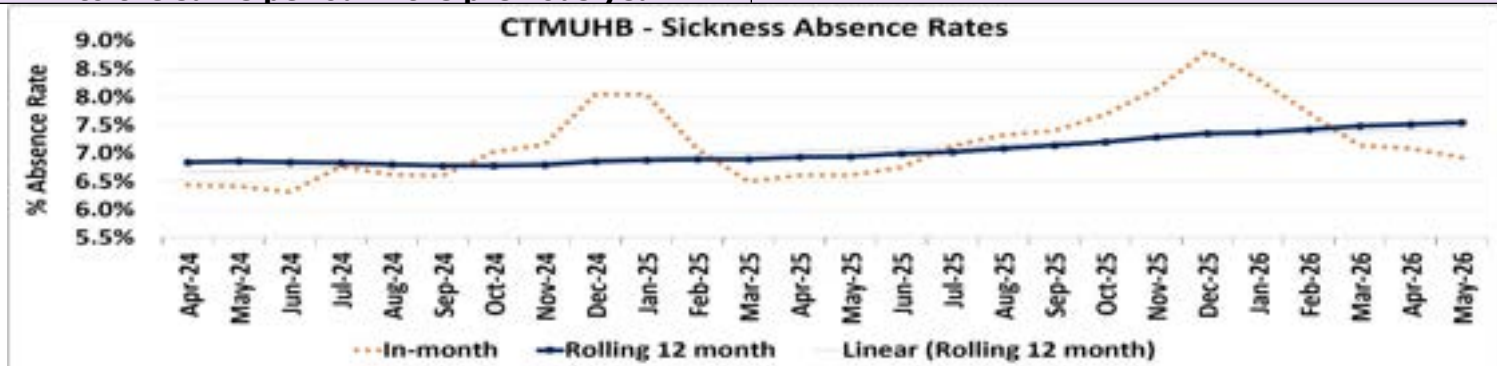
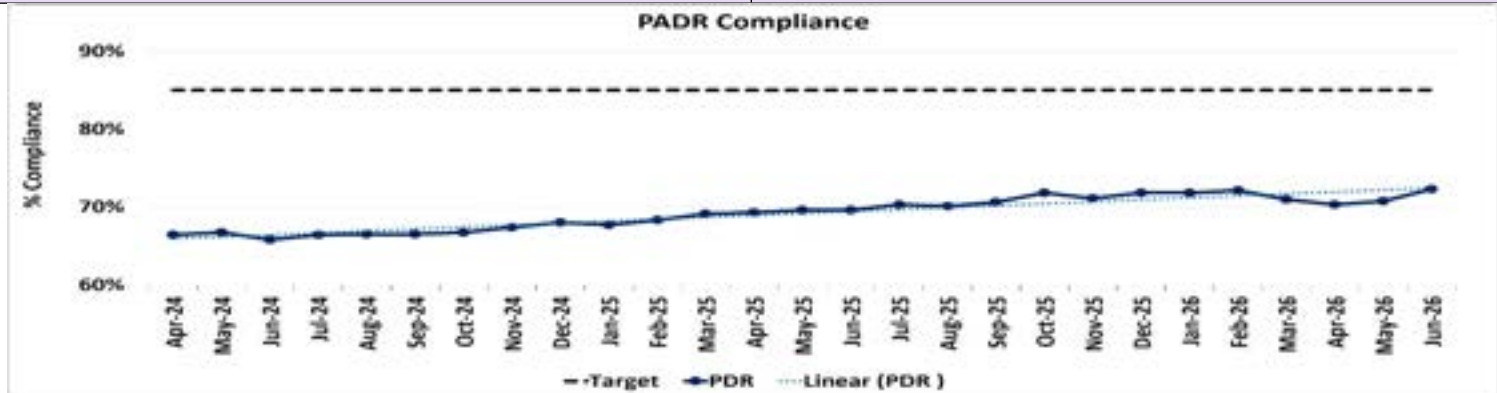
Areas with the highest sickness: **Additional Clinical Services (9.32%)**



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



Staff Engagement 2025 Response rate is **35.6%**

CTMUHB Workforce Metrics	
% of sickness absence rate of staff (rolling 12 months)	
Target – Rolling 12 month reduction compared to the same period in the previous year	May 2026 – 7.54%
CTMUHB - Sickness Absence Rates 	
Turnover rate of nurse, midwifery, medical & dental registered staff leaving NHS Wales	
Target – Rolling 12 month reduction against a baseline of 2025-26	Data is not yet available
This is a new measure for the 2026/27 Performance Framework. Data is provided by HEIW and is not yet available.	
% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months	
Target – 85%	Jun 2026 – 72.3%
PADR Compliance 	
% headcount who have completed Statutory & Mandatory Level 1 competencies	
Target – 85%	Jun 2026 – 81.3%
Level 1 Compliance 	

Sickness Absence – How are we doing and what are our key concerns?

The rolling 12-month sickness absence rate remains high at 7.54% in May 2026, increasing from 6.94% a year earlier and remaining above CTM’s improvement trajectory.

While in-month sickness levels have shown some improvement and Return to Work compliance exceeding 61%, absence continues to impact workforce capacity, productivity, staff wellbeing and reliance on temporary staffing.

Key actions and anticipated improvement:
Delivery of a Health and Wellbeing programme review, active management of long-term absence cases, rollout of enhanced Managing Attendance at Work training, targeted absence audits and strengthened Occupational Health support are intended to reduce absence levels and improve workforce resilience.

Key risks:
Failure to reduce sickness absence will continue to adversely affect service capacity, staff wellbeing, productivity, retention and agency spend.

Turnover – How are we doing and what are our key concerns?

National turnover data is not yet available; however, Nursing and Midwifery turnover in CTM has reduced to 8.18%, while Medical and Dental turnover has increased to 8.52%.

The increase within Medical and Dental staff requires continued monitoring to understand the underlying causes and identify opportunities to strengthen retention and workforce stability.

Key actions and anticipated improvement:
Actions focus on targeted retention initiatives, strengthening links between retention and wellbeing programmes, expanding career development opportunities, supporting newly qualified staff, increasing internal mobility and reducing reliance on temporary staffing.

Key risks and issues:
Key risks include workforce ageing, increased retirement rates, pension-related workforce changes and the combined impact of sickness absence, staff experience and limited career progression on retention. Failure to maintain workforce stability could increase temporary staffing costs and affect future workforce supply.

PDR & Core Learning – How are we doing and what are our key concerns?

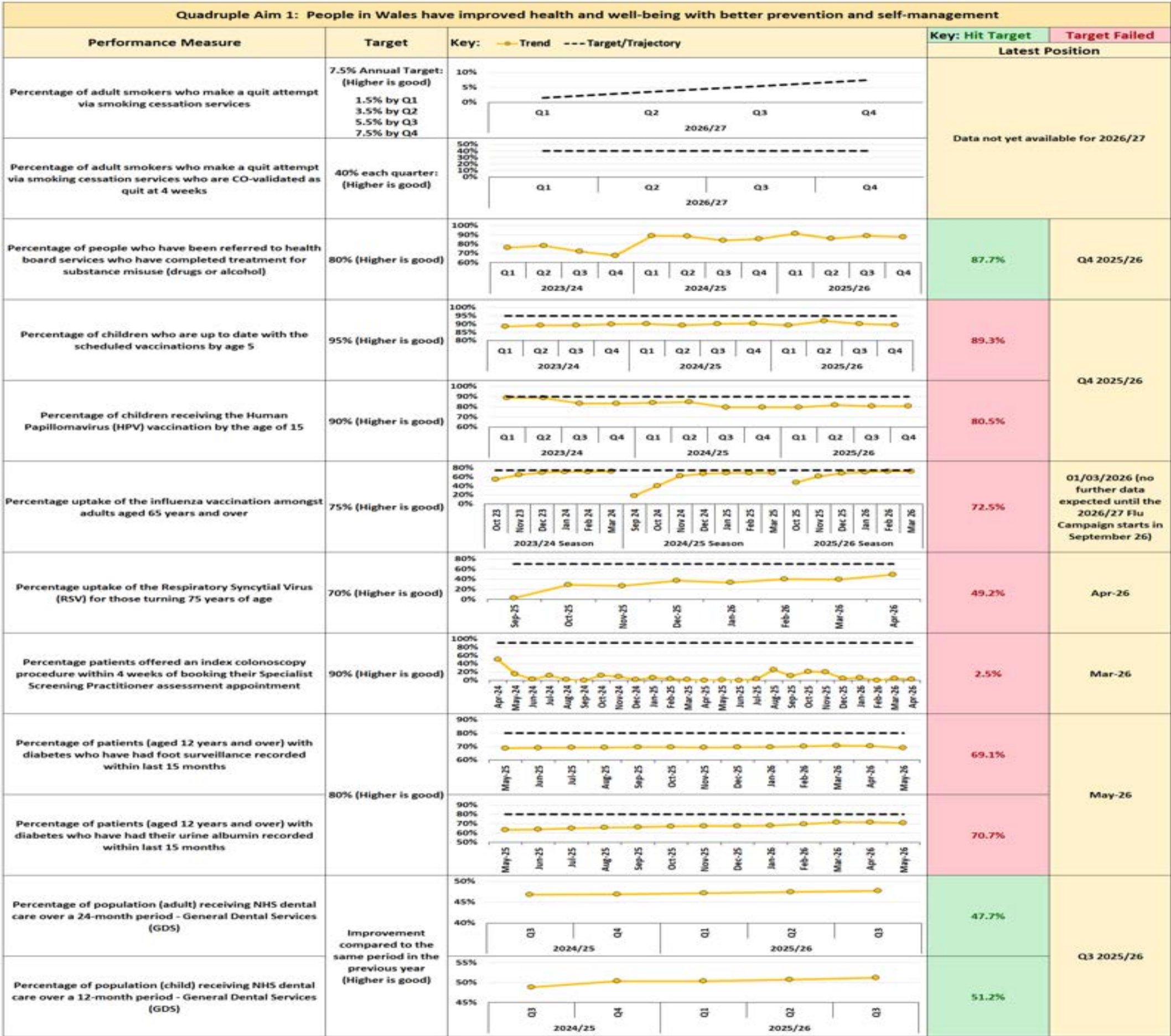
PDR compliance continues to improve, reaching 72.3% in June 2026, while Core Learning compliance stands at 81.3%.

Although both measures show improvement, they remain below the 85% target. In addition to compliance levels, the quality of development conversations remains a key area for improvement.

Key actions and anticipated improvement:
Targeted support is being provided to low-performing areas through performance reviews, quality audits, manager development programmes and compliance clinics. A review of the Core Learning offer is also underway to improve accessibility, relevance and uptake.

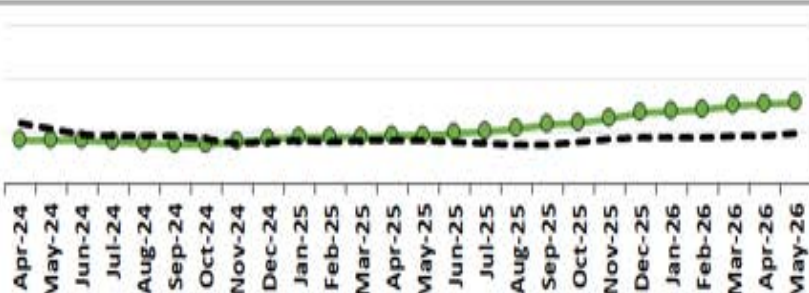
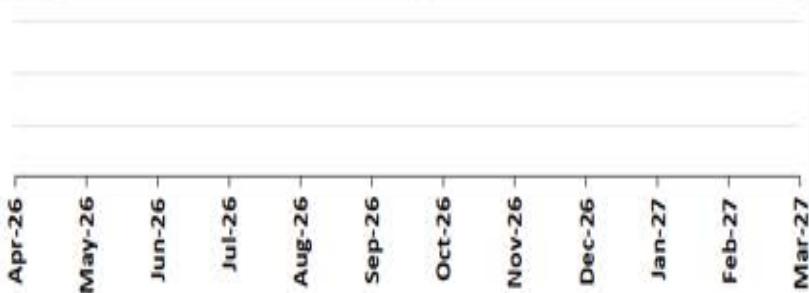
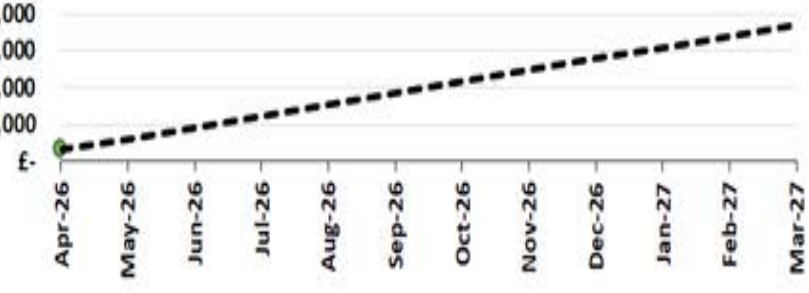
Key risks:
Sustained underperformance in PDR and Core Learning compliance may reduce organisational assurance, limit workforce development, affect staff engagement & retention and potentially impact patient safety.

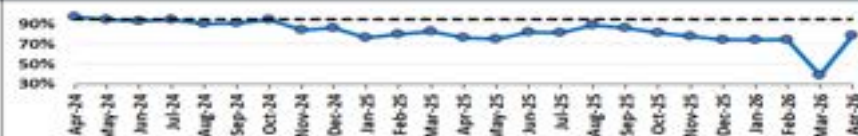
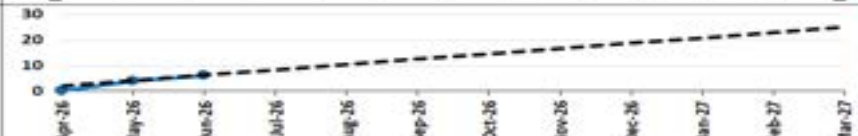
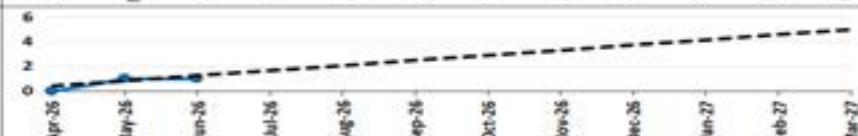
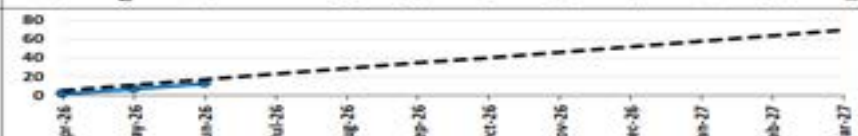
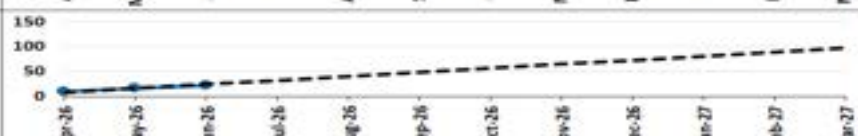
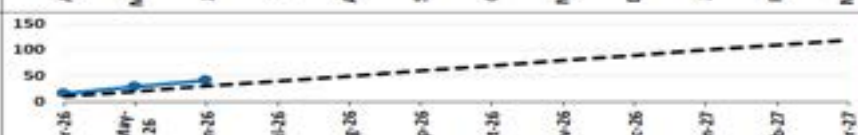
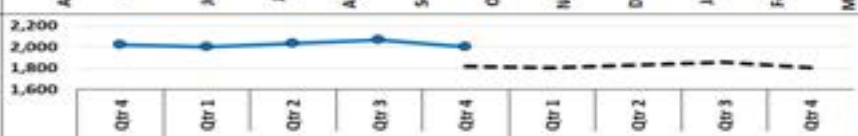
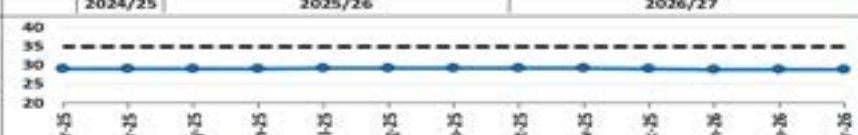
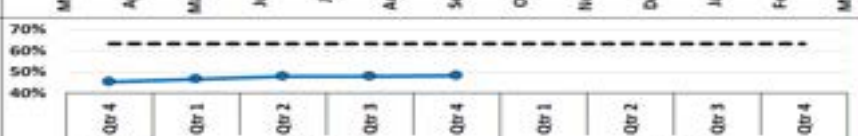
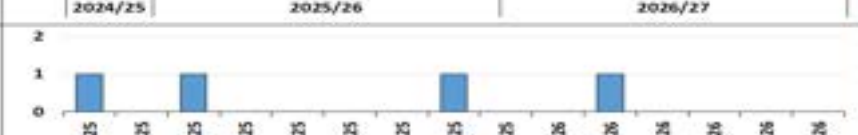
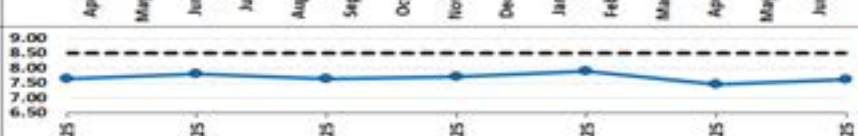
2.2 Appendix 1. Welsh Government Performance Framework Indicators - Quadruple Aim



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
Percentage of community pharmacies providing Pharmacist Independent Prescribing Service (PIPS)	70% or an increase of at least 20 percentage points on the March 2026 baseline (40.9%) towards 70% (higher is good)			49.9%
% 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)			89.9%
% 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)			47.0%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS5 (for those age under 18 years)	80% (higher is good)			89.2%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS5 (for those age 18 years and over)	80% (higher is good)			36.5%
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80% (higher is good)			21.8%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80% (higher is good)			58.3%
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	End of quarter on end quarter improvement (higher is good)			25%
Median emergency response time to Purple: arrest category calls	Expected target range 6-8 minutes (Lower is good)			08:39
Median emergency response time to Red: emergency category calls				11:06
Number of ambulance patient handovers over 45 minutes	Zero (Lower is good)			262
Percentage of ambulance patient handovers within 15 minutes	80% (higher is good)			58.0%
% 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	95% (higher is good)			56.4%
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	Zero (Lower is good)			2,432

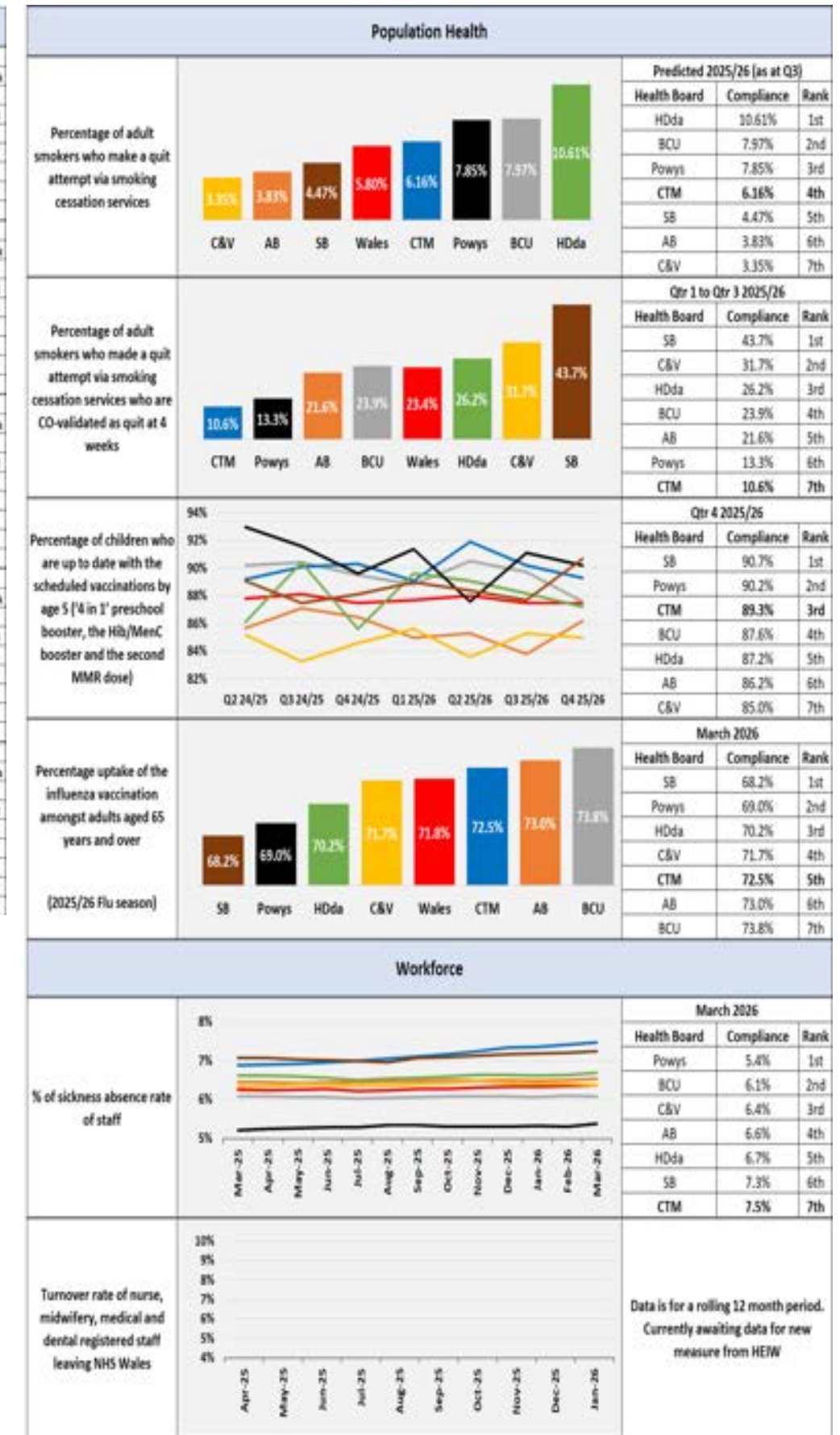
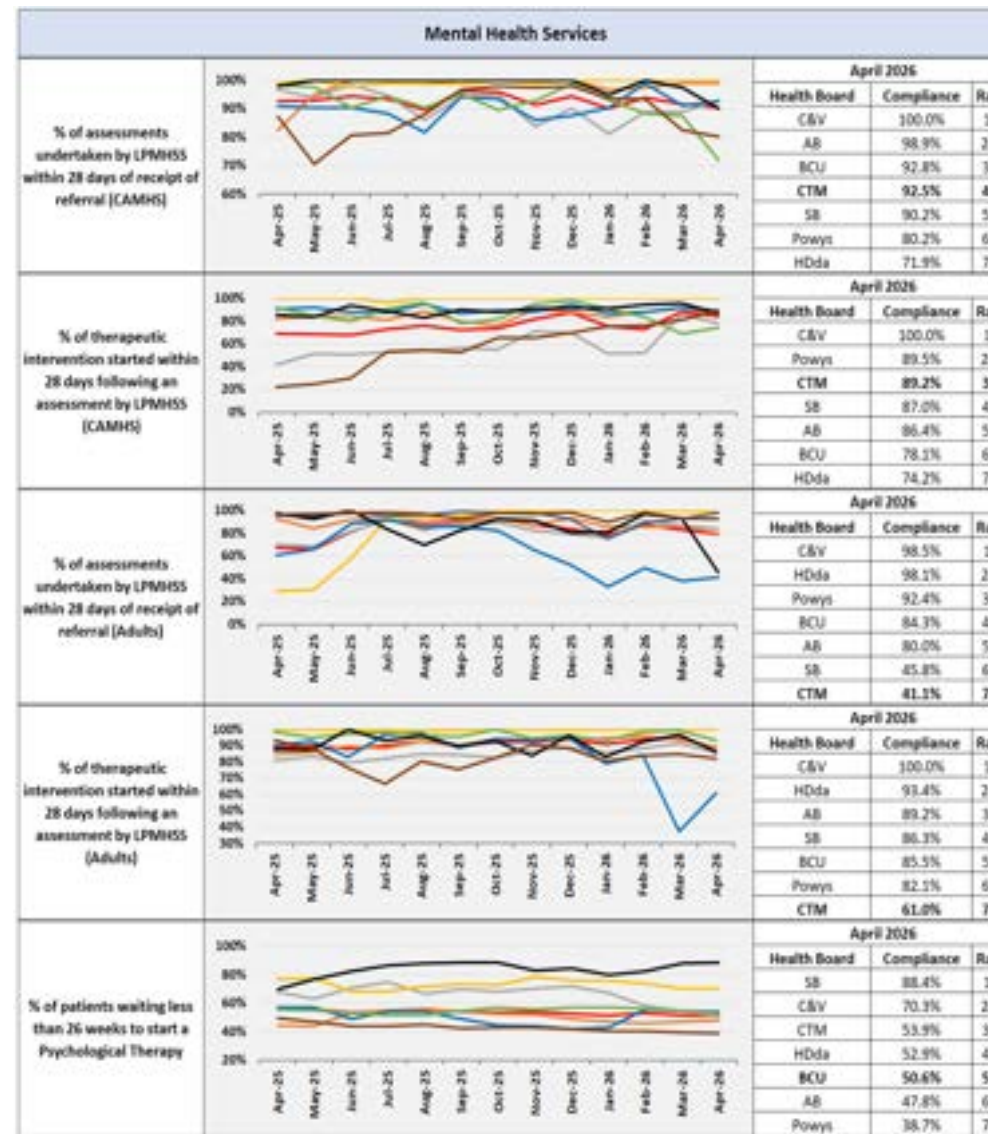
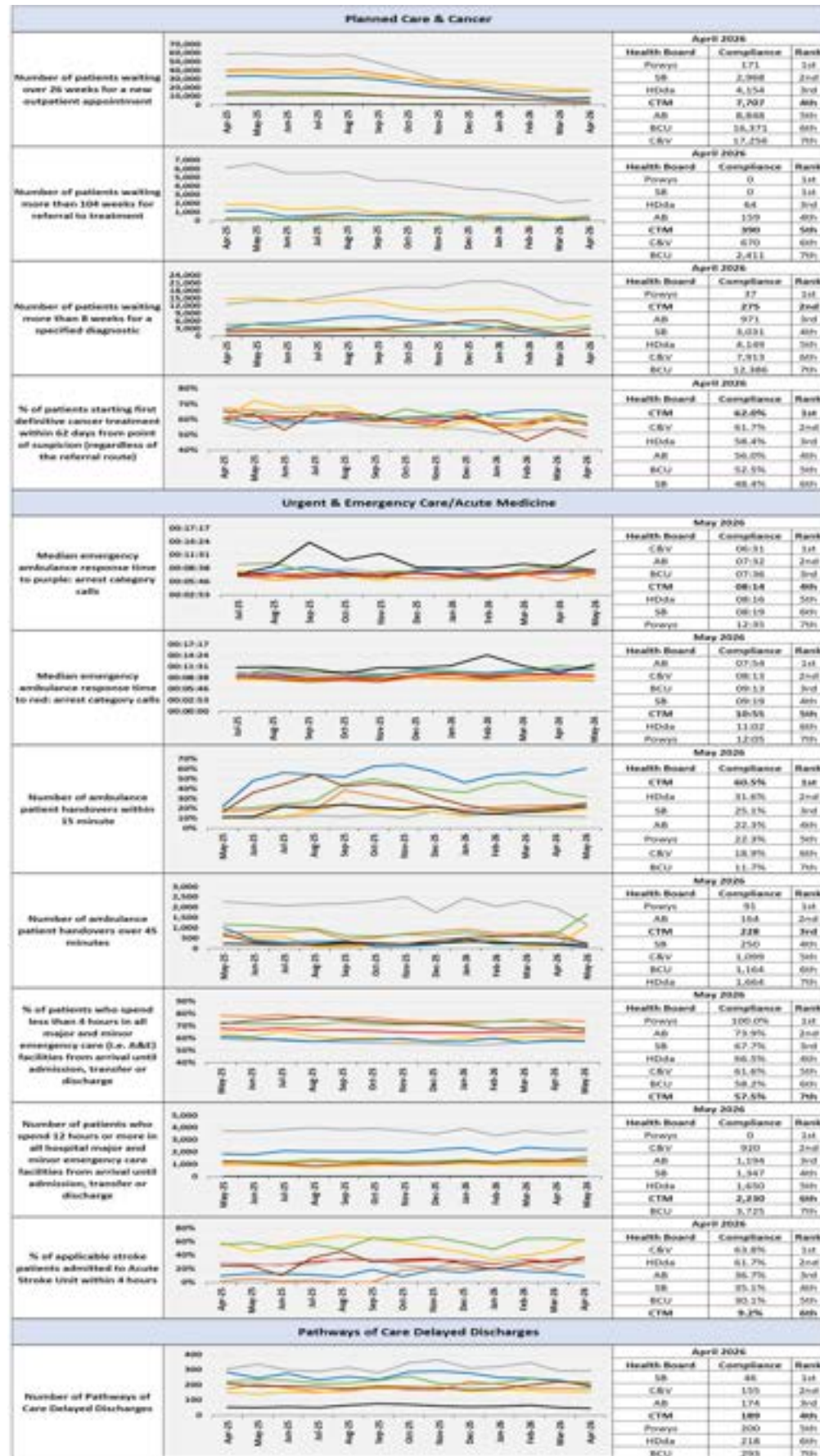
	Target	Key: Trend Target/Trajectory	Key: Hit Target Target Failed	Latest Position
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75% (Higher is good)			61.3%
Percentage of RI patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95% (Higher is good)			47.2%
Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)			1,580
Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero (Lower is good)			2
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)	Zero (Lower is good)			2,677
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)				311
Number of patients waiting more than 26 weeks for new outpatient appointment	Zero (Lower is good)			8,019
Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)			451
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction of at least 25% on March 2026 baseline (Lower is good)			40,919

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	Target Failed
			Latest Position	
Percentage of sickness absence rate of staff	Rolling 12 month reduction compared to the same period in the previous year (Lower is good)		7.54%	May-26
Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2025-26 TBC (Lower is good)		Data for 2026/27 not yet available	
Agency spend	30% reduction in 2026-27 from 2025-26 outturn (£26,555 less 30% = £18,589)		£1546 (Numbers in £000's)	Apr-26

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 Green = Target Met / Red = Under	
% of episodes clinically coded within one reporting month post episode discharge end date	95%		78.5%	Apr-26
National Reportable incidents open over 12 months	Zero		8	May-26
Cumulative number of hospital onset Klebsiella spp BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		6	Apr - Jun 2026
Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		1	
Cumulative number of hospital onset E.coli BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		13	
Cumulative number of MSSA BSI cases (bloodstream infections)	20% reduction on the 2024-25 baseline (Lower is good)		22	
Cumulative number of C.difficile infection cases	25% reduction on the 2024-25 baseline (Lower is good)		41	
Gabapentin and pregabalin DDDs per 1,000 patients	10% reduction compared to same period in the previous year (Lower is good)		2002.47	Q4 2025/26
Average quantity per item prescribed from start period for the reference basket of medicines	Prescribing interval of 35 days or where average is >=35 days in March 2026, an increase of at least 10% on March 2026 baseline of 28.9 (Higher is good)		28.9	Mar-26
Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	80% or an increase of at least 15 percentage points on the March 2026 baseline of 48.2% towards 80% (Higher is good)		48.2%	Q4 2025/26
Number of never events	Zero (Lower is good)		Zero	Jun-26
Overall HB patient experience score	8.5 (out of 10)		7.61	01/11/2025 (CTM moved to the Promptly system - updates will resume shortly)

2.3 Appendix 2. Benchmarking – How do we compare to the rest of Wales?

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



SUMMARY OF REVISIONS TO PERFORMANCE MEASURES

Revision	
Percentage of adult smokers who make a quit attempt via smoking cessation services	Previous Target: 5% annual target New Target: 7.5% annual target with quarterly milestones for achievement (Q1 – 1.5%, Q2 – 3.5%, Q3 – 5.5% and Q4 – 7.5%)
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Previous Target: 40% annual target New Target: 40% each quarter
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Previous Target: 4 quarter improvement trend New Target: 80%
Percentage of ambulance patient handovers within 15 minutes	Previous Target: Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes New Target: 80%
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Previous Target: Improvement compared to the same month in the previous year, towards the national target of 95% New Target: 95%
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	Previous Target: Reduction compared to the same month in the previous year, towards the national target of zero New Target: Zero
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Previous Target: 12 month improvement trend towards a national target of 80% by 31 March 2026 New Target: 75%
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Previous Target: Month on month reduction New Target: Zero
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Previous Target: Month on month reduction New Target: Zero
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Previous Target: Reduction compared to the same month in the previous year New Target: Reduction of at least 25% on March 2026 baseline
Percentage of sickness absence rate of staff	Previous Target: 12 month reduction trend New Target: Rolling 12 month reduction compared to the same period in the previous year
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Previous Target: Maintain the 95% target or demonstrate a 12 month improvement trend New Target: 95%

PERFORMANCE MEASURE REMOVALS

Measure	2025/26
Percentage uptake of the COVID-19 vaccination for those eligible	Quad Aim 1
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Quad Aim 1
Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Quad Aim 1
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Quad Aim 2
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Quad Aim 2
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Quad Aim 2
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Quad Aim 2
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Quad Aim 2
Median emergency response time to amber calls	Quad Aim 2
Median time from arrival at an emergency department to triage by a clinician	Quad Aim 2
Median time from arrival at an emergency department to assessment by a clinical decision maker	Quad Aim 2
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Quad Aim 2
Number of patients waiting more than 52 weeks for a new outpatient appointment	Quad Aim 2
Agency spend as a percentage of the total pay bill	Quad Aim 3
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)	Quad Aim 3
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Quad Aim 4
Number of pathways of Care delayed discharges	Quad Aim 4
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Quad Aim 4
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Quad Aim 4
Number of patient experience surveys completed and recorded on CIVICA	Quad Aim 4
Cumulative number of laboratory confirmed cases: Klebsiella sp and Pseudomonas aeruginosa	Quad Aim 4
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Quad Aim 4
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Quad Aim 4
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Quad Aim 4
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Quad Aim 4
Number of patient handovers over one hour	Quad Aim 4
Number of National Reportable incidents that remain open 90 days or more	Quad Aim 4

3. Key Risks/Matters for Escalation

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

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework <i>(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)</i>	Strategic Risk 1a	
	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	A Healthier Wales	
	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Data to Knowledge	
	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:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact:	
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	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.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Claire Thompson	23/07/2026	Endorsed for Approval

5. Glossary of terms

Acronyms/Glossary of Terms		Definition or Context
A&E/ED	Accident & Emergency/Emergency Department	Emergency department for urgent care
ANTT	Aseptic Non-Touch Technique	Clinical technique to prevent infection during procedures
BSW	Bowel Screening Wales	National bowel cancer screening programme
CAMHS	Child and Adolescent Mental Health Services	Services for children and young people with mental health needs
CAUTI	Catheter-Associated Urinary Tract Infection	Infection linked to urinary catheter use
CO-validated quit	Carbon Monoxide validated quit attempt	Carbon monoxide test confirming smoking cessation
COO	Chief Operating Officer	Accountable for day-to-day operational performance
CTP	Care and Treatment Plan	Statutory plan for patients receiving secondary mental health services
D2RA	Discharge to Recover and Assess	A model supporting timely hospital discharge and recovery at home
ERCP	Endoscopic Retrograde Cholangiopancreatography	Procedure to diagnose and treat bile duct conditions
HBSUK	Healthcare Business Solutions (UK)	Outsourced or additional capacity clinics used to reduce waiting lists
HCSW	Healthcare Support Worker	Staff providing basic patient care and support
HMQ	Help Me Quit	Smoking cessation service in Wales
IMTP	Integrated Medium Term Plan	A three-year strategic plan aligning Health Board objectives with national priorities
IPC	Infection Prevention and Control	Measures to prevent healthcare-associated infections
LPMHSS	Local Primary Mental Health Support Services	Community-based mental health support
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	

Operational Delivery Committee

Workforce Metrics Report

Eitem yr Agenda / Agenda Item	6.1.1
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager Emma Powell, Head of People Analytics
Cyflwynydd yr Adroddiad / Report Presenter:	Natalie Price, Assistant Director, Strategic Workforce Planning.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is asked to NOTE the report.
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	Inspiring People
	If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol <i>(Cyfeiriad blaenoriaeth berthnasol)</i> Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan <i>(Reference relevant priority)</i>	This report provides oversight of key workforce indicators, enabling the organisation to monitor workforce capacity, resource availability and the delivery risks that may affect strategic objectives, safe and effective services and financial sustainability.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:

Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth (*crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati*)

Staff in post numbers have continued to grow; turnover has reduced reflecting improved retention across most staff groups, although Estates and Ancillary continue to experience high turnover.

What (*summary of current position / issue & why it matters and evidence to support that position etc*)

Sickness absence remains a challenge with anxiety, stress and depression remaining the leading cause of absence.

There has been an improvement in PDR compliance and Return to Work but both remain below targets. Bank and agency expenditure continues to decrease.

Felly, beth (*darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain*)

The report provides assurance that progress is being made in strengthening workforce sustainability through workforce growth, reduced turnover and reduced reliance on temporary staffing.

So, what (*provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these*)

However, some workforce risks remain. The ageing profile within Estates and Ancillary, where 44% of staff are aged 55 and over and retirement is a significant contributor to turnover, creates ongoing workforce supply challenges. Sickness absence remains above the Health Board's improvement trajectory and continues to present a risk to workforce availability and service resilience.

Beth Nesaf (*crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud*)

Work is ongoing to review the Health Board's people data and 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.

What Next (*summary of intended action and benefits supporting the choices and recommendation(s) being made*)

Argymhelliad (*Wedi'i gysylltu â'r adran "Beth Nesaf" uchod*).

For noting

Recommendation (Linked to the "What Next" section above).

Acronyms / Glossary of Terms

A&C	Administrative and Clerical Staff Group
ACS	Additional Clinical Services Staff Group
AHP	Allied Health Professionals Staff Group
APST	Additional Professional, Scientific, and Technical Staff Group
COO	Chief Operating Officer
C&F	Children and Families Care Group
C&H	Corporate and Hosted
CTMUHB	Cwm Taf Morgannwg University Health Board
DTPS	Diagnostics, Therapies, Pharmacy and Sciences
FCG	Facilities Care Group (New)
E&A	Estates and Ancillary Staff Group
HCSW	Healthcare Support Worker
HS	Healthcare Scientists Staff Group
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 Community Care Group
PC	Planned Care Group
PDR	Personal Development Review
PST	People Services Team
ST	Students Staff Group
UC	Unscheduled Care Group
WTE	Whole Time Equivalent

People Metrics Dashboard: July 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



GETTING THE BASICS RIGHT

CTM employs **13,613** staff in post (SIP), equal to **11,828.78** whole time equivalent (WTE). This is a change of **-0.21%** compared to the previous month (May). We have grown by **2.62%** (Jun 25 to Jun 26)



The biggest % increase in WTE is in Nursing and Midwifery Registered Staff Group by **4.35%** (Jun 25 to Jun 26)

25% of the workforce are aged 55 & over (Jun 26)

44% of Estates & Ancillary Staff Group are aged 55 & over (Jun 26)

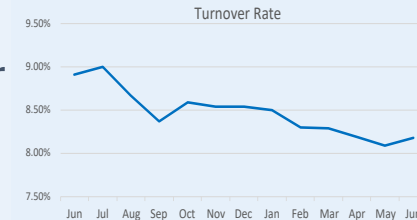


Average age is **44 years**



MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover
Rolling 12-month turnover has reduced from **8.91%** (Jun 25) to **8.18%** (Jun 26)



Area with the highest turnover: **Estates & Ancillary (12.60%)**

Top reasons all Staff Groups: **Retirement & Voluntary Resignation**

Bank & Agency Spend

Bank & Agency spend (Jun 26):
M&D was **£2.52m**
NMR was **£2.47m**



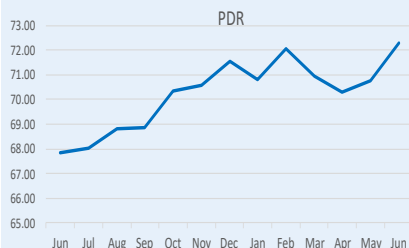
Lateral Moves Scheme 384 eligible requests & **152** successful moves since launch (Feb 2024)



GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **72.30%** (Jun 26)

The target for PDR Compliance is **85%**



Return to Work compliance is **59.50%** (May 26) which has increased from **55.44%** (May 25)

Statutory and Mandatory Training Compliance in June 26 for Level 1 is **81.3%** and ALL Levels of Training is **75%**

The target for all Statutory and Mandatory Compliance is **85%**

● Improved Performance ● Static Performance ● Decreased Performance

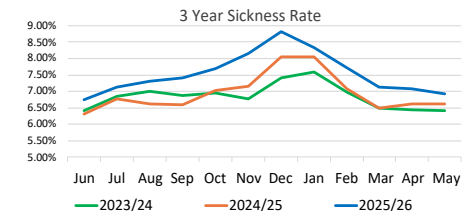


AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **6.92%** (May 26) which is **818** WTE lost in month. This is compared to **6.61%** (May 25). Rolling 12-month is **7.54%** May 26 compared to **7.51%** April 26

35.6% of sickness (May 26 in mth) due to **Anxiety/Stress/Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Additional Clinical Services (9.32%)**



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



Staff Engagement 2025
Response rate is **35.6%**

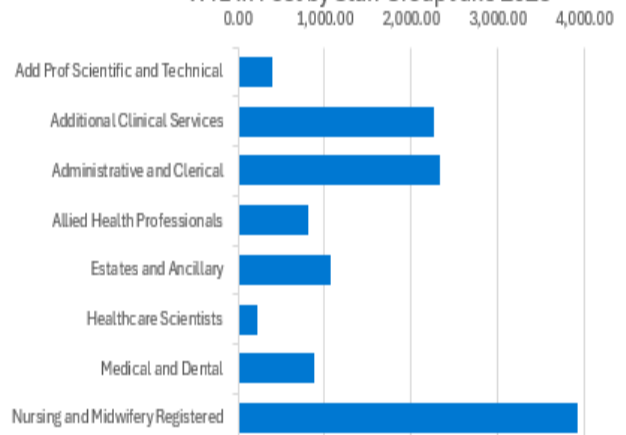
Staff in Post

The Health Board's WTE has increased by 2.62% since June 2025 (11,519.06 WTE) to 11,828.78 WTE at the end of June 2026. The headcount position shows a 346 increase when comparing the same period (13,267 on June 2025 to 13,613 as of June 2026). Increases have been seen in all clinical and administrative staff groups across the Health Board.

