Operational Delivery Committee

Thu 30 April 2026, 13:00 - 16:00

Virtual via Teams

Agenda

13:00 - 13:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Rachel Rowlands, Committee Chair

1.2. Apologies for Absence

Information *Rachel Rowlands, Committee Chair*

1.3. Declarations of Interest

Information *Rachel Rowlands, Committee Chair*

13:05 - 13:10
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

13:10 - 13:15
5 min

3. PRELIMINARY BOARD MATTERS

3.1. Action Log

Discussion *Rachel Rowlands, Committee Chair*

3.1 Action Log ODC 30 April 2026 v1.pdf (3 pages)

3.2. Matters Arising not Contained within the Action Log

Discussion *Rachel Rowlands, Committee Chair*

3.3. Committee Forward Work Plan

Discussion *Rachel Rowlands, Committee Chair*

3.3 Forward Work Plan ODC 30 April 2026.pdf (4 pages)

13:15 - 13:25
10 min

4. RISK MANAGEMENT

4.1. Organisational Risk Register - Verbal Update

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

13:25 - 14:25
60 min

5. STRATEGIC PILLAR - IMPROVING CARE

5.1. Integrated Performance Dashboard

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

5.1 Integrated Performance Dashboard ODC 30 April 2026.docx 1.pdf (24 pages)

5.2. Integrated Medium Term Plan (IMTP) 2025-28 Quarter Four Review

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

5.2 IMTP 25-26 Q4 Report ODC 30 April 2026.pdf (8 pages)

5.3. Digital and Data Delivery Report

Discussion *Stuart Morris, Director of Digital*

5.3 Digital and Data Update ODC 30 April 2026.pdf (13 pages)

5.4. COMFORT BREAK - 10 Minutes

14:25 - 15:05
40 min

6. STRATEGIC PILLAR - INSPIRING PEOPLE

6.1. NHS Staff Survey

Discussion *Hywel Daniel, Executive Director for People*

6.1 Staff Survey ODC V2 30 April 26.pdf (10 pages)

6.2. Employee Relations Annual Report

Discussion *Hywel Daniel, Executive Director for People*

6.2 Employee Relations Annual Report ODC 30 April 2026.pdf (15 pages)

6.3. People Plan Spotlight - Recruitment Deep Dive - To follow

Discussion *Hywel Daniel, Executive Director for People*

6.4. Workforce Metrics Report

Discussion *Hywel Daniel, Executive Director for People*

6.4 Workforce Metrics ODC 30 April 2026.pdf (10 pages)

15:05 - 15:50
45 min

7. STRATEGIC PILLAR - SUSTAINING OUR FUTURE

7.1. Month 12 Finance Report

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

7.1 M12 Finance Report Summary ODC 30 April 2026.pdf (10 pages)

7.2. Month 12 Finance Performance Report

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

7.2 M12 Finance Performance Report ODC 30 April 2026.pdf (27 pages)

7.3. Capital Programme Update 2025-26 and 2026-27

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

7.3 Capital Update ODC 30 April 2026 (2).pdf (28 pages)

7.4. Estates and Energy Performance Report

Decision *Sally May, Executive Director of Finance & Procurement*

7.4 Estates & Energy Performance Report ODC 30 April 2026.pdf (14 pages)

15:50 - 15:55
5 min

8. CONSENT AGENDA

8.1. Items for Approval

8.1.1. Unconfirmed Minutes of the Meeting held on 22 January 2026

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

8.1.1 Unconfirmed Minutes 22.01.26 ODC 30 April 2026.pdf (11 pages)

8.1.2. Unconfirmed In Committee Minutes of the Meeting held on 22 January 2026

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

8.1.2 Unconfirmed IC Minutes 22.01.26 ODC 30 April 2026.pdf (3 pages)

8.1.3. Policies for Approval

Decision

- **Approval of Fixed-Term Contracts (FTC)**
- **Policy Disclosure and Barring Service (DBS) Policy and Procedures**
- **Security Policy**

8.1.3a Cover Report - Fixed Term Contracts and DBS Policy ODC 30 April 2026.pdf (6 pages)
8.1.3b Fixed Term Contracts Policy Final 200426.pdf (9 pages)
8.1.3c DBS Policy - 01.pdf (5 pages)
8.1.3d DBS Checks Procedure - 02.pdf (15 pages)
8.1.3e DBS Eligibility Checklist - 03.pdf (1 pages)
8.1.3f DBS Referral Procedure - 04.pdf (6 pages)
8.1.3g Cover Report Security Policy ODC 30 April 2026.pdf (5 pages)
8.1.3gi Security Policy V2 - Jan 26.pdf (32 pages)

8.1.4. Ratification of Chairs Urgent Action: Approval of the All Wales Disciplinary Policy & All Wales Improving Performance at Work Policy

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

8.1.4 Ratification of Chairs Urgent Action Policy ODC 30 April 2026.pdf (6 pages)
8.1.4a All Wales Disciplinary Policy and Process ODC 30 April 2026.pdf (22 pages)
8.1.4b All Wales Improving Performance at Work Policy FINAL ODC 30 April 2026.pdf (13 pages)

8.1.5. Ratification of Chairs Urgent Action: Approval of the Paternity Leave Policy

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

8.1.5 Ratification of Chairs Urgent Action Paternity Leave Policy ODC 30 April 2026.pdf (5 pages)
8.1.5a Paternity Leave Policy ODC 30 April 2026.pdf (22 pages)

8.2. Items for Noting

8.2.1. Months 10, 11 & 12 Monitoring Returns to Welsh Government

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

8.2.1a M10 Monitoring Return Report ODC 30 April 2026.pdf (4 pages)
8.2.1b Annex A - Month 10 - CTM ULHB - Monitoring Narrative 2025-26.pdf (28 pages)
8.2.1c Annex A - Month 10 - CTM ULHB - Monitoring Tables 2025-26.pdf (5 pages)
8.2.1d M11 Monitoring Return Report ODC 30 April 2026.pdf (4 pages)
8.2.1e Annex A - Month 11 - CTM ULHB - Monitoring Narrative 2025-26.pdf (26 pages)
8.2.1f Annex A - Month 11 - CTM ULHB - Monitoring Tables 2025-26.pdf (5 pages)

- 8.2.1g M12 Monitoring Return Report ODC 30 April 2026.pdf (4 pages)
- 8.2.1h Annex A - Month 12 - CTM ULHB - Monitoring Narrative 2025-26.pdf (20 pages)
- 8.2.1i Annex A - Month 12 - CTM ULHB - Monitoring Tables 2025-26.pdf (6 pages)

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

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

- 8.3 JCC PPF Highlight Report 26.2.26 ODC 30 April 2026.pdf (5 pages)

8.4. Committee Annual Cycle of Business 2026

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

- 8.4a Annual Cycle of Business cover report ODC 30 April 2026.pdf (4 pages)
- 8.4b FINAL CTMUHB ODC Cycle of Business 2026 v8.pdf (7 pages)

15:55 - 16:00
5 min

9. CLOSE OUT BUSINESS

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?

16:00 - 16:00
0 min

10. DATE AND TIME OF NEXT MEETING

Information *Rachel Rowlands, Committee Chair*

28th July 2026 at 14:00 pm

Operational Delivery Committee - Action Log (as at 15.04.2026)

Name Comm								
Date o action from			Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Operational Delivery Committee - January 2026	3,1	2	Action Log	Updates to be received in a timely manner or changes will need to be captured in the meeting or deferred.	Corporate Governance Manager	Director of Corporate Governance / Board Secretary	apr-26	Proposed for Closure	Late Papgers and updates to the Action Log will be discussed in the meeting and not circulated late.
Operational Delivery Committee - January 2026	3,1	2	Action Log	A detailed briefing on Special School Nursing to be provided outside the meeting (Refers to previous action 14 from October 2025 meeting)	Corporate Governance Manager	Service Director, DTPS & Children & Families Care Group	feb-26	Open	This is in progress and a detailed brief is pending following a further meeting.
Operational Delivery Committee - January 2026	4,1	3	Organisational Risk Register	To strengthen the alignment between emerging links, performance data and likely impacts for future reports.	Director of Corporate Governance / Board Secretary	Director of Corporate Governance / Board Secretary	apr-26	Proposed for Closure	An interim Assistant Director of Governance and Risk is in place who will take a lead on the Organisational Risk Register and will factor this in as part of the planning to take the ORR forward. We will update the Committee at a future meeting.
Operational Delivery Committee - January 2026	5,1	5	Digital and Data Highlight Report	To escalate the huge amount of work undertaken and compliance rates via CTM communication channels.	Director of Digital	Director of Digital	feb-26	Proposed for Closure	This has been completed via the Communications Department.
Operational Delivery Committee - January 2026	7,1	7	IMTP Quarter 3 Update	Provide a Board briefing ahead of the external visit by Sarah Murphy, Minister to the Integrated Women's Health Hub	Executive Director of Strategty & Transformation	Executive Director of Strategty & Transformation	apr-26	Proposed for Closure	The brief was provided to the Board on the 19/02/2026 and the visit was undertaken on 26/02/26. Future updates will be given via Improving Care Board
Operational Delivery Committee - January 2026	9,2	8`	Facilities Performance Report	To provide a more up to date accurate data for the next report.	Facilities Service Director	Facilities Service Director	apr-26	Proposed for Closure	The report was shared with NWSSP shared services colleagues who confirmed that the data was accurate from what they had received. They have acknowledged that the general submitted data from all Health Boards requires more work to ensure parity and fair comparison across all Wales sites. Maintaining contact with colleagues in shared services in relation to the development of the proposed new dashboard.
Operational Delivery Committee - January 2026	9,3	8	Community Response Times Analysis	To consider how to escalate ongoing JCC data issues to the Board for transparency	Director of Corporate Governance / Board Secretary	Director of Corporate Governance / Board Secretary	feb-26	Proposed for Closure	Gareth is meeting the Committee Secretary of the JCC to discuss the Hosting arrnagements between CTM and JCC on the 5th of May and they will incorporate the isssue around the escalation of data issues into that discussion.

Operational Delivery Committee October 2025	8.2.1	13	Children & Familites Care Group IMTP In Year Performance	A detailed briefing on Special School Nursing to be provided outside the meeting	Service Director, DTPS & Children & Families Care Group	Service Director, DTPS & Children & Families Care Group	jan-26	Open	Approval being sought to share the report outside of the meeting.
Operational Delivery Committee October 2025	8.2.2	13	Unscheduled Care	To include performance against targets for future Presentations to the Committee	Service Director, Unscheduled Care - Care Group	Chief Operating Officer	jan-26	Proposed for Closure	Confirmed that this will be provided for future meetings.
Operational Delivery Committee July 2025	3,3	3	Forward Work Plan	To amend the timeline for the Maesteg Hospital Outline Business Case to May/June 2026	Corporate Governance Manager	Executive Director of Strategy & Transformation	May/June 2026	Proposed for Closure	Proposed for closure as this has been added to the Forward Plan for 2026
Operational Delivery Committee July 2025	4,1	3	Staff Survey Delivery Action Plans	To consider a discussion on the support for leaders and managers in delivering the survey at a future meeting of the Committee.	Employee Experience Lead	Executive Director for People	2026	Open	Consider readiness at the agenda planning session for 2026 meetings.
Operational Delivery Committee July 2025	6,1	7	Organisational Risk Register	To review risk 5417 and provide an update.	Deputy Chief Operating Officer, Primary Community, MH & LD	Chief Operating Officer	okt-25	Proposed for Closure	Following a delay in the September implementation date it is now anticipated that from the end of November / December a sufficient number of lists will be allocated to the service to enable the backlog to be reduced and manage ongoing demand. Lists will operate from 2 acute hospital sites initially with ambition that the lists will be provided from the 3 sites, which requires further planning as we progress with these plans. Additional assessments sessions will be put in place with community dental to ensure full utilisation of the lists. The Care Groups will continue to monitor the position and review the risk following assurance all lists have commenced within the revised agreed timeframes. Available in the Admincontrol folder is the latest trajectory from the Care Group which reflects the new lists and the impact of starting later than the initial planned date of September. In Admin Control

Date of original			Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Operat Octobe			Unscheduled Care	To circulate the latest Performance data for stroke outside the meeting.	Service Director, Unscheduled Care - Care Group	Chief Operating Officer	jan-26	Closed	Stroke figures for October 2025 have been circulated via email outside of the meeting
Operational Delivery Committee October 2025	5,1	8	Digital and Data Highlight Report	Provide an update on Mental Health Procurement System to the next Board Briefing Session	Director of Digital	Director of Digital	jan-26	Closed	Board briefing was provided. Paper now going to Board on 29th January 2026
Operational Delivery Committee October 2025	7,2	10	Month 6 Finance Performance Report	To include the issues raised in the 'escalation' section of the Highlight Report to Board and at the upcoming Board Development Session	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	jan-26	Closed	Update provided via the Committee Highlight Report to the November Health Board Meeting
Operational Delivery Committee October 2025	7,4	11	Savings Delivery Programme Update Presentation	Circulate the Presentation to the Committee	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	jan-26	Closed	Presentation was circulated to Members via email on the 29th October following the meeting
Operational Delivery Committee October 2025	4,3	3	People Plan 2025-30 Sickness Absence Analysis and Recommended Actions	To hold offline discussions in relation to the points raised by S. May on the financial calculations and H. Proctor in terms of the assurance on the action plan	Deputy Director for People	Director for People	jan-26	Closed	Conversations are ongoing with Finance (and more widely across NHS Wales) about reflecting true cost of sickness absence. Specific work is incorporated within the action plan to get underneath the high proportion of sickness absences categorised as "unknown causes".
Operational Delivery Committee April 2025	3,3	3	Forward Work Plan	To add the following items to the Primary Care & Community Services report: Taff Vale Practice Closure Update, Hospital at Home Programme	Deputy Chief Operating Officer	Chief Operating Officer	jul-25	Closed	Received at the July 2025 Meeting.
Operational Delivery Committee January 2025	3,1	2	Action Log	Suspension of the National Digital Maternity Programme - Committee to receive an update on the discussions of a local system at a future	Director of Digital	Director of Digital	okt-25	Closed	Agreed at the July 2025 meeting to received updates via the Digital Transformation Programme Report
Operational Delivery Committee July 2025	9,1	11	Integrated Performance Dashboard	To include stroke performance reports as part of the Integrated Performance Dashboard for future meetings of the Committee	Senior Performance Monitoring Officer	Executive Director of Strategy & Transformation	okt-25	Closed	Stroke performance reports now includes as part of the Dashboard.
Operational Delivery Committee July 2025	9,1	11	Integrated Performance Dashboard	To include stroke performance reports as part of the Integrated Performance Dashboard for future meetings of the Committee	Senior Performance Monitoring Officer	Executive Director of Strategy & Transformation	okt-25	Closed	Stroke performance reports now includes as part of the Dashboard.
Operational Delivery Committee July 2025	8,2	11	Civil Contingencies and Business Continuity	to amend wording in opening sentence from reassure to assure	Civil Contingencies Manager	Executive Director of Strategy & Transformation	jul-25	Closed	Wording amended
Operational Delivery Committee July 2025	4,2	5	Progress Update on Enforcement Action against the UHB in 2022 relating to Welsh Language Recruitment	Welsh Language team to continue engaging with managers, to offer online sessions and track training attendance against the list of recruiting managers with ongoing support provided by Operational Leads.	Welsh Language Lead	Executive Director for People	okt-25	Closed	Continued engagement is ongoing to improve upon Welsh Language Recruitment
Planning, Performance & Finance Committee - August 2024	5,1	4	Integrated Performance Dashboard	To bring a more detailed presentation on outpatients and the work that was going on back to the Committee at a future meeting	Chief Operating Officer	Chief Operating Officer	apr-25	Closed	Update received by the Committee at the April 2025 meeting.
Operational Delivery Committee April 2025	3,3	3	Forward Work Plan	To circulate the 29 enabling actions relating to the Ministerial Advisory Group to the Committee.	Chief Operating Officer	Chief Operating Officer	jul-25	Closed	29 Enabling actions have been circulated via email 13.05.25
Operational Delivery Committee April 2025	3,3	3	Forward Work Plan	Update on the gap analysis of the 29 MAG recommendations to the Planned Care Update for the next meeting	Chief Operating Officer	Chief Operating Officer	jul-25	Closed	On Agenda for July 2025 meeting
Operational Delivery Committee April 2025	4,1	4	DTPS Care Group Staff Survey Journey 2024	To provide an explanation of the Acronyms outside of the meeting	Head of Speech & Languate Therapy	Executive Director of AHP and Health Science	jul-25	Closed	Updated presentation circulated to Committee following the meeting.
Operational Delivery Committee April 2025	4,2	4	Employee Relations Report	Detail on referral to professional bodies to be circulated outside of meeting	Head of People Services	Director for People	jul-25	Closed	Detail was circulated via email to Committee Members 2.6.25
Operational Delivery Committee April 2025	8,1	11	Integrated Performance Dashboard	To bring the revised Dashboard to the next meeting of the Committee	Director of Strategy & Transformation	Director of Strategy & Transformation	apr-25	Closed	Dashboard has been revised and was received at the April 2025

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
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	**Propose to close** 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	**Propose to close** This item will be 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	**Propose to close** These Policies will be 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	**Propose to close** This item will be discussed at the April 2026 meeting
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	Consider readiness at Agenda Planning Session for July 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	This item will be discussed at the July 2026 meeting.
September 2024	Planning, Performance & Finance Committee	Requested via Email	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 July 2026

		Deferred from April 2025 meeting.						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	April 2026 – Deferred to next meeting	This item will be received at the July 2026 meeting
July 2025	Email	Information Governance Manager	AI Policy Data Quality Policy	Request to be added to the October 2025 Consent Agenda	Information Governance Manager	Director of Digital	Deferred from April 2026	These items will be received at the July 2026 meeting
April 2026	Email	Chief Operating Officer	Breakthrough Objectives (topic tbc)	Deferred from April 2026 meeting	Business Support Manager COO Team	Chief Operating Officer	Deferred from April 2026	This item will be discussed at the July 2026 meeting

COMPLETED ITEMS

August 2025	Email	Deputy Director for People	Family friendly policies – Carer's & Parental Leave Policies	Request to be added to the January 2026 meeting	Deputy Director for People	Director for People	January 2026	**Closed** This item was received at the January 2026 meeting
December 2025	Email	Deputy Director for People	All Wales Reservist Policy	Request to be added to the January 2026 meeting	Deputy Director for People	Director for People	January 2026	**Closed** This item was received at the January 2026 meeting
December 2025	Email	Deputy Director for People	People Plan Spotlight: Great Management and Leadership	Request to be added to the January 2026 meeting	Assistant Director of Leadership & Culture	Director for People	January 2026	**Closed** This item was received at the January 2026 meeting
December 2025	Email	Chief Operating Officer	Community Response Times Analysis	Request to be added to the January 2026 meeting	Chief Operating Officer	Chief Operating Officer	January 2026	**Closed** This item was received at the January 2026 meeting
July 2025	Email	Assistant Director of Planning Capital and Estates	Facilities Performance Report (Against KPI's)	Request to be added to January 2026 Agenda	Assistant Director of Planning - Capital and Estates	Director of Finance	January 2026	**Closed** This item was received at the January 2026 meeting
July 2025	Email	Assistant Director of Planning Capital and Estates	Facilities Performance Management System - Annual Report	Request to be added to January 2026 Agenda	Assistant Director of Planning - Capital and Estates	Director of Finance	January 2026	**Closed** This item was received at the January 2026 meeting
November 2025	Email	Head of Capital	Invest to Save Bid – Funding Application for Decarbonisation Refit Measures	Request to be added to the EO Meeting November 2025	Head of Capital	Director of Finance	EO Meeting – November 2025	**Closed** This item was received at the EO Meeting on 20 November 2025

November 2025	Email	Head of Capital	PCH GF&FF Business Case	Request to be added to the EO Meeting November 2025	Head of Capital	Director of Finance	EO Meeting – December 2025	**Closed** This item was received at the EO Meeting on 11 December 2025
June 2025	Email	Assistant Director of Governance & Risk	WG Revised Escalation Status	Request to add to July 2025 agenda	Chief of Staff	Director of Governance/Board Secretary	Deferred from July 2025 – Will now be received at the October 2025 meeting	**Closed** This item was received at the October 2025 meeting
October 2025	Email	Deputy Director for People	Sickness Absence – Deep Dive	Request to add to October 2025 agenda	Deputy Director for People	Director for People	October 2025	**Closed** This item was received at the October 2025 meeting
September 2025	Email	Deputy Director for People	All-Wales Anti-sexual Harassment Policy	Request to add to October 2025 agenda	Deputy Director for People	Director for People	October 2025	**Closed** This item was received at the October 2025 meeting
October 2025	Email	Assistant Director of Governance & Risk	CCTV Policy	Request to add to October 2025 agenda	Performance & governance Lead Facilities	Chief Operating Officer	October 2025	**Closed** This item was received at the October 2025 meeting
October 2025	Email	Deputy Director for People	Social Partnership Duty Annual Report 2024-25	Request to add to October 2025 Agenda	Deputy Director for People	Director for People	October 2025	**Closed** This item was received at the October 2025 meeting
September 2025	Email	Head of OD & Inclusion	More Than Just Words Welsh Government Submission	Request to add to October 2025 Consent Agenda	Head of OD & Inclusion	Director for People	October 2025	**Closed** This item was received at the October 2025 meeting
October 2025	Discussed at Agenda Planning Session	Chief Operating Officer/Chair	New Operational Escalation Framework	Request to be added to the October 2025 agenda	Chief Operating Officer	Chief Operating Officer	October 2025	**Closed** This item was received at the October 2025 meeting
July 2025	Email	Information Governance Manager	Personal Data Request Policy	Request to be added to the October 2025 Consent Agenda	Information Governance Manager	Director of Digital	October 2025	**Closed** This item was received at the October 2025 meeting
October 2025	Email	Assistant Head of Assets Governance and Technical Services	Asbestos Management Plan (Revised)	Request to be added to the October 2025 Consent Agenda	Assistant Head of Assets Governance and Technical Services	Director for People	October 2025	**Closed** This item was received at the October 2025 meeting

September 2025	Email	Assistant Director Value & Efficiency	Savings Delivery Programme Update	Request to be added to the October 2025 Agenda	Assistant Director Value & Efficiency	Director for People	October 2025	**Closed** This item was received at the October 2025 meeting
April 2025	Action from April 2025 ODC Meeting	Committee Members	Vaccination Programme Update	Progress Report	Assistant Director for Leadership & Culture	Director for People	Deferred from the July 2025 meeting.	**Closed** This item was received at the October 2025 meeting

Agenda Item
5.1

Operational Delivery Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open / Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Claire Thompson	16/04/2026	Endorsed for Approval

1. Situation/Background

Welsh Government's 2025/26 NHS Wales Performance Framework sets out national priorities and performance expectations for Health Boards. The recently published 2026/27 Framework will inform future performance reporting in the coming months. All frameworks are available to read at the following URL: NHS Wales performance framework | GOV.WALES

This Integrated Performance Dashboard provides a concise overview of CTM University Health Board's latest performance position, focusing on key areas of pressure and risk. While targeted recovery actions are delivering improvement in some areas, performance remains under sustained pressure, with continued reliance on non-recurrent capacity, system

partners and executive intervention to manage demand and mitigate risks to patient safety, experience and statutory delivery.

A more comprehensive catalogue of performance measures, aligned to the Quadruple Aim and supported by benchmarking against the rest of Wales, is provided in the appendices.

2. Specific Matters for Consideration - Key Highlights

Planned Care:

RTT (Referral to Treatment Time):

>52 weeks OPA: Zero (Mar 2026) – Target: March 2026 Zero.

>104 weeks: 98 (Orthopaedic patients) - (Mar 2026) – Target: March 2026 Zero.

Actions: 2026/27 - continual waiting list validation and development of sustainable delivery plans within each specialty.

Diagnostics:

>8 weeks wait: 0 (Mar 2026) – Target: March 2026 Zero.
(Please note that whilst zero waits were reported for year end, this excludes NOUS data due to reporting issues post RIS implementation.)

Actions: Stabilisation of Radiology performance post-RIS, development of sustainable 2026/27 capacity plans.

Suspected Cancer Pathway (SCP):

Performance: 65.8% treated within 62 days (Feb 2026) – Target: 80% by March 2026. (Note we have been de-escalated by WG for cancer performance due to sustaining performance above 63%).

Risks: Endoscopy delays, pathology turnaround, tertiary treatment delays.

Actions: Delivery of diagnostic recovery plans - prioritisation of cancer patients, strengthened tumour-site oversight, digital vetting and pathway audits, continued regional and national escalation of capacity risks.

Unscheduled Care:

Handovers within 15 mins: 57.3% (Mar 2026) – Target: Improvement towards 100%.

Handovers within 45 mins: 261 (Mar 2026) – Target: Zero.

4-hour ED waits: 57% (Mar 2026) - Target: 95%.

12-hour breaches: 2,380 patients (Mar 2026) - Target: Zero.

Risks: Corridor care, long waits for frail elderly patients, IPC pressures and isolation capacity challenges. Stroke pathway delays due to ED congestion and scanning delays.

Actions: Strengthened triage processes and expanded ambulatory capacity. Flow improvement (STAMP, OPTIMISE), enhanced escalation protocols.

Pathways of Care Delayed Discharges:

231 Delayed Pathways of Care Discharges at March 2026 census point.

Risks: Limited community and intermediate care capacity, delays in key assessments and system-wide flow impacts.

Actions: Strengthened escalation routes, digital process improvements, continued cross-partner working.

Adult Mental Health:

Assessments within 28 days: 49.4% (Feb 2026) - Target: 80%.

Psychological therapy <26 weeks: 55.7% (Feb 2026) - Target: 80%.

Risks: Underperformance against Part 1a assessment and Psychological Therapy targets; workforce and administrative fragility.

Actions: Additional administrative and clinical capacity, weekend and additional clinics, improved data and oversight, long-waiter reviews and senior management scrutiny.

Population Health:

Smoking cessation: **Quit attempts**: 4.62% (Q1–Q3), predicted 2025/26 performance 6.16% - Target: 5%.

CO-validated quits: 10.56% (Q1-Q3) -Target: 40%.

Risks: CO-validation - difficult to achieve due to high proportion of virtual appointments where carbon monoxide readings cannot be taken.

Actions: Trialling face-to-face and mixed delivery approaches to improve CO-validation rates

Vaccination:

Childhood schedule by age 5: 90.2% (Q3) - Target: 95%.

Risks: MMR uptake needs to remain at 95% to prevent measles outbreaks; risk of reduced uptake due to programme changes.

Actions: Implementing programme changes (MMRV inclusion, age eligibility adjustments) with resource sharing and staff training.

Flu uptake (65+): 72.4% (as at Feb 2026) - Target: 75%.

Risks: Current uptake just below target; risking health protection for older adults.

Actions: Increasing awareness and access through community engagement and monitoring uptake data.

Workforce:

Sickness absence: 7.41% (Rolling 12 months to Feb 2026).

PADR compliance: 71.0% (Mar 2026, provisional) - Target: 85%.

Risks: High sickness absence, PADR and training compliance below target, workforce ageing and reliance on temporary staffing.

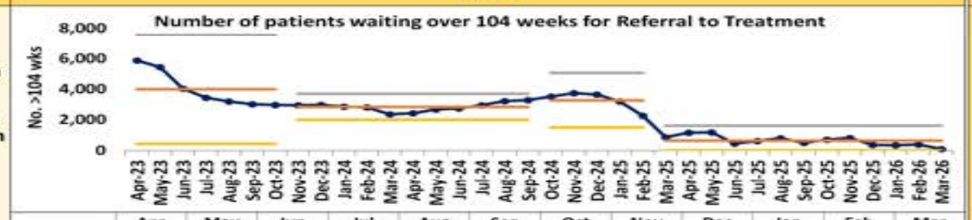
Actions: Strengthened attendance management, targeted wellbeing interventions, retention initiatives, improved PADR oversight and workforce analytics.

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

Planned Care & Cancer

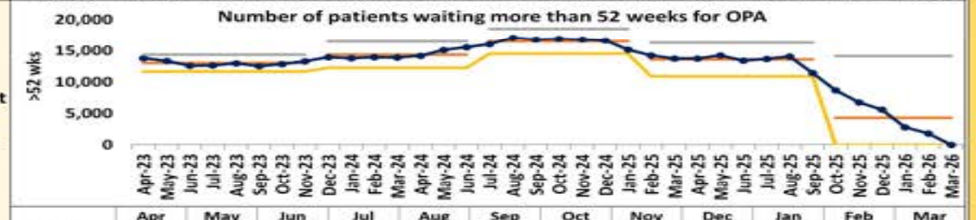
Measure	Trend

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



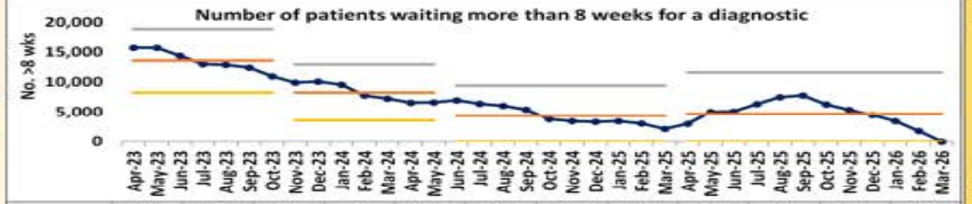
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,168	1,177	463	615	794	496	699	830	369	348	388	98
2024/25	2,435	2,680	2,738	2,956	3,226	3,277	3,516	3,736	3,643	3,189	2,277	856
2023/24	5,855	5,430	4,031	3,447	3,185	3,015	2,980	2,938	2,973	2,854	2,804	2,364

Provide outpatient appointments within 52 weeks for 100% of patients



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	13,733	14,210	13,429	13,694	14,060	11,435	8,692	6,728	5,596	2,807	1,832	0
2024/25	14,184	15,133	15,570	16,027	17,075	16,815	16,921	16,839	16,673	15,186	14,216	13,729
2023/24	13,812	13,334	12,558	12,619	12,948	12,548	12,865	13,309	13,943	13,780	13,945	13,914

Ensure maximum wait for diagnostics does not exceed 8 weeks



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	2,991	5,000	5,081	6,355	7,509	7,769	6,253	5,364	4,467	3,436	1,756	0
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,414	3,329	3,426	3,037	2,113
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236

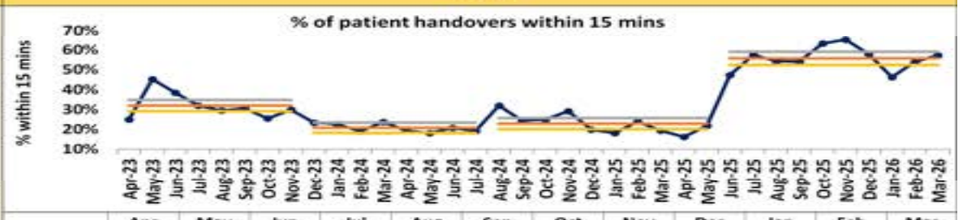
Ensure >63% compliance with the Single Cancer Pathway measure (point of suspicion to receiving first definitive treatment within 62 days)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	60.5%	57.8%	59.2%	58.6%	63.3%	64.6%	62.2%	65.0%	64.7%	64.3%	65.8%	
2024/25	50.0%	56.2%	53.4%	51.4%	56.7%	56.8%	61.3%	61.4%	63.1%	61.8%	60.7%	60.2%
2023/24	47.9%	49.0%	47.9%	48.7%	50.5%	50.6%	51.3%	55.0%	53.0%	51.8%	49.4%	57.9%

Urgent & Emergency Care

Measure	Trend

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

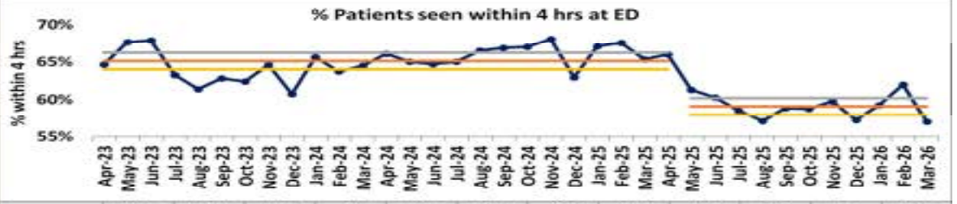


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	16.2%	21.8%	47.3%	57.4%	54.3%	54.2%	63.2%	64.3%	58.0%	46.3%	54.0%	57.3%
2024/25	19.5%	18.2%	20.7%	19.3%	32.0%	24.4%	24.9%	29.1%	19.8%	18.2%	23.9%	19.3%
2023/24	24.9%	45.2%	38.4%	31.9%	29.5%	30.6%	25.6%	29.9%	23.4%	22.6%	19.0%	23.8%

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

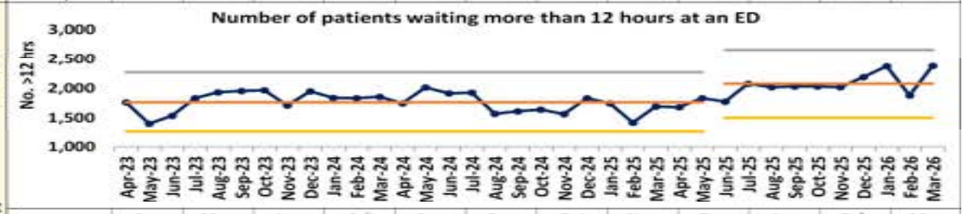
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,163	1,011	416	302	335	355	116	122	214	494	225	261
2024/25	1,226	1,269	1,141	1,169	669	946	1,010	866	1,184	1,228	827	1,043
2023/24	1,150	595	743	918	921	929	1,265	896	1,077	1,168	1,174	1,129

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



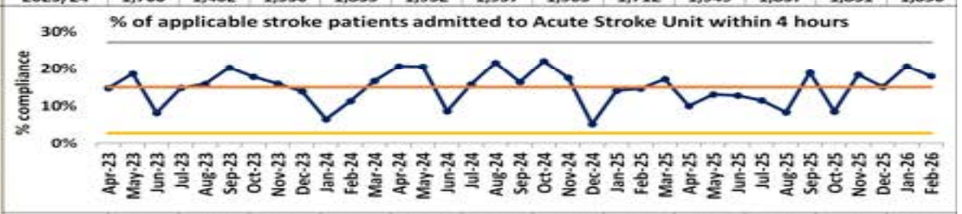
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	66.0%	61.3%	60.3%	58.5%	57.1%	58.8%	58.7%	59.8%	57.2%	59.2%	62.0%	57.0%
2024/25	66.1%	65.0%	64.7%	65.1%	66.5%	66.9%	67.0%	68.1%	63.0%	67.1%	67.6%	65.4%
2023/24	64.7%	67.7%	67.9%	63.3%	61.4%	62.8%	62.4%	64.6%	60.7%	65.7%	63.7%	64.5%

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,682	1,833	1,776	2,075	2,021	2,031	2,029	2,021	2,191	2,373	1,877	2,380
2024/25	1,745	2,015	1,914	1,928	1,569	1,610	1,642	1,566	1,832	1,745	1,420	1,691
2023/24	1,760	1,402	1,536	1,833	1,932	1,957	1,965	1,712	1,949	1,837	1,831	1,856

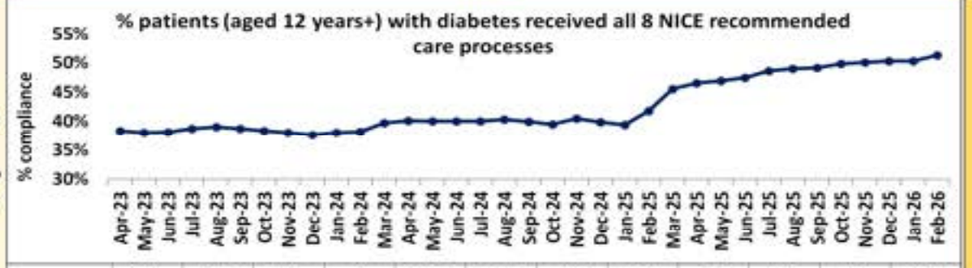
% of applicable stroke patients admitted to Acute Stroke Unit within 4 hours



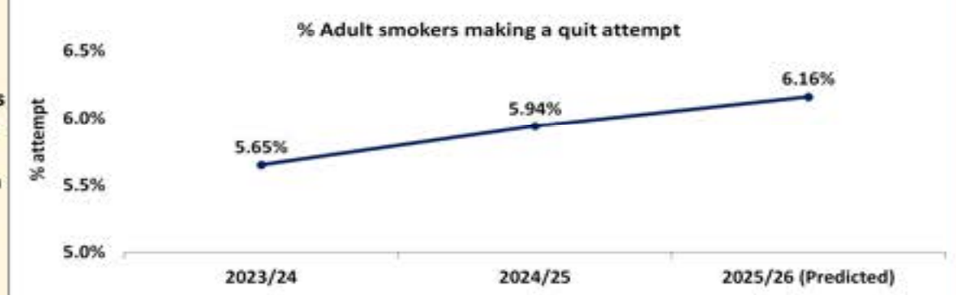
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	10.0%	13.0%	12.8%	11.5%	8.3%	18.9%	8.6%	18.4%	15.1%	20.6%	17.9%	
2024/25	20.6%	20.6%	8.6%	15.8%	21.6%	16.4%	22.1%	17.5%	5.2%	14.1%	14.7%	17.1%
2023/24	14.7%	18.6%	8.2%	14.8%	15.9%	20.3%	17.8%	15.9%	13.9%	6.5%	11.3%	16.7%

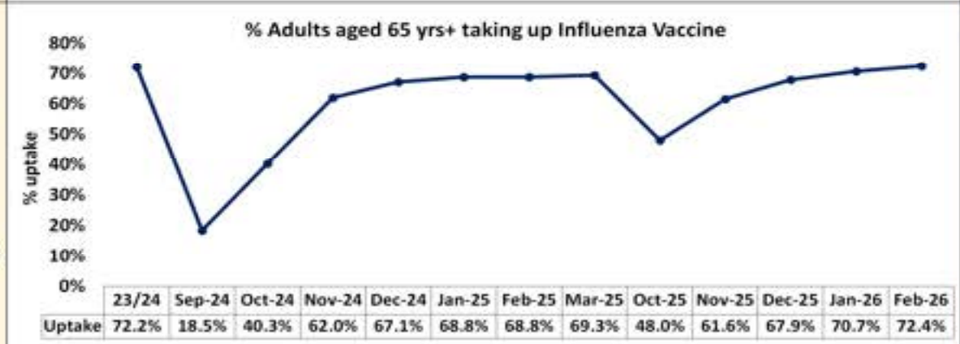
Continued overleaf...

Population Health

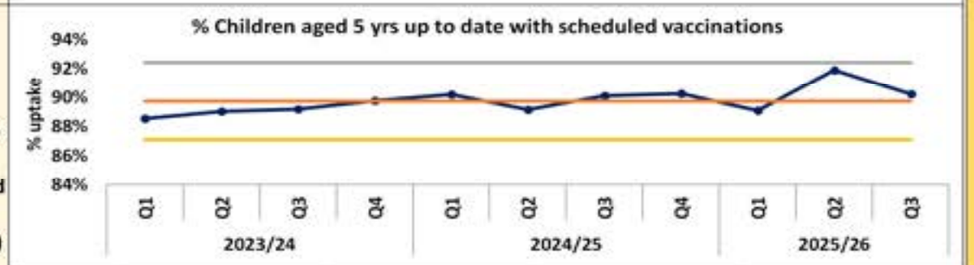
Measure	Trend
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	46.6%	46.9%	47.4%	48.6%	49.0%	49.2%	49.8%	50.0%	50.3%	50.3%	51.3%	
2024/25	40.1%	40.0%	40.0%	40.0%	40.3%	39.9%	39.5%	40.5%	39.9%	39.4%	41.8%	45.5%
2023/24	38.3%	38.0%	38.1%	38.7%	39.0%	38.7%	38.3%	38.0%	37.6%	38.0%	38.2%	39.7%

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

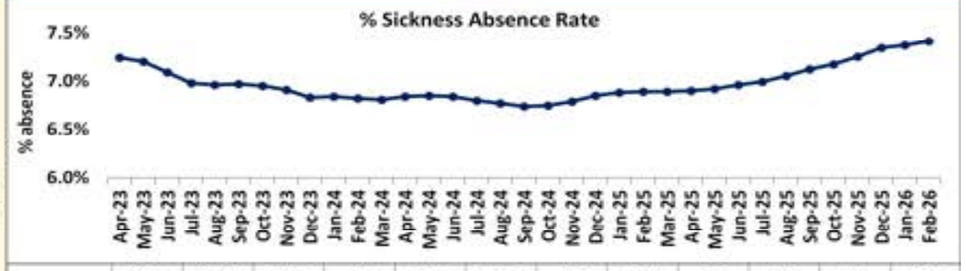
Measure	Trend
% uptake of the influenza vaccination amongst adults aged 65 years & over (Target 75%)	

	23/24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Uptake	72.2%	18.5%	40.3%	62.0%	67.1%	68.8%	68.8%	69.3%	48.0%	61.6%	67.9%	70.7%	72.4%

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

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

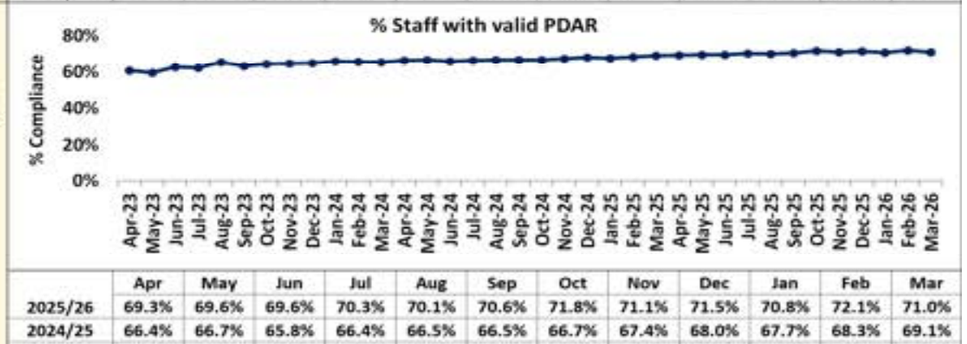
People

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

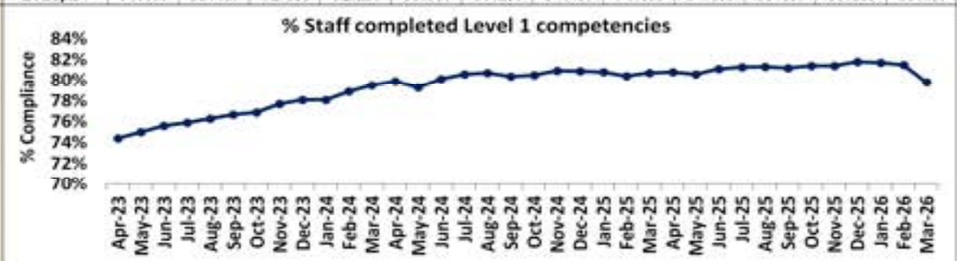
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	6.90%	6.92%	6.96%	6.99%	7.05%	7.12%	7.17%	7.25%	7.34%	7.37%	7.41%	
2024/25	6.84%	6.85%	6.84%	6.80%	6.77%	6.74%	6.75%	6.79%	6.85%	6.88%	6.89%	6.89%
2023/24	7.24%	7.20%	7.09%	6.98%	6.96%	6.97%	6.95%	6.91%	6.83%	6.84%	6.82%	6.81%

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	5.39%	5.45%	5.44%	5.43%	5.30%	5.19%	5.17%	5.13%	5.09%			
2024/25	7.81%	7.68%	7.64%	7.24%	7.40%	7.53%	5.35%	5.38%	4.94%	4.53%	5.13%	5.38%
2023/24	11.43%	11.31%	11.13%	9.60%	9.44%	9.05%	8.61%	8.58%	8.30%	8.35%	8.29%	8.61%

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	69.3%	69.6%	69.6%	70.3%	70.1%	70.6%	71.8%	71.1%	71.5%	70.8%	72.1%	71.0%
2024/25	66.4%	66.7%	65.8%	66.4%	66.5%	66.5%	66.7%	67.4%	68.0%	67.7%	68.3%	69.1%
2023/24	60.8%	59.4%	62.8%	62.1%	65.5%	63.1%	64.4%	64.6%	64.8%	65.8%	65.6%	65.4%

Measure	Trend
% compliance Level 1 core mandatory training (Target 85%)	

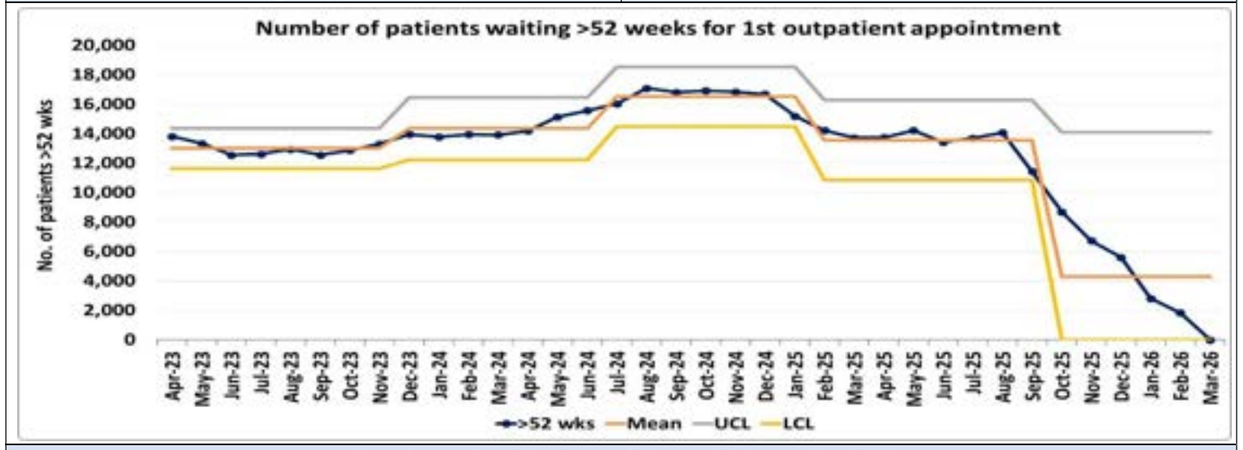
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	80.8%	80.6%	81.1%	81.3%	81.3%	81.2%	81.4%	81.4%	81.8%	81.7%	81.5%	79.8%
2024/25	79.9%	79.3%	80.1%	80.6%	80.7%	80.4%	80.5%	80.9%	80.9%	80.8%	80.4%	80.7%
2023/24	74.4%	75.0%	75.6%	75.9%	76.3%	76.7%	76.9%	77.7%	78.1%	78.1%	78.9%	79.5%

CTMUHB Planned Care Group

Referral to Treatment Times (RTT)

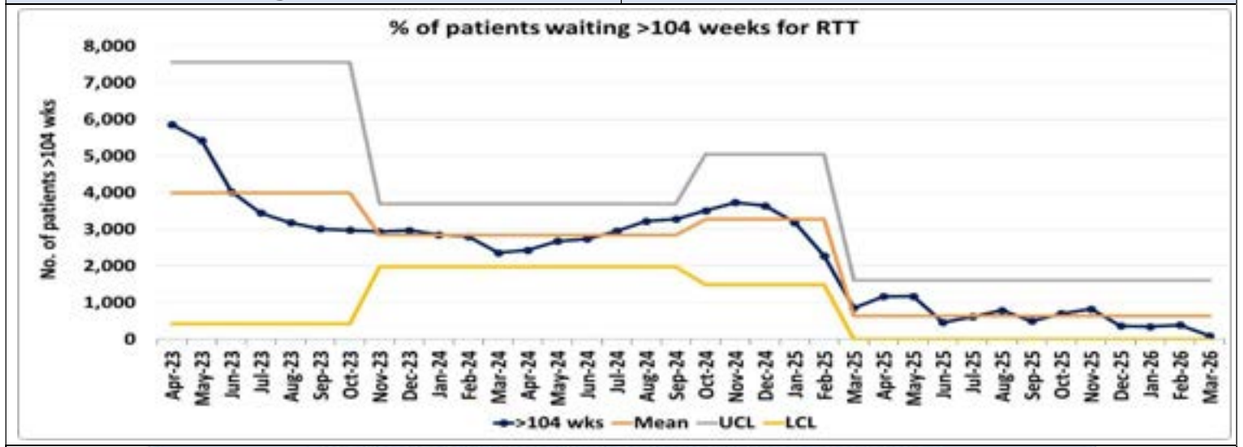
Number of patients waiting over 52 weeks for a new outpatient appointment

Target - Zero	Mar 2026 – Zero



Number of patients waiting >104 weeks RTT

Target - Zero	Mar 2026 – 98



Total number of open pathways per specialty - March 2026 (provisional)

Specialty	Patients waiting >52 Weeks for 1st OPA	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Breast Surgery				884
Cardiology		405		5,152
Clinical Immunology		0		263
Colorectal Surgery		240		3,216
Dermatology				3,578
Diabetic Medicine		0		380
Diagnostics				3,933
ENT		1,233		7,823
Endocrinology		5		923
Gastroenterology		57		2,815
General Medicine		21		549
General Surgery		560		4,361
Geriatric Medicine		6		640
Gynaecology		1,386		6,389
Haematology (Clinical)				304
Nephrology		6		108
Ophthalmology		886		9,050
Oral Surgery		229		2,404
Orthodontics				352
Orthopaedics		3,199	98	12,425
Paediatrics				2,457
Pain Management		200		1,624
Respiratory Medicine		53		2,163
Restorative Dentistry				63
Rheumatology		70		1,356
Sport & Exercise Medicine				41
Therapies				1,194
Urology		1,109		6,652
Vascular Surgery		27		808
Total	0	9,692	98	81,907

How are we doing and what are our key concerns?

Performance against the Referral to Treatment Time (RTT) standards remains a key priority for the Health Board. During 2025/26, targeted recovery actions have delivered a significant reduction in the number of patients waiting over 52 weeks for a first outpatient appointment (OPA), supported by the HBS programme and sustained waiting list validation. Final year-end submission has reported to WG that there were no patients waiting in excess of 52 weeks for a first OPA (13,733 patients waiting >52 weeks April 2025).

Despite substantial improvement to reduce the number of patients waiting for RTT during 2025/26, Orthopaedics continues to represent the principal area of residual risk within planned care. Demand within the service remains significantly higher than available capacity. Notwithstanding this, the year-end position reports just 98 patients breaching the 104-week RTT standard (1,168 patients were waiting >104 weeks April 2025).

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

The Planned Care Group is progressing work with all specialties to confirm sustainable capacity plans for 2026/27. This includes detailed demand and capacity modelling, productivity assumptions and the establishment of specialty specific RTT delivery trajectories.

What are the key risks and mitigations?

Sustained oversight will be required to ensure that current improvements are maintained.,

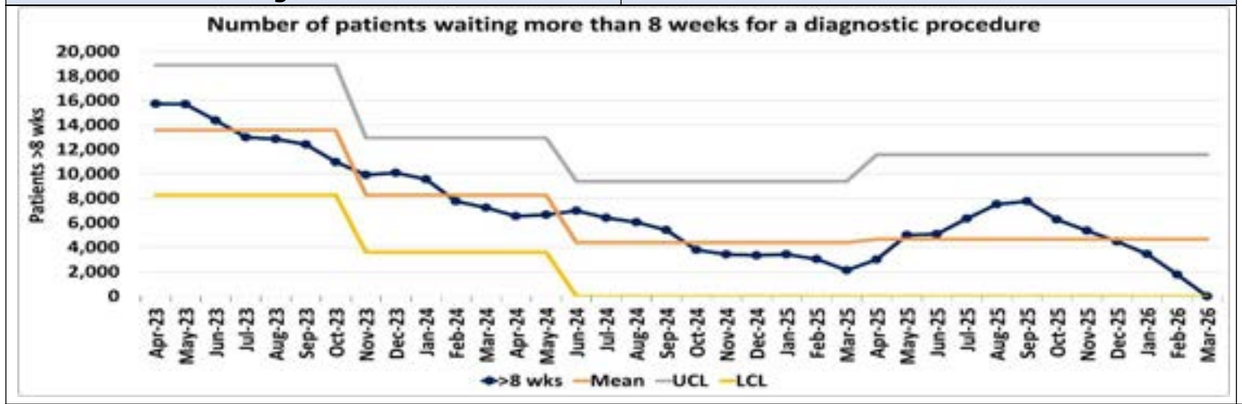
A continued focus on pathway efficiency, clinical productivity and reduction of unwarranted variation will be critical during 2026/27.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics

Number of patients waiting >8 weeks for a specified diagnostic

Target - Zero	Mar 2026 – 0



Number of Patients waiting >8 Weeks for a Diagnostic Test		Feb-26	Mar-26	Difference from last period
Cardiology	Echo Cardiogram	27	0	-27
Cardiology Services	Cardiac CT	14	0	-14
	Cardiac MRI	26	0	-26
	Diagnostic Angiography	55	0	-55
	Stress Test	11	0	-11
	DSE	1	0	-1
	TOE	4	0	-4
	Heart Rhythm Recording	29	0	-29
	B.P. Monitoring	2	0	-2
Bronchoscopy		0	0	0
Colonoscopy		109	0	-109
Gastroscopy		92	0	-92
Cystoscopy		33	0	-33
Flexi Sig		54	0	-54
Radiology	Non-Cardiac CT	5	0	-5
	Non-Cardiac MRI	5	0	-5
	NOUS	904	Data not available	0
	Non-Cardiac Nuclear Medicine	0	0	0
Imaging	Fluoroscopy	17	0	-17
Physiological Measurement	Urodynamics	78	0	-78
Neurophysiology	EMG	269	0	-269
	NCS	21	0	-21
Total		1,756	0	-852

Radiology:

How are we doing and what are our key concerns?

Radiology services continue to experience sustained pressure, with performance against the eight-week diagnostic standard affected by capacity constraints and increasing clinical demand. However, at year end we reported that **no** patients were breaching the 8 week target, however NOUS waits have not been included as there remains reporting issues post RIS implementation (breaching patients for all diagnostics totalled 2,991 April 2025).

Demand growth continues to be driven primarily by Urgent Suspected Cancer (USC) pathways, RTT escalations and HBS volume of expedites, resulting in an increased reliance on outsourcing to maintain compliance with national priorities.

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

- Validation continues post RIS implementation**.**
- Additional non-recurrent funding has been approved to increase CT capacity, enabling the staffing of previously unfunded CT sessions at POW.
- Locum sonographers have been deployed to stabilise ultrasound capacity, complemented by additional Specialist Registrar and Consultant reporting sessions.
- Healthcare Support Workers have been realigned to support expanded service delivery and the National Imaging Academy Wales continues to support additional NOUS training patient lists across the region.

What are the key risks and mitigations?

- Key risks include persistence of the reporting backlog and insufficient recurrent capacity to absorb demand growth.
- In the absence of additional recurrent funding, the service remains vulnerable to deterioration in performance should demand continue to escalate.

Endoscopy:

How are we doing and what are our key concerns?

Endoscopy activity delivered from core capacity continues to operate at the highest levels observed in recent years. However, the majority of additional weekend activity has ceased, as non-recurrent funding was only available until the end of March 2026.

Current core capacity (including the backfilling of fallow sessions) remains sufficient to meet recurrent urgent, routine and urgent suspected cancer demand. However, it is not sufficient to clear the existing surveillance backlog or to meet recurrent surveillance demand on a sustained basis.

The surveillance backlog remains recorded on the CTM risk register. Concerns also persist regarding the fragility of infrastructure at POW, particularly in relation to ventilation and decontamination facilities.

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

- Planning is progressing to transition to a pan-CTM weekend working model, aimed at clearing the surveillance backlog and meeting recurrent surveillance demand. An options appraisal paper outlining additional funding requirements is expected in April/May 2026.
- The Pan-CTM Transnasal Endoscopy Service has been partially implemented, with approximately 60% of anticipated capacity currently operational. Full capacity is expected from April/May 2026, subject to resolution of IT, infrastructure and nursing staffing issues at POW.
- A short-term trial of six-day working in one Endoscopy Theatre at the RGH site is underway to assess longer-term feasibility.