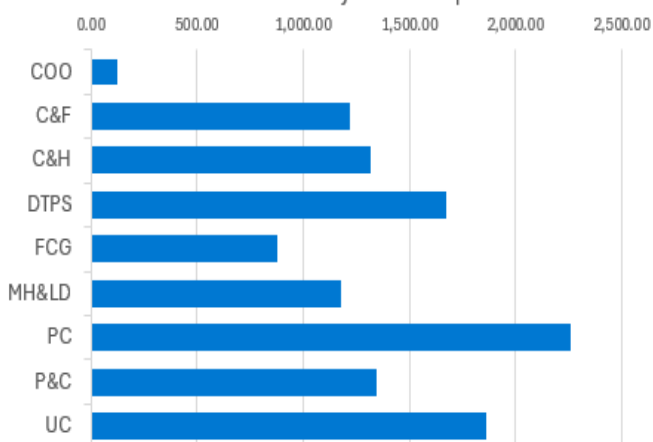
Nursing and Midwifery showed the biggest increase of 4.35% due to a mixture of student streamlining intake and successful traditional recruitment.

The CTM age profile, as shown in the graph, is that Estates and Ancillary have the highest portion of their staff over the age of 55yrs (44%). Administrative and Clerical have the second highest proportion, followed by Additional Clinical Services, and Medical and Dental.

WTE in Post by Staff Group June 2026



WTE in Post by Care Group June 2026



Staff 55 and Over Headcount June 2026

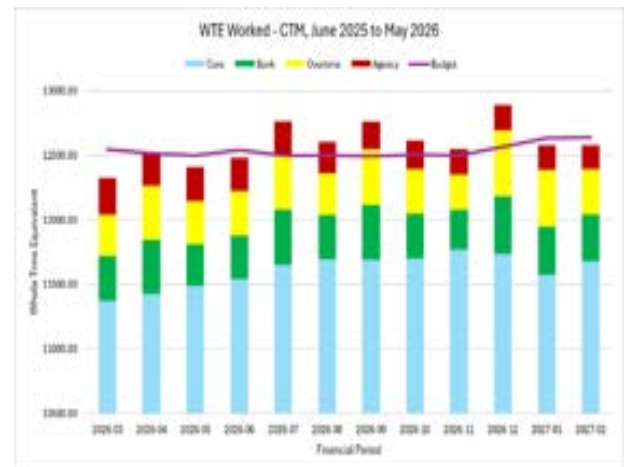


Whole Time Equivalent Worked

Monthly reporting of the WTE worked, incorporating the core hours, overtime, bank and agency activity, has recently commenced across the Health Board.

This reporting brings together the budget and spend data (translated to WTE) from Finance and the agency activity data from our rostering systems. Details of M&D staff with more than 10 sessions and the ADH/WLI activity will be incorporated in the future. Introducing this reporting reflects the Health Board's activity whilst also driving improvements in data reporting and accuracy.

These reports are shared in more detail with Care Groups for use at a local level and as part of the Integrated Performance Reviews. The data can be interrogated at Care Group, Staff Group, Directorate or cost centre level to ensure any deep dives or investigations can be carried out.



	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
WTE Budget from the Ledger	12544.94	12517.74	12501.51	12539.36	12502.21	12500.60	12495.71	12503.04	12498.41	12567.48	12634.04	12638.59
Core paid WTE	11374.86	11424.91	11488.31	11540.12	11649.07	11697.51	11693.46	11701.26	11768.80	11738.82	11578.07	11681.69
Bank paid WTE	344.99	421.18	319.34	336.94	430.35	339.76	421.92	345.83	308.59	441.66	373.43	360.53
Overtime paid WTE	323.29	420.65	338.17	344.50	415.54	325.95	435.10	348.24	278.58	512.16	438.81	352.50
Agency worked WTE	285.69	254.50	262.48	262.95	272.96	241.15	208.44	221.86	193.88	199.69	192.54	183.53
Difference between budget and just Core WTE paid	1170.08	1092.83	1013.20	999.24	853.14	803.09	802.25	801.78	729.61	828.66	1055.97	956.90
Difference between budget and all paid/worked WTE	216.11	-3.50	93.21	54.85	-265.71	-103.77	-263.21	-114.15	-49.44	-324.85	51.17	60.34

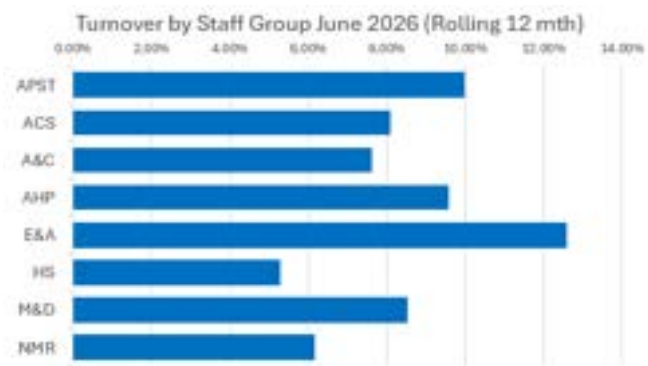
Staff Turnover

The 12-month rolling turnover has continued to reduce from 8.91% at the end of June 2025 to 8.18% at the end of June 2026. This downward trend is reflected in the Nursing and Midwifery Registered staff group (7.78% June 25 to 6.17% June 26), but the Medical and Dental turnover has increased slightly (7.56% June 25 to 8.52% June 26). Healthcare Support Worker (HCSW) turnover has reduced to 7.30% in June 2026 (compared to 9.32% in June 25).

The staff group with the highest turnover is currently Estates and Ancillary with 12.60%. This is a decrease from 13.56% in June 2025.

31% of the leavers for all staff groups in the report period (July 2025 to June 2026) were due to retirement. As noted above, 44% of Estates and Ancillary are aged 55 and over and 49% of leavers within this staff group were due to retirement.

Workforce planning support and guidance has been provided on a regular basis to assist the Estates team with development of an action plan to address traditionally hard to fill posts and to consider opportunities for a more sustainable workforce to mitigate their ageing profile and high turnover. This work is ongoing to consider next steps.



Sickness Absence

The rolling twelve-month sickness rate to May 2026 is 7.54% which remains higher than the equivalent rolling 12-month period of the previous year (6.95%). The in-month May sickness rate is 6.92% (818 WTE Lost) which is slightly higher than May 2025 (6.61%). It continues a reduction in sickness for the 5th consecutive month, albeit it this is an expected seasonal trend following a peak in December.

An internal target to reduce the rolling 12-month sickness absence by 1% by October 2026 is in place, with Care/Service Groups allocated a local target which is proportionate to their absence rate. The baseline for the reduction target is the July 2025 rolling twelve-month sickness absence rate of 6.98% (to reduce to 5.98% by October 2026). Care/Service Groups are reporting progress against their individual targets via monthly Executive Integrated Performance Meetings (IPM).

To achieve this target a Health and Wellbeing Campaign and associated action plan is continuing to be rolled out. The plan focuses on four key areas: Management Tools, Systems and Reporting, Governance and Assurance and Healthy Work Environments.

The Health Board’s primary sickness reason remains Anxiety/Stress/Depression/other/ psychiatric illness, resulting in 35.6% of the total days lost to sick absence in May 2026. The second highest reason is ‘Other known causes’ at 9.6% of the days lost.

The staff group with the highest sickness level in May 2026 is Additional Clinical Services with 9.32% which is a slight decrease on the last reported position of 9.42% at the end of April 2026. There have been significant improvements within the Estates and Ancillary staff group sickness levels which are currently sitting at 8.77 %, a slight increase from 8.29% in April 2026 but down from 11.20% in May 2025.

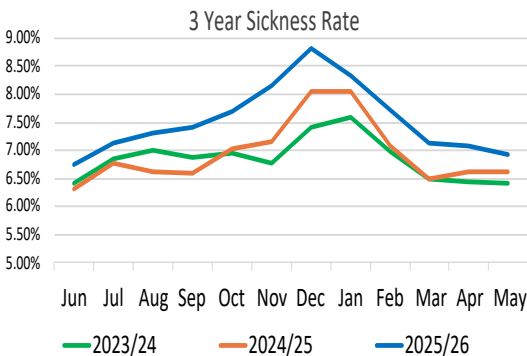
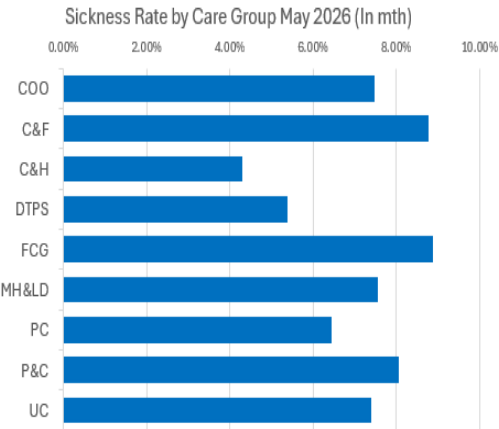
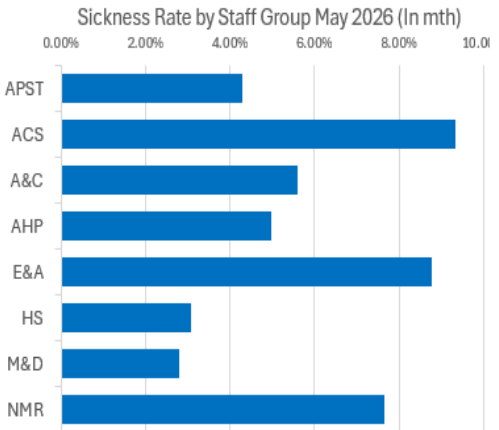
The overall Return to Work compliance is 59.50% for May 2026 which is an increase from 55.44% for May 2025, but a decrease from 64.23% in April 2026. This is a key focus area within the action plan.

It is also noted that Sickness Absence and Return to Work are reported 6 weeks in arrears due to the interface lag between Health Roster and ESR.

Four guidance documents have been developed to support the application of the Managing Attendance at Work policy. Managing Attendance at Work training programme continues to be rolled out for line managers with targeted sessions for Ward Managers and Facilities leads.

Current areas of focus under the Health and Wellbeing action plan include:

- Active management continues for all cases 6-12 months in duration.
- An absence prompt audit has been undertaken to help inform targeted interventions. This has highlighted inconsistencies in the application of formal processes under the policy.
- Medical Workforce Advisory Audit - 7 observations to be actioned including addressing methods of recording sickness, sickness reporting and systems and process alignment.
- A 3-month pilot for focused case support for COO, MHL, PC&C (April-June) for cases less than 3-month in duration.
- A ‘Pause and Review’ of activity and outcomes under the Health and Wellbeing programme has been undertaken with a view to pivoting resource onto higher impact opportunities.
- A project team led by our Deputy Heads of People has subsequently been stepped up to focus on enhanced case management support for Ward Managers across our Acute and Community Hospital sites with each Care Group assigned dedicated resource from within our People Services team.
- Continuation of engagement with National review of the Managing Attendance at Work Policy



PDR – Your Conversation

PDR compliance continues to improve, hitting 72.3% for June 2026 – a 1.56% increase month on month and a peak for the year, although this remains below the 85% target.

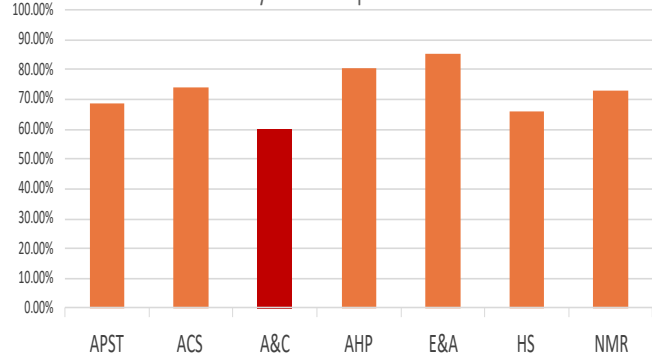
With compliance continually improving, the main concern regarding PDR is the quality of development conversations – as ratified by the 2026 Staff Survey data.

A range of ongoing initiatives have been designed to continually build compliance whilst focussing on improved PDR conversations:

- Targeted focus on low-compliance areas through Care Group performance reviews.
- PDR quality audits to strengthen performance conversations.
- Integration of PDR training into Ignite: Manager Essentials development programme.

With the latter, the aim is to not only provide managers with clarity on the PDR process and their responsibility to facilitate PDR conversations but support them to hone and develop the skills required to support meaningful and challenging conversations about personal and professional development.

PDR by Staff Group June 26



M&D Bank and Agency Spend

Medical Spend (Bank and Agency) was at £2.51 in June 2026 (compared to £3m in June 2025).

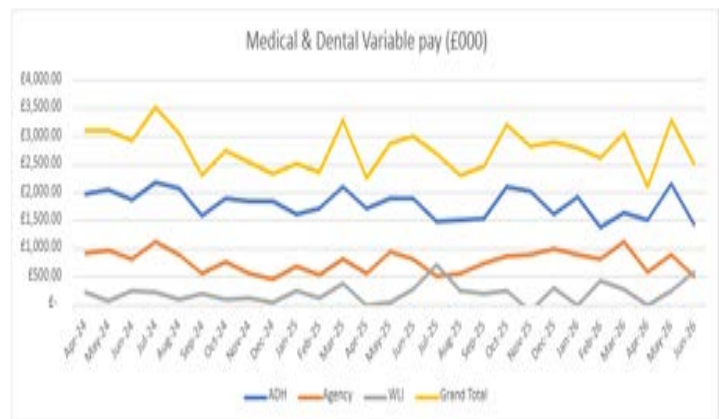
Agency spend year to date at June 2026/27 is £1.97m (compared to £2.35m in June 2025/26). Current forecast for year-end 2026/27 agency spend is £7.19m, a forecasted decrease of 26%.

Linked to the Value & Effectiveness programme, significant work is underway to improve data and reporting via our workforce systems. HCRG launched in the Health Board on the 6th July as the managed service for M&D bank and agency.

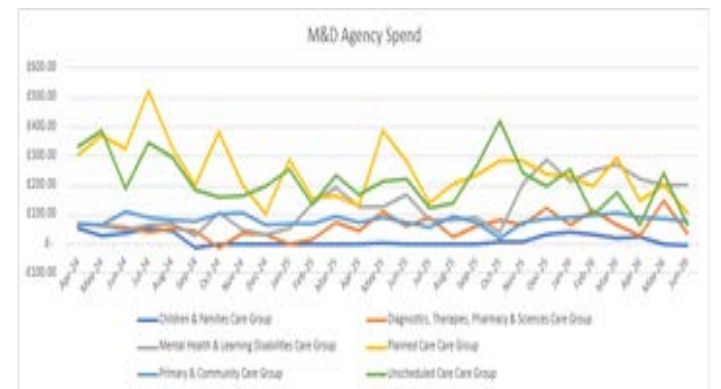
Other key areas of work for the programme:

- Developing effective recruitment plans/campaigns to fill established vacancy gaps and reduce temporary staffing spend.
- There is a 30% target reduction for Agency Spend. Oversight and exit plans for high-cost agency locums are developed.
- There is a 10% target for the reduction of bank spend.
- Reduce inappropriate use of bank, WLI and rate-card breaches
- Achieve 90% job planning compliance by year-end. Ensuring compliance is effective, not paper-based
- Work is underway to automate the four-week job plan signoff process to strengthen assurance and reduce manual workload
- Align SPA / DCC allocation to actual service demand

Medical & Dental Variable pay (E000)



M&D Agency Spend



Nursing and Midwifery Bank and Agency Spend

Nursing and Midwifery (bank and agency) which now also includes Health Care Support Workers is at £2.47m in June 2026 (compared to £2.83m in June 2025). Agency spend (for Nursing only) year to date at June 2026/27 was £2.25m (compared to £3.85 in June 2025/26). There continues to be no use of off contract/premium rate agencies. The 'agency by exception' model was introduced on 1st December 2025 to reduce agency usage/spend further.

Current agency year end forecast for 2026/27 is £9.27m, a forecasted reduction of 30%. While there is minimal use of agency HCSWs, a proposal to reduce agency commission to 25% is under consideration, with a potential saving of £118k based on 25/6 usage.

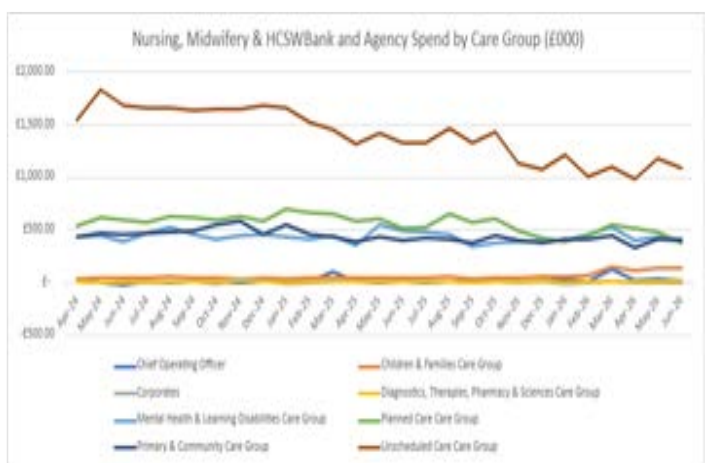
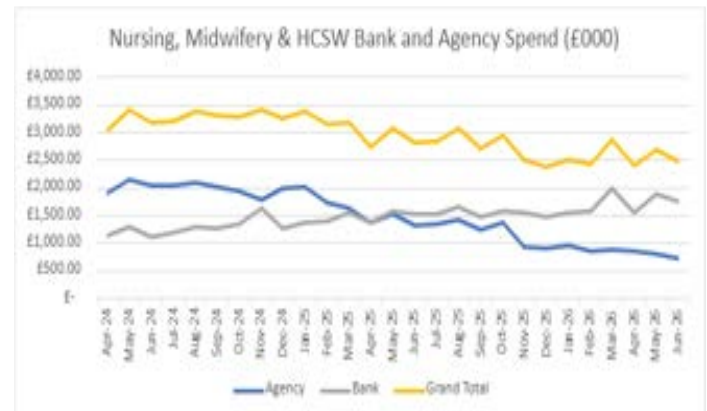
Work on Healthroster continues to ensure that the system is meeting the needs of the Health Board for data reporting, whilst promoting interoperability across other workforce systems. This is core system functionality to support the Nurse Productivity Programme as part of the Value & Effectiveness programme. Further work includes:

- Improving roster compliance through the identification, agreement, and monitoring of KPIs that provide clear measures of compliance across all rostered nursing areas.
- A RAG rating system has been implemented to highlight levels of compliance and quickly identify areas requiring attention and support.
- Regular performance reviews will be undertaken to track progress against agreed KPIs and drive accountability.
- To support sustained improvement, a comprehensive training plan to be rolled out for all roster managers, ensuring they have the knowledge, skills, and confidence to effectively manage rosters, fully engage with compliance processes, and consistently achieve the required standards.

Work to improve data quality and functionalities of our workforce systems continues 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 addressing behaviour and poor practices.

Further work being undertaken includes:

- Actively engaging with all-Wales student streamlining recruitment to maximise the opportunity to fill vacancies.
- Work around the N&M establishment has commenced, which should allow a more rounded view on the staffing situation, alongside turnover and absence.
- Development of the Nursing Academy will raise the profile of career profiles and opportunities for N&M.

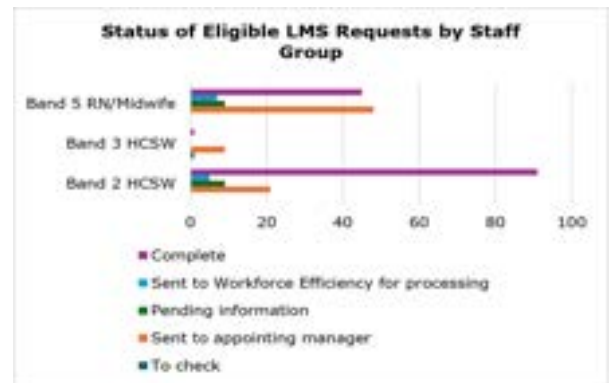


Lateral Moves Scheme

As of 1 July 2026, a total of 384 eligible transfer requests have been submitted since the scheme first launched in February 2024. Of these, 149 requests were withdrawn. Among the remaining eligible requests, 109 were from Registered Nurses and 126 from Healthcare Support Workers. To date, 152 staff have successfully transferred (65%), with the remaining requests still active.

Time-to-hire has increased slightly up to 58 days (from 54 last month) but still remains well below the CTM average. Ensuring this figure remains under the CTM average, is still an area of priority, but the expected 15% reduction has been exceeded month upon month.

Conversations to widen access are continuing to progress with Allied Health Professionals and work is ongoing to update associated resources to ensure they remain fit for purpose. Monthly work to check and refine records is also ongoing to ensure metrics are up to date.



Recruitment

The recruitment time to hire (vacancy creation to unconditional offer) for June 2026 was 73.8 days against a national target of 71 days. This is a combined position for all substantive Agenda for Change and Medical and Dental recruitment. There remains a focus for improvement in the time taken to shortlist posts. Various options are being considered as root causes for posts can be different. It also includes time to authorize which is increased due to the additional scrutiny across all stages of approval. Care Group focused performance reports are in place and shared monthly.

In addition, the following recruitment related work is underway:

- Recruitment improvements have been aligned to the People Plan (Getting the Basics Right) following December 2025 listening events. This includes the launch of a new Recruitment Hub on SharePoint with updated tools and guidance.
- Recruitment and workforce planning are now embedded within the Ignite Management Programme induction.
- A recruitment training programme is in development, with over 200 hiring managers already trained in Welsh Language Standards and writing effective job adverts.
- A Band 8a-9 recruitment toolkit is being introduced to support consistent leadership appointments. Once agreed, will generate further work to develop resources for all other levels.
- A new internal jobs and opportunities SharePoint page provides staff with access to vacancies and career support resources.
- Ongoing collaboration with local authority employability teams continues, with a careers event planned for September 2026.
- The Recruitment and Selection Policy is under review.
- An alternative, role-focused application form is being piloted, with positive early feedback on improving shortlisting and managing high volumes.
- Work with the NWSSP International Recruitment Programme continues, though onboarding delays remain a challenge and have impacted candidate start rates.



A workstream related to recruitment and student streamlining is being developed as part of the Nursing and Midwifery Productivity Programme. This is to ensure further focus on planning and aligning vacancies to the student streamlining cohorts.

1. Key Risks / Matters for Escalation

- 1.1 The finalisation of successful transition of all relevant areas onto the new HCRG managed service solution for temporary staffing and embedding of revised Health Board processes.
- 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. Conclusion

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 3
	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	A Healthier Wales
	If more than one applies please list below: A Prosperous Wales through monitoring workforce sustainability, productivity and efficient use of resources. A More Equal Wales by enabling visibility of workforce trends that may inform targeted action to support staff groups and services.
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective Culture and Valuing People Learning, Improvement and Research The report supports a whole-systems perspective by providing oversight of workforce indicators that impact service resilience, safe staffing, staff wellbeing and the effective use of resources. It also supports culture, valuing people, learning and improvement through use of workforce data to identify risks, monitor trends and inform targeted action.
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable This is a workforce monitoring and assurance report and does not propose any service change, procurement decision or operational



Environmental Sustainability Impact (5Rs)	activity with a direct environmental sustainability impact.	
	If more than one applies please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhwch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Equality: Neutral Summary of impact: This is a workforce monitoring and assurance report and does not propose any service change, policy change or decision that would directly impact staff or patients with protected characteristics. Outcome for Welsh Language: NEUTRAL Summary of impact: This report does not propose any direct change to service delivery or workforce arrangements that would impact Welsh language provision.	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA completion: A full EWLIA has not been undertaken as this is a monitoring and assurance report and does not propose any service, policy or operational change with a direct equality or Welsh language impact.
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	A quality impact assessment has not been undertaken as this is a monitoring and assurance report and does not propose a service change or operational decision. The report supports quality oversight by identifying workforce risks that may affect safe staffing, service resilience and the delivery of effective care.	
Cyfreithiol / Legal	Yes (Include further detail below) Workforce-related risks may have legal implications if employment policies, workforce processes or contractual requirements are not followed appropriately. Ongoing oversight supports early identification and management of workforce risks in line with relevant legislation, organisational policies and governance arrangements.	
Enw da / Reputational	Yes (include further detail below) Workforce capacity, sickness absence, retention and reliance on temporary staffing can affect staff	

	experience, service resilience and public confidence. Regular oversight supports timely identification of risks and enables targeted action to mitigate potential reputational impact.
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (include further detail below) The report identifies workforce and financial resource implications, including staff availability, sickness absence, productivity, efficiency, PDR compliance and temporary staffing expenditure. Ongoing monitoring supports effective workforce planning, improved use of resources and action to reduce avoidable reliance on temporary staffing.

3.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Not applicable	17/07/2026 Not applicable	Not applicable

Meeting Name:	Operational Delivery Committee
Report Title:	Facilities Service People Metrics
Agenda Item:	People Metrics - Estates and Facilities
Date of Meeting:	28 July 2026
Publication Status:	Open (public)
Report Prepared by:	Dawn Lewis-Whelan, Head of People
Report Presenter:	Stephen Gardiner, Service Director, Facilities
Report Executive Sponsor	Hywel Daniel, Executive Director for People
Report Purpose:	For Discussion For Noting
Action / Decision Required:	
Strategic Context: This report aligns to the following Strategic Pillars	Sustaining our future Inspiring people Improving care Creating health
Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan (Reference relevant priority)	This is a year one priority for the People Plan to achieve an inclusive and healthy work environment

Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

What (summary of current position / issue & why it matters and evidence to support that position etc)	Ageing workforce within Facilities presents a significant retirement risk with turnover rates above the CTM average. Sickness absence levels continue to be monitored closely, with wellbeing and robust attendance management support in place. Long term sickness is driving the majority of the Facilities Service sickness position.
So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)	Flexible retirement options are widely used to enable staff to retire and return reducing the operational risk. A workforce plan is in place and the service continues to monitor workforce trends to inform required interventions. Targeted recruitment, culture development, staff engagement and career development are a key focus of this workforce plan. Significant improvements are reported both in-month and the rolling 12 month sickness percentages The Facilities service are on course to achieve the sickness reduction target by October 2026.
What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made)	Sustained focus on the management of sickness, especially long term sickness. Development of succession plans for high risk services where retirements are predicted. Continue monitoring workforce demographic trends as part of workforce and operational planning.

Recommendation (Linked to the “What Next” section above).	What is it you are asking the Board / Committee to do – APPROVE, ENDORSE, NOTE
	For noting
Link to Strategic Risk(s) on the Board Assurance Framework	STRATEGIC RISK(s) 1a / 1b/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10/ 11
(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 3 - Enough Workforce to deliver the activity and quality ambitions of the organisation.
Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable / A Prosperous Wales / A Resilient Wales / A Healthier Wales / A More Equal Wales / A Wales of Cohesive Communities / A Wales of Vibrant Culture & Thriving Welsh Language / A Globally Responsible Wales A Healthier Wales
Environmental Sustainability Impact (5Rs)	Reuse / Refine / Reduce / Repurpose / Recycle / Not Applicable Not applicable
Link to Enablers of Quality	Not Applicable / Culture & Valuing People / Data to Knowledge / Leadership/ Learning, Improvement & Research / Whole-System Perspective Whole-System Perspective
IMPACT ASSESMENT	
Equality & Welsh Language Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	Overall positive impact. The most significant equality impact for those that meet the definition of disability under the Equality Act 2010. OH intervention, enhanced support for staff experiencing long-term health conditions, workplace adjustments and successful and sustained RTW arrangements key. Potential risks include inappropriate application of attendance managing procedures where reasonable adjustments have not been considered. Training, advice and guidance will help mitigate this risk.
Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	Not applicable
Cyfreithiol / Legal	No.
Enw da / Reputational	Yes.
Resource Impact (People / Financial)	No.

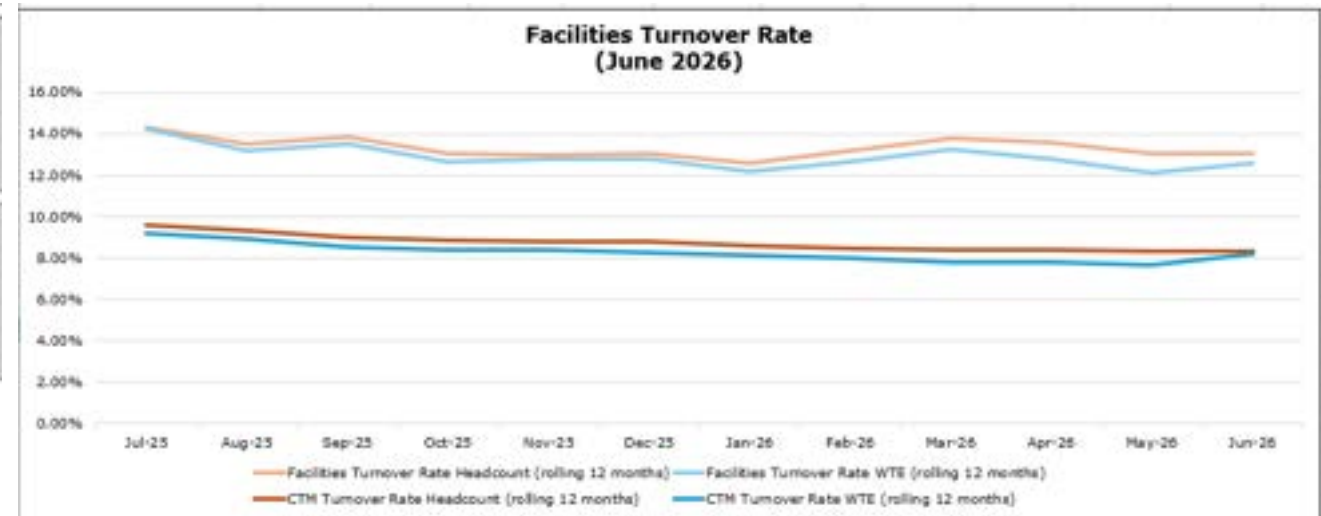
Estates & Ancillary Staff Group People Metrics

- April Operational Delivery Committee (February data)
 - 11.01% sickness (June 8.81%)
 - 12.91% turnover (June 12.60%)

- Majority of this staff group work in the Facilities Directorate (remainder in Estates)

- Facilities Service Group presentation – key risks/activity
 - Age Profile
 - Turnover/Retention
 - Sickness

Facilities Services – Age Profile and Turnover



Key risks:

- Ageing workforce – 40% staff are aged 56+. Presents a Significant Retirement Risk
- Turnover 13.% (CTM average 8.2%) – notable in Housekeeping, Patient Catering
- Between July 25-June 26, 38% of Turnover was attributable to retirement (79 people)
- Of the 79 people, 52% returned to roles within Facilities through our flexible retirement options.
- Avoidable Turnover Themes – Health, Work-Life Balance

What do we know about our workforce?

- 67% of staff within Facilities are female
- Ageing workforce
- Local labour market within areas of deprivation
- High number of staff in part-time roles
- Workload can be physically demanding in nature

Population Health and Workforce – National picture

Healthy Life Expectancy (HLE) has experienced a significant drop since Covid

Female HLE dropping below men for the first time (Age 59 – was 62)

Biggest area of difference is for women aged 45-64

HLE by deprivation is stark, with HLE for women age 47 and 52 for men

Analysis into factors affecting health include access to healthcare, work, health conditions, cost of food and mental health.

Most common illness in women are musculoskeletal issues and mental disorders – accounting for 30%

Source: Healthcare People Management Associated (HPMA) based on 23/24 data

Key Actions taken

- Development of a Workforce Plan
- Engaged with local partner agencies to strengthen recruitment pipelines and workforce supply
- Focused recruitment campaigns within key areas
- Improved recruitment performance (Time to Hire)
- Respecting each other at Work – Cultural development
- Key focus on PADR compliance to support career development
- Actions under the Staff Survey to improve Comms and Engagement (Newsletter and local recognition scheme)
- Use of Moving on Questionnaire and Stay Interviews
- Offer of robust development opportunities including NVQ Level 2 upon entry for all Band 2 roles

Planned Actions

- Develop Succession planning for high-risk service areas
- Review retention interventions focusing on:
 - Health and Wellbeing
 - Work-Life balance
 - Early career support
- Continue monitoring workforce demographic trends as part of workforce and operational planning
- Introduction of a lateral moves scheme to enable staff to move across the service for internal mobility.
- Actions under the Staff Survey for Career Development and Leadership Development

Facilities Services – Sickness Trends May 26

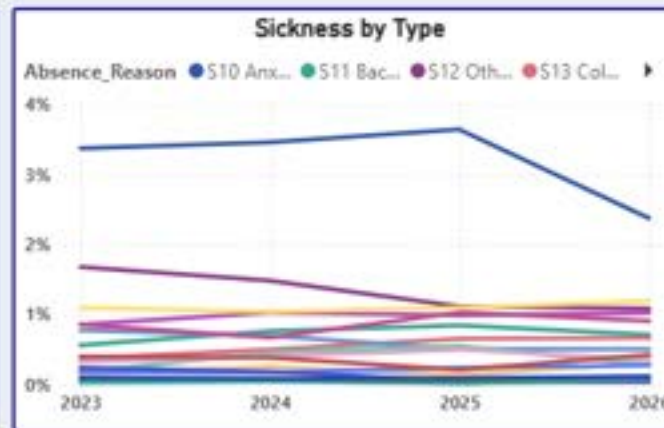
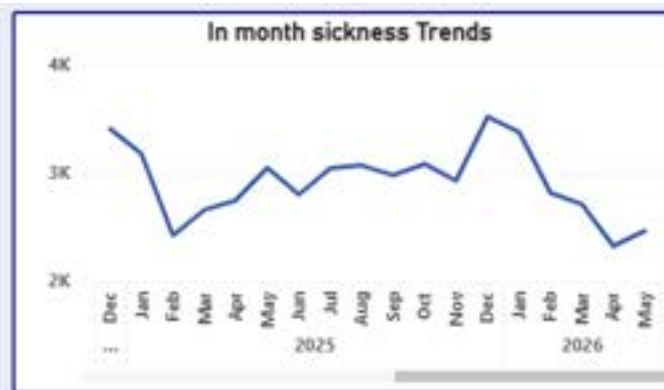
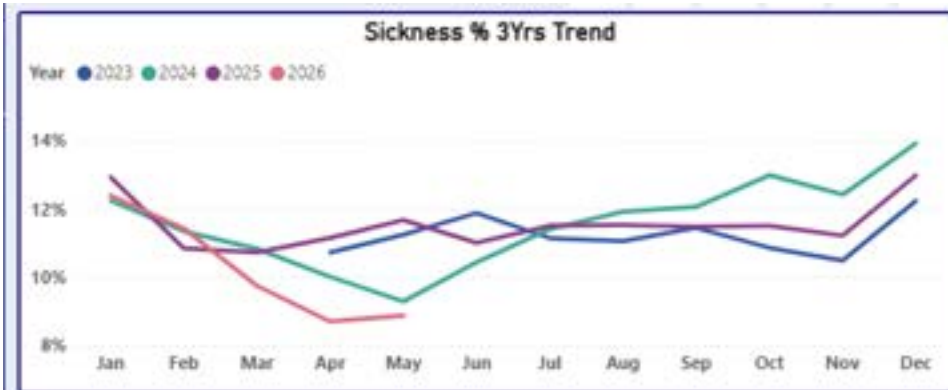
In-month sickness absence 8.86% compared to 11.67% in May 2025 (2.81% reduction)

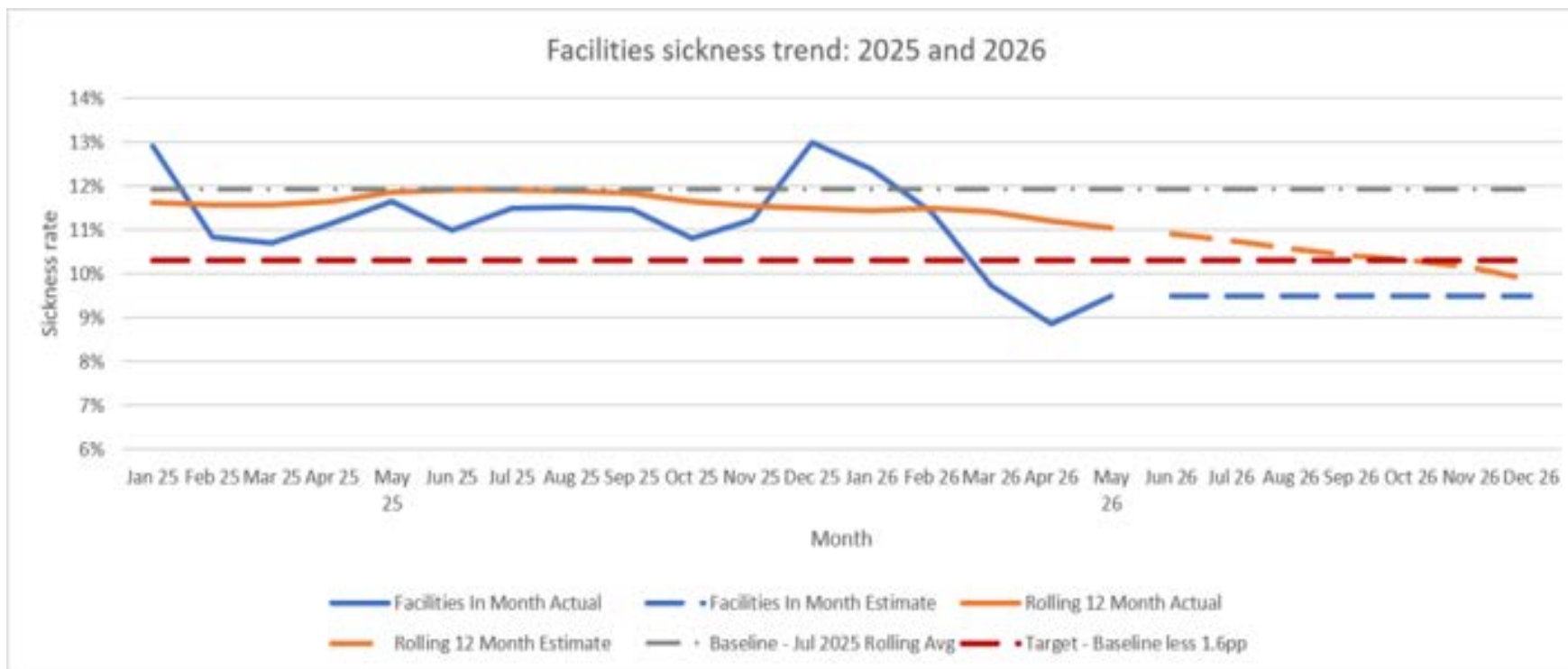
STS 1.55% (1.94% May 25), **LTS 7.31%** (9.73% May 25)

RTW compliance remains high **88.69%**

Strong application of **prompt management**

Primary absence reason **Anxiety, Stress, Depression 1.97%** (reduced from 3.58% May 25)





Principles underpinning trajectory:

- The data used to prepare the trajectory graph is only Facilities and excludes the COO
- To achieve the Overall COO target reduction of 1.6% for the Rolling 12 mth %, the Facilities only target to achieve is 10.32%
- Sickness absence from June 26 onwards has been predicted as 9.5% to reflect increases experienced in May and June (yet to be included in People Dashboard position)
- The Facilities target of 10.32% Rolling 12 mth sickness will be achieved by October 2026

Key Actions taken

- Enhanced scrutiny of sickness absence through local governance arrangements
- High RTW compliance
- Application of absence prompts
- Managing Attendance at Work Training
- Targeted Wellbeing support
- Regular case review of LTS cases

Planned Actions

- Continue targeted management of LTS cases
- Escalation of complex cases for specialist People Services support
- Further strengthen application of absence prompts and formal attendance management processes
- Continue focussed support for managers through attendance management training, guidance and performance monitoring
- Maintain emphasis on wellbeing and early intervention, particularly in relation to Anxiety, Stress, Depression

Operational Delivery Committee

Digital & Data Highlight Report

Eitem yr Agenda / Agenda Item	6.2
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public
	Not Applicable
Adroddiad wedi'i baratoi gan / Report Prepared by:	Steve Macdonald Assistant Director of Digital Delivery
Cyflwynydd yr Adroddiad / Report Presenter:	Stuart Morris Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	N/A
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	Improving Care
	If more than one applies please list below:
	Improving Care
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol (Cyfeiriad blaenoriaeth berthnasol) Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan (Reference relevant priority)	Digital Transformation

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:

Dechreuwch drwy **grynhai'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth (*crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati*)

What (*summary of current position / issue & why it matters and evidence to support that position etc*)

Digital & Data continues to deliver a significant portfolio of operational and transformational activity supporting CTMUHB's strategic objectives. Since the previous report in April 2026, key milestones have been delivered for a number of major programmes, including the successful stabilisation of the Radiology Information System (RISP), continued deployment of national pathology solutions, progression of Electronic Prescribing and Medicines Administration (ePMA), advancement of the Badgernet Maternity programme, and commencement of major infrastructure replacement activity funded through the 2025/2026 capital programme. Progress has also been made in procurement and mobilisation activities supporting future transformation initiatives. Recent internal and external audits have provided reasonable assurance across several Digital & Data domains, reflecting improvements in governance, control and organisational digital maturity.

Felly, beth (*darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain*)

So, what (*provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks*)

Digital & Data services remain increasingly critical to clinical operations and organisational performance. Whilst progress continues, risks remain associated with ageing infrastructure, cyber security threats, digital workforce capacity, reliance on national systems and partners, and the long-term sustainability of funding for digital transformation. A recent Digital & Data risk workshop highlighted operational resilience, workforce capacity and organisational digital maturity as the most significant strategic themes requiring ongoing management.

etc and any options for addressing these)	
Beth Nesaf (<i>crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud</i>) What Next (<i>summary of intended action and benefits supporting the choices and recommendation(s) being made</i>)	Over the next reporting period activity will focus on delivering the 2026/27 capital programme, deployment of ePMA in the Royal Glamorgan Hospital and embedding recently deployed systems into business-as-usual operations. Improvement will be made to strengthen digital & data governance, resilience and service management arrangements. Continued attention will also be given to organisational risk review, audit actions and workforce planning.
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	For Noting

1. Background / Context

- 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.