What are the key risks and mitigations?

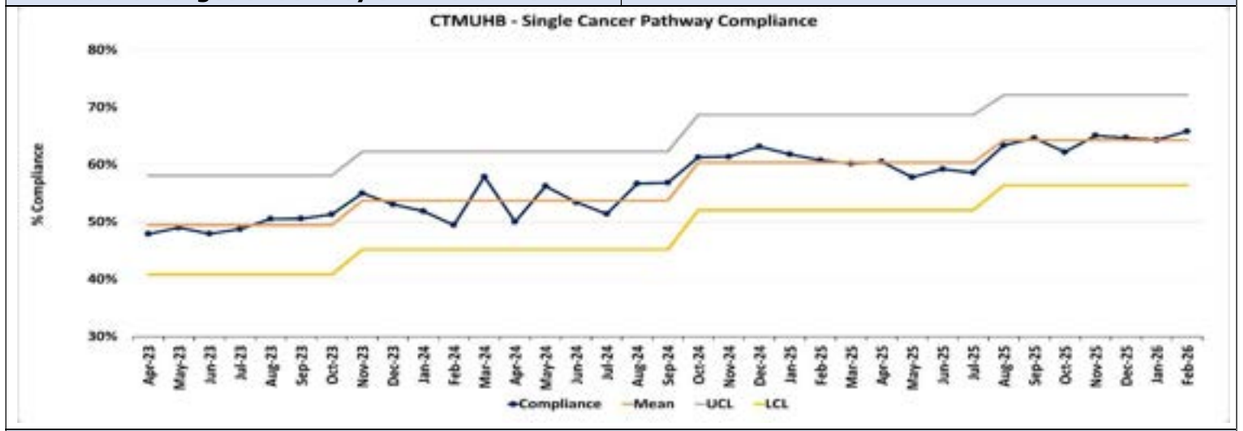
- Limited availability of Endoscopists for GA and complex polyp procedures may present a risk to the 8-week diagnostic target; mitigation includes exploration of additional lists with specific endoscopists.
- Ongoing pressure to maintain the 8-week RTT target may result in deterioration of SCP performance for upper and lower GI pathways, with limited short-term mitigation due to overall demand and capacity constraints.
- Infrastructure fragility at POW may result in short-notice cancellations; mitigations include clear escalation processes, close working with Estates and planned delivery of a centralised HSDU in late 2026.
- A lack of long-term assurance regarding WLI funding presents a risk of performance deterioration if non-recurrent funding ceases.
- Long-term sickness absence of clinical staff is being mitigated through locum appointments and expansion of Clinical Endoscopist roles to reduce fallow lists.

CTMUHB Planned Care Group

Suspected Cancer Pathway (SCP)

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

Target - 12 month improvement trend towards national target of 80% by 31st March 2026	Feb 2026 – 65.8%

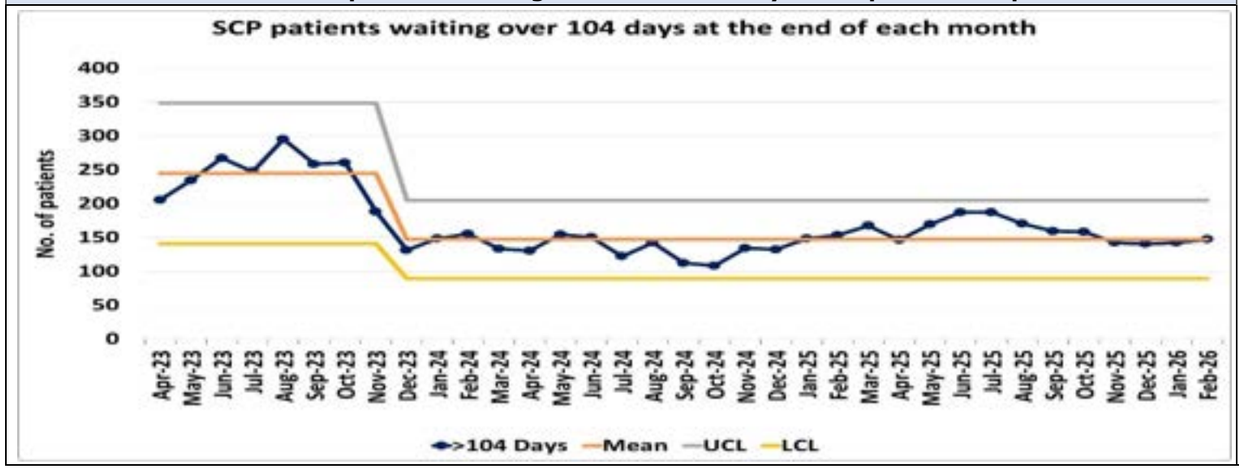


% SCP patients treated without suspensions per tumour site

CTMUHB - SCP % Treated Without Suspensions - February 2026

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Head and neck	6	5	11	54.5%
Upper GI	18	6	24	75.0%
Lower GI	9	30	39	23.1%
Lung	23	10	33	69.7%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	72	5	77	93.5%
Brain/CNS	4	1	5	80.0%
Breast	27	6	33	81.8%
Gynaecological	6	10	16	37.5%
Urological	21	28	49	42.9%
Haematological	8	1	9	88.9%
Other	6	1	7	85.7%
Total	200	104	304	65.8%

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



How are we doing and what are our key concerns?

Suspected Cancer Pathway (SCP) performance for February 2026 was 65.8%, remaining below the national target. Delays are primarily associated with diagnostic capacity constraints, tertiary-sector dependencies and increasing pathway complexity across several tumour sites.

Notwithstanding this, CTM Cancer Services were de-escalated from Level 3 (Enhanced Monitoring) to Level 1 (Routine Arrangements) in February. This reflects sustained improvements in pathway recovery, strengthened governance arrangements and enhanced tumour-site-level oversight.

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

Diagnostics and Pathway Recovery
- The Endoscopy Recovery Plan remains fully operational, including additional weekend lists, improved reporting turnaround times and prioritisation of cancer patients to reduce backlogs.
- The Upper GI PET pathway has been reviewed and updated to ensure more consistent use of imaging and reduce delays to MDT decision-making.
- Casio dermoscopy cameras have been delivered and are being rolled out in primary care to support earlier assessment of dermatological lesions.

Digital and Administrative Improvements
- Continued implementation of digital vetting is improving triage processes, reducing unnecessary appointments and supporting earlier identification of diagnostic requirements.
- Time to first appointment is reviewed weekly at Cancer Performance Meetings, supported by booking analytics to enable proactive capacity realignment.

Workforce and Capacity
- A locum BSW surgeon/endoscopist has been appointed to stabilise BSW waiting times (currently approximately 13 weeks) and increase cancer-priority endoscopy capacity.
- Ongoing review of theatre prioritisation within Urology continues to reduce SCP breaches.

What are the key risks and mitigations?

Regional and National System Dependencies
- Delays in Breast Test Wales digital system implementation continue to affect workflow efficiency and remain escalated to Welsh Government.
- All-Wales Lymphoma MDT delays persist due to limited diagnostic and workforce capacity and continue to be escalated regionally.

Operational Risks
- WAST patient transport cancellations continue to disrupt appointments and remain escalated at national level.
- A single-consultant dependency for laparoscopic nephrectomy presents an ongoing fragility; cross-cover and networked solutions are under review.

Diagnostics and Pathology
- BSW endoscopy delays, particularly impacting Lower GI pathways, remain a risk; locum recruitment is expected to provide mitigation.
- Pathology turnaround delays at SBUHB continue to impact multiple pathways and are escalated through established COO-to-COO arrangements.

Tertiary Capacity and Complexity
- Delays within tertiary centres (SBUHB, Velindre Cancer Centre and C&VUHB) continue to affect SCP performance and are monitored weekly with active patient tracking.
- Increasing genomic testing requirements extend diagnostic timelines but improve treatment outcomes; work is ongoing to improve turnaround visibility and reporting.

CTMUHB Unscheduled Care & Acute Medicine Group

Ambulance Patient Handover & Emergency Department Waits

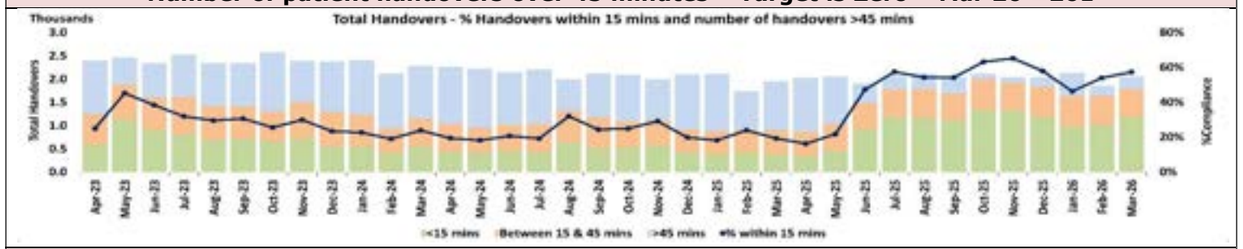
Median emergency ambulance response time to purple (arrest) & red (emergency) category calls

Target – each measure 6-8 minutes median | **Mar 2026 – Purple =07:44 / Red = 10:34**

	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
Period	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	08:18	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	09:38	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	05:35	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

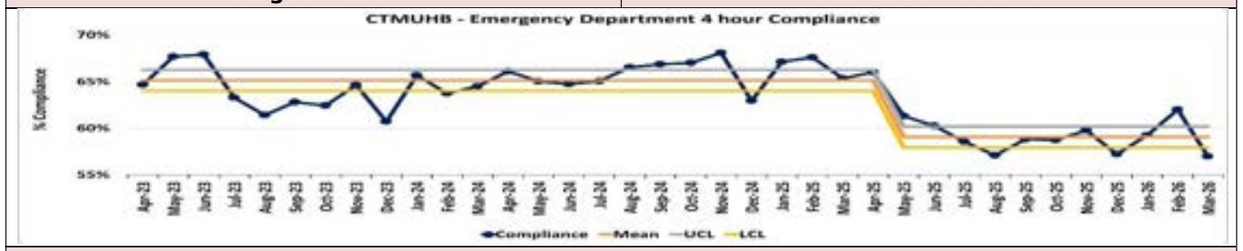
% patient handovers within 15 minutes Target – Improvement towards 100% - Mar 26 = 57.3%

Number of patient handovers over 45 minutes – Target is Zero – Mar 26 =261



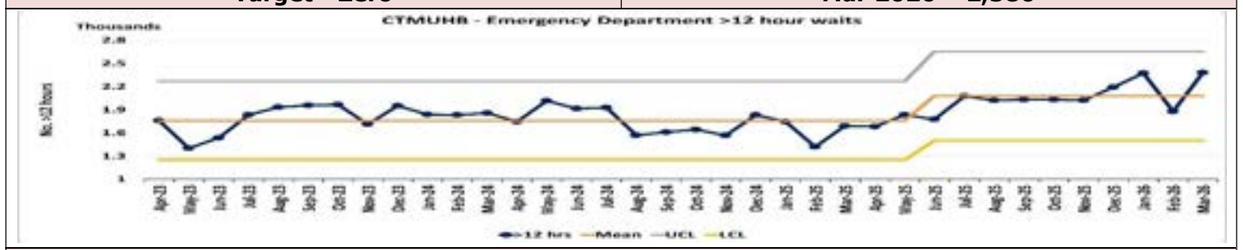
% patients spending <4 hours in A&E

Target – 95% | **Mar 2026 – 57.0%**



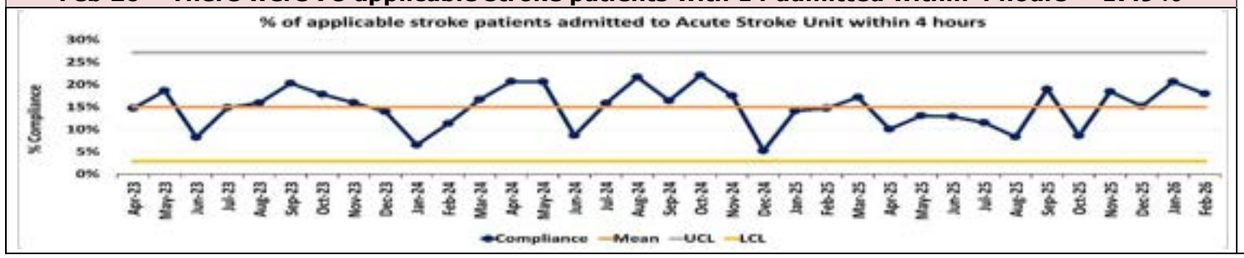
Number of patients spending >12 hours in A&E

Target - Zero | **Mar 2026 – 2,380**



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

Feb 26 – There were 78 applicable stroke patients with 14 admitted within 4 hours = 17.9%



How are we doing and what are our key concerns?

Ambulance Patient Handover:

- Performance has improved over the past six months, with 57.3% of ambulance handovers completed within 15 minutes in March 2026. Despite this improvement, 261 handovers exceeded 45 minutes, indicating ongoing system pressure. Sustaining safe handover times remains challenging without improved Emergency Department (ED) flow. Corridor care continues to present patient safety and regulatory concerns and the increasing use of chair-based care is associated with a poorer patient experience and elevated risks of falls and pressure damage.

Emergency Department (ED) Waits:

- ED four-hour performance declined to 57.0% against a target of 95% in March 2026. The number of patients waiting more than 12 hours increased to 2,380, with the majority being specialty patients. Frail and elderly patients continue to experience prolonged waits, often in chairs, which represents a substantial safety concern.

Stroke Unit Admissions:

- In February, 17.9% of applicable patients were admitted to the Stroke Unit within four hours (14 of 78 patients). Performance remains variable week-to-week. Key challenges 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.
- Dedicated triage nurse and senior clinician providing rapid assessment on arrival.
- Expansion of "Fit to Sit" capacity and introduction of ambulatory space at POW.
- Improved ED outflow through specialty assessment units and rollout of STAMP and OPTIMISE.

12-Hour Waits:

- Development of a 12-Hour ED Action Card.
- Exploration of an SDEC-First model for GP calls at PCH.
- Review of patients waiting beyond four hours, supported by demand and capacity modelling.
- Improvements to transport home processes and data quality.
- Increased patient-flow coordinator presence.

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 is focusing on driving improvements in time to CT and time to Stroke Unit admission.

What are the key risks and mitigations?

Risks:

- Prolonged ambulatory waits for frail elderly patients.
- Infection prevention and control pressures due to limited isolation capacity.
- Increasing complexity of patient needs (e.g. Learning Disabilities, Mental Health, bariatric).
- Increased risk of pressure ulcers and staff wellbeing concerns.
- Stroke pathway risks include ED capacity constraints, delays in scanning and inter-site transfers.

Mitigations:

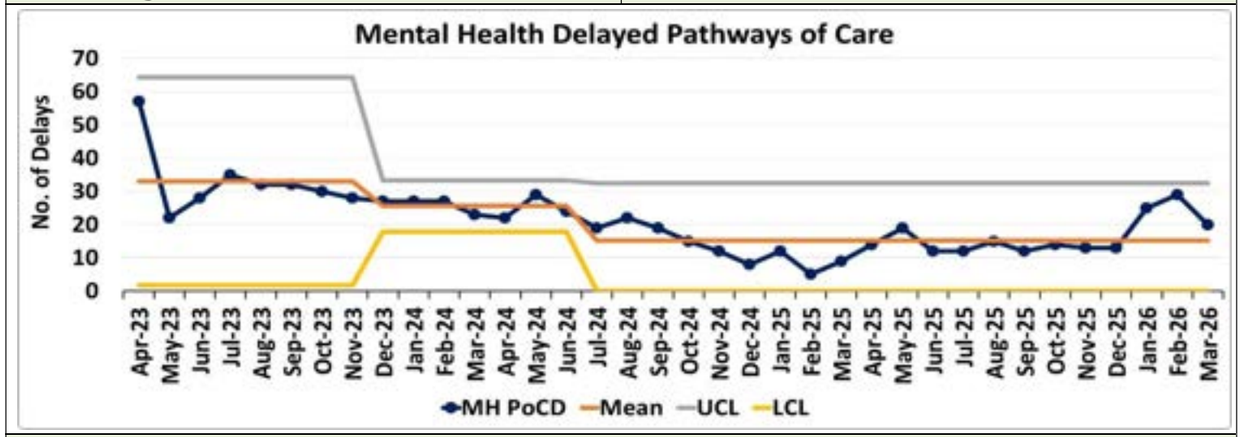
- Deployment of the Ambulance Handover Escalation Card and the Integrated System Escalation Policy.
- Ongoing collaboration with WAST for enhanced pre-arrival information.
- Strengthened pressure ulcer prevention measures.
- Daily MDT huddles and refined escalation processes for stroke care.

CTMUHB Efficient Services

Pathways of Care Delayed Discharges (POCD)

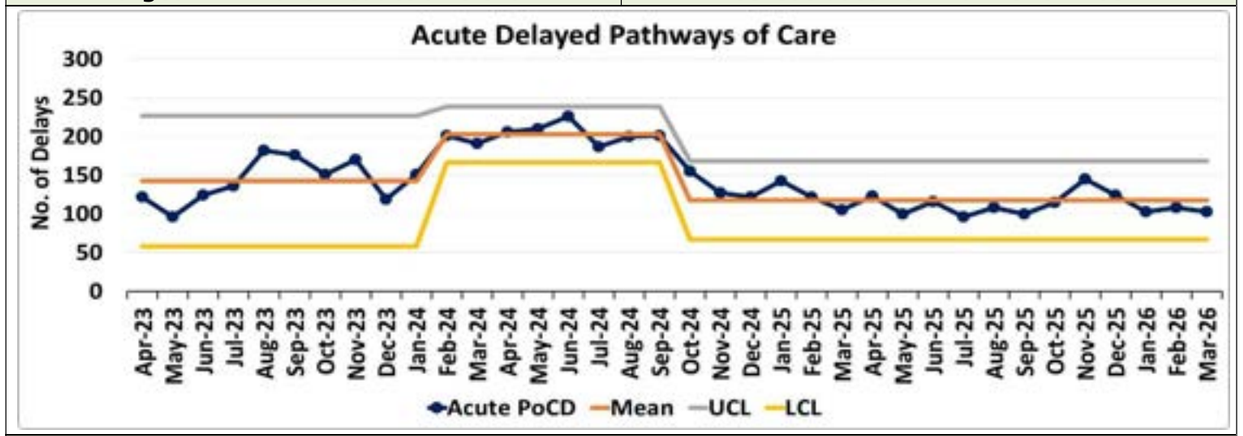
Number of Pathways of Care delayed discharges – Mental Health

Target – 12 month reduction trend	Census date 18th Mar 2026 - 20



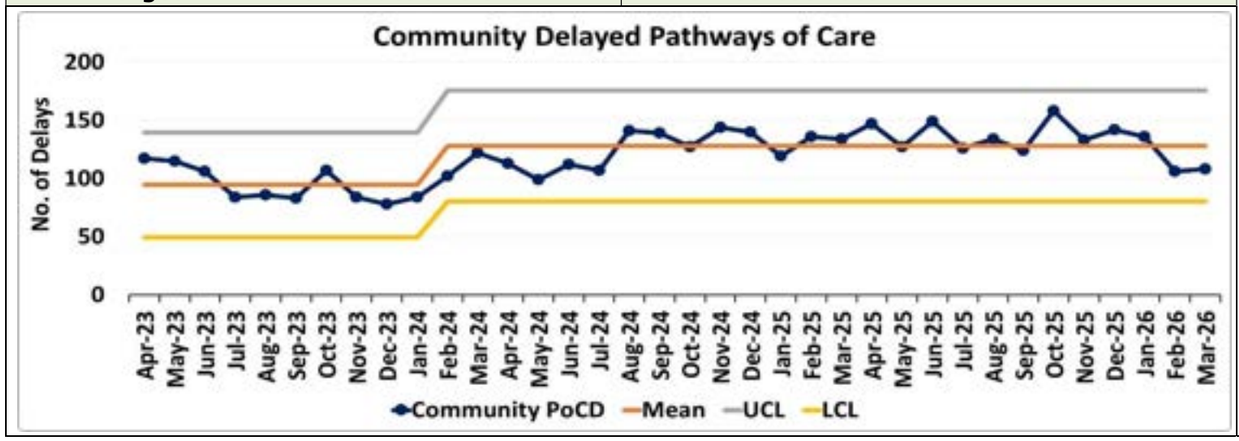
Number of Pathways of Care delayed discharges – Acute

Target – 12 month reduction trend	Census date 18th Mar 2026 - 103



Number of Pathways of Care delayed discharges – Community

Target – 12 month reduction trend	Census date 18th Mar 2026 - 108



How are we doing and what are our key concerns?

The March 2026 snapshot census recorded a total of 231 Pathways of Care Delayed Discharges across Mental Health, Acute and Community settings. This represents an improvement of 29 fewer patients (11%) compared with the 12-month rolling average and a reduction of 17 patients compared with the same period in 2025. While this indicates early progress, delayed discharges continue to exert significant pressure across the system, impacting patient flow, length of stay and the availability of capacity for patients requiring admission.

Key concerns persist in relation to the complexity of discharge pathways, variability in the timeliness of key assessments and ongoing constraints within intermediate, community and continuing care provision. The system-wide nature of these delays means that pressures within one part of the pathway continue to have consequential impacts across the services.

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

- A focused programme of improvement is underway to reduce avoidable delays and strengthen discharge processes. Key actions include the digitalisation of Nursing Needs Assessments, which is improving consistency and reducing administrative delays, alongside improved triage processes within discharge hubs to support earlier decision-making.
- Enhanced senior clinical and operational oversight has been introduced to resolve complex cases more swiftly and ensure timely escalation where delays persist.
- Further work includes the development of electronic Fast Track assessments and stronger operational alignment between PoCD oversight and day-to-day discharge management.

Collectively, these actions are expected to support a sustained downward trend in delayed discharges over the coming months, subject to external capacity constraints.

What are the key risks and mitigations?

- The principal risks to sustained improvement remain the limited availability of community and intermediate care capacity, inconsistent adherence to agreed discharge processes and ongoing operational pressures across services.
- Delays in completing critical assessments continue to present a risk to timely discharge for a cohort of complex patients.

Mitigations are in place and include:

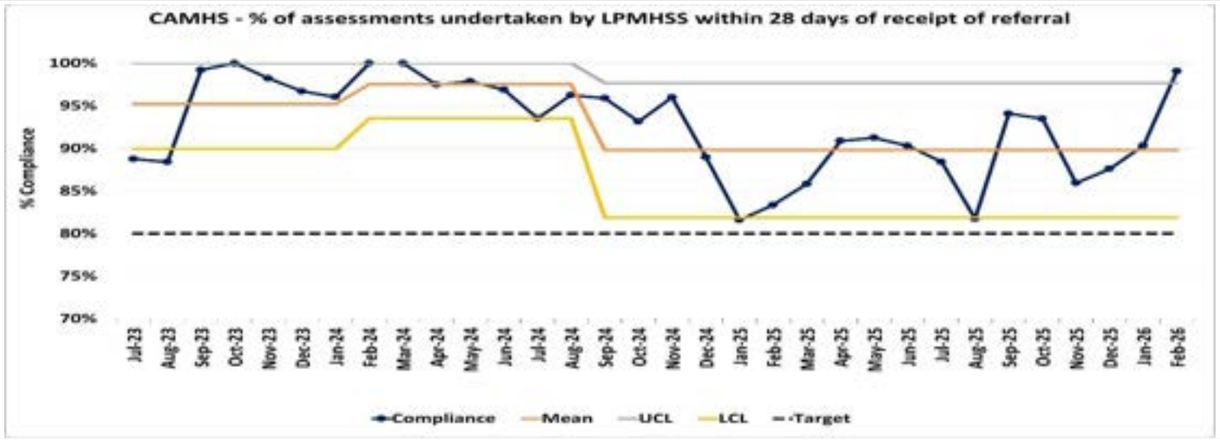
- Strengthened escalation routes.
- Daily flow and PoCD monitoring
- Continued investment in digital process improvements and closer cross-partner working with local authorities and independent providers.

CTMUHB Mental Health & Learning Disabilities Care Group

Child and Adolescent Mental Health Services (CAMHS)

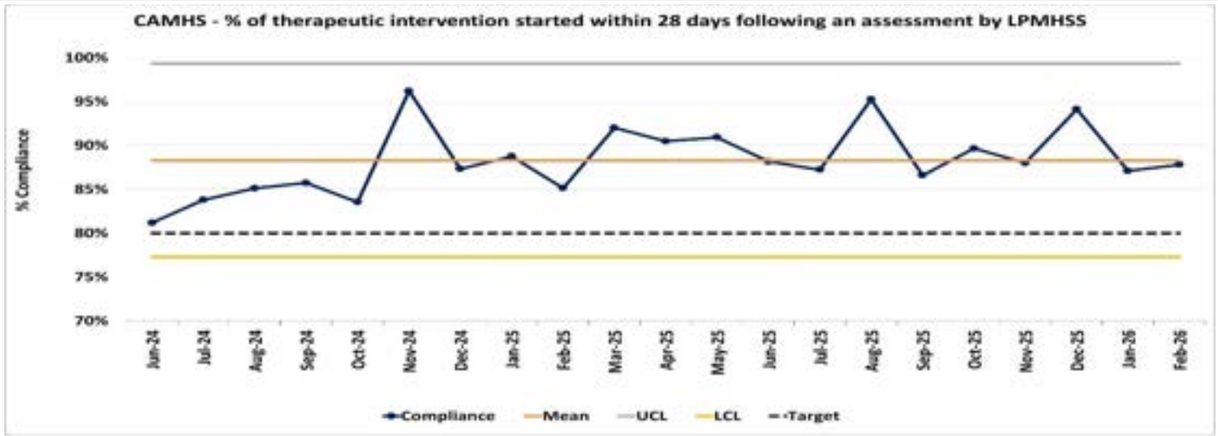
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	Feb 2026 – 99.1%



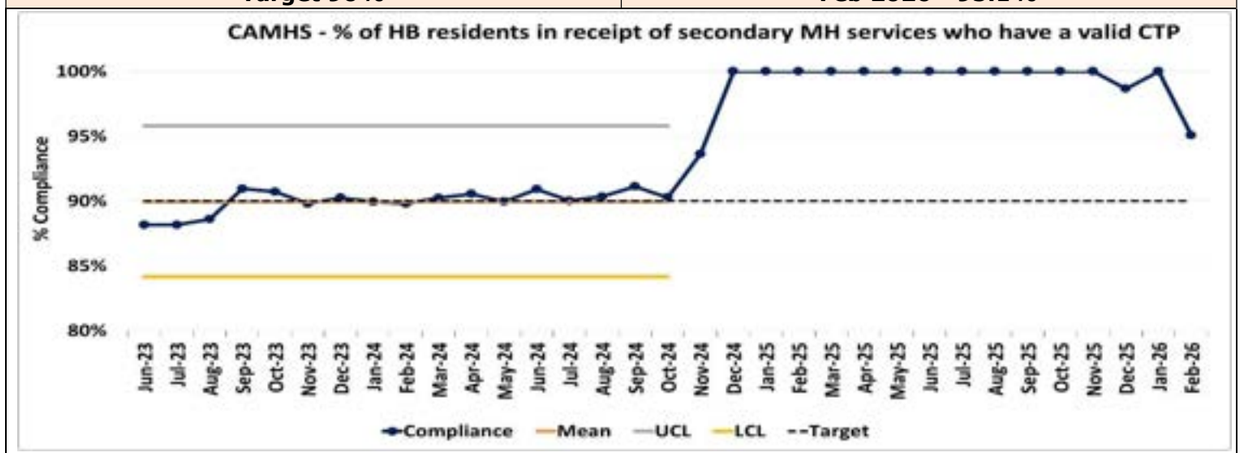
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	Feb 2026 – 87.8%



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

Target 90%	Feb 2026 - 95.1%



How are we doing and what are our key concerns?

Overall performance across CAMHS continues to show sustained improvement, with compliance consistently exceeding Welsh Government targets. This reflects strengthened operational oversight and real-time performance management across the service.

Part 1a - Assessment within 28 days:

During February 2026, the service received 169 referrals for assessment, slightly above the 12-month average of 153. Despite this increase in demand, performance remained strong, supported by live monitoring and proactive capacity management.

Part 1b - Therapeutic intervention within 28 days

A total of 82 interventions were delivered in February, consistent with the 12-month average of 80. Capacity and demand continue to be closely monitored to ensure timely access to treatment.

Part 2 - Care Treatment Plans (CTPs)

CTP audit processes are now embedded into routine practice. The February caseload stood at 142 patients, with compliance at 95.1%, reflecting seven patients without a current CTP.

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

The improvement action plan implemented during 2024 continues to deliver sustained compliance across all parts of the Mental Health Measure.

- Continued development of local group interventions, working in partnership with the third sector.
- Use of live performance dashboards to support continuous monitoring.
- Flexible deployment of workforce resources where demand increases.
- Ongoing bi-monthly support meetings with the NHS Performance and Improvement Team.

What are the key risks and mitigations?

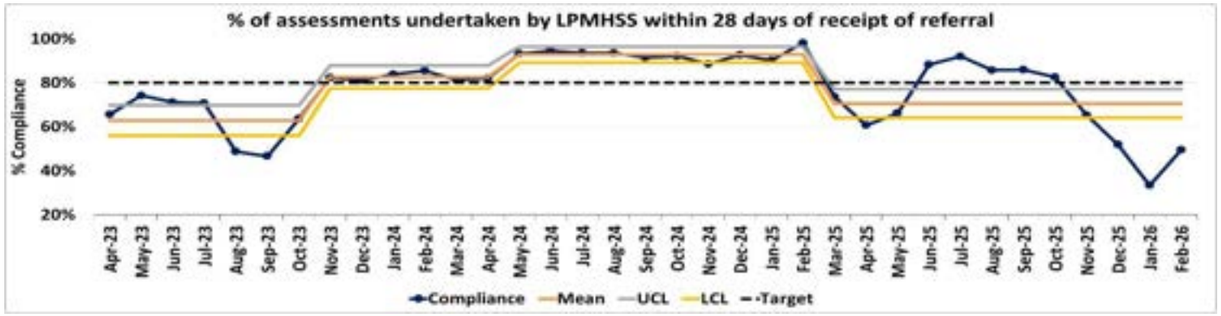
- Fluctuations in referral demand are actively managed through real-time oversight.
- Increasing acuity within the patient population is closely monitored.
- Workforce resilience has improved, with low sickness rates and minimal vacancies.
- Seasonal variation in activity is anticipated within workforce planning (summer holiday season).

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services

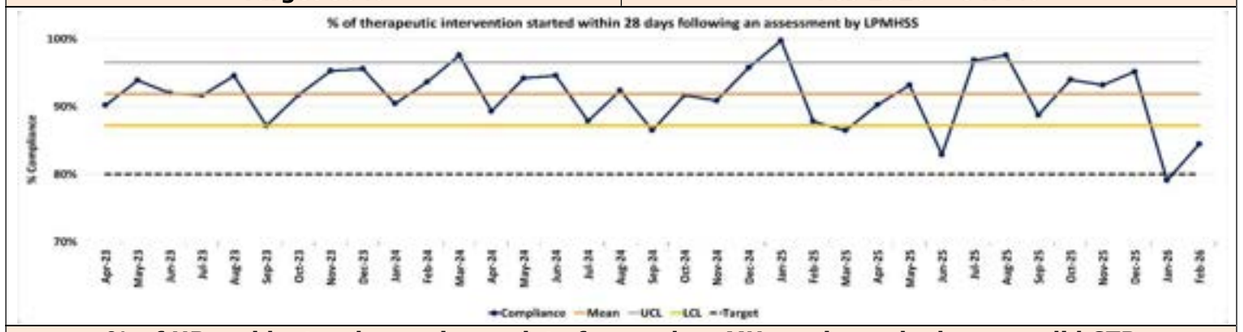
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	Feb 2026 – 49.4%



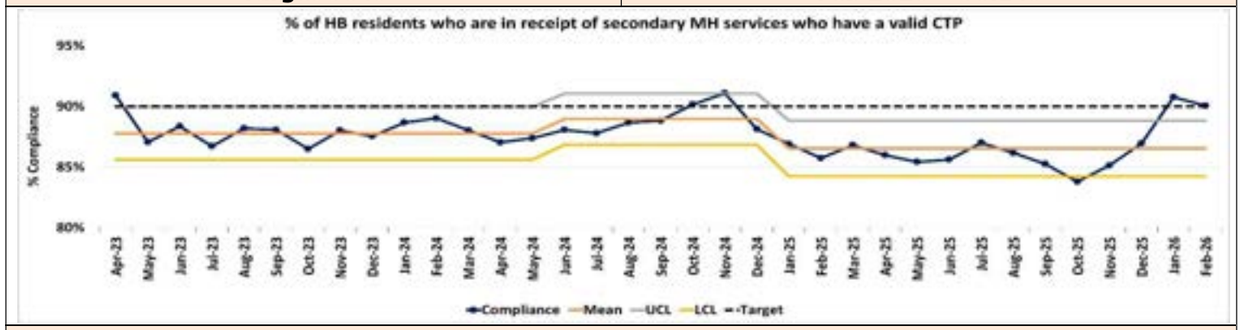
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	Feb 2026 – 84.4%



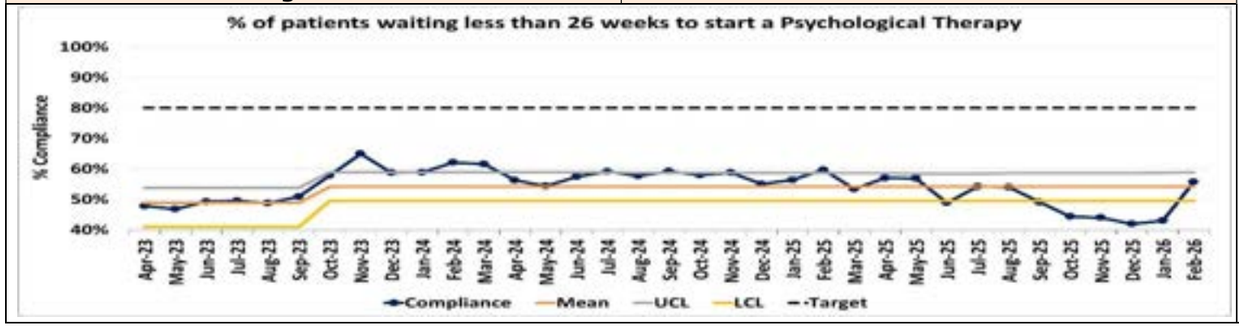
% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%	Feb 2026 – 90.1%



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

Target 80%	Feb 2026 – 55.7%



How are we doing and what are our key concerns?

Part 1a - Assessments undertaken within 28 days (LPMHSS)

- Performance improved in February 2026 to 49.4%, compared with 33.3% in January. This demonstrates early signs of recovery; however, performance remains below the 80% target. While 16 of the previous 22 months achieved target compliance, the sustained deterioration observed over the last six months remains a key concern.
- The primary drivers of underperformance continue to be administrative capacity constraints and clinical availability. Both areas are subject to ongoing improvement interventions.

Part 1b - Therapeutic intervention started within 28 days

- Performance improved to 84.4% in February 2026, exceeding the target. Despite this improvement, month-to-month volatility remains evident, indicating that underlying processes are not yet fully stable.
- Improvements to activity recording introduced from March 2026 are expected to strengthen data accuracy, oversight and sustainability.

Part 2 - Care and Treatment Plans (CTPs)

- Performance remains above the 90% target, reflecting sustained improvement following the dip experienced in mid-2025. Current performance suggests the system has stabilised at a stronger level.

Psychological Therapy

- Despite a marginal improvement in February, the overall trend remains downward, with performance significantly below the 80% target. February 2026 performance is 55.7%, highlighting ongoing capacity and access challenges.

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

Part 1a:

- Additional administrative capacity is being secured through bank recruitment and fixed-term posts. Early uptake of weekend working arrangements is increasing clinical assessment capacity.

Part 1b

- A revised intervention coding framework went live in early March, supporting improved reporting accuracy and enhanced waiting list management.

Part 2

- Additional clinical review sessions were delivered in January, focusing on patients identified as out of compliance. Following review, care coordination has been redistributed to CPNs and ANPs to improve allocation efficiency, continuity and sustainability.

Psychological Therapy

- The group therapy backlog continues to reduce, with sessions delivered as planned. Longest-waiting patients are now being allocated appointments, with no patients expected to wait over two years by the end of April 2026.
- Therapist job plan validation has been completed. Recovery trajectories are in development and aligned with organisational priorities.

What are the key risks and mitigations?

Part 1a:

- Risk: Performance deterioration since November 2025.
- Mitigation: Strengthened weekly performance reviews to monitor implementation and impact of recovery actions.

Part 1b

- Risk: Short-term uncertainty associated with new data recording processes.
- Mitigation: Enhanced weekly operational oversight to monitor compliance and stability.

Part 2

- Risk: Sustainability of recent performance improvements is not yet fully assured.
- Mitigation: Ongoing delivery of additional clinics and revised care coordination arrangements.

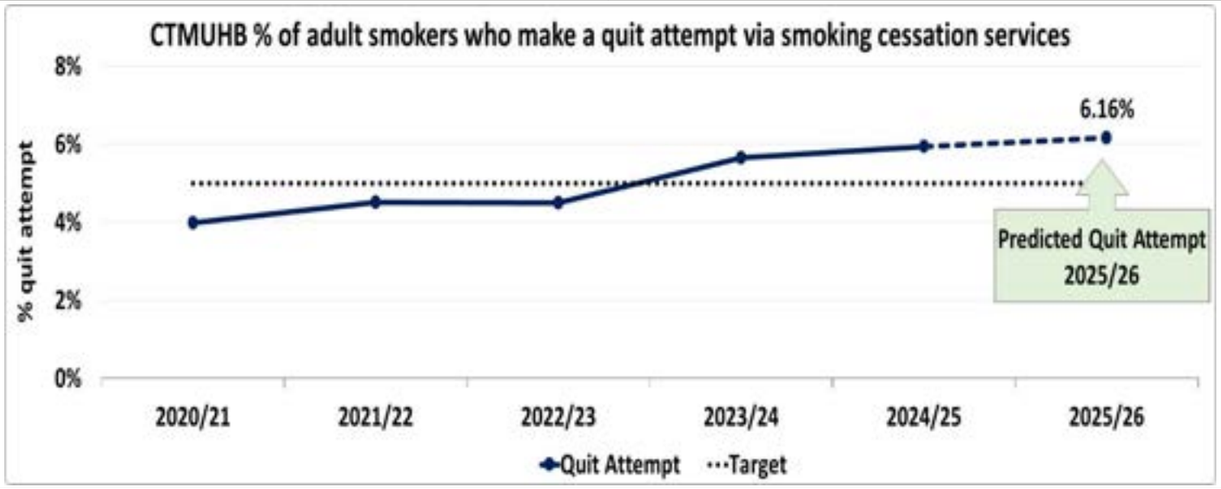
Psychological Therapy

- Risk: Performance remains significantly below target, creating ongoing access pressures.
- Mitigation: Weekly senior management oversight of waiting list initiatives and service improvement activity.

CTMUHB Improving Population Health & Wellbeing

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

Annual Target – 5%	Qtr 1 to Qtr 3 2025/26 – 4.62%
	Predicted Annual Performance 25/26 is 6.16%



% of adult smokers who are CO-validated as quit at 4 weeks

Annual Target – 40%	Qtr 1 to Qtr 3 2025/26 – 10.56%

Qtr 1 to Qtr 3 - 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*	
2,121	**224**	
4.62%	**10.56%**	

How are we doing and what are our key concerns?

- Health Board Help Me Quit (HMQ) services are on track to exceed 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.

<u>CO-validated quit target</u>

- Meeting the CO-validated quit target remains challenging due to the high proportion of virtual appointments, where CO readings cannot be taken. Approximately 90% of clients prefer telephone appointments and 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.

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

<u>CO-validated quit target</u>

- 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.

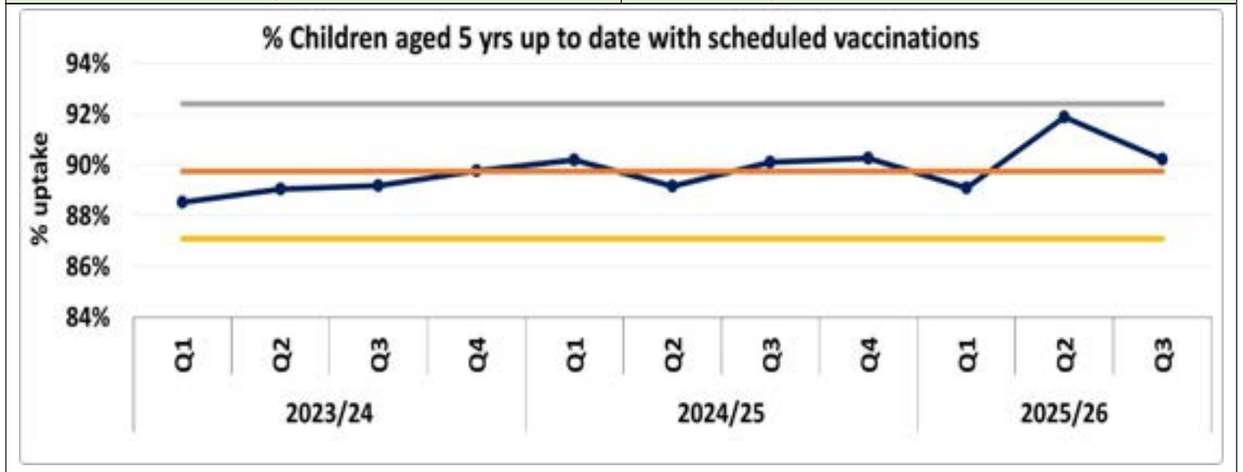
What are the key risks and mitigations?

- The main risk facing Help Me Quit services is capacity to further increase numbers of treated smokers. Achieving the Welsh Government ambition of reaching 5% smoking prevalence by 2030 will require a reduction from nearly 46,000 to 18,000 smokers over the next 4 years. Achieving such a reduction will require significant further resource. It should be noted, however, that reaching 5% smoking 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 has already started planning for how this could be achieved.

CTMUHB Improving Population Health & Wellbeing

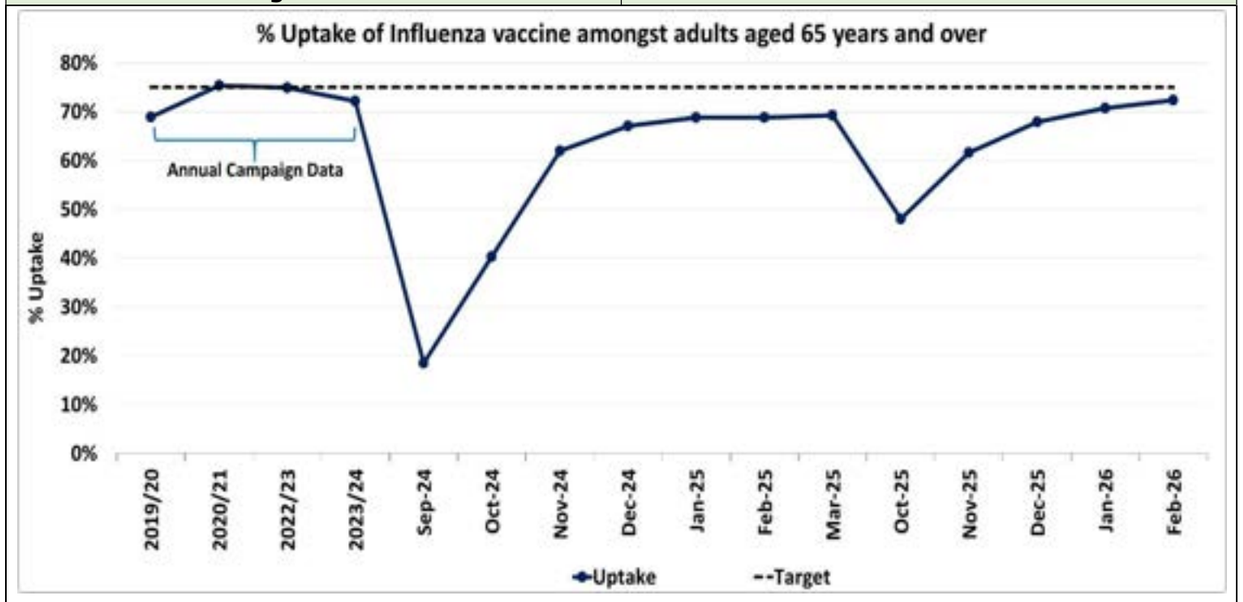
% of children who are up to date with the scheduled vaccinations by age 5

Target – 95%	Quarter 3 2025/26 – 90.2%



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

Target – 75%	Feb 2026 – 72.4%



How are we doing and what are our key concerns?

There has been an overall improving trajectory in childhood vaccination uptake across Cwm Taf Morgannwg over the past three years. CTM currently has the second highest uptake in Wales for scheduled childhood vaccinations by age five; however, uptake remains below the national target of 95%.

MMR vaccination uptake remains a key area of focus. Achieving 95% uptake of two doses is essential to prevent measles transmission, particularly given current outbreaks seen in England. Uptake of the second MMR dose has improved and now stands at 91.2%, with 94.7% of children receiving at least one dose. Variation remains across localities, with Merthyr Tydfil recording the lowest uptake. Changes to the national programme, including the introduction of Varicella vaccination and revised eligibility from January 2026, require continued monitoring.

Uptake of the Meningitis B vaccine at age one remains consistently high across all localities, ranging from 96.1% in Bridgend to 98.5% in Merthyr Tydfil.

Influenza vaccination uptake among 2 and 3 year-olds has improved compared to last year (51.1% compared to 48.6%); however, performance remains below target. Uptake among adults aged 65 years and over has also improved to 73.6% compared to 69.3% in the previous season, though still marginally below the national target. Caution is required when comparing influenza data with previous years due to changes in data capture during 2025/26.

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

From January 2026, the second phase of national childhood immunisation changes has been implemented, replacing MMR with MMRV within the routine schedule. Support and training for General Practice Nurses continue via the Specialist Immunisation Team, with uptake monitored closely. Bespoke catch-up sessions are being developed for localities with lower coverage.

For influenza vaccination in 2 and 3 year-olds, additional mop-up sessions were delivered through Community Vaccination Centres following the school programme in December and January. These sessions were well received and contributed to increased uptake. Learning from this improvement is informing planning for the 2026/27 season, including expanded nursery-based immunisation delivery across CTM, with Bridgend included for the first time.

Planning is underway to further improve influenza vaccine uptake among adults aged 65 years and over, with targeted focus on clinically at-risk groups through improved access, awareness and community engagement.

What are the key risks and mitigations?

Maintaining and improving MMR uptake remains critical to minimise the risk of measles outbreaks. Primary care waiting lists are monitored to ensure programme changes do not negatively impact access, with ongoing specialist support in place for General Practice teams.

Lower influenza uptake among 2 and 3 year-olds presents a risk to both children and the wider community. The impact of mop-up sessions and nursery-based delivery will continue to be closely evaluated.

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

GETTING THE BASICS RIGHT

CTM employs **13,656** staff in post (SIP), equal to **11,878.64** whole time equivalent (WTE).

We have grown by **3.15%** (Mar 25 to Mar 26)

The biggest % increase in WTE is in Estates & Ancillary Staff Group by **7.03%** (Mar 25 to Mar 26)

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

Average age is **44 years**

43% of Estates & Ancillary Staff Group are aged 55 & over (Feb 26)

MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover

Rolling 12-month turnover has reduced from **9.54%** (Mar 25) to **8.29%** (Mar 26)

Area with the highest turnover: **Estates & Ancillary (12.91%)**

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

Bank & Agency Spend

Bank & Agency spend (Feb 26):
M&D was **£2.6**
NMR was **£1.3m**

Lateral Moves Scheme **346** eligible requests & **115** successful moves since launch (Feb 2024)

GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **70.97%** (Mar 26)

The target for PDR Compliance is 85%

Return to Work compliance is **61.18%** (Feb 26) which has increased from **60.14%** (Feb 25)

Statutory and Mandatory Training Compliance in March 26 for Level 1 is **80%** and ALL Levels of Training is **74%**

The target for all Statutory and Mandatory Compliance is 85%

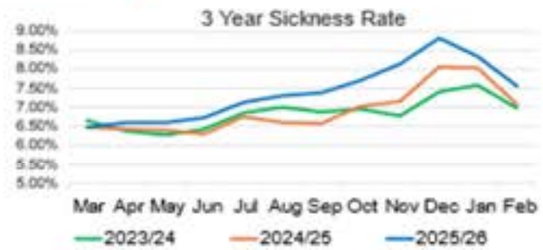
Improved Performance | Static Performance | Decreased Performance

AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **7.55%** (Feb 26) which is **895** WTE lost in month. This is compared to **7.07%** (Feb 25). Rolling 12-month is **7.41%** (Feb 26)

35.5% of sickness (Feb 26 in mth) due to **Anxiety/Stress/ Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Estates & Ancillary (11.01%)**



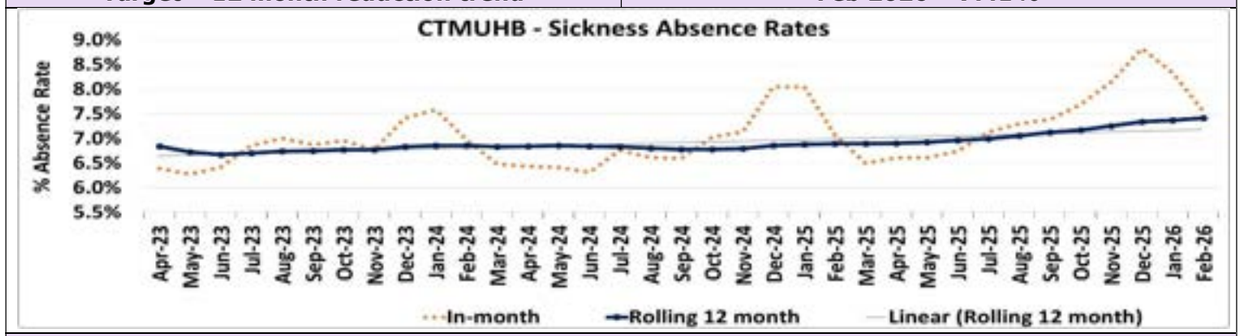
Gender Pay Gap (Mar 25):
Median Hourly Pay Gap is **12%**, which remains static
Mean Hourly Pay Gap is **27.5%**, a slight increase from last year

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

CTMUHB Workforce Metrics

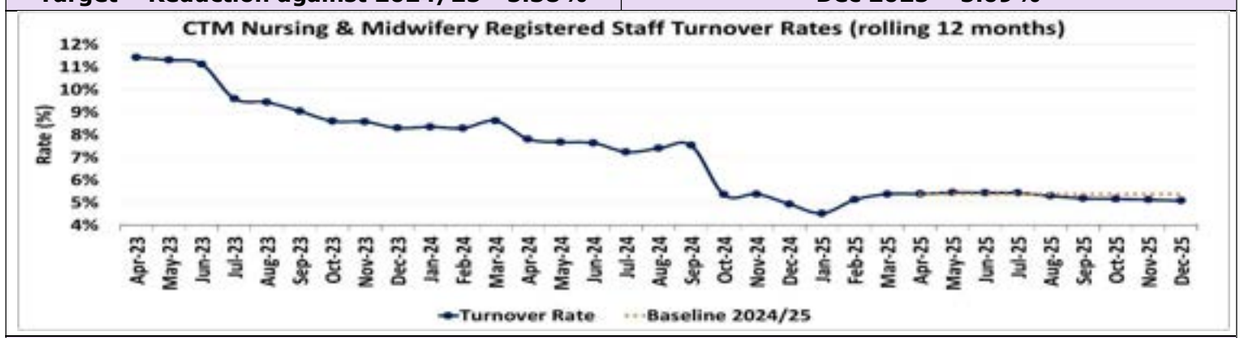
% of sickness absence rate of staff (rolling 12 months)

Target – 12 month reduction trend	Feb 2026 – 7.41%



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

Target – Reduction against 2024/25 - 5.38%	Dec 2025 – 5.09%



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

Target – 85%	Mar 2026 – 71.0%

% headcount who have completed Statutory & Mandatory Level 1 competencies

Target – 85%	Mar 2026 – 79.8%

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

The rolling 12-month sickness absence rate to February 2026 is 7.41%, increasing from 6.89% in February 2025. An internal target has been set to achieve an overall 1% reduction by October 2026.

Return to Work compliance has improved to just over 61%, however sickness absence continues to negatively impact workforce availability, productivity, temporary staffing expenditure and staff wellbeing.

Key actions and anticipated improvement.

- Continued delivery of the Health and Wellbeing Programme, including new management tools.
- Review of all sickness cases between 6–12 months duration with proactive support.
- Targeted organisational support for three service groups with the highest sickness absence.
- Launch of Manager "At a Glance" guides (March 2026).
- Targeted training for Facilities and Ward Managers.
- Sickness prompt audit commencing April 2026.
- Engagement with national negotiations on the All-Wales Managing Attendance at Work Policy.

Key risks

- Failure to reduce sickness rates may impact wellbeing, workforce capacity, temporary staffing needs, morale, productivity, team resilience and retention.

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

Rates in the graph are N&M leaving NHS Wales from HEIW reports. Updates below are for staff leaving CTM (Feb 2026 data).

Turnover has reduced from 10.2% in Feb 2025 to 8.3% in Feb 2026. This represents a positive trend; however, continued focus is required on retention and workforce sustainability. Ongoing concerns relate to an ageing workforce, potential increases in retirement, pension changes and the relationship between sickness absence and retention.

Key actions and anticipated improvement

- Delivery of targeted retention interventions.
- Alignment with Health and Wellbeing and Sickness Absence improvement actions.
- Engagement with student nurse and midwife recruitment pipelines.
- Career development support via Corporate Nursing and The Academy.
- Continued pastoral and career support sessions.
- Expansion of internal mobility through Lateral Moves and the Jobs & Opportunities Hub.
- Enhanced People Analytics dashboards.
- Increased scrutiny of agency usage from December 2025.

Key risks

- Key risks include staffing instability, higher recruitment and agency costs, increased pressure on teams and loss of critical skills.

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

PADR compliance is 71%, whilst improved during 2025/26, remains below the 85% target.
Level 1 training compliance is 79.8% with overall training compliance at 73.6% - below target. These gaps present risks relating to assurance, staff development and organisational safety.

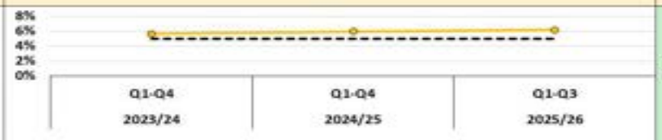
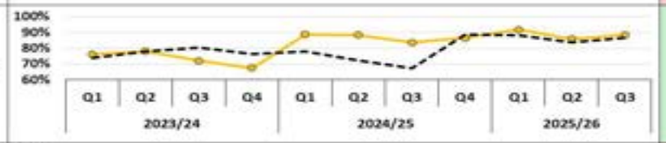
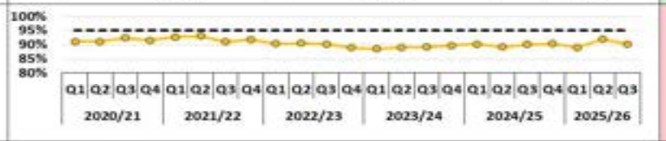
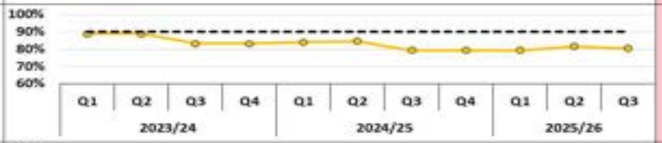
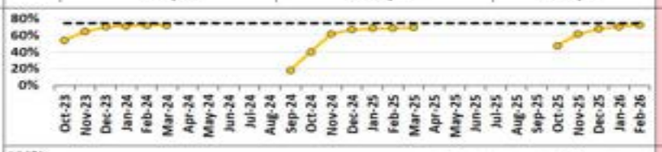
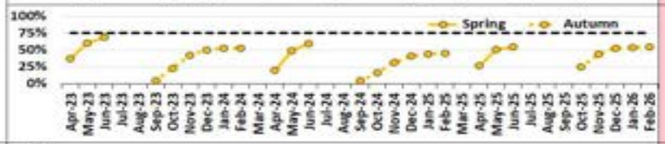
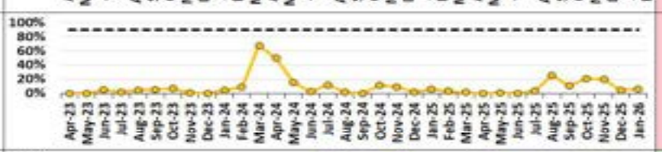
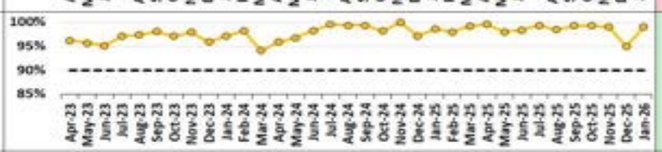
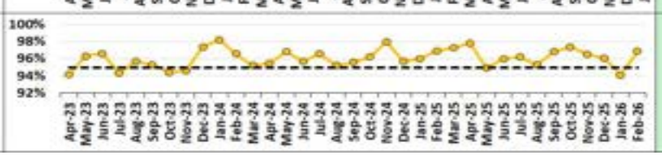
Key actions and anticipated improvement

- Focus on low-compliance areas through Care Group performance reviews.
- PADR quality audits to improve meaningfulness of performance conversations.
- Embedding PADR training in Ignite Management Essentials.
- CTM Core Learning Review underway with a workshop planned for April 2026.
- Improved governance for approval of new training.
- Development of CTM-specific training modules.
- Condensed Violence & Aggression training to ensure relevance to roles (launch 1st April 2026).

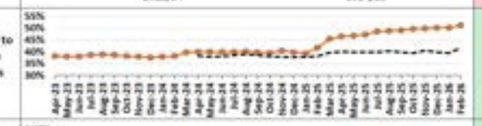
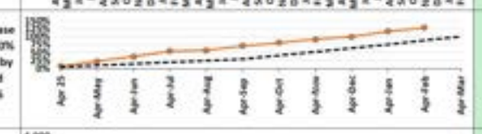
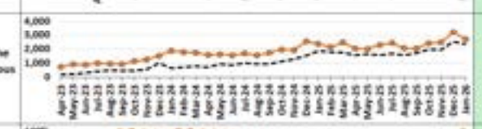
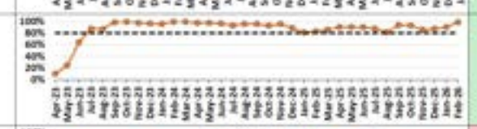
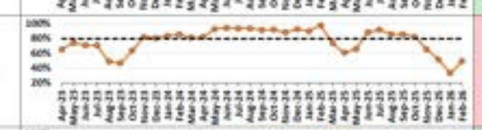
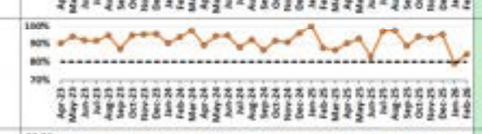
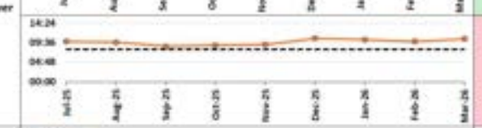
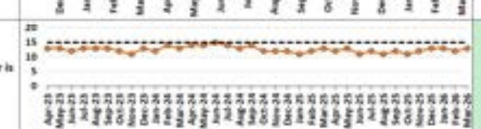
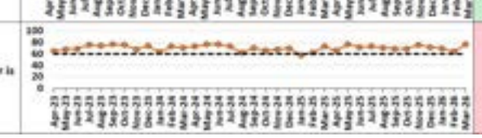
Key risks

- Potential risks include misalignment with strategic objectives, reduced morale, retention challenges, gaps in development pathways, delayed pay progression, compromised safety assurance.

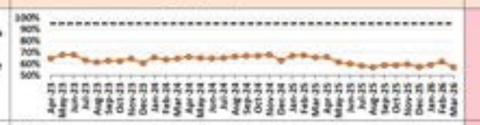
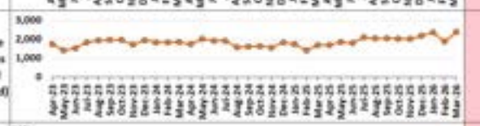
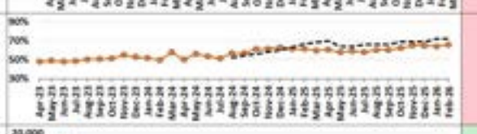
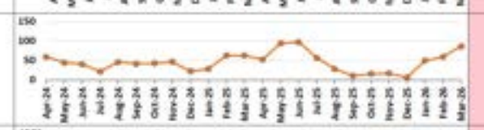
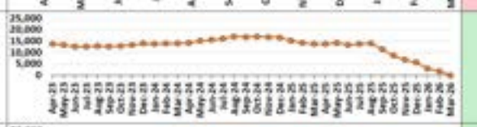
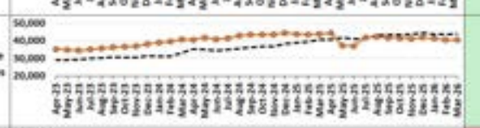
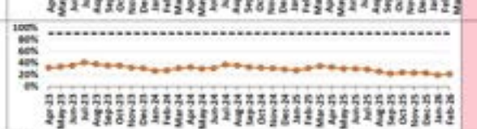
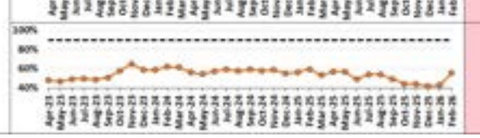
2.2 Appendix 1. Welsh Government Performance Framework Indicators - Quadruple Aim

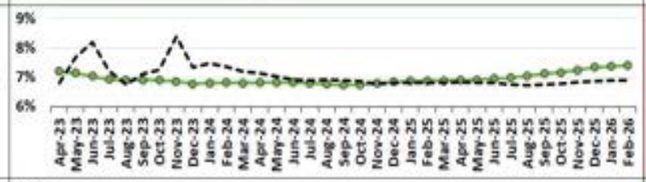
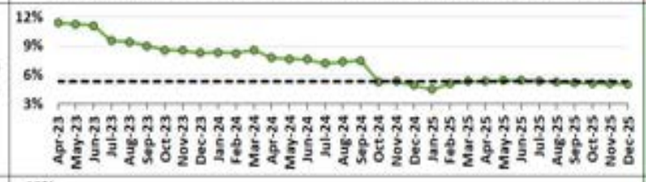
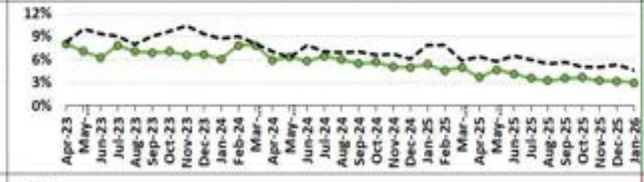
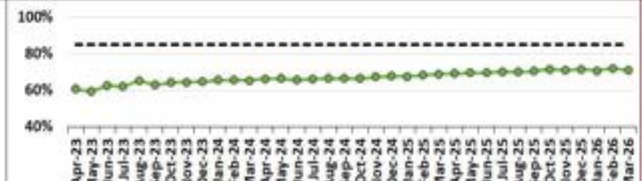
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target / Latest Position	Target Failed
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target (Higher is good)		Predicted 2025/26 6.16%	Q3 2025/26
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target (Higher is good)		10.56%	
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend (Higher is good)		88.6%	Q3 2025/26
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95% (Higher is good)		90.2%	Q3 2025/26
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *(applicable during 01.04.25-30.06.25 & 01.01.26-31.03.26)*	90% (Higher is good)		80.5%	
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(applicable during 01.09.25 - 31.03.26)*	75% (Higher is good)		72.4%	Feb-26
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2025: All eligible people *(applicable 01.04.25 - 30.06.25 & 01.09.25 - 31.03.26)*			54.6%	
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90% (Higher is good)		6.2%	Jan-26
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90% (Higher is good)		99.0%	
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95% (Higher is good)		96.9%	Feb-26

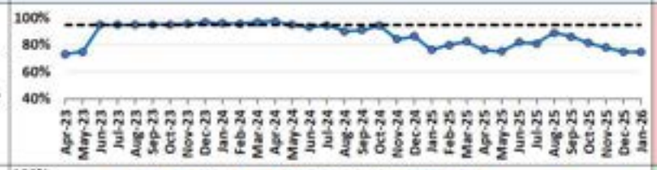
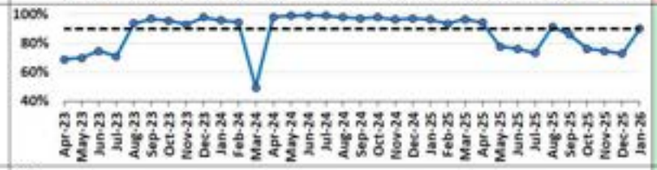
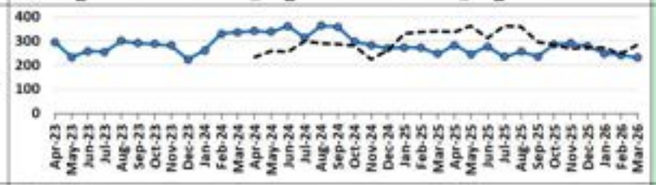
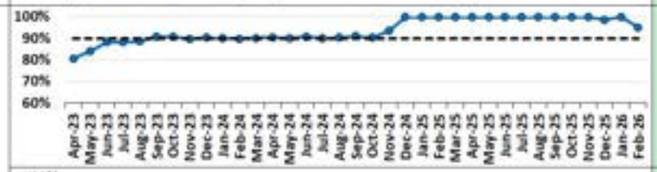
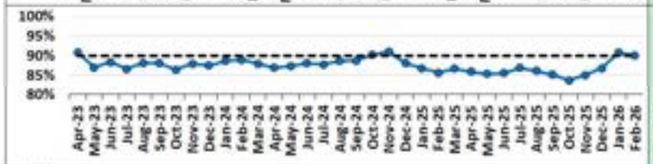
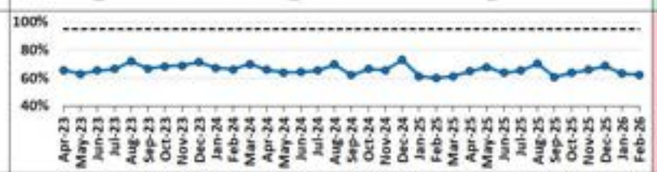
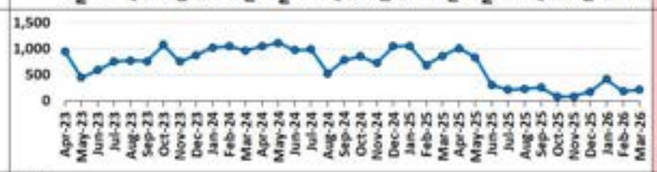
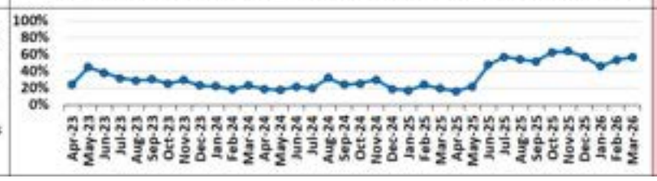
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target / Latest Position	Target Failed
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		95.5%	2024/25
	Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year (Higher is good)		51.3%	Feb-26
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026 (Higher is good)		128.8%	Apr 2025 - Feb 2026
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year (Higher is good)		3,207	Jan-26
	% 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)		99.1%	Feb-26
	% 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)		49.4%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% (Higher is good)		87.8%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% (Higher is good)		84.4%	
Access Hospital Services Quickly	Median emergency response time to Purple (Arrest) Calls	6-8 minutes median (Lower is good)		07:44	Mar-26
	Median emergency response time to Red (Emergency) Calls			10:34	
	Median emergency response time to Orange (Now) calls	12 Month Reduction Trend (Lower is good)		01:32	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less (Lower is good)		13	Mar-26
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less (Lower is good)		77	

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

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target	Target Failed
Access Hospital Services Quickly	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95% (Higher is good)		57.0%	Mar-26
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero (Lower is good)		2,380	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend towards a national target of 80% by 31 March 2026 (Higher is good)		65.8%	Feb-26
	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)		0	Mar-26
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100% (Higher is good)		92.9%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero (Lower is good)		87	
	Number of adults waiting more than waiting more than 14 weeks for all audiology pathways (to include new & existing pathways for hearing aids, tinnitus & balance	Month on month reduction (Lower is good)		2,489	
	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			282	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Zero (Lower is good)		0	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year (Lower is good)		40,588	Mar-26
	Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)		98	Mar-26
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80% (Higher is good)		21.8%	Feb-26
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			55.7%	

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target / Latest Position	Target Failed
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend (Lower is good)		7.41%	Feb-26
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 5.38% (2024-25) (Lower is good)		5.09%	Dec-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend (Lower is good)		3.0%	Jan-26
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85% (Higher is good)		71.0%	Mar 2026 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Jan to Mar 26 does not currently include medical staff)

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes					
	Performance Measure	Target	Key: Trend --- Target/Trajectory	Key: Hit Target / Target Failed Latest Position	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend (Higher is good)		74.6%	Jan-26
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90% (Higher is good)		90.0%	
Efficient Services	Number of Pathways of Care delayed discharges	12 month reduction trend (Lower is good)		231	Mar-26
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90% (Higher is good)		95.1%	Feb-26
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			90.1%	
Safe Services	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95% (Higher is good)		62.5%	Feb-26
	Number of ambulance patient handovers over 1 hour	Zero (Lower is good)		223	Mar-26
	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes (Higher is good)		57.3%	

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

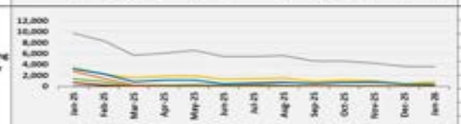
Key: Wales AB BCU C&V CTM HDda Powys SB

Planned Care & Cancer

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

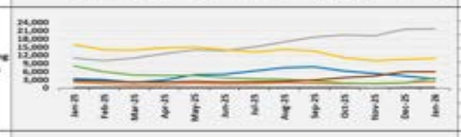
January 2026		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	18	3rd
AB	2,689	4th
CTM	**2,807**	**5th**
BCU	6,899	6th
C&V	8,536	7th

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



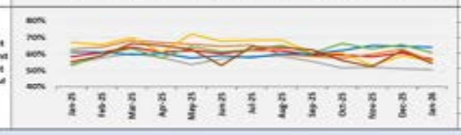
January 2026		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	42	3rd
CTM	**348**	**4th**
AB	394	5th
C&V	854	6th
BCU	3,562	7th

Number of patients waiting more than 8 weeks for a specified diagnostic



January 2026		
Health Board	Compliance	Rank
Powys	50	1st
AB	2,887	2nd
CTM	**3,496**	**3rd**
HDda	3,669	4th
SB	6,059	5th
C&V	10,925	6th
BCU	21,800	7th

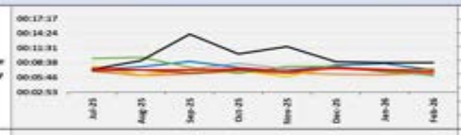
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)



January 2026		
Health Board	Compliance	Rank
CTM	**68.3%**	**1st**
HDda	60.9%	2nd
C&V	56.1%	3rd
AB	55.9%	4th
SB	54.6%	5th
BCU	50.8%	6th

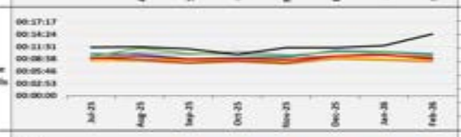
Urgent & Emergency Care/Acute Medicine

Median emergency ambulance response time to purple: arrest category calls



February 2026		
Health Board	Compliance	Rank
BCU	06:04	1st
HDda	06:16	2nd
AB	06:38	3rd
C&V	06:55	4th
CTM	**07:16**	**5th**
SB	07:22	6th
Powys	08:40	7th

Median emergency ambulance response time to red: arrest category calls

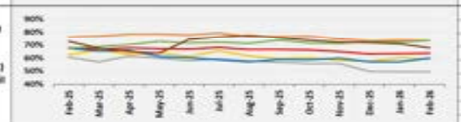


February 2026		
Health Board	Compliance	Rank
AB	07:58	1st
C&V	08:30	2nd
SB	08:33	3rd
BCU	09:08	4th
HDda	09:33	5th
CTM	**09:54**	**6th**
Powys	14:32	7th

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

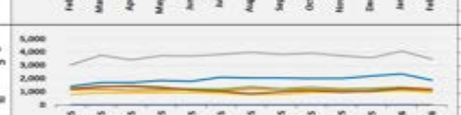
February 2026		
Health Board	Compliance	Rank
CTM	**53.9%**	**1st**
HDda	45.1%	2nd
AB	21.5%	3rd
SB	18.5%	4th
C&V	16.3%	5th
BCU	14.5%	6th

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



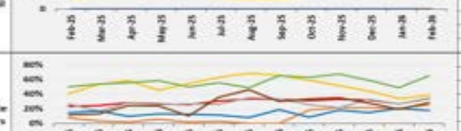
February 2026		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	73.5%	2nd
HDda	73.5%	2nd
SB	67.7%	4th
CTM	**60.1%**	**5th**
C&V	59.3%	6th
BCU	49.6%	7th

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



February 2026		
Health Board	Compliance	Rank
Powys	0	1st
C&V	976	2nd
AB	1,089	3rd
HDda	1,191	4th
SB	1,202	5th
CTM	**1,885**	**6th**
BCU	3,474	7th

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



February 2026		
Health Board	Compliance	Rank
HDda	65.5%	1st
C&V	38.8%	2nd
BCU	34.7%	3rd
SB	28.6%	4th
AB	25.4%	5th
CTM	17.9%	6th

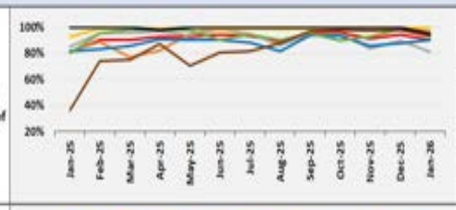
Pathways of Care Delayed Discharges

Number of Pathways of Care Delayed Discharges

February 2026		
Health Board	Compliance	Rank
SB	67	1st
C&V	166	2nd
AB	180	3rd
Powys	200	4th
HDda	241	5th
CTM	**243**	**6th**
BCU	348	7th

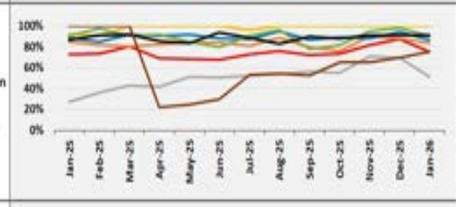
Mental Health Services

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



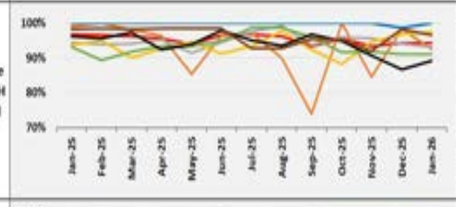
January 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
AB	96.8%	2nd
SB	94.9%	3rd
Powys	93.5%	4th
HDda	93.1%	5th
CTM	**90.3%**	**6th**
BCU	81.1%	7th

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



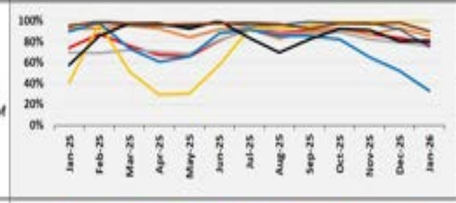
January 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	91.1%	2nd
HDda	90.7%	3rd
CTM	**87.1%**	**4th**
AB	83.8%	5th
Powys	75.6%	6th
BCU	51.3%	7th

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



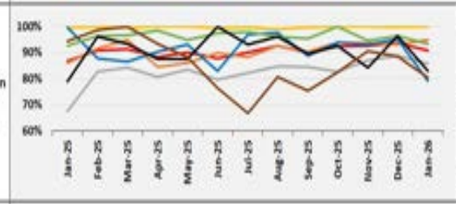
January 2026		
Health Board	Compliance	Rank
CTM	**100.0%**	**1st**
C&V	97.6%	2nd
Powys	96.7%	3rd
BCU	93.3%	4th
AB	92.6%	5th
HDda	91.2%	6th
SB	89.2%	7th

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



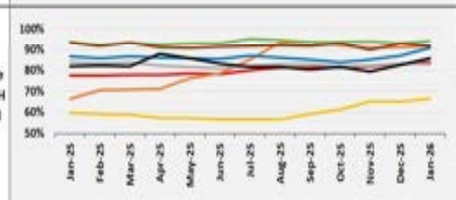
January 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
Powys	90.0%	2nd
AB	85.7%	3rd
SB	81.0%	4th
BCU	76.5%	5th
HDda	75.2%	6th
CTM	**33.3%**	**7th**

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



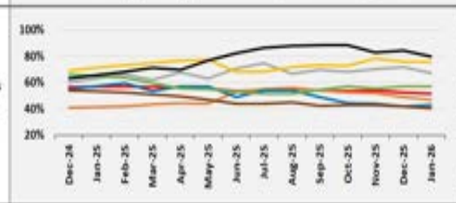
January 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
AB	94.8%	2nd
HDda	93.4%	3rd
BCU	85.7%	4th
SB	83.1%	5th
Powys	80.4%	6th
CTM	**79.1%**	**7th**

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



January 2026		
Health Board	Compliance	Rank
HDda	94.2%	1st
Powys	92.0%	2nd
AB	91.7%	3rd
CTM	**90.8%**	**4th**
SB	85.7%	5th
BCU	83.0%	6th
C&V	66.5%	7th

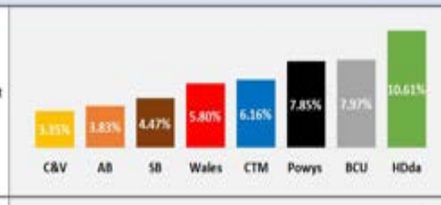
% of patients waiting less than 26 weeks to start a Psychological Therapy



January 2026		
Health Board	Compliance	Rank
SB	80.0%	1st
C&V	75.6%	2nd
BCU	67.0%	3rd
HDda	57.0%	4th
AB	47.0%	5th
CTM	**43.0%**	**6th**
Powys	40.4%	7th

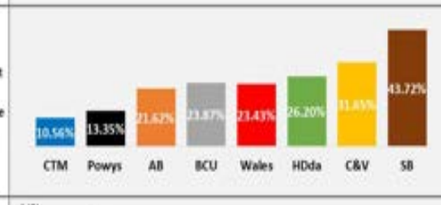
Population Health

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



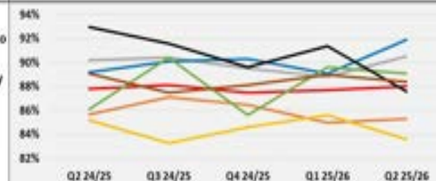
Predicted 2025/26		
Health Board	Compliance	Rank
HDda	10.61%	1st
BCU	7.97%	2nd
Powys	7.85%	3rd
CTM	**6.16%**	**4th**
SB	4.47%	5th
AB	3.83%	6th
C&V	3.35%	7th

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



Qtr 1 to Qtr 3 2025/26		
Health Board	Compliance	Rank
SB	43.72%	1st
C&V	31.65%	2nd
HDda	26.20%	3rd
BCU	23.87%	4th
AB	21.62%	5th
Powys	13.35%	6th
CTM	**10.56%**	**7th**

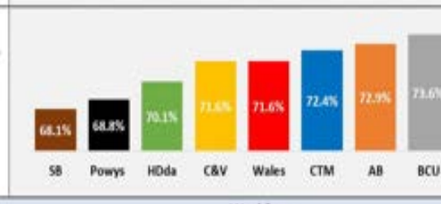
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)



Qtr 2 2025/26		
Health Board	Compliance	Rank
CTM	**91.9%**	**1st**
BCU	90.5%	2nd
HDda	89.1%	3rd
SB	88.4%	4th
Powys	87.6%	5th
AB	85.3%	6th
C&V	83.6%	7th

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

(2025/26 Flu season)

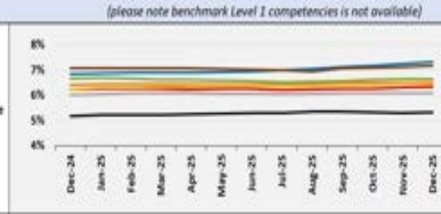


February 2026		
Health Board	Compliance	Rank
BCU	73.6%	1st
AB	72.9%	2nd
CTM	**72.4%**	**3rd**
C&V	71.6%	4th
HDda	70.1%	5th
Powys	68.8%	6th
SB	68.1%	7th

Workforce

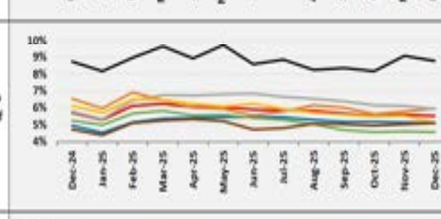
(please note benchmark Level 1 competencies is not available)

% of sickness absence rate of staff



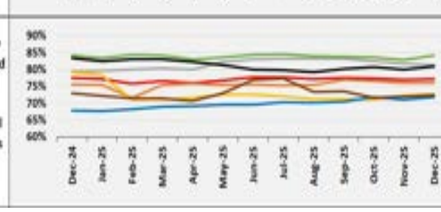
December 2025		
Health Board	Compliance	Rank
Powys	5.3%	1st
BCU	6.1%	2nd
C&V	6.4%	3rd
AB	6.5%	4th
HDda	6.6%	5th
SB	7.2%	6th
CTM	**7.3%**	**7th**

Turnover rate for nurse & midwifery registered staff leaving NHS Wales



December 2025		
Health Board	Compliance	Rank
HDda	4.58%	1st
CTM	**5.09%**	**2nd**
SB	5.10%	3rd
C&V	5.15%	4th
BCU	5.94%	5th
AB	5.98%	6th
Powys	8.79%	7th

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



December 2025		
Health Board	Compliance	Rank
HDda	84.2%	1st
BCU	81.4%	2nd
Powys	81.1%	3rd
AB	76.1%	4th
C&V	72.8%	5th
SB	72.3%	6th
CTM	**71.8%**	**7th**

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

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

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

5. Recommendation

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

6. 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	

Agenda Item
5.2

Operational Delivery Committee

IMTP 2025-26 Quarter Four Report

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan

1. Situation /Background

1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).

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

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

2. Specific Matters for Consideration

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

Delivery of ministerial requirements

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

Strategic priority requirement	Q4 planned	Q4 actual	Notes
Timely access - cancer	75%	January 64.3% February 65.8%	March data pending
Timely access - (104-week delays)	Max 834 breaches	98	Orthopaedics only
Timely access – Cardiology diagnostics	0 breaches	0	Achieved
Timely access – Radiology/ other diagnostics - 8 weeks	100%/ 0 breaches	0	This status excludes NOUS due to reporting issues.
Timely access - Endoscopy 8 weeks	100% by July	0	Achieved
Timely access - ED 12-hour breaches	50% reduction by July	2380	The number of patients waiting more than 12 hours increased to 2,380, with the majority

Strategic priority requirement	Q4 planned	Q4 actual	Notes
			being specialty patients.
Timely access - ED Ambulance handover	• 80% of patient handovers within 1 hour • 100% of handovers within 4 hours	57.3% of ambulance handovers completed in 15 minutes. 261 breaches of 45 minutes (March)	Performance has improved over the past six months. Sustainability will remain a challenge.
Population health - diabetes	50% min compliance with all 8 care processes	February 2026 51.3%	March data pending
Community access - General Medical Services	100% access compliance	Data pending	Data for March is pending but anticipated to be 100%
Community access - reduction in delayed transfers	Reduction in number of delayed transfers and days delayed	Total Delays April 2025 284 February 2026 -243 March 2026 **231** delayed pathways of care discharges	Reduction in number of delays
Mental health access Psychological therapies – improved access		55.7% February 2026	Despite a marginal improvement in February, the overall trend remains downward, with performance significantly below the 80% target.
Delivery of women's health hubs	Q4 actions	Delivered	Pathfinder hub opened on 5th February 2026

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

2.4 While quarter four has seen performance improvements across the majority of areas, it has not been possible to fully deliver all year-end delivery targets.

2.4.1 For planned care, the year-end position demonstrates:

- Improvement in diagnostics access, noting that the NOUS position has been excluded due to reporting issues.
- Improved performance in cancer.
- Improved performance in planned care (RTT) pathways with all specialities delivering waits below 104 weeks, with the exception of orthopaedics;

2.4.2 The areas of concern remain urgent and emergency care access, with the number of 12-hour breaches for patients accessing emergency departments increasing in March. The improvements in ambulance handover have continued.

2.5 During quarter four the Health Board delivered the pathfinder women's health hub with positive early impact. A full evaluation will take place in 2026-27.

Enabling actions

2.6 The enabling actions review for quarter four has been completed and the status is as set out below:

Theme	Total actions	Red	Amber	Green
Urgent & Emergency Care	6	0	5	1
Planned Care	9	0	4	2 3 light green
Workforce	5	2	2	1 light green
Value	4	0	4	0
Improving value/ optimising outcomes	11	1	6	3 1 light green

2.7 The three actions RAG-rated red are set out below.

2.7.1 Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025. While this is flagged red as the full requirement was not delivered in year, there has been progress made, with a reduction in agency expenditure.

2.7.2 Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place

at all times by 30 September 2025. There has been progress made during 2025-26 but this requires significant further work in 2026-27.

2.7.3 Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26. The health board has continued to seek to progress. Revised Welsh Government guidance is awaited and the health board will adopt this and work towards delivery. This will be monitored via the Productivity, Improvement and Transformation Programme, but is not included as an enabling action for 2026-27.

2.8 A number of actions have been carried forward into the enabling actions for 2026-27 while others have been removed. The Health Board has developed a baseline assessment for the new enabling actions for 2026-27 and will commence working towards delivery of these, noting that not all will be able to be completed within the year.

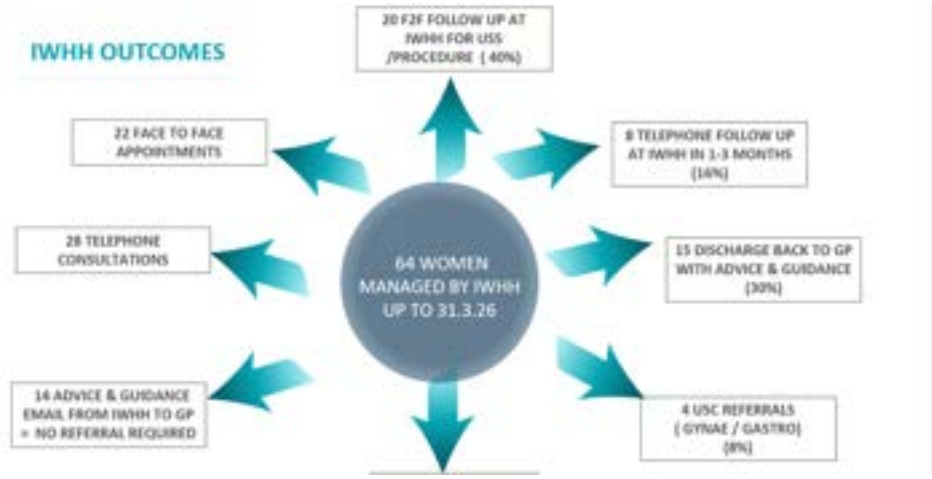
Women's Health Plan

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

2.10 During quarter four, the Health Board successfully concluded the work to develop a pathfinder hub, which was opened in February 2026 and a ministerial visit was facilitated.

2.11 The early outcomes from the hub are set out in the image below.

Figure 1 – Initial Outcomes from Pathfinder Women's Health Hub



Health Board Escalation Status

2.12 In July 2025, following the summer tripartite, the Health Board was de-escalated from enhanced monitoring to routine arrangements in relation to Finance, Planning and Strategy. The Health Board was notified of de-escalation for cancer services in February 2026. The overarching escalation status as March 2026 is set out in the table below.

Area	Current Status
Performance and Outcomes related to Planned Care	Level 3 (Enhanced Monitoring)
Performance and Outcomes related to Urgent and Emergency Care	Level 4 (Targeted Intervention)

Financial position

2.13 The M12 position is reporting a £0.2m surplus (£1.3m surplus M11) for the period with a year to date surplus of £0.1m (£0.1m deficit M11).

2.14 Pending audit this position will confirm the achievement of the financial duties placed upon Health Boards under Section 175 of the National Health Service (Wales) Act 2014.

3. Key Risks / Matters for Escalation

3.1 While the Health Board has not been able to achieve all delivery targets and enabling actions during 2025-26, significant progress has been made, which has been recognised in the de-escalation of a number of areas as set out in section 2.

3.2 The Health Board plan for 2026-2029 sets further progress milestones and following approval of the plan by the Board on 26th March 2026, work has commenced on delivery. Updates will continue to be provided quarterly.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: All strategic goals apply
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: All strategic areas apply.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales
	If more than one applies please list below:

Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: All quality domains apply to the IMTP.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse
	If more than one applies please list below: While not explicitly described in this report, the IMTP considers the Health Board's environmental impact.

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: Each individual development is quality impact assessed.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Each development undertakes an equality assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Delivery of the IMTP and a break-even position are statutory duties for the Health Board.	
Enw da / Reputational	Yes (Include further detail below)	
	Delivery of the IMTP has reputational impact for the Health Board.	
Effaith Adnoddau	Yes (Include further detail below)	

(Pobl /Ariannol) / **Resource Impact** *(People / Financial)*	All resource impacts have been appraised and included in the IMTP.

5. Recommendation

5.1 The Operational Delivery Committee is requested to NOTE the contents of this report and the future plans for IMTP delivery in 2026-27.

6. Next Steps

6.1 Quarterly reports will continue to be provided to the Operational Delivery Committee.

Agenda Item
5.3

Operational Delivery Committee

Digital & Data Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Steve Macdonald Assistant Director of Digital Delivery
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris Director of Digital & Data
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital & Data

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

Acronyms / Glossary of Terms	
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

1. Situation /Background

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

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

1.3 As the Health Board governance structures develop, consideration will be given to how the Digital & Data Delivery Plan is managed.

2. Specific Matters for Consideration

2.1 Digital Systems

2.1.1 Radiology

The CTMUHB RISP programme was implemented successfully in March 2026, maintaining clinical services throughout both the transition and initial stabilisation phases. No patient safety incidents have resulted from the deployment, and core radiology operations remain safe and effective.

A few related residual issues persist and require continued monitoring until they are fully addressed. These risks are operational, not clinical, and are being actively managed.

2.1.2 Pathology

CTMUHB will be unable to proceed with the Mortuary Go Live scheduled for April 2026, due to incomplete configuration of body storage requirements and current resource constraints within CTM. New date is to be confirmed.

The Tranche 3 – Microbiology Go Live is planned for 18 May 2026; however, some work remains outstanding.

Tranche 4 – Blood Sciences testing is ongoing. Implementation planned for July 2026.

Testing of the T5 – Blood Transfusion Telepath Legacy Data Repository in the production environment is nearing completion. Go-Live date to be confirmed.

2.1.3 Pharmacy

Royal Glamorgan Hospital Robot replacement: Digital foundations are ready for installation, testing, and launch. WellSky User Acceptance Testing (UAT) feed is available, pending activation for end-to-end testing after robot setup. Interfaces will go live only after UAT completion and sign-off by Pharmacy and Digital teams.

New dispensary cabinets technical work is complete.

A temperature monitoring alert app was developed internally with Digital, Pharmacy and Switchboard, serving as an interim solution until the supplier's system goes live. The CTMUHB app is currently live and stable.

2.2 Digital Delivery

2.2.1 Microsoft Enterprise Agreement (EA) Renewal

The CTMUHB Board approved participation in a new all-Wales Microsoft 365 Enterprise Agreement at its meeting on 26 March 2026, and the Health Board has now formally submitted its Commitment to Participate to Digital Health and Care Wales (DHCW). The new EA is planned to commence from 1 July 2026.

2.2.2 Core Network and Paging Failures

Following core network and paging incidents in January and February 2026, a detailed review was completed and presented to Executive Management Board. The review identified aging core network switches and limitations in paging system resilience as the primary underlying issues. Short-term mitigations are in place. Replacement core network equipment has been ordered and implementation is underway, alongside a wider review of paging as a technology to inform a longer-term solution.

2.2.3 Digital Service Desk & Digital Monthly KPIs March 2026

2.2.4 Digital and Data Capital Programme 25/26:

The 2025/2026 capital programme for Digital & Data was delivered on time and to budget, with an outturn across all schemes of c£14.3m. This comprised of an internally targeted Digital spend of c£13.7m, and externally driven Digital spends of £647k in support of schemes such as Prince Charles Hospital Ground & First Floor, and smaller locally driven works schemes / refurbishments.

The discretionary element of the programme had an opening allocation of £1.881m, rising to £3.639m by year-end, because of slippage opportunities elsewhere in the CTMUHB discretionary programme. This additional funding provided a positive and welcome opportunity to address further Digital requirements, such as:

- a major overhaul of the high capacity/bandwidth firewalls at the DGH sites, providing an enhanced security posture for the organisation.
- enhanced power protection for the network infrastructure, to provide increased resilience in the event of disruption to power.
- a sizeable expansion to the newly procured PowerStore virtual server infrastructure, further future-proofing the investment.

Welsh Government funding across the year, from planned funding for ePMA, Mental Health, and Connecting Care, through to All Wales Capital Programme slippage bids later in the year. Those slippage bids of c£7.98m in total, provided a significant additional opportunity to improve the Digital estate, including:

- Server / virtual platform replacement
- Wireless network replacement and improvement
- Devices replacement and improvement

- Network switch replacement
- Core network switch replacement
- Devices for digital enablement of clinical staff at ward level
- Digital Patient Notes Systems
- Spacelabs Pathfinder upgrade

The commissioning of these assets will take place at pace over the coming year, most notably the replacement of the core switches at the acute hospital sites. As noted in the previous ODC paper resourcing is a challenge especially in our Voice and Data team responsible for rolling out much of this equipment, additional contract resource is being deployed to help.

2.3 Digital Transformation

2.3.1 Patient Centred Contact Transformation Programme (PCCTP)

The original business case outlined the need to procure technological solutions as key enablers of service transformation.

In the last quarter there has been progress with the procurement of the Omnichannel Platform, and it is now at the evaluation stage. Once completed, the preferred supplier will be identified and contract awarded, enabling the service re-design to commence in earnest. Discovery work continues including benefits mapping and baselining around all aspects of the wider programme including Clinical System Optimisation and Role Optimisation projects.

The second element of the procurement, which is the Digitalisation of End-to-End Clinical and Administrative Outpatient Workflow will be progressed at pace.

2.3.2 Digital Ophthalmology: Open Eyes

Open Eyes has been successfully implemented as planned, by the 31 March 2026. There will be rolling programme of adoption in line with clinic templates. Overtime, Open Eyes will eradicate the need for paper records and will be a significant step forward in patient safety and process efficiency.

2.3.3 NHS Wales App

The enhanced functionality of the NHS Wales App was delivered for CTMUHB as planned in October 2025, the PCCTP team continue to engage with the national DSPP programme to ensure that CTMUHB is aligned with the rollout plan.

2.3.4 Electronic Prescribing and Medicines Administration (ePMA)

The ePMA solution (Nervecentre) has been successfully implemented in the Princess of Wales hospital at Bridgend. The solution is now live across the Early Adopter Cardiology Unit, which includes Ward 4, CRDU and the Cath Lab. Lessons learned have been collated to support the full site –wide go-live. Although there have been challenges with the integration, the CTM ePMA team have worked tirelessly with DHCW and Nervecentre to deploy a solution that is the first Health Board in NHS Wales that has integrated results-based prescribing. CTMUHB are also part of a very small group of organisations in the UK that have delivered a bespoke drug file developed by Pharmacy Technicians.

2.3.5 Digital Maternity: Badgernet Implementation

Phase 1 of the Badgernet (Maternity) implementation was successfully achieved across all Community settings on 17 March 2026. There is now 400 referrals and 256 bookings active on Badgernet.

Following a period of end user support, the community users will transition to 'Business as Usual'., the plan then is to implement Badgernet across acute services on 9 June 2026.

This has been a huge team effort with limited funded resources available; it has meant many team members have been called upon to assist, this has been a truly collaborative effort across Digital, Operational, and clinical colleagues.

2.3.6 Single Record for Mental Health

Approval to proceed was granted by the CTMUHB Full Board at the end of January 2026. Awaiting Welsh Government to enable contract award to proceed.

2.3.7 Medical Records & Patient Contact Services Operations

Site	Casenote & Digital Records Activity	Dec 25	Jan 26	Feb 26	March 26	Total
Williamstown Hub	Paper records moved for care/business needs	37,406	50,053	42,677	47,749	**177,885**
POW/Bridgend Libraries	Paper records moved for care/business needs	28,733	35,111	28,614	32,515	**124,973**

Hub and POW Archive/Destruction	Records assessed and moved to archive sites (destruction embargo in place since 19/11/25)	1,179	3,643	3,693	3,854	**12,369**
Hub – Digital work	Legacy paper records digitised and destroyed	81	132	328	123	**664**
	Day-forward records scanned and destroyed	19,500	22,523	20,633	23,470	**86,126**
	Sheets of paper scanned / digital images created	373,697	377,921	367,960	434,508	**1,554,086**
	Digital images created	747,394	755,842	735,920	869,016	**3,108,172**
Digital folders used	Prepped by Med Recs Hospital staff for IP/OPs	18,573	22,715	20,588	23,091	**84,967**
Digital patients growth	Total digital patients with Cito content at month end	186,422	190,798	194,397	198,551	**Increased by 15,260 since Nov 25**

Both paper records and digital records work is increasing.

Patient Contact, Booking and Referrals work – services supported by Medical Records – December 25 to March 26

Key Achievement

- Patient Contact Services and Medical Records Team were instrumental in the enabling the Health Board to see an additional 26,000 patients as part of the Welsh Government/HBS initiative to reduce Outpatient Waiting Lists. The staff went above and beyond to ensure that no patient was left behind.

New OP Referrals processed	Appointments Booked	Appointments Attended	DNAs	Hospital Cancellations	Patient Cancellations
109,626	**252,656**	**180,791**	**15,574 (6%)**	**33,027 (13%)**	**23,264 (9%)**

Medical Records supported all above activity by OP waiting list management, patient contact, booking, providing case notes and digitisation.

Medico-Legal Requests – Demand continues to exceed capacity to complete within the statutory 1-month deadline. Requests received:

Source of Request	Requests received	Waiting requests completed	Requests still waiting at 31/3/26	No of completed requests that breached	Maximum breach. Potential ICO report/fine
Coroner/Court/ Solicitors/Police/DWP, etc.	918	481	297	140	69 days
Patient / relative	699	382	331	130	86 days
Totals	**1,617**	**863**	**628**	**270**	

Work is currently 4 weeks behind schedule to meet the 1-month statutory target.

Ongoing Challenges:

- Short-notice cancellation and clinic changes generate high levels of re-work as unplanned cancellation takes priority over other work to ensure that patients are informed as soon as possible.

  This has also been an issue with the with HBSUK in-sourced clinics and although not controlled by the HB, the same staff have been supporting this work alongside core business.

  Mitigation: The team continue to work with the relevant service leads as and when cancellations of this nature occur. The team are also exploring digital options to automate the process to make it far more visible, subsequently enabling a performance management approach to the compliance of the 6-week rule.

- There are an increasing number of Medico-Legal requests leading to growing waits and breach of target.

  Mitigation**-** A report is being drafted to document the increase over time and the likely impact and resource needed if this continues at this current trajectory.

- A number of vacancies are currently held across the service. Some posts are backfilled by additional/bank/overtime to keep the service running to an adequate level.

  Mitigation: Review of existing vacancies and prioritise as appropriate

- There is a known issue that was signed off as part of the WPAS Merger Project where patients have multiple registrations and associated casenotes. This complexity within our WPAS is having detrimental impact on downstream system that have recently been implemented. Badgernet Maternity and ePMA.

Mitigation – Staff contracts to address this have currently been extended, to 30 September 2026 while a case will be developed to highlight the clinical risk and the resource requirement and costs of an ongoing team to address this.

- Due to the Infected Blood Compensation Authority's records destruction embargo paper records storage continues to be an issue. This has significant implications for safe and complaint management of records libraries and storage areas across the Health Board.

  Mitigation - As the benefits of the Patient Centred Contact Transformation Programme are realised over time, the rate of future growth will be positively impacted but will not resolve the legacy issue. Resources will be released as the reliance on paper reduces.

Further information on all these challenges is included in the quarterly Medical Records Assurance Report, as part of the Information Governance Group.

2.4 Data & Compliance

During the period the Assistant Director for Data & Compliance has commenced a secondment opportunity at Swansea Bay University Health Board.

Transition management arrangements are in place and a review of the work programme to meet the data requirements is underway.

3. Key Risks / Matters for Escalation

None

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	Linked to all Strategic Areas
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales

Objectives / Strategy	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable
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: Undertaken for work programmes as required.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Undertaken for work programmes as required.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

Impact Assessment	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below) Staff, Revenue & Capital required to deliver the full ambition of the digital programme

5. Recommendation

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

Agenda Item 6.1	30 April 2026	Operational Delivery Committee	NHS Wales Staff Survey 2025

Report Details:	
FOI Status:	Open (Public)
Prepared By:	Lisa Whiteman-Pearce, Head of OD and Culture
Presented By:	Hywel Daniel, Executive Director for People
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People
Report Purpose	For Noting
Engagement undertaken to date:	ELG/EMB: Briefing Paper, Summary and Recommended Priorities LNC/LPF: Staff Group data overview

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	None for the overview, but broadly people's experience in and of work will affect engagement, in turn impacting performance, productivity, quality and wellbeing
Related Health and Care Standard	e.g. Leadership, Culture, Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No: not required for a summary overview: any change/policy/process emerging from survey action may differ
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	None at summary level
Link to Strategic Goals	Inspiring People

Background and summary

- The NHS Wales Staff Survey serves as a point-in-time reflection drawn from a series of questions that feed 20 subthemes and 10 themes
- There are known limitations, including participation (notwithstanding the increased CTM response rate of 35.6%), recency (survey ran October-early December 2025 and data still being provided to organisations in April 2026), depth and breadth of reporting (reports are not available below tier three – directorate level – and do not split staff groups and locations)
- Staff survey results will guide the evolution of the current People Plan 2025-2030 and is not the sole determinant of progress or success
- At time of submission, following delayed receipt of free text comments, analysis is underway and an additional briefing paper will be provided to the Executive Leadership Group. It is not anticipated that any themes arising will require us to course correct our priorities, but they are likely to add texture and feeling to what we know we need to improve

- Response rate – 8.8% increase organisationally with increases across all Care groups
- Marginal increase of 0.1% on our engagement score to 70.5% (one of three NHS organisations to improve)
- One decrease at theme-level (*nurturing healthy working environments*), the majority have improved – highest increase in Patient Safety of 3.5% improved positivity
- Our scores have fallen across each 'nurturing healthy working environments' sub-theme
- At question level, we see some improvements in the last year in both pride and commitment to remain in the organisation as well as safety to speak up and report concerns. However, in the last year, we have continued to decline in respondents' involvement in change and improvements and observe our steepest drop of 3% in respondents' belief that we take positive action on health and wellbeing

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Breakdown by theme/sub-theme

Theme	Score	Change 24-25	Benchmark comparison	Sub-theme[3]	Score	Change 24-25	Benchmark comparison
Morale	53.8%	Increase	Higher	Stressors	56.2%	Decrease	Lower
				Thinking about leaving	55.9%	Increase	Higher
				Work pressure	46.4%	Increase	Higher
Patient Safety	60.4%	Increase	Higher	No subtheme			
Staff engagement	57.2%	No change	Lower	Ability to contribute towards improvement at work	51.2%	Decrease	Lower
				Intrinsic psychological engagement	62.4%	Increase	Lower
				Staff advocacy and recommendation	55.5%	Increase	Lower
We are all able to speak up	66.4%	Increase	Higher	Autonomy and control	70.6%	Decrease	Lower
				Raising concerns	62.2%	Increase	Higher
We are compassionate and inclusive	69.9%	Increase	Higher	Compassionate culture	71.1%	Increase	Higher
				Compassionate leadership	66.9%	Increase	Lower
				Diversity and equality	64.1%	Increase	Higher
				Inclusion	71.1%	Increase	Higher
We are continuously learning and improving	64.1%	Increase	Higher	Development	60.4%	Increase	Higher
				PADR/Appraisal	71.8%	Decrease	Lower
We are stronger together	68%	Increase	Lower	Line management	66.2%	Increase	Lower
				Team working	69.5%	Increase	Lower
We champion flexible working	60.4%	Increase	Lower	Support for work/life balance	60.4%	Increase	Lower
We nurture healthy working environments	56.8%	Decrease	Higher	Burnout	29.5%	Decrease	Higher
				Health and safety climate	42.6%	Decrease	Higher
				Negative experiences	86%	Decrease	Higher
We recognise everyone's contribution	60.5%	Increase	Lower	No subtheme			

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Cwm Taf Morgannwg
University Health Board

Key areas of decline

Involvement in change and decision making

- Further 2% drop in positivity scores (nearly 8% decline since 2023) to 43.8%
- Increase in negativity score – over 30% responses 'disagreed' or 'strongly disagreed' that they're involve in changes that affect them

Increase in negative experiences

- Instances of poor treatment from patients/public have risen again, including unwanted sexual behaviour, abuse and physical violence – e.g. **30% experiencing abuse at least once** with data differing by staff group
- Slight increases in instances of unwanted sexual behaviour from colleagues

Burnout

- All burnout indicators have worsened, with more staff reporting they 'always' or 'often' feel emotionally exhausted (38.4%), burned out (34.3%), and worn out at the end of shifts/working days (41%)
- Increased frustration at work and reduced energy for life outside work

Key areas of improvement

Patient safety and raising Concerns

- Stronger reporting culture, with more **staff encouraged to report incidents (up 3.8%)**
- Feedback on changes made and perceptions of fair treatment if raising a concern are improving slowly, but much lower overall e.g. belief that concerns will be addressed is improving slightly but still 19% respond negatively

Compassionate culture

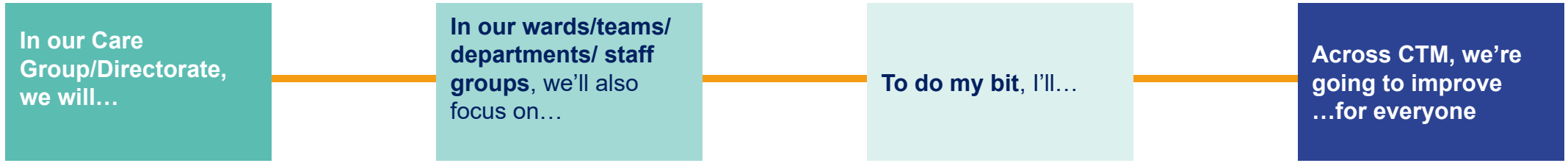
- Improvement in how staff view compassionate and patient-centered care, **including confidence in care quality for loved ones should it be needed** (positive scores up 2.4%, negative down 2%). However, positivity scores are nearly **10% lower** concerning compassion and kindness towards each other

Diversity and equality

- Slight improvements in perceptions of fairness in progression and **respect for individual differences (both nearly 2%)**
- **Discrimination** from managers and colleagues **has reduced slightly –** around 1% - however approx. 5% respondents feel they have experienced discrimination from a manager/colleague

A shift in our approach: risk and accountability

- This year, we are encouraging (and asking for) accountability at all levels – from every individual reflecting and acting on what they can do to improve their (and other's) experience



- Guidance and conversation tools for managers have been shared, asking team and ward managers to discuss survey results in their teams, see what resonates/doesn't, and to develop local plans for improvement – kept manageable
- Each Care Group and Corporate Directorate Director/Service Director have been asked by the Deputy CEOs to feed back their level reflections and priorities at performance meetings, based on their data and insight
- However, we are mindful of and have noted risks including:
  - If we have **too many priorities**, nothing is: encouraging no more than three
  - Action not being visible: the greatest incentive to engage in surveys/other activity is to **see, hear and feel that your voice is heard and makes a difference**
  - **Unachievable targets/expectations**: some shifts will not show up in improved 2026 survey data – a slowed decline or a plateau is not bad news (but is not a reason to delay action or slow communication)

CTM areas of focus

We need to tackle:

Improving how people continue to be invited into decisions and changes that affect them – at all levels and stages

The quality of conversations – not just quantity – especially around wellbeing and burnout

Any and all mistreatment and abuse of our staff by patients and the public

We need to continue to improve:

Management and leadership skills and behaviours

Feeding back to people after concerns are raised

Respecting and valuing difference and diversity

We need to build on early successes with:

Encouragement and safety to speak up

Setting clear expectations

Team climates and colleague to colleague compassion

Care Groups/directorates are working on…

Unscheduled Care:
- Developing an effective engagement strategy and approach
- Getting closer insight into 'healthy working environments' sub themes inc burnout and negative experiences
- Driving up PADR compliance – bringing managers closer to teams

Facilities:
- Improving respectful behaviour at work
- Developing management and leadership skills
- Development and progression conversations (PADR) and opportunities (role enhancement)

Primary and Community Care:
- Addressing workload pressure and improve wellbeing
- Improving staff voice and engagement
- Embedding flexible working approaches

Dermatology:
- Involving staff better in changes and decisions that affect them
- Strengthening teamwork and psychological safety
- Supporting staff wellbeing and development opportunities

Summary

- We're making some **progress in both engagement / participation and areas of focus** – e.g. speaking up and line management skills and effectiveness
- There are clear areas of trending decline that will be our CTM/corporate priorities, lead by the Executive Team and/or People Plan oversight arrangements: our **people's safety**, their **wellbeing**, and their **voice** will be our areas of focus herein
- **Seeing and feeling change is the biggest incentive to participate** – we need to build on 'You Said, Together We' and ensure people experience is getting better – not just their awareness of action – but we will build on our response rate ambitions to 50% this year
- Hence – **improvement is everyone's responsibility** from individuals and teams through to in-train Care Groups and organisation-wide action

Specific Matters for Consideration:

None

Key Risks / Matters for Escalation:

As noted:

- Too many priorities leading to clunky, unachievable plans and/or duplication of effort
- People not being aware of or experiencing, improvements happening as a result of action
- High expectations of quick change: there are around six months until the NHS Wales Staff Survey 2026 opens, hence we shouldn't expect to see significantly better results in a short space of time. Ensuring we regularly communicate progress to people through a number of channels will help *inform* colleagues of any changes, but until they *see and feel* sustained shifts, views (and results) may not change.