2. Strategic Insights

2.1 Digital Delivery and Transformation

Digital & Data is supporting a broad portfolio of strategic programmes across CTMUHB, including implementation of ePMA and Maternity. Significant progress has also been made in modernising core infrastructure through network, server and resilience investments designed to improve service reliability and organisational cyber resilience.

2.2 Progress Against Key April Milestones

Clinical Systems

- Radiology system implemented in March 2026. Residual issues continue to be managed through established governance arrangements.
-

- ePMA planning underway for rollout in Royal Glamorgan. Lessons learnt feedback is informing wider deployment planning.
- Badgernet has been deployed successfully across maternity services.
- Welsh Patient Referral System (WPRS) planned to be 89% across CTMUHB by the end of July 2026.

Infrastructure and Resilience

- Following the network and paging incidents reported in April 2026, core network replacement activity is now underway as part of the wider infrastructure modernisation programme. The core switches at Princess of Wales were replaced in May 2026, and Royal Glamorgan is scheduled for July/August 2026.
- The £14.3m Digital capital programme delivered in 2025/2026 is now transitioning into implementation, with major investments in network, wireless, server and end-user technology infrastructure.

End User Computing (EUC)

- The desktop modernisation programme continues to deliver significant benefits across the Health Board. During the reporting period, the legacy iGel estate was fully retired, marking a major milestone in reducing dependency on legacy Citrix-based infrastructure.
- The Health Board is now operating a predominantly Windows 11 estate, improving user experience, cyber resilience and device supportability. Efforts are focused on completing the final phase of Windows 10 replacement activity, reducing future support costs and ensuring the organisation remains aligned to national security and technology standards.

Transformation and Service Improvement

- Procurement and mobilisation activity continues across key transformation programmes, including Patient Centred Contact Transformation and service management improvements.

3. Risks and Opportunities

3.1 Strategic Risks

The primary strategic risks facing Digital & Data relate to:

- Digital operational resilience, including ageing infrastructure and service availability.
- Cyber security threats and increasing organisational reliance on digital services.

- Workforce capacity and capability required to support both operational services and transformation activity.
- Reliance on national partners and suppliers for critical systems and future programme delivery.
- Long-term sustainability of revenue and capital funding.
- Organisational digital maturity and readiness for future transformation programmes.

These themes were reaffirmed through a recent Digital & Data risk workshop and are reflected within the organisational risk review currently underway.

3.2 Opportunities

The significant capital investment secured for Digital & Data provides an opportunity to modernise infrastructure, improve cyber resilience and strengthen foundations required for future clinical transformation initiatives.

4. Compliance and Governance

4.1 Audit and Assurance

Digital & Data continues to maintain an active programme of audit and assurance. Recent reviews covering cyber security, Bridgend disaggregation and Digital Transformation have provided reasonable assurance. Work continues to address outstanding audit recommendations relating to IT Service Management, technical resilience, intelligence-led organisation and benefits realisation activity.

4.2 Information Governance

The Information Commissioner's Office have conducted an assessment of complaints they have received over the past 12 months, and they are aware that the organisation has a backlog of subject access requests (SAR). To assist with their investigation, the Health Board are required to provide the following by 27 July 2026:

- The number of overdue SARs;
- The age profile of the SARs in your queue, including the date of the oldest open SAR and the current average timeframe for response;
- Details of how the SAR backlog developed;
- Detailed information about what steps CTM is taking to reduce the backlog;
- The estimated date you expect CTM will recover from its backlog;
- Any other information you consider relevant.

Mental Health and Medical Records colleagues are compiling this data for an appropriate response to be provided. Updates will be provided via the Information Governance Group and other committees as required in relation to any further action that may be taken. Members will be aware that this issue has been on the risk register for some time and position updates are routinely reported.

5. Benchmarks

Nothing to report

6. Conclusion

Digital & Data continues to make progress in delivering both operational and strategic objectives. Major transformation programmes, infrastructure modernisation and service management improvements are progressing, whilst governance and assurance arrangements continue to mature. Strategic risks remain around resilience, workforce capacity and long-term sustainability which will require continued management. The Committee is asked to note the contents of this report.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 5
	If more than one applies please list below: N/A
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable

Environmental Sustainability Impact (5Rs)	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: N/A Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: N/A	If no, please select a reason below. Policy/Plan/Proposal too broad Equality Assessment Reviewed for each programme / project
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	Yes (include further detail below) Reputation Risk dependent on Information Commissioners Report	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact	Yes (include further detail below)	

(People / Financial)

Staff, Revenue & Capital required to deliver the full ambition of the digital programme

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

Committee / Group / 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
DSPP	Digital Services for Public and Patients
ETR	Electronic Test Requesting
FHIR	Fast Healthcare Interoperability Resources
GFDC	Ground Floor Data Centre
EPMA	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
PCCTP	Patient Centred Contact Transformation Programme
PCH	Prince Charles Hospital
PCS&MR	Patient Contact Services and Medical Records
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

Operational Delivery Committee

Integrated Medium Term Plan Quarter One Progress Report 2026-27

Eitem yr Agenda / Agenda Item	6.3
Dyddiad y Cyfarfod / Date of Meeting:	28 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Elizabeth Beadle, Assistant Director of Transformation
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
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	Not noting only – no action/decision required
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	Improving Care If more than one applies please list below: All strategic pillars apply
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol <i>(Cyfeiriad blaenoriaeth berthnasol)</i> Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan <i>(Reference relevant priority)</i>	This is a summary report of quarter one progress in the IMTP.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:

Dechreuwch drwy **grynhai'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth (*crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati*)

What (*summary of current position / issue & why it matters and evidence to support that position etc*)

The Health Board's Integrated Medium Term Plan was approved by the Board on 26th March 2026 and submitted to Welsh Government on 31st March.

This report summarises the quarter one delivery setting out a statement for each ministerial requirement and a summary of progress on the 25 enabling actions.

Some ministerial requirements are new and associated reporting is an ongoing development, with further national guidance pending.

Felly, beth (*darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUEB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain*)

So, what (*provide meaningful analysis drawing out as appropriate implications against CTMUEB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these*)

All areas have made progress, and many requirements are expected to be delivered during the year. However, as noted in the IMTP report to Board in March, a number of performance deliverables are unlikely to be achievable in year, some of which are multi-year programmes – for example, improving healthy weight in children.

There are 25 enabling actions covering a range of themes. Of the 25 currently:

- 2 are red;
- 15 are amber
- 5 are light green (expected to deliver by year end), and;
- 3 are green

Given the early stage in the year, it is anticipated that red and amber ratings may change. All actions have a formal oversight mechanism via a programme or service reporting structure.

Beth Nesaf (*crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud*)

What Next (*summary of intended action and benefits supporting the choices and recommendation(s) being made*)

The report provides assurance on the structures for delivery, monitoring and reporting of IMTP requirements.

This report will be further developed to enhance the focus on delivery of care group plans as set out in the IMTP.

Update reports will be provided during the year to provide assurance.

Argymhelliad (*Wedi'i gysylltu â'r adran "Beth Nesaf" uchod*).

Recommendation (Linked to the "What Next" section above).

The Operational Delivery Committee is requested to:

1. Note the contents of this report, taking account of positive progress made and the risks to delivery of some requirements.
2. Receive further updates during the year.
3. Provide feedback on the reporting structure and any enhancements required.

1. Background / Context

- 1.1 The Health Board's integrated medium term plan (IMTP) has been developed in accordance with the statutory duty for all Welsh health boards to set out their plans to meet the needs of their population. This sits 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). The plan is also informed by the requirements of the Quality and Engagement Act (2020).
- 1.2 The board approved the 2026-2029 draft plan for submission to Welsh Government on 26th March 2026. The health board is awaiting formal feedback from Welsh Government on the IMTP.
- 1.3 The 2026-2027 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process, including the significant savings requirement to deliver a break-even position.

2. Strategic Insights

2.1 Following formal approval of the health board's IMTP in March 2026, work commenced on delivery of the agreed plans. The IMTP is set out to meet the commissioning intentions set by the Health Board to meet the needs of the population. The plan responds to the requirements of the NHS Wales Planning Framework, encompassing ministerial requirements and enabling actions, plus delivery of the NHS Wales Performance Framework.

Reporting Framework

2.2 The reporting structure for the IMTP has been developed during 2026 through the integrated performance meeting structure. Reporting is aligned with the strategic pillars.

2.3 The delivery of the IMTP is covered in part, in the integrated performance report (IPR), which provides coverage of the requirements of the NHS Wales Performance Framework. The detail of the IPR is not replicated here. The secondary measure of progress is in delivery of the actions as set out in the IMTP. Each care group and corporate team has developed high level plans on a page, supported by more detailed service plans. Our IMTP provides the structure for the delivery of our strategic initiatives and corporate programmes through the medium-term lens:

Strategic Initiatives

- Strategic Clinical Services Plan
- Digital First
- Working in Partnership
- South East Wales Regional Working

Corporate programmes

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

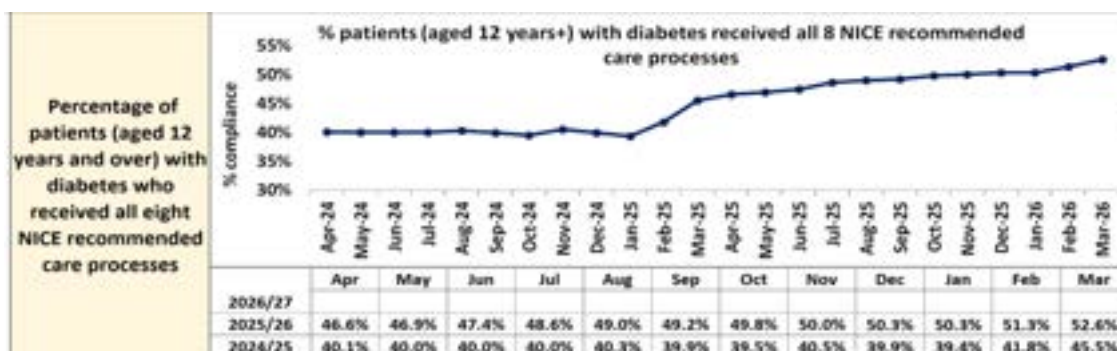
2.4 This report provides a summary of the progress during quarter one, with a focus on ministerial requirements and enabling actions. This is set out in line with our strategic pillars.

Creating Health

2.5 The Health Board's Building Healthier Communities Strategy provides the structure for the health board's delivery for our population. Within this framework sit the Population Health Action Plan and the work of the Strategy Groups, whose work includes the diabetes corporate programme. Reports are provided to the SDC as part of the regular cycle of business. Welsh Government has set out a number of population health priorities which are included in our IMTP for 2026-2029.

Population Health - Diabetes

2.6 The Welsh Government requirements for diabetes are to deliver the high value pathway and to increase the percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. During 2025-26 the health board made improvements in this measure, as highlighted in the chart below. Validated data for Q1 is pending, however, the latest status position on uptake of all 8 care processes in the Health Board for all diabetes was 50.48% (DIVA 1/5/26).



2.7 Progress has been made in the following areas.

- AWDPP incorporated into new WISE programme. Action plan for CTMUHB roll out is in development
- Diabetes case-finding work ongoing prioritising pre-op clinics and primary care via annual hypertension reviews
- Revaluation of Type 2 diabetes structured education programme is underway
- Roll out of hybrid closed loop in adults continues but due to insufficient workforce targets for this initiative have not been reached
- Work to improve uptake of 8 care processes is ongoing.
- Work to develop a community diabetes model has commenced.

Population Health - Improving healthy weight in children

2.8 The measurement for this ministerial requirement is under review, with national guidance expected. In the interim period, the Health Board is monitoring progress through the delivery of planned actions. Highlights of progress in quarter one are set out below.

- A Healthy Weight Road Map has been agreed at Strategic Development Committee and is due to be presented to the Board in July 2026.
- Food Resilience Sub-board regional joint action plan will be presented to the Public Services Board at end of July.

- School work is progressing – learning events from cluster pilots have been held.
- Breast feeding rates are not yet available for quarter one, as per standard reporting timeframes.
- Pipyn staffing development is greater than 85% complete.
- Other work areas have been delayed by impact of closure of other programmes, and staffing uncertainty which has now been resolved. The programme will reprioritise and set new timeframes for agreed actions.

Population Health - Vaccinations

2.9 Vaccination data for quarter one is not yet available. Updates will be provided throughout the year.

Population Health – Frailty

2.10 The requirement is for at least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. At present the use of the tool is in development. Currently thirteen primary care practices signed up and one has withdrawn. Three practices are actively claiming for activity.

The Audit Plus Frailty Tool outcomes data is not expected to be available nationally until June 2026. Once reporting information infrastructure is in place further detail will be supplied.

Improving Care

2.11 The ministerial measures with associated access requirements, including those with workforce requirements aligned to delivery of access to care, have been tabulated below for ease of reference. There is progress with planned care delivery (referral to treatment times with waits above 104 weeks). The June position is expected to be an improvement. Conversely, the diagnostics position has worsened during quarter one. For urgent and emergency care, the delivery of ambulance handover within 45 minutes has improved marginally but the number of twelve hour emergency department waits remains high.

Ministerial Priority	Definition	Q1 Position
1.1 Timely access to care – Ambulance handover	<i>Ensure no ambulance patient handover waits over 45 minutes</i>	April 26:242 May:26:228 June 2026: Awaiting data
1.2 Timely access to care – emergency department	<i>Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival</i>	April 26: 2,226 May 26: 2,230 June 26: Not yet available

	<i>until admission, transfer or discharge.</i>	
1.3 Timely access to care – planned care	<i>No patients waiting more than 104 weeks for referral to treatment.</i>	April 26: 390 May 26: 399 June: Improvement expected.
1.4 Timely access to care – diagnostics	<i>No patients waiting more than 8 weeks for referral to treatment.</i>	April: 275 breaches May 4020 breaches
1.5 Timely Access to Care - cancer	<i>Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways with 62 days, while reducing the backlog of patients waiting more than 62 days by end of March 2027.</i>	% of SCP patients receiving first definitive treatment within 62 days April 26: 62.%
3.1 Community by Design	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	Number in Delayed Pathways of Care April 26: 189 May 26: 253 June 26: 261 Total bed days for Delayed Pathways of Care April 26: 10,668 May 26:12,042 June 26:14,075

3.2 Community by Design	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.	Q1: 67% achieved . Overarching outcome measures/ metrics: the Health Board has maintained the level of weekend cover but it has had a negative impact on sickness rates.

Mental Health

2.12 There are three ministerial requirements for mental health. Updates for each of these are provided below.

Ministerial Priority	Definition	Q1 Position
4.1 Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.	Q1: 3,548 (April and May data only, June data unavailable) Work has been ongoing to establish the test of change for the 111#2 demonstrator project with Mind. Training plans are underway with a number of teams completing training in Q1. Work has been progressing with the Here & Now project with the Clinical lead now in post, with a new community venue secured to deliver the project. Work is ongoing to develop the materials including clinical letters. Measures/goals are currently being agreed to ensure alignment between local and national evaluations. The School In- Reach Team (Shine) pathway is under development with meetings taking place with head teachers to introduce the project. The client-led booking system is in development with IT currently designing a digital booking system. All Third Sector and Local Authority SLAs

		have been extended for 6 months to enable a robust review ahead of the recommissioning process. Benchmarking is being undertaken. A Community Pathways redesign project has been established.
4.2 Mental Health Access	Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.	Live reporting of ReQuol data is now reported and captured through the Promptly System in Older Adult Mental Health Services.
4.3 Mental Health Access	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027	A new Director of Nursing has recently been appointed, and the Q1 action to agree the requirement for a MH&LD Mortality Review Group will now be undertaken in Q2.

Women's Health

2.13 During February 2026, the Health Board launched the first women's health hub and the 2026-27 requirements are to build on this work. All key milestones for Q1 have been achieved, with the exception of the dashboard which is still being finalised. Quarter one data is in the process of being extracted and analysed and will be shared later in July at the Health Board's Steering Group and through to Improving Care Board.

Maternity Services

2.14 A new requirement of the 2026-27 Planning Framework was to drive a reduction in perinatal mortality rates.

2.15 Cwm Taf Morgannwg UHB remains committed to improving outcomes for women, birthing people, babies and families by reducing perinatal mortality and embedding a culture of safety, learning and continuous improvement across all maternity services. A series of workstreams are underway to strengthen the quality and safety of care:

- (1.) Workforce Planning & Remodelling
- (2): Strengthening Foetal Growth Surveillance (GAP/GROW)
- (3) Mandatory Training and PROMPT Wales Compliance
- (4). Expansion of Midwifery Sonography (2026)
- (5) Establishing a Vulnerable Families Team
- (6) Development of a Transition Care Ward
- (7) Open Access Triage Model (2026)
- (8) Culture, Leadership and Safety Improvements
- (9) Exception reportable births

Quality and Safety

2.16 Welsh Government issued a number of new quality and safety related requirements for delivery in 2026-2027. Updates are provided for each in the table below, noting that

Ministerial Priority	Definition	Q1 Position
6.1 Quality & Safety	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate	Crude Hospital Admission Rate: Rolling 12 months : April: 26: 2.33% May: Not available June: Not available 7-day re-admission rate: Rolling 12 months: April: 26: 5.23% May: Not available June: Not available
6.2 Quality & Safety	Days of safe care delivered since the last never event, monitored using SPC T-Chart	Formal reported data not yet available Days of safe care delivered since last never event: April: 70 May 101 June 131 During the reporting period, the Health Board demonstrated strong progress in reducing open patient safety incidents, closing between 1,951 and 2,565 incidents each month. Most closures

		related to no-harm incidents (1,316–1,629 per month), with a further 616–915 low-harm incidents closed. Only a small number involved moderate, severe, or catastrophic harm, reflecting the overall low-harm profile of reported incidents. Closure activity peaked in April 2026 with 2,565 incidents closed, demonstrating a focused effort to address backlog and strengthen timely investigation, learning, and resolution of patient safety events.
6.3 Quality & Safety	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027	April 26: 91.67% May 26: 67.44% June 26: 78% Daily audits have been developed which track both early resolution and formal Listening to People (LTP) concerns. Daily huddles take place to review and track cases in real time. Care Groups receive monthly trajectories to monitor LTP compliance. Health Board compliance is monitored via the weekly Executive meeting. Care Groups have established strong systems and processes in respect of early resolutions. Training continues on a rolling programme across the Health Board
6.4 Quality & Safety	The clinical coding service must ensure that at least 95% of inpatient and day-	% FCE's Clinically Coded : April 2026: 87%

	case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.	% Clinical Coded Errors Corrected:100% compliant

2.17 Finally, the health board is required to deliver and report progress on a number of enabling actions. A summary of delivery against these actions is available for reference and the summary position of RAG ratings for quarter one is tabulated below. Green actions are delivered, light green are anticipated to be delivered by year-end. Amber and red have risks to delivery. Given the early stage in the year, it is anticipated that red and amber ratings may change. All actions have a formal oversight mechanism via a programme or service reporting structure.

Priority Area	Number of actions	RAG ratings
Mental Health	1	Light green
Productivity	1	Amber
Timely Care (Planned)	5	1 red 2 amber 2 green
Timely Care (U&EC)	5	4 amber 1 green
Workforce	5	1 red 2 amber 2 light green
Value	4	4 amber
Population health	4	2 amber 2 light green

2.18 The reporting for IMTP continues to be iterated and further reports will include key points from care group plans. This report will not replicate the existing reporting structure for the following plans.

- People plan;
- Digital plan;

- Quality and safety strategic action plan;
- Savings and investments work streams.

3. Risks and Opportunities

3.1 This report sets out progress to date with delivery of the IMTP. During preparation of the IMTP, risks and limitations to full delivery of all ministerial requirements and enabling actions were highlighted. It was noted that some deliverables require a multi-year approach and would not be expected to be delivered within the 2026-27 timeframe.

3.2 Risks to delivery of ministerial requirements and enabling actions are assessed by the relevant oversight programme/ performance structure and have escalation to executive level. The Deputy Leadership Group provides the steering group function for the IMTP and oversight of the reporting process, enabling cross organisation learning and action.

4. Compliance and Governance

4.1 Development and delivery of the IMTP is a statutory requirement, along with the associated requirement to deliver a financial break-even position across the three years of the plan.

6. Conclusion

6.1 The Operational Delivery Committee is requested to:

1. Note the contents of this report, taking account of positive progress made and the risks to delivery of some requirements.
2. Receive further updates during the year.
3. Provide feedback on the reporting structure and any enhancements required.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 9
	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	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Reuse
	If more than one applies please list below: The IMTP includes the Health Board's actions on sustainability.

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhwch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Policy/Plan/Proposa too broad All services changes within the IMTP will be impact assessed individually. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i>	All service changes in the IMTP will be subject to quality impact assessment.	
Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>		
Cyfreithiol / Legal	Yes (Include further detail below) The development and delivery of the IMTP is a statutory requirement for the Health Board.	
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.

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

IMTP	Integrated Medium Term Plan
AWDDP	All Wales Diabetes Delivery Plan
LTP	Listening to People

Meeting Name:	Operational Delivery Committee
Report Title:	Health & Wellbeing Action Plan update
Agenda Item:	7.1
Date of Meeting:	28 July 2026
Publication Status:	Open (public)
Report Prepared by:	Dawn Lewis-Whelan, Head of People
Report Presenter:	Hayleigh Jones, Deputy Director for People
Report Executive Sponsor	Hywel Daniel, Executive Director for People
Report Purpose:	For Discussion For Noting
Action / Decision Required:	For noting only
Strategic Context: This report aligns to the following Strategic Pillars	Sustaining our future Inspiring people Improving care Creating health
Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan (Reference relevant priority)	This is a year one priority for the People Plan to achieve an inclusive and healthy work environment

Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

What (summary of current position / issue & why it matters and evidence to support that position etc)	Health & Wellbeing plan progressing to address the high levels of sickness across CTM. Whilst notable improvements for in-month sickness, rolling 12-month position continues to increase as sickness levels remain higher than 2025. A number of key interventions have been rolled out to target areas. Enhanced case management activity key.
So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)	May 2026 - 6.94% in-month (down from 8.80% in December 2025). Biggest improvements within Chief Operating Officer Service Group (Includes Facilities) of 4.17% reduction. Additional Clinical Services highest staff group at 9.31%. RTW compliance remains a challenge. To achieve our rolling 12 month sickness target of 1% reduction by October (5.98%) the next few months of activity will be crucial.
What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made)	Sustained focus on attendance management, early intervention and wellbeing support required to maintain a positive trajectory and achieve further reduction in 2026/2027

Recommendation (Linked to the “What Next” section above).	What is it you are asking the Board / Committee to do – APPROVE, ENDORSE, NOTE
	For noting
Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	STRATEGIC RISK(s) 1a / 1b/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10/ 11
	Strategic Risk 3 - Enough Workforce to deliver the activity and quality ambitions of the organisation.
Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable / A Prosperous Wales / A Resilient Wales / A Healthier Wales / A More Equal Wales / A Wales of Cohesive Communities / A Wales of Vibrant Culture & Thriving Welsh Language / A Globally Responsible Wales
	A Healthier Wales
Environmental Sustainability Impact (5Rs)	Reuse / Refine / Reduce / Repurpose / Recycle / Not Applicable
	Not applicable
Link to Enablers of Quality	Not Applicable / Culture & Valuing People / Data to Knowledge / Leadership/ Learning, Improvement & Research / Whole-System Perspective
	Whole-System Perspective
IMPACT ASSESMENT	
Equality & Welsh Language Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	Overall positive impact. The most significant equality impact for those that meet the definition of disability under the Equality Act 2010. OH intervention, enhanced support for staff experiencing long-term health conditions, workplace adjustments and successful and sustained RTW arrangements key. Potential risks include inappropriate application of attendance managing procedures where reasonable adjustments have not been considered. Training, advice and guidance will help mitigate this risk.
Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	Not applicable
Cyfreithiol / Legal	No.
Enw da / Reputational	Yes.
Resource Impact (People / Financial)	No.



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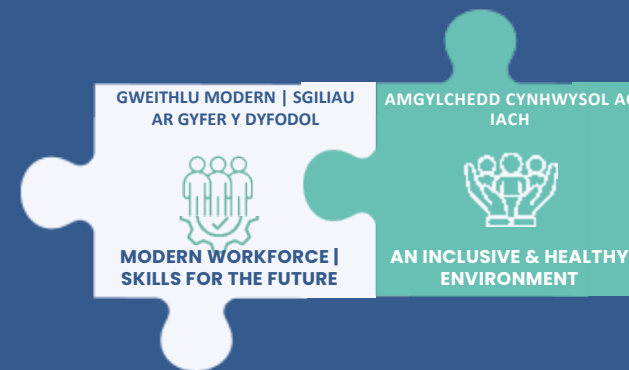
CYNLLUN POBL

2025-2030

OUR PEOPLE PLAN



English
version



People Plan 2025-2030

Health & Wellbeing Action Plan update July 2026

Theme - An Inclusive and Healthy Environment

Year 1 Priority

Support our people through sickness, helping them to successfully stay well and return to work. This will be enabled via easily accessible and proactive Occupational Health and Wellbeing services, ensuring expert guidance is readily available.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board





Health & Wellbeing Action Plan

- Launched in October 2025
- NHS Wales Performance Framework for 2025/2026 target:
‘Rolling 12-month reduction compared to the same period in the previous year’
- *Baseline dataset for the project was July 2025 when the rolling 12-month sickness was 6.98%*
- *CTM internal target set to reduce the rolling 12-month sickness by 1% (5.98%) by October 2026*

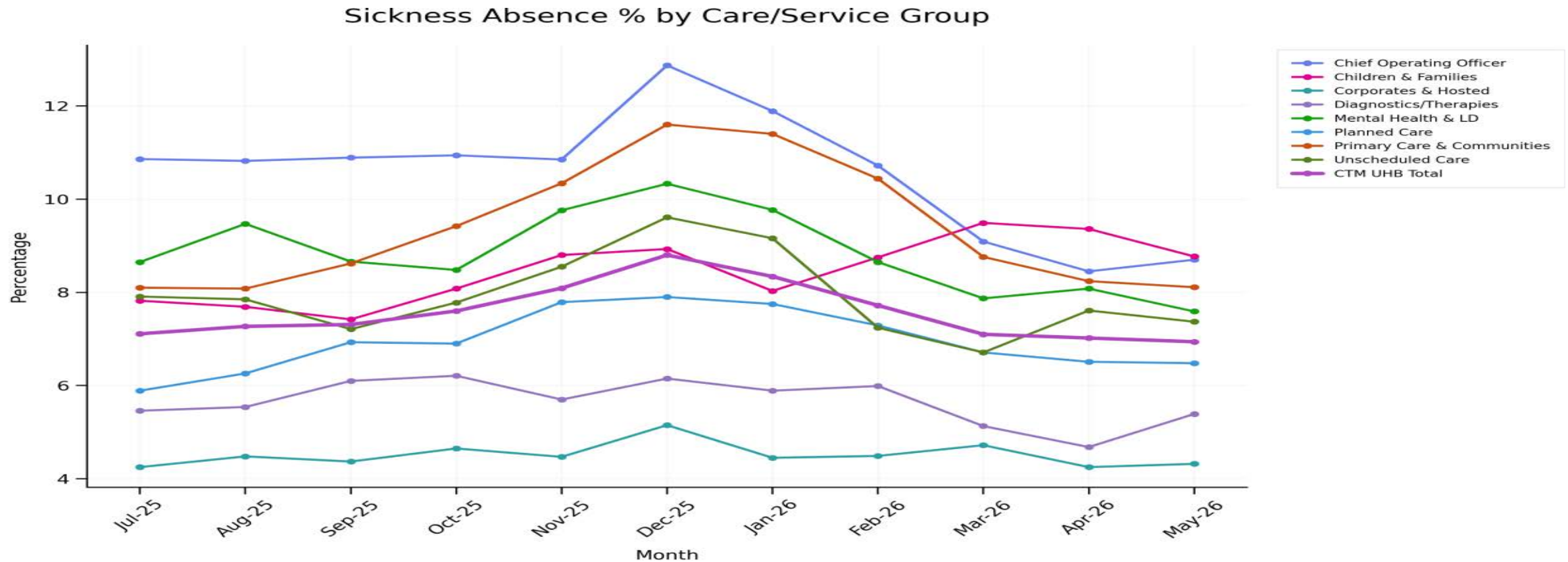




Current in-month sickness position

- May 6.94% in-month sickness
- 25,000 lost FTE days / 822 people
- Majority of sickness is LTS (5.53%)
- Top reason is Anxiety, Stress, Depression (2.48%)

CTM Sickness Absence Insights – In month %



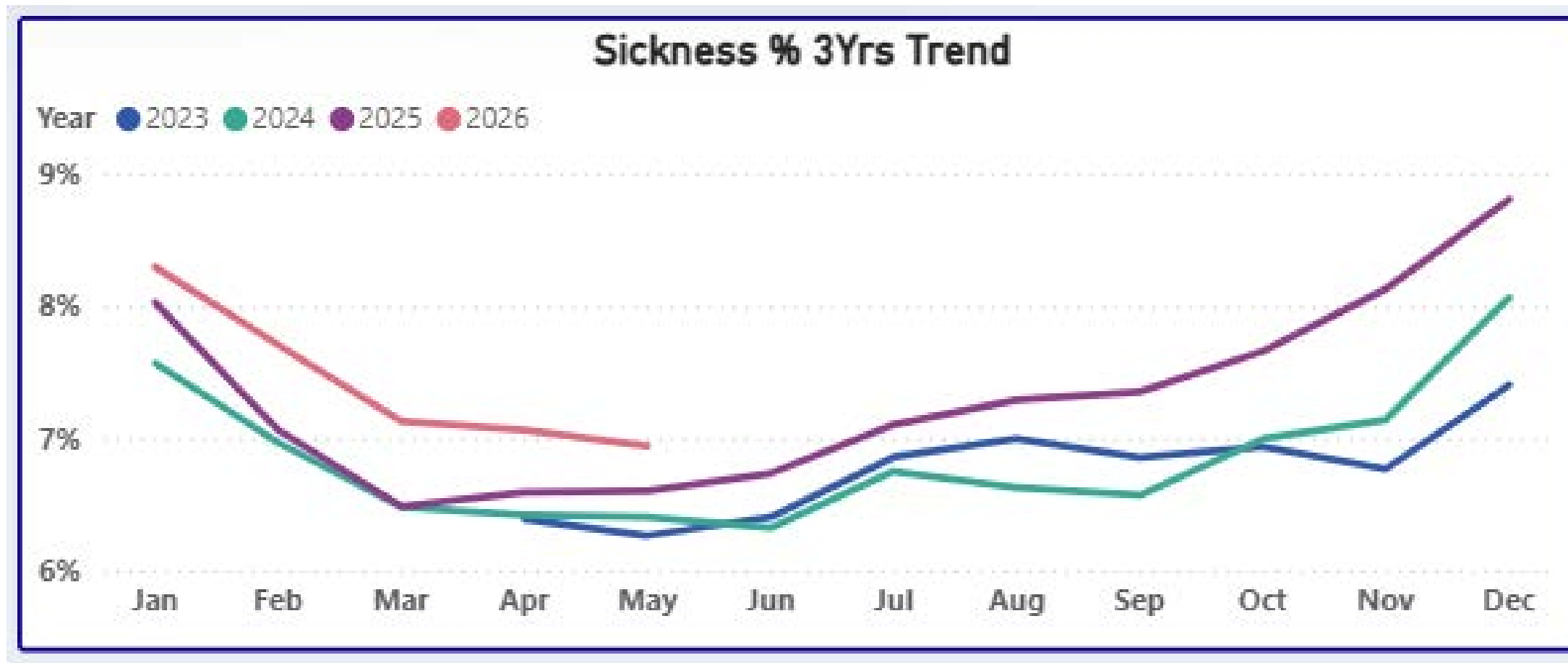


Rolling 12mth % sickness absence progress

CTM target to reduce rolling 12 month sickness absence by 1% (July baseline 6.98%)

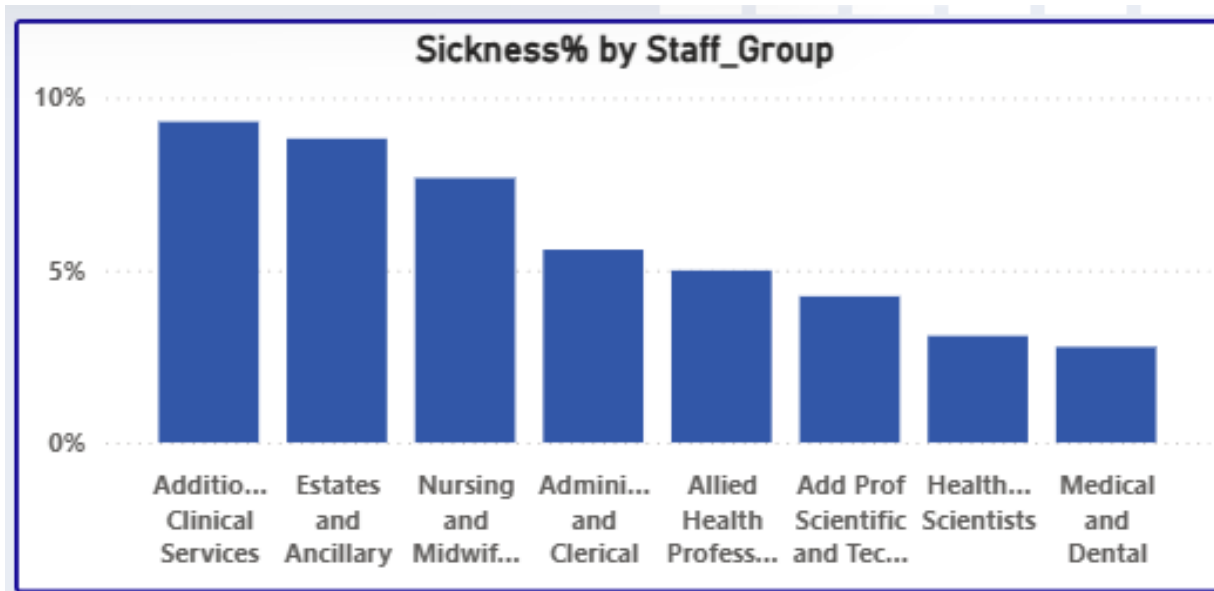
Care/Service Group	July 25 Rolling 12 mth	Aug 25 Rolling 12 mth	Sept 25 Rolling 12 mth	Oct 25 Rolling 12 mth	Nov 25 Rolling 12 mth	Dec 25 Rolling 12 mth	Jan 26 Rolling 12 mth	Feb 26 Rolling 12 mth	Mar 26 Rolling 12 mth	April Rolling 12 mth	May Rolling 12 mth	Rolling 12 mth reduction target
Chief Operating Officer	11.01%	10.95%	10.93%	10.89%	10.90%	10.95%	10.93%	10.98%	10.89%	10.73%	10.56%	9.41%
Children and Families	7.92%	8.07%	8.14%	8.08%	8.09%	8.06%	7.92%	7.90%	8.05%	8.23%	8.37%	6.82%
Corporates and Hosted	4.91%	4.84%	4.82%	4.79%	4.70%	4.65%	4.56%	4.56%	4.64%	4.61%	4.58%	4.21%
Diagnostics, Therapies, Pharmacy, Sciences	5.03%	5.05%	5.15%	5.27%	5.35%	5.39%	5.41%	5.48%	5.56%	5.60%	5.67%	4.33%
Mental Health and Learning Disabilities	6.98%	7.25%	7.48%	7.63%	7.86%	8.12%	8.30%	8.37%	8.50%	8.55%	8.70%	5.98%
Planned Care	6.15%	6.20%	6.32%	6.38%	6.51%	6.58%	6.65%	6.71%	6.77%	6.82%	6.91%	5.25%
Primary Care and Communities	8.56%	8.56%	8.66%	8.79%	8.89%	9.15%	9.32%	9.50%	9.47%	9.43%	9.34%	7.36%
Unscheduled Care	7.39%	7.51%	7.53%	7.57%	7.66%	7.66%	7.80%	7.76%	7.75%	7.84%	7.88%	6.29%
CTM UHB Total	6.98%	7.04%	7.12%	7.17%	7.26%	7.34%	7.37%	7.42%	7.47%	7.50%	7.54%	5.98%

CTM Sickness Absence Insights – 3yr Trend



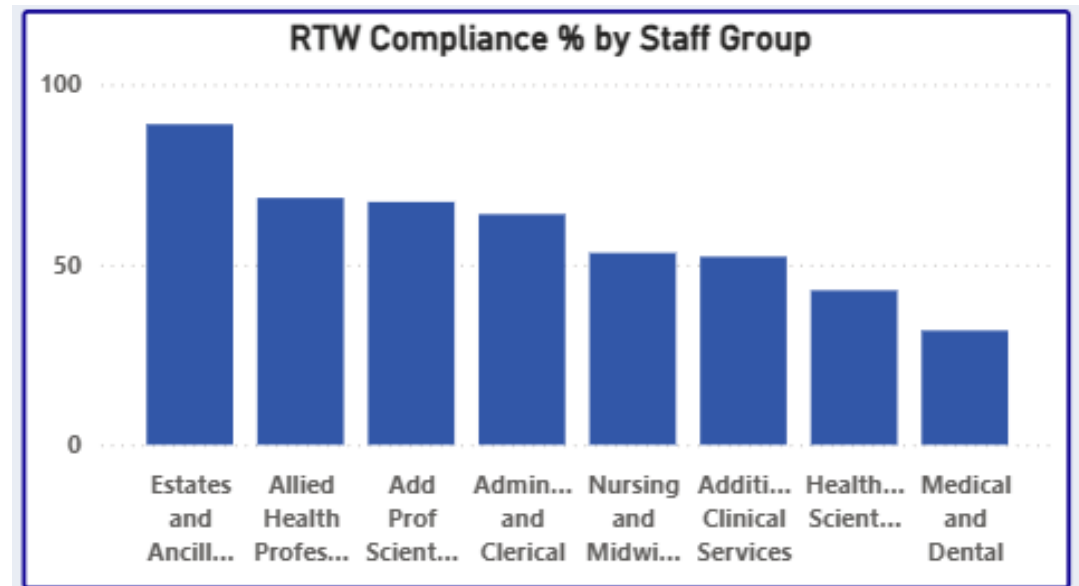


CTM Sickness Absence Insights – Staff Group and RTW



Staff Group sickness

- Additional Clinical Services (HCSW) 9.31%
- Estates & Ancillary 8.81%
- Nursing & Midwifery 7.67%



RTW compliance

- Estates and Ancillary 88.95%
- Nursing & Midwifery 53.25%
- Additional Clinical Services 52.20%
- Medical & Dental 31.71%



Actions implemented to date



Focused case support for longest cases ensuring forward plans. Pathways for all cases 28 days+ to ensure appropriate/ timely case management. Enhanced case management project group: direct support for Ward Managers.



Sickness **prompt audit** identified misalignment (missed prompts) in application of formal processes. Discretion to not apply a prompt is widely/disproportionally used. Further guidance issued: escalated approval for discretion introduced.



People **dashboard**: single data source & consistent reporting via local/ Executive Integrated Performance Reviews: more robust governance/ performance management, ability to identify and target hot spot areas.



Four 'quick **guides**' to MAAW policy developed: encourage proactive/ timely management action and support (Sickness Recording, Prompts, RTW, Occupational Health) with further guides being advanced.



Development and roll out of targeted **training** in MAAW Policy application: to increase manager capability in management of sickness



Occupational Health **Focus Groups**: enable trouble shooting and guidance development



Internal Audit (Advisory): better understand how Medical & Dental sickness absence recorded & actions to address underreporting. 7 observations identified – action plan to address.

Recommendation

The Committee are asked to:

- *Discuss and note the sickness absence analysis and action plan update*

Next Steps

- *Continuation of action plan roll out*

Operational Delivery Committee

Speaking Up Safely Update

Eitem yr Agenda / Agenda Item	7.2
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Rachel Breen – Speaking up Safely Co-ordinator Gareth Watts – Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts – Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The Operational Delivery Committee is asked to RECEIVE and NOTE the update on the implementation and early operation of Speaking Up Safely, including the activity undertaken to date, emerging themes, sources of assurance, key risks and planned next steps.

1. Situation /Background

- 1.1 The all – Wales Speaking Up Safely Framework was introduced by Welsh Government in September 2023 and launched within the Health Board in October 2023; The All-Wales Procedure for NHS Staff to Raise Concerns was refreshed, to ensure CTM employees were aware of the mechanisms and people they could raise concerns with, across the organisation. While this work was designed to provide greater clarity for employees, in respect of the mechanisms, including anonymously and via telephone, there was little evidence that these minimal changes increased psychological safety within the workplace, as employees using these mechanisms remained low. This was particularly evident where employees did not regularly have access to a work computer.
- 1.2 Following a business case in December 2024, funding was approved during the 2025/2026 IMTP to develop and embed a Speaking Up Safely approach to strengthen its approach for staff to speak up.
- 1.3 During the summer of 2025, a team of Speaking Up Safely Guardians was recruited, specifically designed to listen to staff concerns, identify challenges, and support resolution. Four Guardians were appointed to work part-time for the Speaking Up Safely Team, with each Guardian dedicating one day a week to Speaking Up Safely alongside a part-time administrator working 30 hours per week. The Speaking Up Safely Guardians undertook relevant training and attended an induction day prior to commencing their posts.
- 1.4 In November 2025, CTMUHB Speaking Up Safely Guidance was published and launched alongside the [Work in Confidence platform](#) (a secure, standalone system that enables two-way confidential communication between staff and a Guardian), a new SUS SharePoint page and a dedicated SUS Email inbox.
- 1.5 A communication and implementation plan was developed to support the launch of Speaking Up Safely (SUS) across CTMUHB. A phased 'soft launch' was undertaken, incorporating daily staff email communications, posts on dedicated MS Teams channels, and promotion through staff social media platforms. Regular updates on the implementation of SUS were also provided through key organisational forums, including the Leadership Forum, Heads of Profession (HoP) Senior Leadership Team meetings, Executive Management Board (EMB) and Operational Management Board (OMB). The launch of Speaking Up Safely coincided with the rollout of the All-Wales Anti-Sexual Harassment Training, with both initiatives being communicated to all staff during the SUS launch week (w/c 17 November 2025), reinforcing the organisation's commitment to creating a safe, respectful and inclusive workplace culture.