Recommendation

The Committee are asked to:

- *Note Staff Survey 2025 headlines and insight*
- *Note a refreshed focus on accountability at all levels*
- *Take assurance that our organisation-wide priorities are right for us, right now*
- *Receive future updates on progress at both Care Group and CTM level*

Next Steps

- **Close the data circle** with qualitative feedback (free text comments); recently received and being reviewed thematically
- **Feedback to our colleagues**: virtual sessions scheduled for mid-May, led by our Executives and supported by the People directorate, and returning to LPF and LNC in the summer
- **Evolve our People Plan delivery**, strengthening and prioritising the activity that people have told us is most important
- **Keep experience and engagement on every agenda**: Care Groups providing bi-monthly updates in performance meetings
- **Retain our focus on involvement and response rates** – more feedback give us richer information – noting the 'deal': people respond when they feel their views matter

Agenda Item
6.2

Operational Delivery Committee

Employee Relations Annual Report

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Charlotte Clarke, Head of People Services
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Charlotte Clarke, Head of People Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Acronyms / Glossary of Terms	
ER	Employee Relations
IAOF	Initial Assessment of Facts
SUS	Speaking Up Safely
PDR	Performance and Development Review
R&R	Respect and resolution (grievance)
ODC	Operational Delivery Committee

1. Background

1.1 This report provides the overview of Employee Relations (ER) activity across Cwm Taf Morgannwg University Health Board, covering the period 1 April 2025 to 31 March 2026 and a comparative review of cases between January – December 2024 and January – December 2025. All future reports and annual comparators will run on the new cycle of April – March. This report is intended to summarise key trends, hotspots and learning arising from ER activity over the year, and to highlight areas of emerging risk that may inform future organisational interventions and workforce priorities.

1.2 As agreed by the Operational Delivery Committee in April 2025, the approach to ER reporting has evolved since the previous annual report. In particular, the introduction of the ER Tracker and Dashboard has significantly increased data maturity and visibility across informal, formal and complex ER casework. This has enabled analysis to move beyond headline volumes towards a more nuanced understanding of case progression, duration, outcomes, experience and associated risk, both at organisational and care-group level.

1.3 Accordingly, this report focuses less on detailed description of the current live caseload and more on patterns over time, including where ER demand and complexity are concentrated, what has improved during the year, and where challenges persist. Detailed operational data remains available through routine reporting and dashboards, while the narrative within this paper is intended to support operational oversight, risk-based decision-making and learning, rather than case-by-case scrutiny.

2. Specific Matters for Consideration

2.1 Employee Relations data

The following sections provide assurance over ER activity, risk and performance. While case numbers fluctuate daily, the themes and trends outlined below provide a reliable indicator of current organisational pressure points and cultural risk.

2.2 Formal Disciplinary

As recently approved at ODC, the new All-Wales Disciplinary Policy reinforces a consistent national approach to managing employee conduct and behaviour, with an emphasis on proportionality, early resolution and the avoidance of unnecessary formal processes. A central feature of the policy is more robust assessment at the point cases are considered for progression, positioning formal investigation as a last resort rather than a default response. This aligns with growing evidence that prolonged formal

investigations can cause disproportionate harm to individuals, working relationships and organisational culture where concerns could be addressed through earlier, learning-focused intervention.

2.3 As at 31 March 2026 there were 24 live formal disciplinary cases, with a further 36 disciplinary matters being managed at informal or Initial Assessment of Facts stage. Over one third of live formal cases are being progressed through Fast Track routes, reducing the need for full investigation where matters are clear. A significant volume of concerns continue to be resolved informally, with approximately 21% of cases closing at initial assessment of facts stage between January – December 2025.

2.4 Analysis of the total closed cases between the current reporting period of April 2025 – March 2026 shows that almost 50% of the disciplinary activity managed via the People Services Team was managed on an informal basis. This reflects increasing confidence in early assessment, learning-focused intervention and proportional decision-making.

2.5 Closed disciplinary cases provides assurance that matters progressing beyond informal thresholds are appropriate and resulting in formal outcomes, with approximately 90% of formal cases closed between January – December 2025 resulting in formal action (level of warning or dismissal) which is a 1% increase on formal case outcomes from 2024.

2.6 This profile is consistent with a more mature and proportionate approach to early resolution.

2.7 Respect and Resolution

The Respect & Resolution Policy is intended to support fair, psychologically safe and proportionate handling of behavioural and relationship-based concerns, with an emphasis on early resolution and avoidance of unnecessary formal escalation. However, in practice, implementation challenges have emerged.

2.8 As of March 2026 there were 30 live Respect & Resolution cases, of which 22 are being managed at formal investigation stage, representing a significant proportion of the organisation's formal investigation caseload. These cases are typically high-impact and emotionally complex, frequently involving allegations of bullying, harassment or inappropriate behaviour alongside breakdowns in working relationships.

2.9 Around 75% of the 67 R&R cases between April 2025 – March 2026 were handled formally, as compared with 50% of misconduct cases. Further analysis shows that significant numbers of formal respect and resolution cases are handled via formal investigation with a very limited number of

concerns being formally upheld and the majority reverting to recommendations for informal resolution options such as facilitated conversations or mediation. This creates a higher propensity for formal handling with a lower likelihood of formal outcomes.

2.10 Capacity constraints across Investigating Officers, Chairs and representatives mean that policy timescales are not consistently achieved, and there is increasing evidence that delay itself can become a source of dissatisfaction and secondary grievance.

2.11 Taken together, this highlights a gap between the policy's intended ethos of early, proportionate resolution and the lived experience of staff navigating the process.

2.12 In response, the organisation has initiated a jointly owned review with Trade Unions to examine how the policy is operating in practice, with a shared focus on safeguarding staff rights, addressing behavioural and cultural harm effectively, and exploring whether earlier structured assessment or resolution mechanisms could better support informal resolution where appropriate, without diluting protection or choice

2.13 Appeals

There are currently three live appeals, comprising one Flexible Working case and two R&R cases. Since April 2025, 30 appeals have been lodged, of which 13 relate to R&R outcomes and five to disciplinary matters. This should be considered alongside the wider activity profile, where 67 Respect and Resolution cases were handled formally during the same period, compared with 91 formal disciplinary sanctions.

2.14 Viewed in this context, the appeals profile suggests a divergence in how different policy areas are experienced by staff. Despite a higher number of formal disciplinary sanctions, appeal volumes remain low, indicating a generally high level of acceptance of disciplinary decisions and confidence in the robustness of the disciplinary process applied.

2.15 In contrast, appeals arising from Respect and Resolution cases are more frequently associated with concerns about process, handling and the experience of investigation rather than the substantive findings alone. This is consistent with earlier analysis that dissatisfaction in Respect and Resolution cases is often driven by delay, complexity and the impact of protracted formal processes, strengthening the case for earlier assessment and proportionate handling while maintaining appropriate safeguards.

2.16 Suspensions

There are currently four staff members suspended from duty, comprising one case linked to an ongoing police investigation and three cases under disciplinary investigation. The Health Board remains clear that suspension is a measure of last resort and is only applied following completion of a suspension checklist and senior approval. All suspensions are subject to formal monthly review.

2.17 One suspension has remained in place for a prolonged period due to constraints arising from an ongoing police investigation, which has limited the organisation's ability to progress internal misconduct processes in line with police advice. This reflects a broader challenge where external investigations can impact ER timelines and case progression. Such cases continue to be subject to regular review, with alternative routes considered where appropriate to ensure proportionate risk management.

2.18 In addition, three suspensions concluded during the period, all of which resulted in dismissal following investigation. While suspension is applied without prejudice, these outcomes provide assurance that its use has been reserved for the most serious allegations and that decisions to suspend have generally been justified. This pattern suggests that suspension is being applied selectively and appropriately, with the principal residual risk lying in the duration of externally constrained cases, rather than in threshold or decision-making quality.

2.19 Safeguarding Cases

There are currently eight safeguarding cases, three of these cases involve allegations of sexual harassment or assault. People Services have supported Professional Concerns meetings and advised on suspension and risk management. All three cases are subject to ongoing Police investigation. Internal misconduct proceedings cannot progress until Police outcomes are received due to the chain of evidence.

2.20 While progression of internal actions is constrained by external police investigation processes, organisational risk continues to be actively assessed and managed. Regular professional strategy meetings ensure that safeguarding considerations, professional standards, patient safety and service risk are reviewed on an ongoing basis, and that appropriate interim controls remain in place pending the outcome of police enquiries.

2.21 Sexual Harassment cases

The All-Wales Anti-Sexual Harassment Policy sets a clear expectation that sexual harassment is unlawful, unacceptable and must be addressed promptly, sensitively and robustly, with the physical and psychological safety of staff as the primary consideration.

2.22 During the reporting period, three sexual harassment cases were concluded. Outcomes included one dismissal, one informal resolution, and one case where no further action was taken following investigation. While these outcomes differ, they are consistent with the policy's requirement that cases are assessed on the basis of evidence, risk, safeguarding considerations and proportionality, rather than assumption or outcome-driven escalation.

2.23 The case resulting in dismissal reflects the policy's explicit position that substantiated sexual harassment may lead to the most serious formal sanctions. The informal outcome demonstrates appropriate use of proportionate, resolution-focused intervention where behaviour could be addressed without recourse to formal disciplinary action, in line with the policy's emphasis on early resolution where safe and appropriate. The case resulting in no further action illustrates that, while all concerns are taken seriously and investigated with safeguarding oversight, the policy also protects individuals from punitive outcomes where allegations are not substantiated on the balance of probabilities.

2.24 These outcomes provide assurance that sexual harassment concerns are being handled in line with the All-Wales policy intent: prioritising staff safety and dignity, applying robust safeguarding and investigative processes, and reaching outcomes that are fair, defensible and evidence-led. They also reinforce the importance of early assessment, clear thresholds and proportional decision-making, which remain central to ongoing ER risk management and organisational learning.

2.25 In addition to formal ER and safeguarding routes, colleagues also have access to the Speaking Up Safely (SUS) framework, which provides independent and confidential channels for raising concerns, including those related to sexual harassment, inappropriate behaviour and abuse of power. This includes the ability to raise concerns anonymously where individuals do not feel able to report through line management or formal processes. A further report will be provided to the committee to cover the initial implementation of Speaking Up Safely in the coming months.

2.26 Capability

There are currently no formal capability cases across the Health Board and three concluded cases within the period. This position may reflect the continued emphasis on managing performance concerns through informal coaching, support and alternative routes such as conduct, attendance or wellbeing-focused processes, rather than early escalation to formal capability procedures.

2.27 While this approach may indicate positive intent to resolve issues proportionately, it may be an indicator of a Health Board wide reticence

towards manging performance concerns on a formal basis. This is particularly relevant when considered alongside organisational PDR compliance, which stood at 70.97% at the most recent reporting point. While this reflects progress, it also indicates that a proportion of staff do not yet have up-to-date formal performance reviews, which may affect the timeliness and confidence with which performance concerns are formally recognised and addressed.

2.28 The introduction of the All-Wales Improving Performance at Work policy is expected to bring greater clarity and consistency to thresholds, expectations and escalation routes. This may result in an increase in formal capability cases as performance issues are identified earlier and managed more explicitly within the new framework. People Services will work closely with Trade Union colleagues to support a phased and well-governed implementation, ensuring appropriate use of informal stages, consistency of practice and confidence in progressing matters formally where required.

2.29 The absence of recorded capability cases limits organisational visibility of how consistently under-performance is identified, documented and managed through structured processes. As implementation progresses, capability activity will be monitored alongside related indicators, including informal performance support, case escalation patterns and PDR compliance, to ensure alignment with policy intent and the organisation's risk appetite while maintaining a focus on fairness, support and early intervention.

2.30 Employment Tribunals

Employment Tribunal activity continues to be the primary driver of increased legal cost and case complexity. While overall case volumes remain relatively low, legal spend and advisory input have increased, reflecting the progression of existing cases to substantive hearings and the associated demand on senior leadership, People Services and management time. Several matters are now scheduled for hearings in 2026, creating ongoing financial and operational exposure.

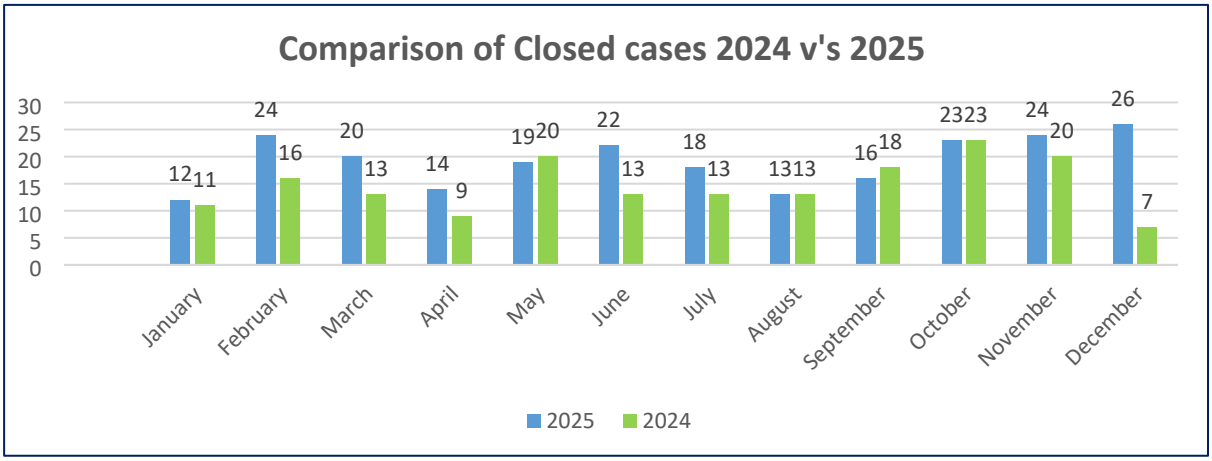
2.31 There has also been an increase in Early Conciliation notifications and Without Prejudice requests, indicating a widening pipeline of potential litigation. This trend is likely influenced by a combination of factors, including increased workforce awareness of employment rights, earlier signposting to formal dispute routes - including through online and AI-supported tools - and the evolving legislative landscape, which may further shape the volume and nature of future claims.

2.32 The organisation's experience reflects national patterns, with Employment Tribunals reporting a 54% rise in single claims in Q3 2025/26 and a 34%

reduction in disposals, contributing to a growing backlog and extended resolution times.

3. Annual review 2024 & 2025

This section provides a comparative review of case outcomes between January – December 2024 and January – December 2025.



3.1 Overview of Closed Case Volumes in 2024

Between January - December 2024, a total of 176 cases were closed, none from this period remain open as at March 2026. Of those closed:

- 42% (74 cases) related to formal misconduct.
- 89% of formal misconduct cases resulted in formal outcomes
- 20% of potential misconduct cases were closed at the Initial Assessment of Facts stage.
- Average duration: 104 days
- Longest case duration: 1218 days due to police investigation

3.2 Overview of Closed Case Volumes in 2025

Between January - December 2025, A total of 231 cases were closed (an increase of 31% compared to 2024). 34 misconduct cases and 9 Respect and Resolution cases from this period remain open as at March 2026. Of those closed:

- 75% (173) related to formal misconduct (33% increase)
- 90% of formal misconduct cases resulted in formal outcomes (1% increase)

- 21% of potential misconduct cases were closed at the Initial Assessment of Facts stage (1% increase)
- The average duration: 78 days (25% decrease).
- Longest case duration: 644 days due to long term sickness absence and a concurrent formal grievance related to the disciplinary process (47% decrease)

3.3 While comparison between 2024 and 2025 demonstrates improved case progression and reduced average case duration, the data continues to highlight areas of operational risk requiring attention. Despite a consistently high proportion of formal cases resulting in formal outcomes, approximately 10% of formally investigated cases still conclude with no formal action, indicating that in some instances cases may be progressing to full investigation where earlier assessment, clearer thresholds or alternative resolution routes may have been more appropriate.

3.4 Although the longest case duration has reduced significantly year-on-year, a cohort of cases continues to extend beyond 18 months. These prolonged cases are most commonly driven by long-term sickness absence, parallel grievance processes or external dependencies, but continue to present risk in relation to staff wellbeing, trust in process and organisational exposure. Delay itself remains a potential source of harm and dissatisfaction where individuals perceive limited progress or clarity.

3.5 To maintain grip on these risks, People Services hold a bi-weekly operational review of all ER activity to scrutinise case progression, identify emerging delay risk, challenge proportionality and agree timely escalation or intervention where required. Front-end controls have also been strengthened through the inclusion of clear expected timescales within disciplinary investigation letters and the establishment of a pool of Investigating Officers with confirmed capacity to support earlier allocation.

3.6 These controls are being further enhanced through the development of a standardised ER risk calculator, which will act as an escalation trigger ensuring earlier senior review of cases which are approaching or exceeding tolerance thresholds. Together, these measures are intended to strengthen grip on case duration, support proportionate decision making and reduce the risk of avoidable harm associated with protracted processes, while ensuring senior attention remains focused on the highest risk matters.

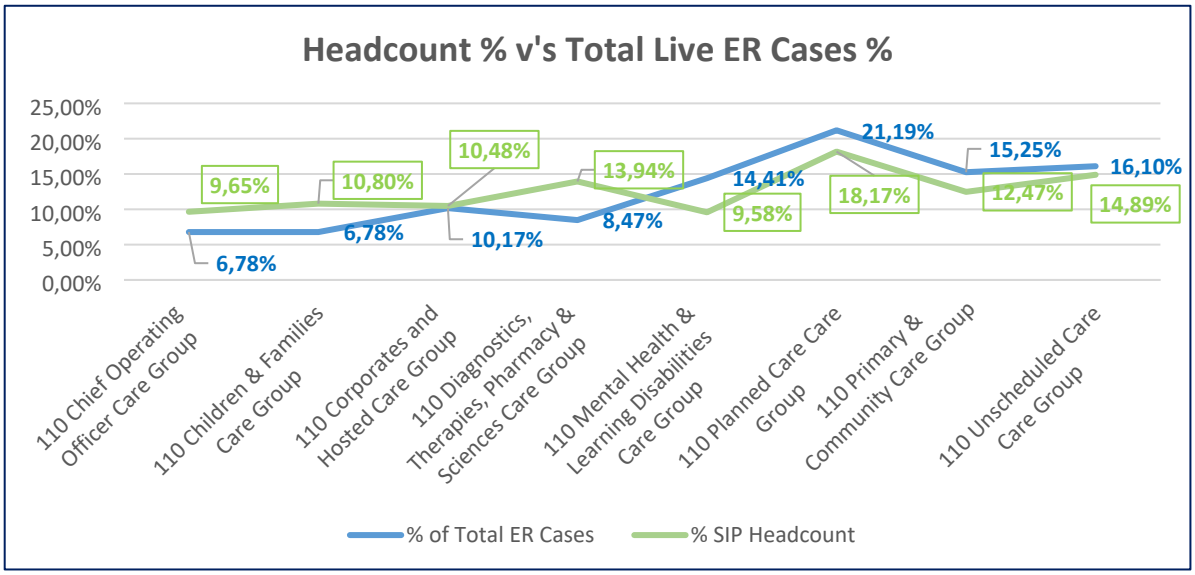
4. Development of an ER Risk Calculator and Escalation Framework

4.1 As ER data maturity and reporting capability have developed, further work is underway to strengthen the organisation's ability to assess and prioritise ER activity based on risk rather than volume alone. In support of this, People

Services are developing a standardised ER risk calculator to support consistent early assessment and escalation decisions at the point cases are created, reinforcing proportionality and earlier senior oversight where required.

4.2 The proposed framework will assess a range of risk factors, including case type and seriousness, safeguarding or regulatory implications, legal exposure, anticipated complexity and case duration. Applying a structured risk rating at an early stage will support clearer prioritisation of higher-risk matters and more proportionate use of formal processes, aligned with the organisation's restorative, just and learning-focused ER approach.

4.3 The framework also considers how ER activity is distributed across care groups relative to workforce size. Comparison of live ER case proportions against headcount highlights where ER demand and associated risk are more concentrated than organisational averages, notably within Mental Health and Learning Disabilities, with lower relative exposure in areas such as Diagnostics, Therapies, Pharmacy and Sciences. This analysis is not used as a performance comparison, nor does it indicate poorer management practice, but acts as an early indicator of where operational complexity or workforce dynamics may elevate ER risk.



5. Organisational Insights and Emerging Signals

5.1 Over the past 12 months, Employee Relations activity has been characterised by increased volume, rising case complexity and a shift towards higher-impact behavioural concerns, alongside measurable improvements in timeliness and decision quality.

5.2 While overall case progression and average duration have improved, Respect and Resolution matters now represent a significant

concentration of formal ER activity and appeals, with dissatisfaction frequently driven by process experience and delay rather than outcome alone. Similarly, Employment Tribunal activity, while low in volume, continues to exert disproportionate financial and operational pressure, reflecting both national trends and increased workforce awareness of formal routes.

5.3 Care-group-level analysis indicates uneven distribution of ER demand relative to workforce size, with Mental Health and Learning Disabilities, Planned Care, Primary & Community, and Unscheduled Care accounting for a higher share of ER activity. This is interpreted as a risk concentration indicator rather than a performance comparison, informing targeted oversight and intervention.

5.4 The past year has also provided important learning. Formal disciplinary thresholds appear largely well calibrated supporting a last resort approach. However, the fact that some investigated cases conclude with no formal action reinforces the need to further strengthen early assessment and informal decision making. Prolonged cases, particularly those extending beyond 18 months, remain a source of harm and organisational risk despite year-on-year improvement.

Positive indicators

- Increased use of informal routes and Initial Assessment of Facts (IAOF), supporting proportionate early resolution
- Sustained reduction in average time to resolve ER cases
- Consistent application of policy and process across formal casework
- Growing transparency and management grip through improved dashboard reporting

Areas of ongoing concern

- Persistent behavioural issues, particularly inappropriate language and interpersonal conduct
- Breakdown of working relationships escalating to formal resolution
- Delay increasingly acting as a trigger for dissatisfaction and grievance

Emerging signals

- Greater workforce awareness of rights and formal resolution routes

- Increased willingness to challenge decisions externally, particularly via Employment Tribunal routes
- Rising sensitivity to fairness, dignity and respect within the workplace

5.5 The year reflects a maturing ER system which is more transparent, more risk-aware, and increasingly focused on proportionality and learning. At the same time, it highlights clear priorities for further improvement, particularly in managing behavioural risk, reducing harm from delay, and intervening earlier where complexity is emerging.

6. Risks

Risk Area	Current Position	Key Indicators / Intelligence	Controls & Mitigations in Place
Threshold for Formal Investigation	Formal cases are largely appropriate, but a proportion still conclude with no formal action following investigation.	• ~10% of formal investigations result in no formal outcome • High use of IAOF and fast-track routes	• Strengthened IAOF decision-making • Restorative, just and learning approach • ER dashboard providing informal data analysis.
Respect & Resolution Experience Risk	High proportion of R&R cases are formal and investigatory, often perceived as harmful or protracted.	• 22 of 30 R&R cases at formal investigation • Appeals focused on process and experience	• Joint workstream with Trade Unions • Exploration of early structured assessment
Case Duration and Delay	Average duration improving, but a small cohort of long-running cases remains.	• Cases exceeding 18 months • Delay linked to sickness, grievance overlap, external dependencies	• Bi-weekly escalation • Case-age scoring and senior review triggers • OH input where needed
Harm from Prolonged Formal Processes	Formal processes remain necessary but carry recognised wellbeing and trust risks when prolonged.	• Delay cited as grievance trigger • Higher dissatisfaction in investigatory cases	• Proportionality checks • Early escalation via risk calculator • Focus on

			resolution pathways
Safeguarding and Sexual Misconduct	Low volume, high impact cases with ongoing police involvement.	• Active police investigations • Professional and regulatory exposure	• Safeguarding procedures • Risk management plans • Regular review
Employment Tribunal Exposure	Low volume but disproportionately resource-intensive.	• Rising legal spend and hours • Increased EC and WP activity	• Early legal triage • Senior oversight • Quarterly spend review
ER Capacity and Resilience	Capacity aligned to benchmarks but operating close to tolerance.	• High advisory demand • ETs and safeguarding consume senior capacity	• Triage model • Risk-based prioritisation • Dashboard oversight

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required as equality data is collated as part of the ER data sets. There is no impact on Welsh Language, staff members can have their ER communication and the process conducted in Welsh.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Employment Tribunal	
Enw da / Reputational	Yes (Include further detail below)	
	Potential for reputational damage if cases are not handled appropriately and are subject to litigation	
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.	

7. Recommendation

The Operational Delivery Committee is asked to note and support:

- The implementation of a standardised ER risk assessment and escalation framework, to strengthen early decision-making, prioritisation and senior oversight of high-risk and prolonged cases.

- The continued use of risk-based ER reporting, incorporating case complexity, experience risk and care-group distribution, to support targeted intervention rather than reliance on volume-based indicators alone.
- Ongoing joint work with Trade Unions to review the operation of the Respect & Resolution framework, with a focus on improving staff experience, timeliness and proportionality while maintaining appropriate safeguards.

8. Next Steps

Continue to enhance the ER Dashboard, focusing on improved data quality, usability, analytical insight, and trend identification to support informed decision making. Further work is underway to align ER demand data, case complexity and capacity planning to support sustainable service delivery and informed workforce planning.

Appendix

Professional Registrations Fitness to Practice Referrals

Nursing and Midwifery Council (NMC)

No. of Active / Closed Cases	No. End of Quarter 1 30/06/2025	End of Quarter 2 30/09/2025	End of Quarter 3 31/12/2025	End Quarter 4 31/03/2026
No. of Active Cases	47	32	32	28
No. Current Employees	27	15	11	11
No. Ex-Employees	15	14	14	13
No. Agency Workers	12	11	11	9
Cases Closed	8	3	4	1
Closed Case Outcomes	6 closed @ screening 1. Struck off 1. Left registration lapse	2 closed @screening 1. No further action after investigation	4- closed @screening	1. Closed @screening

Agenda Item
6.4

Operational Delivery Committee

WORKFORCE METRICS REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager Emma Powell, Head of People Analytics
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Natalie Price, Assistant Director, Strategic Workforce Planning.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

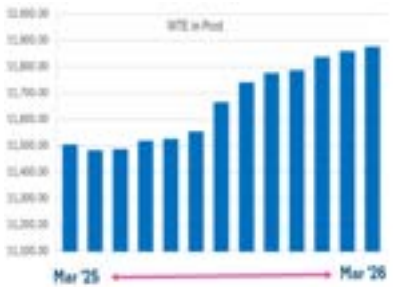
People Metrics Dashboard: April 2026

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

GETTING THE BASICS RIGHT

CTM employs **13,656** staff in post (SIP), equal to **11,878.64** whole time equivalent (WTE).

We have grown by **3.15%** (Mar 25 to Mar 26)



The biggest % increase in WTE is in Estates & Ancillary Staff Group by **7.03%** (Mar 25 to Mar 26)

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

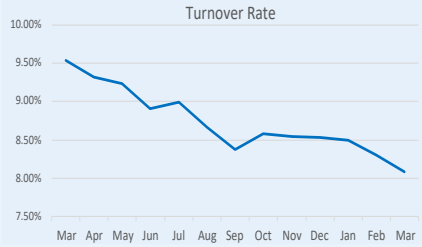
43% of Estates & Ancillary Staff Group are aged 55 & over (Feb 26)

Average age is **44 years**

MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover

Rolling 12-month turnover has reduced from **9.54%** (Mar 25) to **8.29%** (Mar 26)

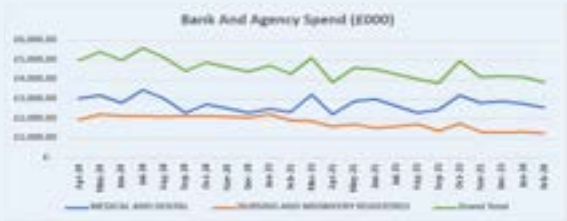


Area with the highest turnover: **Estates & Ancillary (12.91%)**

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

Bank & Agency Spend

Bank & Agency spend (Feb 26):
M&D was **£2.6**
NMR was **£1.3m**

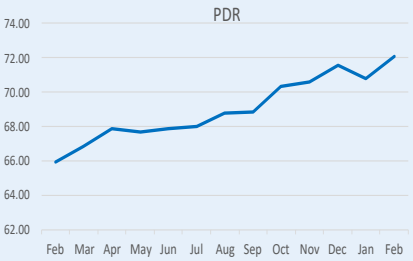


Lateral Moves Scheme **346** eligible requests & **115** successful moves since launch (Feb 2024)

GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **70.97%** (Mar 26)

The target for PDR Compliance is 85%



Return to Work compliance is **61.18%** (Feb 26) which has increased from **60.14%** (Feb 25)

Statutory and Mandatory Training Compliance in March 26 for Level 1 is **80%** and ALL Levels of Training is **74%**

The target for all Statutory and Mandatory Compliance is 85%

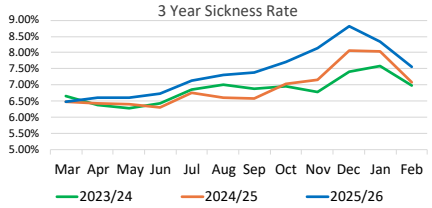
Improved Performance | Static Performance | Decreased Performance

AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **7.55%** (Feb 26) which is **895** WTE lost in month. This is compared to **7.07%** (Feb 25). Rolling 12-month is **7.41%** (Feb 26)

35.5% of sickness (Feb 26 in mth) due to **Anxiety/Stress/ Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Estates & Ancillary (11.01%)**



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

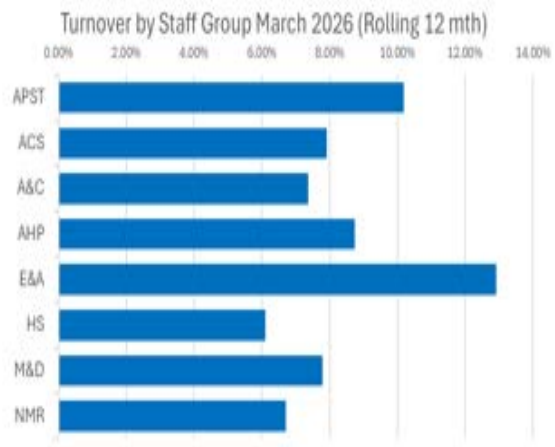
Staff Engagement 2025
Response rate is **35.6%**

Staff in Post

The Health Board's WTE has increased by 3.15 % since March 2025 (11,505.87 WTE) to 11,878.64 WTE at the end of March 2026.

Increases have been seen in all clinical and administrative staff groups across the Health Board. In terms of headcount, the March 2025 position is 13,202 compared to 13,656 at the end of March 2026.

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



Staff Turnover

The 12-month rolling turnover has continue to reduce from 9.54% at the end of March 2025 to 8.29% at the end of March 2026. This downwards trend is reflected in the Nursing and Midwifery Registered staff group, however, the Medical and Dental turnover has increased slightly. Healthcare Support Worker (HCSW) turnover, whilst on a reducing trajectory, remains high at 7.12% at the end of March 2026.

The staff group with the highest turnover is currently Estates and Ancillary with 12.91%. This is a decrease from 14.71% in March 2025. 33% of the leavers for all staff groups in the report period (April 2025 to March 2026) were due to retirement. As noted above, 43% of Estates and Ancillary are aged 55 and over and 51% of leavers within this staff group were due to retirement.

Sickness Absence

The rolling twelve-month sickness rate to February 2026 is 7.41% and is slightly higher than the equivalent rolling 12-month period of the previous year (6.92%). The in-month February sickness rate is 7.55% (895 WTE Lost) which is higher than February 2025 (7.07%).

An internal target to reduce the rolling 12-month sickness absence by 1% by October 2026 has been agreed, with Care/Service Groups allocated a local target 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).

To achieve this target a Health and Wellbeing Campaign and associated action plan has been developed. The plan focuses on four key areas: Management Tools, Systems and Reporting, Governance and Assurance and Healthy Work Environments.

The campaign has since launched with engagement undertaken with trade union colleagues and at Executive, Committee and Operational meetings (ELG, OMB, ODC) together with all staff and management communication.

A new Employee Experience and Wellbeing Sharepoint page CTM Employee Experience & Wellbeing - Home has also been developed where management tools and updates will be provided.

The Health Board's primary sickness reason remains Anxiety/Stress/Depression/other/ psychiatric illness, resulting in 35.5% of the total days lost to sick absence in February 26. The second highest reason is 'Other known causes' at 10.3% of the days lost.

The staff group with the highest sickness level in February is Estates and Ancillary with 11.01% which is a decrease on the last reported position of 12.21% at the end of January 26.

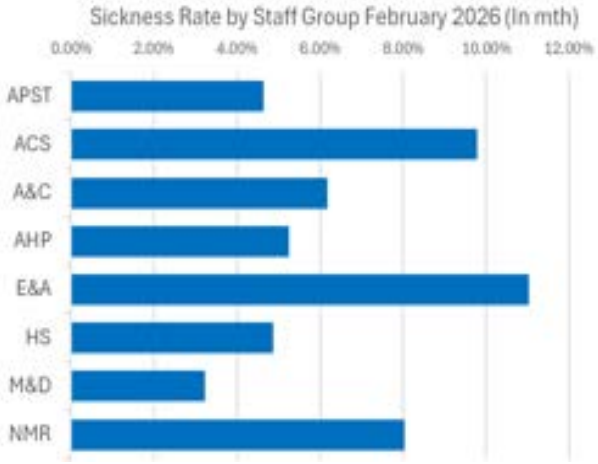
The overall Return to Work compliance is 61.18% for February 2026 which is a slight increase from 60.14% for February 2025. This is a key focus area within the action plan.

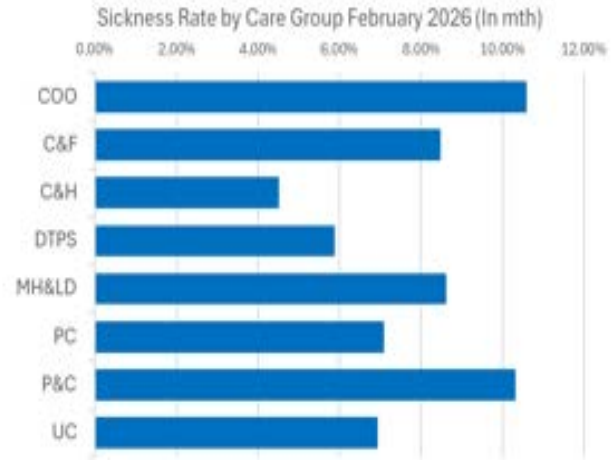
We recognise that there is variation in sickness reporting across the Health Board, particularly in relation to Medical and Dental staff, which remains a focus. It is also noted that Sickness Absence and Return to Work are reported 6 weeks in arears due to the interface lag between Health Roster and ESR. Significant work has been undertaken to develop a new Sickness Absence dashboard to ensure a single source of information to enable data driven decisions. Dashboard familiarisation sessions for individuals with responsibility for reporting on our People metrics have commenced.

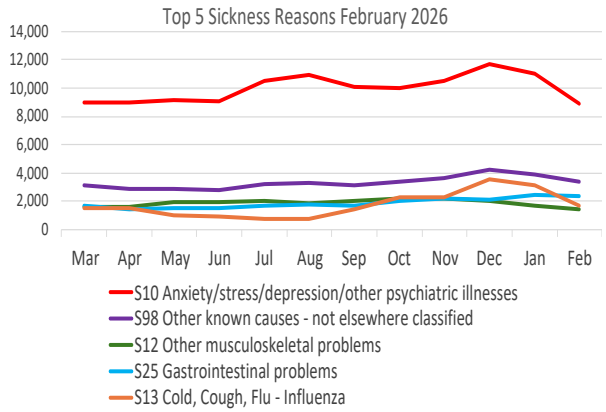
It is recognised that any targeted work to improve sickness absence reporting is likely to result in an increase in absence rates initially.

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

- Setting Care/service group targets.
- Dashboard rollout and training.
- Internal advisory audit into the recording of
- Medical and Dental sickness absence to commence.
- All absences of 12 months plus in duration to have a forward plan by December 2025.
- Further development of the Managing Attendance at Work training course.
- Development of three manager guides for Sickness absence recording, RTW and Long-term sickness management.







PDR – Your Conversation

The overall PDR compliance was 70.97% as at the end of March 2026, a slight decrease on the previous month, with only 2 Care Groups seeing an increase on February 2026.

However, PDR compliance rates have continued to track upwards for the year, with overall compliance +3.31% YoY.

As previously reported, a number of activities have been brought into work plans in order to build upon these improvements in 2026:

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

These activities will be supported by the Health Board's new Ignite: Manager Essentials resources, from a new manager induction through to bitesize learning opportunities.

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

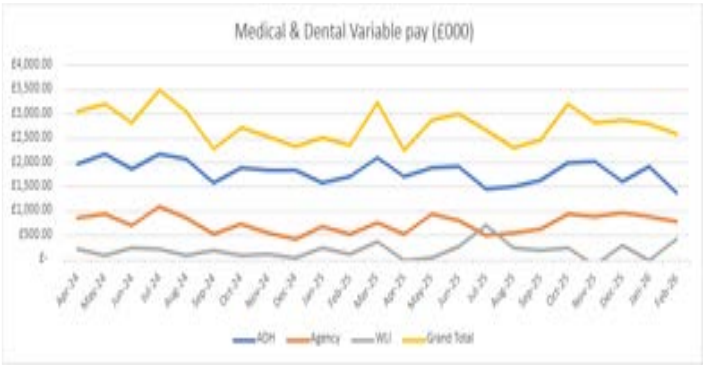
M&D Bank and Agency Spend

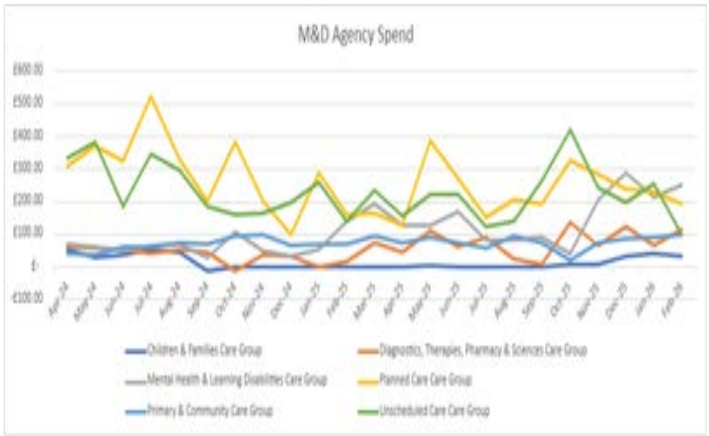
Medical Spend (Bank and Agency) was at £2.6m in February 2026 (compared to £2.4m in February 2025). Agency spend year to date at February 2025/26 is £8.58m (compared to £8.25m in February 2024/5). Current forecast for year end agency spend is 2025/6 is £9.42m, a forecast increase of 3.8% - this will therefore require further action to rectify this position as a key point of focus of the MWPP.

Linked to the Savings Delivery Plan, significant work is underway to improve data and reporting via our workforce systems. The full tender process for a new managed service provision for Bank and Agency is progressing which will lead to improvements in this area.

Other key areas of work:

- Developing effective recruitment plans/campaigns to fill established vacancy gaps and reduce temporary staffing spend.
- Oversight and exit plans for high-cost agency locums.
- International Medical Recruitment, e.g., ANCIPs, NWSSP overseas recruitment programme.
- Specialist Doctor regrading – 13 regrading applications have been received in CTM.





Nursing and Midwifery Bank and Agency Spend

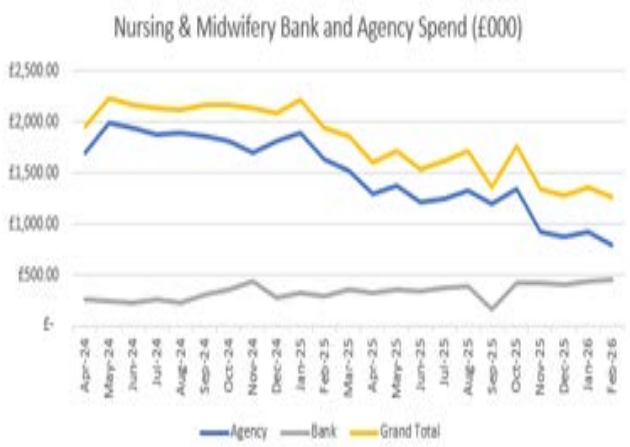
Nursing Spend (Bank and Agency) is at £1.3m in February 2026 (compared to £1.9m in February 2025). Agency spend year to date at February 2025/26 was £12.47m (compared to £20.04m in February 2024/5). There continues to be no use of off-contract/premium rate agencies, and the agency by exception model was introduced on 1/12/2025. Current forecast year end for 2025/6 is £13.3m, a forecast reduction of 38%. Of note, hourly agency rates for RN shifts were reduced following the renewed All Wales Consolidated Agency Contract March 2025. Dependent on shift type, the hourly rate was reduced between £4.92 to £9.72 on all RN shifts.

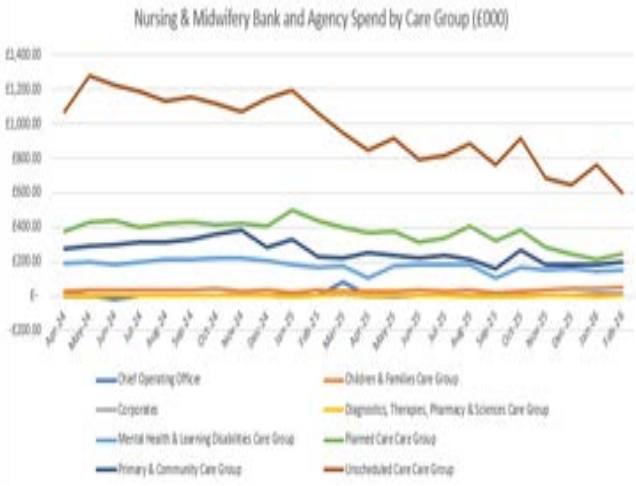
Work on Healthroster continues to ensure that the system is meeting the needs of the Health Board for data reporting, whilst promoting interoperability across other workforce systems, and core system functionality to support the Nurse Productivity Programme as part of the Savings Delivery Programme.

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:

- Progress of the All-Wales N&M retention plan to support a reduction in turnover.
- 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.





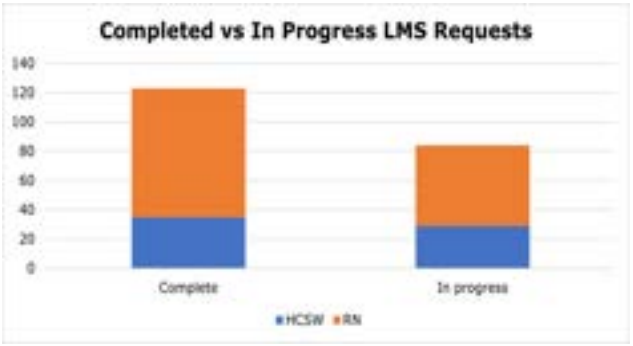
Lateral Moves Scheme

As of 1st April 2026, a total of 370 eligible transfer requests have been submitted since the scheme first launched in February 2024. Of these, 140 requests were withdrawn, primarily because staff did not respond to confirm they wished to remain on the register during the cleansing process. Among the eligible requests, 156 were from Registered Nurses and 66 from Healthcare Support Workers. To date, 129 staff have successfully transferred (35% of eligible requests), with the remaining requests still active.

Time-to-hire has maintained the 34% reduction and remains at 51 days.

Further work is ongoing with managers to see how we can continue to improve communication links and the process. Tools and resources have been updated to reflect some challenge identified by People colleagues and will be launched shortly.

Conversations to widen access are progressing with Allied Health Professionals.



Recruitment

The recruitment time to hire (vacancy creation to unconditional offer) for March 2026 was 78.9 days against a target of 71 days, and for the 2025/6 year this was 76 days. This is a combined position for all substantive Agenda for Change and Medical and Dental recruitment.

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

Key recruitment focused work streams currently underway include:

- Embedding the Attraction and Resourcing Working Group, which is prioritising an increased social media presence, work with local partners to raise visibility of vacancies (including job/career fair attendance) and developing and promoting our employer brand.
- Attended Fairs across our localities during Careers Week at the start of March – with approximately 1000 attendees.
- Several listening events have now been held with various groups across the Health Board. Feedback is currently being collated, an initial FAQ document and potentially a myth busting flyer, followed by a more in-depth review of the outputs. In line with the CTM People Plan, 'Getting the Basics Right', the recruitment SharePoint site is under development as well as recruitment training.
- The alternative application form, focussed on the role requirements is currently being trialled. Initial feedback has been positive, and we are now trialling this on a wider basis and including some M&D posts in coming months.
- International recruitment –2 Specialty Doctors from the Annual National Conference of Indian Psychiatric Society (ANCIPS) have joined our Mental Health and Learning Disabilities Care Group. The Pathology team have recruited a portfolio pathway doctor for Haematology who is currently marking arrangements to relocate, and 4 Speciality Doctors have been offered roles with our ITU/Anaesthetics teams.

1. Key Risks / Matters for Escalation

1.1 Significant work involved in the tender process and move to a different M&D Bank and Agency managed service provider, with the need to ensure a robust implementation plan to ensure a smooth transition and built on lessons learnt from the exit from the previous Retinue system.

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

2. Assessment

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

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Outcome:	If no, please include rationale below: Paper is for the presentation of metrics data only
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: The report covers the presentation of workforce related data, there is no policy or service change included.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

3. Recommendation

3.1 The Committee are asked to discuss the report and associated metrics and report and **NOTE** the detail.

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

4. Next Steps

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

Agenda Item 7.1	30 April 2026	Operational Delivery Committee	M12 Finance Report

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Andrew Jones, Assistant Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2025-26 Finance Report

Month 12 Summary

Summary

Situation

This Finance report outlines our draft financial performance for Month 12 (i.e. the period to 31st March 2026). As this report covers the full year position, it will remain a draft position pending submission for final audit.

A final report will be presented following submission of the M12 monthly monitoring return and Draft accounts.

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 12 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.

Background

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 25/26 was submitted to Welsh Government (WG) at the end of March 2025. This plan showed a breakeven position with a net risk to the plan of £41.8m. This plan has subsequently been approved by WG.

As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2023/24 & 2024/25), the draft reported small surplus in 2025/26 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Pending final audit, the Draft position for M12 is summarised below: **Overall revenue position - 2025/26:** • The M12 draft position reported a £0.2m surplus for the period with a year-to-date Surplus of £0.1m against our plan. • The Health Board has met the duty to achieve a 3 year break even position against the revenue resource limit in 2025/26 **Recurrent revenue position:** • The submitted IMTP for 2025/26 planned for an underlying recurrent surplus of £1.7m by the end of 2025/26. • As at M12 we are reporting a forecast underlying deficit at the end of 2025/26 of £9.2m. This £9.2m recurrent deficit reflects lower than anticipated allocations along with a shortfall in savings achievement and increasing cost pressures including the Band 2/3 framework. **Capital position – 2025/26:** • The year end position is reporting a £79k surplus against the capital resource limit • The Health Board has met the duty to achieve a 3 year break even position against the capital resource limit in 2025/26.	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 31st March 2026.

Contents

Executive Summary

Overall Revenue Position	• The M12 draft position reported a surplus of £0.2m and the M12 YTD position is now a £0.1m surplus. • The forecast recurrent position has been maintained at £9.2m in M12 (M11 : £9.2m). • The Health Board has met its statutory duty to achieve a financial break even position against the revenue resource limit over the past 3 years. • The reported position for 2024/25 remains a Draft Position pending final audit.
Savings Position	• Actual savings in M12 was £2.6m which is in line with the M12 target of £2.6m. The 2025/26 full year savings is now £25.7m and is £5.6m below the target of £31.3m. • The M12 forecast Recurrent savings is £25.3m, which is £6.0m below the £31.3m target. This represents a £0.2m deterioration from M11.
Cash	• The closing cash balance at 31st March 2026 was £4.9m.
Capital	• The capital resource limit for 2025-26 was £105.1m. • Expenditure to M12 amounted to £105.0m. The outturn capital position is a small surplus of £79k • The Health Board has met the duty to achieve a 3 year break even position against the capital resource limit in 2025/26.

Summary
Income & Expenditure Account

	M12 Actual	M12 YTD
	£m	£m
01. Revenue Resource Limit	(191.5)	(1,606.1)
02. Capital Donation / Government Grant Income	(0.0)	(2.5)
03. Welsh NHS Local Health Boards & Trusts Income	(7.1)	(75.8)
04. WHSSC Income	(1.1)	(14.3)
05. Welsh Government Income (Non RRL)	(1.3)	(3.5)
06. Other Income	(5.7)	(55.7)
Total Allocations & Income	**(206.6)**	**(1758.0)**
08. Primary Care Contractor	20.1	180.5
09. Primary Care - Drugs & Appliances	9.8	103.3
10. Provided Services - Pay	119.6	825.1
11. Provider Services - Non Pay	19.8	131.1
12. Secondary Care - Drugs	5.1	60.1
13. Healthcare Services Provided by Other NHS Bodies	26.7	307.9
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.8	80.4
16. Other Private & Voluntary Sector	2.8	17.0
17. Joint Financing and Other	1.7	18.8
18. Losses Special Payments and Irrecoverable Debts	5.0	8.2
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.1	40.5
23. AME Donated Depreciation\Impairments	(15.4)	(14.9)
25. Profit\Loss Disposal of Assets	0.3	(0.0)
Total Expenditure	**206.4**	**1757.9**
Grand total	**0.2**	**(0.1)**

Key Points:

- The reported position is a DRAFT position, some values may change ahead of the monitoring return and Draft Accounts being submitted next month.
- The M12 year to date position is reporting a surplus of £0.1m.

Year-to-Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0
Month 3	1.1	4.8	0.0
Month 4	1.5	6.3	0.0
Month 5	0.1	6.3	0.0
Month 6	(2.0)	4.3	0.0
Month 7	0.0	4.3	0.0
Month 8	(0.3)	4.0	0.0
Month 9	(0.6)	3.4	0.0
Month 10	(2.0)	1.4	0.0
Month 11	(1.3)	0.1	0.0
Month 12	(0.2)	(0.1)	0.0

Key Points:

- The reported position remains Draft pending final audit
- The M12 YTD overspend of £0.1m includes a £5.6m shortfall in savings.
- Following confirmation of lower than anticipated allocations for the 24/25 pay award (£1.7m lower than anticipated) and national insurance changes (£2.1m lower than anticipated), the YTD position has recognised a £3.8m adverse impact.
- As at M2 the Health Board has confirmed accountancy gains of £5.3m which has been recognised.
- Following a further executive review of the remaining plans for cost pressures and investments together with actions to improve the financial position, a total revised financial plan release to £5.3m has been implemented.
- Further details of the key drivers for the variance to plan are provided overleaf.

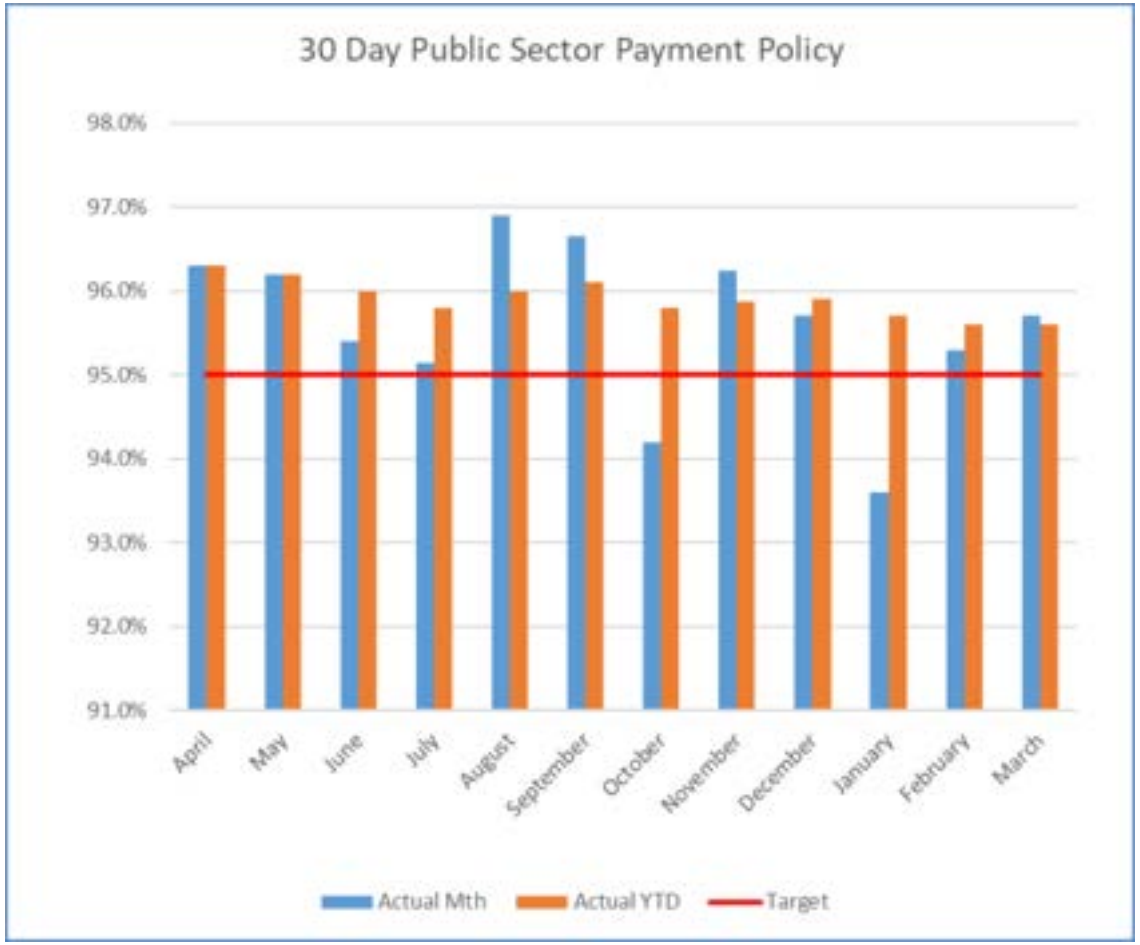
Year-to-Date Performance and Forecast

	Delegated Year-to-Date £m	Non-Delegated Year-to-Date £m	Total M12 Year-to-Date £m	M12 Forecast £m	M11 Forecast £m	IMTP £m
Savings Shortfall	5.4	0.2	5.6	5.6	5.6	0.0
Operational Variances	9.8	(8.7)	1.1	1.2	1.2	0.0
Plan Phasing Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Financial Plan Improvements	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Accountancy Gains	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Additional Financial Allocation	0.0	3.8	3.8	3.8	3.8	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	**15.2**	**(15.3)**	**(0.1)**	**0.0**	**0.0**	**0.0**

Key Points:

- The reported position for 2025/26 remains a Draft Position pending final audit.
- The M12 position includes an overspend on Delegated budgets of £15.2m, offset by an underspend on non Delegated budgets of £15.3m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 12 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.
- Health Board has achieved a Revenue break even position in 2025/26.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in March was 95.7%.
- The cumulative percentage year to date is 95.6%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

2025-26 Finance Performance Report

Month 12

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 M12 (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 M12. The overall financial position report is discussed at the Board, ODC and EMB.	The financial plan for 25/26 made provision for a £33.8m recurrent investment in Care Groups and directorates to cover their forecast recurrent deficits at the end of 24/25 together with funding to neutralise the anticipated impacts of inflation, recognised cost pressures and approved investments. To support this level of investment into services, a savings target of £31.3m will need to be achieved in 2025/26, of which £22.4m has been delegated to care groups and directorates, with a further £9.6m of savings targeted to central executive led programmes including: • Medical Workforce • Nursing Workforce • Internal Service Reconfiguration • Patient Centred Contact **All care groups and directorates are therefore expected to deliver their savings target and also to manage costs within their budgets in order to deliver a breakeven position in 25/26. All care groups and directorates will receive Budgetary Accountability letters which confirms this expectation.**

Summary

Assessment	Recommendation
The delegated position reported a adverse variance of £0.6m in M12. This increased the year-to-date adverse variance to £15.2m which includes: • A £9.0m shortfall against the £31.3m YTD delegated savings target for 25/26. • £6.2m of other adverse operating variances. The final M12 position is £0.8m better than the M11 year end forecast of £16.0m. This will be investigated further at the regular care group finance meetings. The latest recurrent forecast for delegated budgets is indicating a £26.8m overspend, a deterioration of £11.6m over the current year outturn. A robust review of the forecast recurrent position will be undertaken as part of the IMTP and budget setting process. 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 31st March 2026.

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Executive Summary

Delegated Position	• The delegated position reported a deficit of £0.6m in month with a year-to-date deficit of £15.2m. • This deficit includes a £9.0m shortfall in savings and a further adverse operating variance £6.2m. • The delegated forecast following M11 reports was a £16.0m deficit, which is £0.8m higher than the M12 outturn position • The delegated recurrent forecast following M11 reports was a £26.8m deficit, which is deterioration of £11.7m.
Savings Plan Analysis	• The current year savings forecast has identified £25.7m compared to the current target of £31.3m, giving a shortfall of £5.6m. • The recurrent forecast is £25.3m, which is £6.0m below the target of £31.3m. • There is £2.2m identified against the various Cross Cutting Themes.
Operating Variance Analysis	• The year-to-date operating variance is £6.2m overspent at M12 • Pay is £2.1m overspent, with the most significant adverse YTD pay variances being Medical & Dental £4.8m (where Unscheduled Care is £2.2m & Planned Care is £1.9m) and Additional Clinical Services £2.1m (where £1.0m is Unscheduled Care & £0.8m is Mental Health). • Non-pay is £0.9m overspent, with the most significant spend being Premises and Fixed Plantat £4.8m and Primary & Secondary Care at £1.2m. • Income is £3.2m overspent, with Contracting & Commissioning being at £2.8m.

Summary Performance M12

	Annual Budget	M12 Variance	M12 YTD Variance	M11 Forecast	M12 Recurrent Forecast
	£'000	£'000	£'000	£'000	£'000
Delegated Budgets					
Planned Care	226,469	347	6,615	7,167	8,880
Unscheduled Care	176,900	423	5,683	5,626	5,445
Primary & Community Care	237,381	(125)	(1,681)	(1,227)	1,566
Mental Health & Learning Disabilities	133,736	754	5,711	5,519	5,101
Children & Families	91,569	(482)	825	1,226	1,543
Diagnostics, Therapies & Specialties (Med Mgt)	277,965	(247)	(4,955)	(5,515)	(910)
Corporate Directorates	138,237	(1,292)	(2,049)	(1,214)	1,888
Facilities	46,839	435	2,657	2,333	1,276
Contracting & Commissioning	188,917	807	2,352	2,032	2,032
Total Delegated Budgets	**1,518,014**	**620**	**15,158**	**15,947**	**26,822**

Key Points:

- The delegated position reported a 0.6m deficit in M12, giving a year-to-date variance of £15.2m. A breakdown of the £15.2m overspend is provided on page 7.
- The main overspending areas are as follows:
  - Planned Care - £6.6m
  - Unscheduled Care - £5.7m
  - Mental Health & LD – £5.7m
  - Facilities - £2.7m
- The most significant in month movements are as follows:
  - Commissioning– £0.8m
    i. Non-Pay - £0.2m
    ii. Income - £0.6m
  - Mental Health- £0.8m
    i. Pay - £0.5m (Medical & Nursing)
    ii. Non Pay £0.1m (CHC)
    iii. Savings shortfall £0.2m
- The M12 outturn variance of £15,158k is circa £0.8m less than the forecast at M11.
- The latest recurrent forecast is indicating a £26,822k overspend, this is a deterioration of £11,664k, a robust review of recurrent forecasts will be undertaken as part of the IMPT and budget setting process.

Summary Performance M12

DELEGATED BUDGETS	M12 Year to Date Variance		
	Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Planned Care	3,392	3,223	6,615
Unscheduled Care	1,573	4,110	5,683
Primary Care & Community	658	(2,340)	(1,681)
Mental Health & LD	2,103	3,608	5,711
Children & Families	1,259	(435)	825
Diagnostics, Therapies & Specialties	(2,450)	(2,505)	(4,955)
Corporate Directorates	1,347	(3,396)	(2,049)
Facilities	1,079	1,577	2,657
Contracting & Commissioning	0	2,352	2,352
TOTAL DELEGATED BUDGETS	**8,963**	**6,195**	**15,158**

Key Points:

- The M12 YTD overspend of £14.5m includes:
  - A shortfall against the M12 YTD savings target of £9.0m.
  - Other operating variances of £6.2m.
- Further information on the savings shortfalls is provided at Annex A.
- Further information on the Other Operating variances is provided at Annex B.
- A breakdown of the Corporate directorate positions is provided on page 8.

Summary Performance M12 - Corporate Directorates

Corporate Directorates	Annual Budget	M12 Variance	M12 YTD Variance	M11 Forecast	M12 Recurrent Forecast
	£'000	£'000	£'000	£'000	£'000
Patient Care & Safety	14,920	(147)	462	444	764
Corporate Governance	741	(15)	(90)	(58)	10
Chief Executive	3,923	(9)	(21)	(10)	132
Finance	5,119	82	(46)	(1)	0
Public Health	4,887	(30)	(86)	(26)	0
Digital	28,231	(239)	(279)	(203)	379
Medical Director	802	(23)	(76)	(51)	0
National Imaging Academy	1,714	(7)	(7)	0	0
Strategy & Transformation	21,945	(450)	(820)	(287)	90
Research & Development	1,317	1	(10)	0	0
Estates	29,211	(355)	(645)	(426)	0
Therapies & Healthcare Sciences	103	(2)	(19)	0	0
People Services	10,832	(59)	(248)	(142)	466
COO Management	14,493	(38)	(159)	(305)	48
Grand total	**138,237**	**(1,292)**	**(2,044)**	**(1,064)**	**1,888**

Key Points:

- The Corporate directorates reported a £1,292k favourable variance in M12.
- A breakdown of the £2,044k M12 YTD underspend is provided on page 9.
- The below corporate directorates are reported a significant outturn overspend:
  - PC&S - £462k this mainly relates to increased clinical negligence claims.
- The M11 outturn forecast of £1,064k is circa £1.0m higher than the outturn M12 position.
- The latest recurrent forecast is indicating a £1,888k overspend, this is a deterioration of £3,932k from the current year forecast, a robust review of recurrent forecasts will be undertaken as part of the IMPT and budget setting process.

Summary Performance M12 – Corporate Directorates

Corporate directorates	Year to Date Variance: Savings shortfalls £'000	Year to Date Variance: Other Operating Variances £'000	Year to Date Variance: Total YTD Variance from Plan £'000
Patient Care & Safety	658	(196)	462
Corporate Governance	10	(100)	(90)
Chief Executive	123	(145)	(21)
Finance	179	(225)	(46)
Public Health	(1)	(84)	(86)
Digital	278	(556)	(279)
Medical Director	(1)	(75)	(76)
National Imaging Academy	(1)	(7)	(7)
Strategy & Transformation	0	(819)	(820)
Research & Development	0	(10)	(10)
Estates	(8)	(637)	(645)
Therapies & Healthcare Sciences	5	(24)	(19)
People Services	59	(307)	(248)
COO Management	48	(207)	(159)
TOTAL	**1,347**	**(3,391)**	**(2,044)**

Key Points:

- The M12 outturn favourable variance of £2,044k includes a savings shortfall of £1,347k offset by favourable operating variances of £3,391k.
- There are significant operational underspends that need to be reviewed and understood to ascertain if they can be converted into savings achievement.
- The below corporate directorates are reporting a significant year to date overspend:
  - PC&S - £462k (£610k @ M11)

Annex A
Savings Performance

Month 12

Contents

Executive Summary Month 12

In Month Savings	• The M12 savings was £2.6m. This in line when compared to the monthly savings target of £2.6m.
Year to Date Savings	• The M12 YTD savings was only £25.7m. This represents a shortfall of £5.6m compared to the M12 YTD savings target of £31.3m.
Recurrent Savings	• The M12 forecast recurrent savings achievement is £25.3m. This represents a forecast shortfall of £6.0m compared to the recurrent savings target of £31.3m. • The recurrent savings forecast of £25.3m is classified as £25.3m Green schemes.

Savings Principles

The following approaches are being used for savings profiles and savings recognition in 25/26:

- **Recording** – All savings must be recorded in the ledger, and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing** - Savings plans will not be reviewed until M10 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc. CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – All non-recurrent savings plans are being used to offset operating variances and will therefore not be reported as a saving in Table. This change was to reinforce the need to focus on sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M6.

In Month Savings – Month 12

DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 12 Savings £'000	Month 12 Variance from Target £'000
Planned Care	3,920	327	171	156
Unscheduled Care	4,620	385	377	8
Primary Care & Community	780	65	33	32
Mental Health & LD	2,380	198	140	58
Children & Families	1,600	133	30	103
Diagnostics, Therapies, Pathology & Specialties	3,425	285	505	(219)
Corporate Executives	3,771	314	230	84
Facilities	1,866	156	100	56
Contracting & Commissioning	0	0	9	(9)
Central Target	8,938	745	1,048	(303)
TOTAL	**31,300**	**2,608**	**2,643**	**(35)**

Key Points:

- The M12 savings figure is £3.7m (M11 £2.1m).
- This represents a £0.0m surplus (M11 £0.5m deficit) against the monthly savings target of £2.6m.

YTD Savings – Month 12

	Year to Date Variance (M12-26)			
DELEGATED BUDGETS	Annual Savings Targets £'000	YTD Savings Targets £'000	Month 12 YTD Savings £'000	Month 12 Variance from Target £'000
Planned Care	3,920	3,920	528	3,392
Unscheduled Care	4,620	4,620	3,047	1,573
Primary Care & Community	780	780	122	658
Mental Health & LD	2,380	2,380	277	2,103
Children & Families	1,600	1,600	341	1259
Diagnostics, Therapies, Pathology & Specialties	3,425	3,425	5,875	(2,450)
Corporate Executives	3,771	3,771	2,424	1,374
Facilities	1,866	1,866	787	1,079
Contracting & Commissioning	0	0	0	0
Central	8,938	8,938	12,264	(3,326)
TOTAL	**31,300**	**31,300**	**25,665**	**5,635**

Key Points:

- The M12 YTD savings position is reporting total of £25.7m, which is circa 82% of the M12 YTD target of £31.3m.
- This represents an adverse variance of £5.6m against the M12 YTD savings target of £31.3m.

Forecast Savings – Month 12

DELEGATED BUDGETS	Annual Savings Targets £'000	Savings £'000	Savings %	Variance £'000	Recurrent Forecast Savings £'000	Recurrent Forecast Variance £'000
Planned Care	3,920	1,400	35.73%	2,520	1,604	2,316
Unscheduled Care	4,620	3,718	80.47%	902	3,255	1,365
Primary Care & Community	780	365	46.75%	415	323	457
Mental Health & LD	2,380	1,275	53.57%	1,105	1,510	870
Children & Families	1,600	341	21.29%	1,259	240	1,360
Diagnostics, Therapies, Pathology & Specialties	3,425	5,978	174.55%	(2,553)	6,095	(2,670)
Corporate Executives	3,771	2,428	64.38%	1,343	2,344	1,427
Facilities	1,866	802	42.97%	1,064	1,199	667
Contracting & Commissioning	0	100		(100)	100	(100)
Central	8,938	9,259	103.59%	(321)	8,609	329
TOTAL DELEGATED BUDGETS	**31,300**	**25,665**	**82.00%**	**5,635**	**25,279**	**6,021**

Key Points:

- The savings achievement (excluding Red schemes) is £25.7m. This represents a forecast shortfall of £5.6m compared to the £31.3m annual savings target.
- M12 forecast savings is largely unchanged when compared to M11.
- The forecast savings of £25.7m is only 82.00% of the annual target.
- The forecast recurrent savings achievement is £25.3m which represents a recurrent adverse variance of £6.0m.

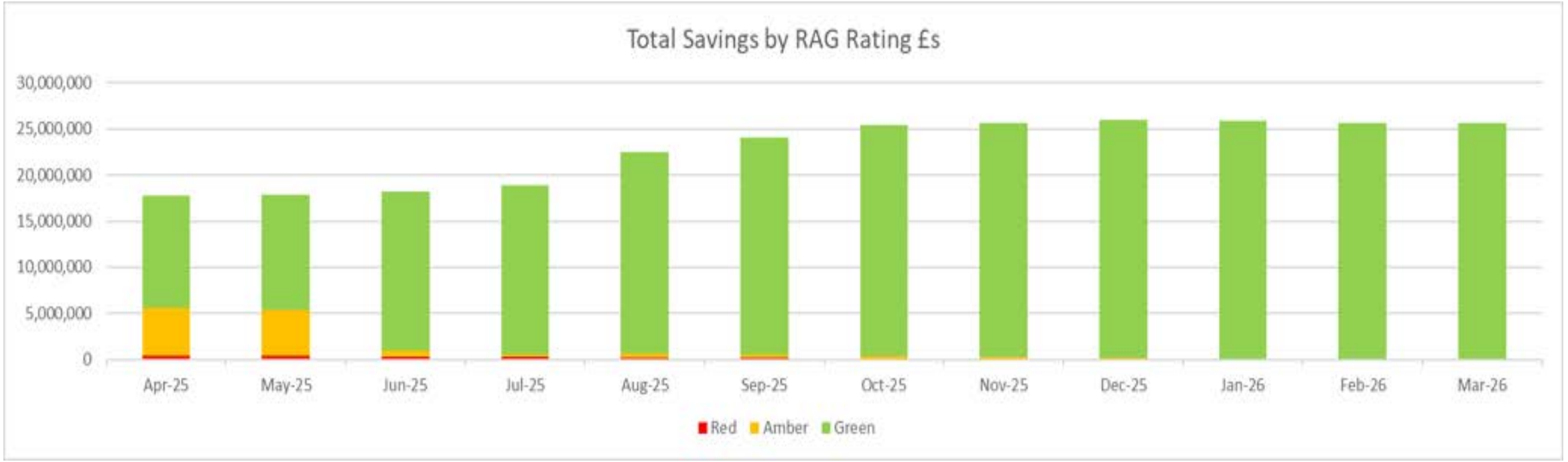
Forecast Savings RAG ratings - Month 12

DELEGATED BUDGETS	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
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	3,920	1,400	0	0	2,520	1,604	0	0	2,316
Unscheduled Care	4,620	3,718	0	0	902	3,255	0	0	1,365
Primary Care & Community	780	365	0	0	415	323	0	0	457
Mental Health & LD	2,380	1,275	0	0	1,105	1,510	0	0	870
Children & Families	1,600	341	0	0	1,259	240	0	0	1,360
Diagnostics, Therapies, Pathology & Specialties	3,425	5,978	0	0	(2,553)	6,095	0	0	(2,670)
Corporate Executives	3,771	2,428	0	0	1,343	2,344	0	0	1,427
Facilities	1,866	802	0	0	1,064	1,199	0	0	667
Contracting & Commissioning	0	100	0	0	(100)	100	0	0	(100)
Central	8,938	9,259	0	0	(321)	8,609	0	0	329
TOTAL DELEGATED BUDGETS	**31,300**	**25,665**	**0**	**0**	**5,635**	**25,279**	**0**	**0**	**6,021**

Key Points:

- As at M12, the forecast savings of £25.7m is made up fully of Green 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 12



Key Points:

- As at M12, the forecast savings of £25.7m includes £25.7m of Green schemes and £0.0m Red schemes.
- M12 saw a decrease of £0.01m in Green schemes.

Forecast Savings – Month 12

DELEGATED BUDGETS	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	Month 7 £'000	Month 8 £'000	Month 9 £'000	Month 10 £'000	Month 11 £'000	Month 12 £'000	Variance £'000
Children & Families	320	320	338	145	149	160	341	341	344	341	341	341	21
Mental Health & LD	978	987	1,517	1,512	1,463	1,408	1,411	1,313	1,300	1,300	1,275	1,275	297
Planned Care	1,791	1,509	1,536	1,536	1,938	1,896	1,762	1,604	1,582	1,398	1,425	1,400	(391)
Diagnostics, Therapies, Pathology & Specialties	2,712	2,676	2,748	2,774	2,870	3,070	3,073	5,978	5,972	5,973	5,978	5,978	3,266
Unscheduled Care	3,370	3,872	3,656	3,715	3,881	3,832	3,785	3,859	3,886	3,685	3,706	3,718	348
Primary Care & Community	333	344	473	484	484	376	376	363	365	365	365	365	32
Facilities	1,501	1,400	1,124	1,174	1,039	1,028	996	968	926	884	802	802	(699)
Corporate Executives	1,442	1,415	1,571	2,390	2,484	2,469	2,460	2,409	2,444	2,431	2,425	2,428	986
Contracting & Commissioning	100	100	100	100	100	100	100	100	100	100	100	100	0
Central	4,800	4,800	4,800	4,800	7,970	9,590	10,990	8,590	8,980	9,259	9,259	9,259	4,459
TOTAL	**17,347**	**17,423**	**17,863**	**18,631**	**22,378**	**23,929**	**25,293**	**25,525**	**25,898**	**25,735**	**25,674**	**25,665**	**8,327**

Key Points:

- The M12 forecast is reporting savings plans of £25.7m (excluding Red schemes).
- M12 forecast has improved by £8.3m compared to M1 with a forecast of £25.7m but remains significantly short of the £31.3m target.

Forecast Savings Executive Led Programmes

Central Executive Led Programmes	Plan	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical Workforce Productivity	3,000	TBC	387	198	198	220	170	350	317	300	300	300	300	-2,700
Nursing Workforce Productivity	4,000	TBC	365	458	275	273	273	273	273	273	273	273	273	-3,727
Patient Centred Contact	3,000	TBC	666	535	565	565	565	565	565	565	565	565	565	-2,435
Service Reconfiguration	5,000	TBC	550	533	562	1,050	1,050	1,050	1,042	1,042	1,042	1,042	1,042	-3,958
Other	16,300	TBC	15,456	16,139	17,031	20,270	21,871	23,056	23,329	23,718	23,555	23,555	23,486	7,186
TOTAL IDENTIFIED SAVINGS	**31,300**	**17,349**	**17,424**	**17,863**	**18,631**	**22,378**	**23,929**	**25,293**	**25,525**	**25,898**	**25,735**	**25,674**	**25,665**	**(5,635)**

Key Points:

- The M12 forecast is reporting Central Executive led programme plans of £2.2m (excluding Red schemes) which is on par when compared to M10.
- The M12 forecast is reporting a £12.8m variance on the Central Executive Led Programmes compared to the £15m initial target.

Annex B
Operating Variance Analysis

Month 11

Contents

Executive Summary Month 12

Operating Variance	• The M12 operating variance is a £0.0m overspend. • The year-to-date operating variance is a £6.2m overspend.

Pay Variance	• The M12 pay variance reported an overspend of £1.3m.
	• The year to date pay variance reported an overspend of £2.1m, the most significant YTD pay variances are:
	  • Medical & Dental £4.8m (where Unscheduled Care is £2.2m & Planned Care is £1.9m)
	  • Additional Clinical Services £2.1m (where £1.0m is Unscheduled Care & £0.8m is Mental Health)
	  • Allied Health Professionals £0.9m & Estates and Ancillary £0.5m
	  • Nursing & Midwifery (£1.0m) & Admin & Clerical (£3.2m)

Non Pay Variance	• The M12 underspend is £1.2m, with a year to date overspend of £0.9m.
	• The most significant YTD variance is:
	  • Premises & Fixed Plant £4.8m
	  • Primary & Secondary Care £1.2m

Income Variance	• The M12 income underspend is £0.05m, with a year to date overspend of £3.2m.
	• The most significant variances are within:
	  • Other Income £1.9m
	  • Welsh NHS Income £1.1m

M12 Operating Variances

	Month 12					Year to Date			
	Pay	Non Pay	Income	Total		Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Planned Care	773	(569)	(124)	80		3,528	(33)	(272)	3,223
Unscheduled Care	360	37	(96)	301		2,760	1,403	(53)	4,110
Primary & Community Care	224	(367)	(35)	(177)		(2,122)	(838)	621	(2,340)
Mental Health & Learning Disabilities	488	68	34	590		1,575	1,909	124	3,608
Children & Families	(584)	(103)	101	(586)		(965)	85	444	(435)
Diagnostics, Therapies & Specialities	(150)	633	(527)	(44)		(1,193)	(555)	(758)	(2,505)
Corporate Directorates	(129)	(1,104)	(145)	(1,378)		(1,938)	(1,152)	(305)	(3,396)
Facilities	270	20	88	378		434	677	467	1,577
Contracting & Commissioning	0	158	649	807		0	(574)	2,926	2,352
Grand total	**1,252**	**(1,227)**	**(54)**	**(29)**		**2,079**	**923**	**3,193**	**6,195**

Key Issues:

- The M12 outturn overspend of £6.2m is a concern, particularly given the significant recurrent investment in care groups/directorates to meet their recurrent overspends from 24/25.
- A detailed analysis of the M12 outturn pay, non-pay and income overspends is provided on the following pages.

M10 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	(208)	583	0	718	74	7	1,925	430	(1)	3,528
Unscheduled Care	(42)	1,038	186	4	29	(1)	2,220	(676)	(0)	2,760
Primary & Community Care	(118)	(79)	(904)	(588)	15	(1)	213	(660)	0	(2,122)
Mental Health & Learning Disabilities	(588)	781	(223)	(176)	2	0	1,747	6	26	1,575
Children & Families	(1)	(90)	(363)	(17)	33	(2)	(919)	394	0	(965)
Diagnostics, Therapies & Specialities	(690)	(487)	(489)	939	11	(798)	(233)	(128)	682	(1,193)
Corporates	35	281	(1,288)	(7)	181	(578)	(197)	(395)	31	(1,827)
Facilities	0	96	(143)	33	388	0	0	0	61	434
Grand total	**(1,614)**	**2,122**	**(3,223)**	**906**	**734**	**(1,371)**	**4,756**	**(1,030)**	**799**	**2,079**

Key Issues:

- At a bottom line level, the most concerning overspends are Medical & Dental £4,756k, Additional Clinical Services £2,122k, Allied Health Professionals £906k and Estates & Ancillary £734k.
- 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.

M10 YTD Non Pay Variances

	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	272	(7)	(1)	(297)	(33)
Unscheduled Care	1,447	(54)	0	9	1,403
Primary & Community Care	183	154	(1,320)	145	(838)
Mental Health & Learning Disabilities	216	77	1,859	(244)	1,909
Children & Families	141	(3)	156	(209)	85
Diagnostics, Therapies & Specialities	(1,679)	202	1,125	(203)	(555)
Corporates	(50)	4,391	(320)	(5,174)	(1,152)
Facilities	30	61	0	586	677
Contracting & Commissioning	0	0	498	(1,072)	(574)
Grand total	**561**	**4,821**	**1,998**	**(6,457)**	**923**

Key Issues:

- At a bottom line level, Clinical Services & Supplies was overspent by £0.9m YTD. Primary & Secondary care was overspent by £2.0m 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.

M10 YTD Income Variances

	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(49)	0	0	(224)	(272)
Unscheduled Care	5	0	0	(58)	(53)
Primary & Community Care	(908)	0	(314)	1,842	621
Mental Health & Learning Disabilities	31	0	0	92	124
Children & Families	(94)	0	3	536	444
Diagnostics, Therapies & Specialities	(115)	(12)	0	(631)	(758)
Corporates	(165)	(15)	5	(130)	(305)
Facilities	101	0	0	366	467
Contracting & Commissioning	2,273	591	0	62	2,766
Grand total	**1,078**	**565**	**(306)**	**1,856**	**3,193**

Key Issues:

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£1.8m) and Welsh NHS Income (£1.1m).
- At a care group/directorate level, the more significant income shortfalls are highlighted in RED.
- 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 finance review meetings with the care groups/directorates.

Agenda Item
7.3

Operational Delivery Committee

Capital Programme Update 2025/26 and 2026/27

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Executive Capital Management Group - 2026/27 plan approved - Endorsed disposal	24/03/2026	Approved/Endorsed

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

1. Situation /Background

The purpose of this report is to provide an update on the final Capital Resource Limit (CRL) and actual capital expenditure in 2025/26. The report provides a brief update on a number of current major capital projects as well as plans for the 2026/27 discretionary programme

2. Specific Matters for Consideration

2.1 25/26 Capital Funding Position

The latest capital funding position for 25/26 is shown in **Table 1** below comprising £7.375m discretionary , £96.099m All Wales Capital funding and £1.597m IFRS 16 funding giving a total CRL from WG of **£105.071m.**

This reflects an increase of **£10.493m** in All Wales Capital funding since the previous update in January 2026, although several of these additional allocations were anticipated at that time. The majority of the increase (£7m) relates to year-end bids for additional funding for equipment replacements, including digital equipment.

Following approval of the LHP Phase 1 FBC, £0.6m of funding was drawn down in-year, along with £1.5m for the approved Invest to Save Decarbonisation scheme. The remainder of the increase reflects a CRL transfer from Swansea Bay Health Board, covering works they are undertaking on CTM-owned properties at Glanrhyd. All changes are highlighted in **Table 1** below

A final adjustment will be made to the CRL later in April 2026 to accurately reflect the latest spend position to the end of the financial year. This does not impact the bottom-line funding position , only movements been lines where slippage has been managed by the Health Board.

The outturn position has not been finalised as at the reporting date however is expected to be in the region of £0.08m underspend against the total funding available, this underspend equates to 0.08% of the total WG funding received. This is subject to further internal and Wales Audit Office review.

Table 1 Confirmed CRL funding 2025/26	Current CRL £'000
Discretionary allocation 2025/2026	7,375
Prince Charles Hospital Refurbishment - Phase 2	27,265
Purchase of Units 2 and 3, Prince Charles Hospital	3,310
National Imaging Academy Wales Discretionary	200
Princess of Wales Hospital replacement of roof covering, Fire Enforcement Notice and Electrical Upgrad	10,277
Works at Ysbyty George Thomas - Linked to POW Roof	149
Works at Ysbyty Cwm Cynon - Linked to POW Roof	643
Diagnostic and Medical Equipment 2024-25	169
Llantrisant Health Park – Site Demolition Costs	700
Llantrisant Health Park – RIBA Stage 3	1,056
Llantrisant Health Park – Fees to OBC Phase 1 – Community Diagnostic Hub	2,828
Llantrisant Health Park -Fees to FBC Phase 1 - Community Diagnostic Hub	1,888
Llantrisant Health Park - Phase 1 - Community Diagnostic Hub	600
Llantrisant Health Park - Fees to OBC Phase 2 - Regional Orthopaedic Hub	1,934
Efab - Fire	136
Efab - Decarbonisation	339
Backlog Maintenance - 2024-25	1,079
TEF - Fire	1,071
TEF - Infrastructure	4,403
TEF - Decarbonisation	1,205
TEF - Mental Health	1,794
TEF - Infection Prevention Control	1,052
TEF - Decontamination	1,366
Interventional Radiology (IR), Royal Glamorgan Hospital	1,571
Pharmacy Robot, Royal Glamorgan Hospital	1,200
Non-Radiology Ultrasound Replacement	474
Mental Health Quality and Safety Schemes	593
Radiology Ultrasound Replacement	858
Hospital Helicopter Landing Site Schemes 2025-26	170
End of Year Funding 2025-26	650
End of Year Digital Funding 2025-26	1,614
NIAW End of Year Digital Funding 2025-26	205
Replacement Diagnostic and Treatment Equipment	204
End of Year Digital Funding - December 2025	1,500
End of Year Funding - January 2026	1,377
End of Year Digital Funding - January 2026	4,869
End of Year Estates and Equipment Funding - December 2025	549
Entonox cracking devices	11
Decarbonisation project	1,500
Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) for NIAW	70
AI for diagnostic imaging services at NIAW	200
Transfer from HEIW for National Programme Theatre Laptop	3
Dental Suite, Caswell HQ	46
Seclusion Suites, Caswell	126
Taith Newydd	1,130
DPIF	
DPIF - single clinical record within mental health and learning disabilities' (MHLD)	250
DPIF - Digital Maternity Cymru Implementation 2024-25	50
DPIF - Medicines & Prescribing: Electronic Prescribing & Medicines Administration (ePMA)	1,417
DPIF - RISP funding for National Imaging Academy Wales	53
DPIF - RISP	422
DPIF - Connecting Care	326
IRCF	
Bridgend Health & Wellbeing Centre	10,485
Maesteg Health and Wellbeing Park	712
All Wales Capital Funding	**96,099**
IFRS 16 Funding	**1,597**
Total WG Funding	**105,071**
Disposal of Assets with NBV	315
Government granted/Donated income	306
Total Capital Funding as at 31.3.2026	**105,692**

2.2 Major Capital Schemes

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

2.3 2026/27 Discretionary Programme

The high-level discretionary plan for 2026/27 was discussed and agreed at ECMG in January 2026, further detail was then presented for approval in March ECMG.

Table 2 below shows the calculated discretionary position over the last few years and shows the total funding available to be allocated in 2026/27 of £10.883m

Table 2 Discretionary Funding and Allocations						
Funding Sources	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**
Discretionary Capital Funding	**10,230**	**7,782**	**9,006**	**10,230**	**12,000**	**13,474**
TEF Top Slice			- 1,428	- 1,899	- 3,196	- 3,960
Capital Scheme Commitments B/F	690	- 1,600	- 1,046	- 1,800	- 1,500	- 2,000
Property Disposals			247			
10.5% Over commitment	1,092					
13.5% Over commitment			845	882		
17.5% Over commitment		1,051			2,100	
25% Over Commitment						3,369
Total Funding (Including over-commitment)	**12,012**	**7,233**	**7,624**	**7,413**	**9,404**	**10,883**
Total CRL	**79**	**63**	**76**	**95**	**105**	

This reflects the confirmed Targeted Estates Funding (TEF) contribution of £3.960m, an estimate of £2m for brought forward schemes and a 25% overcommitment. This overcommitment is an increase on prior years but reflects that this is intended to manage slippage on the whole programme and not just on the discretionary element.

The actual closing CRL for each year is shown in the last line of table 2 above for information , the opening CRL for 2026/27 is expected to be c£143m. The proposed overcommitment is therefore only 2.4% of the total opening funding position. There will be options in the year to reduce spend if required to manage the position should slippage not materialise naturally.

Based on the above available funding, the agreed split across departments is included in **Table 3** below.

Table 3 Discretionary Allocations		
Departement Allocations	Draft Disc Proportion 26/27	Potential Allocations £000
Forecast Opening Position	10,883	
ICT	19%	2,068
Equipment Replacement	16%	1,741
Statutory	15%	1,632
Backlog Maintenance	19%	2,068
Service Driven Schemes	31%	3,374
		10,883

The approved split is very similar to previous years and provides a large allocation for service driven schemes. This apportionment recognises that significant additional funding is usually received in year from WG for ICT and equipment, c£4m has already been top sliced as a contribution to TEF schemes covering backlog maintenance and statutory ,therefore a higher proportion of the remaining discretionary is allocated to service driven scheme.

There are already a significant number of bids prioritised by the care groups that have not progressed in the timescales desired in 2025/26 which exceed this allocation and hence will be put on hold. Other funding sources will be utilised where possible, bids have already been submitted to WG for Mental Health schemes that would ease the pressure on this allocation. There are however capacity constraints in the capital team and a limit to the service disruption that can be managed also which means , even with additional funding , not all care group priority schemes will progress in year.

Full details of the approved schemes across all department headings can be seen in **Appendix 2**, as well as schemes on hold within service redesign. For completeness **Appendix 3** provides the full list of TEF funded schemes which run over the two years 2025/26 and 2026/27.

2.4 IMTP

Following the prioritisation exercise undertaken across NHS Wales in 2023/24 and 2024/25, the Welsh Government (WG) endorsed two priority projects for business case development by CTMUHB . The projects are:

- the development of Llantrisant Health Park (LHP);and
- the final phase of the Prince Charles Hospital Ground and First Floor Refurbishment Scheme, required to lift the Fire Enforcement Notice on the site.

As directed by WG all other major business case proposals are currently outside the scope of the All-Wales Capital Programme unless they fall within established ring-fenced funding streams. The Health Board has therefore sought to maximise opportunities through these specific funding sources. Significant additional allocations have been secured though the Targeted Estates Fund (TEF), Diagnostics Replacement Programme, Digital Priorities Investment Fund (DPIF)

and Integrated and Rebalancing Capital Fund (IRCF). In addition, repayable grant funding has been secured for decarbonisation schemes through the Welsh Government Energy Service.

The table below restates priorities submitted as part of the 2024 prioritisation process with an update on progress in securing funding. As can be seen below a substantial number of schemes have progressed despite the restrictions on major business case development. The TEF fund, in particular, has enabled several schemes to progress swiftly without requiring full business cases, noting these schemes primarily address backlog maintenance with limited alternative options beyond replacement of existing infrastructure.

Further discussion is required in 2026/27 to review and assess the remaining priorities in order that estates priorities are integrated with the clinical services plan. Discussions will also be held with Welsh Government on the next round of priorities for business case development. Where possible, funding will be sought via future TEF rounds and other recurring funding streams such as Mental Health.

Priority	Scheme	Update
1	Llantrisant Health Park Infrastructure Programme	Phase 1 FBC approved , awaiting approval of Phase 2 OBC
2	POW Theatres - Fire Safety Requirements	Approved as part of PoWH Roof and Compliance Programme and complete August 2025
3	PCH - Phase 3	Approved Feb 2026
4	POW Programme of infrastructure work	Approved in part with PoWH Roof and Compliance Programme, other priorities also approved through TEF as a phased approach
5	Endoscopy Scope Decontamination POW	Approved through TEF
6	RGH Mechanical Infrastructure	Phase 1 approved through TEF
7	Diagnostic Imaging Replacements	Funding approved in 2025/26
8	Additional ward facilities on 3 major DGH sites	Additional ward facilities provided in community sites linked to PoWH roof
9	Phased Outpatient Reconfiguration	
10	Consolidation of Mental Health Services	Phased approach of elements of this through ringfenced mental health funding
11	ITU - reconfiguration	
12	HSDU Single Site Decontamination	
13	Third Eye Theatre at POW	Initially addressed with Surgicube
14	Regional Pathology	
15	Interventional Cardiology Unit	
16	Emergency Dept South	
17	Reconfiguration of Obs & Gynae South	
18	Mortuary capacity PCH	
19	Diagnostic Imaging Replacements	Ringfenced funding to support
20	Centralised haematology day unit	
21	Expand Central Production Unit	
22	Single CTM Contact Centre	

2.5 Approved All Wales Capital Programme 2026/27

The table below outlines approved schemes for 2026/27. Profiles are subject to confirmation and adjustments following closing of the 2025/26 position but all allocation below are within already approved funding limits.

Capital Projects with Approved Funding 2026/27	£'000
Prince Charles Hospital Refurbishment - Phase 2	18,382
Prince Charles Hospital Refurbishment - Phase 3	18,073
Llantrisant Health Park Phase 1	70,167
IRCF - Bridgend HWBC	1,600
IRCF - Maesteg HWBC -Business Case Fees (SOC/OBC)	670
IRCF - Llanilid HWBC Business Case Fees (SOC/OBC)	700
IRCF - Kier Hardie Health Park Learning Disabilities Fees (BJC)	126
REFIT Decarbonisation Project	9,914
Targeted Estates Funding	12,975
National Imaging Academy Wales Discretionary	200
Interventional Radiology (IR) RGH	400
Total AWCP Approved	**133,207**

2.6 Anticipated All Wales Capital Programme Allocations 2026-27

As per feedback from the All-Wales NHS Prioritisation exercise, no major business cases are in development aside from those with ringfenced funding. This will however be reviewed in discussion with WG 2026/27 and the '10 year plan' updated to ensure a pipeline of schemes are in development going forward.

Unapproved Schemes	£'000
Llantrisant Health Park Phase 2	33,366
IRCF - Maesteg HWBC -Business Case Fees (FBC)	TBC
IRCF - Llanilid HWBC Business Case Fees (FBC)	TBC
IRCF - Kier Hardie Health Park - Learning Disabilities	500
Mental Health Estate Targeted Improvements fund	TBC
Cardiac PACS	600
Diagnostic Equipment Replacement Programme	TBC
Digital Priorities Investment Fund	TBC
Total Unapproved	**34,466**

2.7 Disposals

The Sale of Pontypridd Health Centre completed in February 2026 with disposal proceeds being reinvested into ICT as approved by the Health Board.

The transfer of Bryncethin Clinic completed 1st April 2026 as part of the land swap arrangement with Linc Cymru 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.

Following the previous estates rationalisation work under the Value and Effectiveness Portfolio Board, Pontypridd Cottage Hospital was identified as one of the properties for potential disposal. The remaining services have now confirmed plans to fully vacate the property and hence approval is required to progress with the disposal. Under the Public Sector Protocol, the property will initially be listed on the NHS Wales Estates Database (formally Electronic Property Information

Mapping Service -EPIMS) for interest from other public sector partners. If no interest is received, then the property will be published on the open market. An updated formal valuation is required however the value was previously estimated at c£800k in early 2025 . It should be noted that there are restrictive covenants in place on the hospital building stating it can only be used for 'hospital and dwelling houses or outbuildings in connection with the hospital'. Indemnity insurance policies are being explored in relation to this and legal advice sought to confirm the position.

ODC are asked to endorse the request to dispose of Pontypridd Cottage Hospital as part of the estate rationalisation programme. Board Approval will then be requested

Key Risks / Matters for Escalation

The Capital Resource Limit for CTM has increased significantly year-on-year since 2022/23, which is a very positive indicator of the level of investment secured to address estate and service-related risks across the Health Board. However, delivering a programme of this scale presents considerable challenges—not only for Capital and Estates teams, but also in terms of the inevitable service disruption that some schemes will cause.

Whilst a substantial proportion of the 2026/27 funding increase 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 additional priorities as they emerge, will need to be carefully managed across the Health Board.

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below: Effective Efficient
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: N/A
Cyfreithiol / Legal	Yes (Include further detail below)	

	Legal implications of the capital programme are assessed for each project and advice sought accordingly
Enw da / Reputational	Yes (Include further detail below)
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	The paper discusses the use of capital resources

4. Recommendation

4.1 The Committee are asked to

NOTE the closing 25/26 capital funding and expenditure position
NOTE the approved Discretionary plan for 26/27 including 25% initial overcommitment and detailed plans for ICT, Equipment, Backlog, Statutory Compliance and Service Redesign
NOTE progress on Major Capital Schemes
NOTE allocations approved and anticipated for 2026/27 as included in IMTP
NOTE disposals in 2025/26 and 2026/27
ENDORSE the disposal of Pontypridd Cottage Hospital for Board Approval
NOTE The scale of the expanding capital programme and significant delivery challenges that will need careful management across the Health Board.

5. Next Steps

This report will be submitted to the next Health Board meeting for noting and approval of the disposal of Pontypridd Cottage Hospital

Appendix 1 – Major Capital Schemes Update

PCH ground and first floor Phase 2

CRL funding for 25/26 for phases 2 and 3 is £30.575m this includes funding of £3.31m for the purchase of the modular buildings at PCH currently rented as part of the scheme (units 2 and 3). This purchase was completed in December.

The full scheme is due to complete in October 2026 and the **current forecast is that there will be a £4.7m underspend against the total budget of £224.9m.**

Sections 1, 2, 3 and 6 have been completed.

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

The remaining contingency balance on the scheme for Phase 2 is currently £0.230m.

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

Agreed at last Capital Review Meeting (CRM) with WG that an element of the forecast underspend on this scheme will be declared and returned by end of June 2026.

PCH ground and first floor Phase 3

The Full Business Case for Phase 3 was submitted to WG on 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 March 2026.

Bridgend Health and Wellbeing Centre

A revised construction programme has been submitted to the Health Board by Wynne Construction with a new Practical Completion Date of the 27th June 2026. A further four week soft landing integration period has been allowed for meaning

a targeted end user occupancy date at the end of July 2026. The feasibility of a reduced integration period is being reviewed to minimise impact of the delay.

The dates given above are subject to the following risk :-

Whilst work on the Health Centre is progressing as planned, a risk has been escalated regarding the section 111 highway agreement that Linc are progressing for the scheme

The section 111 highway agreement requires sign off by BCBC- this has been ongoing for some time with the latest response received 17th February 2026 with 7 items (relatively minor) still to resolve. Confirmation has now been received that the technical specification has been approved by BCBC.

Following this sign off, there is a legal agreement and external surety to be put in place by Linc as the lead client. These need to be completed and contractor mobilised to start works by 4th May 2026 at the latest, in order to achieve the above targeted Practical Completion date.

Full works are due to take 12 weeks however not all works impact access to the Health Centre. Exact requirements pre Health Centre occupation are being discussed by the Health Board directly with local authority planning.

Further to this issue being escalated to the project Senior Responsible Officer (SRO), the Health Board has approached BCBC directly to request the below:-

- Permission to commence works in parallel to the legal agreement and/or
- Permission to occupy the Health Centre in advance of the works being completed

Whilst initial feedback given in early March was positive, no formal update from BCBC has been given to the Health Board

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

The transfer to Linc of Bryncethin has been confirmed for 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 Linc

RGH Theatres (Vanguard)

Activity in Theatres ceased on 13th March and Endoscopy (by Cardiff and Vale UHB) will cease at the end of March. Discussions, including a site visit, have been held to determine the removal works and associated cost and this has been received. However, the cost has significantly increased from the original estimate,

so explanations have been sought with discussion ongoing. No progress on agreement of final account for enabling works

Maesteg/Llynfi Valley

The Health Board intends to make a formal decision on the preferred way forward for this scheme at its May Board meeting. This timeline represents a change from the planned programme for the SOC/OBC and will incur additional costs, estimated circa £250k, and 2025/26 in year slippage of c£270k. IRCF colleagues have been informed of the updated timeline and the Project Director will further update IRCF in writing after the May Board meeting.

Discussions also ongoing re impact of complying with NHS England Net Zero building standard. This is deemed by the appointed SCP as a scope increase compared with the 2021 Welsh guidance on which the original fees were based. The SCP has advised that the impact is a substantial increase in fees and a potential increase in build costs. The view of NWSSP-SES is that this should not result in a significant cost impact and hence the SCP has been asked to provide details of the anticipated additional costs for the business case process and construction so that further discussions can be held. Updated guidance on the Net Zero Carbon approach from the Framework Team is awaited.

Targeted Estates Funding (TEF) Schemes

Background

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

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

Works complete in March, Theatres 3 and 4 became operational 11th March and Theatres 1 and 2 were operational 16th March. This is within the limit for the continued hire of the theatres re: IFRS 16 impact. The revenue cost attached to the extended hire of the theatres was clarified, however, it was not required as the original 48-week contract has been confirmed as ending 15th March 2026 from the effective "Go Live" date on 10th April 2025, a week after the original handover on 4th April.

The ongoing discussion relating to CCU decant delayed this element significantly, it is now agreed that the decant will be to Ward 1. Philips have completed a site survey for the installation of telemetry on Ward 1 with options for Wards 3 and 5 in future, these will however not form part of the scheme.

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 ENT. A provisional layout has been agreed with the users and this informed the brief.

A design team was appointed in August 2025 and hence design is progressing with fortnightly meetings. 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.

The layout of the scope decontamination unit has been agreed and the tender package is being produced.

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. Finance staff have been involved but recent discussions have been intermittent.

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.

PoW Hospital Sterilisation and Decontamination Unit (HSDU) AHU Replacement

Work commenced mid-October to replace the air handling unit in PoWH HSDU. For the duration of the works programme all services transferred from HSDU PoWH to HSDU RGH. Work is complete, with handover on 13th February and the service returned from R Glam with "Go Live" on 16th February. Following completion of this work and the return to PoWH, minor works underway at RGH including a replacement steriliser, racking and drying cabinet. Discussions continued with the PCH Major Projects team which ensured their timescales to vacate HSDU PCH and handover to the contractor on 2nd March 2026 was met.

While the unit was vacated the opportunity was taken to do other minor improvement works that had previously been approved such as new height adjustable sinks and backlog maintenance works around fire and BMS. These works are all contained within funding already approved.

Mental Health works – YCC and Angelton

The capital team have been working with the Care Group to establish a viable programme of works for the IP&C & 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, given the uncertainty around access to these areas. 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. Design stage completion targeted for end of April 2026.

PoWH Roof works

Whilst the funding for remaining roof replacements/upgrades is programmed into 2026/27, urgent works were identified and progressed in year in 2025/26. These relate to areas outside the Phase 1 roof works programme. The works were scoped following recent water ingress in Ward 16 and Y Bwthyn Newydd. A direct award for these works was confirmed and work commenced December 2025, and these areas have now completed. This will bring forward c£300k of spend into 2025/26**.**

Pinewood House

Essential refurbishment works are being undertaken to raise security, IPC and 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. Works currently out to tender with targeted main contractor appointment end of March.

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 due to complete early April.

Other TEF Schemes

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

RGH

- Negative pressure isolation room – **service confirmed that location is preferably in Ambulatory Emergency Care Unit (AECU), detail needs to be worked up**
- A&E IPS/UPS to resus and majors
- A walk around with Unscheduled Care is arranged for 24th March to discuss potential decant options.

PoWH

- Negative pressure isolation room- **service confirmed that location is preferably in Acute Medical Unit (AMU) , detail needs to be worked up. One meeting has been postponed because of BCI and is being rearranged.**
- A&E IPS/UPS to resus and majors
- Main entrance toilets

Also planned for 2026/27 is the replacement boiler for the laundry . Welsh Government have however requested further conversations be held with them and NWSSP about the long-term future of the site before this scheme is progressed.

Llantrisant Health Park

Phase 1 Community Diagnostic Hub

FBC approval was formally received on 9th February 2026. Letter of Intent immediately issued to enable critical modular and steel orders to be placed to maintain programme. RIBA 5 design works commenced in early January to finalise the groundworks design and prevent any delay with the commencement of piling activities. Work on site is already commencing and temporary welfare facilities have been set up with more permanent facilities arriving in April with full site set up complete by end April.

Initial ground investigations have commenced and have discovered a number of obstructions in the ground relating to foundations. These are currently not

expected to impact on programme, but additional costs will be applied for re their removal. Their removal will have to be instructed but discussions have commenced with demolition services limited as to why these were not removed as part of their scope. This discussion will be ongoing and the final release of retention to DSL has been put on hold until there is a resolution.

The main site wide planning application and SAB (Sustainable Drainage) application have been approved. All pre-commencement planning conditions have been addressed with planning submissions however recently feedback has been received raising more questions on 2 of the 4 conditions. Steps are underway to urgently address the questions. Groundworks need to commence from 23rd March to remain on programme and urgent discussions will take place with the planning department. Current programme indicates 1 week delay due to the extended WG approval timeline – all parties are hoping that this can be made up over the course of the contract.

ECC contract undergoing last drafts prior to be signed and executed by all parties. Tender for Project Management (PM) and Project Management Office (PMO) have concluded, Archus have remained in place on the PMO but the PM will move to Mott MacDonald from 1st April. Handover arrangements are being confirmed to ensure a seamless transition. Initial meetings with Alliance Medical (ISP) have been had and technical information is being provided. Ongoing meeting arrangements being determined.

A final scrutiny grid has been received from WG since the last meeting and a follow up meeting was held with WG and NWSSP Specialist Estates Services (SES) colleagues on 26th February. A completed grid plus a final FBC incorporating the capital target cost and an enhanced options appraisal narrative has been shared with WG colleagues.

A breaking ground ceremony was held on 26th March in the with First Minister and Cabinet Secretary.

Phase 2 – Regional Orthopaedic Hub

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 £1.77m has been requested 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 will compete by end May and will result in a tendered target cost. This could support an OBC/FBC submission to WG at end June and mitigate the

programme impact of a delayed OBC approval. A formal response to WG is being prepared to the letter of 16th March.

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.

Interviews have recently been held, with NWSSP-SES, and the Health Board has appointed a Project Manager and Cost Advisor. Discussions will be held on 26th March with the site developer Persimmon which will be crucial to determine health board costs for site works.

Keir 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. Funding of £1.5m provided for 2025/26 which will be spent on materials only with the main works commencing in April 2026 . Further detail will be provided on commencement of the scheme but there is significant work ongoing to ensure an order can be raised to the supplier and contracts signed ASAP to allow delivery of materials before the end of March 2026

Description	RGH	POW	PCH	WMR	KHHP	YCC	YCR	Community Sites*
Low carbon heating				✔				
LED lighting and lighting controls	✔			✔	✔	✔	✔	
Solar Panels (PV)		✔				✔		✔
BMS optimisation	✔	✔	✔					

Battery Energy Storage				✔				

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

Appendix 2 – Detailed Discretionary Plan 2026/27

Backlog Maintenance

Estates have reviewed and prioritised the below schemes based on risk. A number of these schemes are a continuation of schemes from 2025/26. The below leaves a small contingency of £80k , if other risks escalate then schemes from the above will be put on hold to manage.