- 1.6 Several articles promoting Speaking Up Safely (SUS) were shared over a five-day period to introduce the refreshed SUS approach across CTMUHB. The articles highlighted the role of the Speaking Up Guardians, provided information on the SUS Guidance, and introduced staff to the WorkInConfidence (WIC) platform, raising awareness of the support and reporting options available to them.
- 1.7 The Speaking Up Safely Guardians have, subsequently, undertaken various promotional activities, a selection of which are listed below:

Meeting / Event Attended*:	Date:
Local Partnership Forum	December 2025
Clinical Education Away Day	December 2025
CTMUHB Network meeting	January 2026
SUS Drop-in sessions provided to AHP staff	February & April 2026
Restore, Just and Learn Working Group	March 2026
HCSW Conference	March 2026
Medical Directorate Away Day	May 2026
People Directorate Away Day	May 2026
AHP & Health Science Professional Leadership Group	May 2026

*Please note this is not an exhaustive list.

Attendance at these events has been well-received and we estimate that we have engaged with around 500 staff through these in-person and virtual engagements. (As of July 2026)

- 1.8 The Speaking Up Safely Team also reached out to Managers and Heads of Service for Nursing, Pharmacy, Information Governance, Patient Safety via email to introduce themselves and the service and offering sessions and site visits.
- 1.9 Speaking Up Safely information has been published widely, across a variety of communication streams, to ensure visibility to as many staff as possible; This has included the use of payslips, ESR banners, posts on relevant viva engage groups, as well as on posters, pens, leaflets and business cards which have been circulated across sites by the Guardians. In addition, Speaking Up Safely has been incorporated into the all-staff online induction programme, ensuring that new employees are introduced to the service from the outset of their employment.
- 1.10 We acknowledge the need for continued engagement to raise the profile of SUS among the wider staff community, to embed SUS in the daily culture of the organisation. While promotion activities were limited during the winter months because of reduced access for on-site engagement, opportunities for further awareness-raising initiatives have been explored and having diversified our communication strategy, we are placing an importance on face to face and virtual engagements this year.

- 1.11 A separate assurance-based report was produced and shared with the Audit, Risk & Assurance Committee in May 2026, [ARAC May 2026](#).
- 1.12 This paper for ODC has more focus on what we have learned and our plans to take Speaking up Safely forward, given the role and focus of this committee.
- 1.13 Since November 2025, the Speaking Up Safely Team has received 21 approaches, as of end of June 2026, in total across *all* communication mechanisms, offering reassurance that each of these mechanisms holds value within the process. These are listed below:

Source	Total received
Email	8
WorkInConfidence	9
Phone	3
Direct to SUS Guardian	1

Numbers correct as at 30 June 2026.

Approaches made on the WIC platform are in the form of a 'conversation' (as per the system capability).

These conversations take place between the individual and their chosen Guardian. Once the conversation is 'closed', it is converted to a 'case'. Telephone calls, emails and direct contact made to SUS Guardians are also created as 'cases' in WIC allowing the team to collate data centrally.

- 1.14 The approaches made to the team sit within the following categories:

Category	Total received
Management Concerns	6
Discrimination/Inequality	5
Patient Safety	4
Systems and Processes	2
Behaviour and relationships	2
Fraud	0
Incivility	0
Worker Safety	0
Bullying and Harassment	0
Other	2

Numbers correct as **at 30 June 2026**.

The 'Other' category was used for two cases: one involving a cross-category/mixed-category issue, and one that fell outside the scope of the categories listed above.

We note, at the time of writing this paper, the SUS team has received a further 2 approaches, via email, which are live cases and have not yet been categorised.

Early intelligence and emerging themes

- 1.15 Although the current dataset remains relatively small, it is already providing early intelligence about how staff are accessing Speaking Up Safely, the nature of the issues being raised, and the areas where further triangulation may be helpful. The data should therefore be interpreted cautiously and not yet as evidence of established trends; however, it does provide useful early signals to inform future reporting, engagement activity and organisational learning.
- 1.16 The use of a range of contact routes provides assurance that the multi-channel model is appropriate. The *Work In Confidence* system and email have been the most frequently used routes to date, with telephone contact and direct contact with Guardians also being used. This suggests that staff value having different ways to raise concerns, including confidential digital access, written communication and more direct personal contact. Maintaining this range of access routes will be important as the service continues to embed, particularly for staff groups who may have different working patterns, levels of digital access or confidence in using formal routes.
- 1.17 The overall number of approaches remains modest when considered against the size and complexity of the organisation and the extent of the engagement activity undertaken to date. This should not be interpreted as indicating that few concerns exist. Rather, it may reflect that awareness, confidence, psychological safety and trust in the process are still developing. Continued promotion and visible leadership support will therefore remain important to help normalise speaking up as part of everyday organisational culture.
- 1.18 The emerging themes are meaningful even at this early stage. Management concerns and discrimination/inequality together account for over half of the categorised approaches received. This may indicate areas where further organisational intelligence should be triangulated, including People Services data, staff survey results, grievance and dignity at work themes, equality data, exit interview feedback, local culture intelligence and relevant service-level insight. The intention would not be to draw firm conclusions from the Speaking Up Safely data alone, but to use it as one source of intelligence within a broader understanding of culture, management practice, fairness and staff experience.
- 1.19 Patient safety also appears within the categories reported, which is significant because it demonstrates that staff may see Speaking Up Safely

as a route not only for workforce or interpersonal matters, but also for concerns connected to the quality and safety of care. This provides a clear link to the Duty of Quality, patient safety culture and the Health Board's wider learning systems. Future reporting should therefore consider how Speaking Up Safely intelligence is connected with quality, safety, incident, complaints and patient experience data, while maintaining appropriate confidentiality and sensitivity.

- 1.20 The absence of reports in some categories, including fraud, incivility, worker safety and bullying and harassment, should also be treated with caution. It may mean that no concerns in those areas have come through this route to date, but it may also reflect uncertainty about where such matters should be raised, reluctance to label concerns in those terms, or overlap with other organisational routes. This reinforces the importance of clear communication about the scope of Speaking Up Safely and how it connects with other routes for raising concerns.
- 1.21 The staff survey result provides a helpful triangulation point. At the most recent staff survey, 66.4% of respondents felt able to speak up in their workplace. This compares favourably with the 56% reported in the 2024 NHS Wales Staff Survey who said they felt safe to raise concerns, indicating a positive movement in staff confidence. While this is encouraging, the comparison should be interpreted with some caution as it may not represent an exact like-for-like measure. It nevertheless supports the direction of travel, while also confirming that further work is required, as around one-third of respondents still did not respond positively.
- 1.22 In summary, the early data provides assurance that Speaking Up Safely is being accessed and that the available routes are being used. It also provides early intelligence on areas of concern that should be monitored and triangulated as the service matures. Future reporting will be strengthened by a larger dataset, more systematic analysis of themes and outcomes, feedback from individuals who have used the service, and clearer links between Speaking Up Safely intelligence and wider organisational learning.
- 1.23 As the SUS process continues to embed, increased awareness and engagement should result in a richer and more comprehensive dataset. Over time, this will support more meaningful analysis of themes, outcomes and learning, and will help inform wider discussions about organisational culture and psychological safety across the Health Board.
- 1.24 Early feedback received has been positive. Guardians have been thanked for responding promptly and for keeping individuals informed and updated. Feedback suggests that staff who have used the service have valued being

listened to, supported and able to raise concerns through an independent route.

- 1.25 The Guardians have worked with People Services, Wellbeing Services, Trade Unions and individual managers, and continue to build strong pan-Health Board relationships. SUS approaches are being taken seriously and acted on swiftly by the relevant managers, teams and departments.
- 1.26 For Speaking Up Safely to continue to grow across the organisation, promotion should be continuous, so people accept this as an integral part of their employment.

2. Specific Matters for Consideration

- 2.1 The Committee is asked to:
 - Receive and note progress in implementing Speaking Up Safely, including the current programme of visibility, engagement and leadership support to embed speaking up as part of everyday organisational culture.
 - Note the planned engagement activity, including Speak Up Month in October 2026, drop-in sessions across Health Board sites, medical education induction events, informal engagement visits, team meeting attendance, and continued promotion through existing communication channels.
 - Consider how Speaking Up Safely themes will be triangulated with wider organisational intelligence, including People Services data, staff survey results, equality data, patient safety information, complaints and patient experience data, and local culture intelligence.
 - Note the planned introduction of a quarterly ‘Speak Up Round-Up’ video update for staff, to promote awareness, share key messages and provide updates on speaking up activity across the organisation.

3. Assurance, Key Risks / Matters for Escalation

- 3.1 The Committee can take assurance that Speaking Up Safely has been implemented within CTMUHB, with dedicated Guardians in place, multiple routes available for staff to raise concerns, and a programme of communication and engagement activity underway to increase awareness and accessibility.
- 3.2 Early activity data demonstrates that staff are beginning to use the available mechanisms, emerging themes are being captured, and relationships with People Services, Wellbeing Services, trade unions, managers and departments are supporting appropriate follow-up. Further assurance is

provided through the Reasonable Assurance Internal Audit outcome and the development of a Speaking Up Safely Action Plan to address areas requiring further strengthening, including promotion, training, reporting and service resilience.

- 3.3 An Internal Audit of SUS was undertaken in early 2026, resulting in an outcome of Reasonable Assurance. Promotion of SUS, provision of appropriate training/awareness of responsibilities and reporting of SUS activity to the relevant Board were highlighted as areas of work requiring some further input. A Speaking Up Safely Action Plan has been created to focus work in these key areas, identified from the Audit.
- 3.4 Feeding back to individuals and ensuring they are kept informed at every step of the process is central to how SUS operates at CTMUHB. To further strengthen our feedback process, the SUS team plans to launch a survey in November 2026. Individuals will be invited to complete the survey following their approach to the SUS team, enabling us to gather feedback on their experience and identify opportunities for improvement. The aim is for this feedback data to generate meaningful insights that will support ongoing discussions about organisational culture, help identify where the Speaking Up Safely service may need to strengthen its approach, and inform any necessary process improvements.
- 3.5 At the most recent staff survey, 66.4% of respondents felt able to speak up in their workplace. This compares favourably with the 56% reported in the 2024 NHS Wales Staff Survey who said they felt safe to raise concerns, indicating a positive movement in staff confidence. While this is encouraging, the comparison should be interpreted with some caution as it may not represent an exact like-for-like measure. The result nevertheless provides a helpful indication that the increased focus on Speaking Up Safely, including the introduction of Guardians, *Work In Confidence* and wider engagement activity, may be supporting improved visibility and confidence. It also confirms that further work is required, as around one-third of respondents still did not respond positively.
- 3.6 Key risks relate to the resilience of the Speaking Up Safely team, particularly in the context of retirement and long-term sickness absence; the need to maintain momentum and visibility as the service embeds; and the risk of over-interpreting early themes from a small dataset. These risks are being mitigated through continued engagement, the Speaking Up Safely Action Plan, further work to strengthen reporting and feedback, and the intention to triangulate SUS intelligence with wider organisational data.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 3	
	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	A Healthier Wales	
	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Culture & Valuing People	
	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:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Equality (delete as appropriate): NEUTRAL Summary of impact: Neutral overall impact. The report provides an update on the implementation and early operation of Speaking Up Safely and does not propose a change to policy, service provision or access. The approach is intended to support all staff to raise concerns safely, including	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:

	concerns relating to discrimination, inequality, management practice, behaviour and workplace culture. Continued engagement, multiple access routes and future triangulation with equality and workforce data will help ensure that any differential impacts or barriers to speaking up are identified and addressed. Outcome for Welsh Language (delete as appropriate): NEUTRAL Summary of impact: Neutral overall impact. The report does not propose any change to Welsh language service provision. Speaking Up Safely communications and engagement should continue to reflect the Health Board's Welsh language duties, ensuring staff are able to access information and raise concerns through appropriate routes in line with organisational Welsh language standards.	
Canlyniad Asesiad Effaith Ansawdd (Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen) Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	Positive/neutral quality impact. The report does not introduce a direct clinical service change; however, Speaking Up Safely supports quality, safety and learning by enabling staff to raise concerns, including those relating to patient safety, culture, systems and processes. Continued reporting, feedback, triangulation with quality and patient safety intelligence, and action planning will support organisational learning and help identify areas where quality and safety may need to be strengthened.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	Yes (include further detail below) Positive reputational impact through strengthening organisational culture, openness and staff confidence to raise concerns.	

Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (include further detail below) Delivered within existing approved resources; ongoing resilience of the Speaking Up Safely team is identified as a key risk.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Operational Delivery Committee	28 July 2026	Committee to receive and note the update.

Acronyms / Glossary of Terms	
SUS	Speaking Up Safely
WorkInConfidence online platform	Secure online platform that enables two-way confidential communication between staff and a Speaking Up Safely Guardian.
WIC	Secure online platform that enables two-way confidential communication between staff and a Speaking Up Safely Guardian.
IMTP	Integrated Medium Term Plan.

5. Next Steps

- 5.1 The SUS team will continue to deliver planned engagement activity, including Speak Up Month in October 2026, drop-in sessions, induction engagement and targeted communications. Future reporting will include further analysis of themes, outcomes, feedback from individuals who have used the service, progress against the Speaking Up Safely Action Plan, and triangulation with wider organisational intelligence.

Unconfirmed Minutes of the Operational Delivery Committee

Date and Time of Meeting	Thursday 30th April 2026 13.00 pm – 16.00pm
Venue	Virtual via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member/ Chair of Committee
	Patsy Roseblade	Independent Member
	Helen Lentle	Independent Member
	Neil Mesher	Independent Member
	Kathy Mason	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Claire Thompson	Executive Director of Strategy and Transformation
	Stuart Morris	Director of Digital
	Hywel Daniel	Executive Director for People (in part)
	Julie Denley	Deputy Chief Operating Officer Primary Community, MH & LD
	Natalie Price	Assistant Director Strategic Workforce Planning (in part)
	Hayleigh Jones	Deputy Director for People
	Louise Stait	Interim Assistant Director of Corporate Governance
	Charlotte Clarke	Head of People Services
	Emily Summerhayes	Attraction and Resources Lead
	Lisa Whiteman-Pearce	Head of Organisational Development & Inclusion (in part)
	Gareth Watts	Executive Director of Corporate Governance/Board Secretary
	Louise Stait	Interim Assistant Director of Governance & Risk (in part)
	Kathrine Davies	Corporate Governance Manager
	Sharon Edwards	Corporate Governance Officer

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions

	The Committee Chair welcomed everyone to the meeting, including those observing the meeting. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.
1.2	Apologies for Absence
	• Dily Jouvenat, Independent Member • Hayley Proctor, Independent Member
1.3	Declarations of Interest
	• No declarations were 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.	PRELIMINARY BOARD MATTERS
3.1	Action Log
	The Action log was received with the following key matters discussed: G Hughes referred to the two updates relating to the same item, i.e. school nursing and advised that the issue remains quite active with ongoing progress being made. He advised that it was anticipated that clarity will be achieved by the next Committee and an update would be provided via the Integrated Performance Dashboard P. Roseblade queried Action Log item 6.1 and which risk it related to G. Hughes clarified that it related to paediatric GA dental waiting lists. He advised that capacity has been increased and waiting times are reducing in line with the agreed plan, although the overall waiting list remains high. He further confirmed that updates on this risk will be included in future performance reporting. R Rowlands asked if going forward the action log wording could be strengthened to clearly describe the scope of the action. Following consideration of the action log updates, Members confirmed they were happy to close the actions being proposed for closure.
Resolution:	The Action Log was NOTED .
Action:	To bring a detailed update on the school nursing action to the next meeting via the Performance Dashboard
Action:	Update to be provided on GA dental waiting lists under the the Performance Dashboard
3.2	Matters Arising Not Captured on the Action Log
	There were no matters arising.

3.3	Committee Forward Work Plan
	G Watts presented the report for completeness of non-routine Committee business with several items on the agenda for today and those proposed for the next meeting. H. Lentle noted that the July 2026 meeting agenda appeared particularly busy and queried whether this might be overly demanding. In response, G. Watts explained that the position remains under constant review, with agenda planning in place to manage capacity. He acknowledged current pressures but noted that this remains a moving position and will continue to be monitored.
Resolution:	The Forward Work Plan was NOTED
Action:	None identified
4.	RISK MANAGEMENT
4.1	Organisational Risk Register G Watts provided a verbal update, advising that due to capacity issues within the team arising from staffing gaps, the usual written update had not been provided. He advised that L Stait has now joined the team, and that an updated Organisational Risk Register will be presented to the Executive Leadership Group (ELG) on 11th May 2026. G Watts acknowledged that the Committee will not meet again until July, so confirmed that the risks relevant to the Committee will be circulated to Members following consideration by ELG, together with any supporting updates. Members will be invited to raise any questions on receipt. He went on to note that appropriate oversight remains in place, and assurance was provided that key areas of risk, including service fragility and ongoing industrial action, continue to be monitored. From the July meeting onwards, written risk updates will resume as a standing agenda item. R Rowlands acknowledged that appropriate oversight of the risks remains in place and that she was content for the Organisational Risk Register to be circulated to Members following consideration by the ELG.
Resolution:	The register was NOTED
Action:	Organisation Risk Register to be circulated following ELG.
5.	STRATEIC PILLAR – IMPROVING CARE
5.1	Integrated Performance Dashboard C Thompson presented the report and highlighted the following key matters: It was noted that there has been continued improvement in cancer performance and diagnostics. However, the ongoing challenges remain in: • Meeting Emergency Department (ED) four-hour and twelve-hour targets. • Smoking cessation performance was highlighted as a concern, with the organisation currently the lowest performer in Wales;

- Vaccination uptake remains strong, ranking highest in Wales for childhood vaccinations and third for those aged 65 and over;
- Sickness absence rates have not yet shown sustained improvement despite ongoing management actions.

R Rowlands commented on the smoking cessation performance, noting it would be helpful to better understand the underlying reasons for poor performance.

C Thompson acknowledged this and provided an update in the meeting chat, advising that a more detailed analysis of smoking cessation performance at the next meeting.

N Mesher noted that in relation to diagnostics, it was highlighted that although the report references sustainability for 2026/27, other reports currently show this as zero, and the long-term sustainability position has not been clearly set out.

G Hughes confirmed that this is recognised and is being addressed through Llantrisant Health Park (LHP) Phase 1 diagnostic work, focusing on more flexible use of resources and capacity, including CT, MRI and workforce deployment. While waiting for the final contract approval, options such as weekend working and in house options are being progressed. Endoscopy is currently maintaining the eight-week position, which continues to be monitored.

P Roseblade raised concerns regarding smoking cessation data, noting the limitations of telephone assessments without carbon monoxide testing. She also queried the clarity and readability of performance graphs presented within the report, along with the absence of local ambulance and wider stroke performance data.

C Thompson clarified that community response times and stroke unit access within four hours are included within the report. G Hughes explained that there had been a national change in ambulance performance reporting and offered to provide further clarification.

J Denley provided an update on smoking cessation work, advising that closer collaboration is being developed across operational teams, with active involvement from Public Health Consultants through the Improving Care Board. She advised that this work is helping to embed tobacco cessation actions within operational planning. It was explained that the Public Health Wales Team will work closely with Care Groups, managers and operational teams to strengthen alignment with the public health agenda, with a small number of priority topics, including smoking cessation, to be progressed on a twice-yearly basis. This includes identifying practical actions that can be taken within both hospital and community settings.

H Daniel flagged to the Committee that sickness absence rates remain high and continue to present a challenge, despite there being a significant focus on this area, improvement is not yet being seen at the desired pace. He highlighted that

	the organisation remains an outlier and that further consideration is required to understand what the data is indicating. Further detail would be explored later under the workforce metrics report. H Lentle commented on inconsistencies in the presentation of information within the report, noting that a mixture of formats made it more difficult to interpret, and that greater consistency between percentages and actual patient numbers would be helpful. She also queried the absence of diabetes data for March, which made it unclear whether performance was improving or deteriorating, and raised concerns regarding suspected cancer pathway data, noting a potential discrepancy between the stated figure of 67.8% and the corresponding graph. C. Thompson provided an explanation in the meeting chat advising that the graph was correct and the blue lines on the graph at 60/70% matches the value of 65.8%. C Thompson advised that a significant amount of manual work is involved in producing the cancer pathway graphs and confirmed these would be reviewed to check accuracy. She noted that while it is important to retain both numerical volumes and percentages, patient numbers could be included in the highlights section rather than the front page to improve clarity. In relation to diabetes data, she confirmed that some missing information was due to a data lag for March and would look into this and provide clarification. G Hughes reiterated the Committee's collective concern regarding the twelve hour waits in the Emergency Department (ED), confirming that this continues to be closely monitored, with a focus on improvement trajectories. He noted that reducing both the volume and length of stay within ED is being revisited through the improvement programme, recognising the significant impact on patient experience. This issue will be escalated through the highlight report, and the Committee will be kept updated. Cancer performance remains at around 65% for March and is currently the best performing Health Board in Wales. However, it remains below the level expected for the population, with patients continuing to experience delays within diagnostic pathways. This remains a key focus for the year, and the need for ongoing scrutiny was emphasised.
Resolution:	The Presentation was NOTED .
Action:	To provide a more detailed analysis of smoking cessation performance within the next Integrated Performance Dashboard
Action:	To provide a briefing on the revised ambulance performance measures, including implications for reporting and interpretation
Action:	The risks associated with the ED four hour and twelve hour targets to be escalated to the Board via the highlight report.
5.2	Integrated Medium-Term Plan (IMTP) 2025-2025 Quarter Four Review C Thompson presented the report and highlighted positive progress, noting de-escalation in Quarter 4, good delivery against the IMTP to date, improvement in diabetes standards and processes, continued elective recovery, and progress

	in shifting performance indicators towards green. She also highlighted the launch of the Integrated Women's Health Hub pathway during the year and delivery of the financial plan. R Rowlands welcomed the progress but raised concerns regarding access routes to the Women's Health Hub, and specifically whether reliance on GP referrals could create barriers or bottlenecks for women gaining access. She queried whether alternative or additional referral routes had been anticipated to ensure accessibility. C Thompson advised that the Women's Hub is designed to work across specialist nurses, GPs and community services, with ongoing work to improve sign-posting and accessibility. She confirmed that the team could provide further information on access arrangements.
Resolution:	The report was NOTED
Action:	Further information to be provided on access routes to the Women's Health Hub
5.3	Digital and Data Highlight Report S Morris presented the report and highlighted the following key areas for the Committee. He outlined an intensive period of activity for the Digital Directorate, during which four major system implementations were successfully delivered. This included the Radiology system going live on 4 March 2026, with the Health Board being the only organisation to meet the required timescale, supported by the Digital teams and led through the Operational Management Office. He noted that while some issues remain, but these are not unique to the organisation. S Morris reported on a period of intensive digital delivery during which several major systems went 'live' and were successfully implemented, including the Radiology upgrade, BadgerNet, OpenEyes and an initial Electronic Prescribing & Medicine Administration (EPMA) deployment with residual issues being actively managed. These developments were delivered alongside efforts to complete the year-end capital programme, working closely with the Capital Team to improve core digital infrastructure. S Morris also highlighted challenges in relation to the Mental Health Electronic Patient Record, where procurement has been completed locally but final Welsh Government approval and funding remained outstanding. A further delay presents risks of cost escalation, programme delay and continued patient care and safety risk. He further added that activity levels remained high, with medical records storage and ongoing reliance on paper records presenting a continued challenge. He outlined current and planned structural changes within the team, including recent secondments and interim arrangements, and advised that longer-term organisational structures are being considered. R Rowlands acknowledged the breadth of work delivered and congratulated the team on achieving the major system go-lives within very challenging circumstances.

	P Roseblade welcomed the progress made on long-standing risks. She queried medical records reporting, noting that whilst activity volumes were helpful, it was not always clear what “good” looks like in practice. S Morris responded that this type of reporting is relatively new, with the intention being to better understand paper reduction, storage pressures, and the movement of records. He confirmed that data is available on clinical appointments proceeding with or without records and that hybrid models are increasingly used. K Mason echoed congratulations on the successful system implementations and reflected on the scale of paper records observed during a recent visit. She suggested that further discussion would be helpful on how information is presented to better translate activity data into meaningful context. P Roseblade asked whether data was available on the number of appointments that proceeded without the medical record, or where records had not been updated. S Morris confirmed that this data is available and assured the Committee that there would not be an occasion where an appointment could not proceed due to the absence of the appropriate information as it would either be paper or the portal. G Hughes referred to the ongoing concerns that had been raised regarding the lack of clarity required to proceed with awarding the Mental Health Record, advising that this matter should be escalated to the Board. R Rowlands queried the risk of additional costs and delays should the contract not be awarded by the 5th of June. In response, S Morris confirmed that procurement costs are time-limited and any delay may necessitate re-procurement and a revised Business Case. S May confirmed that no discretionary capital funding is available to absorb cost increases, emphasising that the Mental Health Record is a critical patient safety tool and requires appropriate support to enable delivery.
Resolution:	The report was NOTED
Action:	To review how medical records and paper usage data are presented, including clearer articulation of the “so what” and impact.
Action:	The risks associated with Mental Health Record need to be escalated to the Board via the highlight report.
6.	STRATEGIC PILLAR – INSPIRING PEOPLE
6.1	NHS Staff Survey L Whiteman-Pearce gave a presentation highlighting the key areas which showed that there was a significant increase in staff participation and engagement in the NHS Staff Survey 2025. Improvements were noted in staff confidence to speak up safely, raising concerns, pride in the organisation, flexibility, and intent to stay, with more staff reporting that they feel supported and able to build a career within the organisation.

	However, continued concerns were identified in relation to burnout, workload, involvement in change, healthy working environments, and energy for life outside of work. Ongoing issues relating to harassment were also highlighted. A clear commitment to visible action and transparency in response to staff feedback was emphasised. H Daniel highlighted that over 1,400 free-text comments have been received, enabling richer analysis to inform improvements in sickness absence, the working environment, and areas of positive progress. He suggested that a thematic analysis of free-text comments would be shared with the Board to support organisational learning and improvement. H Lentle noted the importance of the organisation being visibly engaged with the more difficult issues raised, to demonstrate that time is being taken to properly understand and address staff feedback. N Mesher welcomed the quality of the data and emphasised that improvement was fundamentally about leadership and management at all levels. He queried how granular the data could be made and highlighted the need to use it to support the development of people leaders. L Whiteman-Pearce advised that the dashboard is accessible to all users, allowing individuals to drill down into the data most relevant to them. H Daniel acknowledged the response rates received from the Care Groups.
Resolution:	The report was NOTED and the Committee took assurance from the report
Action:	A thematic analysis of free-text comments will be shared with the Board to support organisational learning and improvement.
6.2	Employee Relations Annual Report C Clarke presented an overview of the Employee Relations (ER) activity between April 2025- March 2026 which highlighted the following key matters: An improved oversight and timeliness of ER case management, increased use of early and informal resolution, and the introduction of a risk-based framework to identify high-risk and prolonged cases. She noted ongoing concerns around behavioural issues and long-running cases, confirmed that employment tribunal cases remain low, and advised that ER data is reviewed by demographic and protected characteristics to identify emerging themes. R Rowlands queried the outcomes and themes of employment tribunal cases, and whether there was any link between internal processes and escalation to tribunals. C Clarke advised that tribunal cases remain low in number, often involving complex and multiple issues, which may conclude at different stages (including withdrawal or dismissal). She noted that cases typically arise where individuals feel internal processes have not resolved matters to their satisfaction.

	H Daniel added that ER, staff survey, sickness data are increasingly triangulated to identify themes and inform preventative action. P Roseblade asked whether staff subject to prolonged suspension were on full pay and queried how safeguarding cases were being managed where suspension was not applied, noting that staff safety should be explicitly referenced alongside patient safety. C Clarke confirmed that suspensions are applied on full pay where proportionate, and that alternatives to suspension are considered as part of safeguarding risk management, and acknowledged that both staff and patient safety should be explicitly included within safeguarding considerations. C Thompson asked whether employee relations data is reviewed by protected characteristics, particularly in relation to equality concerns. C Clarke confirmed that ER data is reviewed by demographics and protected characteristics to identify patterns. H Daniel provided assurance that where issues are identified (e.g. within specific staff groups), targeted actions are taken.
Resolution:	The report was NOTED
Action:	None identified
6.3	People Plan Spotlight – Recruitment Deep Dive N Price and E Summerhayes presented the Recruitment Deep Dive “Attraction and Resourcing Priorities 2026/2027”, which outlined progress in strengthening attraction, recruitment capability and the candidate journey. The presentation highlighted improved employer branding, increased community engagement, alternative recruitment approaches, and early positive impacts on vacancy visibility and time-to-hire, while noting that further work is needed to embed values-based and inclusive recruitment across the organisation. G Hughes asked how the organisation would further embed values and behaviours-based recruitment, noting the longer-term risks of appointing individuals with inappropriate behaviours. N Price advised this would be driven through strengthening recruitment capability at manager level, with clearer guidance, training and support. E Summerhayes added that increasing use of AI in applications reinforced the need for more robust assessment methods, confirming work was underway with the Organisational Development and Inclusion team to strengthen values-based and inclusive recruitment.
Resolution:	The report was NOTED
Action:	None identified
6.4	Workforce Metric Report N Price presented the report and highlighted key areas to the Committee.

	N Mesher raised questions regarding workforce data for Estates and Facilities staff, noting the relatively high sickness absence and turnover rates, and queried the current position and level of concern in this area. S May advised that Estates and Facilities should not be directly correlated, noting that the issues largely relate to the Facilities workforce, and that a clearer breakdown of data would be provided as part of the Estates and Energy report. N Price added that the workforce also has an ageing profile and represents one of the highest areas of concern in percentage terms across the workforce metrics. She confirmed that this area is flagged for targeted attention and committed to providing a focused analysis in a future Workforce Metrics report.
Resolution:	The report was NOTED
Action:	None identified.
7	STRATEGIC PILLAR – SUSTAINING OUR FUTURE
7.1	Month 12 Finance Report S May presented the Month 12 Finance Report, and highlighted the following key matters for the attention of the Committee: - The Health Board had achieved a small year-end surplus, reporting £0.2m in-month and £0.1m year-to-date, reflecting the successful resolution of an inter-Health Board dispute and effective year-end financial management. This provides limited but helpful headroom as the accounts move into audit. - Whilst the statutory break-even position had been achieved, the underlying recurrent position remains a challenge. Against an original plan to deliver a £1.7m recurrent surplus, the year closed with an underlying recurrent deficit of £9.2m, highlighting ongoing structural pressures within care groups. - Care Group financial performance showed significant deficits in Planned Care, Unscheduled Care, Mental Health & Learning Disabilities, and Children & Families, partially offset by improved prescribing performance within Diagnostics & Therapies. Corporate Directorates delivered an in-year underspend, although this position is not sustainable into the new financial year and requires further management action. - The capital programme was delivered successfully, with a £79k surplus against the Capital Resource Limit, despite this being the largest capital allocation ever received by the Health Board. This reflects strong delivery by the Finance and Estates teams amid a complex and high-volume programme P Roseblade and N Mesher congratulated the team on achieving the year end position and delivering the capital programme noting the complexity and sustained effort required. P Roseblade queried whether undelivered savings from 2025 /2026 would carry forward into the 2026 / 2027 savings plans. S May confirmed that some savings

	schemes had been reassessed as undeliverable, while others continued into the current year. She advised that reliance on areas such as prescribing efficiencies would continue but required close monitoring.
Resolution:	The report was DISCUSSED and NOTED
Action:	None identified
7.2	Month 9 Finance Performance Report S May presented the report on the Month 9 Finance Performance Report, which provided an update on in-year financial performance and progress against the approved financial plan. The report highlighted continued monitoring of expenditure and savings delivery, which is being actively managed through monthly performance and finance reviews. Work is underway across a number of Care Groups, including Corporate Directorates to strengthen financial grip and savings delivery in 2026/27.
Resolution:	The report was DISCUSSED and NOTED
Action:	None identified
7.3	Capital Delivery Programme Monitoring Report S May noted that there are major programmes including ongoing the successful delivery of the largest capital programme to date, achieving a small year-end surplus against the Capital Resource Limit and demonstrating strong financial and programme control. The report set out the proposed 2026/27 discretionary capital allocations, including the use of planned over-commitment to manage delivery risk and slippage, and highlighted the scale of the All-Wales Capital Programme, including major schemes at Prince Charles Hospital and wider estate investment. S. May advised on the proposed disposal of Pontypridd Cottage Hospital, noting that services have been decanted and disposal will proceed in line with public-sector protocol, and recognised continued improvement in estate condition alongside the ongoing need to manage backlog maintenance through sustained capital investment.
Resolution:	The report was DISCUSSED, NOTED and the Committee ENDORSED the proposed disposal of Pontypridd Cottage Hospital for onwards Board approval.
Action:	None identified
7.4	Estates and Energy Performance Report S May presented the Estates and Energy Performance Report, noting that the Prince Charles Hospital Ground and First Floor had been shortlisted for multiple awards. She highlighted improvements in estates condition, reflecting sustained capital investment, and advised that space utilisation exceeded Welsh performance targets. She advised on the reduction in backlog maintenance and outlined the scale of the property portfolio, valued at approximately £692m, with 78% of the estate constructed since 1985. N Mesher queried workforce-related data linked to estates activity, including productivity and job volumes. S May advised that this should not be directly

	correlated with Estates performance alone, as the issues largely relate to the Facilities workforce, and confirmed that further analysis would be undertaken
Resolution:	The report was NOTED .
Action:	None identified
8.	CONSENT AGENDA
8.1	Items for Approval
8.1.1	Unconfirmed Minutes of the Meeting held on 22 January 2026 were APPROVED .
8.1.2	Unconfirmed Minutes of the In-Committee Meeting held on 22 January 2026 were APPROVED .
8.1.3	The Committee Ratified Urgent Chairs Action for Approval of the following Policies: • All Wales Disciplinary Policy & All Wales Improving Performance at Work Policy • Paternity Leave Policy
8.2	Items for Noting
8.2.1	The Month 10,11 & 12 Monitoring Returns to Welsh Government were NOTED .
8.3	The Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report was NOTED .
8.4	Committee Annual Cycle of Business 2026 was NOTED .
9.	CLOSE OUT BUSINESS
9.1	Any Other Urgent Business
	No urgent business was identified
9.2	Committee Highlight Report to Board The following items were suggested by G. Watts for inclusion within the Highlight Report: • Mental Health Electronic Patient Record • 12-hour Emergency Department breaches. G Hughes advised that it would be appropriate for the Committee to formally note the emergency service change relating to gastro services, which had been briefed to Board Members earlier that day. G Watts confirmed that the full paper had been circulated, and that the briefing and decision should be formally recorded.
9.3	Meeting Feedback The Chair invited members to provide feedback in the meeting or outside if that was preferable. Feedback from Members requested that it would be helpful if the Finance Section could be moved to higher up on the Agenda.
10	CLOSE OF MEETING
	Date and Time of Next Meeting Tuesday 28 th July 2026 at 14.00 pm – 16.30 pm



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Operational Delivery Committee

MONTH 01 MONITORING RETURNS TO WELSH GOVERNMENT

Eitem yr Agenda / Agenda Item	8.2.1
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The ODC is asked to NOTE the contents of the M01 Monitoring Returns submitted to Welsh Government for 2026/27.

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 M01 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

- 2.1 The Welsh Health Circular WHC (2026) 022 – NHS WALES FINANCIAL MONITORING GUIDANCE 2026-27 was issued on 29th April 2026. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2026/27 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, Table A2 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
M01 Narrative report
Table A - Movement
Table A2 – Risks & Opportunities
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 M01 Financial Monitoring returns is summarised in Section 1.2 of the M01 Narrative report at Annex A. This information is consistent with the M01 Internal Board papers.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 10	
	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	Not Applicable	
	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhwng reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not required Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off

Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not required Summary of impact:	for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	Not applicable	
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (include further detail below) Reflects the allocation and utilisation of resources of the Health Board	

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	

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – APRIL 2026

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 April 2026.

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 2026/27

The Financial plan submitted to WG at the end of March 2026 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2026	9.2	0	9.2
Income changes	(20.9)	0.8	(20.0)
Cost Pressures & Commitments	42.7	(0.5)	42.2
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	(0.3)	0.3	(0.0)

The Financial plan also identified a net risk to the planned break-even position of £38.6m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2026-27 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0

The M1 position is reporting a £1.4m deficit. The key components of the YTD position and the year-end forecast are summarised below:

	M1 YTD	M1 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	0	0	(0.3)
Savings Shortfall	2.3	19.3	18.6
Operational Variances	(0.7)	(0.7)	0
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(0.2)	(1.9)	0
Accountancy Gains	0	0	0
Other Mitigating Actions	0	(16.7)	(18.5)
Grand Total	1.4	0	(0.3)

The main driver for the overspend in M1 is the £2.3m shortfall in savings delivery compared to the straight-line savings target of £2.6m per month.

At M1 the Green and Amber Savings plan has improved by £4.2m from the £7.8m included in the IMTP to the current forecast of £12.0m.

The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that funding will be provided by DHCW for 2026/27.

A combination of identified and yet to be identified mitigating actions of £16.7m are still to be implemented to achieve a balanced financial plan.

Savings Shortfall:	M1 YTD	M1 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Variance v £29.4m Delegated target	2.4	20.0	19.3
Variance v £1.9m Non delegated target – CAT M savings	(0.1)	(0.7)	(0.7)
Grand Total	2.3	19.3	18.6

The year to date savings shortfall of £2.3m has been partly offset by operational improvements compared to plan of £0.7m.

- Further details of the remaining risks and opportunities to the M1 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)

Commentary on movements to be provided from M2 onwards.

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:

- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Primary Care Prescribing profiles will be updated following receipt of the March 26 PAR reports.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

- **Primary Care Drugs & Appliances - £120k favourable** – The primary care prescribing position remains an estimate pending actual data. There is also a reduction of Non- Cash Limited cross border charges of Circa £100k, which has also resulted in a reduction of income. The position reflects the latest data and planned actions.
- **Provider Services Pay - £300k favourable** – The provider pay position for M1 was slightly better than anticipated once Red and Pipeline savings plans were removed. This is mainly due to a reduction in costs with Health Visitors & Flying start due to the ongoing strike. This has also resulted in reduction of income of circa £150k in M01 as per the below comment. However, there remains a significant improvement required to achieve the level of mitigating actions as part of our balanced financial plan.
- **Provider Services Non Pay - £618k favourable** – The provider non pay position for M1 was better than anticipated once Red and Pipeline savings plans were removed. Further analysis is being undertaken to determine if this improvement can be converted into ongoing savings and offset mitigating actions as part of our balanced financial plan.

There were no other material variances in M1 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further adverse variance of £284k was reported in M1 relating to under achievement of Income. Please note comments above, where Local authority income for Health Visitors/Flying Start has reduced due to the ongoing strike and reduction of income reported in Primary Care drugs & Appliances due to the reduction in Non-Cash Limited Cross Border charges.

1.5 Pay Expenditure (Table B3)

The M1 Pay expenditure was £66.9m and the monthly trend is summarised below.

	M1	Q4* Average	Q3* Average	Q2* Average	Q1* Average
	£'m	£'m	£'m	£'m	£'m
A&C	9.1	9.0	8.8	8.7	8.7
Medical	17.3	18.2	18.4	17.8	17.6
Nursing	20.6	21.0	20.4	20.2	20.2
ACS	8.5	8.6	8.3	8.4	8.2
Other	11.4	11.2	10.9	11.1	10.8
Total	66.9	67.9	66.8	65.9	65.7

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods and excludes the M12 central pension and band 2/3 framework adjustments.*

The Key issues to highlight are as follows:

- The Overall pay expenditure is reporting £66.9m, which includes the 2026/27 pay award (including living wage) for A4C Staff of circa £1.8m per month. Allowing for this pay award, the M1 position is a £2.8m improvement upon the Q4 position which included the pressures of winter plans and the planned care delivery programmes. The M1 position is now returning back to the equivalent levels experienced in Q1 & Q2.
- Medical is reporting a £0.9m improvement compared to the Q4 average and is returning back to Q1 & Q2 levels. The recently announced pay award for Medical & Dental Staff has not been recognised for M1.

The M1 agency expenditure was £1.5m and the monthly trend (excluding accountancy gains) is summarised below:

	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m
Medical	0.6	0.9	0.9	0.6	0.8
Nursing	0.8	0.9	1.0	1.3	1.3
Other	0.1	0.3	0.1	0.3	0.4
Total	1.5	2.1	2.1	2.2	2.5

The Key issues to highlight are as follows:

- Medical agency rates have improved in M01 by £0.4m when

compared to the Q4 average.

- Nurse (£0.1m) and Other Agency (£0.1m) costs have also continued to improve in M1 when compared to the Q4 average.

As per the 2026-27 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	Month 1
30% reduction in 26/27 agency expenditure compared to 2025/26.	M1 2026/27 £1.5m 2025/26 monthly average £2.2m 32% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30 th September 26	M1 2026/27 actual expenditure was £107k. 2025/26 average expenditure £182k per month.

The M1 variable pay expenditure was £4.6m and the monthly trend (excluding accountancy gains) is summarised below.

	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m
Medical	1.5	1.9	2.1	1.9	1.9
Nursing	1.1	1.4	1.1	1.1	1.0
ACS	1.3	1.5	1.4	1.5	1.4
Other	0.7	0.7	0.7	0.7	0.7
Total	4.6	5.5	5.2	5.2	5.0

The Key issues to highlight are as follows:

- Nursing Bank & Overtime reduced by £0.3m in M1 compared with Q4.
- Additional Clinical Services improved by £0.2m which is primarily a reduction in bank spend.
- Medical Staff ADH & WLI expenditure has improved by £0.3m.