Location	Type	Description	Allocation £
Royal Glamorgan Hospital	Theatre General Lighting Upgrade and UPS Upgrade	Upgrade of theatre general lighting and upgrade of UPS and earthing arrangements to current standards. Theatres 1,2,3 & 4 have been completed. Leaving 5,6,7,& 8 left to complete. Budget for this year should be sufficient to complete 2 x theatres. Exact theatres TBC with theatre lead, timing also to be agreed re impact on delivery.	150
Royal Glamorgan Hospital	Chiller Replacement	Replacement of Chiller, delayed from 2025/26	90
RGH/YCR	Nurse Call	Completion of nurse call replacements -continuation from 2025/26	200
Princess of Wales Hospital	Road Repairs/Resurfacing	Steel plates put over road as a temporary measure , awaiting report and scope of work on completion of survey.	450
Princess of Wales Hospital - Short Stay	Boilers Refurbishment	Continuing from 2025/26 - Short Stay Boilers at end of life , 2 major refurbishments required - will be phased over 2 years so 1 in each year	30
Glanrhyd Hospital	Boilers Refurbishment	Continuing from 2025/26- Burners obsolete, insufficient parts and unable to maintain. Phased refurbishment , two to be replaced in year	30
Prince Charles Hospital - Residences	Boiler Refurbishment	Continuing from 2025/26- The Boiler and associated control system for the Residence Block 10 is obsolete. There are many issues / breakdowns with this system.	30
Princess of Wales Hospital Template 15	Boilers	Continuing from 2025/26- Boilers require major refurbishment, would be unable to heat area if they fail	30
Royal Glamorgan Hospital	Boiler Replacement	2 x Hot Water Boilers need replacing. Numerous failures the last few years and parts are either obsolete or becoming obsolete.	75
Ysbyty George Thomas	Boiler Replacement	One of the 3 heating & hot water boilers has failed and is beyond repair and needs replacing to ensure site resilience.	**75**
Princess of Wales Hospital	Boiler Replacement	Childrens clinic - 2 x Heating (Only) boilers to be replaced due to ongoing issues and availability of parts	**85**
Royal Glamorgan Hospital	Calorifier Replacement	2 x calorifier replacement. One has failed and the boiler manufacturer no longer trades and parts are unavailable	**40**
Tonteg	Heating & Hot Water	Make alterations to heating boilers and heating pipework. Install two new boilers in each block and tap into gas main to supply new gas feed from main to feed boilers in block	**65**
Royal Glamorgan Hospital	Burner and Sequencing panel replacement	Sequencing panel is obsolete and is causing issue with water temperatures and operation of the LTHW boilers. Phased replacement to change burners and sequencing panel.	**75**
Princess of Wales Hospital - Ward 14, 15, 20 and childrens ward Treatment room	Refurb of Treatment Rooms	Upgrades required to a number of rooms, likely 2 in year. IP&C issue as well as safe storage of controlled drugs . Ward 20 and Childrens ward are priority . Delayed from 2025/26	80
Princess of Wales Hospital - Template 15	Air Conditioning	Failure of A/C kit feeding areas of template 15. A/C is linked to AHU Plant. Currently there is no cooling in Urology, IT dept, Eye clinic etc. Phased upgrade depending on budget, 3 system to address out of 9.	50
Prince Charles Hospital - Ground Link Corridor	Flooring	The floor of the Pharmacy area link corridor (link from Lifts to Maternity) has suffered water damage and is "bubbling". Delayed from 2025/26	52
Prince Charles Hospital - H Block	Water Tanks	The water tanks are displaying signs of internal corrosion. There are no backup tanks.	50
Royal Glamorgan Hospital	Flooring	Flooring replacements across the site , IP&C and health and safety risk to patients visitors and staff.	**25**
YCR, YGT & Community	Flooring	Flooring replacements across the site , IP&C and health and safety risk to patients visitors and staff.	**25**
Princess of Wales Hospital	Flooring	Flooring replacements across the site , IP&C and health and safety risk to patients visitors and staff.	**25**
Prince Charles Hospital	Pavements & Roadways	Resurfacing works required in a number of areas across the site particularly car parks and main thoroughfares . Areas outside of scope of G&FF	**20**
Princess of Wales Hospital	Pavements & Roadways	Resurfacing works required in a number of areas across the site , particularly around the residence block.	**50**
Royal Glamorgan Hospital	Pavements & Roadways	Significant improvements made in 2025/26 but small works required around the old consultants car park and main carpark areas.	**25**
Kier Hardy Health Park	Pavements & Roadways	Resurfacing works required, complaints received around the deterioration of the road markings. Budget to remedy both issues	**20**
North Cornelly	Store Room Lintel	Concrete lintel has failed and has rendered a store room unusable for staff and health visitors	18
Princess of Wales Hospital	Multi-Storey Car Park - top deck	Expansion gap compound has failed. In the hot summer months the product melts and drips onto vehicles. New product has been identified to stop this melting	20
Royal Glamorgan Hospital	Air Compressors	2 x compressors along with driers and ancillary equipment need replacing feeding compressed air to HSDU sterilisers, Path lab sterilisers etc. Replacement due to numerous failures and limited availability of parts	40
Princess of Wales Hospital	Steam Trap Replacements	Replacement of faulty /failed steam traps. Causing issues with steam quality and impacts energy performance	25
Princess of Wales Hospital	CT & VT Pump Replacements Across Site	Survey has highlighted a number of obsolete CT & VT pumps across site. Phased replacement to newer models that have better parts availability	25
Royal Glamorgan Hospital	External Lighting Upgrade and Replacement	Numerous external lights have failed and we cannot get the originals that fit on the bollards. Source new alternatives and replace to reduce the risk of slips, trips and falls	14
		Total	**1,988**
		Proposed allocation	**2,068**
		Balance	**80**

Statutory Compliance

Location	Description	Allocation £
Legionella Management		
HB Wide	Numerous original design swan neck taps throughout site require replacing. This is to meet statutory requirements and address issues with legionella and pseudomonas in alignment with IPC requirements, and meeting WHTM control of legionella and pseudomonas.	15
HB Wide	Carry out statutory risk assessments on HB properties.	12
HB Wide	Addressing NWSSP audit findings to meet statutory requirements and compliance, WHTM 04-01 and L8 legal requirements. Carry out repairs and upgrades in line with risk assessment surveys and welsh water audits	20
Keir Hardie Health Park	Cold Water Booster (no spare) , delayed from 2025/26	40
Royal Glamorgan Hospital	Continuation from 2025/26. Copper corrosion - address ongoing corrosion issue of copper pipe work.	15
FIRE		
Dewi Sant Health Park	Phase 4 of emergency lighting install. Currently uncompliant and insufficient emergency lighting throughout plant areas and roof top plantroom	80
Dewi Sant Health Park	Remediate issues identified by South Wales Fire and Rescue	18
Ysbyty George Thomas	Emergency lighting install. Currently uncompliant and insufficient emergency lighting throughout roof / attic space	50
RGH / POW / PCH	Fire door repairs and replacement as identified within statutory Fire Risk Assessments FRA's, including fire doors replacements in main corridor POW to meet fire regulations.	80
HB Wide	Addressing FRA statutory requirements	20
WMR	Replacement of sprinkler system / interface from closed protocol to open protocol. Significant delays from current supplier ADT in remediating any faults which puts the site at risk as well as patient records	60
LIFTS		
HB Wide	Remediation of faults, defects and issues as a result of Lift statutory insurance inspections & recommendations	35
HB Wide	Upgrade of analogue phone lines. Replace with network point and analogue to digital convertor	10
ASBESTOS		
HB Wide	Remedial Works and Management of Asbestos	150
VENTILATION		
HB Wide	Works to comply with TR19 & HTM 03-01. Statutory requirements for a number of inspections of critical duct work and allowance for remedial work identified	40
HB Wide	NWSSP audits requirements to meet WHTM requirement	30
ELECTRICAL - HV / LV		
HB Wide	5 yearly electrical testing and resulting works required	275
Royal Glamorgan Hospital	Install load bank connection point to enable load bank testing of generators	100
East Glam Laundry	Emergency generator connection to overcome NGED power failure and protect site from loss of power	30
RGH	Spare Switches for redundancy & resilience due to long lead times on availability	25
YCR	Spare Switches for redundancy & resilience due to long lead times on availability	80
PoWH	Temporary generator connection point	143
PoWH	Generator Controls Upgrade - existing are obsolete	65
MEDICAL GASES		
HB Wide	Continuation of Medical Gas Compliance Works & NWSSP-SES Audits	25
PoWH - Hospital Street	Medical gas valves / AVSU require replacement within the maintenance schedule.	30
PCH	Upgrade work following medical gas maintenance	12
YCC	Replacement of obsolete and faulty medical gas alarms across site	16
PCH	Replacement of obsolete and faulty medical gas alarms - maternity & childrens ward	12
PCH	Entonox Leak - Phase 2	13
Ysbyty George Thomas	AVSU replacement	20
OTHER		
HB Wide	As fitted Drawings. A programme of works is required to carryout a full updating of as fitted drawings to meet statutory requirements.	10
HB Wide	Works required following DSEAR audits in 2025/26.	15
HB Wide	Oil Storage Tanks - Continued improvement works to better our compliance against the Oil Storage Regulations 2016	20
RGH	Bridge inspections - Bridge inspections required to determine safe working load and inspect damage of steel support stay following a tree fall	50
HB Wide	Health & Safety - improvements & upgrades to plantroom spaces and workshops	20
	Total	**1,636**
	Proposed allocation	**1,632**
	Balance	**- 4**

Equipment

The below priorities were agreed at operational capital group

Care Group	Item Description	Location	Amount £'000 (include VAT)	SON REF	Risk
C&F	Airvo Highflow Oxygen x3 - current optiflow equipment not suitable for applying in ED or on patients needing radiology investigations whilst on high flow as this equipment is not battery use.	PoWH/RGH/PCH	28	1762	15
C&F	Vein Finder Ultrasound - current vein finder is outdated and does not provide the ability to view veins in paediatric patients. request for ultrasound scan which will be used for venous view, bladder scan and other paediatric requirements. Requires ultrasound governance sign off before proceeding	RGH	25	1763	12
C&F	Bipolar Resectascope - reduction in single-use equipment costs as well as clinical waste reduction	PCH	7	1774	12
C&F	Centralised Fetal Monitoring	PoWH/PCH	26	1554	12
MH	ECG (additional) - requested to provide physical health monitoring in the Bridgend CMHT	Bridgend CMHT	10	1651	4
DTPS	Replacement blood issue fridge	PCH	13	1662	10
DTPS	GE Supine bike for cardiac stress tests - replacement as existing condemned	PoWH	14	1611	15
Facilities	Replacement Catering Equipment at Central Production Unit (CPU)	CPU	94	1610, 1713, 1614	15
Facilities	Regen Ovens -continuation of phased replacement	HB Wide	232	1600	20
PC	Replacement Ventilators - linked to move.	PCH	337	1700	20
PC	High Speed Drill System for Orthopaedic surgery.	PoWH	21	1715	16
PC	Piezo Drill - Maxfac	PCH	15	1042	15
PC	Theatres - Intra-Abdominal Ultrasound	PCH	140	1145	15
PC	ENT Drill - additional as only able to list one patient due to equipment availability.	RGH	17	1146	15
PCC	ECG replacement - declared obsolete by the manufacturer, with limited availability of replacement parts.	DSHP	8	1595	10
PCC	POCT Alinitiy Analysers - provide additional patient clinical information in real time ,which will improve patient clinical outcomes and provide care closer to home	Nav Hub	18	1594	12
PCC	ENT Microscope for Aural Care - replacement. Risk the current microscope at YCC will fail and cannot be repaired, resulting in cancelled clinics	YCC	14	1607	6
PCC	Dental Chairs - replacement. The current dental chair and associated clinical equipment in the Dental Teaching Unit have exceeded their expected operational lifespan, having been in use since 2009 with a 10 year lifespan. Due to the age of the equipment, replacement parts are now extremely limited or unavailable, making repairs increasingly difficult	DTU	105	1690- 1693	12
UC	X ray Table - Coronary Care -The current x-ray table in the temporary pacing room in CMU is broken and over 20 years old, this has been condemned and needs replacing.	RGH	27	1645	16
UC	Hamilton T1 Ventilator - Replacement of Draeger Oxylog 3000 Plus Ventilator with one Hamilton T1 Ventilator to bring the PCH ED transport ventilator into commonality with Anaesthetics and Critical Care Services in PCH, ACCTS/EMRTS and the vast majority of other secondary care units in South Wales	PCH	22	1674	20
Clin Eng	Portable Safety Testers - Current safety testers used on all sites are at minimum 12 years old. Devices are used to confirm compliance of electrical safety on all medical devices which are serviced and maintained by Clin Eng in the HB.	HB Wide	58	1621	6
PC/HB	Standardisation of Hemofiltration machines across CTM - delayed from 2025/26	PoWH/RGH	400		
		Total	**1,631**		
		Available Funding	**1,741**		
		Balance	**110**		

Service Driven Scheme

The funding for service driven schemes is largely allocated to already approved schemes with other well-developed schemes taking this over the funding available. These schemes will continue until firmer costs are available to formally approve. The profile of these is also not confirmed

Service Driven Schemes	Care Group	£'000	Update
Approved			
Access control PoWH	Facilities	300	Continuation of 2025/26 phase of works
S136 suite - PoWH	MH & LD	750	At detailed design stage
RGH Women's Hub	C&F	600	Due to complete 1st quarter 2026/27
In Progress			
Blast chillers- CPU	Facilities	1,500	Revising procurement strategy as no tenders returned.
Containment level 3 RGH	DTPS	500	Additional to WG allocation
PoWH Ward 19&20		150	Scope agreed 19/3. Developing tender pack
Total		**3,800**	
Proposed Allocation		**3,374**	
Balance		**- 426**	

There are a significant number of other priorities presented and discussed by Operational Capital Group . The below are proposed for early-stage progression

Remaining Priorities	Care Group	£'000
Proposed for Development		
DSHP Security - Provide additional access control and CCTV to support the site security vulnerability risk assessment (SVRA) recommendations and risk based on site security incidents	C&F/Facilities	107
Cardiac PACS - Requires upgrading by Oct 2026 to continue to provide access to cardiac imaging in CTM. Discussion ongoing re requirement for a PACS manager to support	UC	600
Dental Teaching Unit - Ventilation works required	PCC	40
Replace Mortuary Door to maintain required negative pressure	DTPS	13
WDA Drug Store Relocation from YCR to PoWH . YCR unit unsuitable for the storage of controlled drugs. The wholesale unit drives income which can be increased from the relocation.	DTPS	71
Anti Barricade doors - required in a number of MH wards YCC and Glan, some covered by WG funding and bids also submitted for additional	MH & LD	267
CPU Ramp - likely picked up as part of works above	Facilities	6
Cell Path Feasibility -There is not enough laboratory and office space for Cellular Pathology to operate the core service safely or support increasing demand, service disaggregation and future Health board changes;	DTPS	30
		1,134

The remaining priorities presented to operational capital group as shown below for information - these schemes will be on hold in 2026/27

Priorities on Hold	Care Group	£'000
YGT CCTV	Facilities	120
YCR CCTV	Facilities	91
YGT Nurse Call	UC	70
PoWH Catering - Replace end of life refrigeration equipment	Facilities	300
Ventilation Works Physiology PoWH	DTPS	482
Safeguarding Room RGH	C&F	30
Tylorstown Fire Works	PCC	162
		1,255

ICT

The breakdown of the digital capital programme in 2026/2027 is shown below. This was agreed by Digital & Data SLG on 11 February 2026.

Allocations	/£k
ICT Allocation	2,068
Capitalised IT Staff	520
Rolling Replacement Programme	617
IT Equipment new staff	151
Strategic schemes:-	
WNCR	20
Enablement of therapies systems	90
Enablement of community systems (inc mental health)	90
ICU solution for Bridgend	100
Infrastructure Review delivery (includes active and passive networking, telecoms, and devices)	200
Bridgend specific schemes (disaggregation)	160
VitalHub (Jayex) expansion into The West	120
Balance/contingency to be committed to further ICT strategic schemes (subject to business cases)	0
ICT Allocation Total	2,068
Balance of ICT Allocation	-

The higher proportion set aside for capital salaries in 2026/2027 reflects the need to commission the assets purchased during 2025/2026, bringing the c£8m of assets into use as quickly as possible, that were funded through Welsh Government slippage late in the 2025/2026 year. It was agreed that the additional spend on salaries should be a temporary, in-year position, and should not result in a revenue staffing pressure in future years.

Appendix 3 – Approved TEF Bids (with initial funding profile)

Infrastructure – All risks	2025-26 £m	2026-27 £m	Total £m
RGH –Phase 1 Mechanical package - AHU refurb, replacement Theatres 1 - 4	2.455		2.455
RGH – Main theatre lighting Replacement including UPS batteries (Theatres 1,2 linked with above)	0.161		0.161
PoW – Theatre Recovery Medical Gases A & B	0.377		0.377
PoW – Theatre Surgeons Panels	0.390		0.390
RGH – A&E / UPS & IPS to resus and major beds	0.024	0.431	0.455
PoW – Continued Roof Replacement and Upgrade	0.052	0.958	1.010
PoW – Elec Infrastructure upgrade	0.126	0.379	0.505
PoW Chiller Replacement	0.100	0.117	0.217
RGH – Phased Nursecall replacement		0.300	0.300
PoW – Nursecall replacement	0.300	0.300	0.600
YCR – Nursecall replacement	0.100	0.2	0.300
Replacement of Street and HRC fuse board replacment electrical infrastucture - RGH		0.108	0.108
RGH – Atrium Roof	0.217		0.217
PoW – A&E / UPS & IPS to resus and major beds		0.466	0.466
YCC - Atrium Roof		0.109	0.109
Phased Lift replacement, upgrade of 2 lifts	0.100	0.189	0.289
PoW – Main entrance toilets		0.282	0.282
RGH ITU - IPS/UPS		0.518	0.518
RGH – CCU / UPS & IPS		0.518	0.518
	4.401	**4.876**	**9.277**

Fire Safety	2025/26	2026/27	Total
Princess of Wales - Continuation of works to replace & install new fire damper and associated fire compartmentation works.	0.300	0.314	0.614
Fire compartmentation and Fire dampers - HB Wide (inpatient sites)	0.200	0.45	0.650
PoW – Further emergency lighting replacement	0.278	0.300	0.578
YCC and YCR – Fire Detector replacement and Panel Upgrades	0.05	0.202	0.252
EN54 Upgrade – RGH & PCH	0.243		0.243
	1.071	**1.266**	**2.337**

Mental Health	2025/26	2026/27	Total
Pinewood Mental health recovery and rehabiliation facility vital upgrade work	0.572	0.150	0.722
Centralised S136 Crisis Suite	0.151	0.065	0.216
Ty Llidiard Extra Care Areas	0.433		0.433
Angelton IP&C advised Improvments	0.240		0.240
Anti ligature Ward 14 PoWH- activity room corridoor		0.210	0.210
PCH Crisis Suite /place of safety	0.211		0.211
Backlog Maintenance and Modernisation of Quarella Road site (old THQ)	0.065	0.206	0.271
Tonteg Site Refurbishments and Estates Backlog	0.008	0.140	0.148
Develop fit for purpose Older Adult Ward including Anti ligature		0.338	0.338
Glanrhyd - Continued Roof Replacement and Upgrade	0.003	0.562	0.565
RGH – MHU Emergency lighting system and fitting replacement	0.1	0.2616	0.362
	1.783	**1.933**	**3.716**

Decarbonisation	2025/26	2026/27	Total
YCC – Biomass boiler replacement	0.249	-	0.249
Whole HB - Decommissioning of nitrous oxide plus gas capture	0.197	-	0.197
YGT – BMS Upgrade and MCP Panel Upgrades	0.075	0.074	0.149
HB Wide BMS – BMS Strategy work including MCP Panels and controls (PoWH)	0.132	0.100	0.232
Community site solar PV - DSHP Admin Block , Tonypandy HC , Aberdare HC, Maritime, Trealaw, Pencoed	0.056	0.274	0.330
E Glamorgan Laundry Boiler	0.027	0.882	0.909
EV Gardenening Equipment	0.033	-	0.033
BMS Optimisation RGH, POW, PCH	0.207	-	0.207
Williamstown - ASHP	0.007	0.144	0.151
Williamstown – Solar Battery storage	0.222	-	0.222
	1.205	**1.474**	**2.679**

Infection Prevention Control	2025/26	2026/27	Total
Negative Pressure Isolation Room RGH	0.150	0.960	1.110
Negative Pressure Isolation Room PoWH	0.100	1.124	1.224
East Glam – Laundry Roof	0.217		0.217
PoWH IAP - AHU Replacement	0.585		0.585
	1.052	**2.084**	**3.136**

Decontamination	2025/26	2026/27	Total
PoWH Centralised Scope Decontamination	1.000	0.818	1.818
Replacement of 3 porous load sterilizers at the Princess of Wales Hospital HSDU and RGH		0.300	0.300
Sterile equipment storage racking and controlled environment Storage cabinets - RGH HSDU		0.225	0.225
Additional Washer Disinfector PoWH HSDU	0.140		0.140
	1.140	**1.343**	**2.483**

Agenda Item
7.4

Operational Delivery Committee

Estates and Energy Performance Report

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tim Burns, Assistant Director (Capital & Estates Sally May, Executive Director of Finance & Procurement
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Estates Senior Management meeting	18/03/2026	NOTED

Acronyms / Glossary of Terms	
TEF	Targeted estate funding
PPM	Planned Preventative maintenance

1. SITUATION/BACKGROUND

This report summarises the performance of Cwm Taf Morgannwg University Health Board (CTMUHB) Estates and Energy services for 2024/25 and 2025/26, with comparison against All Wales benchmarks. Overall, the Health Board demonstrates improving estate condition, improving backlog performance and sustained progress on decarbonisation, despite ongoing workforce and demand pressures. Key risks are well governed, and significant external funding has been secured to support compliance, safety, and carbon reduction objectives.

Part A addresses 2025/26 estates operational planned and reactive maintenance performance data including the CTMUHB's estates performance against the 2024/25 all Wales national key performance indicators which were published in December 2025 by NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES). **Part B** addresses Energy Performance.

PART A

1.1 Maintenance Activity and Performance

- The Estates service provides a 24/7 maintenance function covering planned, statutory and reactive activity, delivering over 61,900 jobs per annum in 2025/26 (down from 66,553 in 2024/25).
- Job volumes reduced year-on-year, primarily in response desk activity.
- Completion performance declined in 2025/26 compared to 2024/25:
    - Statutory PPM: 89% → 81%
    - Mandatory PPM: 91% → 80%
    - Response Desk: 77% → 71%
- Performance challenges are linked to workforce recruitment and retention constraints; however, recruitment has improved, and performance recovery is expected in 2026/27. Performance may also be impacted by difficulties in accessing to operational and clinical areas.

1.2 Workforce and Service Resilience

- Risks associated with delayed maintenance are actively mitigated through rescheduling and enhanced monthly oversight by senior Estates management.
- External recognition reflects staff commitment, including national awards for leadership and service excellence in 2025. For example, our Assistant Head of Estates won the Estates Champion of Champions award at the 2025 Institute of Health Care Engineering and Estates Management awards.

2. All Wales Estates Benchmarks and Backlog Performance

2.1 Estate Condition

- CTMUHB estate condition improved from 89% to 92% Category B or above between 2023/24 and 2024/25, reflecting sustained investment and effective capital prioritisation.
- Space utilisation and functional suitability both achieved 98%, exceeding the Welsh performance target of 90%.

2.2 Backlog Maintenance

- Total risk-adjusted backlog maintenance reduced by £8.5m, from £84.4m (2023/24) to £75.9m (2024/25).
- Reductions were delivered across high, significant and moderate risk categories, demonstrating effective risk-based planning.
- Governance arrangements are robust, with backlog risks reflected on the Board Assurance Framework and Organisational Risk Register.

2.3 Capital Funding and Welsh Government Support

- In January 2025, 58 bids were submitted to Welsh Government for £25.8m Targeted Estates Funding.
- 53 schemes were approved, totalling £23.6m, supporting theatres, isolation rooms, scope decontamination, mental health estate improvements and statutory compliance programmes.

3. Property Profile and Estate Strategy

- The Health Board estate comprises 49 properties, including:
  - 3 General Acute Hospitals

  - 5 Community Hospitals
  - 41 other properties
- Total estate value (land and buildings) is £692m.
- 78% of the estate has been built since 1985, reflecting successful historic rationalisation of older assets.
- Planned disposals in 2026/27 will further rationalise the estate and reduce future maintenance burden.

PART B

4. Energy Performance and Decarbonisation

4.1 Energy Performance

- Average energy consumption in 2024/25 was 400 kWh/m², with average emissions of 82 kg CO_2/m².
- While long-term trends show improvement, acceleration is required to meet the Welsh Government Net Zero target for 2030.
- Energy costs in 2024/25 were approximately £15m, remaining significantly higher than pre-pandemic levels due to external market volatility.

4.2 Decarbonisation Delivery (Re:Fit)

- CTMUHB has entered the Welsh Government Re:Fit framework, securing £11.4m repayable grant funding approved in December 2025.
- Schemes commencing April 2026 include:
  - Solar PV
  - Low-carbon heating
  - LED lighting upgrades
  - BMS optimisation and battery storage
- Initial analysis indicates the potential for 13% carbon reduction across six major sites.

4.3 Renewable Energy and Partnerships

- On-site generation has expanded significantly, including:
  - 1.3MW additional rooftop solar capacity
  - Coed Ely Solar Farm supplying Royal Glamorgan Hospital, generating 219 MWh in six months.
- CTMUHB has received national recognition for sustainability projects.

5. Assurance, Governance and Compliance

- Estates risks are overseen through multi-disciplinary governance structures with specialist technical input.
- ISO 14001:2015 accreditation has been retained with no non-conformities; re-certification is scheduled for June 2026.
- There are no adverse legal, equality, reputational or resource impacts identified in relation to the matters contained in the report.

6. Conclusion

The Estates and Energy Performance Report demonstrates positive strategic direction, improving physical estate condition, reduced backlog risk, and credible progress towards decarbonisation. While operational maintenance performance remains under pressure, there is clear mitigation, improved workforce stability and strong assurance arrangements in place. The Committee is therefore asked to note the contents of the report.

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

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

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

5.0 Recommendation

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

Appendix 1

Table 1: Comparative estate performance of all the Health Boards and Trusts in Wales in 2023/24

National Key Performance Indicators

Percentage of the estate which is of reasonable standard and therefore falls within Estatecode category 'B'/'F' or above:

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	96	94	83	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	68	73	67	75	94
CARDIFF & VALE UNIVERSITY HEALTH BOARD	74	87	88	70	83
CWM TAF MORGANNWG UHB	89	93	98	100	96
HYWEL DDA UNIVERSITY HEALTH BOARD	86	88	67	90	99
POWYS TEACHING LHB	68	82	74	76	88
SWANSEA BAY UNIVERSITY HEALTH BOARD	76	75	98	87	97
VELINDRE UNIVERSITY NHS TRUST	45	98	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	75	94	94	75	99

Table 2: Comparative estate performance of all the Health Boards and Trusts in Wales in 2024/25

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	96	94	86	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	81	82	76	80	95
CARDIFF & VALE UNIVERSITY HEALTH BOARD	74	87	88	70	83
CWM TAF MORGANNWG UHB	92	93	98	98	98
DIGITAL HEALTH AND CARE WALES (DHCW)	29	100	100	100	100
HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)	100	100	100	100	100
HYWEL DDA UNIVERSITY HEALTH BOARD	86	88	67	90	99
NHS WALES SHARED SERVICES PARTNERSHIP	100	100	100	100	100
POWYS TEACHING LHB	69	82	74	78	85
PUBLIC HEALTH WALES (PHW)	100	100	100	100	100
SWANSEA BAY UNIVERSITY HEALTH BOARD	73	75	78	73	87
VELINDRE UNIVERSITY NHS TRUST	45	98	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	79	94	95	69	99

Appendix 2 Backlog Maintenance

Table 3 All Wales Backlog Maintenance costs – 2023/24

Backlog Maintenance Costs	High Risks (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	52,102,285	51,059,640	62,619,550	64,976,498	205,992,186
BETSI CADWALADR UNIVERSITY HEALTH BOARD	98,681,338	155,587,061	75,257,833	49,812,937	260,273,459
CARDIFF & VALE UNIVERSITY HEALTH BOARD	34,630,801	86,773,066	35,030,808	16,064,393	109,098,019
CWM TAF MORGANNWG UHB	**38,465,474**	**45,065,438**	**22,604,330**	**2,351,162**	**84,412,685**
HYWEL DDA UNIVERSITY HEALTH BOARD	42,365,203	164,587,388	29,084,080	19,506,373	207,266,422
POWYS TEACHING LHB	5,594,561	27,219,296	14,463,280	12,828,223	33,982,241
SWANSEA BAY UNIVERSITY HEALTH BOARD	10,345,170	58,231,888	40,978,942	1,665,699	69,818,345
VELINDRE UNIVERSITY NHS TRUST	1,670,000	4,497,658	4,989,931	37,288	2,224,000
WELSH AMBULANCE SERVICES NHS TRUST	246,810	2,919,130	3,853,246	2,737,305	3,782,840

The complete dataset upon which this report is based is accessible from the NHS Wales Shared Services Partnership - Specialist Estates Services intranet and internet sites

Table 4 All Wales Backlog Maintenance costs – 2024/25

Backlog Maintenance Costs	High Risks (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	88,433,316	13,003,952	68,881,505	73,274,149	232,969,219
BETSI CADWALADR UNIVERSITY HEALTH BOARD	109,157,024	160,202,707	77,894,559	51,550,111	277,989,371
CARDIFF & VALE UNIVERSITY HEALTH BOARD	41,757,389	88,775,279	37,000,994	8,684,245	111,491,073
CWM TAF MORGANNWG UHB	**31,278,137**	**43,950,743**	**17,197,797**	**2,418,725**	**75,945,063**
DIGITAL HEALTH AND CARE WALES (DHCW)	0	0	0	0	0
HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)	0	0	10,269	0	0
HYWEL DDA UNIVERSITY HEALTH BOARD	35,915,184	182,580,349	27,806,452	18,665,379	220,998,806
NHS WALES SHARED SERVICES PARTNERSHIP	4,800,000	638,500	205,000	92,000	5,453,350
POWYS TEACHING LHB	5,846,317	28,444,164	14,989,051	13,405,522	35,501,441
PUBLIC HEALTH WALES (PHW)	0	0	0	0	0
SWANSEA BAY UNIVERSITY HEALTH BOARD	10,345,170	64,061,294	51,726,220	13,621,926	76,153,638
VELINDRE UNIVERSITY NHS TRUST	1,703,400	4,587,610	5,089,729	38,033	2,268,480

WELSH AMBULANCE SERVICES NHS TRUST	147,275	1,741,759	3,002,534	2,127,184	2,250,302

The complete dataset upon which this report is based is accessible from the NHS Wales Shared Services Partnership - Specialist Estates Services intranet and internet sites

Table 5 Movement in risk adjusted backlog costs for CTMUHB

	HIGH RISK £	SIGNIFICANT RISK £	MODERATE RISK £	LOW RISK £	RISK ADJUSTED £
2023/24	38,465	45,065	22,604	2,351	**84,412**
2024/25	31,278	43,950	17,197	2,418	**75,945**
IMPROVEMENT	7,193	1,115	5,407	67	**8,467**

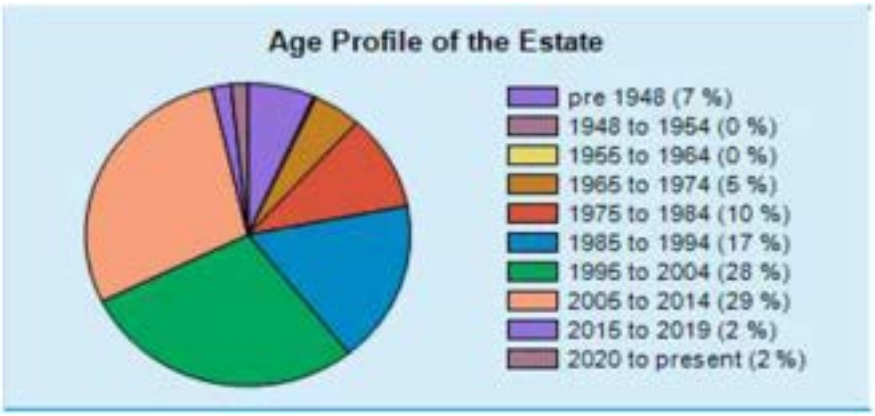
Table 6 Breakdown of CTMUHB Backlog costs by site/risk rating 2024-25

Site Name	High Risk (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ABERDARE HEALTH CENTRE	16,184	1,897	176	0	18,085
AGGREGATED SITE	34,155	53,310	67,269	10,176	89,803
ARC DAY SERVICES	764	6,662	146	0	7,429
CARNEGIE CLINIC	1,067	2,199	101,965	0	7,543
CEFYN YR AFON 71 QUARELLA ROAD	1,013	2,088	194	0	3,107
CENTRAL PROCESSING UNIT	1,149	2,367	20,572	0	4,892
CENTRAL STORES (POW)	0	0	0	0	0
CWM GWYRDD MEDICAL CENTRE	0	0	1,018	0	10
DEWI SANT HEALTH PARK	397,575	24,942	1,898	30,528	423,612
EAST GLAMORGAN LAUNDRY AND BOILER HOUSE	223,845	876,808	784,443	76,320	1,137,714
EAST GLAMORGAN UNIT COMMUNITY OFFICES	0	0	0	0	0
FERNDALE MEDICAL CENTRE	0	13,331	16,587	16,078	13,739
GLANRHYD HOSPITAL	3,424,027	2,342,555	104,406	7,123	5,771,110
HIRWAUN PRIMARY RESOURCE CENTRE	0	1,018	0	0	1,018
KEIR HARDIE HEALTH PARK	318,325	83,437	22,536	76,320	404,184
MAESTEG HOSPITAL	258,663	469,542	5,382,259	10,176	979,223
MARITIME MENTAL HEALTH UNIT	571	1,176	109	0	1,749
NCCU (CHARNWOOD)	0	0	0	0	0
NIAW PENCOED	2,485	6,540	295,501	0	17,079

NORTH ROAD STORES	654	1,349	125	0	2,028
OLD TRUST HQ, 71 QUARELLA ROAD	7,951	53,217	171,506	33,936	67,605
PENCOED PRIMARY CARE CENTRE	1,686	9,981	10,420	0	11,899
PINEWOOD HOUSE	1,613	147,207	269,894	117,024	159,928
PONTYPRIDD COTTAGE HOSPITAL	308,825	158,296	526	223,872	475,226
PONTYPRIDD HEALTH CENTRE	1,590	3,277	305	0	4,884
PORTH DENTAL TEACHING UNIT, LEITH HOUSE	825	4,538	0	0	5,363
PORTHCAWL PRIMARY CARE CENTRE	0	0	0	0	0
PRINCE CHARLES HOSPITAL	4,695,484	828,671	429,027	190,843	5,544,082
PRINCESS OF WALES HOSPITAL	20,314,853	12,412,706	2,714,802	122,112	32,832,284
ROYAL GLAMORGAN HOSPITAL	324,820	23,703,614	5,403,678	1,198,733	24,233,362
SMTL - POW	601	1,239	115	0	0
SNOWDROP BREAST CENTRE, UNIT 4 GWAUN ELAI	1,355	4,211	181	0	5,571
THE HUB, UNIT 2 GWAUN ELAI	1,171	24,183	145	0	25,358
THE HUMMINGBIRD, UNIT 3 GWAUN ELAI	1,170	3,829	145	0	5,003
TONTEG CENTRE	1,775	135,945	51,220	0	139,846
TONYPANDY HEALTH CENTRE	787	1,621	151	0	2,412
TREALAW MENTAL HEALTH UNIT	1,125	3,738	137	0	4,867
TREHARRIS PRIMARY CARE CENTRE	0	0	0	204	2
TY CALON LAN	0	0	0	0	0
WHSCC (UNIT G1, MAIN AVENUE, TREFOREST)	413	2,269	0	0	2,682
WILLAMSTOWN MEDICAL RECORDS	4,987	10,277	956	25,440	16,171
YNYSHIR MEDICAL CENTRE	0	1,018	4,070	5,088	1,247
YNYSMEURIG HOUSE	1,837	5,205	273	0	7,051
YSBYTY CWM CYNON	414,086	696,059	115,817	213,696	1,117,461
YSBYTY CWM RHONDDA	403,831	1,223,183	669,498	61,056	1,644,957
YSBYTY GEORGE THOMAS	106,875	627,238	555,727	0	755,477
Health Board Total	**31,278,137**	**43,950,743**	**17,197,797**	**2,418,725**	**75,945,063**

Appendix 3 Estate Profile

Table 7: Estate Age Profile



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Appendix 4 Energy Consumption

Table 8 - Energy consumption and CO2 emission trends

YEAR	Energy consumption (kWh/m²)	CO2 (Kg/m²) emissions
2021-2022	407	84
2022-2023	400	82
2023-2024	385	80
2024-2025	400	82

Appendix 5 All Wales Benchmarks 2024/25

The most recently published All Wales Dashboards are for 2024 / 2025

Table 9

2023-24

Energy Performance and Carbon Dioxide (CO_2) Emissions

	Net Energy Consumption (kWh/m²)	CO_2 Emissions* (kg/m²)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	332	68
BETSI CADWALADR UNIVERSITY HEALTH BOARD	388	79
CARDIFF & VALE UNIVERSITY HEALTH BOARD	334	79
CWM TAF MORGANNWG UHB	385	80
HYWEL DDA UNIVERSITY HEALTH BOARD	421	95
POWYS TEACHING LHB	369	76
SWANSEA BAY UNIVERSITY HEALTH BOARD	409	82
VELINDRE UNIVERSITY NHS TRUST	337	76
WELSH AMBULANCE SERVICES NHS TRUST	127	28

2024-25

Energy Performance and Carbon Dioxide (CO_2) Emissions

	Net Energy Consumption (kWh/m²)	CO_2 Emissions* (kg/m²)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	326	67
BETSI CADWALADR UNIVERSITY HEALTH BOARD	384	81
CARDIFF & VALE UNIVERSITY HEALTH BOARD	328	78
CWM TAF MORGANNWG UHB	400	82
DIGITAL HEALTH AND CARE WALES (DHCW)	120	29
HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)	213	46
HYWEL DDA UNIVERSITY HEALTH BOARD	474	98
NHS WALES SHARED SERVICES PARTNERSHIP	75	15
POWYS TEACHING LHB	346	69
PUBLIC HEALTH WALES (PHW)	105	24
SWANSEA BAY UNIVERSITY HEALTH BOARD	396	79
VELINDRE UNIVERSITY NHS TRUST	349	78
WELSH AMBULANCE SERVICES NHS TRUST	139	30

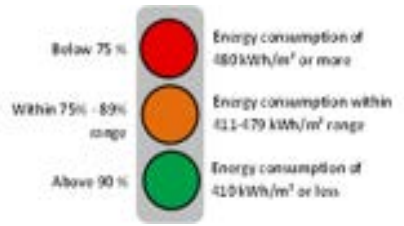


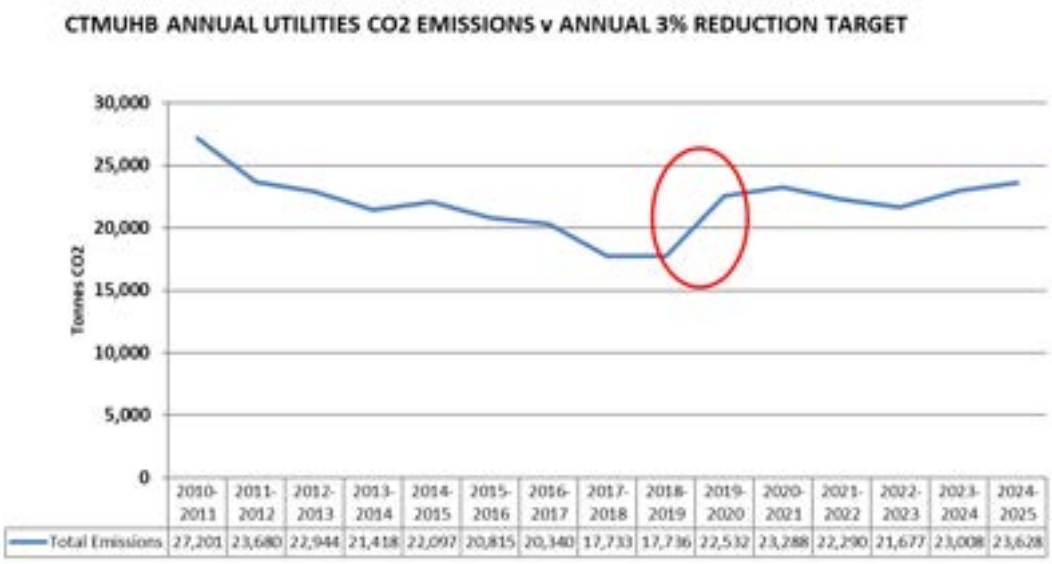
Table 10 – Energy consumption/CO2 Emissions by CTMUHB site 2024-25

Site Name	Net Energy Consumption (kWh/m²)	CO_2 Emissions *(kg/m²)
ABERDARE HEALTH CENTRE	197	39
AGGREGATED SITE	138	27
ARC DAY SERVICES	154	31
CARNEGIE CLINIC	253	49
CEFYN YR AFON 71 QUARELLA ROAD	217	43
CENTRAL PROCESSING UNIT	1,109	251
CENTRAL STORES (POW)	127	28
CWM GWYRDD MEDICAL CENTRE	119	24
DEWI SANT HEALTH PARK	205	40
EAST GLAMORGAN LAUNDRY AND BOILER HOUSE	4,670	875
EAST GLAMORGAN UNIT COMMUNITY OFFICES		0
FERNDALE MEDICAL CENTRE	218	43
GLANRHYD HOSPITAL	314	62
HIRWAUN PRIMARY RESOURCE CENTRE	125	26
KEIR HARDIE HEALTH PARK	143	29
MAESTEG HOSPITAL	363	70
MARITIME MENTAL HEALTH UNIT	213	43
NCCU (CHARNWOOD)	118	24
NIAW PENCOED	189	43
NORTH ROAD STORES	6	1
OLD TRUST HQ, 71 QUARELLA ROAD	109	21
PENCOED PRIMARY CARE CENTRE	128	27
PINEWOOD HOUSE	209	44
PONTYPRIDD COTTAGE HOSPITAL	205	40
PONTYPRIDD HEALTH CENTRE	39	8
PORTH DENTAL TEACHING UNIT, LEITH HOUSE	164	37
PORTHCAWL PRIMARY CARE CENTRE	132	27
PRINCE CHARLES HOSPITAL	466	102
PRINCESS OF WALES HOSPITAL	406	83
ROYAL GLAMORGAN HOSPITAL	497	103
SMTL - POW	265	57
SNOWDROP BREAST CENTRE, UNIT 4 GWAUN ELAI	191	40
THE HUB, UNIT 2 GWAUN ELAI	149	31
THE HUMMINGBIRD, UNIT 3 GWAUN ELAI	199	41
TONTEG CENTRE	252	49
TONYPANDY HEALTH CENTRE	209	45
TREALAW MENTAL HEALTH UNIT	178	35
TREHARRIS PRIMARY CARE CENTRE	240	48
TY CALON LAN	112	22
WHSCC (UNIT G1, MAIN AVENUE, TREFOREST)	101	24
WILLAMSTOWN MEDICAL RECORDS	152	30
YNYSHIR MEDICAL CENTRE	183	37
YNYSMEURIG HOUSE	120	25
YSBYTY CWM CYNON	258	52

YSBYTY CWM RHONDDA	290	43
YSBYTY GEORGE THOMAS	327	65
Health Board Average	**400**	**82**

Appendix 6 Carbon Reduction and Energy Management

Table 11



(Note – the step increase in 2019 represents the addition of Bridgend area estate into the previous Cwm Taf estate)

Agenda Item	8.1.1

Unapproved Minutes of the Operational Delivery Committee

Date and Time of Meeting	Thursday 22nd January 2026 10:00 am – 1.00 pm
Venue	Virtual via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member/ Chair of Committee
	Patsy Roseblade	Independent Member
	Hayley Proctor	Independent Member
	Dilys Jouvenat	Independent Member
	Neil Mesher	Independent Member
	Kathy Mason	Independent Member - Digital
In Attendance	Gethin Hughes	Chief Operating Officer (in part)
	Sally May	Executive Director of Finance (in part)
	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
	Hannah Williams	Assistant Director of Leadership & Culture (in part)
	Andrew Jones	Assistant Director of Finance
	Stephen Gardiner	Facilities Service Director
	Becky Gammon	Interim Deputy Director of Nursing
	Gareth Watts	Executive Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager
Observing	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**
	• Gethin Hughes, Chief Operating Officer would be joint the meeting at 12.15 pm • Richard Hughes, Executive Director of Nursing & Midwifery (Interim) – (R. Gammon Deputising) • Dom Hurford, Medical Director
1.3	**Declarations of Interest**
	N. Mesher declared an interest in Agenda Item 6.1 Digital and Data Highlight Report as an advisor for Ibex that related to Pathology referenced in the report.
2.	**CONSENT AGENDA BUSINESS**
2.1	R. Rowlands reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 10) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none.
3.	**MATTERS ARISING**
3.1	**Action Log**
	The Action log was received with the following key matters discussed: • The Committee discussed the two late updates to the Action Log. Members expressed that they would prefer not to receive late updates prior to the meeting and that in future, any amendments or late updates must be clearly highlighted. G Watts assured the Committee that at the Board Development Day in February the principles and expectations for providing papers in a timely manner will be reinforced. • A further action relating to the Children and Families Care Group IMTP in year performance was discussed in relation to receiving a detailed briefing on special school nursing outside of the meeting. K. Davies agreed to seek clarification on whether approval to share the report was required from this Committee or elsewhere such as Strategic Development Committee.
Resolution:	The Action Log was **NOTED.**
Action:	Papers to be received in a timely manner or changes will need to be captured in the meeting or deferred.
Action:	To seek clarification on the sharing of the detailed briefing on special school nursing outside of the meeting
3.2	**Matters Arising Not Captured on the Action Log**
	None identified

3.3	**Forward Work Plan**
	G Watts presented the report for Members to **NOTE.**
Resolution:	The Forward Work Plan was **NOTED**
Action:	None identified
4.	**RISK MANAGEMENT**
4.1	**Organisational Risk Register**
	G Watts provided an update to the Committee and highlighted the following: • One new risk regarding GP shortages for urgent primary care. • Positive reductions in two previously escalated risk scores (recruitment of estates staff; paediatric dentistry) • The financial break-even risk had now been closed following Welsh Government funding context. Emerging risks were discussed. Members sought clearer linkage between emerging risks, performance data, and likely impacts ("the 'so what'"). G. Watts agreed to strengthen this alignment in future reports.
Resolution:	The register was **NOTED**
Action:	To strengthen the alignment between emerging links, performance data and likely impacts for future reports.
5.	**PEOPLE ACTIVITY**
5.1	**People Plan 2025-2028 Great Management and Leadership** H. Williams provided a presentation on Great Management and Leadership. The presentation focussed on one of the four core pillars of the CTM People's Plan – great management and leadership. H. Williams advised that the approach was structured into three tiers to support managers: • Ignite – new managers to include CTM values and behaviours, navigating organisational structures, understanding systems such as ESR, and building early peer networks. • Aspire - managers already in role who require further development or progression into more senior roles • Inspire - strengthen leadership across care group leadership teams and embed a "One CTM" approach Early evaluation shows improved cross-group relationships, shared learning, and greater confidence in handling difficult conversations. Feedback received reflected that managers value: • Space to connect and share challenges • Increased confidence in navigating difficult interpersonal and performance issues. • Stronger inter-team relationships, improving service delivery and reducing silo working. • Coaching has helped leaders understand pressures, reduce isolation, and focus on managing resources effectively.

	C. Thompson emphasised the need for clear measures of impact, not only on individual leaders but also on teams, culture and performance metrics. C. Thompson added that CTM must be explicit about what outcomes to expect and how those outcomes would be measured. K Mason queried the absence of digital/data capability in "Ignite". H Williams confirmed that it had not been included however, all areas will be incorporated as the programme expands over the next 12 months. K. Mason highlighted the need for leaders to build relationships beyond CTM, including regionally and nationally and with external partners relevant to their roles. H Williams described ongoing network analysis work showing internal/external connectivity gaps; this will feed into coaching and future design. H Proctor raised concerns about confusion between CTM's Ignite offer and the national Health Education and Improve Wales (HEIW) Ignite modules on the Learning Hub. H Williams agreed to explore clearer branding and communication to avoid duplication or misunderstanding. C Thompson and the Chair, stressed the importance of demonstrating: • measurable cultural shifts. • improved team outcomes. • stronger performance and delivery. • clear links to workforce metrics and the wider People Plan. H Williams agreed that future reports will bring a stronger emphasis on outcomes and evidence, not only activity.
Resolution:	The Presentation was **NOTED.**
Action:	None identified
6.	**DIGITAL AND DATA ACTIVITY**
6.1	**Digital and Data Highlight Report** S Morris presented the report and highlighted the following key matters: Extensive programme of digital deployments nearing completion in Q4, including: • Radiology go-live planned for March (minor risk emerging). • Pathology Laboratory Information Management System (LIMS) deployment delayed to August 2026, creating significant unfunded cost pressures nationally. • Electronic Prescribing and Medicines Administration (ePMA) deployment at Princess of Wales Hospital delayed before Christmas but should be reached by February. • Maternity and OpenEyes systems due to go live in March. • Additional £5m capital secured for infrastructure. Mandatory digital/IG training reached 85.7%, noted as best in Wales which

	Members congratulated the team on the speed and pace of digital improvements and suggested that the compliance rate should be positively escalated via CTM Communications. S. Morris highlighted areas for Concerns: • Need for better clarity on national LIMS funding for 2026 -2027 • WPAS costs • Gateway reports • The need for a consistent approach and guidance for the use of AI.
Resolution:	The report was **DISCUSSED** and **NOTED**
Action:	To escalate the huge amount of work undertaken and compliance rates via CTM communication channels.
7	**FINANCIAL MANAGEMENT / PERFORMANCE**
7.1	**Month 9 Finance Report** A Jones presented a consolidated overview of all of the financial reports and provided the following overview: • CTM remains on course to deliver break-even, aided by WG risk support. • Delegated budgets continue to deteriorate and pose a material underlying risk. • Capital delivery is progressing well despite tight deadlines. • The financial outlook for 2026/27 is significantly more constrained, requiring strengthened cost control, delivery of sustainable savings, and tighter operational-financial alignment. P Roseblade asked if there were sufficient reserves to break even. A Jones confirmed that reserves and mitigations were adequate. P Roseblade raised whether we should already be providing for the known LIMS costs expected in 2026 /2027. A Jones confirmed that because the cost is in the future financial year, there is no provision required this year. He highlighted that the issue is an all-Wales risk and currently unresolved with Welsh Government. P Roseblade queried if all additional RTT activity was already included and fully funded in the break-even plan. A. Jones confirmed that this was the case and that the break-even forecast assumes delivery of current RTT levels with no additional unfunded exposure indicated. P Roseblade raised concerns about why the delegated position had deteriorated so sharply in Month 9. A Jones explained that the main drivers were Mental Health CHC placements (which is a significant and worsening issue, seen nationally), the prescribing pressures (which is a timing/profiling issue which is expected to correct), pay variances and operating growth in some care groups. P Roseblade questioned why it appeared that savings delivery was not improving the underlying position. A Jones outlined that there is a delegated savings shortfall of £7.3m, and operating variances of £7.1m. The effect of which is that

	savings are "cancelled out" by new unfunded cost growth which indicates underlying structural issues and the need for firmer cost control. P Roseblade asked whether capital allocations received late in the year pose a delivery risk. A Jones confirmed that timelines are extremely tight as the capital team is under pressure due to the need to incur spend by 31 March, but the current assessment is that all schemes remain deliverable. P Roseblade highlighted to the Committee that CTM had received £40m recurrent funding for achieving break even in 2024 /2025. C Thompson asked how we prevent financial drift in 2026/27, given the limited growth and no room for discretionary investment. A Jones confirmed 2026/27 will be extremely challenging with only 1.11% uplift and the planning approach must align with the financial, workforce and operational expectations. He outlined that it is important that we avoid an in-year drift, which is essential because the levers used to balance 2025/26 (slippage, accounting gains) will not be available next year.
Resolution:	The report was **DISCUSSED** and **NOTED**
Action:	None identified
7.2	**Month 9 Finance Performance Report** A Jones presented the report. A Jones presented a consolidated overview of all of the financial reports under agenda item 7.1
Resolution:	The report was **DISCUSSED** and **NOTED**
Action:	None identified
7.3	**Capital Delivery Programme Monitoring Report** A Jones presented the report. P Roseblade queried whether the Health Board would be allowed to retain capital receipts from the planned estates disposal of Pontypridd Cottage Hospital and Bryncethin Clinic, noting that the latter is required for the acquisition of the land for the Bridgend Health and Wellbeing Centre. She sought assurances that the any disposal proceeds could be kept locally and the receipts could be used to support the capital programme rather than being returned to Welsh Government. In response, A Jones confirmed that requests had been made to Welsh Government to retain disposal receipts, particularly to help manage inflationary pressures and capital contingencies.
Resolution:	The report was **DISCUSSED** and **NOTED**
Action:	None identified
8.	**PLANNING FRAMEWORK**
8.1	**Integrated Medium Term Plan 2025-2025 - Quarter Three Review**
	C Thompson presented the report and outlined the key matters.

	• Cancer performance achieving the 63% de-escalation threshold for the first time • Ongoing reductions in 104-week waits and diagnostic waits, and • CTM's status as the best-performing Health Board in Wales for the diabetes 8 care processes. • Launch of the new Integrated Women's Health Hub at Ysbyty Cwm Cynon – the new model was innovative, phased, and being closely evaluated. An external visit was anticipated by Muriel by the end of February and a Board Briefing would be prepared ahead of this.
Resolution:	The report was **NOTED.**
Action:	C Thompson will bring a Board briefing ahead of the external visit by Muriel to the Integrated Women's Health Hub
8.2	**Forest View Medical Centre - Application to close branch surgery located in Treorchy** G Hughes presented the report. G Hughes advised that the proposal for closure had been widely supported following the positive engagement with local communities and politicians along. It was confirmed that clinical services would be fully maintained at the main practice site.
Resolution:	The report was **ENDORSED** for **BOARD APPROVAL**
Action	None identified
9.	**INTERGRATED PERFORMANCE MANAGEMENT**
9.1	**Integrated Performance Dashboard** C Thompson presented the Performance Dashboard report and highlighted the following key matters: • Referral To Treatment (RTT) numbers continuing to reduce but are on track for zero by March. • Diagnostics were on track to reach zero by March. • Cancer performance was over the 63% (de-escalation threshold) but performance had dipped slightly due to pathology delays, particularly for Swansea Bay patients. • Ambulance handover improvement offset by deterioration in-hospital 12-hour emergency department waits.
Resolution:	The report was **NOTED**
Action:	None identified
9.1.1	**Workforce Metrics Report** N Price presented the report and highlighted the following matters: • Workforce growth of 3% year on year. • Turnover reduced to 8.45%. • PDR compliance at 72% (significant improvement). • Statutory/Mandatory training improving. • Sickness absence above 8%, with rolling trend worsening year-on-year but consistent across the board / organisations • There is reduced capacity in critical services (notably nursing, additional clinical services and estates/ancillary)

	K. Mason referred to the gender pay gap which was high and suggested benchmarking against other organisations as a comparison. P. Roseblade referred to the sickness absence and queried what staff groups were included as some of them were quite high in comparison to others. N. Price confirmed that it was Healthcare Support Workers, a group that does have high levels of sickness which is around 11% and estates and domiciliary which was at 10%.
Resolution:	The report was **NOTED**.
Action:	None identified
9.2	**Facilities Performance Report** S Gardiner presented the report and highlighted the following key areas: Improvements: • Significant increase in statutory/mandatory training compliance despite limited IT access. • Strong improvement in PDR rates and recruitment. • Better staff survey response rates. S. Gardiner advised that there had been a delay in receiving the most current data from NHS Wales Shared Services Partnership, so the data was not as accurate as it had been hoped. However, he advised that a more accurate breakdown would be provided for the next meeting
Resolution:	The report was **NOTED**
Action:	To provide a more up to date accurate data for the next report.
9.3	**Community Response Times Analysis** G. Hughes presented the report that examined whether Cwm Taf Morgannwg's (CTM) significant improvements in ambulance handover delays had led to improved community response times, particularly for urgent calls. G Hughes advised that conveyance levels remain high compared to other Health Boards, meaning more patients are still being taken to hospital rather than treated in community settings. Improvements have been more noticeable in green call categories, but limited in Amber 1 & Amber 2, where clinical risk is higher. The new NHS Wales Ambulance Service Trust (WAST) categorisation (Purple/Red/Amber/Yellow) has made direct comparison more difficult. A number of community cases are now being managed remotely by WAST clinical desks. P. Roseblade queried why CTM did not have access to the WAST "stack" of patients waiting within the community which limits CTM's ability to provide proper assurance. P. Roseblade advised that Health Boards previously had fuller access and asked for clarity on why this has changed. In response, G. Hughes advised that CTM could only see numbers and longest waits but no patient detail.

	G. Hughes added that WAST has begun to hold some patients at home under remote monitoring, making visibility even more challenging. C. Thompson emphasised that CTM should clarify what level of improvement should be expected given CTM's handover gains. The Committee agreed that more transparent data sharing should be received from WAST and that the issues in relation to the NHS Wales Joint Commissioning Committee (JCC) around data and performance management may need to be escalated.
Resolution:	The report was **NOTED**
Action:	To consider how to escalate ongoing JCC data issues to the Board for transparency.
10.	**CONSENT AGENDA**
10.1	**Items for Approval**
10.1.1	Unconfirmed Minutes of the Meeting held on 28 October 2025 were **APPROVED.**
10.1.2	Unconfirmed Minutes of the In-Committee Meeting held on 28 October 2025 were **APPROVED.**
10.1.3	Unconfirmed EO In Committee Minutes of the Meeting held on 20 November 2025 were **APPROVED.**
10.1.4	Unconfirmed EO In Committee Minutes of the Meeting held on 11 December 2025 were **APPROVED**
10.1.5	Committee Annual Cycle of Business 2026 – **this item has been deferred** to the next meeting due to the forthcoming discussions at the February Board Development Session.
10.1.6	Carer's Leave Policy & Parental Leave Policy was **APPROVED.**
10.1.7	All Wales Flexible Working Policy and All Wales Reserve Forces training & Mobilisation Policy was **APPROVED**
10.1.8	Bilingual Organisation: Using Welsh at Work policy was **APPROVED.**
10.2	**Items for Noting**
10.2.1	The Month 7,8 & 9 Monitoring Returns to Welsh Government were **NOTED.**
10.2.2	The Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report was **NOTED.**
11.	**OTHER MATTERS / CLOSE OUT BUSINESS**
11.1	**Any Other Urgent Business**
	R. Rowlands advised the Committee that several All-Wales Policies, specifically the Disciplinary and Improving Capability Policies have been approved nationally via the Welsh Partnership Forum but have not yet been formally released to Health Board. The policies must be implemented by the 1 April 2026, and therefore, due to the Committee not meeting until the end of April, the Committee would have to approve the policies outside of the meeting via Chair's urgent Action and then ratified at the next meeting.
11.2	**Committee Highlight Report to Board** The following items were suggested by G. Watts for inclusion within the Highlight Report:

	• The volume of digital and data activity which would cause capacity pressures across the organisation. • Financial position and key funding updates • Endorsement of the closure of the Treorchy Branch of Forest View Medical Centre • Ongoing issues in relation to JCC/WAST data access to be escalated.
11.3	**Meeting Feedback**
	The Chair invited members to provide feedback in the meeting or outside if that was preferable. P. Roseblade commented that the agenda felt more manageable than previous ones and that every item on the agenda had good coverage and struck the right balance. N. Mesher and K. Mason praised the improved structure of papers, especially in relation to clearer highlights and summaries. N. Mesher also added that the Chair had kept to good time.
12.	**CLOSED/IN COMMITTEE SESSION**
	The Chair advised that the following items would be discussed at the Private (CLOSED) In Committee: • Organisational Risk Register - Business Sensitive Risks • Cyber Security
13.	**CLOSE OF MEETING**
13.1	**Date and Time of Next Meeting**
	Wednesday 30th April 2026 at 13.00 pm – 15.30 pm

5.	**OTHER MATTERS**
11.1	**Any Other Urgent Business**
11.2	**Committee Highlight Report to Board** The Committee Chair noted that the Director of Governance & Risk had helpfully identified some potential areas for inclusion within the Committee Highlight Report which would be circulated for further consideration outside the meeting in readiness for submission to Board. GW I will update and circulate the highlight report asap noting nothing to escalate to Board at this point.
11.3	**Meeting Feedback** The Chair invited members to provide feedback in the meeting or outside if that was preferable.
6.	**PRIVATE CLOSED IN COMMITTEE**
	The Chair advised that the following items would be discussed at the Private (CLOSED) In Committee: • Organisational Risk Register – Business Sensitive Risks • Cyber Security Risks / Critical Incidents • Capital Delivery Monitoring Report •
7.	**CLOSE OF MEETING/DATE AND TIME OF NEXT MEETING**
	30 April 2026 at 1:00 pm

Agenda Item	8.1.2

Unapproved Minutes of the In Committee Operational Delivery Committee

Date and Time of Meeting	Thursday 22nd January 2026 at 1pm
Venue	Virtually via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member (Committee Chair)
	Patsy Roseblade	Independent Member
	Dilys Jouvenat	Independent Member
	Neil Mesher	Independent Member
	Hayley Proctor	Independent Member
	Kathy Mason	Independent Member
In Attendance	Sally May	Executive Director of Finance
	Gethin Hughes	Chief Operating Officer
	Claire Thompson	Executive Director of Strategy & Transformation
	Hywel Daniel	Executive Director for People
	Stuart Morris	Director of Digital
	Rebecca Gammon	Interim Deputy Director of Nursing, Midwifery and Patient Care
	Hayleigh Jones	Deputy Director for People
	Kathrine Davies	Corporate Governance Manager (meeting secretariat)
	Gareth Watts	Director of Corporate Governance / Board Secretary
Observing	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.
1.2	**Apologies for Absence**
	Apologies for absence were received from: • Richard Hughes – Director of Nursing & Midwifery (interim) (R. Gammon Deputising) • Dom Hurford – Medical Director

1.3	**Declarations of Interest**
	There were no interests declared.
2.	**MAIN AGENDA**
2.1	**IMPROVING CARE**
2.1.1	**Organisational Risk Register – Business Sensitive Risks** Gareth Watts presented the report for the Committee to review and discuss the business sensitive risks on the organisational risk register and consider whether the assigned risks have been appropriately assessed.
Resolution:	The Committee: • **Reviewed** the risks escalated to the Organisational Risk Register at Appendix 1. • **Considered** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks
Action:	No action identified
2.1.2	**Cyber Resilience & Assurance Update** S. Morris presented the report that highlighted the progress made in taking forward the cyber improvement plan during the period since November 2025, the risks presenting from phishing identified by the exercises and to make the Board aware of the incidents the UHB has managed. S. Morris advised that there were 16 high or critical impact informatics incidents recorded in the last quarter. The past 2 months were higher than average, and as with previous spikes a number of these are attributable to Digital Health & Care Wales (DHCW) firewall and data centre changes. On this basis the recent notice from DHCW that they intend to re-platform the national Patient Administration System (PAS) to cloud, and that this will add more dependency on DHCW's cloud facing infrastructure, meant that the Health Board requires further requirements on their assurance checks with DHCW.
Resolution	The Committee **NOTED** the following: • Escalation to resolve SIEM log access with DHCW/Welsh Government and endorse CymruSOC procurement/onboarding once resolved. • CDR resilience approach and associated information governance / contractual enablers. • Implementation of the Supplier Management Policy with an annual assurance cycle for critical suppliers. • Requirement for targeted investment and accountability for endpoint compliance to close the remaining patching gap.
Action:	None identified.