1.6 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
IMTP – Demand & Cost Pressures	4.3	2.3	2.0	4.3	0
IMTP – Non Recurrent Plans	0.5	0	0.5	0.5	0
Local Planned Care Reserve	1.4	1.4	0	1.4	0
Total	6.2	3.7	2.5	6.2	0

As at M1 there are £6.2m of committed reserves held for actual and anticipated cost pressures. As at M1 there are £2.5m of pending plans It is anticipated that these plans will be fully committed by year end.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2025/26 plans for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27.

	£m
Forecast In year position 26/27	0
Balance sheet write backs	0
Other non recurrent costs/income loss in 26/27	(1.9)
Other non recurrent benefits in 26/27	1.6
Forecast Recurrent position at the end of 26/27	(0.3)

As at M1 we are reporting a forecast Underlying surplus at the end of 2026/27 of £(0.3)m. This is consistent with the IMTP submitted on the 31st of March 2026 and will be reviewed at the end of Q1.

Underlying Position	2026/27 Forecast	Recurrent	Movement
	£m	£'m	£'m
Initial Financial Plan	0	(0.3)	(0.3)
Savings Variances	19.3	18.6	(0.7)
Operational Variances	(0.7)	0	0.7
Financial Plan Variances	0	0	0
Additional Financial Allocations	(1.9)	0	1.9
Accountancy Gains	0	0	0
Mitigating Actions	(16.7)	(18.5)	(1.8)
Grand Total	(0)	(0.3)	(0.3)

3. Risk Management (Table A2)

The key financial risks and opportunities for 2026/27 are noted in Table A2 and are summarised below:

	Month 1 £m	IMTP £m	Comment
Funding risks:			
Risk of the 2026/27 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 26/27.
Risk of the Resident Dr Contract changes not being fully funded	Tbc	Tbc	
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	18.4	Tbc	
DPIF Funding Risks on committed expenditure	Tbc	-	
Other risks:			
Delivery Risk on Identified Savings Plans	1.6	1.6	Table C3
Delivery Risk on Savings plans yet to be identified	16.7	23.0	
Delegated Risk Assessments – High Risk	8.2	8.2	
Delegated Risk Assessments – Medium Risk	3.0	3.0	
Health Visitors Band 6 Dispute	0.8	0.8	
NWJCC Plans not delivering	2.0	2.0	
LTA Disputes	Tbc	Tbc	
Planned Care target pressures	Tbc	Tbc	
Pay & Employment disputes	Tbc	Tbc	
Primary Care Prescribing Price/Growth above plan	Tbc	-	
CHC Growth above Plan	Tbc	-	
Total Risks	50.7	38.6	
Opportunities			
Balance sheet opportunities in 26/27	Tbc	Tbc	
Retrospective VAT recoveries	Tbc	Tbc	
NWSSP Distribution Opportunities	Tbc	Tbc	
Total opportunities	(Tbc)	(Tbc)	
Net risk	50.7	38.6	

4. Ring Fenced Allocations (Tables M, N & O)

Tables M & N will be completed Quarterly from M3

Table O will be completed monthly from M3 onwards.

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 2026/27 includes a £31.3m recurring savings target.

	Month 1		
	YTD	26/27	Rec
	£m	£m	£m
Savings target as at M1	2.6	31.3	31.3
Actual and Forecast Savings	(0.4)	(12.0)	(12.7)
Total	2.2	19.3	18.6

Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £19.3m In year and £18.6m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M1 £'m	YTD £'m	25/26 £'m	Rec £'m
Savings	11.8	0.4	0.4	11.8	12.6
Income Generation	0.1	0.0	0.0	0.1	0.1
To be identified	19.3	0.0	0.0	19.3	18.6
Total Savings	31.3	0.4	0.4	31.3	31.3
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

8. Income Assumptions 2026-267 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M1 position. The table below summaries the more material items:

Description	M1	Comments
	£k	
NWSSP Risk Pool	(5,264)	
AHW – Prevention & Early years	936	
Substance Misuse	4,130	
Funding Short breaks For Carers - RIF	196	
Advocacy Funding	353	
NDIP	639	
Mental health 111/Press 2 Service	76	
Clinical Excellence Awards	103	
DPIF	45	
3.25% Pay Award - Executives	76	
2026/27 Pay Award	21,601	
Discovering a digital Solution to Achieve a Single Clinical Record	1,616	
I2S	(907)	
Robot	88	
Womens Health Hubs	200	
CHC Direct Payments	103	
All Wales Diabetes Prevention programme	100	
PLanned Care Transformation – Optometry Community Pathways	98	
ESR Recharges	1,540	
Removal of IFRS 16 leases	(2,574)	
Donated Asset depreciation	122	
Total Anticipated Allocations	23,277	

9. Health Care agreements

Following agreement of the financial values for the 2026/27 LTAs, Documents for the 2026/27 LTAs have been submitted to all providers and commissioners for signature.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
C&V UHB	Documentation submitted awaiting return of signed document.	Documentation submitted awaiting return of signed document.
HDda UHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
Powys TUHB	Documentation submitted awaiting return of signed document.	Documentation submitted awaiting return of signed document.
SBUHB	Documentation submitted awaiting return of signed document.	Documentation submitted awaiting return of signed document.
JCC	CTM query on savings achievement.	ICP approved at JCC.
Velindre NHST	Not Applicable	Documentation Signed by Both Organisations
PHW	Document received from PHW 2 nd April 2026, reducing the LTA value without notice. CTM challenging.	Not Applicable

At M1 there are 2 LTA documents where CTM are not able to sign the documentation:

JCC – The JCC documentation deducts 2% from the LTA as “efficiency”. This conflicts with previous discussions about a collaborative approach to identify genuine cost/service reductions to achieve a 2% reduction. CTM are seeking a meeting to agree the service/cost reductions which would allow 2% efficiency to be achieved.

PHW –The IMTP and Financial plans for CTM were approved and submitted to WG by the 31st March 2026. On 2nd April 2026, PHW issued an LTA financial schedule for screening services which included a reduction in the financial value of the LTA without notice or prior discussion. The 2025/26 LTA requires a 12 month notice period for changes to the LTA value; the

CTMUHB position is that it is expected that notice periods are properly observed and that any changes should therefore be applicable April 2027 not April 2026.

CTMUHB is working to arrange the signing of all LTA documents as soon as possible.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, L)

10.1 Significant month on month balance sheet movements

Table F will be completed monthly from M3 onwards.

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 at the end of M1.

11. Cash Flow Forecast (Table G)

Table G will be completed monthly from M2 onwards.

12. Public Sector Payment Compliance (Table H)

Table H will be completed quarterly from M3 onwards.

13. Capital Schemes and Other Developments (Tables I, J &K)

These tables will be completed monthly from M2 onwards.

14. IFRS 16 and CAME (Table P)

Table P will be completed monthly from M3 onwards.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M1 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.

For 2026/27 the deputies who have been approved to sign off the Monthly

Monitoring Return in the absence of the Director of Finance and/or Chief Executive are:

- Andrew Jones, Acting Deputy Director of Finance.
- Gethin Hughes, Deputy Chief Executive/Chief Operating Officer.
- Hywel Daniel, Deputy Chief Executive/Executive Director of People.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 14 May 2026

Action Points arising from Month 12 Response

Action Point	WG Comment	CTM Response
	TABLE B2 – Expenditure Movements	
12.1	It is noted that within Section 1.4 of your narrative, there is no reference to the material recurrent spend reduction assessment totalling c.£2.700m within the 'Joint Financing' category. Please provide the supporting details, within the M1 submission. (Action Point 12.1)	Section 1.3 & 1.4 noted the classification correction between non pay and joint financing of £1.1m. The remaining £1.6m was an overstatement of the forecast for M12. Joint finance is volatile to the selection of product categories within the oracle procurement system which results in expenditure being unpredictable between non pay and joint finance as it usually relates to non catalogue items.
12.2	Going forward, please present unplanned cost pressures and spend reductions by category as separate details in the supporting narrative, rather than combining and reporting net positions. Any recurrent issues should align to the data being reported in new Table A1, which requires material items to be individually recorded. (Action Point 12.2)	Noted
	Table D – Income & Expenditure Assumptions	
11.1	It is noted that the dispute with Aneurin Bevan ULHB has been settled for 2025/26 and we trust that any remaining issues have been resolved to ensure the 2026/27 LTA is agreed and signed, by both parties, by the WHC deadline of the 14 May 26. Please ensure confirmation of the 'sign-off status' of all your Welsh	The LTA was agreed and signed by both parties for 2025/26 and 2026/27. The 2025/26 dispute arose where ABUHB manually adjusted reported inpatient activity and deducted from the

	SLA/LTAs, is provided in the Month 1 narrative. (c/f Action Point 11.1)	LTA payment value. As a consequence, CTMUHB was put in a position where we had to raise a separate invoice to recover the appropriate income as per the agreed LTA and established recording and reporting principles. ABUHB has previously insisted that the LTA should continue to operate on its long established basis and that there is no interest in modernising this approach. The LTA for 26/27 has been signed and agreed, the reporting of activity by CTM remains unchanged and in line with historic reporting principles. CTMUHB remains committed to working within this agreed framework.
	Table M– Aged Debtors	
	Noting the two outstanding C&V ULHB invoices listed in Table M, alongside the c£7.7m of invoices in the 0-10 weeks category, organisations are reminded that all invoices (raised in 2025/26) that are 'Agreed' or 'Agreed for Accounting Purposes' must be paid or cancelled in full within 4 weeks of the AOB exercise date; or sooner, if the invoice reaches the 17-week deadline during that timeframe. The 4-week deadline has been set as the 19 May 2026.	Noted
	Main M12 Response Letter – Other Comments	
	The c/f underlying deficit position of £9.2m remains a significant concern as this reflects a £10.9m deterioration from the planned	The HB recognises that the underlying deficit has deteriorated from the planned

	£1.7m surplus. Our expectation was for organisations to mitigate the shortfall in ENIC funding on a recurrent basis during the year. The organisation was not successful in demonstrated the validity of the 24/25 pay award funding requirements, and therefore the asserted impact on the underlying position is not recognised. With regards to the recurrent impact of Bands 2/3, this is considered a local issue requiring either workforce amendments or recurrent alternative financial mitigation in the coming year. Overall, whilst the 2026/27 IMTP presents a positive balanced position, recurrent underlying sustainability must be addressed.	£1.7m surplus to the reported £9.2m deficit. Our approved IMTP and 2025/26 Financial Plan included some key assumptions being: • ENIC would be fully funded by WG £14.8m • The 24/25 pay award funding would be £50.1m provider funding. This compares to funding in 24/25 of £53.8m of which £3.6m was non recurrent 23/24 backdating. These assumptions were supporting the £1.7m assessed underlying surplus. Therefore any changes to those assumptions would have an impact upon the underlying assessment, hence the £3.8m deterioration. The subsequent Band 2/3 framework agreement further deteriorated the position by £2.1m. The remaining £7.7m deterioration in savings delivery and operating variances have been partly mitigated by changes to our investment plan of £2.7m leaving £5m of local deterioration.

		The 2026/27 IMTP and financial plan has addressed this underlying deficit with a plan to deliver a £0.3m underlying surplus, and therefore recurrent underlying sustainability has been addressed in the 2026/27 plan.

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)	-9,200	0	-9,200	-9,200
2	Cost Pressures (Negative Value)	-43,000	0	-43,000	-43,500
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,110	0	20,110	20,930
4	Other Income Uplift / (Reduction)	800	0	800	800
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	11,841	1,025	10,816	12,602
7	Planned (Finalised) Net Income Generation	114	5	109	109
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	19,335	776	18,559	18,559
12	Opening IMTP / Annual Operating Plan	0	1,806	-1,806	300
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-19,335	-776	-18,559	-18,559
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	84	84		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
17	Additional In Year Identified Savings - Forecast	0	0	0	0
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-284	-284	0	0
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	1,128	1,128	0	0
22	Unplanned Cost Pressures	-268	-268	0	0
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	16,731	0	16,731	18,543
25	Other	0	0	0	0
26	DHCW - EPMA Non recurrent income	1,944	1,944	0	0
27		0	0		
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	3,634	-3,634	284

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-9,200
2	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-43,000
3	1,676	1,676	1,676	1,676	1,676	1,675	1,676	1,676	1,676	1,676	1,676	1,675	1,676	20,110
4	66	67	67	66	67	67	66	67	67	66	67	67	66	800
5												0	0	0
6	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	350	11,841
7	0	2	12	4	5	5	13	14	16	14	14	15	0	114
8													0	0
9													0	0
10													0	0
11	2,257	2,010	1,457	1,632	1,470	1,509	1,461	1,519	1,475	1,501	1,549	1,495	2,257	19,335
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,257	-2,010	-1,457	-1,632	-1,470	-1,509	-1,461	-1,519	-1,475	-1,501	-1,549	-1,495	-2,257	-19,335
14	84												84	84
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	9	475	-240	-65	-227	-188	-236	-178	-222	-196	-148	1,216	9	0
19	-284												-284	-284
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	1,128	0	0	0	0	0	0	0	0	0	0	0	1,128	1,128
22	-268	0	0	0	0	0	0	0	0	0	0	0	-268	-268
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	1,373	1,535	1,535	1,535	1,535	1,535	1,535	1,535	1,535	1,535	1,543	0	16,731
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	162	162	162	162	162	162	162	162	162	162	162	162	162	1,944
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	-1,426	0	0	0	0	0	0	0	0	0	0	1,426	-1,426	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare	Tbc	Medium
2	Out of Area Mental Health Placements		
3	Primary Care Drugs	Tbc	Medium
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk	(2,000)	Medium
6	Joint Commissioning Committee - Contract Performance		
7	Risk of the 2026/27 pay award not being fully funded	Tbc	Medium
8	Risk of the Resident Dr Contract changes not being fully funded	Tbc	Medium
9	WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	(18,400)	Low
10	DPIF Funding Risks on committed expenditure	Tbc	Medium
11	Delegated Risk Assessment of demand & cost pressures	(8,200)	High
12	Delegated Risk Assessment of demand & cost pressures	(3,000)	Medium
13	Health Visitor Dispute	(800)	Medium
14	LTA Disputes	Tbc	High
15	Plannced Care Target Pressures	Tbc	Medium
16	Pay & Employment Disputes	Tbc	Medium
17			
18	Benefits Assumed in the Forecast Outturn at Risk (Negative Values):		
19	Under delivery of Amber Schemes included in Outturn via Tracker	(1,577)	Medium
20	Non Delivery of Planned Mitigations Yet To Be Finalised		
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised	(16,700)	Medium
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back		
24			
25			
26			
27	Total Risks	(50,677)	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28	Balance Sheet Opportunities - Accountancy Gains	Tbc	High
29	Retrospective VAT Recovery	Tbc	Medium
30	NWSSP Distributions	Tbc	Medium
31			
32			
33			
34			
35	Total Further Opportunities	0	
36	Current Reported Forecast Outturn	0	
37	Worst Case Outturn Scenario	(50,677)	
38	Best Case Outturn Scenario (Opportunities Only)	0	

Table C2 Summary

	£'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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	350	11,841	1,025	10,816	1,786	12,602
	Month 1 - Actual/Forecast	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	350	11,841	1,025	10,816	1,786	12,602
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	350	11,841	1,025	10,816	1,786	12,602
	Total Actual/Forecast	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	350	11,841	1,025	10,816	1,786	12,602
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	0	2	12	4	5	5	13	14	16	14	14	15	0	114	5	109	0	109
	Month 1 - Actual/Forecast	0	2	12	4	5	5	13	14	16	14	14	15	0	114	5	109	0	109
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	2	12	4	5	5	13	14	16	14	14	15	0	114	5	109	0	109
	Total Actual/Forecast	0	2	12	4	5	5	13	14	16	14	14	15	0	114	5	109	0	109
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	350	597	1,151	975	1,137	1,100	1,146	1,088	1,123	1,106	1,058	1,114	350	11,955	1,030	10,925	1,786	12,711
	Month 1 - Actual/Forecast	350	597	1,151	975	1,137	1,100	1,146	1,088	1,123	1,106	1,058	1,114	350	11,955	1,030	10,925	1,786	12,711
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	350	597	1,151	975	1,137	1,100	1,146	1,088	1,123	1,106	1,058	1,114	350	11,955	1,030	10,925	1,786	12,711
	Total Actual/Forecast	350	597	1,151	975	1,137	1,100	1,146	1,088	1,123	1,106	1,058	1,114	350	11,955	1,030	10,925	1,786	12,711
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pw)	Cash-Releasing Saving (Non Pw)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	198	0	198	0	0
Scheduled Care	840	738	382	1,960	0	0
Unscheduled Care	994	153	259	1,406	0	0
Mental Health	351	337	348	1,036	0	0
Community Services	0	65	504	569	0	0
Primary Care	0	0	0	0	0	0
Commissioned Services - CHC	0	0	0	0	0	0
Commissioned Services - Specialised Services	0	0	0	0	0	0
Other Commissioned Services	0	100	0	100	0	0
Clinical Support	68	5,360	350	5,778	54	0
Non Clinical Support	45	225	0	270	55	0
Executive / Corporate Areas	140	324	60	524	5	0
Total	2,438	7,500	1,903	11,841	114	0

[illegible]

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – MAY 2026

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31st May 2026.

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 2026/27

The Financial plan submitted to WG at the end of March 2026 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2026	9.2	0	9.2
Income changes	(20.9)	0.8	(20.0)
Cost Pressures & Commitments	42.7	(0.5)	42.2
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	(0.3)	0.3	(0.0)

The Financial plan also identified a net risk to the planned break-even position of £38.6m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2026-27 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0
Month 2	3.8	5.2	0.0

The M2 position is reporting a £3.8m deficit. The key components of the YTD position and the year-end forecast as reported in table A are summarised below:

	M2 YTD	M2 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	0	0	(0.3)
Savings Shortfall	3.3	16.8	16.5
Phasing adjustments	1.0	0	0
Operational Variances	1.2	1.2	0
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(0.3)	(1.9)	0
Accountancy Gains	0	0	0
Other Mitigating Actions	0	(16.1)	(16.5)
Grand Total	5.2	0	(0.3)

The main driver for the overspend in M2 is the £4.4 shortfall in savings delivery compared to the straight-line savings target of £5.2m per month.

At M2 the Green and Amber Savings plan forecast has improved by £2.4m from the £12.0m included in M1 to the current forecast of £14.4m.

It is important to note that the internal reporting of the financial position and forecast within CTMUHB does not align to the methodology of the WG monitoring return table A and Table B requirements. As we continue to phase the savings plan equally each month for internal reporting.

The internal CTM finance reports are reporting:

	M2 YTD	M2 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	0	0	(0.3)
Savings Shortfall	4.4	16.8	16.5
Phasing adjustments	0	0	0
Operational Variances	1.2	1.2	0
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(0.3)	(1.9)	0
Accountancy Gains	0	0	0
Other Mitigating Actions	0	(16.1)	(16.5)
Grand Total	5.2	0	(0.3)

During M2, the previous favourable operating variances have deteriorated by £1.9m to a net adverse operating variance of £1.1m. This deterioration

is mainly (£0.9m) attributed to an error identified in the reporting of medical ADH sessions since the implementation of a new Medical & Dental system in March 2026. The impact of this error has resulted in £0.3m prior year expenditure being recognised in M2, £0.3m of April expenditure being recognised in M2 along with correct expenditure in M2. M2 has also reported a deterioration in Contracting Income from other HBs of £0.5m following lower than anticipated activity for Swansea Bay UHB together with an increase in the Clinical Negligence provision for the Welsh Risk Pool of £0.5m.

The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that funding will be provided by DHCW for 2026/27 of £1.9m. As at M2, the YTD position includes £0.3m benefit of this funding.

A combination of identified and yet to be identified mitigating actions of £16.1m are still to be implemented to achieve a balanced financial plan.

Savings Shortfall:	M2 YTD	M2 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Variance v £29.4m Delegated target	4.5	17.6	17.3
Variance v £1.9m Non delegated target – CAT M savings	(0.1)	(0.7)	(0.7)
Grand Total	4.4	16.9	16.6

The year to date savings shortfall of £4.4m is the main driver along with the adverse operational variance compared to plan of £0.7m.

- Further details of the remaining risks and opportunities to the M2 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)

	May			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M2 £'000	M1 £'000	Movement £'000
RRL	129,975	130,134	(159)	1,567,157	1,561,426	5,731
Donation/Grants	0	0	0	0	0	0
Welsh HBs & NHST	5,476	6,111	(635)	72,790	73,425	(635)
NHSWJCC	1,334	1,169	165	15,256	14,091	1,165
WG Income	151	0	151	190	39	151
Other Income	4,975	4,399	576	55,214	52,638	2,576
Income Total	141,911	141,813	98	1,710,607	1,701,619	8,988
PC Contractor	14,938	15,069	(131)	182,089	180,558	1,531
PC - Drugs	9,754	8,903	851	107,634	106,783	851
Pay	67,147	64,528	2,619	784,965	775,084	9,881
Non Pay	9,760	10,015	(255)	115,868	119,693	(3,825)
SC - Drugs	4,577	5,059	(482)	60,576	60,678	(102)
H/C Other NHS	25,956	25,880	76	311,668	310,836	832
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	7,722	7,457	265	85,403	89,138	(3,735)
Private & Vol	896	559	337	7,406	7,069	337
Joint & Other	1,353	1,601	(248)	19,188	18,996	192
Losses, Spec Payments	645	218	427	3,000	2,573	427
DEL	2,948	2,514	434	32,773	30,173	2,600
AME	10	10	0	122	122	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(1)	0	(1)	(85)	(84)	(1)
Cost - Total	145,705	141,813	3,892	1,710,607	1,701,619	8,988

Actual expenditure for M2 was £3.9m (2.7%) more than the £141.8m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **NHS Income - £635k Adverse** – Deterioration in LTA income due to lower patient numbers being treated, of which £400k relates to SBUHB and £200k relates to ABUHB
- **Other Income - £576k Favourable** – During M2, which included increases in the following areas:
 - Injury Recovery Scheme £100k
 - Primary Care Prescribing £800k - Corresponding increase in costs are reported in Primary Care Drugs and Appliances.
 - Local authority income for Health Visitors/Flying Start has reduced due to the ongoing strike.

- **Primary Care Drugs & Appliances - £851k Adverse** – M2 has reported an Increase in costs of £800k, which is offset by the corresponding income reported in Other Income above.
- **Provider Pay - £2,619k Adverse** – The Overall pay expenditure is £2.5m higher than M1. This can be explained as:
 - £0.6m of Easter enhancements.
 - £0.9m of Medical ADH reporting error correction
 - £0.2m increased Medical agency
 - £0.3m increased WLI
 - £0.1m increased overtime.
 - £0.3m Unscheduled Care surge capacity

The year-end forecast expenditure at M2 has increased by £9.0m to £1,711m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M2 are as follows:

- **JCC Income - £1,165k Favourable** – Revised forecast following M2 actual and plans.
- **Other Income - £2,576k Favourable** – Revised forecast following M2 actual and plans, including injury recovery scheme and Primary Care prescribing identified above.
- **Primary Care Contractors - £1,531k Adverse** – Revised forecast following M2 actual and plans. This includes £1.7m additional spend relating to new allocations for GP IM&T Refresh Programme & PADMS.
- **Provider Pay - £9,881k Adverse** – Revised forecast following M2 actual and plans.
- **Provider Non Pay - £3,825k Favourable** – Revised forecast following M2 actual and plans.
- **Healthcare NHS - £832k Adverse** – Revised forecast following M2 actual and plans. This includes £0.8m of increased spend relating to additional allocations.
- **Continuing Care & Funded Nursing Care - £3,735k Favourable** – Revised forecast following M2 actual and plans.

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:

- Provider Pay – Reflects impact of increased enhancements for Bank Holidays throughout the year based on pay timetables.
- Primary Care Prescribing profiles will be updated following receipt of the March 26 PAR reports.
- Primary Care Contractor M12 reflects impact of GP IM&T Refresh Programme

- Continuing Care & Funded Nursing Care anticipated Accountancy gains reflected in M4 of £4.0m.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

- **Provider Services Pay - £800k favourable** – The provider pay position for M2 continues to report improvements against the Adjusted plan. However the level of unachieved savings for pay are significant at £2.4m less than our original plans with almost £8m of mitigating actions now required.
- **Continuing Care & Funded Nursing Care - £436k adverse**– The CHC/FNC position for M2 was worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in cases reported since M1.
- **Losses, Special payments & Irrecoverable debts - £372k Adverse** – The Position for M2 was worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in clinical negligence cases.

There were no other material variances in M2 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further adverse variance of £783k was reported in M2 relating to under achievement of Income. Please note comments above, where Local authority income for Health Visitors/Flying Start has reduced due to the ongoing strike.

M1 & M2 show errors at the foot of the table. These are the result of an agreed change to M1 reporting, and the net M1-2 value reported in M2. Various discussions have taken place between CTM and Welsh Government Health, Care & Protection, to agree the required approach and reporting requirements. Upon this advice, the tables should now be presented in the required format.

1.5 Pay Expenditure (Table B3)

The M2 Pay expenditure was £69.4m and the monthly trend is summarised below.

	M2	M1	Q4* Average	Q3* Average	Q2* Average	Q1* Average
	£'m	£'m	£'m	£'m	£'m	£'m
A&C	9.2	9.1	9.0	8.8	8.7	8.7
Medical	18.5	17.3	18.2	18.4	17.8	17.6
Nursing	21.3	20.6	21.0	20.4	20.2	20.2
ACS	8.9	8.5	8.6	8.3	8.4	8.2
Other	11.5	11.4	11.2	10.9	11.1	10.8
Total	69.4	66.9	67.9	66.8	65.9	65.7

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods and excludes the M12 central pension and band 2/3 framework adjustments.*

The Key issues to highlight are as follows:

- The Overall pay expenditure is reporting £69.4m, Which is £2.5m higher than M1. This can be explained as:
 - £0.6m of Easter enhancements.
 - £0.9m of Medical ADH reporting error correction
 - £0.2m increased Medical agency
 - £0.3m increased WLI
 - £0.1m increased overtime.
 - £0.3m Unscheduled Care surge capacity
- Medical is reporting a £1.2m deterioration compared to the M1. This is mainly attributed to the reporting issue of £0.9m relating to the error identified on Medical & Dental bank system.

The M2 agency expenditure was £1.8m and the monthly trend (excluding accountancy gains) is summarised below:

	M2	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.9	0.6	0.9	0.9	0.6	0.8
Nursing	0.8	0.8	0.9	1.0	1.3	1.3
Other	0.1	0.1	0.3	0.1	0.3	0.4
Total	1.8	1.5	2.1	2.1	2.2	2.5

The Key issues to highlight are as follows:

- Medical agency rates have deteriorated in M02 by £0.3m when compared to the M1, and have returned to the Q4 average.

- Nurse and Other Agency costs have remained consistent with M1, which remains lower than the Q4 average.

As per the 2026-27 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	Month 2
30% reduction in 26/27 agency expenditure compared to 2025/26.	M2 2026/27 YTD £3.3m 2025/26 YTD £5.0m 33.7% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30 th September 26	M2 2026/27 actual expenditure was £83k. 2025/26 average expenditure £182k per month.

The M2 variable pay expenditure was £5.9m and the monthly trend (excluding accountancy gains) is summarised below.

	M2	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.4	1.5	1.9	2.1	1.9	1.9
Nursing	1.4	1.1	1.4	1.1	1.1	1.0
ACS	1.5	1.3	1.5	1.4	1.5	1.4
Other	0.6	0.7	0.7	0.7	0.7	0.7
Total	5.9	4.6	5.5	5.2	5.2	5.0

The Key issues to highlight are as follows:

- Nursing Bank & Overtime increased by £0.3m in M2 compared with M1, and returned to Q4 levels. This is mainly attributed to increased overtime.
- Additional Clinical Services deteriorated by £0.2m Compared to M1, returning to Q4 levels. This is mainly attributed to increased bank.
- Medical Staff ADH & WLI expenditure has deteriorated by £0.9m, due to the new system implementation resulting in M12 & M1 shifts not being counted correctly. £0.6m relates to retrospective shifts in the new system, and £0.3m relates to the current month.

1.6 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
IMTP – Demand & Cost Pressures	3.5	3.1	0.4	3.5	0
IMTP – Non Recurrent Plans	0.5	0	0.5	0.5	0
Local Planned Care Reserve	1.4	1.4	0	1.4	0
Total	5.4	4.5	0.9	5.4	0

As at M2 there are £5.4m of committed reserves held for actual and anticipated cost pressures. As at M2 there are £0.9m of pending plans. It is anticipated that these plans will be fully committed by year end.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2025/26 plans for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27.

	£m
Forecast In year position 26/27	0
Balance sheet write backs	0
Other non recurrent costs/income loss in 26/27	(1.9)
Other non recurrent benefits in 26/27	1.6
Forecast Recurrent position at the end of 26/27	(0.3)

As at M2 we are reporting a forecast Underlying surplus at the end of 2026/27 of £(0.3)m. This is consistent with the IMTP submitted on the 31st of March 2026 and will be reviewed at the end of Q1.

Underlying Position	2026/27 Forecast	Recurrent	Movement
	£m	£'m	£'m
Initial Financial Plan	0	(0.3)	(0.3)
Savings Variances	19.3	18.6	(0.7)
Operational Variances	(0.7)	0	0.7
Financial Plan Variances	0	0	0
Additional Financial Allocations	(1.9)	0	1.9
Accountancy Gains	0	0	0
Mitigating Actions	(16.7)	(18.5)	(1.8)
Grand Total	(0)	(0.3)	(0.3)

3. Risk Management (Table A2)

The key financial risks and opportunities for 2026/27 are noted in Table A2 and are summarised below:

	Month 2 £m	Month 1 £m	Comment
Funding risks:			
Risk of the 2026/27 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 26/27.
HMRC Travel Allowance change April 2026	0.5	0	
Risk of the Resident Dr Contract changes not being fully funded	1.3	Tbc	
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	18.4	18.4	
DPIF Funding Risks on committed expenditure	Tbc	Tbc	
Other risks:			
Delivery Risk on Identified Savings Plans	1.7	1.6	Table C3
Delivery Risk on Savings plans yet to be identified	16.9	16.7	
Delegated Risk Assessments – High Risk	8.2	8.2	
Delegated Risk Assessments – Medium Risk	3.0	3.0	
Health Visitors Band 6 Dispute	0.8	0.8	
NWJCC Plans not delivering	2.0	2.0	
LTA Disputes	Tbc	Tbc	
Planned Care target pressures	Tbc	Tbc	
Pay & Employment disputes	Tbc	Tbc	
Primary Care Prescribing Price/Growth above plan	Tbc	Tbc	
Primary Care Prescribing NCSO	1.0	Tbc	NCSO continues
CHC Growth above Plan	Tbc	Tbc	
Energy Forecast	0.5	0	NWSSP Energy Forecast
Total Risks	54.3	50.7	
Opportunities			
Balance sheet opportunities in 26/27	Tbc	Tbc	
Retrospective VAT recoveries	Tbc	Tbc	
NWSSP Distribution Opportunities	Tbc	Tbc	
Total opportunities	(Tbc)	(Tbc)	
Net risk	54.3	50.7	

4. Ring Fenced Allocations (Tables M, N & O)

Tables M & N will be completed Quarterly from M3

Table O will be completed monthly from M3 onwards.

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 2026/27 includes a £31.3m recurring savings target.

	Month 2			Month 1		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M2	5.2	31.3	31.3	2.6	31.3	31.3
Actual and Forecast Savings	(0.8)	(14.4)	(14.7)	(0.4)	(12.0)	(12.7)
Total	4.4	16.9	16.6	2.2	19.3	18.6

Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £16.9m In year and £16.6m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M2 £'m	YTD £'m	26/27 £'m	Rec £'m
Savings	11.8	0.4	0.8	14.2	14.5
Income Generation	0.1	0.0	0.0	0.2	0.2
To be identified	19.3	0.0	0.0	16.9	16.6
Total Savings	31.3	0.4	0.8	31.3	31.3
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

8. Income Assumptions 2026-267 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M2 position. The table below summaries the more material items:

Description	M2	Comments
	£k	
NWSSP Risk Pool	(5,264)	
AHW – Prevention & Early years	934	
Substance Misuse	4,130	
Funding Short breaks For Carers - RIF	196	
Advocacy Funding	353	
NDIP	639	
Clinical Excellence Awards	60	
3.25% Pay Award - Executives	76	
2026/27 Pay Award	21,863	
Discovering a digital Solution to Achieve a Single Clinical Record	992	
Robot	88	
Womens Health Hubs	200	
CHC Direct Payments	103	
All Wales Diabetes Prevention programme	100	
PLanned Care Transformation – Optometry Community Pathways	98	
ESR Recharges	1,540	
A2A Sanctuary	152	
ESMCP Resources/CRS/MDVS/ARRP	332	
GMS Disp Doctors/PADMS & List Size Funding	367	
GP IM&T Refresh Programme	1,352	
Immunisation Funding - Varicella	460	
Integration and Rebalancing Capital Fund (IRCF)	450	
Marmot Nation - LA Funding	66	
Neighbourhood District Nursing	126	
Traumatic Stress Wales	233	I2S Decarb Project correction
I2S Decarb Project correction	38	I2S Decarb Project correction
Removal of IFRS 16 leases	(2,640)	
Donated Asset depreciation	122	
Total Anticipated Allocations	25,447	

9. Health Care agreements

Following agreement of the financial values for the 2026/27 LTAs, Documents for the 2026/27 LTAs have been submitted to all providers and commissioners for signature.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
C&V UHB	Documentation submitted awaiting return of signed document.	Documentation submitted awaiting return of signed document.
HDda UHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
Powys TUHB	Documentation submitted awaiting return of signed document.	Documentation submitted awaiting return of signed document.
SBUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
JCC	Awaiting revised documentation.	ICP approved at JCC.
Velindre NHST	Not Applicable	Documentation Signed by Both Organisations
PHW	Awaiting documentation.	Not Applicable

JCC – As at M2 we are awaiting revised documentation where the deduction of 2% from the LTA as “efficiency” is correctly allocated to service lines. There is no formal dispute with this LTA.

PHW – As at M2, we are still awaiting documentation. There is no formal dispute with this LTA.

CTMUHB is working to arrange the signing of all LTA documents as soon as possible.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, L)

10.1 Significant month on month balance sheet movements

Table F will be completed monthly from M3 onwards.

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 at the end of M2, 3 for Velindre NHS Trust and 1 for Aneurin Bevan ULHB. We do not anticipate any issues with the invoices being paid, as they have been agreed through the Agreement of Balances process and are being followed up through usual debtor procedures.

11. Cash Flow Forecast (Table G)

The cash position as at M2 was a surplus of £10.7m (£2.4m revenue and £8.3m capital). The capital drawdown was anticipated to be required in May but due to timing a number of payments did not go out before month end. This value will be brought down in line with the target position in June.

At this point there is no expected drawdown of working balances or strategic cash.

12. Public Sector Payment Compliance (Table H)

Table H will be completed quarterly from M3 onwards.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M2 CRL is £139.589m, issued on the 11th May 2026. As at M2, £9.976m 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.

Scheme	Risk	Explanation
PCH GFF Phase 2	Medium – In year underspend	Forecasting an underspend on this scheme as it comes to completion in October 2026. As agreed with WG we will return CRL at the end of June 2026.
REFIT Decarbonisation Scheme	Medium – in year underspend	There is a risk that this scheme will have slippage into 2728. Updated cashflow information has been requested to give a clearer picture of this slippage.
TEF – IPC	Medium – in year underspend	Due to the delay in commencing the work on the negative pressure isolation

		room in POW it is likely that £1m will slip into 2728 from this year.
BHWC	Medium – in year underspend	Scheme completes in July 2026 and is forecasting to underspend by circa £0.5m due to remaining contingency not required.

14. IFRS 16 and CAME (Table P)

Table P will be completed monthly from M3 onwards.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M2 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.

For 2026/27 the deputies who have been approved to sign off the Monthly Monitoring Return in the absence of the Director of Finance and/or Chief Executive are:

- Andrew Jones, Acting Deputy Director of Finance.
- Gethin Hughes, Deputy Chief Executive/Chief Operating Officer.
- Hywel Daniel, Deputy Chief Executive/Executive Director of People.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 11 June 2026

Action Points arising from Month 1 Response

Action Point	WG Comment	CTM Response
	Movement of Opening Financial Plan to Forecast Outturn (Table A)	
1.1	The forecast balanced position is currently supported by a significant level of unidentified savings/mitigations totalling £16.731m. As directed via the 2026/27 WHC (2026 022), a firm deadline has been set of the 30 June 2026 (end of Quarter One) for all savings that were assumed in the IMTP/AOP, to meet the required Green/Amber classification. For those schemes still classified as Amber at that point, the schemes must be converted to Green within 3-months of the entry being made into the template (Table C3), with the final deadline being 30 September 2026. (Action Point 1.1)	Noted
1.2	Throughout the submission the <u>Planned</u> mitigations gap has been incorrectly shown on the 'Unplanned' lines (Table B2, feeding into Table B and Risks Table A2). Please correct this in all the tables before the Month 2 submission. (Action Point 1.2)	Noted
1.3	The submission shows that the original planned savings are being partly mitigated by unplanned ePMA income from DHCW totalling £1.944m. Please record this income benefit on Line 19 of Table A, instead of a free text line; and ensure the narrative includes a section to describe any items being recorded on line 19 during the year. (Action Point 1.3)	Noted
1.4	It is noted there are unplanned spend reductions reported in Month 1 only (mainly in Non-pay), the narrative confirms further analysis is being undertaken to determine if this improvement can be converted into ongoing savings and offset mitigating actions as part of the balanced financial plan. We will look to the Month 2 return for	Noted

	confirmation on the outcome of this review. Please be reminded that the narrative must provide sufficient information to understand what is driving the spend reduction – references to ‘Non-pay’, is not detailed enough. (Action Point 1.4)	
	Risks and Opportunities (Table A2)	
1.5a	Please explain the methodology behind reporting a £2.0m risk lined to the JCC outturn noting that, at Month 1, JCC is not reporting a material forecast deficit and it is not currently reporting any risks. Is this CTM’s own assessment of what it believes JCC will outturn at, and that this will be CTM’s share of the deficit? Action Point 1.5a)	We are aware of a dispute between JCC & C&V which may result in a risk materialising.
1.5b	There are two material risks (High £8.2m and Medium £3.0m) described as ‘Delegated Risk Assessment of demand & cost pressures’. Given these pressures have not materialised at Month 1 and there were spend reductions of c£1.1m at Month 1; and noting all the other risks being reported in Table A2 (both quantified and not quantified) the values appear overly prudent. (Action Point 1.5b)	Risks will continue to be monitored.
1.5c	As there should be no Welsh LTAs disputes at the time of the next submission, we would be expecting this unquantified risk to be removed. (Action Point 1.5c)	Despite having signed LTA’s, 25/26 final agreement of balances give rise to a technical dispute on activity counts with ABUHB. It is likely this position will reoccur in M12.
1.5d	With regards to the unquantified opportunity for the NWSSP savings, please clarify if this expectation is additional to the annual baseline requirement that NWSSP are due to delivery and that will be shared with the Health Boards. (Action Point 1.5d)	In 2025/26 NWSSP distributed £0.6m to CTM as NR benefit. This is not included in our plan and any distribution would generate an opportunity.

	Monthly Positions (Table B)	
1.6	it is noted that all future month expenditure profiles have been completed on a straightline basis. Based on historical expenditure trends this appears unrealistic; we trust expenditure profiles will be refined at Month 2. (Action Point 1.6)	Profiles have been revised at M2 and will continue to be updated on a monthly basis.
1.7	The Revenue Resource Limit at Month 1 is under phased by c.£2.200m, with the profile of February and March being increased accordingly to offset. The spend profile in the SoCNE however, provides no indication that there is a need to move RRL from Month 1 to Months 11 and 12. This adjustment is indicating that that the Month 1 deficit was overstated. Please review your profile next month and if RRL is being delayed into future months, then please clarify the key areas where spend is occurring in a future month only. (Action Point 1.7)	Noted.
	Movements from Opening Expenditure Plan (Table B2)	
1.8	As displayed in the below Table, the expenditure amounts reported on the 'Annual Plan (adjusted for finalised savings identified at Month 1 - Positive Value)' lines do not fully agree to the MDS. The only accepted changes relate to movements between categories linked to the further identification of savings since the MDS. Please review and update Table B2 (retrospective adjustments should be in Month 2-12 only), to ensure the Annual Plan lines reflect the <u>latest</u> MDS. (Action Point 1.8)	Noted – Discussions have been held with Gary of WG Health, Care & Prevention
1.9	To remove the error highlighted on line 181, please include the additional savings requirement (reduction in income generation since	Noted

	MDS) of £0.055m on the applicable 'Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)' line(s) of Table B2. This should not cause any issues explaining movements from the Plan as the SoCNE would also take into consideration the additional savings requirement (i.e. reduction in spend). (Action Point 1.9)	
	Pay, Agency and Variable Pay (Table B3)	
1.10	It is unclear how the recurrent (not the back dated element that was provided for last year) Band 2/3 payments, when they are made this year, have been reflected in the ACS spend profile, as it has been equally phased. Unless the Health Board has included accruals from April onwards in the current profile to smooth the impact, we would expect a spike in the profile when this is processed through the payroll e.g. if processed in July, then April to July will be paid and future months will be impacted accordingly. This may only be a few hundred thousand each month going forward, but it is another area of the current profile not being realistic. (Action Point 1.10)	Noted – Profile has been updated
1.11	Whilst the improvements re the 30% reduction are acknowledged, the Agency profile, which is equally phased all year, does not appear to reflect the enabler to reduce spend to zero by September 26 for Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff. (Action Point 1.11)	Whilst it remains the objective to achieve the reduction required, there is limited confidence in this being achieved in 2026/27 and the forecast reflects this.
	Tracker (Table C3)	
1.12	Please review the FYE value of the recurring savings schemes. For example, scheme MM23 commences during the year, yet the FYE value is only £2k higher than the inyear delivery. (Action Point 1.12)	Noted

	Income and Expenditure Assumptions (Table D)	
1.13	The narrative references Welsh NHS LTA disputes with JCC and PHWT, however the Month 1 income and expenditure reconciliation reported that all income/expenditure assumption values were consistent. Also, it is disappointing to note that there were other SLA/LTAs that, whilst not in dispute, were not signed by the deadline. All 2026/27 Welsh NHS SLA/LTAs should have been signed off, <u>by both parties</u>, by the WHC deadline of the <u>14 May 26</u>. A document signed by one party, does not meet the requirements. Please provide confirmation before the end of May 2026, via email to the NHSFM mailbox, that the Health Board now holds signed documentation, by both parties, for all NHS Wales SLA/LTAs. If CTM remains in dispute, then, before the end of May 2026, submit the arbitration case to the NHSFM mailbox; however, as this will be outside of the formal process this may not be accepted and an arbitrary ruling issued. (Action Point 1.13)	See section 9
	Resource Limits (Table E)	
1.14	Please enter the WRP contribution value on the designated line (15) of Table E. (Action Point 1.14)	Noted
	Debtors Schedule (Table L)	
1.15	It is pleasing to note there are no outstanding invoices over 11 weeks old. Organisations are being reminded that, <u>all</u> invoices (raised in 2025/26) that are 'Agreed' or 'Agreed for Accounting Purposes' must	All invoices agreed at AoB have now been paid.

	be paid or cancelled in full within 4 weeks of the AOB exercise date; or sooner, if the invoice reaches the 17-week deadline during that timeframe. The 4-week deadline was set as the 19 May 2026 and we will look to the Month 2 return for confirmation that this deadline was met and that you have no NHS invoices outstanding that were raised before 1 April 2026. (Action Point 1.15)	
	Pre – Monitoring Return Meeting	
1.16	There is an opportunity for CTM Finance colleagues to meet with the NHSFM Team to discuss the draft MMR template each month, to address completion issues early, before the final submission to WG. This opportunity has been taken up by a few Health Boards and there is evidence that this approach improves the quality of the submission and reduces the number of letter points. We would encourage CTM Finance colleagues to arrange these meetings with Gary Young, from Month 2. (Action Point 1.16)	We have engaged with Gary on multiple occasions, to allow us to improve the MMR reporting ahead of the M2 submission. We will continue to liaise with Gary moving forward where we have issues or queries, so that we may get them resolved ahead of submission.

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)	-9,200	0	-9,200	-9,200
2	Cost Pressures (Negative Value)	-43,000	0	-43,000	-43,500
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,110	0	20,110	20,930
4	Other Income Uplift / (Reduction)	800	0	800	800
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	11,841	1,025	10,816	12,602
7	Planned (Finalised) Net Income Generation	114	5	109	109
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	19,335	828	18,507	18,559
12	Opening IMTP / Annual Operating Plan	0	1,858	-1,858	300
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-19,335	-828	-18,507	-18,559
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	84	84		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	86	0	86	86
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-193	-9	-184	14
17	Additional In Year Identified Savings - Forecast	2,593	1,199	1,394	1,909
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	837	837	0	0
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	1,808	1,808	0	0
22	Unplanned Cost Pressures	-1,983	-1,983	0	0
23	Planned Mitigations Yet To Be Finalised	16,103	1,026	15,077	16,533
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	DHCW - EPMA Non recurrent income	0	0		
27		0	0		
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	3,992	-3,992	284

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-767	-767	-1,533	-9,200
2	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-7,166	-43,000
3	1,676	1,676	1,676	1,676	1,676	1,675	1,676	1,676	1,676	1,676	1,676	1,675	3,352	20,110
4	66	67	67	66	67	67	66	67	67	66	67	67	133	800
5	0	1,017	-146	20	-139	-102	-150	-93	-134	-110	-62	-101	1,017	0
6	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	945	11,841
7	0	2	12	4	5	5	13	14	16	14	14	15	2	114
8													0	0
9													0	0
10													0	0
11	2,257	993	1,603	1,612	1,609	1,611	1,611	1,612	1,609	1,611	1,611	1,596	3,250	19,335
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,257	-993	-1,603	-1,612	-1,609	-1,611	-1,611	-1,612	-1,609	-1,611	-1,611	-1,596	-3,250	-19,335
14	84												84	84
15	0	15	7	7	7	7	7	7	7	8	7	7	15	86
16	0	-171	40	15	-23	-22	-28	-11	-2	8	0	1	-171	-193
17	0	76	205	119	164	226	303	269	270	321	318	322	76	2,593
18	9	-1,025	-717	-5,177	-384	-383	589	1,142	1,142	1,142	1,640	2,022	-1,016	0
19	-284	-499	162	162	162	162	162	162	162	162	162	162	-783	837
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	1,128	680	0	0	0	0	0	0	0	0	0	0	1,808	1,808
22	-268	-1,715	0	0	0	0	0	0	0	0	0	0	-1,983	-1,983
23	0	0	997	5,130	1,197	1,335	1,137	1,382	1,369	1,309	1,123	1,124	0	16,103
24	0	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	0
26	162	-162	0	0	0	0	0	0	0	0	0	0	0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	-1,426	-3,794	-909	-1,356	-486	-286	559	1,339	1,339	1,339	1,639	2,042	-5,220	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare	Tbc	Medium
2	Out of Area Mental Health Placements		
3	Primary Care Drugs	Tbc	Medium
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk	(2,000)	Medium
6	Joint Commissioning Committee - Contract Performance		
7	Primary Care Prescribing NCSO	(1,000)	Medium
8	Energy Forecast	(500)	High
9			
10	DPIF Funding Risks on committed expenditure	Tbc	Medium
11	Delegated Risk Assessment of demand & cost pressures	(8,200)	High
12	Delegated Risk Assessment of demand & cost pressures	(3,000)	Medium
13	Health Visitor Dispute	(800)	Medium
14	LTA Disputes	Tbc	High
15	Plannced Care Target Pressures	Tbc	Medium
16	Pay & Employment Disputes	Tbc	Medium
17	HMRC Travel Allowance	(500)	High
18	Benefits Assumed in the Forecast Outturn at Risk (Negative Values):		
19	Under delivery of Amber Schemes included in Outturn via Tracker	(1,735)	Medium
20	Non Delivery of Planned Mitigations Yet To Be Finalised		
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised	(16,900)	Medium
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back		
24	WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	(18,400)	Low
25	Risk of the 2026/27 pay award not being fully funded	Tbc	Medium
26	Risk of the Resident Dr Contract changes not being fully funded	(1,300)	Low
27	Total Risks	(54,335)	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28	Balance Sheet Opportunities - Accountancy Gains	Tbc	High
29	Retrospective VAT Recovery	Tbc	Medium
30	NWSSP Distributions	Tbc	Medium
31			
32			
33			
34			
35	Total Further Opportunities	0	
36	Current Reported Forecast Outturn	0	
37	Worst Case Outturn Scenario	(54,335)	
38	Best Case Outturn Scenario (Opportunities Only)	0	

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : May 26

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	£'000	£'000
1	Pay	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	227	3,646		2,631	1,015			
2		Actual/Fcast	68	157	350	323	382	517	609	597	598	657	667	678	225	5,603	4.02%	3,158	2,445	1,537	4,066	0
3		Variance	0	(2)	155	85	100	157	235	217	217	267	264	262	(2)	1,957	(0.88%)	527	1,430			
4	Non-Pay	Budget/Plan	65	203	196	268	262	265	288	270	270	281	272	283	268	2,903		2,388	515			
5		Actual/Fcast	65	126	284	315	301	310	306	309	320	342	325	343	191	3,346	5.71%	2,681	665	678	2,668	0
6		Variance	0	(77)	88	47	39	45	38	39	50	61	53	60	(77)	443	(28.73%)	293	150			
7	Primary Care - Drugs & Appliances	Budget/Plan	217	217	315	268	402	297	285	286	285	287	285	286	434	3,430		3,430	0			
8		Actual/Fcast	217	217	315	268	402	297	285	286	285	287	285	286	434	3,430	12.65%	3,430	0	0	3,430	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
10	Secondary Care Drugs	Budget/Plan	0	0	425	189	178	165	198	130	172	125	75	105	0	1,762		1,606	156			
11		Actual/Fcast	0	0	425	189	178	165	198	130	172	125	75	105	0	1,762	0.00%	1,606	156	0	1,762	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
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/Fcast	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	16	8	8	8	8	8	8	8	9	9	9	16	100		0	100			
20		Actual/Fcast	0	0	10	10	10	10	10	10	10	10	10	10	0	100	0.00%	0	100	0	100	0
21		Variance	0	(16)	2	2	2	2	2	2	2	1	1	1	(16)	0	(100.00%)	0	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/Fcast	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/Fcast	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/Fcast	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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	945	11,841		10,055	100			
35		Actual/Fcast	350	500	1,384	1,105	1,273	1,299	1,408	1,332	1,385	1,421	1,362	1,422	850	14,241	0.00%	10,875	3,366	2,215	12,026	0
36		Variance	0	(95)	245	134	141	204	275	258	268	329	318	323	(95)	2,400	(100.00%)	820	3,266			
37	Variance in month		0.00%	(15.97%)	21.51%	13.80%	12.46%	18.63%	24.27%	24.02%	23.99%	30.13%	30.46%	29.39%	(10.05%)							
38	In month achievement against FY Forecast		2.46%	3.51%	9.72%	7.76%	8.94%	9.12%	9.89%	9.35%	9.73%	9.98%	9.56%	9.99%								

Period : May 26

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	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	46	83	103	103	138	214	223	229	220	232	243	256	129	2,090		1,495	595			
2		Actual/Fcast	46	106	264	194	204	279	306	310	304	315	325	336	152	2,989		2,098	891	729	2,260	3,031
3		Variance	0	23	161	91	66	65	83	81	84	83	82	80	23	899		603	296			
4	Pay - Variable	Budget/Plan	22	8	25	69	78	77	85	84	94	90	94	92	30	817		397	420			
5		Actual/Fcast	22	16	19	62	71	89	87	111	120	166	169	165	38	1,107		354	753	124	983	1,782
6		Variance	0	8	(6)	(6)	(7)	12	12	27	26	76	75	73	8	290		(43)	333			
7	Pay - Agency	Budget/Plan	0	68	67	67	66	69	69	67	67	68	68	68	68	739		739	0			
8		Actual/Fcast	0	35	67	67	107	149	206	176	174	176	173	177	35	1,507		706	801	684	823	922
9		Variance	0	(33)	0	0	41	80	140	109	107	108	107	109	(33)	768		(33)	801			
10	Total	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	227	3,646		2,631	1,015			
11		Actual/Fcast	68	157	350	323	382	517	609	597	598	657	667	678	225	5,603		3,158	2,445	1,537	4,066	5,735
12		Variance	0	(2)	155	85	100	157	235	217	217	267	264	262	(2)	1,957		527	1,430			

Table C1- Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	Ok
Total Forecast Savings agrees to Table A	Ok
Total FYE of Recurring Savings agrees to Table A	Ok
Total Forecast Savings in Table C agrees to Table C2	Ok

Table C2 Summary

	E'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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	945	11,841	1,025	10,816	1,786	12,652
	Month 1 - Actual/Forecast	350	424	1,179	985	1,109	1,073	1,105	1,063	1,115	1,100	1,044	1,160	774	11,848	1,018	10,832	1,964	12,610
	Variance	0	(171)	40	15	(23)	(22)	(28)	(11)	(2)	5	0	1	(171)	(193)	(6)	(184)	198	14
	In Year - Plan	0	76	206	116	165	225	362	270	273	319	319	320	76	2,592	1,196	1,394	515	1,909
	In Year - Actual/Forecast	0	76	206	116	164	226	303	269	270	321	318	322	76	2,593	1,199	1,394	515	1,909
	Variance	0	0	(1)	1	(1)	1	1	(1)	(3)	2	(1)	2	0	1	1	0	(6)	0
	Total Plan	350	671	1,345	1,089	1,297	1,320	1,435	1,344	1,390	1,411	1,363	1,419	1,021	14,433	2,223	12,210	2,301	14,511
	Total Actual/Forecast	350	590	1,384	1,105	1,273	1,299	1,408	1,332	1,385	1,421	1,362	1,422	850	14,241	2,215	12,026	2,499	14,525
	Total Variance	0	(171)	39	16	(24)	(21)	(27)	(12)	(5)	10	(1)	3	(171)	(192)	(6)	(184)	198	14
	Month 1 - Plan	0	2	12	4	5	5	13	14	16	14	14	15	2	114	5	109	0	109
Net Income Generation	Month 1 - Actual/Forecast	0	2	12	4	5	5	13	14	16	14	14	15	2	114	5	109	0	109
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	14	7	7	7	7	7	7	7	7	7	7	14	86	0	86	(6)	86
	In Year - Actual/Forecast	0	15	7	7	7	7	7	7	7	7	6	7	7	15	86	0	86	0
	Variance	0	1	(6)	(6)	(6)	(6)	(6)	(6)	(6)	1	(6)	(6)	1	(6)	0	(6)	0	0
	Total Plan	0	16	19	11	12	12	20	21	23	21	21	22	16	200	5	195	(6)	195
	Total Actual/Forecast	0	17	19	11	12	12	20	21	23	22	21	22	17	200	5	195	0	195
	Total Variance	0	1	(6)	(6)	(6)	(6)	(6)	(6)	(6)	1	(6)	(6)	1	(6)	0	(6)	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	350	597	1,151	975	1,137	1,100	1,146	1,088	1,133	1,106	1,058	1,114	947	11,955	1,030	10,925	1,786	12,711
	Month 1 - Actual/Forecast	350	426	1,191	990	1,114	1,076	1,118	1,072	1,131	1,114	1,058	1,115	776	11,962	1,021	10,741	1,985	12,726
	Variance	0	(171)	40	15	(23)	(23)	(28)	(11)	(2)	5	0	1	(171)	(193)	(6)	(184)	199	15
	In Year - Plan	0	90	213	125	172	232	369	277	280	326	326	327	90	2,678	1,198	1,480	515	1,995
	In Year - Actual/Forecast	0	91	212	126	171	233	310	276	277	329	325	329	91	2,679	1,199	1,480	515	1,995
	Variance	0	1	(1)	1	(1)	1	1	(1)	(3)	3	(1)	2	1	1	1	0	(6)	0
	Total Plan	350	687	1,364	1,100	1,309	1,332	1,455	1,365	1,413	1,432	1,384	1,441	1,037	14,633	2,228	12,405	2,301	14,706
	Total Actual/Forecast	350	517	1,403	1,116	1,285	1,311	1,428	1,383	1,408	1,443	1,383	1,444	867	14,441	2,220	12,221	2,500	14,721
	Total Variance	0	(170)	39	16	(24)	(21)	(27)	(12)	(5)	11	(1)	3	(170)	(192)	(6)	(184)	198	15

Summary of Forecast Month 1 & In Year (€000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	199		0	199	0
Scheduled Care		1,039		662		1,703
Unscheduled Care		983		154		298
Mental Health	489	438				521
Community Services		326	65			504
Primary Care	0	0		0	0	0
Commissioned Services - GNC	0	0		0	0	0
Commissioned Services - Specialised Services	0	0		0	0	0
Other Commissioned Services	0	100				100
Clinical Support		68	5,333			5,779
Non Clinical Support		45	225			270
Executive / Corporate Areas	139	502				701
Total	3,089	7,698		3,454	14,241	290

6/6



Operational Delivery Committee

MONTH 03 MONITORING RETURNS TO WELSH GOVERNMENT

Eitem yr Agenda / Agenda Item	8.2.1
Dyddiad y Cyfarfod / Date of Meeting:	28/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The ODC is asked to NOTE the contents of the M03 Monitoring Returns submitted to Welsh Government for 2026/27.

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 M03 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

- 2.1 The Welsh Health Circular WHC (2026) 022 – NHS WALES FINANCIAL MONITORING GUIDANCE 2026-27 was issued on 29th April 2026. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2026/27 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, Table A2 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
M03 Narrative report
Table A - Movement
Table A2 – Risks & Opportunities
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 M03 Financial Monitoring returns is summarised in Section 1.2 of the M03 Narrative report at Annex A. This information is consistent with the M03 Internal Board papers.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 10	
	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	Not Applicable	
	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhwch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not required Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off



<i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not required Summary of impact:	for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	Not applicable	
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (include further detail below) Reflects the allocation and utilisation of resources of the Health Board	

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	

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – JUNE 2026

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30th June 2026.

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 2026/27

The Financial plan submitted to WG at the end of March 2026 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2026	9.2	0	9.2
Income changes	(20.9)	0.8	(20.0)
Cost Pressures & Commitments	42.7	(0.5)	42.2
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	(0.3)	0.3	(0.0)

The Financial plan also identified a net risk to the planned break-even position of £38.6m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2026-27 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0
Month 2	3.8	5.2	0.0
Month 3	2.2	7.4	0.0

The M3 position is reporting a £2.2m deficit. The key components of the YTD position and the year-end forecast as reported in table A are summarised below:

	M3 YTD	M3 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	0	0	(0.3)
Savings Shortfall	5.5	15.3	14.2
Phasing adjustments	0	0	0
Operational Variances	2.4	2.4	0
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(0.5)	(1.9)	0
Accountancy Gains	0	0	0
Other Mitigating Actions	0	(15.8)	(14.2)
Grand Total	7.4	0	(0.3)

The main driver for the overspend in M3 is the £5.5 shortfall in savings delivery compared to the straight-line savings target of £7.8m per month.

At M3 the Green and Amber Savings plan forecast has improved by £1.6m from the £14.4m included in M2 to the current forecast of £16.0m.

During M3, the operating variances have deteriorated by £0.1m to a net adverse operating variance of £2.4m. This deterioration is mainly attributed to a deterioration of:

- Provider Non-Pay expenditure with Appliances & Devices the main driver as activity increased.
- Primary Care Drugs as the Month 1 actual data confirmed the impact of NCSO concessions above our plan.
- Continuing Care costs continued to increase with Mental Health packages of care being the main driver.
- Clinical Negligence continues to be a pressure

Offsetting these were improved positions within Pay Expenditure and Commissioned Healthcare expenditure with other HBs and Trusts.

The Year to Date operating variance of £2.4m continues to be driven by:

- Contracting Income from other HBs of £0.9m worse than plan
- Clinical Negligence provision for the Welsh Risk Pool of £0.6m
- Continuing Health Care costs £0.9m greater than plan.

The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that funding will be provided by DHCW for 2026/27 of £1.9m. As at M3, the YTD position includes £0.5m benefit of this funding.

A combination of identified and yet to be identified mitigating actions of

£15.8m are still to be implemented to achieve a balanced financial plan.

During the first quarter the Health Board has enhanced its controls and required Care Groups and Directorates to develop robust recovery plans to sit alongside the enhanced controls to deliver the necessary improvements to achieve the planned financial breakeven position as per the Board approved IMTP.

These recovery plans are currently being reviewed and tested internally with executives. The current indicative impact of these plans has been assessed as £5.2m of current year cost reductions. It is critical that the Care Groups and Directorates progress these plans at pace to allow them to be included in Future savings plans and deliver the required reduction in expenditure run rates.

Following completion of our Annual Accounts Audit, a full review of the balance sheet is being undertaken, and in line with agreed accounting policies it is anticipated that £4.0m will be able to be released in Month 4. Further work is being undertaken to determine if any additional benefits can be identified and released.

As noted above the Health Board has introduced further enhanced controls to support delivery of the Board Approved Financial Plan, these actions include:

- Enhanced Recruitment Controls and challenge on all posts before being agreed for progressing to recruitment stage.
- Enhanced Sickiness monitoring and scrutiny with greater proactive management support to service managers and more senior management interventions.
- Enhanced Approval process of out of hours requests for Bank and Overtime, with more support to Senior Managers on Call.
- Plans to eliminate the need for Nurse agency, through zero tolerance following recruitment of streamlining staff.
- Introduction of further enhanced scrutiny and controls for ADH and Agency Medical staff via the introduction of new Medical Workforce system with support from new managed service provider and software solution provider.
- Review of administration staff growth since 2019/20 with aim to reduce admin & clerical staff levels by 10% from the 2025/26 baseline position.

Savings Shortfall:	M3 YTD	M3 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Variance v £29.4m Delegated target	5.7	16.0	15.0
Variance v £1.9m Non delegated target – CAT M	(0.2)	(0.7)	(0.7)
Grand Total	5.5	15.3	14.3

The year to date savings shortfall of £5.5m is the main driver of the year to date deficit of £7.4m

Further details of the remaining risks and opportunities to the M3 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)

	June			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M3 £'000	M2 £'000	Movement £'000
RRL	132,278	130,134	2,144	1,576,391	1,567,157	9,234
Donation/Grants	0	0	0	0	0	0
Welsh HBs & NHST	5,941	6,111	(170)	70,550	72,790	(2,240)
NHSWJCC	1,138	1,269	(131)	15,125	15,256	(131)
WG Income	475	0	475	2,735	190	2,545
Other Income	4,698	4,599	99	55,313	55,214	99
Income Total	144,530	142,113	2,417	1,720,114	1,710,607	9,507
PC Contractor	15,045	15,100	(55)	182,034	182,089	(55)
PC - Drugs	9,424	8,903	521	108,155	107,634	521
Pay	67,112	65,518	1,594	791,668	784,965	6,703
Non Pay	10,418	9,715	703	116,440	115,868	572
SC - Drugs	5,179	5,097	82	60,658	60,576	82
H/C Other NHS	26,470	26,069	401	313,246	311,668	1,578
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	7,578	7,457	121	85,524	85,403	121
Private & Vol	921	559	362	7,768	7,406	362
Joint & Other	1,366	1,645	(279)	18,528	19,188	(660)
Losses, Spec Payments	430	218	212	3,212	3,000	212
DEL	2,731	2,731	0	32,773	32,773	0
AME	10	10	0	122	122	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	1	0	1	(14)	(85)	71
Cost - Total	146,685	143,022	3,663	1,720,114	1,710,607	9,507

Actual expenditure for M3 was £3.7m (2.6%) more than the £143.0m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Primary Care Drugs & Appliances - £521k Adverse** – M3 recognises M1 PAR where volume growth was higher than plan together with continuation of adverse NCSO concession pricing along with Non-Cash Limited adjustments
- **Provider Pay - £1,594k Adverse** – The Overall pay expenditure was a slight improvement on forecast after allowing for the recognition of the Medical & Dental pay award of £1.8m which was processed in M3, including arrears.
- **Non-Pay - £703k Adverse** – Non-Pay has deteriorated in month as a result of the following:
 - £0.2m increase in T&O as a result of increased activity.
 - £0.1m increase in Ophthalmology due to Cataracts.
 - £0.2m increase in Diabetes expenditure.

The year-end forecast expenditure at M3 has increased by £9.5m to £1,720m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M3 are as follows:

- **Welsh HB & NHST Income - £2,240k Adverse** – Revised forecast following M2 actual and plans.
- **WG Income - £2,545k Favourable** – Revised forecast for non cash limited funding.
- **Primary Care Drugs - £521k Adverse** – Revised forecast following M1 actual and July Cat M pricing.
- **Provider Pay - £6,703k Adverse** – Revised forecast following M3 actuals, this includes £7.1m for Medical & Dental pay award offset by revised savings plans and further mitigating actions including the Card Group recovery plans.
- **Provider Non Pay - £572k Adverse** – Revised forecast following M3 actual and plans and revised classification with Joint & Other.
- **Healthcare NHS - £1,578k Adverse** – Revised forecast following M3 actual and forecasts from providers.
- **Joint & Other - £660k Favourable** – Revised forecast following M2 actual and classification of expenditure with Non pay.

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:

- **Provider Pay** – Reflects impact of increased enhancements for Bank Holidays throughout the year based on pay timetables and the arrears of pay processed in M3 for Medical & Dental Staff.

- Provider Pay – M4 reflect the arrears of pay estimated to be settled as a result of the Band 2/3 framework agreement,
- Primary Care Prescribing profiles will be updated in M4 returns.
- Primary Care Contractor M12 reflects impact of GP IM&T Refresh Programme
- Continuing Care & Funded Nursing Care anticipated Accountancy gains reflected in M4 of £4.0m.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

- **Provider Services Pay - £1,430k favourable** – The provider pay position for M3 continues to report improvements against the Adjusted plan which is partly as a result of industrial action. However, the level of unachieved savings for pay are significant at £3.4m less than our original plans with more than £8.7m of mitigating actions now required.

The main driver of the YTD favourable variance is:

- Health visitor Industrial Action - £0.9m
- Unscheduled Care Nursing - £0.2m
- Facilities Admin & Clerical - £0.2m
- Healthcare scientists - £0.2m

- **Provider Non Pay - £1,075k adverse** – The non pay position for M3 has deteriorated compared to the adjusted plan. This is primarily the result of an increase in device and appliance expenditure reflecting increased activity within elective care and Diabetes.

The main driver of the YTD adverse variance is:

- Medical & Surgical Supplies - £0.6m
- Postage Costs - £0.2m
- Miscellaneous Expenditure - £0.2m

- **Continuing Care & Funded Nursing Care - £889k adverse** – The CHC/FNC position for M3 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in mental health packages of care.
- **Losses, Special payments & Irrecoverable debts - £579k Adverse** – The Position for M3 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in clinical negligence cases.

There were no other material variances in M3 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further adverse variance of £630k was reported in M3 relating to under achievement of Income.

This can be broken down as:

- Adverse Contracting Income with HBs of £0.95m
- Favourable NCL Funding of £0.6m
- Adverse Other Income of £0.8m
- Favourable EPMA funding of £0.5m

Please note within Other Income the adverse variance reflects the income loss of Local authority income for Health Visitors/Flying Start (£0.5m) which has reduced due to the ongoing industrial action (note offsetting reduced pay position).

M1 & M2 show errors at the foot of the table. These are the result of an agreed change to M1 reporting, and the net M1-2 value reported in M2. Various discussions have taken place between CTM and Welsh Government Health, Care & Protection, to agree the required approach and reporting requirements. Upon this advice, the tables should now be presented in the required format.

1.5 Pay Expenditure (Table B3)

The M3 Pay expenditure was £69.4m and the monthly trend is summarised below.

	M3	M2	M1	Q1 Average	Q4* Average	Q3* Average	Q2* Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	9.1	9.2	9.1	9.1	9.0	8.8	8.7
Medical	19.3	18.5	17.3	18.4	18.2	18.4	17.8
Nursing	20.9	21.3	20.6	20.9	21.0	20.4	20.2
ACS	8.7	8.9	8.5	8.7	8.6	8.3	8.4
Other	11.3	11.5	11.4	11.4	11.2	10.9	11.1
Total	69.4	69.4	66.9	68.6	67.9	66.8	65.9

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods and excludes the M12 central pension and band 2/3 framework adjustments.*

The Key issues to highlight are as follows:

- The Overall pay expenditure is reporting £69.4m, allowing £1.8m for the Medical & Dental pay award, the comparator figure of £67.6m is an improvement upon M2 but remains higher than M1. The

significant movements from M2 can be explained as:

- £1.8m of Medical Pay award impact.
- £0.6m decrease in ADH expenditure as a result of a correction made in M2
- £0.4m decrease in enhancement payments
- £0.4m decrease in agency expenditure

The M3 agency expenditure was £1.4m and the monthly trend (excluding accountancy gains) is summarised below:

	M3	M2	M1	Q1 Average	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.5	0.9	0.6	0.7	0.9	0.9	0.6
Nursing	0.7	0.8	0.8	0.8	0.9	1.0	1.3
Other	0.2	0.1	0.1	0.2	0.3	0.1	0.3
Total	1.4	1.8	1.5	1.6	2.1	2.1	2.2

The Key issues to highlight are as follows:

- Medical agency rates have improved in M03 by £0.4m when compared to M2 and are lower than the 25/26 average.
- Nurse Agency costs have reduced slightly in comparison to M1 & M2 and remains lower than the 25/26 average.
- Other Agency costs include an increase in administrative agency of £70k compared to M1 & M2 average, this is due to retrospective expenditure for digital programmes.

As per the 2026-27 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	Month 3
30% reduction in 26/27 agency expenditure compared to 2025/26.	M3 2026/27 YTD £4.7m 2025/26 YTD £7.5m 37.3% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30 th September 26	M3 2026/27 actual expenditure was £90k. 2025/26 average expenditure £182k per month.

It is acknowledged that the HB is unlikely to achieve a zero agency expenditure position for HCSW, A&C and ANC staff in 2026/27:

- A&C – The Health Board is progressing a number of short term programmes and projects which require A&C staff support (in particular on Digital programmes), where the use of agency has been assessed as a lower potential cost given the risk of redundancy costs if utilising fixed term contracts or secondments. These Agency posts are regularly reviewed to ensure they remain the best value for money over the potential term of the appointment.
- HCSW and ANC staff – The agency costs for these staff groups are in most cases lower than using Bank or overtime, where short term essential cover is required, the use of agency provides greater value for money. These roles are regularly reviewed and assessed.

The M3 variable pay expenditure was £5.2m and the monthly trend (excluding accountancy gains) is summarised below.

	M3	M2	M1	Q1 Average	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.0	2.4	1.5	2.0	1.9	2.1	1.9
Nursing	1.2	1.4	1.1	1.2	1.4	1.1	1.1
ACS	1.4	1.5	1.3	1.4	1.5	1.4	1.5
Other	0.6	0.6	0.7	0.6	0.7	0.7	0.7
Total	5.2	5.9	4.6	5.2	5.5	5.2	5.2

The Key issues to highlight are as follows:

- Nursing Bank & Overtime decreased by £0.2m in M3 compared with M2 and is returning to pre-Q4 levels. This is mainly attributed to decreased overtime.
- Additional Clinical Services improved by £0.1m Compared to M2. This is mainly attributed to decreased overtime.
- Medical Staff ADH & WLI expenditure has improved by £0.4m, due to a decrease in ADH's of £0.8m (M2 included £0.6m of retrospective expenditure) offset with an increase in WLI's of £0.3m.

1.6 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
IMTP – Demand & Cost Pressures	3.5	3.1	0.4	3.5	0
IMTP – Non Recurrent Plans	0.5	0	0.5	0.5	0

Local Planned Care Reserve	1.4	1.4	0	1.4	0
Total	5.4	4.5	0.9	5.4	0

As at M3 there are £4.5m of committed reserves held for actual and anticipated cost pressures. As at M3 there are £0.9m of pending plans. It is anticipated that these plans will be fully committed by year end.

The health board continues to monitor and review the reserves position to determine if there are opportunities to support the recovery plans and mitigating actions.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2025/26 plans for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27.

	£m
Forecast In year position 26/27	0
Balance sheet write backs	0
Other non recurrent costs/income loss in 26/27	(1.9)
Other non recurrent benefits in 26/27	1.6
Forecast Recurrent position at the end of 26/27	(0.3)

As at M3 we are reporting a forecast Underlying surplus at the end of 2026/27 of £(0.3)m. This is consistent with the IMTP submitted on the 31st of March 2026 and will be reviewed at the end of Q1.

Underlying Position	2026/27 Forecast £m	Recurrent £'m	Movement £'m
Initial Financial Plan	0	(0.3)	(0.3)
Savings Variances	15.3	14.2	(1.1)
Operational Variances	2.4	0	(2.4)
Financial Plan Variances	0	0	0
Additional Financial Allocations	(1.9)	0	1.9
Accountancy Gains	0	0	0
Mitigating Actions	(15.8)	(14.2)	1.6
Grand Total	(0)	(0.3)	(0.3)

3. Risk Management (Table A2)

The key financial risks and opportunities for 2026/27 are noted in Table A2 and are summarised below:

	Risk Level	Month 3 £m	Month 2 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	M	Tbc	Tbc	Assumed to be fully funded in 2026/27
HMRC Travel Allowance change April 2026	L	Tbc	0.5	Assumed to be fully funded in 2026/27
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	1.3	Assumed to be fully funded in 2026/27
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	18.4	18.4	Recognised as Directed by WG.
DPIF Funding Risks on committed expenditure	M	Tbc	Tbc	Awaiting confirmation of 26/27 EPMA funding
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.7	1.7	Table C3
Delivery Risk on Savings plans yet to be identified	M	8.0	16.9	Unidentified mitigations, risk adjusted
Delegated Risk Assessments	H	8.2	8.2	Risk adjusted cost pressures
Delegated Risk Assessments – Medium Risk		0	3.0	Incorporated into item above
Health Visitors Band 6 Dispute	M	0.8	0.8	
NWJCC Plans not delivering	L	Tbc	2.0	JCC reporting nil risk
LTA Disputes	H	Tbc	Tbc	
Planned Care target pressures	M	Tbc	Tbc	
Pay & Employment disputes	M	Tbc	Tbc	
Primary Care Prescribing NCSO	M	1.0	1.0	NCSO continues
CHC Growth above Plan	M	Tbc	Tbc	
Energy Forecast	H	0.5	0.5	NWSSP Energy Forecast
Retention of Dental Underspend	L	1.0	0	
Total Risks		38.6	54.3	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		(Tbc)	(Tbc)	
Net risk		38.6	54.3	

4. Ring Fenced Allocations (Tables M, N & O)

Tables M & N have been completed for General Medical Services (GMS) and General Dental services (GDS) for M3.

- **GMS forecast against allocation** is reporting a £3.6m overspend mainly attributed to Out of Hours provision and Dispensing.
- **Dental** – The current forecast underspend of £1.0m against the allocation is mainly attributed to 5 contracts being handed back from 1st April. The total of the 5 contracts has been offset by a reduction in Patient Charge Revenue (PCR) this year to give us the £1m forecast underspend.

The current breakeven forecast assumes that the benefit from the dental position will be retained within the UHB.

Table O 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	123.3	123.3	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.7	2.7	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.7	
Urgent Emergency Care - Velindre	0.2	0.2	
Planned Care	0.1	0.1	

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 2023/24 this reported £175.5m, the draft 2024/25 unpublished returns are indicating expenditure of £ 185.4m.

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 2026/27 includes a £31.3m recurring savings target.

	Month 3			Month 2		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M3	7.8	31.3	31.3	5.2	31.3	31.3
Actual and Forecast Savings	(2.3)	(16.0)	(17.0)	(0.8)	(14.4)	(14.7)
Total	5.5	15.3	14.3	4.4	16.9	16.6

Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £15.5m in year and £14.4m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M3 £'m	YTD £'m	26/27 £'m	Rec £'m
Savings	11.8	1.4	2.3	15.8	16.9
Income Generation	0.1	0.0	0.0	0.2	0.2
To be identified	19.3	0.0	0.0	15.3	14.2
Total Savings	31.3	1.4	2.3	31.3	31.3
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

8. Income Assumptions 2026-267 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M2 position. The table below summaries the more material items:

Description	M3	Comments
	£k	
NWSSP Risk Pool	(5,264)	As per 25/26 adjustment
AHW – Prevention & Early years	934	
Funding Short breaks For Carers - RIF	196	
Advocacy Funding	353	
NDIP	639	
Clinical Excellence Awards	60	
3.25% Pay Award - Executives	76	As per 25/26 settlement
2026/27 Pay Award	21,863	Funding Requirement
M&D Pay Award 26/27	7,134	Funding requirement
DPIF - Discovering a digital Solution to Achieve a Single Clinical MH Record	1,616	As per funding offer letter
DPIF - Eyecare Digitisation	72	As per funding offer letter
DPIF – Digital Maternity Cymru	175	As per funding offer letter
CHC Direct Payments	103	
All Wales Diabetes Prevention programme	100	
Planned Care Transformation – Optometry Community Pathways	98	
ESR Recharges	1,540	As per NWSSP forecast
A2A Sanctuary	152	
ESMCP Resources/CRS/MDVS/ARRP	332	
GMS Disp Doctors/PADMS & List Size Funding	367	
GP IM&T Refresh Programme	1,352	Value TBC by NWSSP
Immunisation Funding - Varicella	460	
Integration and Rebalancing Capital Fund (IRCF)	450	
Neighbourhood District Nursing	126	
Traumatic Stress Wales	233	
Removal of IFRS 16 leases	(2,589)	
Donated Asset depreciation	122	
Total Anticipated Allocations	30,900	

9. Health Care agreements

Following agreement of the financial values for the 2026/27 LTAs, Documents for the 2026/27 LTAs have been submitted to all providers and commissioners for signature.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
C&V UHB	Documentation Signed by C&V, with CTM for signoff	Documentation Signed by C&V, with CTM for signoff
HDda UHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
Powys TUHB	Documentation Signed by CTM, with POWYS for signoff	Documentation Signed by CTM, with POWYS for signoff
SBUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
JCC	Awaiting revised documentation.	ICP approved at JCC.
Velindre NHST	Not Applicable	Documentation Signed by Both Organisations
PHW	Awaiting documentation.	Not Applicable

JCC – As at M3 we are awaiting revised documentation where the deduction of 2% from the LTA as “efficiency” is correctly allocated to service lines. There is no formal dispute with this LTA.

PHW – As at M3, we are still awaiting documentation. There is no formal dispute with this LTA.

CTMUHB is working to arrange the signing of all LTA documents as soon as possible.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, L)

10.1 Significant month on month balance sheet movements

As this is the first time reporting the balance sheet position in this financial year the movements are reported against the carried forward position from 2025/26.

There have been a number of significant movements between opening balance and M3. These include the following:

- Trade and other payables have decreased by £25.6m in the first three months. This is due to a large reduction in NHS accruals as year-end creditors are paid, and a reduction in capital creditors and general AP control creditors from year-end.
- Provisions have increased by £20.7m, this is due to an increase in value of clinical negligence claims over the past 3 months.
- The trade and other receivables balance has increased due to the money owed from WRP in relation to the increase in the clinical negligence provision. This has been offset by general reduction in AR control debtors from year-end.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are no outstanding invoices over 11 weeks old to report at M3.

11. Cash Flow Forecast (Table G)

The cash position as at M3 was a surplus of £6.3m (£3.3m revenue and £3m capital). This is close to the targeted balance of £6m.

At this point there is no expected drawdown of working balances or strategic cash.

12. Public Sector Payment Compliance (Table H)

The target of Non-NHS invoices paid within 30 days has been met with a quarter 1 actual of 95.5%

At Q1 NHS invoices is at 83.1% which is an improvement on the year end position for 25-26 of 74.3%.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M3 CRL is £133.529m, issued on the 30th June 2026. As at M3, £16.261m 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.

Scheme	Risk	Explanation
PCH GFF Phase 2	Medium – In year underspend	£5.5m of CRL was returned to WG in June and another £0.5m was reprofiled into 2728 for equipment for this phase of the project. There is some risk of further underspend on this scheme as it comes to completion in October 2026.
REFIT Decarbonisation Scheme	Medium – in year underspend	It has been confirmed that this scheme will have slippage and will complete in June 2728. Updated cashflow information has been requested to give a clearer picture of this slippage.
LHP Phase 1	Medium – In year underspend	Works progressing on this scheme but some risk of underspend due to the scale of the project.
TEF – IPC	Medium – in year underspend	Due to the delay in commencing the work on the negative pressure isolation room in POW £1.2m will slip into 2728 from this year. We have emailed WG separately about this.
BHWC	Medium – in year underspend	Scheme now delayed to end of August 2026 and is forecasting to underspend by circa £0.5m due to remaining contingency not required.
Maesteg	Medium – in year overspend	Additional funding required for this scheme. Funding request to be submitted this month.

14. IFRS 16 and CAME (Table P)

Table P has been updated.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M3 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.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 13 July 2026

Action Points arising from Month 2 Response

Action Point	WG Comment	CTM Response
	Movement of Opening Financial Plan to Forecast Outturn (Table A)	
2.1	The forecast balanced position is supported by a significant level of unidentified savings/mitigations totalling £16.103m, which reflects a minor reduction of c.£0.600m from Month 1. As directed via the 2026/27 WHC (2026 022), a firm deadline has been set of the 30 June 2026 (end of Quarter One) for all savings that were assumed in the IMTP/AOP, to meet the required Green/Amber classification. For those schemes still classified as Amber at that point, the schemes must be converted to Green within 3months of the entry being made into the template (Table C3), with the final deadline being 30 September 2026. The progress reported at Month 2 provides minimal assurance that the Health Board will be compliant with this requirement. Should the Health Board not be fully compliant by the M3 submission (submitted in July) then the narrative must provide comprehensive details of escalated actions being taken, and agreed by the Board, to eliminate the remaining planned mitigation/savings gap at pace. (c/f Action Point 2.1)	Noted – The remaining mitigating actions of £15.8m at M3 are progressing and a comprehensive narrative has been included in section 1.2.
2.2	As reported on Lines 18 and 19 of Table A, the year-to-date position is being adversely impacted by income reductions totalling £1.799m whilst the forecast outturn is being assisted by the overachievement of income totalling £0.837m. The narrative refers to a deterioration in contract income and a benefit from DHCW EPMA funding support. Please ensure future narratives include a breakdown of the items	Noted

	included in this line and their associated profile, including details to support the non-recurring/recurring assessment. (Action Point 2.2)	
2.3	It is acknowledged that in July, the planned mitigations gap will reduce when the potential release of CHC Balance Sheet accruals (AG) of £4m is actioned and this correlates to the lower CHC spend in July the SoCNE. What is not clear, is why the Phased RRL line 18 is being used in July to nullify the impact of the release on the YTD deficit position (predominately driven by the non-finalisation of planned mitigations). The CHC release should have a positive and material impact on the YTD position being accumulated in Months 1-3. Instead, the current approach results in waiting until October before the YTD position moves into a surplus trend to eliminate the accumulated deficit. The phasing on line 18 must be reviewed before Month 3, and the YTD trend improved much sooner as a result of the CHC release. (Action Point 2.3)	Reporting the benefit of the accountancy gain in M4 with a full year to date impact whilst retaining the phased approach to savings and mitigating actions would not be prudent reporting to our board. We have always treated accountancy gains as equally phased benefits when reporting to our board against the plan, so that we are ensuring the board is given a true and fair assessment of the year to date position and the forecast.
2.4	The narrative includes the following statement: <i>It is important to note that the internal reporting of the financial position and forecast within CTMUHB does not align to the methodology of the WG monitoring return table A and Table B requirements. As we continue to phase the savings plan equally each month for internal reporting.</i> It is unclear why the completion of the MMR is leading to differences compared to internal reporting. Having reviewed Table A the YTD savings shortfall is £4.264m (after including asset disposals) against 2/12^{ths} of the plan (£5.215m, which can be seen in Table A April and May lines 5,6,7 & 11); your internal report shows £4.4m shortfall against an equally phased plan); therefore, the data is almost aligned. The ability to include a planned RRL phasing adjustment, has the same effect as equally phasing the savings plan – so there is no	Following discussions and clarification with WG colleagues, the Month 3 position now reflects both the Health Board internal reporting and remains in line with WG guidance for the MMR.

	issue, if the articulation is correct. What is apparent however, is the manipulation of the phasing of RRL on line 18 which effectively overstates the monthly position profiles (see main letter, which illustrates the issue). Please review this before the M3 submission. (Action Point 2.4)	
1.4 & 1.6	The Health Board is again only reporting non-recurring actual spend reductions and in year cost pressures. Many of the spend categories in the SoCNE are also reflecting straight line spend profiles within future months. As highlighted last month, based on historical expenditure trends, both of these reported data sets appear unrealistic, which raises concerns on the robustness of the Health Board's future month expenditure profiles. Please ensure the year to date spend reductions and in year pressures are assessed and provide assurance through the narrative that the corresponding methodology for the non-current drivers is robust. (c/f Action Points 1.4 & 1.6)	As noted in our previous returns and in this month's returns, the recurrent position will be reviewed following Q1 position. That process is currently underway and will be reflected in the Month 4 returns. The Health Board reviews the forecast expenditure each month to test if the profiles require adjustment. The position reported remains our assessment of the forecast expenditure within materiality. We report changes to forecast and actual expenditure each month and reflect those into future periods assessments.
2.5	The forecast c/f underlying surplus position is based on the planned mitigating actions yet to be finalised generating a FYE impact totalling £16.533m (c.£0.400m higher than the in-year effect). Given that these mitigations will now commence mid-year, the FYE value will need to be updated once the required action to finalise all schemes by 30 June 2026 has been achieved. (Action Point 2.5)	It is anticipated that many of the mitigating actions for 2026/27 will be non recurrent actions or blunt measures that are not expected to have a recurrent impact but will aim to recover current under delivered savings plans. As the mitigating actions materialise as plans, they will be recognised in our saving plans with the recurrent impact identified.