3	**ANY OTHER BUSINESS**
3.1	There was no business to report.
4.	**DATE AND TIME OF NEXT IN COMMITTEE SESSION – Close of meeting**
4.1	The next In Committee meeting will be held in the 30th April 2026 at 3.30 pm

Agenda Item
8.1.3a

Operational Delivery Committee

Approval of Fixed-Term Contracts (FTC) Policy & Disclosure and Barring Service (DBS) Policy and Procedures

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Amadu Jalloh, People Policy and Compliance Lead
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Hayleigh Jones, Deputy Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
People Policy Review Group	28/01/2026	Endorsed
Staff consultation online	24/03/2026 - 06/04/2026	Incorporated
Operational Management Board	15/04/2026	Comments incorporated

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
DBS	Disclosure and Barring Service
FTC	Fixed Term Contract

1. Situation /Background

1.1 The purpose of this paper is to seek ODC approval for the publication of the revised Fixed Term Contract policy and revised DBS policy and procedure.

1.2 CTMUHB is committed to ensuring that individuals appointed on fixed-term contracts are treated no less favourably than those employed on permanent contracts.

1.3 Fixed-term contract arrangements play a vital role in enabling CTMUHB to respond effectively to fluctuating workforce demands. They provide essential flexibility to cover periods of employee absence, support seasonal roles and resource short-term projects, helping us maintain the delivery of high-quality services to our communities. However, FTCs carry legal risks if not used appropriately. This is particularly pertinent in light of changes within the upcoming Employment Rights Act.

1.4 The Fixed-Term Contracts Policy has been updated to place greater emphasis on the legal requirements governing contract duration, purpose and extensions, as well as the processes for managing internal candidates appointed on temporary secondment.

1.5 CTMUHB is equally dedicated to maintaining a robust, consistent and legally compliant framework for undertaking Disclosure and Barring Service (DBS) checks, in line with the requirements of the Rehabilitation of Offenders Act.

1.6 The DBS Policy and Procedures support managers by ensuring that, when recruiting to a role, an assessment is undertaken to determine whether a DBS check is required. This ensures that CTMUHB meets its legal responsibilities and contributes to the safe and effective delivery of services.

1.7 The DBS Policy and Procedures have been simplified and divided into shorter, topic-specific guides to make them easier to navigate and to help managers quickly find the information they need.

2. Specific Matters for Consideration

2.1 Engagement on these Policies have taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	07/04/2026
Formal Consultation	24 – 8/04/2026
Operational Management Board	15/04/2026

2.2 The policies have been reviewed and are consistent with the approach across NHS Wales and with both existing and upcoming legislation.

2.3 The revision process for these policies involved engagement with People Policy Review Group, and employees' feedback were fully incorporated. The updated policies align with our organisational values and behaviours, and with our People Plan priority of 'Getting the Basics Right' by simplifying the pertinent points.

2.4 In line with our corporate governance framework, Operational Delivery Committee is required to approve updated CTMUHB policies.

3. Key Risks / Matters for Escalation

3.1 Fixed-term contracts carry significant legal risks if misused, primarily arising from the requirement to treat employees equally to permanent staff. Key risks include unfair dismissal claims, potential for automatic conversation to permanent status after 4+ years of continuous service and potential discrimination or unfair treatment claims if benefits or renewals are handled poorly.

3.2 Non-renewal of a fixed term contract is legally considered a dismissal. If an employee has two years of continuous service (or 6 months as per upcoming legislation), they can claim unfair dismissal if a fair procedure was not followed. Furthermore, the introduction of the Employment Rights Act 2025 removes the previous cap on compensatory awards for unfair dismissal, significantly increasing potential liability for employers. If a fixed term contract ends due to redundancy, then the individual may be entitled to redundancy pay. It is therefore vital that managers comply with the legal requirements governing the appropriate use, extension and termination of these contracts.

3.3 DBS legislation establishes the framework for criminal record checks and defines the types of information that can be disclosed. Failure to carry out required DBS checks can result in legal penalties, reputational damage, risks to workplace safety, and significant financial liability.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /	Not Applicable
	If more than one applies please list below:

Link to CTMUHB Strategic Areas	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality: POSITIVE Outcome for Welsh Language: POSITIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Under the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002, employers	

	must be able to objectively justify any instance where a fixed-term employee is treated less favourably than a comparable permanent employee. Non-renewal of a fixed-term contract is legally considered a dismissal and therefore unfair dismissal claims are a consideration- the qualifying period for unfair dismissal claims is due to be amended to 6 months. Under the Rehabilitation of Offenders Act 1974 and its Exceptions Order, employers who fail to request the appropriate DBS check where required risk legal penalties, reputational damage, workplace safety concerns and potential financial liabilities.
Enw da / Reputational	Yes (Include further detail below)
	Failure to comply with Fixed-term Employees Regulations and DBS requirements could significantly damage the Health Board's reputation, potentially undermining our ability to attract high-calibre employees and maintain alignment with NHS Wales standards.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The Operational Delivery Committee is asked to:

- **APPROVE** the attached Fixed-Term Contracts Policy, and DBS Policy and Procedures.
- **ENDORSE** the removal and archiving of the current Fixed-Term Contracts Policy and DBS Checking Policy.

6. Next Steps

6.1 A full communications and engagement plan has been developed, including knowledge-share and awareness sessions for managers around the effective management of Fixed Term Contracts.

Fixed Term Contracts Policy

Document Type:	Policy
Indicate Clinical or Non-Clinical:	Non-Clinical
Document Reference:	People 26
Document Author (Title Only):	People Services Leader
Document Executive Director Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Date Equality and Welsh Language Impact Assessment Completed:	
Freedom of Information Act Status (For Policies Only)	Open
Approving Forum:	Operational Delivery Committee
Approval / Effective from Date:	
Review date due by:	
Document Version:	
Target Audience	All Staff

Disclaimers
CTMUHB Policies, Procedures and other Written Control Documents can only be considered valid and up to date if viewed on the SharePoint Pages, which is considered as the master library: LINK If the review date of a document is passed, please contact the author or CTM.QualityassuranceCompliance@wales.nhs.uk

Contents

1. Purpose

This policy ensures fixed-term contracts are used appropriately, managed effectively, and that fixed-term employees are treated no less favourably than permanent employees.

2. Scope of Policy

This policy applies to all fixed-term employees of CTMUHB, including medical and dental staff.

It excludes bank, agency, apprentice and trainee workers. Employees seconded into fixed-term posts remain subject to the Secondment Policy, except where a permanent employee is appointed to a fixed-term role without secondment support.

3. Definitions

- **Fixed-term contract:** Employment for a defined period or until completion of a task or project.
- **Substantive post:** An employee's permanent role regardless of any temporary roles or acting up arrangements they may undertake.
- **Redundancy:** Where work is no longer required due to cessation of need or funding.
- **Secondment:** Temporary placement with a return to a substantive role.
- **Redeployment:** Process of securing suitable alternative employment for those employees whose fixed-term contract is ending by reason of redundancy.
- **Suitable alternative employment:** Consideration of appropriate role, pay, location, hours, skills and registration in a redeployment situation.

4. Appropriate use of Fixed-Term Contracts

Fixed-term contracts should be used only where necessary, normally for **2 years or less**, and for valid business reasons, such as:

- To cover leave (e.g. long-term sickness absence, maternity leave, extended study leave, secondments, or career breaks);
- Seasonal or short-term demand;
- Non-recurrent funding;
- Short-term projects or research;
- To maintain services and reserve posts for permanent employees who may become displaced during organisational change;

They must **not** be used to assess an individual's suitability.

5. Advertising Fixed-Term Posts

Advertisements must clearly state:

- The reason for the fixed-term contract;
- Duration and end date;
- Whether the post may become permanent;
- The advertisement must include the following wording '*In the interests of supporting NHS employees to maintain continuous employment, anyone wishing to apply for the post who is already employed within NHS would be offered the appointment as a* ***secondment****. Therefore, please seek approval from your Line Manager to be released for a secondment, before applying*';
- Welsh language requirements, using the Decision Tree tool.

5.1 Appointment Documentation

Managers must ensure letters/contracts accurately reflect fixed-term details and liaise with NWSSP Recruitment to correct errors.

6. Roles and Responsibilities

Managers must:

- Contact People Services six months before the contract ends;
- Meet formally with employees no later than 13 weeks before contract end;
- Be aware of potential costs, such as redundancy payments;
- Support employees to seek permanent roles.

Employees must:

- Engage with redeployment, where eligible;
- Actively seek alternative employment.

7. Reviewing Fixed-Term Contracts

Managers must contact People Services at least six months before the contract ends to determine the appropriate next steps and notice period. Refer to Appendix 1.

A formal review meeting must take place between the manager and employee, no later than 13 weeks before expiry of the contract.

Following the meeting, the manager must send written confirmation of the outcome as below:

- Contract ends as planned (section 8)
- Contract is extended (section 9)
- Post becomes permanent (section 10).

8. Ending the Fixed-Term Contract

Employees must receive contractual or statutory notice, whichever is greater. Contracts may end due to:

- **Redundancy:** Where the post ends. Redeployment applies (up to 12 weeks). Employees with 2+ years' service may be entitled to redundancy pay in line with the NHS Terms and Conditions of Service and subject to approval from the Remuneration and Terms of Service Committee. An employee may lose their entitlement to a redundancy payment if they do not actively participate in the redeployment process, or they unreasonably reject an offer of suitable alternative employment.

- **Non-redundancy:** Where the post continues (e.g. temporary cover). Redeployment does not apply.

Managers must confirm decisions in writing within 7 days of the review meetingincluding appeal rights, and allow reasonable time off for interviews.

If an employee is displaced before their fixed-term end date, they must be offered suitable alternative work for the remainder of the contract, at their current pay band and in line with their skills and experience.

9. Extending Fixed-Term Contracts

Extensions require People Services advice and appropriate local funding approval. In most cases, the total contact duration should not exceed 2 years.

The manager is required to write to the employee to confirm the extension. For Medical and Dental employees, this process must be completed by the service manager, and a copy of the letter should be sent to the Medical Workforce Team.

Managers must avoid employees working past their contract expiry date without an official extension. If the employee continues to work there is a risk that it may be considered an open-ended contract i.e. there is no termination date, and the employee can expect to continue in the post.

10. Making the Post Permanent

Where permanency was specified at advert, the postholder may be made permanent provided they were originally appointed through a competitive process.

If permanency was not indicated, the role must be advertised through the standard recruitment process.

10.1 Successive Fixed-term Contracts

Employees with 4+ years continuous service may acquire permanent status unless continued fixed-term use can be objectively justified. Managers must consult People Services.

11. Permanent Employees in Fixed-Term Contract Posts

Where possible, secondment requests should be supported to enable development and career progression.

Sometimes, secondment requests cannot be approved due to business needs, such as critical service gaps. If an employee still wants to apply for a fixed-term post, they must speak to the recruiting manager, who will confirm whether or not they can accept an NHS employee on a fixed-term basis. Managers must consult People Services in this situation. In these cases, the employee's original post will not be held open and the individual will have no right to return to it once the fixed-term post ends.

12. Maternity, Adoption, Surrogacy and Shared Parental Leave

Fixed-term contracts will be extended where required to allow payment of maternity, adoption, surrogacy or shared parental pay, subject to eligibility such as contract is due to expire after the 11th week before the expected week of childbirth, or after the start of the week in which employee is notified that they are matched with a child for adoption, or the 15th week before the baby's due date if applying via a surrogacy arrangement.

Contracts must not end due to pregnancy or family leave, as this would constitute unfair dismissal.

If there is no right of return to be exercised because the fixed-term contract would have ended if pregnancy and childbirth / adoption / shared parental leave had not occurred or been taken, the repayment provisions will not apply. The manager is still required to adhere to the process set out in Section 8 above, to end the fixed term contract, to ensure the dismissal is fair, and the employee is provided with access to job vacancies, redeployment, and redundancy provisions where applicable.

13. Information, Instruction and Training

Managers must familiarise themselves with this policy. It is available on the People Policies SharePoint page.

14. Equality and Welsh Language Impact Assessment Outcome

No adverse equality or Welsh language impacts have been identified. The policy is available in Welsh for those employees who wish to access it in their first language.

15. Main Relevant Legislation

Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 and 2008.

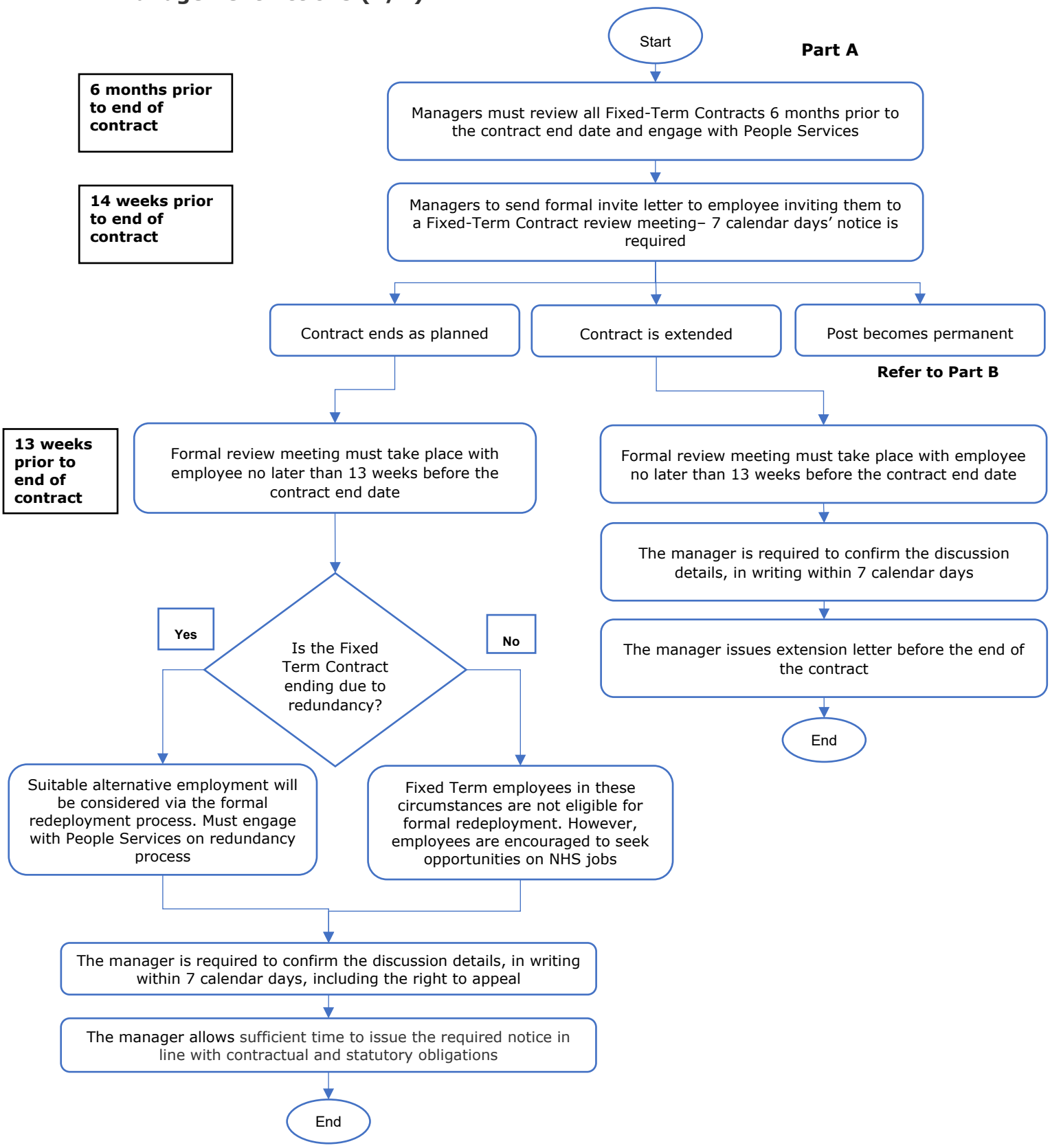
16. Getting Help

Should you have any queries or require advice or support in respect of a fixed-term contract matter, please contact the People Services Team, CTM.AccessPeopleServices@wales.nhs.uk

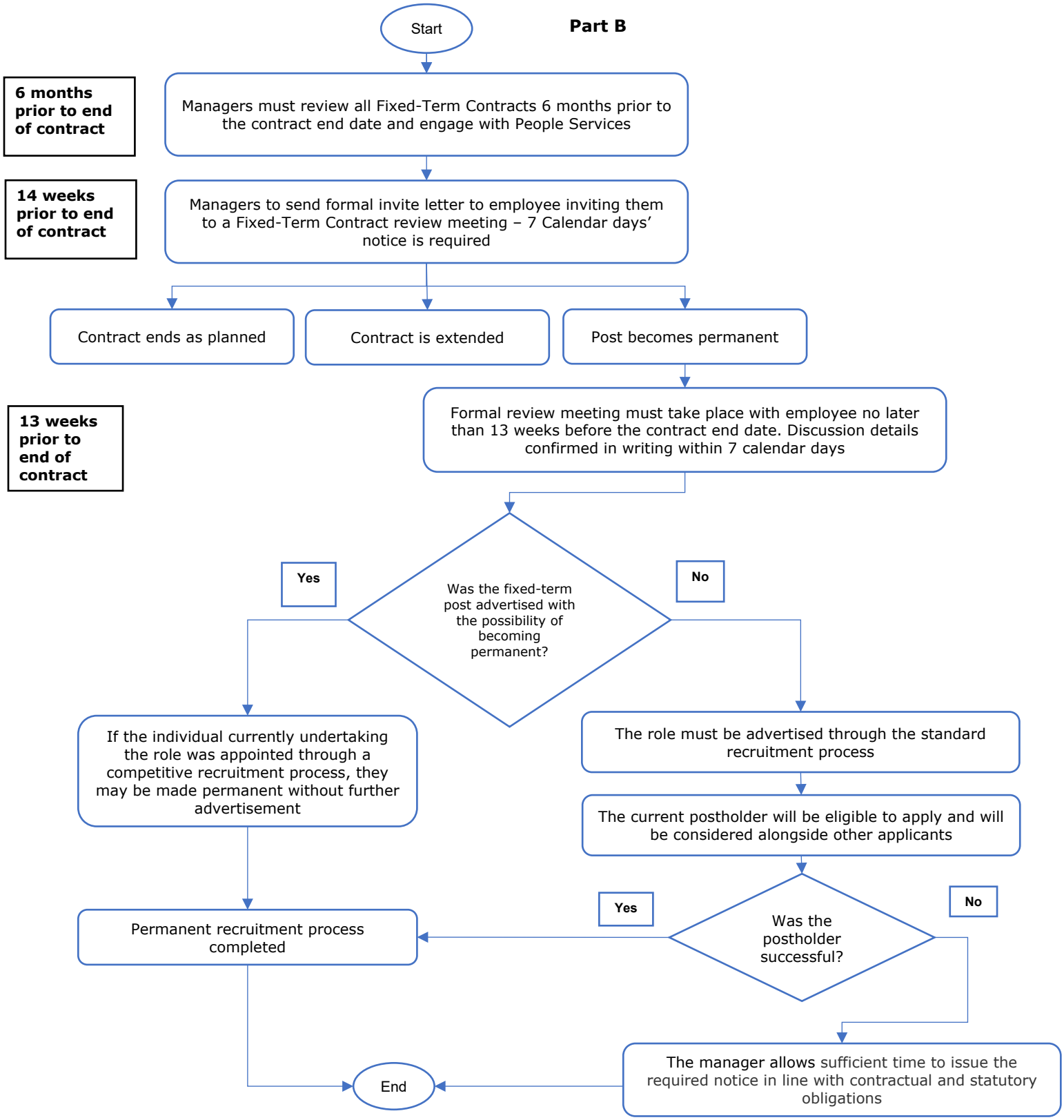
17. Related Policies

- Agenda for Change Terms and Conditions
- Medical and Dental Staff Handbook
- Family Leave Policies
- All Wales Secondment Policy

Appendix 1 – Flow Chart Reviewing of a Fixed-Term Contract Management Actions (1/2)



Appendix 1 – Flow Chart Ending of a Fixed-Term Contract Management Actions (2/2)



Disclosure Barring Service (DBS) Policy

Document Type:	Policy
Indicate Clinical or Non-Clinical:	Non-Clinical
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Target Audience	All Staff

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Contents

1. Purpose

The purpose of this policy is to set out a robust, consistent, transparent and legally compliant framework for undertaking Disclosure and Barring Service (DBS) checks in Cwm Taf Morgannwg University Health Board (CTMUHB) , both for newly appointed employees/ workers and existing employees/ workers whose role has changed.

2. Scope

This DBS policy applies to all employees and workers whose role requires them to have a DBS Disclosure Certificate. For the purposes of this policy, this includes permanent, temporary, fixed term employees, bank and agency workers as well as honorary contracts holders, secondees, work experience students, supported internships and volunteers.

3. DBS Check

CTMUHB has a legal responsibility to ensure that, when a role is being appointed to, an assessment is undertaken to determine whether a DBS check is required. This can be achieved by the following:

- identify the need and types of DBS check required as per **DBS Checks Procedure**;
- set out the DBS checking as per **DBS Eligibility Checklist**;
- refer someone to the DBS as per **DBS Referral Procedure**.

In all circumstances, the decision taken to request a DBS check will need to be made in accordance with the Rehabilitation of Offenders Act 1974 Order 1975 and other relevant legislation. Where a role is eligible for a DBS check, CTMUHB must make it clear to the applicants that any offer of employment, work or placement will be subject to a satisfactory DBS Disclosure Check and that any offer may be withdrawn if the successful candidate knowingly withholds information, or provides false or misleading information.

It is an offence for individuals on the Barred List to apply for posts in regulated activity roles. CTMUHB is therefore legally required to refer an individual to the DBS, should they determine they may pose a risk to adults, children or both.

4. Role and Responsibilities

Role	Responsibilities
Appointing Manager	• Identify whether the role requires a DBS check, and the required level of DBS check, prior to advertisement • Ensure that all candidates are recruited appropriately and that the appropriate level of DBS check is requested as part of the pre-employment checking process. • If a DBS check reveals information relating to criminal convictions/cautions which may lead to an offer of employment being withdrawn, the manager must seek advice from the People Services Team. • Ensure that any information they receive regarding an applicant's convictions during the recruitment process remains confidential. • Ensure that DBS referrals are made in a timely and accurate manner, when the necessary conditions are met.
NWSSP Recruitment Services	• Undertake all recruitment activity DBS checks, including ad hoc requests when required.
Medical Workforce Team	• Is responsible for undertaking DBS checks for Medical and Dental Honorary Contracts, when required.
Staff Bank Office	• Is responsible for ensuring appropriate checks are completed for Staff Bank, when required.
Volunteer Team	• Undertake all volunteer DBS checks.
People Services	• Support and advise managers, should they be unsure whether a DBS check is required for a role (i. e Lateral Move Scheme, Redeployment, etc) and where an offer of employment being withdrawn.

Employee/ Worker	• Comply with this policy when they apply for a transfer or promotion, or if they are subject to a caution or conviction or other relevant disposal by the Crown Justice System, while in the employment of the Health Board. • Inform their manager as soon as possible if found guilty of a criminal offence. Failure to disclose such convictions (including charges and cautions) or findings of guilt could result in disciplinary action, which may result in dismissal. • Inform their manager of any child / adult safeguarding investigations, which they may be subject to, both inside and outside of the workplace, at any time during the period of their employment with the Health Board.

Responsible parties to ensure that DBS checks are undertaken in accordance with the specific DBS eligibility criteria, in relation to the role and activities being recruited to. It is illegal to request a higher level of DBS check than is necessary for a role.

5. Storage and Handling

Communication of information contained on a DBS Disclosure Certificates will be strictly limited and shared only with those involved in the decision to appoint, in accordance with the DBS Code of Practice. Information released by the Police to the Health Board under separate cover must not be disclosed to/or discussed with the applicant.

Handling, Security, Storage and the destruction of DBS Disclosure Certificates must comply with the Data Protection Act. Failure to abide by the DBS Code of Practice, Data Protection legislation and unauthorised disclosure of information contained on DBS Disclosure Certificates by a manager or Health Board employee, may result in disciplinary action. No photocopies or other image of the DBS Disclosure Certificate or any copy or representation of the contents of a Certificate will be kept.

However, notwithstanding the above, a record of the date of issue and the unique Disclosure Certificate reference number will be held on the employee's / worker's Electronic Staff Record (ESR) against the assigned role. The record will also contain the type (Standard, Enhanced, Enhanced with Barred List) of certificate requested. Details of the recruitment decision taken will be kept on the individual's personal file.

6. Information, Instruction and Training

All managers are expected to familiarise themselves with the content of this policy. The existence of this policy and it provisions will be brought to the attention of managers and staff via the People Policies SharePoint Page.

7. Equality and Welsh Language Impact Assessment Outcome

This policy has been screened for relevance to equality including the Welsh Language. No potential negative impact has been identified. The policy is also available in Welsh for those employees who wish to access it in their first language.

8. Main Relevant Legislation

- Rehabilitation of Offenders Act and Exceptions Order (1974)
- Legal Aid, Sentencing and Punishment of Offenders Act 2012
- Police Act (Part V) (1997)
- Police Act (Criminal Records) (Amendment) Regulations 2013
- Police Act 1997 (Criminal Records) Regulations 2002, as amended by the Police Act 1997
- (Criminal Records) (Amendment No.2) Regulations 2013/2669
- Safeguarding Vulnerable Groups Act 2006
- The Protection of Freedoms Act 2012
- Data Protection Act 2018 / General Protection Regulations 2016 (GDPR 2016) or any subsequent legislation
- Welsh Health Circular WHC (2005) 029: Mandatory DBS Checks for all Eligible New NHS Staff
- Welsh Health Circular WHC (2005) 071: Safer Recruitment

9. Related Policies

This policy is to be read together with other related policies and procedures such as:

1. Recruitment and Selection Policy
2. Recruitment of Ex-Offenders Policy
3. Fixed Term Contract Policy

Disclosure Barring Service (DBS) Checks Procedure

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Indicate Clinical or Non-Clinical:	Non-Clinical
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Document Author (Title Only):	People Policy and Compliance Lead
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Target Audience	All Staff

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Contents

1. Purpose

This procedure sets out the process for undertaking Disclosure and Barring Service (DBS) checks for Cwm Taf Morgannwg University Health Board (CTMUHB) employees and workers, in line with legislative requirements.

2. Scope

The procedure applies to all staff who have a responsibility as detailed in the DBS Policy to ensure CTMUHB has a robust and consistent approach in undertaking DBS checks.

DBS checks are applicable to both eligible newly appointed employees/workers and those whose existing role has changed, to ensure CTMUHB meet its legal requirements. For the purpose of this procedure, employees and workers include permanent, temporary, fixed term employees, bank and agency workers as well as honorary contracts holders, secondees, work experience students, supported internships and volunteers.

3. Assess the Need for a DBS

Use the DBS Eligibility Checklist to establish if a post is lawfully eligible for a DBS check and to identify the level of checks required.

4. Types of DBS Check

The following types of DBS check are available to employers in the NHS, each providing different types of information:

- Basic
- Standard
- Enhanced without barred list
- Enhanced with children's barred list information
- Enhanced with adults barred list information
- Enhanced with children's and adults barred list information

For more information on the types of checks and regulated activity please visit: https://www.nhsemployers.org/your-workforce/recruit/employment-checks/criminal-record-check
For up to date guidance on workforce guides please visit: Eligibility guidance for enhanced DBS checks - GOV.UK (www.gov.uk)

5. DBS Process

Advertising Posts Which Require Disclosure

Appointing managers are responsible for identifying if a post requires a DBS check as part of the Vacancy Authorisation process on the Trac Recruitment system. This will also include whether the post holder will have access to children or adults or both groups.

In such cases the advertisement will clearly advise applicants of this requirement. A statement is added to the advert that the post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1974 and as such it will be required for a submission for disclosure to be made to the Disclosure and Barring Service to check for any previous criminal convictions.

Appointing to Posts Which Require Disclosure

The interview panel should remind candidates during the interview process that appointment to the post is subject to a satisfactory Disclosure Check if applicable. They should also, as part of the interview checklist, ask candidates if they are aware of any legal reason, they can't undertake the role e.g: have any criminal convictions, cautions, reprimands or other disposals that will show up on a DBS.

Requesting Disclosure

If a candidate is made an offer of employment to a post where disclosure is required, the requirement for them to undertake a DBS check will be outlined in the offer letter and they will be sent an electronic link to the e-DBS system to complete or provide a DBS update service in line with the role's requirements for verification to be carried out. New DBS check will be submitted to the e-DBS service on completion of identity and right to work checks.

Receipt of Disclosure

When the checks are complete, Trac is notified via the secure electronic connection and the DBS post the certificate to the applicant (refer to appendix 3). Trac automatically updates the applicant's file on the Trac system to 'success' for clear DBS forms or 'await DBS certificate' if there is something on the certificate. The actual details of the information included are not disclosed.
It is the responsibility of the Appointing Manager to obtain details where a certificate (positive disclosure) contains information, discuss these with the individual and seek advice from People Services Team.

Starting Work Prior to Receipt of a DBS Check

In exceptional circumstances, staff may be allowed to commence employment prior to the receipt of their DBS check. In such exceptional

circumstances a DBS Check New Employees Risk Assessment Form (appendix 2) must be completed.

Dealing with Unsatisfactory Disclosures

Where there is a positive disclosure, the Recruitment Services Team, NHS Wales Shared Services Partnership (NWSSP) will alert the Appointing Manager for NWSSP led recruitment activities. The Appointing Manager will complete an initial risk assessment, part 1 of the DBS Positive Disclosure Risk Assessment (appendix 1) to determine whether the disclosure is relevant to the role. If there is no risk, recruitment to the post will continue and the Appointing Manager will let the Recruitment Services Team know.

Should it be deemed that the disclosure is relevant to the role and it may prove to be a risk to appoint the candidate, arrangements will be made to discuss the disclosure with the candidate and a meeting will be arranged with the Appointing Manager and the individual to complete part 2 of the DBS Positive Disclosure Risk Assessment (appendix 1).

Each case will be assessed on an individual basis and in relation to the tasks the individual will be required to perform and the circumstances in which the work is to be carried out. For example, child pornography offences would almost certainly disqualify a person required to work with children and/or vulnerable adults; some violent offences would be relevant to posts involving unsupervised contact with the public and patients.

Where the DBS has made a barring list decision against one or both of the barred lists, it will be illegal for an employer to allow the potential employee to engage in regulated activity with the vulnerable group.

Following completion of the DBS Positive Disclosure Risk Assessment, the following decisions should be made:

a)

Prospective employees

- To continue with offer of employment with no further action;
- Withdrawal of offer of employment.

b) Current employees

- To continue in post with no further action;
- Redeployment to another role, while further investigation takes place;
- Suspension while the investigation takes place;
- Disciplinary procedure is invoked.

It is important that the actions on DBS forms are taken without delay, to ensure compliance with statutory guidance as per NHS Employment Check Standards and Safer Recruitment Procedures.

A permanent record of the date of offence(s) and the outcome of the risk assessment meeting will be held on the individual's personal file. A copy of the DBS certificate is not to be held on the individual's personal file.

Appointing Manger is responsible for notifying the Recruitment Services Team of the outcome. If the decision is to withdraw the offer, the Recruitment Services Team will require confirmation from HR.

Withdrawing an Offer of Employment

If the nature of the additional information provided after the meeting, is such that CTMUHB feels that the offer of employment should be withdrawn, the applicant must be informed in writing that the reason for the withdrawal is due to the contents of their DBS.
However, where a disclosure check reveals that the DBS has made a barring decision against regulated activity, the offer of employment must be withdrawn immediately. The Appointing Manager must explain to the appointed applicant and give consideration as to whether CTMUHB wants to notify the police.

Internal Applicants (Internal to CTMUHB or NHS Wales)

Internal applicants (to CTMUHB or NHS Wales) who are moving to a post which demands the same level of disclosure will not require another disclosure provided a satisfactory DBS check was carried out within the last 3 years prior to the application for the post.

The trigger for a new check is where:

- Their current DBS check is more than 3 years old;
- They have never had a DBS check before and are moving to a position that now requires them to have a check. The level of check is dependent on the roles and responsibilities of the job;
- They have made a positive declaration to the appointing manager;
- Their role has changed and they now require a different level or a check against one or both of the barred lists.

If any of the above triggers apply, a new DBS check must be undertaken.

Recruiting from overseas

Currently, the DBS cannot access criminal records held overseas. If CTMUHB is recruiting individuals from any overseas country or if they have lived overseas for 6 months or more in the last 5 years, the Recruitment Services Team will request a certificate of good conduct or overseas criminal record check at the offer stage.
If CTMUHB is recruiting a group of overseas applicants, CTMUHB must ask the applicant to provide a certificate of good conduct or overseas criminal record check at the offer stage, for any overseas country where they have lived for 6 months or more in the last 5 years. For guidance on how to obtain an overseas criminal record check visit Criminal records checks for overseas applicants - GOV.UK (www.gov.uk)

If a certificate of good conduct cannot be obtained from a country, then please seek advice from the People Services Team.

An UK DBS check will need to be undertaken after the individual has been in post for 3 months. If the individual is recruited as part of coordinated

programmes of international recruitment, then the lead will arrange this. If not, it is the responsibility of the line manager to arrange this. The form to request an ad hoc DBS check is available here: Adhoc DBS request form SE .docx (sharepoint.com)

6. Third-party contractor and supplier staff

Agency Workers/Locums	It is important that all workers or locums provided via an Agency are subject to checks that are no less rigorous than for employees. The agency is accountable for ensuring that the appropriate DBS checks have been conducted to the required level three yearly. This will include Enhanced Checks for regulated activity if required. CTMUHB reserves the right to conduct random audits of the DBS checks completed by agencies as part of the Agency's Terms and Conditions with CTMUHB.
Contractors	Where private contractors provide staff who work in positions giving them access to patients, they must carry out an appropriate level of DBS Disclosure checks in respect of each member of their staff with the Disclosure and Barring Service. This must happen at least once a year, and they must be able to provide the results of the disclosure to CTMUHB upon request as part of their contract with CTMUHB.
Placement Students	It is the responsibility of the relevant university or college to carry out DBS checks on any of their students who will be undertaking clinical placements where they will undertake work that falls within the Exceptions Order, Police Act regulations and/or regulated activity within CTMUHB. The level of disclosure must be agreed with CTMUHB in advance. CTMUHB will advise on any placement that meets this criterion. Eligibility criteria must be met.
Interns	It is the responsibility of the relevant university or college to carry out DBS checks on any of their interns who will be undertaking placements where they will undertake work that falls within the Exceptions Order, Police Act regulations and/or regulated activity within Health Board. The level of disclosure must be agreed with the Health Board in advance.
Honorary Contract Holders	All honorary contract holders who will come into contact with children or vulnerable adults in the course of their placement with CTMUHB must have had a satisfactory DBS check, prior to commencing. It is the responsibility of the manager to establish whether the proposed honorary contract holder's employer/education provider has undertaken a DBS Check.

	Where the current employer/education provider has undertaken a DBS Check they must be asked to provide the disclosure number, date and level of check undertaken. If a DBS check has **not** been undertaken by the proposed honorary contract holder's employer/education provider, the manager must request an appropriate level ad hoc DBS Check from the Recruitment Department (NWSSP) by using the Adhoc DBS request form SE .docx (sharepoint.com)
Work Experience/ Placements	A minimum age limit for DBS checks has been set in the Protection of Freedom Act 2012. This means that employers must not apply for a DBS check for individuals aged under 16. Students aged 16-18 who are on work experience placements engaging in activity with vulnerable groups will also not be required to have a DBS check on the basis that the roles they are undertaking will involve them observing or carrying out minor duties under full supervision. Within CTMUHB, work experience students are 16 years, or older, on commencement.
Volunteers	The eligibility criterion for a DBS check is the same regardless of whether the individual is a paid employee or unpaid volunteer. If a volunteer requires a DBS check because of their volunteering role and responsibilities, consideration will be given as to whether the position satisfies certain criteria to qualify for a free of charge disclosure. For DBS purposes it is deemed that 'unpaid' means not in receipt of any payment (for example, remuneration, allowance, financial benefit, payment in kind, or other means of support) in relation to the activity.

7. Redeployment

Depending on the role of the redeployed employee, a DBS check may be required. They should in all cases have the correct DBS check in place for their role in which they are being redeployed to. New DBS checks should be carried out when there is a change in the job role that requires either a different level of DBS or new DBS where the individual has not had one in their previous role.

8. Lateral Move

A new DBS check will be completed before an employee transfers to a new role if their existing DBS does not match the required level or barred list checks for the role, or if their ESR record does not contain any DBS information.

9. Retire and Return

A check may take place to ensure the person retiring and returning has a relevant DBS check in place. A DBS check will only be necessary if, whilst employed by CTMUHB, the employee had not previously had a criminal background screening (CRB) or DBS check or their role has changed and they now require a higher or lower-level check or a check against one or both of the barred lists. People Services Team need to enter the DBS record in ESR.

10. Periodic Checks

There is currently no legal requirement for CTMUHB to undertake periodic DBS checks. Staff who hold a One Wales Contract are required under the contract to inform CTMUHB if they are found guilty of a criminal offence.

Some staff may be asked to undergo additional DBS checks or Update Checks when working with partner organisations including Local Authorities and Voluntary organisations where periodic checks may be required. In such circumstances individual staff will be asked to consent to an additional check or an update check. These ad hoc requests will be undertaken by NWSSP by using the Adhoc DBS request form SE .docx (sharepoint.com).

11. Use of the DBS Update Service

The DBS Update Service is a facility where an individual may choose to have their DBS Disclosure certificate continually monitored to ensure the information is still correct and take it with them from role to role. If an applicant declares that they have subscribed to the Update Service, CTMUHB can go online, with employee consent, and carry out a free, instant check to find out if the information released on the DBS certificate is a match with the new role and up-to-date.

12. Equality and Welsh Language Impact Assessment Outcome

This procedure has been screened for relevance to equality including the Welsh Language. No potential negative impact has been identified. The procedure is also available in Welsh for those employees who wish to access it in their first language.

Appendix 1 - Disclosure and Barring Service (DBS) Positive Disclosure Risk Assessment

Part 1: Applicant Details	
Name:	
Date Interviewed	
Date DBS returned	
DBS reference number	
Name of Appointing Officer	

Part 2: Risk Assessment	
Is the nature of the offence(s) relevant to the post?*	Yes/No
Have the offence(s) been dealt with on a previous CRB/DBS check?	Yes/No
When did the offence(s) occur?	
Is there a pattern of related offences?	Yes/No
What will the level of supervision be?	
Does the applicant show a determination not to reoffend?	Yes/No
Did the applicant declare the offence(s) on their application form?	Yes/No
Were the offence(s) discussed at interview?	Yes/No
Does the information provided by the DBS match that provided by the applicant?	Yes/No
What explanation did the applicant give about the offence(s)?	
In light of the above does the applicant pose an unacceptable risk?	Yes/No

Part 3: Decision to appoint	
Declaration: I have understood the policy on the Recruitment of Ex-Offenders and I have sought advice as necessary and completed the risk assessment, I believe the applicant does/does not constitute a risk and the appointment should be confirmed/withdrawn.	
Signed:	Date:
Any decision to withdraw the offer of appointment must be agreed with the relevant Head of Nursing/Directorate Manager/Head of People Services	
I agree with the decision to withdraw the offer of appointment	
Signed:	Date:
Signed:	Date:

*If the offence committed is an auto barring offence the offer of appointment must be withdrawn immediately, details of auto barring offences can be obtained from People Services Team.

Appendix 2 - Disclosure and Barring Service (DBS) Check New Employees Risk Assessment Form

Where all other pre-employment checks are complete, new employees may commence employment while DBS clearance is awaited, if they have completed the DBS application to an acceptable standard and the manager completes and returns this **Risk Assessment Form**.

However, under NO CIRCUMSTANCES should the new employee be allowed to work **UNSUPERVISED** with Children or Vulnerable Adults until full DBS Clearance is received.

Responsible Manager: **Job Title:** **Directorate/Department:**

New Appointee's Name: **Post Appointed to:** **Start Date:**

Date DBS Disclosure requested:

As the appointing manager you are required to assess whether it is appropriate for the above named individual to commence work prior to CTMUHB receiving clearance from the Disclosure Barring Service. Please consider and respond to the questions and sign the form.

Part A:	
Did the applicant declare any criminal convictions / bindovers/ cautions etc on their application form?	Yes/No
If yes, are these convictions relevant to the work that they are being employed to undertake?	Yes/No
If yes, do these convictions relate to offences against children or are violent offences etc? If yes please state:	Yes/No
Is the job similar in nature to the individual's current role, for example are the risks similar?	Yes/No
Have you obtained references in line with CTMUHB policy? **Recruitment will be requesting references where required and in line with nationally referencing standards.**	
Do the individual's references give any cause for concern? **Recruitment will be requesting references**	
At interview, did the individual say or do anything which gave cause for concern, in relation to allowing them to commence work before a disclosure check is received? If yes, please state:	Yes/No
Has the individual had a police check previously? If yes, when was this done and with whom (employer)?	Yes/No
Part B:	
Does the job involve regular unsupervised contact with children or vulnerable adults?	Yes/No
Will the individual be required to work alone during their induction period?	Yes/No
Will the individual have access to, or opportunity to commit an offence against a patient?	Yes/No
How will you prevent this from happening?	
Are you satisfied the risk of possible offending can be minimised by ensuring that satisfactory supervision measures listed above can be implemented to prevent the individual from being alone with patients?	Yes/No
Please outline the implications of delaying the individual in commencing employment.	

Declaration by the Responsible Manager

Please delete statement A or B below as appropriate

A

I have considered the questions outlined above and **I AM NOT** satisfied that it is safe to allow the above named individual to commence work before the disclosure clearance is received.

Or

B

I have considered the questions outlined above and **I AM** satisfied that it is safe to allow the above named individual to commence work before the disclosure clearance is received, subject to the following safety measures being put in place (if appropriate):

I confirm that I have notified all the relevant managers that the individual is still subject to clearance and of the need to ensure the above measures are implemented.

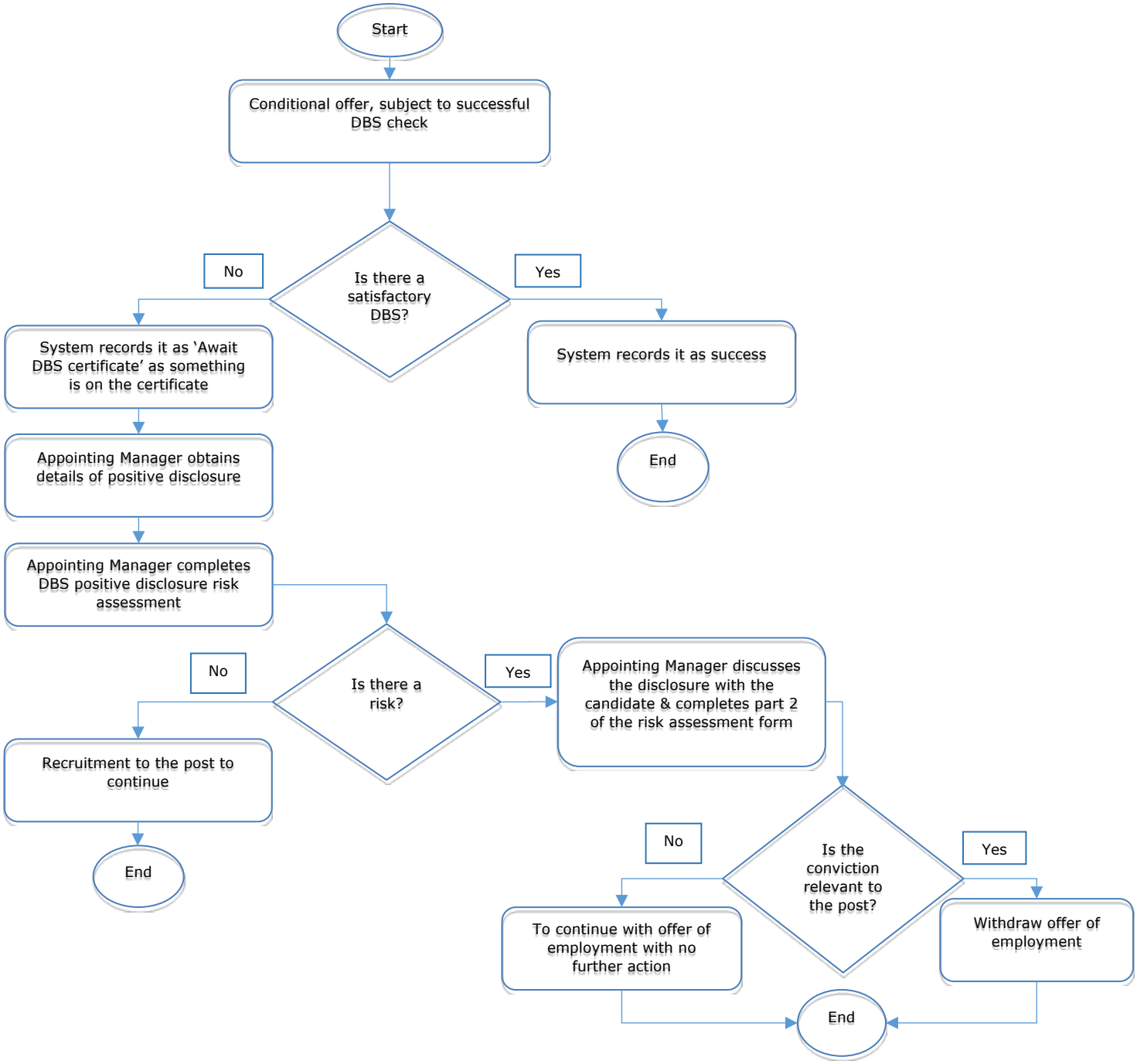
I confirm that I have explained to the individual concerned the implications of commencing work prior to clearance being received and the possibility that disciplinary action may result if it is subsequently discovered that the individual did not disclose any material facts relating to their employment.

Name:

Date:

This form should be retained on your files until DBS clearance is received. A copy should be forwarded to People Directorate via email:
CTM.AccessPeopleServices@wales.nhs.uk

Appendix 3 - DBS Checks Procedure Flow Chart



DBS ELIGIBILITY CHECKLIST

To establish if this post is lawfully eligible for a DBS check and to identify the level of checks required, please answer sections A and B

A **Please read the descriptions below and place an X against the ONE activity that applies to this post:**

Description of Activity	Select ONE	*RECRUITMENT USE* Type of Disclosure
1. Post holder is a health care professional[1] providing health care[2] to an adult[5] and/or child[5], even if done only once *E.g. NMC, HCPC, Royal Pharmaceutical Society,* General Pharmaceutical Council *(inc. registered laboratory staff and Pharmacists)*	☐	Enhanced **and** appropriate barred list check(s)
2. Post holder provides health care[2] to an adult[5] and/or child[5] under the direction or supervision of a health care professional, even if done only once	☐	Enhanced **and** appropriate barred list check(s)
3. Post holder provides personal care to an adult[5] or child[5], even if done only once. *E.g. HCSW, Porter transporting patients, etc* **or** Post holder is a social care worker providing social work which is required in connection with any health care or social services to an adult[5] who is a client or potential client, even if done only once	☐	Enhanced **and** appropriate barred list check(s)
4. Post holder undertakes the following activities unsupervised: teach, train, instruct, care for or supervise children[5], or provide advice/guidance on well-being, or drive a vehicle only for children[5]; with likely direct bearing on the quality of care[3].	☐	Enhanced **and** **Childrens** barred list check
5. Post holder manages people engaging in any of the above activities in a day to day basis.	☐	Enhanced, **no** barred list checks
6. Post holder has opportunity for any form of contact with children[6] in the same Children's Hospital (formerly a specified place) but is not providing health care or other types of regulated activity and has no direct bearing on the quality of care.	☐	Enhanced, **no** barred list checks
7. Post holder has access[4] to persons in receipt of health care services in the course of their normal duties but is not providing health care or other types of regulated activity and has no direct bearing on the quality of care	☐	Standard, **no** barred list checks
8. Post holder is supervised by a health care professional[1] and undertakes diagnostic tests and/or investigative procedures *E.g. non-registered laboratory staff*	☐	Standard, **no** barred list checks
9. The role does not meet any of the above *(If you select this activity you may ignore Section B)*	☐	Post not eligible for a DBS check

B **To establish the age of your PATIENTS and the post holders' level and frequency of contact with your patients, please select the relevant options below for both age groups:**
NB: This section relates to patient access only. Friends, relatives or children accompanying a patient do not dictate the level of a DBS check and should not be taken into consideration.

Age of Patients	Frequency of Contact			Type of Contact[6]		
Aged 17 yrs or under	☐ Never	☐ Possible	☐ Frequent	☐ Direct	☐ Indirect	☐ N/A
Aged 18 yrs or over	☐ Never	☐ Possible	☐ Frequent	☐ Direct	☐ Indirect	☐ N/A

[1] *"health care professional" means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.*

[2] *"Health care" includes all forms of health care provided for individuals, whether relating to physical or mental health and includes palliative care. This includes diagnostic tests and investigative procedures. "Health Care" also includes procedures that are similar to forms of medical or surgical care that are not provided in connection with a medical condition, e.g. taking blood from a blood donor or cosmetic surgery.*

[3] *A "direct bearing on the quality of care" suggests that the actions of Post holders could foreseeably directly affect the type, quality or extent of prevention, diagnosis or treatment of illness or foreseeably cause injury or loss to an individual to whom the organisation has a duty of care.*

[4] *"Access" relates to where individuals will have in-person, direct contact with patients e.g. reception, observation, interviews, focus groups, etc.*

[5] *An adult is anyone aged 18 years or older. A child is anyone under the age of 18 years old.*

[6] *Direct Contact is face-to-face contact, but not necessarily physical contact. Indirect Contact is contact, for example, by telephone, access to medical notes, etc.*

Disclosure Barring Service (DBS) Referral Procedure

Document Type:	Procedure
Indicate Clinical or Non-Clinical:	Non-Clinical
Document Reference:	People 2C
Document Author (Title Only):	People Policy and Compliance Lead
Document Executive Director Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Date Equality and Welsh Language Impact Assessment Completed:	
Freedom of Information Act Status (For Policies Only)	Open
Approving Forum:	Operational Delivery Committee
Approval / Effective from Date:	
Review date due by:	
Document Version:	
Target Audience	All Staff

Disclaimers
CTMUHB Policies, Procedures and other Written Control Documents can only be considered valid and up to date if viewed on the SharePoint Pages, which is considered as the master library: LINK If the review date of a document is passed, please contact the author or CTM.QualityassuranceCompliance@wales.nhs.uk

Contents

1. Purpose

The purpose of this procedure is to ensure a robust and consistent approach in the DBS referrals.

2. Scope

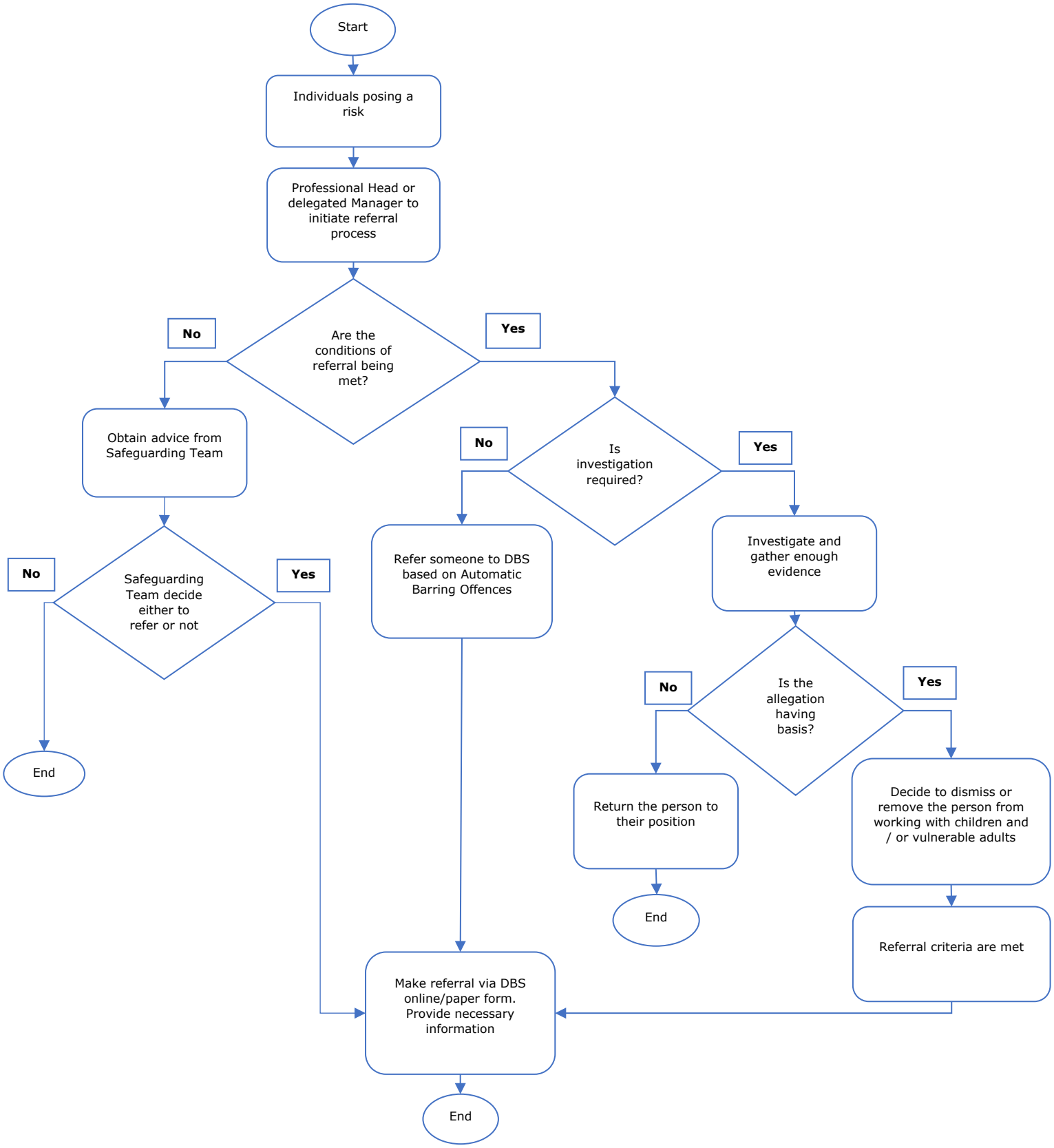
The procedure applies to all staff who have a responsibility as detailed in the DBS Policy.

3. DBS Referral

Referral to DBS is required to ensure that those who pose a risk are considered for being barred from working with the relevant workforce: adult, children or both. It is an offence for individuals on the Barred List to apply for posts that fall within the parameters of the definition of Regulated Activity.

Before making a referral, the employer is to gather enough evidence to support the referral. A fully concluded internal investigation may not be required prior to making the referral.