	Risks and Opportunities (Table A2)	
1.5b	After confirming the risks will be monitored, the two material risks (High £8.2m and Medium £3.0m) described as 'Delegated Risk Assessment of demand & cost pressures' have not been updated since Month 1. To understand the basis for these quantified risks, please provide the accompanying calculation and assumptions which support the risks values reported in Table A2 going forward. (Action Point 1.5b)	Delegated risk assessments are a combination of risks identified by each directorate and care group which are consolidated. Whilst we have prioritised the development of recovery and improved savings plans, we have not requested that the risk assessments be updated. A full review of risks assessments will be provided in time for M4 returns.
1.5c	The response to Action Point 1.5C states the LTA risk relates to a possible technical dispute on activity counts with ABUHB which may arise at month 12. The approach should have been set out and agreed in the 26/27 LTA to avoid such year-end issues and if necessary, to enable any matters to be escalated via the WHC LTA arbitration process. This risk must be mitigated at pace; therefore please confirm that discussions with Aneurin Bevan are currently live to agree a way forward before the mid-year point, to prevent a recurrence of last year's issue. (Action Point 1.5c)	This remains a real risk to the LTA income, until such time that AB advise that they will not recognise the activity and are in dispute we have no mechanism to seek arbitration. No other HB has challenged the reporting our activity which remains consistent with reporting since the establishment of the HB and as far as we are aware all other HBs also report the disputed activity in the same way as CTM. We are not aware that AB have disputed any other HB activity as such despite other HBs reporting the same way.
2.6	The risk of non-delivery of planned mitigations yet to be finalised is reported incorrectly on line 21 instead of line 20 and is valued higher (£16.900m) than the current gap reported in Tables A/B2 (£16.103m). Given that the deadline to finalise mitigations is the 30 June, there should be no risk reported at M3; or, at worst, the value should be minimal. (Action Point 2.6)	Noted

2.7	Please clarify why the risk relating to Resident Doctors Funding is included in the 'Benefits assumed in the position' section of Table A2, rather than 'Pressures not assumed in the position' section. We cannot identify that anticipated funding has been included in your position at M2, therefore it is assumed that both the funding and expenditure for this issue is currently excluded from the SoCNE. Please also clarify the methodology behind the risk value, as it is understood that the current model (produced by HEIW) indicates a c£5m cost for NHS Wales in 2026/27 which is within the WG funding envelope. Therefore, the current value of the risk of £1.3m relating to funding, appears to be significantly overstated. Please fully review this before Month 3 (Action Point 2.7)	As we are assuming that the contract will be fully funded along with the pay award it was thought this was the correction category. This has been amended for M3.
2.8	It is noted that the JCC outturn risk of £2m was included due to uncertainty with a known LTA dispute between JCC and C&V UHB, which may have led to a pressure on the Commissioners. The outcome of the arbitration has now been issued, and this risk (as described by CTM) has not crystallised, therefore we would expect this risk to be removed before the M3 submission. (Action Point 2.8)	Noted
2.9	A risk relating to Primary Care Drugs (no cheaper stock obtainable) is shown on 7 instead of the designated line 3. If the value on line 3 is broken down into a number of elements, then simply include the analysis in the narrative, rather than using free text lines. (Action Point 2.9)	Noted
2.10	It is assumed that imminently, the risk relating to T&S reimbursement rates will crystallise into the expenditure position (as an in year recurring cost pressure) as these rates will form part of your actual and forecast spend. There is no additional source of WG funding, for this issue. (Action Point 2.10)	As the T&S is part of the A4C terms and conditions and the rate change is directed by HMRC notification of change in rates, it remains our assumption that this should form part of the agreed pay award settlement which WG have state will be fully funded.

	Monthly Positions (Table B)	
1.7	The Revenue Resource Limit at Month 2 is under phased by c.£3.300m (increase by c.1.100m since Month 1), with the profile of February and March being increased accordingly to primarily offset. The spend profile in the SoCNE however, provides no clear evidence that there is a need to move RRL into Months 11 and 12. This adjustment continues to indicate that the year to date deficit is overstated. Please review your profile next month and if RRL is being delayed into future months, then we again request the Health Board clarifies the key areas where spend is occurring in a future month only. (c/f Action Point 1.7)	Profiles are reviewed each month, and reflect our assessment of future plans. For M3 the adjustment of the savings profile (action point 2.4) has reduced this gap to an immaterial value in M3.
2.11	Whilst the first Non-cash submission is not due to be submitted until August, there is an expectation that Section C (and all related sections throughout the MMR template) are regularly updated to reflect latest forecast non-cash charges. (Action Point 2.11)	We will update with latest information in M4 return
2.12	The narrative confirms there are reserves held, totalling £0.900m, where expenditure plans are pending. Given the deteriorating YTD position linked to new in-year cost pressures being declared, it appears that these reserves are now needed to mitigate these arising pressures. Please provide the timeframe of when you expect a decision to be taken on when these reserves can be released. (Action Point 2.12)	These plans are being reviewed as part of our recovery plans and further mitigating actions. However, despite the fact they are not currently committed, the risks they were covering remain real.
	SoCNE Movement (Table B1)	
2.13	There has been material movements in annual forecast spend in Pay, Non-pay and CHC, where the narrative confirms they are attributable to Month 2 actuals and plans. The explanations provided are insufficient. Furthermore, in the case of CHC, they do not align with	Noted

	the financial data, as Month 2 expenditure exceeded last month's forecast, yet the overall CHC forecast has decreased by c£3.700m. Please ensure material movements highlighted in Table B1 are comprehensively explained with supporting financial analysis by category item. (Action Point 2.13)	
	Movements from Opening Expenditure Plan (Table B2)	
2.14	As requested in the 2025/26 M12 reply letter, please present unplanned cost pressures and spend reductions by category as separate details in the supporting narrative, rather than combining and reporting net positions. Any recurrent issues should align to the data being reported in Table A1, which requires material items to be individually recorded. (Action Point 2.14)	Noted
	Pay, Agency and Variable Pay (Table B3)	
1.10	Following the response to Action Point 1.10 confirming the profile has been updated, please clarify where and when, the Band 2/3 recurrent payments are reported within the Pay profile. (c/f Action Point 1.10)	Band 2/3 have been reflected in the Additional Clinical Services line with M4 reporting the 26/27 arrears to April 26 and monthly levels then being reported from M5 onwards.
2.15	Please provide a supporting explanation for the assumption that the increased agency spend in Medical and Dental in Month 2, will not continue into future months. (Action Point 2.15)	There were retrospective payments made due to issues with the numerous changes in the medical & dental booking systems during 2025/26.
1.11	It is noted there is limited confidence that the Health Board will reduce spend to zero by September 26 for Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff. Please ensure the narrative explains the reasons/barriers to achieving the enabler and	Noted

	provide details of any corresponding actions it is able to take to reduce spend in this premium cost area. (c/f Action Point 1.11)	
	Tracker (Table C3)	
1.12	Please review the FYE value of the recurring savings schemes. For example, scheme MM23 commences during the year, yet the FYE value is only £2k higher than the in year delivery. (Action Point 1.12)	Noted
2.16	Please review all of the Amber 'go-Green' dates to ensure compliance with WHC. Month 1 schemes must have a date of no later than 30 June 2026 and In-year schemes must have a date of no more than 3-months after the date first entered onto the Tracker. (Action Point 2.16)	Noted
2.17	Please be reminded that there should be no values recorded in the risk column of the Tracker, for 'Month 1' schemes in the Month 3 submission, this is because all Amber schemes must have converted to Green by 30 June. (Action Point 2.17)	Noted
	Income and Expenditure Assumptions (Table D)	
1.13	Noting the update provided at Month 2, please include a statement in the Month 3 narrative to confirm that you hold documentation, signed by both parties, for all your Welsh SLA/LTAs. (c/f Action Point 1.13)	See section 9, documentation still remains outstanding, however there are no disputes.
2.18	As per the Month 2 Inter Organisation Income and Expenditure reconciliation, there were material variances reported with Swansea Bay ULHB. Please ensure these are reviewed and eliminated before Month 3. (Action Point 2.18)	Checked and agreed for M3

	Debtors Schedule (Table L)	
2.19	It is disappointing to note there are four invoices raised in 2025/26, where receipt of payment remains outstanding. The deadline to obtain receipt was the 19 May 2026, and there are no comments included in the table to suggest that payment is expected imminently. Please work at pace with the other applicable party, to ensure there are no 2025/26 invoices listed as outstanding within the Day 5 submission at Month 3. (Action Point 2.19)	No invoices outstanding at M3

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)	-9,200	0	-9,200	-9,200
2	Cost Pressures (Negative Value)	-43,000	0	-43,000	-43,500
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,110	0	20,110	20,930
4	Other Income Uplift / (Reduction)	800	0	800	800
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	11,841	1,025	10,816	12,602
7	Planned (Finalised) Net Income Generation	114	5	109	109
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	19,335	828	18,507	18,559
12	Opening IMTP / Annual Operating Plan	0	1,858	-1,858	300
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-19,335	-828	-18,507	-18,559
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	14	14		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	38	-5	43	43
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,150	-5	-1,145	-404
17	Additional In Year Identified Savings - Forecast	5,140	1,953	3,187	4,696
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	828	828	0	0
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	2,659	1,229	1,430	1,430
22	Unplanned Cost Pressures	-3,992	-3,992	0	0
23	Planned Mitigations Yet To Be Finalised	15,798	5,326	10,472	12,770
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	DHCW - EPMA Non recurrent income	0	0		
27		0	0		
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	6,378	-6,378	276

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-767	-767	-2,300	-9,200
2	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-10,750	-43,000
3	1,676	1,676	1,676	1,676	1,676	1,675	1,676	1,676	1,676	1,676	1,676	1,675	5,028	20,110
4	66	67	67	66	67	67	66	67	67	66	67	67	200	800
5	0	1,017	-1,020	-1	-1	1	-1	-1	0	-1	-1	8	-3	0
6	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	2,084	11,841
7	0	2	12	4	5	5	13	14	16	14	14	15	14	114
8													0	0
9													0	0
10													0	0
11	2,257	993	2,477	1,633	1,471	1,508	1,462	1,520	1,475	1,502	1,550	1,487	5,727	19,335
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,257	-993	-2,477	-1,633	-1,471	-1,508	-1,462	-1,520	-1,475	-1,502	-1,550	-1,487	-5,727	-19,335
14	84			-70									84	14
15	0	15	-4	4	3	3	4	3	1	4	3	2	11	38
16	0	-171	-99	-78	-138	-102	-110	-96	-94	-84	-85	-93	-270	-1,150
17	0	76	415	321	361	467	557	526	524	632	626	635	491	5,140
18	9	-1,025	1,015	-5,692	-762	-447	199	1,160	1,120	1,143	1,589	1,691	-1	0
19	-284	-499	153	162	162	162	162	162	162	162	162	162	-630	828
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	1,128	680	851	0	0	0	0	0	0	0	0	0	2,659	2,659
22	-268	-1,715	-2,009	0	0	0	0	0	0	0	0	0	-3,992	-3,992
23	0	0	0	5,220	1,287	1,425	1,227	1,472	1,459	1,357	1,172	1,179	0	15,798
24	0	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	0
26	162	-162	0	0	0	0	0	0	0	0	0	0	0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	-1,426	-3,794	-2,155	-1,766	-558	0	577	1,707	1,697	1,712	1,917	2,089	-7,375	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare	Tbc	Medium
2	Out of Area Mental Health Placements		
3	Primary Care Drugs	(1,000)	Medium
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk	0	Low
6	Joint Commissioning Committee - Contract Performance		
7			
8	Energy Forecast	(500)	High
9	Delegated Risk Assessment of demand & cost pressures	(8,200)	High
10	DPIF Funding Risks on committed expenditure	Tbc	Medium
11	Risk of the 2026/27 pay award not being fully funded	Tbc	Medium
12	Risk of the Resident Dr Contract changes not being fully funded	Tbc	Low
13	HMRC Travel Allowance	Tbc	Low
14	Health Visitor Dispute	(800)	Medium
15	LTA Disputes	Tbc	High
16	Plannced Care Target Pressures	Tbc	Medium
17	Pay & Employment Disputes	Tbc	Medium
18	Benefits Assumed in the Forecast Outturn at Risk (Negative Values):		
19	Under delivery of Amber Schemes included in Outturn via Tracker	(654)	Medium
20	Non Delivery of Planned Mitigations Yet To Be Finalised	(8,000)	Medium
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised		
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back	(1,000)	Low
24	WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	(18,400)	Low
25			
26			
27	Total Risks	(38,554)	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28	Balance Sheet Opportunities - Accountancy Gains	Tbc	High
29	Retrospective VAT Recovery	Tbc	Medium
30	NWSSP Distributions	Tbc	Medium
31			
32			
33			
34			
35	Total Further Opportunities	0	
36	Current Reported Forecast Outturn	0	
37	Worst Case Outturn Scenario	(38,554)	
38	Best Case Outturn Scenario (Opportunities Only)	0	

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : Jun 26

This Table is currently showing 0 errors

														Total YTD £'000	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
		1	2	3	4	5	6	7	8	9	10	11	12				Green £'000	Amber £'000	non recurring £'000	recurring £'000			
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000										
1	Pay	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	422	3,646		3,646	0			0	
2		Actual/Fcast	68	157	401	385	446	650	757	742	736	811	817	831	626	6,801		5,205	1,216	1,842	4,959		
3		Variance	0	(2)	206	147	164	290	383	362	355	421	414	415	204	3,155	48.34%	1,939	1,216				
4	Non-Pay	Budget/Plan	65	203	196	268	262	265	268	270	270	281	272	283	464	2,903		2,903	0			0	
5		Actual/Fcast	65	126	314	362	319	338	330	336	344	365	357	367	505	3,623		13.94%	3,532	91	1,131		2,492
6		Variance	0	(77)	118	94	57	73	62	66	74	84	85	84	41	720	8.84%	629	91				
7	Primary Care - Drugs & Appliances	Budget/Plan	217	217	315	268	402	297	285	286	285	287	285	286	749	3,430		3,430	0			0	
8		Actual/Fcast	217	217	315	268	402	297	285	286	285	287	285	286	749	3,430	21.84%	3,430	0	0	3,430		
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	425	189	178	165	198	130	172	125	75	105	425	1,762		1,762	0			0	
11		Actual/Fcast	0	0	425	189	178	165	198	130	172	125	75	105	425	1,762	24.12%	1,762	0	0	1,762		
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
14		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		
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			0	
17		Actual/Fcast	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	16	8	8	8	8	8	8	8	9	9	9	24	100		100	0			0	
20		Actual/Fcast	0	0	0	10	10	10	10	10	10	52	51	52	0	215	0.00%	215	0	0	215		
21		Variance	0	(16)	(8)	2	2	2	2	2	2	1	43	43	43	(24)	115	(100.00%)	115	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			0	
23		Actual/Fcast	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			0	
26		Actual/Fcast	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			0	
29		Actual/Fcast	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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	2,064	11,841		11,841	0			0	
35		Actual/Fcast	350	500	1,455	1,214	1,355	1,460	1,580	1,504	1,547	1,640	1,585	1,641	2,305	15,831	0.00%	14,524	1,307	2,973	12,858		
36		Variance	0	(95)	316	243	223	365	447	430	430	548	541	542	221	3,990	(100.00%)	2,683	1,307				
37	Variance in month		0.00%	(15.97%)	27.74%	25.03%	19.70%	33.33%	39.45%	40.04%	38.50%	50.18%	51.82%	49.32%	10.60%								
38	In month achievement against FY forecast		2.21%	3.16%	9.19%	7.67%	8.56%	9.22%	9.98%	9.50%	9.77%	10.36%	10.01%	10.37%									

Period : Jun 26

Table C1- Savings Schemes Pay Analysis

			Month												Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			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	46	83	103	103	138	214	223	229	220	232	243	256	232	2,090	2,090	0				
2		Actual/Fcast	46	106	270	201	196	332	368	369	363	381	391	401	422	3,424	3,157	267	1,034	2,390		3,364
3		Variance	0	23	167	98	58	118	145	140	143	149	148	145	190	1,334	1,067	267				
4	Pay - Variable	Budget/Plan	22	8	25	68	78	77	85	84	94	90	94	92	55	817	817	0				
5		Actual/Fcast	22	16	136	148	158	184	198	212	215	269	268	268	174	2,094	1,776	318	124	1,970		2,977
6		Variance	0	8	111	80	80	107	113	128	121	175	174	174	119	1,277	959	318				
7	Pay - Agency	Budget/Plan	0	68	67	67	66	69	69	67	67	68	68	69	135	739	739	0				
8		Actual/Fcast	0	35	(5)	36	92	134	191	161	158	161	158	162	30	1,283	652	631	684	599		972
9		Variance	0	(33)	(72)	(31)	26	65	125	94	91	93	92	94	(105)	544	(87)	631				
10	Total	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	422	3,646	3,646	0				
11		Actual/Fcast	68	157	401	385	446	650	757	742	736	811	817	831	626	6,801	5,585	1,216	1,842	4,959		7,313
12		Variance	0	(2)	206	147	164	290	383	362	355	421	414	415	204	3,155	1,939	1,216				

Table C1- Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	Ok
Total Forecast Savings agrees to Table A	Ok
Total FYE of Recurring Savings agrees to Table A	Ok
Total Forecast Savings in Table C agrees to Table C2	Ok

Table C2 Summary

	E'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	350	595	1,138	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	2,084	11,841	1,025	10,816	1,786	12,602	
	Month 1 - Actual/Forecast	350	424	1,040	893	894	993	1,023	973	1,023	1,006	959	1,005	1,814	10,891	1,020	9,871	2,927	12,198	
	Variance	0	(171)	(89)	(78)	(138)	(102)	(110)	(80)	(94)	(84)	(85)	(95)	(270)	(1,150)	0	1,145	741	(454)	
	In Year - Plan	0	76	394	350	339	461	552	524	524	626	624	629	470	5,098	1,952	3,146	1,558	4,704	
	In Year - Actual/Forecast	0	76	415	321	361	467	557	526	524	632	626	635	491	5,140	1,953	3,187	1,509	4,696	
	Variance	0	0	21	(29)	22	6	5	2	0	6	2	6	21	42	1	41	(49)	(8)	
	Total Plan	350	671	1,533	1,321	1,471	1,556	1,685	1,598	1,641	1,718	1,668	1,728	2,554	16,939	2,977	13,962	3,344	17,356	
	Total Actual/Forecast	350	500	1,455	1,214	1,355	1,460	1,580	1,504	1,547	1,640	1,585	1,641	2,305	15,851	2,973	12,858	4,036	17,046	
Total Variance	0	(171)	(78)	(107)	(116)	(96)	(105)	(94)	(94)	(78)	(83)	(87)	(249)	(1,108)	(4)	(1,104)	692	(412)		
Net Income Generation	Month 1 - Plan	0	2	12	4	5	5	13	14	16	14	14	15	14	114	5	109	0	109	
	Month 1 - Actual/Forecast	0	2	1	1	1	1	10	10	10	10	10	10	3	66	0	66	0	66	
	Variance	0	0	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(4)	(4)	(5)	(11)	(48)	(5)	(43)	0	(43)	
	In Year - Plan	0	14	7	7	7	7	7	7	7	7	7	7	21	96	0	96	(6)	86	
	In Year - Actual/Forecast	0	15	7	7	7	7	7	7	7	7	6	7	7	22	96	0	96	0	86
	Variance	0	1	(6)	(6)	(6)	(6)	(6)	(6)	(6)	1	(6)	(6)	1	(6)	0	(6)	0	0	
	Total Plan	0	16	19	11	12	12	20	21	23	21	21	22	35	200	5	195	(6)	195	
	Total Actual/Forecast	0	17	8	8	8	8	17	17	17	17	16	17	25	152	0	152	0	152	
Total Variance	0	1	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(3)	(4)	(5)	(10)	(48)	(5)	(43)	0	(43)		
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Month 1 - Plan	350	597	1,151	975	1,137	1,100	1,146	1,088	1,133	1,106	1,058	1,114	2,098	11,955	1,030	10,925	1,786	12,711	
	Month 1 - Actual/Forecast	350	426	1,041	894	995	994	1,033	988	1,033	1,018	969	1,016	1,817	10,757	1,020	9,737	2,927	12,254	
	Variance	0	(171)	(110)	(81)	(142)	(106)	(113)	(100)	(100)	(88)	(90)	(98)	(281)	(1,198)	(10)	1,188	741	(457)	
	In Year - Plan	0	90	401	357	346	468	559	531	531	633	631	636	491	5,184	1,952	3,232	1,558	4,790	
	In Year - Actual/Forecast	0	91	422	328	368	474	564	533	531	640	633	642	513	5,226	1,953	3,273	1,509	4,782	
Variance	0	1	21	(29)	22	6	5	2	(6)	7	2	6	22	42	1	41	(49)	(8)		
Total Plan	350	687	1,552	1,332	1,483	1,568	1,705	1,619	1,664	1,739	1,689	1,750	2,589	17,139	2,982	14,157	3,344	17,501		
Total Actual/Forecast	350	517	1,463	1,222	1,363	1,468	1,597	1,521	1,564	1,658	1,602	1,655	2,330	15,863	2,973	13,010	4,036	17,046		
Total Variance	0	(170)	(89)	(110)	(120)	(100)	(106)	(96)	(100)	(81)	(87)	(92)	(269)	(1,156)	(6)	(1,147)	692	(455)		

Summary of Forecast Month 1 & In Year (€000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	202		0	202	0
Scheduled Care	831	316		2,242	3,389	0
Unscheduled Care	839	339		1,029	2,207	0
Mental Health	484	436		952	1,872	0
Community Services	481	65		504	1,050	0
Primary Care	0	0		300	0	0
Commissioned Services - CHC	0	0		0	0	0
Commissioned Services - Specialised Services	0	0		0	0	0
Other Commissioned Services	0	90		0	90	0
Clinical Support	68	5,333		394	5,795	97
Non Clinical Support	47	225		0	272	55
Executive / Corporate Areas	138	456		60	654	0
Total	2,888	7,462		5,481	15,831	152

[illegible]

6/6

Operational Delivery Committee

St David's Street Surgery - Additional Branch Surgery Application

Eitem yr Agenda / Agenda Item	8.2.2
Dyddiad y Cyfarfod / Date of Meeting:	28 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable
Adroddiad wedi'i baratoi gan / Report Prepared by:	Nicola Lush Advisor, Primary Care
Cyflwynydd yr Adroddiad / Report Presenter:	Gethin Hughes, Deputy CEO/Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Deputy CEO/Chief Operating Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action required report is for noting only
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	Sustaining Our Future
	If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynnyddol <i>(Cyfeiriad blaenoriaeth berthnasol)</i> Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan <i>(Reference relevant priority)</i>	Not applicable

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:

Dechreuwch drwy **grynhof'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth (*crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati*)

What (*summary of current position / issue & why it matters and evidence to support that position etc*)

All UK residents have the statutory right to access NHS services. Ensuring that residents in Cwm Taf Morgannwg UHB have sufficient access to NHS services is key to enabling the improved health and wellbeing of the local population.

Immense pressures are being experienced on the GP estate in CTMUHB for a variety of reasons. There is a push towards the delivery of a wider range of healthcare services closer to home, there are areas of rapid housing growth and although some practices may have the ability to increase clinical capacity on their existing premises, many do not. St David's Surgery at some point in the future will need a replacement of their existing surgery. Any new development will need to ensure that space is fit for purpose and sustainable for future needs. Developing an appropriate specification and securing funding will take a number of years.

GP services are stretched and likely to remain so in the foreseeable future. Creating additional capacity by way of opening a branch surgery is necessary to support GP services in the area.

Felly, beth (*darparu dadansoddiad ystyrllon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain*)

So, what (*provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these*)

GP services are stretched and likely to remain so in the foreseeable future, with limited capital available to provide new accommodation.

It is imperative to ensure the existing estate is maintained and prevent deterioration. In February 2026 Forest View Medical Centre applied to close 128 High Street as they wanted to consolidate their services over two sites. The building infrastructure is fit for purpose. The proposal is for the incoming practice to agree a lease for a period of 10 years thereby ensuring the delivery of GMS services to patients locally with minimal additional revenue costs.

Beth Nesaf (<i>crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud</i>) What Next (<i>summary of intended action and benefits supporting the choices and recommendation(s) being made</i>)	Over the past 10 years there has been a shift in the NHS model of care to increase the provision of care closer to home, in order to prevent many patients from requiring care in hospital settings. This means that a wider range of staff roles are delivering services from GP buildings such as physiotherapists, mental health practitioners and more. Pressure on the premises occupied by St David's Street Surgery is intense. Supporting the opening of a branch surgery will facilitate the delivery of additional services and improve patient choice in the locality.
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The Operational Delivery Committee is asked to note the application received from St David's Street Surgery to open a branch surgery at 128 High Street, Treorchy

Background / Context

- 1.1 St David's Street Surgery, Ton Pentre and Llwynypia Surgery merged in September 2022 due to the retirement of a GP. The current list size is approximately 10,000 patients (Appendix 1 Practice Distribution). The merged practice operates over two surgery sites with a total of 5 GP/clinical and 2 Nurse treatment rooms. Most days there are problems with clinical room availability for pharmacists, mental health workers, physiotherapists and for minor surgery and long-acting contraceptive services.
- 1.2 In February 2026, an application submitted by Forest View Medical Centre to close their branch surgery at 128 High Street was approved by the Board. Since that time, the Health Board has been exploring an alternative option for the occupation of the premises. The Primary Care team facilitated discussions between the Senior Partner, St David's Street Surgery and the Landlord of 128 High Street regarding his wish to open a second branch surgery in Treorchy. This would provide the Senior Partner and his partners with much needed additional space and provide patients locally with an alternative registration option.

2. Strategic Insights

- 2.1 A Healthier Wales sets out a whole system approach focused on integration, prevention, and delivering care closer to home. Delivering care closer to home is a core commitment of the future. Shifting care out of the hospital means accommodating more nurses, GPs etc. in the community. The proposal to open a second branch surgery site will deliver clear benefits for

patients by improving local access to primary care services, reduce travel barriers and support continuity of care.

3. Risks and Opportunities

- 3.1 GP practices must accept all patients who register at their practices if their registered address is within the practice's catchment area and the practice is accepting new patients. Practices can apply to close their patient list if they have insufficient capacity to care for further patients (within the Rhondda no practices operate a closed list).

GP practices agree their practice catchment boundaries with the Health Board. Only Forest View Medical Centre and St David's Street Surgery practice catchment boundaries include Treorchy. Forest View Medical Centre main branch is in Abergorki, hence patient access is good. If St David Street Surgery open a branch site in Treorchy this would improve patient choice in that registered patients currently have to travel to either Ton Pentre (the main site) or Llwynypia (the branch site).

- 3.2 The benefits of multi-disciplinary team working are widely recognised. However, St David's Street Surgery lacks the infrastructure to support this model effectively. The availability of additional clinical space will enable the practice to expand and enhance its range of services in the future.
- 3.3 In serving notice on the headlease, yielding up the premises and resolving to agree a dilapidations settlement for the premises at 128 High Street, Treorchy, by 16th May 2026, the Health Board has absolved itself of the liabilities for ongoing maintenance of the premises, and in the short term reduced the revenue impact on the GMS budget in respect of rent.

In support of the proposed occupancy by St David's Street Surgery from September 2026, by virtue of the rent not having been reviewed for almost 15 years, we anticipate that there will be a step up in rent pressure on the GMS budget, but this is reimbursed centrally, this is considered to be cost neutral on the Health Board. As any agreed new lease will be directly between the Landlord and St David's Street Surgery, any liabilities for ongoing maintenance of the premises will sit with the new tenant and not the Health Board.

4. Compliance and Governance

- 4.1 Paragraph 4.54 "Investing in General Practice" states that for a branch surgery to qualify as a second main/split-site it should meet the following criteria: -
- Be open for at least 20 hours a week for the provision of medical services automatically entitling it to proper IT support. The 20 hours should be the time the doors are open, and receptionists are available, but reflect the times that clinical services are being provided. Clinical services can include those provided by GPs, practice nurses, community nurses, etc.

The practice expects to open 4 mornings a week to begin with 8.00 am to 1.00 pm Monday, Tuesday, Wednesday and either a Thursday or Friday morning. Patient numbers will be monitored with a view to extending those hours as needed.

- Meet the minimum standards as set out in Paragraph 4.52. Subject to appropriate funding agreed between Health Boards and practices, premises will not be accepted unless the accommodation is deemed by the Health Board as satisfying minimum standards; 128 High Street is accessible secure and compliant with NHS standards for clinical spaces (wheelchair accessible, clinical waste management etc.) It is considered suitable for the continued delivery of primary care services.
- Deliver essential and additional services. Branch surgeries should always aim to deliver both essential and additional services. However, some additional services would only be provided when it was deemed appropriate by the Health Board following discussion with the Practice, subject to quality standards.

By opening a branch surgery, the Practice will have access to two further clinical rooms and one large nurse/minor surgery room. They will be able to offer both essential and additional services to a cohort of patients closer to their homes, while also increasing patient choice. More clinical space will be available for clinicians and allow flexibility on the days networked minor surgery services can be delivered. Due to room availability at Ysbyty Cwm Rhondda, the Practice is only able to offer this service on a Thursday morning.

5. Timeframe

- 5.1 Discussions are ongoing between the Practice and the Landlord, supported by colleagues from NWSSP Specialist Estate Services and CTMUHB Primary Care. Advice is being provided on the appropriate arrangements in respect of a formal lease and reimbursement, in line with the General Medical Services Statement of Financial Entitlements Directions.
- 5.2 The Practice would like to commence provision of primary care services from the premises on the 7th September 2026 after the summer holidays and in anticipation of winter peak periods.

6. Conclusion

- 6.1 The application was discussed at the Contract Variation Group on the 6th May 2026. The practice has completed the Llais Service Change Proforma. The Contract Variation Group (including representation from Llais and the LMC) supported the application.
- 6.2 The application was presented to the Operational Management Board on the 13th of May 2026. The application was supported.

- 6.3 The Deputies Leadership Group supports the proposal, confirming it is a low-risk service enhancement with appropriate due diligence undertaken, and recommends progression for Executive endorsement prior to Committee consideration
- 6.4 The Executive Management Board **APPROVED** the branch surgery opening request at its meeting on the 29 June 2026.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 8
	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	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	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:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i> Equality & Welsh Language Impact Assessment Outcome	Outcome for Equality (delete as appropriate): POSITIVE Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off
	Outcome for Welsh Language (delete as appropriate):	

<i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	NEUTRAL	for no EWLIA completion:
Summary of impact:		
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i>	Approval in principle sought. QIA to be prepared as part of submission to Executive Management Board.	
Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Contract Variation Group	06/05/2026	The application was supported.
Operational Management Board	13/05/2026	The application was supported.
Deputy Leadership Group	4/06/2026	The application was supported
Executive Management Board	29/06/2026	The application was approved

Acronyms / Glossary of Terms	
GMS	General Medical Services
CVG	Contract Variation Group
OMB	Operational Management Board
DLG	Deputies Leadership Group
ELG	Executive Leadership Group
EMB	Executive Management Board

Ward/Patients

Ward/Patients	% of total list
Ystrad - 3226	Ystrad - 32.83%
Pentre - 2731	Pentre - 27.79%
Treorchy - 1135	Treorchy - 11.55%
Llwyn-y-pia - 1066	Llwyn-y-pia - 10.85%
Tylorstown and Ynyshir - 293	Tylorstown and Ynyshir - 2.98%
Treherbert - 270	Treherbert - 2.75%
Trealaw - 254	Trealaw - 2.58%
Pen-y-graig - 219	Pen-y-graig - 2.23%
Tonypanyd - 191	Tonypanyd - 1.94%
Tonyrefail West - 94	Tonyrefail West - 0.96%
Cwm Clydach - 91	Cwm Clydach - 0.93%
Porth - 82	Porth - 0.83%
Ferndale and Maerdy - 51	Ferndale and Maerdy - 0.52%
Tonyrefail East - 45	Tonyrefail East - 0.46%
Cymer - 39	Cymer - 0.40%
Gilfach-goch - 24	Gilfach-goch - 0.24%
Others < 5 - 15	Others < 5 - 0.15%

Source FFPS Apr 25

Number of registered patients per postcode

Number of registered patients per postcode	Count
80 to 160	(3)
40 to 80	(53)
16 to 40	(138)
8 to 16	(135)
4 to 8	(176)
1 to 4	(419)

The map shows the distribution of registered patients across the Rhondda Cynon Taff Local Health Board area. The Llynypia Surgery catchment area is highlighted in purple. The map includes labels for various towns and villages, as well as major roads like the A406 and A4061.

Savings - centrally led programmes

Final Internal Audit Report

2025/26

Cwm Taf Morgannwg University Health Board



Limited Assurance

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Review Reference

CTM-2526-18

Fieldwork

October – January 2026

Executive Sign Off

April 2026

Audit Committee

May 2026

Executive Lead

Hywel Daniel, Executive Director of People

Audit Team

Paul Dalton, Head of Internal Audit

Emma Samways, Deputy Head of Internal Audit



Executive Summary

Purpose

Our audit review of the centrally led savings programmes has been undertaken in line with the 2025/26 Internal Audit plan for Cwm Taf Morgannwg University Health Board (the 'Health Board' or CTM).

The Health Board continues to face significant financial pressures as it works to deliver high-quality care within a constrained funding environment. For the 2025/26 financial year, the Health Board has set a savings target of £31.3 million to achieve a balanced financial position, reflecting the growing need for sustainable cost reduction and operational efficiency.

To support delivery of this target, the Health Board established four centrally led savings programmes that will be responsible for achieving £9.6m of the overall target. The programmes focus on:

- Medical workforce.
- Nursing workforce.
- Internal service reconfiguration.
- Patient-centred contact through digital enablement.

We understand a fifth savings programme relating to procurement has recently started, but at the time of our fieldwork, it was in its infancy.

Recent reviews by us and Audit Wales have highlighted challenges in embedding a consistent approach to savings planning and implementation. We have previously reported inconsistent documentation practices including gaps in project planning, risk and quality impact assessments, and the application of savings guidance.

For this review, we tested the governance, planning, and monitoring arrangements for two of the Health Board's savings programmes: the medical workforce productivity programme; and the nursing workforce productivity programme. The medical workforce productivity programme comprises of eight workstreams including Additional Duty Hours and agency spend, rota reviews and compliance and job planning completion. The nursing workforce productivity programme is structured around two workstreams, though these are broken down into five sub-workstreams including absence management, shift pattern alignment and bank operating model.

Overview

We have concluded Limited assurance on this area. The matters requiring management attention are:

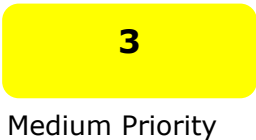
- Programme delivery plans, risk registers, and core planning documents are incomplete, reducing accountability and assurance over savings delivery.
- Centrally led savings programmes were mobilised late and without a documented methodology, limiting early planning and delivery. Identified savings schemes fall short of programme targets, leaving significant gaps unlikely to be closed in-year.
- There is insufficient alignment between operational workstreams of each programme and financial targets, limiting the ability to track and demonstrate savings delivery.
- Data integrity and timeliness issues across workforce and finance systems undermine confidence in reported savings and decision-making.
- Centrally led savings workstreams rely on Care Group delivery, but unclear ownership and savings attribution reduce accountability and limit assurance over their delivery.
- Operational improvements are not consistently translated into financial savings, creating a risk of double counting and no single source of truth.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

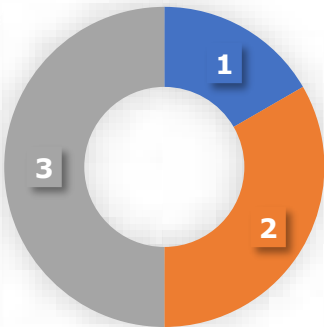
Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	Governance arrangements are in place that support the planning, delivery and monitoring of the centrally led savings programmes. Updated guidance and documentation requirements for savings schemes are in place and have been embedded and applied consistently across the Health Board.	1	Limited
2	Agreed work plans are in place for the centrally led programmes, setting out the desired achievements, leads and timeframes. Suitable data is available to allow effective decisions to be made in relation to action plan implementation.	2, 3, & 4	Limited
3	Care group savings schemes are aligned with and contribute to the centrally led programmes in a coordinated approach.	5 & 6	Limited
4	Appraisal and monitoring of the delivery of progress against each programme takes place, with effective scrutiny and remedial actions taken where targets are not on track.	4	Reasonable

Management Actions



Themes



- Information, Data Quality & Data Accuracy
- Finance Management & Control
- Planning, Delivery & Deadline Management

Risk Types

- Financial Loss
- Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: Governance arrangements are in place that support the planning, delivery and monitoring of the centrally led savings programmes. Updated guidance and documentation requirements for savings schemes are in place and have been embedded and applied consistently across the Health Board.

Limited

We confirmed that the Health Board has established a formal governance framework to oversee the delivery of centrally led savings programmes. The Savings Delivery Programme Oversight Group (SDPOG) meet monthly and provide assurance and escalate matters to the Executive Management Board (EMB) and the Health Board’s Operational Delivery Committee (ODC). The EMB receives programme updates alongside monthly finance reports, while the ODC undertakes quarterly scrutiny through formal savings presentations that include information on targets, risks, and assurance ratings relating to the programmes.

The medical and nursing workforce productivity programmes each have dedicated boards that provide programme level oversight. The boards meet each month to review progress against agreed trajectories. In addition, fortnightly operational huddles support the programmes by bringing together relevant operational, workforce and finance leads to review performance and agree remedial actions for programme slippage. They provide a mechanism for maintaining momentum in-between the formal board meetings. Roles and responsibilities are clearly defined, with Senior Responsible Officers (SROs), finance leads, workforce leads, and Project Management Office (PMO) support embedded within the structure.

While these arrangements provide the oversight of programmes once operational, there appears to have been delays in mobilising the programme workstreams, with key governance, data and performance enablers not in place at the start of the year and still maturing during the year. Furthermore, we saw no documentation setting out the planning process that programmes should follow when identifying and evaluating potential workstreams to produce savings targets. **(Key Finding 1)**

At the time of our fieldwork, the identified workstreams fell significantly short of the savings target set for the year for each programme. The medical savings programme identified viable saving schemes of £623k against a £3m year-end target, and the nursing programme had identified savings of £547k against a £4m target. While remedial actions are agreed and tracked through action logs and the fortnightly huddles, their impact had not closed the gap.

We understand that the Health Board is reviewing and refining the governance framework to streamline reporting lines and further clarify accountability with an aim to strengthen oversight and improve responsiveness to delivery risks.

Key Findings		Risk & Impact	Agreed Management Action
1	Governance arrangements for planning and under identification of savings schemes The medical and nursing workforce savings programme boards were not operational at the start of the financial year. Governance structures were established later, with the programme boards’ terms of reference not approved until the summer of 2025. However, from the start of the year, programme teams were required to begin identifying key leads and gather relevant data. This reactive approach constrained	Late mobilisation and unclear allocation approach reduce planning time, increasing risk of under-delivery and failure to meet savings targets.	Agreed Action: Ensure that centrally led savings programmes are in a position to mobilise at the start of the financial year. This should include: - Establishing and formally approving programme boards, terms of reference, and key roles in advance of the financial year. - Developing and implementing documented guidance for programme boards on the identification, appraisal, and prioritisation of savings workstreams.

early planning activity and meant there was initially a lack of clarity on the approach to identifying savings. We also note the lack of formally documented guidance for programme boards to follow when identifying and evaluating potential workstreams, further reducing consistency, transparency, and clarity of expectations for operational teams during the early planning stages. At the time of our review, the medical programme had identified approximately £623k against a target of £3m. However, only £243k of savings had been delivered. The nursing programme had identified around £547k of schemes against a target of £4m, with approximately £224k of savings delivered to date.	High Priority	Expected Evidence of Implementation: Documented governance timelines, ratified terms of reference, and complete delivery plans available by April for all centrally led programmes. Guidance in place for programmes to follow to aid the identification and appraisal of potential workstreams.
Theme: Planning, Delivery & Deadline Management	Control Design	Officer: Hywel Daniel - Executive Director for People Target Implementation Date: May 2026

There is no documented planning method for programmes to follow when appraising potential workstreams. As such, we saw no evidence to explain the rationale for the eight medical and five nursing workstreams as being the most suitable workstreams to meet savings targets. This includes documentation such as Project Initiation Documents (PID) or quality impact assessments for the chosen workstreams. Without these documents, it is unclear how viability and impact were assessed prior to mobilisation, or how individual workstreams were intending to contribute to savings targets. **(Key Finding 2)**

The requirements of the workstreams are set out in programme work plans, but the work plans for medical and nursing workforce productivity were not complete or consistent. We saw differences between the workstreams captured in the work plans and those reported in board papers. The work plans we saw lacked key details, such as task ownership, progress updates, and defined start and end dates. **(Key Finding 2)**

Both programmes set out objectives focused on workforce efficiency and cost reductions, but the financial targets for the individual workstreams were not always captured and there were inconsistencies in key documents. **(Key Finding 3)**

While finance and workforce teams provide enabling support, reliance on data sourced from multiple systems (HealthRoster, ESR, Allocate, Locums Nest) that do not fully integrate, alongside delays in data provision, could undermine confidence in reported savings and decision-making. **(Key finding 4)**

Whilst monthly programme boards review progress and operational huddles provide a mechanism for addressing slippage, the absence of fully populated plans and inconsistent reporting limits assurance that milestones are achievable within the remaining timeframe.

Key Findings		Risk & Impact	Agreed Management Action
2	Missing programme and workstream planning documentation Our review identified gaps in programme documentation across both the medical and nursing workforce programmes. There was limited documentation setting out the rationale for the selection of individual workstreams or how these aligned to the overall programme objectives and savings trajectories. While workstreams had been identified and progressed, there was no consolidated record evidencing option appraisal, prioritisation criteria, or assessment of deliverability. In addition, we did not see evidence of workstream specific Project Initiation Documents (PIDs), Quality Impact Assessments (QIAs), and risk assessments. These documents typically define scope, objectives, governance, and financial targets for workstreams.	Unclear objectives, weak accountability, and difficulty evidencing how savings targets will be achieved. Limited assurance that programmes were properly scoped and assessed for viability and impact, increasing the likelihood of under-delivery.	Agreed Action: Ensure that programme documentation is complete and consistent, including: • Document and approve the rationale for the selection and prioritisation of programme workstreams, including the criteria used, consideration of alternative options, assessment of deliverability. • Fully populated delivery plans with task owners, timelines, and progress status. • Comprehensive risk registers with trend indicators, mitigation actions, and escalation routes. • Workstream-specific PIDs, QIAs, and risk assessments developed and approved prior to mobilisation, setting out scope, objectives, workstream structure with indicative monetary targets, governance arrangements, and quality impact considerations.

	Delivery plans contained gaps such as missing task owners, progress status, and start/end dates, making it difficult to track accountability and timelines. Risk registers were incomplete, as they lacked trend indicators, mitigation actions, and escalation routes for several high-impact risks.		Expected Evidence of Implementation: - Documented rationale for the selection and prioritisation of programme workstreams, including alignment to programme objectives and savings trajectories, and evidence of approval through the appropriate programme governance route. - Updated delivery plans and risk registers presented in programme board packs, showing full details and regular progress updates. - Approved PID, QIA, and risk assessment documents for workstreams of each programme. - Evidence of review and ratification by programme boards and SDPOG before programme go-live.
		High Priority	Officer: Programme Senior Responsible Officers Target Implementation Date: May 2026
	Theme: Planning, Delivery & Deadline Management	Control Operation	
3	Lack of clarity and alignment between workstreams and financial targets We saw inconsistencies in programme documentation for the medical workforce programme. The delivery plan lists six workstreams (excluding governance), while the 'plan on page' presented to SDPOG references eight, with two workstreams, Workforce Systems and SAS, not appearing in the delivery plan. We were unable to confirm the monetary savings target for each workstream within either programme. While overall programme targets are set (£3m for medical and £4m for nursing), there is no documented breakdown showing how individual workstreams are expected to contribute to these totals.	Risk that programmes cannot demonstrate how planned actions will achieve savings. This reduces accountability and makes monitoring progress against targets difficult.	Agreed Action: Ensure programme documentation includes: - A complete and consistent list of workstreams. - Defined monetary savings targets for each workstream. - Alignment between operational plans and financial plans, reviewed and ratified by programme boards.
		Medium Priority	Expected Evidence of Implementation: Updated Delivery Plans and Plan on Page documents showing consistent workstream lists. Documented financial breakdown by workstream. Evidence of review and approval by programme boards and SDPOG.
	Theme: Planning, Delivery & Deadline Management	Control Operation	Officer: Hywel Daniel - Executive Director for People Target Implementation Date: June 2026

4	Data reliability and timeliness We understand that data reliability and timeliness of data provision remain significant challenges for both the Medical and Nursing Workforce Productivity Programmes. Programme boards rely on accurate workforce and financial data to monitor progress and make informed decisions. However, that data is sourced from multiple systems, including HealthRoster, ESR, Allocate and Locums Nest, where integration gaps affect data reliability. Delays in data provision were repeatedly highlighted in productivity board packs as missing or late updates for key metrics such as bank shifts, agency usage, and rate card compliance. For example, as of December 2025, the Medical Workforce Programme was awaiting a series of workforce related reports that had been requested in late September.	Poor data quality and delays reduce decision-making effectiveness, increasing risk of inaccurate reporting and failure to achieve savings targets.	Agreed Action: Implement a data assurance plan, including system integration improvements, timeliness standards, and validation checks, to ensure accurate and complete workforce and financial data is available for programme monitoring and decision-making.
			Expected Evidence of Implementation: Documented data assurance plan, agreed timeliness standards, and evidence of validated, complete datasets presented in programme board reporting packs.
		High Priority	Officer: Andrew Jones (Acting Deputy Director of Finance), Natalie Price (Assistant Director, Strategic Workforce Planning)
	Theme: Information, Data Quality & Data Accuracy	Control Design	Target Implementation Date: July 2026

While programme boards provide oversight of centrally led workstreams, delivery of these schemes is largely reliant on care groups. At the same time, care groups are responsible for delivering their own local savings schemes, some of which appear to overlap with centrally led programmes. The governance structures provide mechanisms for alignment where there is an overlap between the care groups savings schemes and the centrally led programmes, as care groups submit monthly highlight reports to the medical and nursing workforce programme boards. These reports detail workforce metrics, financial performance and action plans, which are consolidated into programme level reports. Programme boards review the reports alongside workstream updates and finance summaries, showing care group activity within the broader savings context. However, the savings targets for workstreams delivered by the care groups and the centrally led programmes are not clearly defined. We found that arrangements to clearly define ownership, accountability and attribution of savings between care groups and centrally led programmes were not consistently documented, making it difficult to determine where savings were delivered and how they contributed to programme targets. **(Key Finding 5)**

Furthermore, although some operational measures, such as job planning compliance and establishment gap reductions, are tracked, these have not been assigned financial savings values. This means programme boards cannot accurately determine what proportion of savings will be delivered through these improvements or assess their contribution to overall targets. Programme boards monitor and escalate issues, but they do not directly control delivery; accountability for achieving savings rests with care groups. **(Key Finding 6)**

Data quality issues compound these challenges. Delays and inconsistencies in workforce reporting make it difficult to assess whether care group actions are contributing effectively to programme objectives. **(See Key Finding 5)**

Key Findings		Risk & Impact	Agreed Management Action
5	Lack of clarity over ownership and accountability for savings delivery Although the savings workstreams within both programmes are centrally led, delivery of these schemes is largely dependent on implementation at care group level. Care groups are responsible for enacting changes required to realise savings arising from centrally defined workstreams, alongside delivering locally developed savings schemes aligned to their own financial targets. Our review found that the respective roles of centrally led programmes and care groups in the delivery and ownership of savings are not clearly defined or consistently documented. In particular, where care group led schemes overlap with or support centrally led workstreams, there is limited clarity over which	Absence of a single source of truth and financial linkage reduces transparency, increasing risk of inaccurate reporting and missed savings targets.	Agreed Action: Clarify and document accountability arrangements for the delivery and reporting of savings arising from centrally led workforce productivity workstreams implemented at Care Group level. This should include: - Clearly defining ownership for delivery and financial reporting purposes where workstreams span centrally led programmes and Care Group activity. - Agreeing how savings will be attributed, validated and reported to avoid duplication or omission. - Ensuring Care Group delivery responsibilities and contribution to centrally led priorities are explicitly reflected within programme reporting and governance processes.

	programme or care group is accountable for delivery and where realised savings should be attributed and reported. This lack of clarity makes it difficult for programme boards to accurately assess progress, understand the true contribution of care groups to centrally led priorities, and obtain assurance that savings are being fully captured without duplication or omission. It also reduces accountability for delivery, as responsibility for outcomes is dispersed across multiple forums and reporting routes.		Expected Evidence of Implementation: • Documented allocation of ownership for delivery and reporting of savings for centrally led workstreams, including where delivery occurs at Care Group level. • Agreed and applied approach to savings attribution, demonstrating how Care Group-led activity supporting centrally led schemes is recorded, validated and reported. • Updated programme and Care Group reporting packs showing consistent attribution of savings and clear linkage between centrally led workstreams, Care Group actions and financial outcomes.
		Medium Priority	Officer: Hywel Daniel Target Implementation Date: July 2026
	Theme: Finance Management & Control	Control Design	
6	Financial links between operational metrics and savings targets Our review found that while operational metrics such as job planning compliance and establishment gap reductions are tracked within programme reporting, these measures have not been translated into financial savings values. This creates a disconnect between operational improvements and their contribution to overall savings targets. Programme boards can see progress in workforce efficiency indicators, but without assigning monetary values, it is unclear what proportion of the savings will come from these changes. Additionally, attribution rules between care groups and centrally led programmes are not defined, and there is no formal process for validating or reconciling reported savings against baseline positions.	Absence of a single source of truth and financial linkage reduces transparency, increasing risk of inaccurate reporting and missed savings targets.	Agreed Action: Develop a benefits modelling framework that assigns financial values to key operational metrics and implement clear attribution rules, supported by a single reconciled source of truth for savings reporting.
		Medium Priority	Expected Evidence of Implementation: Documented benefits modelling framework and consolidated reporting process, with financial values linked to operational metrics and reconciled savings data.
	Theme: Finance Management & Control	Control Design	Officer: Andrew Jones Target Implementation Date: July 2026

Objective 4: Appraisal and monitoring of the delivery of progress against each programme takes place, with effective scrutiny and remedial actions taken where targets are not on track.

Reasonable

We confirmed that there are forums in place for reporting on the delivery of progress against each of the programmes. The arrangements include the fortnightly huddles, monthly programme board meetings, monthly Savings Delivery Programme Oversight Group meetings and quarterly Operational Delivery Committee meetings.

Our review of the updates taken to both the medical and nursing productivity programme boards confirmed that both contain information from the care group relating to the respective workstreams and progress in meeting targets. The updates also contain action logs of matters raised in previous meetings. The logs set out the actions required to enable the workstreams to make progress in achieving their targets.

In September and October 2025, the SDPOG recognised the delivery challenges facing both programmes and commissioned deep-dive reviews. These deep dives identified a range of challenges and remedial actions which are tracked through action logs and reviewed at programme huddle meetings. The work undertaken to perform the deep dives also highlighted the issues with data integrity and timeliness, which undermines confidence in the reported progress. Without accurate, timely data, programme boards cannot fully appraise delivery or prioritise interventions. **(See Key Finding 5)**

In summary, while governance structures and reporting mechanisms exist, the gaps in scheme identification, benefit modelling and data reliability, reduce the effectiveness of monitoring and remedial action.

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

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

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

Public Sector Internal Audit Standards

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



Operational Delivery Committee

Value-Based Health Care Highlight Report

Eitem yr Agenda / Agenda Item	8.2.4
Dyddiad y Cyfarfod / Date of Meeting:	08/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Dee Lowry Assistant Director – Value & Efficiency
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	Not applicable
Cyd-destun Strategol: <i>Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol</i> Strategic Context: <i>This report aligns to the following Strategic Pillars</i>	Sustaining Our Future
	If more than one applies, please list below: Improving Care Creating Health Inspiring people
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol <i>(Cyfeiriad blaenoriaeth berthnasol)</i> Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan <i>(Reference relevant priority)</i>	Driving service transformation, improving patient outcomes and experience, and promoting more sustainable and equitable models of care. The programme contributes to key organisational priorities.

1. Situation /Background

- 1.1.Delivery of ministerial priorities in 2026-27 as part of Value-Based Healthcare (VBHC) programme scope will see a continuation of delivery of improvements, transformation and redesign of services to ensure that our provision of services and pathways progress to person-centred care, improved outcomes and experiences, enabled by data and digital system integration.
- 1.2.The £2.1m VBHC Welsh Government allocation, and £655k CTMUHB allocation, enable CTM Care Groups to identify and implement key areas of care improvement and test new models of delivery across areas of planned, urgent and emergency care.
- 1.3.The VBHC team support delivery of wider organisational strategy (CTM 2030) and its key transformation programmes, to reduce healthcare inequalities, deliver equitable access, improved experience and optimal outcomes for our population. In addition, the team support the achievement of ministerial priorities as outlined in the NHS Planning Guidance 2026-29, A Healthier Wales, Wellbeing of Future Generations (Wales) Act 2015, Clinical Quality Statements and the new National Peoples Experience Framework 2025.
- 1.4.The key principles set out in the programme scope for VBHC at CTMUHB are to ensure they:
 - Support the embedding of VBHC principles
 - Support with/without funding transformational programmes of work including new models of care delivery
 - Are patient centred and involve patients, service users, families and stakeholders in re-designing care delivery
 - Improve patient outcomes and experiences and use of organisational resources
- 1.5.Key highlights from VBHC programme delivery are reported in section 3.

2. Specific Matters for Consideration

- 2.1 The purpose of this overview report is to provide the Operational Delivery Committee with an overview of the VBHC programme of work for 2026/7.
- 2.2 The report will cover:
 - An update on VBHC projects
 - An overview of planned work for 2026/7

3. Highlight Report

Alert / Escalate	• Cloudcare (Medtronic/Diabeter): Awaiting sign off by the service of 26/27 contract to enable a further year of implementation to June 2027. VBHC funding in place to Mar 2027; service have agreed to fund software Apr-Jun 2027, but decision required by service on funding DSN Apr-Jun 2027. •
Advise	• Alcohol Withdrawal Guidelines: These have been passed by medicines' management operational meeting within Pharmacy and await sign off at OMB (from VBHC highlight report June 2026). • MPI deceased demographics verification- Delays in updating deceased patient information within WPAS have resulted in communications being issued inappropriately. CTMUHB has already adjusted communication triggers and timelines to help mitigate this risk; however, delays in WPAS updates continue to be seen and this is recognised as an issue affecting all HBs. CTMUHB is working with Promptly to integrate with the NHS Wales MPI, Patient Demographic Query as an additional safety check before communications are issued. This will support identification of deceased patients using NHS number where available, reduce the risk of inappropriate communications, and strengthen patient dignity, quality and public confidence in digital PROMs/PREMs delivery. • PROM licensing: Some PROMs are free to use; others have licencing agreements with costs associated to it. Additionally, the criteria for usage on a digital platform can be rigorous and time consuming. VBHC team is working collaboratively with IG, clinical, legal and digital colleagues to ensure a proportionate and consistent approach to selecting PROMs, PREMs and CROMs that are clinically appropriate, compliant and aligned to local and national requirements. • A GDPR investigation found automated survey communications were sent to a family member due to incorrect WPAS contact details. This was a data quality/process issue, not a Promptly failure. Records were corrected, and IG, WPAS, Information Services and national colleagues are strengthening training, governance and technical mitigations.
Assure	• Increasing visibility of VBHC team, and thus VBHC principles, across CTM, as evidenced by VBHC Showcase in September 2025, the first in Wales, with keynote speech given by Jeremy Miles, Cabinet Secretary for Health and Social Care. • The bi-monthly VBHC Steering Group continues to provide oversight and support to the VBHC teams and programmes.

	• The VBHC team directly supports a portfolio of projects and programmes across CTM. These include programmes directly funded by VBHC (such as Cloudcare, Inpatient Diabetic Podiatry), other externally funded programmes (such as 6 Goals and 3Ps), and internally resourced transformation programmes. • Allocation of VBHC funding for 2026-27 was supported by a locally developed internal business case process, which ensured support and sign off by Care Groups for submission, and then multi-disciplinary review, and final agreement by VBHC Steering Group. • Current funding cycle ends for five projects in March 2027. Two other projects are funded by national, recurring funding from WG. One other has funding to March 2028. All funding is dependent upon ongoing commitment to VBHC principles and evidence of benefit realisation. • Promptly has been implemented across CTMUHB to support the systematic collection, analysis and use of PROMs, PREMs and CROMs. Work continues to strengthen consistency of validated question sets across sites and Wales, supported by the PROMs/PREMs roadmap and national meetings to support standardisation, system development and future proofing. • People Experience, PREMs and PROMs responses show year-on-year growth, reflecting stronger digital engagement. Promptly dashboard Phase 1 is complete; Phase 2 will add sentiment analysis and themes to support operational insight and improvements. • NHS Wales App: MOU and DPIA approvals are progressing through IG and Digital routes. Go-live depends on approvals, NHS England login dependencies and PROMs workflows, with success measured by completion rates and reduced SMS reliance where possible. • LPDS delivery has experienced delays across Health Boards following quality assurance findings. CTMUHB has mapped 87 of 130 PREMs and completed mapping for all 36 PROMs, supporting improved data consistency and alignment with national reporting requirements. • Welsh language preference: HBs and Promptly have developed a patient-facing flow allowing patients to select and update language preferences from Sept '26. This supports Welsh language compliance, improves relevance, may reduce bilingual SMS costs. • Work to enable data flows into the NDR is progressing, with Hywel Dda UHB having completed UAT. Governance sign-off and go-live imminent. CTMUHB is progressing internal IG requirements, including DPIA and Data Ethics documentation, with timelines subject to agreement through IG and Digital governance routes.

	• Promptly will provide CTMUHB data via the S3 bucket (cloud storage), with CTMUHB responsible for onward data flow to the NDR. This supports national data alignment and future reporting through agreed governance and technical routes. • Two dedicated finance members, funded from VBHC budget, are actively involved in supporting projects with pathway costings and benefit realisation, reflecting our commitment to the foundational principles of VBHC: linking outcomes that matter to patients with the resources used to achieve them. • Through this model of approach we have developed a business case process of application and review for VBHC funding allocation, and internal allocation letters aligned to VBHC principles, improving governance, transparency and audit readiness both within the organisation and for Welsh Government reporting. • Moved beyond top-down reference costing – from reference costs to real costs. The work on deep-diving the specific costs of broader pathway impact (including, where possible, averted admissions by type, cost avoidance/efficiencies, etc.) working with clinicians to accurately attribute real-world costs – a maturing, more precise model for measuring VBHC impact on resources. • The VBHC team have undertaken 3 sessions of “Introduction to VBHC” with 100 staff, and continue to support patient and engagement events, on peoples’ experience, patient safety, diabetes and alcohol awareness. • The VBHC team has developed a training package for the Promptly system, including monthly Teams drop-in sessions available to all staff, a staff user manual and animated explainer videos for both staff and patients. We worked with Health Education Improvement Wales (HEIW) to develop new Shared Decision-Making training which will be the operational vehicle to train and use VBHC measures in person with patients.
Inform	<u>Position of current funded projects</u> Projects continued / expanded for 2026/7 24/7 Alcohol Care Team: CTM-developed alcohol PROM is now live, ongoing PREM collection. Ongoing positive interaction with service user groups. Received two national NHS Wales awards in 2025 (Welsh Healthcare Award in the Management of Substance Dependency, and NHS Wales Person Centred Care Award). Almost 2,000 patients seen and assessed since Nov '23. Some of these are only seen once; others more regularly, reflecting the complex nature of this cohort.

A detailed analysis is underway to evidence impact across broader pathway of care. Indicative analysis in Sept '25 suggested that in the 9mths previous there was £675k in cost efficiencies.

250 staff trained, with another 66 booked for future sessions. New standardised alcohol policy developed and implemented for CTM. New community alcohol detox SOP developed. Lots of positive patient and service impact stories.

[Digital story created](#). - [Bridging the Gap](#) and [Step by Step](#) creative songs demonstrating improved service and patient experience. Next steps include push to the 7-day service (previously restricted due to staffing challenges), spread and scale, and assessment of impact on friends/family. (£421k National Funding, confirmed as recurrent).

AF & Hypertension: Team delivering education sessions and offering mini health check to targeted established community groups across CTM. If AF/HTN detected referral into Prescribing Clinical Nurse Specialist to support diagnosis and outcome back to GP. 21k patients received mini-health check; 10,580 educated. Nearly 2,000 clinical interventions, with AF detected in 128 (6%). Data extrapolation (in conjunction with Public Health) suggests 4 strokes averted. Renewed focus in areas of high deprivation identifies higher prevalence. Also new line of enquiry to support CTM staff directly (from July 2026 steering group). Starting to collect PREMs. (£234k National Funding, confirmed as recurrent)

Inpatient Diabetic Podiatry: Currently in phase two: service available in three sites (phase one was RGH only). Coordination of MDT care for diabetic inpatients/ED admissions with high-risk foot wounds. Ongoing analysis of data to accurately evidence and cost benefits realisation. Training delivery for clinical colleagues continues and being evaluated to improve uptake. Diabetic Foot PROM implemented. (VBHC funding of £446k over two years, finishing March 2027)

New Projects in the 2025-27 VBHC funding window

Hospital based IDVAs: 3x health Independent Domestic Violence Advisors. Support is offered, risk assessments undertaken and onward signposting to relevant support agencies for patients and staff experience domestic violence. Since October 2025 launch, average 30 referrals to the service per month, which demonstrates scale of the issue. A number of CTM staff are also being supported as part of this

initiative. IDVAs delivering well-received training to CTM colleagues to raise awareness. Work underway to evidence impact on CTM services (ED attendance reduction, etc.). PROM developed, PREMs implemented. Patient stories being collected, whilst conscious of sensitivities around how we best evidence this. (£237k over two years)

Prudent Physio Triage: 1x b7 physiotherapist and 1x b3 admin employed. Patients who self-refer via the CTM website or are referred by primary care complete PROM and PAM to inform clinical triage and a shared-decision making approach by phone with patients. So far around 62% of patients assessed are appropriately redirected to self-management (with SOS). Only 6% have returned to waiting list. PAMs being trialled for this project to assess effectiveness and uptake. PROMs and PREMs implemented. Self-referral form on CTM website also being updated with branching logic to improve efficacy. (£161k over two years)

Cloudcare (/Medtronic/Diabeter): Remote monitoring of T1DM Hybrid Closed Loop pumps, agnostic of provider. 278 patients onboarded into Cloudcare. Medtronic Cloudcare technician (including honorary contract with CTM) in place, and CTM nurse employed. Diabetes PROM signed off nationally and implemented. PREMs implemented. 6mth evaluation showed unexpected improvements in HbA1c, and initial analysis measures suggests >60% clinic capacity improvement by moving quarterly patient reviews to annual. Although one year agreed initially, second year to June 2027 now agreed and awaiting contract signing through Service. Need longer term plan thereafter. 12mth evaluation imminent from Medtronic. Conversations with Swansea University regarding external evaluation underway. (£131k to March 2026, £90k to June 2027)

System Flow: Year 1 focuses on establishing the core foundations for system flow, including standardised processes, improved data visibility, and strengthened governance. This creates the necessary conditions to move from fragmented, localised decision-making to consistent, system-wide operational control. These building blocks will enable the transition to a single, centralised flow command hub delivering real-time, integrated management of patient pathways. Bronze/silver/gold model being implemented. Band 8b in post, band 6 in recruitment. Flow dashboard is complete. Quality framework drafted, process mapping undertaken. Gearing up for full launch. (£158k pa 2026-8)

	Proactive Care (Doccla): Proactive support being offered for remote management of 150 high-risk respiratory patients. Key indicators will be reduced health service usage and improved patient confidence. Fits with innovation, chronic disease management, digital and 'shift left' strategies. Around 90 patients onboarded so far. Steering group re-established July 2026 to clarify clinical lead, evaluation and improved uptake. (£125k 2026/7 only)
Appendices	

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i> Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item.	
	If more than one applies, please list below: Improving Care Living Well	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
	If more than one applies, please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective	
	If more than one applies, please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Refine	
	If more than one applies, please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg <i>(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhwch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: All programmes of care will undertake QIA once tool is ready	If no, please select a reason below. Choose an item.



Equality & Welsh Language Impact Assessment Outcome <i>(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: All linked programmes of work undertake these	Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd <i>(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)</i> Quality Impact Assessment Outcome <i>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)</i>	Not Applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau <i>(Pobl / Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Value-Based Healthcare Steering Group	02/07/2026	Updates and actions noted for further delivery
National Value in Health Team / NHS Executive & Welsh Government	24/03/2026	Updates and actions noted for further delivery

Acronyms / Glossary of Terms	
VBHC	Value-Based Healthcare
PROM	Patient Reported Outcome Measures

PREM	Patient Reported Experience Measures
CROM	Clinical Reported Experience Measures
PAM	Patient Activation Measures
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
PCH	Prince Charles Hospital
IDVA	Independent Domestic Violence Advisor
CTMUHB	Cwm Taf Morgannwg University Health Board
AF	Atrial Fibrillation
HEIW	Health Education Improvement Wales
SOP	Standard Operating Procedure
MOU	Memorandum of Understanding
HB	Health Board
IG	Information Governance
DPIA	Data Protection Impact Assessment
LPDS	Local PROM Data Specification
NDR	National Data Repository
MPI	Master Patient Index
FIHR	Fast Healthcare Interoperability Resources
UAT	User Acceptance Testing

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	George Galletly, Director of Corporate Planning and Strategy, NWJCC
	Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 2 July 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

Links to reports highlighted - [July 2026 - Planning, Performance and Finance Sub-Committee](#)

Status	Update
Alert / Escalate	The Committee received the PPF Sub-Committee's assigned risks from the NWJCC Operational Risk Register as of 31 May 2026. After PPF scrutiny and review, the NWJCC will receive the May 2026 risk register at its July 2026 meeting. Particular focus was given on the re-description of the new Emergency Ambulance Service risk. The shift towards a more commissioner-focused articulation was acknowledged, however concerns were raised that the proposed wording placed insufficient emphasis on patient outcomes and potential patient harm. Whilst financial, reputational, legal and regulatory consequences were relevant to the NWJCC as a commissioner, the primary narrative should also reflect commissioning for better patient outcomes. The Sub-Committee agreed that the wording of the ambulance risk would be refined before submission to the Joint Committee, ensuring that it reflected the NWJCC's levers as a commissioner whilst maintaining a clear patient-outcome focus.
Advise	- The Sub-Committee received the NWJCC Finance Report – Month 2 2026/27. The reported year-to-date position was an underspend of £361k, with a forecast year-end benefit of just under £0.5m. The report noted delivery against plan at Month 2, while recognising the limited robustness of early-year data and forecasting. It was agreed that the most recent available data should be used for future Sub-Committee and Joint Committee reporting. The outcome of the arbitration process with Cardiff and Vale University Health Board (CVUHB) was advised, noting that Welsh Government (WG) had confirmed that the Joint Committee decision should be upheld in relation to the 2% savings requirement, while also making clear that arbitration between NHS Wales organisations should be avoided in future. The need for earlier collaborative planning and stronger relationships to prevent recurrence will be a priority for 2026/27. - The NWJCC Combined Operational Performance Report – Month 2 2026/27 was received. The following was highlighted:

Status	Update
	○ The Sub-Committee requested that future reports should include the most up-to-date information available, recognising that different data sets may be available at different points in the reporting cycle. ○ It was noted that neonatal services had been de-escalated to Level 0 following the May quality assurance meeting and cardiac surgery at CVUHB UHB had been escalated to Level 2 due to an increasing waiting list and delays in receiving an action plan. ○ The Sub-Committee were advised that there are currently no 104-week waits across commissioned specialties, however forward projections to identify any future risks were requested. ○ Concerns about ambulance performance reporting under the new clinical model was raised. It was agreed that additional statistical process control (SPC) charts and more meaningful input, output and outcome measures would be developed, and the colour coding of Non-Emergency Patient Transport Services (NEPTS) metrics would also be reviewed to ensure red and green indicators reflected whether movements were positive or negative. ○ It was advised that a stipulation of the WG Planned Care Funding will require Health Boards (HBs) to improve theatre efficiencies before the additional funding could be accessed. • The Sub-Committee received an update on the development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-30. Members were advised that work had begun on commissioning intentions and a revised clinical prioritisation approach, and that early engagement with HBs had commenced. It was noted that the national clinical strategy would be an important dependency, although timescales suggested it may not be available in time to fully inform the IMTP.
Assure	• NWJCC Risk Management and Assurance Framework – The Sub-Committee endorsed the Risk Management Procedure, Joint Committee Assurance Framework (JAF), Risk Appetite Statement and strategic risk reporting arrangements for onward consideration by the Joint Committee. Members welcomed the strengthened approach to strategic risk management and assurance and were pleased with the progress made to strengthen Risk Management. It was acknowledged that the risk appetite would require ongoing

Status	Update
	collective discussion with Chief Executives, lay members and executive colleagues, and may evolve over time. • The Financial Sustainability Review was received, outlining the current status of savings initiatives. This was the first in a series of updates to provide transparency on allocations, opportunities and slippage. The importance of pace and rigour, particularly given the challenging national financial context and the expectations of HB partners was highlighted. It was noted that the current pipeline is not yet where it needs to be, with too many schemes rated red or amber and insufficient schemes rated green. This will be a priority for the NWJCC Senior Leadership Team to urgently review the pipeline, convert green schemes into cash-releasing benefits, identify further opportunities and strengthen grip on expenditure controls. • The NWJCC Annual Plan 2026-27 delivery update was received focussing on the strategic priority areas, service reviews, deep dives and enabling projects. Members noted that some delivery confidence ratings were medium, largely due to data availability, analytical capability and capacity. It was recognised that the NWJCC was developing a new way of working and that HB engagement would be essential, both to secure analytical support where possible, and to ensure collective ownership of difficult prioritisation decisions, noting the need to balance patient outcomes with affordability in the current financial climate, acknowledging that some planned initiatives may need to be paused or reconsidered. • The Sub-Committee received a verbal update on the grip and control work requested by NHS Performance and Improvement and WG Directors of Finance. A self-assessment had been completed against the relevant elements of the best practice framework, and further work would be undertaken to define good grip and control for the NWJCC as a maturing commissioning organisation. It was agreed that future updates will be reported through the Sub-Committee, with internal audit reporting providing assurance to the host body audit committee.
Inform	• The Sub-Committee received a verbal update on the NWJCC Strategy Development, noting that it would be informed by the NWJCC strategic reviews, deep dives, the three-year IMTP and alignment where possible with the emerging national clinical strategy. The importance of the NWJCC's role in a

Status	Update
	once-for-Wales collaborative commissioning space was reiterated. - The Sub-Committee received a verbal update on the annual review of committee effectiveness. Feedback had been shared with the chairs of the committees, and proposed actions would be developed for inclusion in an action plan for approval by the Joint Committee. Forward Plan of Business – The Sub-Committee reviewed and noted the 2026–27 Forward Plan.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC 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 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)) / 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)) / 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

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 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 Commissioning 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 members of the Joint Commissioning Committee are asked to:

- **Receive** the report as **assurance**.

Operational Delivery Committee

Committee Annual Cycle of Business

Eitem yr Agenda / Agenda Item	8.2.5
Dyddiad y Cyfarfod / Date of Meeting:	28 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad (<i>Wedi'i gysylltu â'r adran "Beth Nesaf" uchod</i>). Recommendation (Linked to the "What Next" section above).	The Committee are asked to NOTE the Cycle of Business

1. Situation / Background

- 1.1 The Operational Delivery Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2026 to 31 December 2026.
- 1.3 The Cycle of Business was Approved by the Health Board at it's Board Development Session held on 26 February 2026.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Operational Delivery Committee Cycle of Business for further detail.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd <i>(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)</i>	Not applicable	
	If more than one applies please list below:	
Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)		

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
	If more than one applies please list below:	

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable	
	If more than one applies please list below:	

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below.



(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome (Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)	Not applicable Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd (Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen) Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	Not applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report	

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	

Operational Delivery Committee – Annual Cycle of Committee Business

(1st January 2026 to the 31st December 2026)

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

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

The Operational Delivery Committee meets at **least 4 times per annum**.

Committee Chair: Rachel Rowlands, IM Community	Committee Vice Chair Patsy Roseblade, IM Audit / Finance	Executive Leads for Agenda Planning Gethin Hughes, Chief Operating Officer

Link to [Board Assurance Framework Dashboard](#)

Creating Health Strategic Goal aligned to Committee Business - Reducing Health Inequalities - Equal focus on Mental Health and Physical Health - Supporting our communities - Being a Healthy Organisation																			
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAE
Seasonal Planning Update	Chief Operating Officer	Annually													X		EMB	Yes	- Strategic Risk 2 - Strategic Risk 8

Improving Care Strategic Goal aligned to Committee Business - Delivering Safe and Compassionate Care - Developing new models of care - Digital Transformation for patients and staff - Ensuring timely access to care																			
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Digital & Data Delivery Report (IG, Cyber, Medical Records, critical incidents)	Director of Digital	All Regular Meetings	R			R			R			R			X	R	N/A	No	Strategic Risk 5
Digital & Data (Information Governance Toolkit)	Director of Digital	Annually							R						X	R	Information Governance Group	No	Strategic Risk 5
Cyber Resilience & Assurance Update (Closed session)	Director of Digital	All Regular Meetings	R			R			R			R			X	R	No	No	Strategic Risk 5
Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			X	R	Yes EMB	No - Captured for Information in AC Folder	Organisational risks aligned to BAF Strategic Risks where applicable.
IMTP Quarterly Updates <i>including programme and financial delivery Specific Care Group IMTP updates will be included on a rolling programme.</i>	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R	Yes EMB	Yes – only needs to be reported to Board Annually once IMTP has been approved	All Strategic Risks will apply to the IMTP considerations.
IMTP Annual Submission	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	Annually			R Extra-ordinary Committee for IMTP Sign off										X	R	Yes EMB	Yes, in March	All Strategic Risks will apply to the IMTP considerations

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Business Cases outside IMTP by exception	Executive Director of Strategy & Transformation Executive Portfolio Led.	As and when required – consider at agenda planning.													X	R	Yes EMB	Yes	Will be assigned to a strategic risk dependent on topic
Ministerial Advisory Group Updates	Director of Corporate Governance / Board Secretary	Bi-Annually				R						R			X	R	Yes EMB	Yes	Will be assigned to a strategic risk dependent on topic
Integrated Performance Dashboard (Including Workforce Metrics Report)	Executive Director of Strategy & Transformation All Executive Directors	All Regular Meetings	R			R			R			R			X	R	Yes EMB	Yes	• Strategic Risk 1 • Strategic Risk 2 • Strategic Risk 3 • Strategic Risk 8 • Strategic Risk 11
Breakthrough Objectives • Pressure Ulcers • Improving attendance • Discharges before midday • Waits by IMD	Chief Operating Officer	Bi-Annually				R						R			X	R	Yes ICB	No	Will be assigned to a strategic risk dependent on topic
CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report	Executive Director of Strategy & Transformation	Annually							R						X	R	Yes EMB	Yes	• Strategic Risk 1 • Strategic Risk 3 • Strategic Risk 4 • Strategic Risk 7

Inspiring People Strategic Goal aligned to Committee Business • Visible and inspiring leadership • Promoting diversity and inclusion • Embedding our values and behaviours • Encouraging local employment																			
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
NHS Staff Survey	Executive Director for People	Twice Per Annum				R						R			X	R	Yes EMB	Yes (Annually)	• Strategic Risk 2 • Strategic Risk 3
Welsh Language Annual Report	Executive Director for People	Annually										R			X	R	Yes EMB	Yes	• Strategic Risk 2 • Strategic Risk 7
More Than Just Words 5 Year Plan Annual Update	Executive Director for People	Annually										R			X	R	Yes EMB	Yes	• Strategic Risk 2 • Strategic Risk 7
Annual Equality Report	Executive Director for People	Annually										R					Yes EMB	N/A	• Strategic Risk 2 • Strategic Risk 7
Employee Relations Report	Executive Director for People	Annually				R									X	R	N/A	N/A	• Strategic Risk 2 • Strategic Risk 3
People Plan – Spotlight	Executive Director for People	All Regular Meetings	R			R			R			R			X	R	N/A	N/A	• Strategic Risk 2 • Strategic Risk 3
Social Partnership Annual Report	Executive Director for People	Annually										R			X	R	Yes EMB	N/A	• Strategic Risk 7

Sustaining our Future Strategic Goal aligned to Committee Business - Becoming a green organisation - Ensuring our services have financial sustainability - Embedding value-based healthcare - Ensuring our estate is fit for the future																			
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Estates Performance Report (Against KPI's)	Executive Director of Finance	Annually	Outcome of Resilience survey to be included												X		No	No	- Strategic Risk 6 - Strategic Risk 10
Estates and Facilities Performance Management System - Annual Report		Annually													X		No	No	- Strategic Risk 6 - Strategic Risk 10
Estates Annex	Executive Director of Finance																		
Facilities Annex	Chief Operating Officer																		
Monthly Finance Reports	Executive Director of Finance	All Regular Meetings													X		Yes - EMB	Yes	Strategic Risk 9
Monthly Monitoring Returns	Executive Director of Finance	All Regular Meetings													X		No	No	Strategic Risk 9
Capital Delivery Programme Monitoring Report	Executive Director of Finance	All Regular Meetings													X		EMB	Yes	- Strategic Risk 9 - Strategic Risk 10
Annual allocation of budget setting	Executive Director of Finance	Annually													X		EMB	Yes	Strategic Risk 9
Capital Plans and Business Cases (in accordance with SoD)	Executive Director of Finance (And other Executive Leads where appropriate)	As and when required.													X		EMB	Yes	Will be assigned to a strategic risk dependent on topic
Value Based Health Care Steering Group Highlight Report	Executive Director of Finance	Annually													X		EMB	No	Strategic Risk 2

Governance / Committee Business Governance Activity - To support a strong governance framework to support effective and efficient Board Business. - Creating a culture of integrity, transparency, and accountability																		
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board
Policy Approval	Relevant Executive Lead	All Regular Meetings as required	℞			℞			℞			℞			℞ Unless significant changes	X	Yes – See policy approval process.	No - unless there is a specific requirement
Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	℞			℞			℞			℞			℞ If all actions are complete	℞ If there are actions in progress / overdue actions	N/A	N/A
Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	℞			℞			℞			℞			℞	X	N/A	N/A
Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	℞			℞			℞			℞			℞	X	N/A	N/A
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	℞			℞			℞			℞			℞ Except for the annual review in November	℞ Annual Review only	N/A	N/A
Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually							℞						X	℞	N/A	Yes
Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually							℞						X	℞	N/A	N/A
Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually							℞						X	℞	N/A	Yes - Yes – via the Committee Highlight Report

CTMUHB Board Assurance Framework Dashboard

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future   Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand b) Enough capacity to meet emergency demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future   Click Here for Risk 2	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
3.	Sustaining our Future, Improving Care and Inspiring People    Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation (<i>Including Culture, Values and Behaviours</i>)	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future   Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future   Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future   Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health   Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future   Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  Click Here for Risk 9	Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care   Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care    Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee

Operational Delivery Committee – Non-Routine Committee Business Forward Plan

(1st January 2026 to the 31st December 2026)

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
December 2025	Email	Requested via Email	Transforming Access to Medicines (TRAMS) Business Case	Deferred from April 2026 meeting	Chief Pharmacist Medicines Governance	Chief Pharmacist	Deferred from April 2026	This item will be discussed at the (Closed) In Committee meeting – July 2026
July 2026	Email	Requested via Email	Revised ambulance performance measures, including implications for reporting and interpretation	Deferred from July Meeting	Chief Commissioner Welsh NHS Ambulance Services Trust	Executive Director of Strategy & Transformation/ Chief Commissioner Welsh NHS Ambulance Services Trust	Deferred from July 2026	This item will be discussed at the October 2026 meeting
September 2026	Health Board Meeting	Requested via Email	Integrated Performance Dashboard	Board request for Update to ODC on timelines for further improvement in relation to Ophthalmology Follow-Ups Not Booked metrics to be shared.	Chief Operating Officer	Chief Operating Officer	July 2026	This item will be discussed at the July 2026 meeting
April 2026	Email	Requested via email	Annual Allocation of Budget Setting	Deferred from April 2026 meeting	Executive Director of Finance	Executive Director of Finance	Deferred from April 2026	Proposed for Closure This item was received and discussed at the May 2026 Board meeting.
September 2024	Planning, Performance & Finance Committee	Requested via Email Deferred from April 2025 meeting.	Maesteg Community Hospital Development	Deferred from January 2026 meeting	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Deferred from January 2026	This item will be discussed at the October 2026 Committee 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	July 2026 – Deferred to next meeting	This item will be received at the October 2026 meeting
July 2025	Email	Information Governance Manager	AI Policy Data Quality Policy	Request to be added to the	Information Governance Manager	Director of Digital	Deferred from July 2026	These items will be received at the

				October 2025 Consent Agenda				October 2026 meeting
May 2026	Health Board Meeting	Action relating to Specialist Palliative Care Services	Implementation assurance should be provided through the Operational Delivery Committee following the planned implementation in September, noting the Organisational Change Process must conclude before detailed implementation planning can progress.	Request to be added to the Forward Work Plan following the September implementation	Corporate Governance Manager	Chief Operating Officer	Consider readiness at Agenda Planning session for the October 2026 Meeting	October 2026 meeting

COMPLETED ITEMS

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	Completed This item will be received at the April 2026 meeting as part of the Capital Delivery Update Report
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	Completed This item was received at the April 2026 meeting.
December 2025	Email	Deputy Director for People	Fixed-Term Contracts (FTC) Policy & Disclosure and Barring Policies & Procedures	Deferred from January meeting	Deputy Director for People	Director for People	April 2026	Completed These Policies were received at the April 2026 meeting.
April 2026	Email	Requested via Email	People Plan Spotlight: Recruitment Deep Dive	Request to be added to the April 2026 agenda.	Deputy Director for People	Director for People	April 2026	Completed This item was discussed at the April 2026 meeting