3.1 DBS Referral Procedure Flow Chart



3.2 Referring someone to the DBS

There may be occasions where there is a legal duty to refer someone to the DBS. Once a referral has been made a unique reference will be provided to the employer.

3.3 Who should refer?

The relevant Professional Head should be contacted, fully briefed and delegate the responsibility for making the referral to the most relevant Manager. Advice can be sought from the People Services Team or Head of Safeguarding.

There is a legal duty to make a referral when the following two conditions have BOTH been met and an investigation has taken place:

Condition One	You withdraw permission to engage in regulated activity or you would have taken the action to withdraw but the employee; • Dismissed; • Redeployed to a role that was not engaged in regulated activity; • Retired; • Redundant; • Resigned.
Condition Two	You think the person has either: • Engaged in relevant conduct • Satisfied the harm test; or • Received a caution for, or a conviction for or been convicted for a relevant offence.

Relevant Conduct

Conduct which:
- endangers a child or adult or is likely to endanger a child or adult.
- if repeated against or in relation to a child or adult would endanger the child or adult or be likely to endanger the child or adult.
- involves sexual material relating to children (including possession of such material).
- involves sexually explicit images depicting violence against human beings (including possession of such images).
- is of a sexual nature involving a child or adult.

Relevant Conduct information can be found at Making barring referrals to the DBS - GOV.UK (www.gov.uk).

Satisfied the Harm Test

Satisfied the Harm Test in relation to children and/or vulnerable adults. The harm test is satisfied when Relevant Conduct cannot be established but it appears to the DBS that a person **may**:

- Harm a child or adult who is in receipt of regulated activity.
- Cause a child or adult who is in receipt of regulated activity to be harmed.
- Put a child or adult who is in receipt of regulated activity at risk of harm.
- Attempt to harm a child or adult who is in receipt of regulated activity.
- Incite another to harm a child or adult who is in receipt of regulated activity.

Harm information can be found Making barring referrals to the DBS - GOV.UK (www.gov.uk)

3.4 Requirement for an Investigation

Cwm Taf Morgannwg University Health Board (CTMUHB) should **not** refer someone when an allegation is first made. CTMUHB should always investigate and gather enough evidence and information to establish if the allegation has foundation. This will also inform CTMUHB processes for any decision to dismiss or remove the person from working with children and / or vulnerable adults. CTMUHB should, as far as possible, complete the investigations and disciplinary processes (even if the person has left employment) once enough evidence has been gathered. This is particularly important, as the DBS has no investigatory powers. In making the barring decisions, DBS rely upon the evidence provided with referrals and any other relevant evidence that they may be able to gather.

The duty to make a referral is **not** triggered by temporary suspension. CTMUHB may suspend a person pending an investigation where there have been allegations of harm or risk of harm. If following the investigation, CTMUHB decides to return the person to a position working in regulated activity with children or vulnerable adults (perhaps with additional training or supervision) then there is **no** legal duty to make a referral to the DBS. However, if following investigation, it is decided to dismiss the person or remove them from working in regulated activity with children or vulnerable adults then the referral criteria would be met.

3.5 Referrals for Automatic Barring Offences

Anyone convicted or cautioned for certain serious offences will, subject to the consideration of representations where permitted be barred from working in regulated activity with children and/or vulnerable adults through the criminal sentence auto bar route.

If CTMUHB becomes aware that one of its employees has been convicted or cautioned for a relevant offence, CTMUHB has a legal duty to make a referral to the DBS (Making barring referrals to the DBS - GOV.UK (www.gov.uk).

CTMUHB also has a legal duty to remove a person from working in regulated activity with children or vulnerable adults if they are barred by the DBS.

3.6 Referral to DBS if the legal criteria are not met

There may be occasions when CTMUHB may wish to make a referral in the interests of safeguarding children or vulnerable adults, but the legal duty has not been met. For example, where CTMUHB have strong concerns, but the evidence

is not sufficient to justify dismissing or removing the person from working with children or vulnerable adults. This may be the result of a formal process. Advice can be sought from the Safeguarding Team. Safeguarding will determine outcomes on the balance of probability. On occasions a DBS referral may be made prior to the conviction of a person as this can sometimes take up to 18 months and to ensure that the person cannot obtain employment in another area of regulated activity while investigations are ongoing.

The DBS is required by law to consider all information sent to it from any source. If CTMUHB wishes to make a referral to the DBS in the interests of safeguarding children or adults where the legal duty is not met, it can do so in consideration of relevant employment and data protection laws. Legal advice in relation to these cases may also need to be sought.

4. Requirement to Supply Information to DBS on Request

If the DBS makes a request for information about one of CTMUHB current or former employees, CTMUHB has a legal duty to provide the information if it has the information available. This should be treated as a priority. This duty applies irrespective of whether a referral has already been made.

Agenda Item
8.1.3g

Operational Delivery Committee

Security Policy

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Russell Hoare, Head of Facilities & Security
Cyflwynydd yr Adroddiad / Report Presenter	Stephen Gardiner/Russell Hoare
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
CTMUHB Security and Violence Strategy Group	20-01-2026	Approved
CTMUHB wide consultation via SharePoint	18-03-2026 to 01-04-2026	No comments received
OMB	15-04-2026	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
EQI	Equality Impact Assessment
OMB	Operational Management Board
ODC	Operational Delivery Committee

1. Situation /Background

The existing Security Policy has been reviewed and updated to ensure compliance with the existing legislation and its recent changes are reflected within the policy. This policy will provide clear direction on governance and compliance measures put in place for Security management.

To ensure that all security management services comply with current Health and Safety Act legislation, NHS Wales Health, Care Quality Standards 2023 (Safe Care) and the NHS Wales Security Management Framework.

Cwm Taf Morgannwg University Health Board (CTMUHB) shall ensure a secure environment by following the security management principles of deter, deny, detect, respond and review.

Liaise and work closely with the Police to ensure all appropriate operational measures are taken to deter, deny and detect acts of crime, terrorism and the development of extremism against its staff, patients, our community and healthcare physical assets. Support the requirements of the Terrorism (Protection of Premises) Act 2025 (Martyn's Law)

The safety and security of staff, patients, service users and the protection of physical assets is paramount to the continued effective delivery of patient and associated supporting services. Security incidents are a risk to the Health Board and present a danger to the health and safety of staff, patients, service users, our community and our site physical assets.

This Policy details the core security principles from which all other security related procedures and response plans will stem.

2. Specific Matters for Consideration

2.1 Engagement on this Policy has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	EQI and Welsh Language assessment completed. The documents were shared with CTMUHB Equality team for information and approved by Russell Hoare
Informal Consultation with interested parties	The Policy has been shared with members of the CTMUHB Security &

	Violence Strategic Group and approved.
Formal Consultation	Formal consultation via SharePoint was completed. No comments were received
Committee – For approval	The Policy was approved by OMB on 15th April 2026, and is now shared with the ODC for final Endorsement.

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

2.3 All relevant stakeholders have been engaged in the consultation. This Policy is an existing policy and amendments have been made to update the Policy for continued relevance, compliance to legislation and adequacy.

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

Only minor typographical amendments were made as a result of the various consultation stages.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Globally Responsible Wales
	If more than one applies please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below: The Policy outlines our objectives and targets relating to Environmental Management and as such applies to all Environmental/Sustainability criteria

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

Resource Impact *(People / Financial)*	

5. Recommendation

5.1 The Operational Delivery Committee are asked **APPROVE** the Security Policy

6. Next Steps

6.1 Once approved the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

(**SECURITY POLICY**)

Document Type:	Non Clinical Organisational Wide Policy
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk
Executive Sponsor:	Executive Director of Operations
Service Director	Service Director Facilities – Stephen Gardiner
Author:	Head of Facilities & Security & Deputy Director of Facilities – Russell Hoare
Approved By:	**Management Board (Non Clinical Procedures Only)**
Approval / Effective Date:	(00/00/0000)
Review Date:	(31/01/2029)
Version:	V2

Target Audience:

People who need to know about this document in detail	*Service Director Facilities* *Head of Facilities & Security & Deputy Service Director* *Care Group Facilities Operational Managers, Team Leaders and Supervisors at all localities* *Security and Porter Services Manager* *Security Managers* *Performance and Governance Lead (Facilities)* *Health and Safety Personal Safety Manager* *Health and Safety Managers* *Civil Contingencies Manager* *Site Management, Senior Responsible Officers – all locality Acute, Community and Primary Care Sites.* *Acute Sites, Hospital General Managers* *Senior Responsibility Officer – Pathology responsible for Mortuary and Body Stores.* *Head of Health and Safety and Fire* *Head of Safeguarding*

	Head of Mental Health Services *Head of Information Governance* *Head of Operational and Capital programme, Estates Managers (all sites)* *People Services*
People who need to have a broad understanding of this document	*Executive Board* *Operational Management Board* *Assistant Director and Heads of Capital and Estates* *Information Governance Group* *Security Management Group* *Health and Safety Committee* *Quality & Safety, Health and Safety Committees.*
People who need to know that this document exists	*General awareness of Policy for all CTM wide staff as it covers all activities relating to site security and security management responsibilities, operating processes and systems.* *South Wales Police* *Local Authorities – BO, MCV, RTE* *Parc Prison*

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: 05/01/26** **Outcome:**
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

Disclaimer:

If the review date of this document has passed, please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Introduction

This policy will provide clear direction on governance and compliance measures put in place for Security management.

To ensure that all security management services comply with current Health and Safety Act legislation, NHS Wales Health, Care Quality Standards 2023 (Safe Care) and the NHS Wales Security Management Framework.

Cwm Taf Morgannwg University Health Board (CTMUHB) shall ensure a secure environment by following the security management principles of deter, deny, detect, respond and review.

Liaise and work closely with the Police to ensure all appropriate operational measures are taken to deter, deny and detect acts of crime, terrorism and the development of extremism against its staff, patients, our community and healthcare physical assets. Support the requirements of the Terrorism (Protection of Premises) Act 2025 (Martyn's Law)

The safety and security of staff, patients, service users and the protection of physical assets is paramount to the continued effective delivery of patient and associated supporting services. Security incidents are a risk to the Health Board and present a danger to the health and safety of staff, patients, service users, our community and our site physical assets.

This Policy details the core security principles from which all other security related procedures and response plans will stem.

1. Policy Statement

The Health Board recognises its duty to ensure the safety and security of its employees, service users, assets and property. The Health Board is committed to meeting the requirements of the Security Management Framework (2005), the NHS Wales Health and Care Quality Standards 2023 (Safe Care) and the Terrorism (Protection of Premises) Act 2025 (Martyn's Law) which aims to enhance the security of public venues and events, including healthcare premises in the UK by requiring emergency preparedness, response and recovery against potential terrorist attacks.

1.1 It is recognised that NHS staff (Hospital, Ambulance, Community, Primary Care, Dentistry and all Public sector staff undertaking caring duties) are among those most likely to face violence and abuse during their employment.

1.2 There is a strong public interest in prosecuting those who verbally and physically deliberately assault NHS staff. NHS bodies, Police services and Crown Prosecution Service areas are encouraged to seek the strongest possible action in appropriate cases. The NHS acknowledges the validity of restorative justice and the range of non-custodial disposals.

1.3 The NHS has a health and safety duty of care and first responsibility to identify and respond to violent incidents. Improved incident reporting is crucial and all incident forms involving violence upon staff will be reviewed in order to inform improvement in risk management initiatives and to reassure staff that reports are reviewed and responded to.

1.4 It is a priority to ensure that staff, service users, assets and property are protected against violence, fraud, theft and damage enabling safe and uninterrupted delivery of health care services. Perpetrators of crime or anti-social behaviour will be reported to the Police and where a criminal action has occurred, prosecution will be actively encouraged and supported.

1.5 Security management and its policy falls under the policies of Risk Management and Workplace Safety and Health. Security risks will therefore be managed in a similar way to any other risk or health and safety issue within the Health Board. Risk Management and Workplace Safety and Health are the responsibility of the nominated Corporate Executive Director.

1.6 Due to the specialised nature and potential risk to the person, service users and property from security related incidents, security has become an increasingly specialised subject. An appropriately qualified and trained experienced person has been delegated responsibility for Security Management and this role is delegated to the Deputy Service Director & Head of Facilities and Security.

1.7 The Health Board shall ensure a secure environment by following the principles deter, deny, detect, respond and review.

- **Deter**; in security, as in healthcare, prevention is better than cure. Deterrence will normally be achieved by publicising counter measures and the degree of success they have.

- **Deny**; it is a reality that illegal or inappropriate behaviour is bound to occur despite efforts to stop it. Appropriate physical protection measures should be taken to deny unlawful access to patients, staff, service users, goods and assets. Any Capital Major project or Estates major or minor works are to adopt the principles of 'Secure by Design' in their planning and choice of security products.

- **Detect**: The earlier that physical acts are detected, the smaller their chances of success. Raised awareness and the use of technology to support security is the route to success.

- **Respond**; without an effective incident response, other counter measures may be ineffective.

- **Review**; Review security strategies after every incident, also after counter measures have been put in place, to evaluate their effectiveness.

- The Health Board uses a security and violence strategic 3-year plan with agreed strategic aims to take forward its commitment to reducing security and violence related risks. Specifically, the security aims are intended to support the requirements of the recently published Terrorism (Protection of Premises) Act 2025 (Martyn's Law). This is required to work towards the law's implementation target date of April

2027. Progress with the strategic aims will be performance managed.

1.8 Cwm Taf Morgannwg University Health Board will work closely and in partnership with the Welsh Government, South Wales Police, neighbouring police forces and Local authority Community Safety Partnerships in tackling crime, anti-social behaviour, supporting counter terrorism and extremism measures and taking forward the requirements of the Terrorism (Protection of Premises) Act 2025 (Martyn's Law).

1.9 The Security Policy and all associated procedures are to be updated at regular intervals to continually improve performance and ensure they remain effective, relevant and available for scrutiny by internal and external audit and inspecting bodies.

2. Scope of Policy

2.1 This Policy applies equally to all CTMUHB premises owned or leased, management and staff who have a duty of care, staff, service users, contractors and any other person involved or affected by the Health Board's security management arrangements.

2.2 The policy will apply to all security management and operational arrangements. In house and any outsourced contract service provisions are covered including voluntary services. Purchase and supplier monitoring and control are also included.

2.3 This will help to provide reassurance that there are comprehensive, organisation wide systems in place for the management, deployment, monitoring, auditing and development of security management and services to reduce risks associated with crime and violence against staff, patient and visitors and meet statutory regulatory requirements.

2.4 Failure to do so may result in harm to the person, loss or damage to healthcare assets, services having to be suspended or withdrawn, prosecution and damage to the reputation of the Health Board and its stakeholders.

3. Aims and Objectives

3.1. Establish clear lines of accountability for security management services across the organisation and between clinical and non-clinical groups leading to the Board.

3.2. Ensure there are comprehensive, organisation wide systems in place for the management, deployment, monitoring, auditing and development of security management and services.

3.3. As with general workplace safety and health, security specific risk assessments, safe systems of work procedures and incident response plans are to be produced and put in place by all wards and departments within the Health Board. The results of these assessments and plans are to be maintained and regularly reviewed in compliance with the Risk Management and Workplace Safety and Health Policies and the Risk Assessment Procedure.

3.4. To assist managers in the identification and management of specific security risks and to support risk assessments, safe systems of work and incident response plans, site, ward/departmental Security generic risk assessment forms have been developed. The form is available via the Health Board's Health and Safety intranet site or from the Facilities Security Management team.

3.5. The Facilities Security Management team support this process by carrying out pro-active and re-active site security vulnerability risk assessments (SVRA)'s and provide an assessment report with recommendations and an action plan for the relevant site, ward or department senior management responsible officer who has control of the premises. They also have access to South Wales Police 'Secure by 'Designing Out Crime' officer support who specialise in crime prevention and are able to provide advice and support the assessment recommendations if required.

3.6. All Capital Major Project or Estates major and minor refurbishment or maintenance works being carried out relating to 'building template Security 'Change of Use' are to follow the principles of 'Secure by Design (SBD)' in the planning, target hardening and choice of security products and work towards SBD accreditation and award. The design is to be risk assessed and then approved/signed off by

the Head of Security who is the appropriate person responsible for security management and crime prevention and is to be monitored by the Facilities and Estates governance and security compliance groups.

3.7. Secured by Design (SBD) is the official police security initiative that works to improve the security of buildings and their immediate surroundings to provide safe places to live, work, shop and visit.

3.8. SBD's product based accreditation scheme – the Police Preferred Specification - provides a recognised standard for all security products that can deter and reduce crime.

3.9. This award is issued by Secured by Design in recognition of the achievement to design out crime within the development. It acknowledges the measures taken to reduce the opportunity for crime and anti-social behavior by improved layout, environmental design and the use of bespoke, security enhanced door and window products.

3.10. The threat we face from terrorism is significant. As we have seen in the UK and across Europe attacks can happen at any time and any place without warning. Understanding the threat, we all face and of the ways we can mitigate it can help keep us safer.

3.11. Everyone can play a role in this effort by taking steps to help boost their protective security whether that's at work, at home or away; when travelling, when out and about or just simply when using digital online social media and services. Having better security for all these areas makes it harder for terrorists to plan and carry out attacks. It also helps reduce the risk of other threats involving organised crime.

3.12. Health is a part of the national infrastructure that delivers essential services across the UK any terrorist attack is likely to involve the health sector in either;

- providing a core emergency response to those affected by an incident
- managing incidents that directly affect the health sector civil resilience

3.12 With support from our partners South Wales Police and Local Authority Community Safety Partnerships our aim is to make CTMUHB a safe and secure place to work and visit, thus enabling our clinical experts at our sites to provide the highest possible standard of clinical care to all our patients.

3.13. However, there is a threat of terrorist attacks in the UK, which may affect Health Care sites directly or indirectly. These may not be just a physical attack but interference with vital information communication systems or the security of personnel, which could cause serious disruption, economic impact or damage to reputation.

3.14. Working with our partners we will conduct regular reviews of health care site security arrangements and a terrorism risk assessment to identify potential vulnerabilities and assess the likelihood and impact of various threats to ensure proportionate security measures are in place. Each review should consider any new threats and developments to the health sites and the surrounding area. We will also raise awareness of the terrorist threat and the measures that can be taken to reduce risks and mitigate the effects of an attack.

3.15. Identify 'Enhanced Tier ' (800+) and 'Standard Tier' (200-799) premises using safe occupancy calculations for the purposes of fire safety or use of historic relevant building data. Develop a SVRA register of all site tiers and identify the responsible person who has control of the relevant Enhanced Tier and Standard Tier sites

3.16. Any security measure to prevent a terrorist attack will also feed into general crime prevention measures and in accordance with the Civil Contingency Act 2004. Business continuity plans will ensure that our health care sites can cope with an incident while also continuing with their core activities. Having a robust security culture and being better prepared will reassure patients, staff and visitors and the wider community that our health care sites are taking such issues seriously.

3.17. Security searching of healthcare sites, individuals, buildings, areas, equipment and vehicles should be conducted in accordance with the Security Industry Authority (SIA) Code of Practice. These searches can be proactive as a deterrent or in response to heightened or

specific security threat levels. Before the implementation of any search a security vulnerability, risk assessment and safe systems of work is to be carried out. All searches should be conducted in accordance with current legal requirements, government and other regulations.

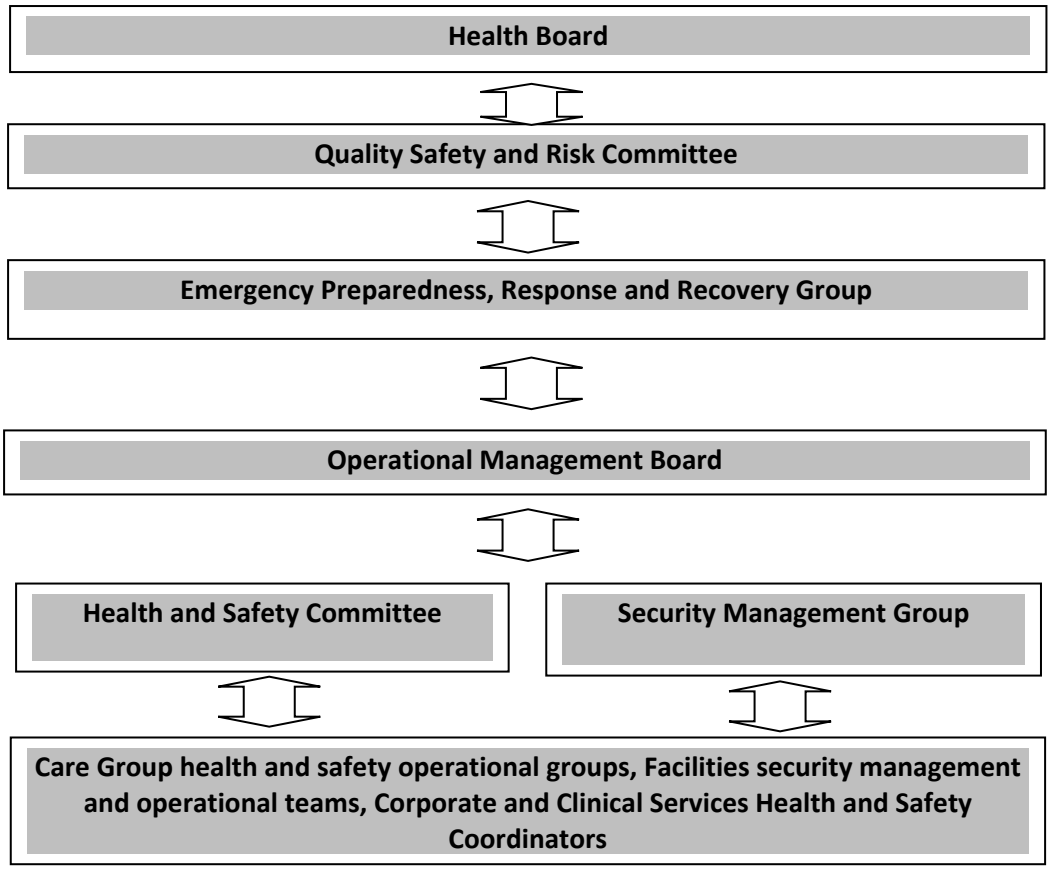
3.18. Security searching potential threat risk assessments should include consideration of:

- Violence (Dealing with violent individuals)
- Dangerous items (needles, knives, sharps, broken glass) that can cause harm
- Use of expert assistance
- Hazardous areas / heights / confined spaces / slopes (for area and building searches)
- Chemicals
- Explosive devices
- Fire and the need to evacuate
- Machinery / Noise (for building searches)
- Drugs
- Vegetation (for area searches)

3.19. It is the duty of CTMUHB as employers to ensure that employees and contract staff undertaking searches comply with such regulations. Searches may be undertaken by in-house searchers, contract security personnel, and others who are not employed by a security company, or others whose primary function within the company is not concerned with searching or security and who undertake such tasks on an ad hoc basis. Where necessary security or contract security staff should hold Private Security Industry Act licenses issued by the Security Industry Authority.

3.20. It is the responsibility of all staff, at all levels, to promptly report all security related incidents in line with the organisations Incident Reporting Policy. The prompt reporting of incidents to include near misses which enables lessons to be learnt from incidents and for the site Facilities Security Teams and Police to fully understand any security vulnerabilities and respond in a timely and effective manner.

3.21. The following illustrates the reporting channels for security and violence related matters.



4. Responsibilities

4.1 The Risk Management Policy and the Workplace Safety and Health Policy document the responsibilities of staff at all levels and security issues should routinely be considered as part of these responsibilities. The relevant Security Policy responsibilities are highlighted at Appendix A.

Executive Board

The Executive Board has the overall responsibility for ensuring that the correct policies, procedures and systems are in place and that they are constantly under review. The Executive Board discharges its responsibilities through the post of Chief Executive who has delegated responsibility for Security to the Board.

Security Management Group

The role of the Security Management Group (SMG) is to identify the key areas of security and violence and aggression risk, prioritise goals and the appropriate actions and resources required to tackle and reduce the risks within the Health Board.

The SMG will produce, implement and monitor a security management strategic plan and provide reports on progress against the policy and

strategic aims to the Operational Management Board, Health and Safety Committee and the Emergency Preparedness, Response and Recovery Group and the Quality, Safety and Risk Committee.

5. Implementation/Policy Compliance

5.1 The management of security will focus on implementing the policy and the relevant supporting procedures.

5.2 Ensure that the policy is implemented with respect to all security operations, including in-house and contract services.

5.3 Provide advice to Capital/Estates and strategic planning to support business cases on any new or refurbishment site building developments or security systems that require a security change of use, using 'Secure by Design' support from South Wales Police Designing Out Crime Officers.

6.1 Ensure all relevant managers, supervisors and staff are aware of the security policy and supporting procedures and their roles and responsibilities. Ensure that managers and supervisors provide access to these documents to their teams and provide any required training in their implementation.

6.2 Care Groups and Corporate Services senior management, department and ward line managers will be responsible for undertaking security health and safety risk management audit assessments to ensure the security policy and procedures are being implemented and followed and that risk assessments, safe systems of work and security incident response plans are in place. These should provide in detail the priorities and actions required to manage the risks and incidents, lessons learnt, and any remedial action required to be implemented. The Facilities security management team are available to support the assessments at site high security risk functional working areas.

6.3 Ensure appropriate security contracts are Security Industry Authority (SIA) accredited and licensed and that they are regularly contract managed and monitored with regard quality and service delivery.

6.4 Ensure that contractors have been trained and briefed on the relevant areas and individual responsibilities of the security policy and supporting procedures.

6.5 Security information and alerts in the form of regular security bulletins are to be provided through the organisations media share point intranet news and where appropriate and are also displayed at sites throughout the Health Board to encourage members of the public to comply with this Policy in particular with regard to violence against healthcare staff.

6.6 Policy compliance will be measured and reported by monitoring changes and risks to its security environment through regular audit of security and violence incidents and data trend analysis. Problem solving techniques will be used along with action plans for specific areas of risk identified and implementation monitored.

6.7 The key areas of risk will be reviewed and monitored by the Facilities Governance and Compliance Manager using a risk management compliance scorecard system. This approach is summarised as follows:

- Identify the key areas of security and violence against staff risks to the organisation.
- Identify the gaps at the specific environmental areas where the highest risks requiring control are.
- Identify the existing level of control.
- Provide a target level of control.
- Specify the action that is required and any resource implications.
- Identify responsible leads.
- Provide target dates for progress.
- Reviewed and performance managed at the Health and Safety Committee, Security Management Group and the Quality, Safety and Risk Committee.

This Policy will be reviewed at least once every three years. An earlier review may be warranted if one or more of the following occurs:

- As a result of regulatory / statutory changes or developments;
- Due to the results/effects of critical incidents;
- For any other relevant or compelling reason.

7. Equality Impact Assessment Statement

The outcome of the EIA for this policy is provided at Appendix C.

8. References

- BS 16000:2015 Security management>Strategic and operational guidelines - BS 16000:2015 | 30 Jun 2015 | BSI Knowledge
- Security Industry Authority (SIA) Security Industry Authority - GOV.UK
- British Security Industry Association(BSIA) – Code of Practice for Security Searches - 2015 231-security-searches-cop.pdf
- Home Office.Gov Technical Guidance for Body Worn Video Devices
- Security Management Framework for NHS Boards in Wales
- NHS Wales Health & Care Standards (2.1 Managing Risk and Promoting Health and Safety) Health and Care Quality Standards - NHS Wales Performance and Improvement
- Welsh HBN 00-01 General design guidance for healthcare buildings Welsh Health Building Notes (WHBNs) & Health Building Notes (HBNs) - NHS Wales Shared Services Partnership
- Welsh HBN 00-007 Planning for a resilient healthcare estate 2017 Health Building Note 00-07 Resilience planning for the healthcare estate. Core elements (Welsh version), NHS Wales Shared Services Partnership - Publication Index | NBS
- Secured by Design (SBD) and security product based accreditation scheme – the Police Preferred Specification
- Information Commissioners Office Code of Practice CCTV Update to Surveillance Camera Code of Practice - GOV.UK
- Terrorism (Protection of Premises) Act 2025 (Martyn's Law). Martyn's Law Factsheet – Home Office in the media
- Crowed Places Guidance: www.gov.uk/government/publications/crowded-places-guidance
- WHC 2021/012 – 22 April 2021 - Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.
- https://nwssp.nhs.wales/corporate-documents/corporate-anti-violance/obligatory-responses-to-violence-in-healthcare-english/

9. Getting Help

For policy interpretations, help contact the Deputy Service Director & Head of Facilities & Security Russell.Hoare@wales.nhs.uk

Information, Instruction and Training

The training of staff is essential if they are to be provided with the skills required to effectively deal with varied security related challenges encountered daily. Training can bring about the following:

- reduction in the number of incidents;
- reduction in the seriousness of incidents;
- reduction in the psychological effects of incidents;
- improved response to incidents;
- improvement in staff morale.

9.1 Protect Duty (Action Counters Terrorism (ACT) and General Security Awareness Training - the Facilities Security Services management team and the Corporate Services Health and safety team has a responsibility to support security and violence and aggression incident crime prevention measures which includes security and any contract staff training. This training may also where required be supplemented by CTMUHB personal safety training support and from South Wales Police and other security agency training providers. The sessions are designed to promote and provide guidance on the following:

- general security and crime prevention;
- UK-Gov Protect Duty (ACT) counter terrorism awareness;
- ACT Awareness e-Learning | ProtectUK
- civil contingency measures;
- completion of departmental security risk assessments;
- site vulnerability assessments;
- security searching of individuals, buildings, areas, equipment and vehicles. 231-security-searches-cop.pdf
- training in the prevention and management of violence and aggression (PMVA). This is best practice when dealing with patient's with challenging and anti-social behaviour and against violence and aggression in the health and social care workplace. prevention and management of violence and aggression (PMVA) - Google Search

9.1 A training needs analysis, plan and records will be maintained, and all CTM staff must receive the appropriate departmental induction training before taking up operational duties and ESR corporate induction within two months of taking up post. Performance will be monitored and reported on the uptake and compliance with the appropriate training and support.

9.2 All contracted SIA Door Supervisors and in-house SIA Door Supervisor security staff employed on security duties are to be trained to accredited and licensed Security Industry Authority (SIA)

standards and wear the licensed badge on duty. They are also required to be trained in the Prevention and the modules of the Management of Violence and Aggression (PMVA) training as best practice.

9.3 All contracted SIA Door Supervisors and in-house SIA Door Supervisor security staff where required to be employed on control room CCTV duties are required to be trained to accredited and licensed Security Industry Authority (SIA) trained and licensed in SIA CCTV/GDPR compliance.

9.4 All Facilities Porter and Security Services SIA qualified supervisors and Team Leaders are to be trained and licensed in SIA CCTV/GDPR compliance.

9.5 All staff employed on duties must have the necessary training and scheduled refresher training to ensure that they can fulfil the responsibilities allocated to them. Information, instruction, training, situational training and supervision will be provided in several different ways; formal and informal, on-job and off-job. For some types of training observed practice may also be warranted before competency assessment is undertaken. For subsequent re-assessments, repeat training may be required if the line manager or the individual user deems it to be needed.

9.6 Facilities Porter Services and Security management are to inform Facilities managers, team leaders, supervisors and staff of relevant issues that impact on security standards, such as changes in legislation and codes of practice, hazard warnings, alerts and changes in security policies and procedures.

9.7 Staff must be informed of the requirements of this policy at departmental induction so that they:

- Are aware of the associated security risks and procedures.
- Have access to training and support to develop and maintain their knowledge and skills.

10. Main Relevant Legislation

- Health and Safety at Work etc. Act 1974Terrorism (Protection of Premises) Act 2025 Martyn's Law Factsheet – Home Office in the media
- Terrorism (Protection of Premises) Act 2025

- Offences against the Person, incorporating the Charging Standard | The Crown Prosecution Service
- The United Kingdom's Strategy for Countering Terrorism 2018 - www.gov.uk/government/collections/contest
- Counter-Terrorism and Security Act 2015
- Counter Terrorism Prevention https://www.gov.uk/terrorism-national-emergency
- Changes overtime for: Section 66 – Sentencing Act 2020
- EqualityAct2010
- Rehabilitation of Offenders Act 1974
- Criminal Justice and Public Order Act 1994 – Legislation.Gov.uk
- Protection from Harassment Act 1997
- Theft Act 1978
- Criminal Damage Act 1971
- Fraud Act 2006
- Data Protection Act 2018
- Anti-Social Behaviour Crime and Policing Act 2014
- Anti-social Behaviour Act 2003
- Civil Contingencies Act 2004

Appendix A - Roles and Responsibilities Matrix

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
All staff have knowledge of and understand the Security Policy and its supporting procedures.	√ Full understanding	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Prime responsibility	√ Full support	√ Prime responsibility	√ Full support
Security management is on the agenda at unit, directorate, ward and department meetings.		√ Full understanding √ Prime responsibility	√ Monitor compliance	√ Full understanding √ Prime responsibility	√ Prime responsibility	√ Full support	√ Prime responsibility	√ Full support
Actively reviewing the security risks within their area of responsibility by carrying out routine audits in partnership with staff side organisations and in line with the Health Board's Risk Management Policy.		√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Prime responsibility	√ Prime responsibility	√ Prime responsibility	√ Full support
The need for additional funding or other resources, recognised as a result of undertaking security vulnerability risk assessments (SVRA)'s is identified.		√ Full understanding Prime responsibility	√ Monitor compliance	√ Full understanding	√ Prime responsibility	√ Full support	√ Prime responsibility	√ Full support

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
To undertake what is required to meet the legal responsibilities of the Health and Safety at Work Act 1974 to ensure that all employees are trained in procedures for working safely.		√ Full support	√ Monitor compliance	√ Full support	√ Prime responsibility	√ Full support	√ Prime responsibility	√ Full support
Ensuring staff attend appropriate Security Management training.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full support	√ Prime responsibility	√ Full support
Security vulnerability risk assessments (SVRA)'s is undertaken, risk profiles / action plans arising are implemented and reviewed and that any security risks identified are recorded in the ward/department risk register.		√ Prime responsibility **Assess compliance and Monitor Site Security Systems**	√ Monitor compliance	√ Prime responsibility	√ Prime responsibility	√ Full support√	√ Prime responsibility	Full support
Take forward the requirements of the Martyn's Law Factsheet – Home Office in the media		Prime responsibility	Monitor compliance	Full support	Prime responsibility	Full support	Prime responsibility	√ Full support Prime responsibility
Safe systems of work are developed to protect staff and draw up clearly defined safe operating procedures.	√ Full understanding	√ Support	√ Monitor compliance	√ Full support √ Prime responsibility	√ Prime responsibility √ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
Staff are notified of security risks relating to their job and provided with appropriate training in accordance with the All Wales Violence and Aggression passport scheme.	√ Full understanding	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Ensuring that security incidents are reported in line with the Health Board's Incident and Hazard Reporting Policy.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Safeguard themselves, colleagues, service users etc., in so far as is reasonably practicable.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Ensure and safeguard the security of their building, premises, department etc.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Familiarise themselves with any special security requirements relating to their place of work or work practices and the action to be taken in the event of a security incident.	√ Prime responsibility	√ **Monitor Processes and Systems**	√ Monitor compliance	√ **Monitor Systems**	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Ensure that neither equipment nor property are put in jeopardy by their actions; either by instruction, example or behaviour.	√ Prime responsibility	√ Prime responsibility **Monitor Systems**	√ Monitor compliance	√ **Monitor Systems**	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Always follow prescribed working methods and security procedures.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ **Monitor Systems**	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
Co-operate with management to achieve the aims of the Security Policy and Strategy.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ **Monitor Systems** √ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Notify their manager of any potential security risks, problems or concerns and report all incidents and near misses involving criminal or suspected criminal activity to the appropriate manager and/or the Police.	√ Prime responsibility	√ Prime responsibility **Monitor Systems**	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Follow any advice, procedures, systems or training introduced in order to reduce or eliminate risks identified.	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Complete incident forms detailing the circumstances of any incidents relating to security, including violence, aggression, anti-social behaviour or criminal activity, in line with the Incident Reporting Policy;	√ Prime responsibility	√ Prime responsibility	√ Monitor compliance	√ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding
Draw to the attention of their manager any apparent non-compliance with this Policy.	√ Prime responsibility	√ Full support	√ Monitor compliance	√ Prime responsibility	√ **Monitor Systems**	√ Full understanding	√ Prime responsibility	√ Full understanding
To include in new starters pack appropriate information related to the Security Policy.				√ Full support			√ Prime responsibility	
To support staff who are victims of crime and violence in accordance with the Security and Violence Policies.	√ Full understanding	√ Full support √ Prime responsibility	√ Monitor compliance	√ Full support √ Prime responsibility	√ Full support	√ Full understanding	√ Prime responsibility	√ Full understanding

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
The formulation, implementation and maintenance of an effective Security Policy and strategic plan in consultation with all Health Board Unit Directors, staff representatives, and for ensuring that managers co-ordinate and implement the policy in their respective areas.	√ Full support	√ Prime responsibility	√ Full support	√ Full support	√ Full support	√ Full support	√ Prime responsibility	√ Prime responsibility
Reviewing and amending the Policy to ensure compliance with any new legislation or guidance	√ Full support	√ Prime responsibility	√ Full support	√ Full support	√ Full support	√ Full support	√ Prime responsibility	√ Prime responsibility
Ensuring that periodically, and at least annually, a report is presented to the Operational Management and Executive Board informing them of progress against the security and violence strategic aims.	√ Full support	√ Prime responsibility	√ Full support	√ Full support	√ Full support	√ Full support	√ Prime responsibility	√ Prime responsibility
Monitoring, in conjunction with the Corporate Health and Safety Committee and the Quality Risk Committee, the performance of the Health Board, its Units and Directorates about the implementation of this Policy.	√ Full support	Full support	√ Full support	√ Full support	√ Full support	√ Full support	√ Prime responsibility	√ Prime responsibility
Providing direction to the Security Management Group.	√ Full support	Prime responsibility	√ Full support	√ Full support	√ Full support	√ Full support	√ Prime responsibility	responsibility
Fulfilling, in so far as is reasonably practicable, the requirements of the All Wales Security Management Framework	√ Full support	Prime responsibility	√ Full support	√ Full support	√ Full support	√ Full support	√ Prime responsibility	√ Prime responsibility

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
(2005) and the NHS Wales Health & Care Standards 2015.								
Advising the Health Board of any requirements; statutory, legislative or other relating to security, security and crime prevention risk assessments, Secure by Design, crime reduction and the supply of suitable security system solutions and services. Responsible person for approving the suitability of Estate major and minor works that impact on security and crime prevention management.		Prime responsibility	√ **Monitor Systems**	√ Full support	√ Full support		√ Prime responsibility	√ Full support
Developing and reviewing the security strategy, policy and procedures.		Prime responsibility	√ **Monitor Systems**	√ Full support	√ Full support		√ Prime responsibility	√ Full support
Ensuring Health Board representation on partnership working groups such as; local Community Safety Partnerships, Local authority, Police and any other public or private body that could assist the Health Board on security related matters.		Prime responsibility	√ **Monitor Systems**	√ Full support	√ Full support		√ Prime responsibility	√ Full support

Key Areas of Responsibility	**All Staff**	**Facilities Security Management** **Health & Safety Management**	**Governance Groups, EPRR, H&SC, OMB, Q&S**	**Departments/Ward Senior Responsible Officer who has control of an area or site premises**	**Care Groups Senior Responsible Management Teams**	**Care Group Corporate and Clinical Director**	**Corporate Services & Civil Contingency Act 2010 Responsibility**	**Executive Directors**
Liaising with local Community Safety Partnership, the Police and the Health Board Business Contingency Manager to ensure that, where appropriate, crime prevention and counter terrorism measures considered within the Health Board.		Prime responsibility	√ **Monitor Systems**	√ Full support	√ Full support		√ Prime responsibility	√ Full support

Appendix C Equality Impact Assessment - Policies

This section must be completed at the beginning of a policy or service review, this includes changed or withdrawn services in order to assess the impact on different protected groups under the Equality Act 2010. For advice on its completion please contact the Equality Team on CTM_Equality@wales.nhs.uk. For examples of completed EIAs please see the Equality site on Sharepoint.

Section 1 – Preparation		
1.	**Title of Policy/service**	*Security Management Policy*
	Is this a new policy/service or an existing one?	Existing Policy
2.	**Policy/Service Aims and Brief Description**	The safety and security of staff, patients and service users and the protection of physical assets is paramount to the continued effective delivery of patient and associated supporting services. Security incidents are a risk to the Health Board and present a danger to the health and safety of staff, patients, service users, our community and our site physical assets. This Policy details the core security principles from which all other security related procedures and response plans will stem.
3.	**Who Owns/Defines the Policy/Service?** -	The Facilities Service Director. Delegated responsibility to the Deputy Director, Head of Facilities and Security. The Facilities Technical Services Manager. The Director of People and the Assistant Director of Health and Safety and Fire. The Facilities Regional Manager

Section 1 – Preparation		
4.	**Who is Involved in undertaking this EqIA?**	Deputy Director, Head of Facilities and Security. Assistant Director of Health and Safety and Fire.
5.	**Other Policies and Services** -	This Policy will facilitate a clear approach to managing security and violence against staff within the Health Board. Link to Health and Safety Policy and Procedures, Major Incident Plan Risk Management Policy and Procedures
7.	**What might help/hinder the success of the policy/service?**	Staff not being aware of the policy
8.	Is the policy/service relevant to "eliminating discrimination and eliminating harassment?"	The policy is not directly relevant to eliminating discrimination and harassment.
9.	Is the policy/service relevant to "promoting equality of opportunity?"	The aim of all CTM UHB policies will be to promote the equality of opportunity. This policy promotes site security safety to reduce risk to patients, visitors and staff and customers. The safe management of site security. Services.

Section 1 – Preparation		
10.	Is the policy/service relevant to "promoting good relationships and positive attitudes?"	The aim of all CTM UHB policies will be to promote good relationships and positive attitudes and the importance of security and site and personal safety.

Section 2. Impact
Please answer the following. Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised. Some examples have been given against each category, but this is not exhaustive, and you may identify other issues. **PLEASE INCLUDE RELEVANT DATA FOR EACH GROUP *E.G. IF YOU ARE AWARE OF YOUR POLICY OR SERVICE BEING RELEVANT TO PARTICULAR GROUPS E.G. IF IT IMPACTS ON OR IS LIKELY TO BE USED OR RELEVANT TO OLDER PEOPLE, ADD STATISTICS IN RELATION TO STAFF AND OR LOCAL POPULATION. USE NATIONAL STATISTICS WHERE RELEVANT.***
Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60) Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long-term conditions such as Cancer or HIV) Not specifically as the policy promotes security and personal safety across the organisation.
Does the policy impact on people because of their caring responsibilities? Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g., transgender, non-binary, gender fluid etc.) Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on people because of their being married or in a civil partnership? Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children) Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.) Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups) Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on men and women in different ways? Not specifically as the policy promotes security and personal safety across the organisation.
Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people) *Not specifically as the policy promotes security and personal safety across the organisation.*
Do you think that the policy/service impacts on people because of their Welsh language? (E.g., the active offer to receive services in Welsh, bilingual information etc). Not specifically as the policy promotes security and personal safety across the organisation.
The Welsh government is introducing **a new Socio-economic duty which will be effective from April 2021. It will ask us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.** Not specifically as the policy promotes security and personal safety across the organisation.

Section 3 Outcome	
Summary of Assessment: **Please summarise Equality issues of concern and changes that will be made to the service development accordingly.**	No changes are required.
Please indicate whether these changes have been made.	Not applicable
Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.	Not applicable
Who will monitor this EIA and ensure mitigation is undertaken	The policy will be monitored through the Security Management Group and the Health and Safety Committee and organisation reporting arrangements. The policy will be reviewed annually by the responsible manager and a date for review will be agreed.

Approved by Equality Team	**Yes/No** **Signed ……** **(Equality Manager / Officer)** **Date……**
To be held on Equality /Covid 19 Site	**Actioned Yes/No**

Agenda Item
8.1.4

Operational Delivery Committee

RATIFICATION OF CHAIRS ACTION:
All Wales Disciplinary Policy &
All Wales Improving Performance at Work Policy

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Welsh Partnership Forum	November 2025	Approved
Urgent Chair's Action – Operational Delivery Committee Members by Email	19/03/2026	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. Situation /Background

1.1 The purpose of this paper is to seek endorsement of the revised All-Wales Disciplinary policy and revised All-Wales Improving Performance at Work policy were both approved by the Welsh Partnership Forum in November 2025, with all Health Boards asked to implement the new policies from 1 April 2026, as part of a coordinated approach across NHS Wales.

1.2 A request seeking urgent support for approval of policy was circulated on the 19th March 2026 following agreement with the Operational Delivery Committee Chair. This resulted in the following responses indicating support from Committee IMs:

- Hywel Daniel – Executive Director for People
- Rachel Rowlands – Independent Member (Committee Chair)
- Dilys Jouvenat – Independent Member
- Patsy Roseblade – Independent Member
- Kathy Mason – Independent Member

This was approved on the 25th March 2026 and the Executive Director for People was notified.

2. Specific Matters for Consideration

2.1 The revised All-Wales Disciplinary Policy (2026) and Improving Performance at Work Policy (2025) represent a shift for NHS Wales organisations, moving away from procedural models and establishing national frameworks emphasising restorative practice, psychological safety, early intervention, and organisational learning.

2.2 This marks a cultural transition which recognises that inconsistent handling, unnecessary escalation and disproportionate outcomes- especially for minority groups- have contributed to mistrust and psychological harm. The new policies embed NHS Wales Core Principles, learning from equality impact assessments and engagement with staff and unions.

2.3 The new Disciplinary Policy:

- adds a structured methodology to the mandatory fact-finding assessment ensuring early, impartial information gathering before deciding appropriate routes required. Whilst the initial assessment approach was already in place across CTM this strengthened emphasis on restorative practice expands previous informal options (e.g., coaching, feedback, learning-based improvement), aiming to resolve concerns at the lowest appropriate level with a cultural and psychological safety focus

- clearly defines roles and responsibilities with a stronger separation of duties, fair decision-making and impartiality.
- mandates active consideration of unconscious bias, cultural norms and intersectionality, recognising historic disparities in disciplinary outcomes.
- includes narrowed criteria for fast-track use, strengthens restrictions on suspension, more transparent witness arrangements, and improved expectations around communication and wellbeing.

2.4 The new Improving Performance Policy:

- reframes performance management as a supportive, employee-centred process.
- requires recognition of intersectionality and consideration of environmental or organisational contributors to performance concerns.
- simplifies three formal stages and emphasises developmental support, aligned with early intervention principles.

2.5 The revision process for these policies involved engagement with all Health Boards, and CTMUHB's feedback was fully incorporated. The updated policies align with our organisational values and behaviours, ensuring they reflect our commitment to supporting staff and delivering high-quality services.

3. Key Risks / Matters for Escalation

3.1 The new policies introduce more structured front-end requirements—mandatory fact-finding, detailed informal planning, bias mitigation and stronger equality standards. The People Service Team are engaged for every formal performance and misconduct case and ensure that managers apply the policy consistently and in-line with policy requirements.

3.2 Both policies require enhanced monitoring and reporting across protected characteristics and case stages. As of 9 March 2026, CTMUHB holds:

- 1 live capability case
- 53 live disciplinary cases, comprising:
  – 29 at initial assessment
  – 8 at fast-track
  – 14 under formal investigation
  – 2 at hearing stage
- 3 suspensions

The People Services Team hold a comprehensive employee relations case tracker to monitor case progressions and outcomes. Lack of robust workforce monitoring data for Improving Performance will be addressed through All Wales data monitoring and local implementation. Action will be

taken to ensure data gaps are addressed through Electronic Staff Record (ESR).

3.3 The Employment Rights Act (ERA) 2025 introduces major reforms that materially increase risk exposure for employers when managing conduct and capability, including:

a) Reduction of the unfair dismissal qualifying period
From 1 January 2027, employees will gain protection from ordinary unfair dismissal after six months' service, reduced from the current two-year period. Employees with six months' service on that date will immediately qualify.

b) Removal of the statutory compensation cap
The ERA 2025 removes the existing cap on compensatory awards for unfair dismissal (previously capped at £118,223 or 52 weeks' pay). Compensation will now be uncapped, exposing employers to significantly higher potential liability.

This legal shift increases the importance of:

- Robust fact-finding and early management – as employees gain protection earlier, early-stage decisions and probation management must be consistent and well-evidenced.
- High-quality documentation – procedural defects now carry greater financial risk.
- Manager training – to ensure the fairness and clarity of decisions, documentation, timelines and communication.
- Alignment with the new All-Wales policies – which already strengthen transparency, impartiality, restorative practice and cultural competence.

3.4 To ensure the fair and consistent application of the Disciplinary Policy, a suite of All-Wales 'How to' guides is being developed to support managers in applying the policy's principles in practice. As these guides have not yet been finalised, it is recommended that CTMUHB aligns implementation of the new policy with publication of the guides. Releasing the policy ahead of the supporting guidance presents a risk to the consistency, quality and fairness of disciplinary processes, and may negatively impact the experience of colleagues involved in such proceedings.

3.5 With regard to transition arrangements, employees will remain subject to the version of the Disciplinary Policy that is in force at the point at which proceedings are initiated.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Inspiring People
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language**	Yes: ☒	No: ☐
	Outcome for Equality: POSITIVE Outcome for Welsh Language: POSITIVE	If no, please include rationale below:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?		
Cyfreithiol / Legal	Yes (Include further detail below)	
	Under the Employment Rights Act 1996, workplaces are legally obliged to ensure that disciplinary procedures are handled fairly and consistently.	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to follow the legal expectations, employees can make a claim to an employment tribunal if they think CTMUHB has treated them unlawfully.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Operational Delivery Committee is asked to **RATIFY** the **APPROVAL** of the All Wales Disciplinary policy and revised All-Wales Improving Performance at Work policy undertaken via Chair's Urgent Action as set out above.

6. Next Steps

6.1 An All-Wales training event to support the launch of the policies is scheduled for 2 April 2026. The Head of People Services will attend this session to work through the implementation approach with colleagues from across Wales and will subsequently provide feedback and guidance to CTMUHB People Services and Trade Union partners.

6.2 A wider communication and engagement plan will be implemented during April, to support the effective rollout of the policies and coincide with the launch of the new 'How to' guides.

NHS Wales
Disciplinary Policy and Process (2026)

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

Approved
Welsh Partnership Forum, November 2025

NHS Wales Disciplinary Policy and Process (2026)

Table of contents

1. Introduction

1.1 We are committed to building a culture that is led by our values and based on respect, fairness and accountability. In healthcare environments, safety, compassion and teamwork are important. Employee conduct (behaviour) and the day-to-day running of the workforce are not only a reflection of an organisation's values, but are also vital to providing high-quality care. Working in line with NHS standards is essential to maintaining public trust, protecting patient safety and making sure teams work together successfully. This policy sets out clear expectations for behaviour, to make sure all staff understand what is required of them and how, if they do not meet these expectations, this will be managed in a fair, balanced and transparent way.

1.2 Managers should address concerns with staff early, have constructive conversations and aim to settle any problems through learning and reflection whenever possible, while also upholding the standards we expect of all employees, including those who are accountable to professional regulatory bodies.

1.3 By promoting shared expectations, respectful communication and a commitment to improvement, this policy supports effective teamwork, positive working relationships and a safe, inclusive environment where staff feel valued, supported and responsible for their contribution to the organisation. It also sets out the expected standards of behaviour for all employees, providing clarity and consistency in line with our values.

2. What is this policy for?

2.1 This policy must be used to constructively address behaviours and misconduct (see the appendix at the end of this policy for an explanation of what may be considered misconduct) in a way that does the following.

- Makes sure only situations that need formal action are dealt with through the disciplinary process. Early intervention, approaches which aim to improve behaviour and alternative policy frameworks should be considered whenever appropriate. We will take a restorative approach. This is a framework for building community and managing conflict that focuses on repairing harm and strengthening relationships.
- Puts the principles of openness, honesty and psychological safety at the heart of the organisation, using a structured fact-finding assessment to support decision-making. Psychological safety is when employees feel able to challenge others, including authority figures, without fear of negative consequences.
- Promotes handling disciplinary matters fairly, consistently and as soon as possible to reduce avoidable harm and distress to those involved.
- Makes sure the roles and responsibilities of everyone involved in disciplinary matters are clear so everyone can take part respectfully and with full understanding.
- Sets out clear expectations for behaviour in line with our values, and makes sure that everyone involved understands the disciplinary process.

2.2 This policy is underpinned by our commitment to equality, inclusion and the ability to interact positively with people from different cultures. It recognises the importance of understanding and respecting diversity across all protected characteristics (age,

disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). It acknowledges evidence of unequal disciplinary outcomes and poor experiences for people from minority groups, and aims to actively remove bias and encourage equal treatment.

2.3 Each case will be considered individually. Managers (and everyone else involved) should take individual circumstances into account. The fact-finding assessment is the first step in all cases and helps managers decide the most appropriate course of action and the most relevant policy framework (see section 7) to use.

2.4 This policy has been developed in partnership with trade unions and is underpinned by the ACAS Code of Practice on Disciplinary and Grievance Procedures. It also reflects learning from emerging research and discussions with staff, stakeholders and professional bodies.

2.5 To make sure this policy is followed consistently across organisations, we also provide a collection of 'How-to' procedures that include timescales and templates for discussions. If an employee needs adjustments or support at any stage due to a disability or other protected characteristic, they are encouraged to speak to their line manager, the Workforce and Organisational Development Team or their trade union representative as early as possible.

2.6 You may need to read this policy together with other workforce policies, including our Respect and Resolution Policy and our Anti-sexual Harassment Policy.

2.7 The roles and responsibilities for those involved in the disciplinary process are set out in section 8.

3. Principles

3.1 This policy is based on the following principles, which reflect our commitment to an inclusive, accountable and fair culture that is led by our values.

- **Person-centred approach:** The employee is at the centre of the process – their individual needs, values and circumstances must be respected and appropriately addressed.

- **Fairness and cultural understanding:** Unconscious bias, limited cultural awareness and different cultural norms can influence how behaviour is perceived and managed. Steps must be taken to make sure that all decisions are informed by cultural understanding and are free from bias. (Unconscious bias is when we make decisions or judgments on the basis of assumptions, prior experience or personal thought patterns that get in the way of impartial judgement.)

- **Psychological safety and well-being:** The disciplinary process can cause anxiety and stress. Staff involved in the process must be understanding, clear and consistent to reduce the negative effect on mental well-being.

- **Timeliness and communication:** Disciplinary investigations should be carried out efficiently and only when necessary to reduce harm and cost to everyone involved. Everyone involved should regularly communicate to make sure the process and timelines are clear and understood.

- **Reasonable and early action:** Managers and disciplining officers should consider and use alternative ways of settling disputes and problems before taking formal disciplinary action (see section 12). This can include mediation, addressing issues early or applying another policy.

- **Using evidence to make decisions:** Decisions must be based on objective, complete and reliable information gathered during both the fact-finding and formal investigation stages.

- **Awareness of wider circumstances:** There is usually a reason why a person behaves in a certain way. Wider organisational and personal factors must be considered before starting or continuing with a disciplinary process.

4. Who this policy is for

4.1 This policy applies to all employees covered by the Agenda for Change Terms and Conditions. Although the principles of this policy may guide wider organisational practice, the policy does not apply to bank workers, agency workers, self-employed contractors or volunteers.

4.2 If disciplinary action is being considered against a trade union representative, the relevant full-time officer or senior member-elected representative (for example, a branch secretary) must be told by the commissioning manager before any action is taken.

5. Our commitment to a fair and equal approach

5.2 We are committed to making sure all employees can fully take part in standard disciplinary processes within their organisation. We will make every effort to remove potential barriers, including by providing additional language support, making reasonable adjustments and using a range of appropriate methods to gather information efficiently. No employee should be disadvantaged in any part of the process.

5.3 All our organisations must set and maintain standards of behaviour that challenge inequality and promote a culture where staff feel confident and supported to speak out about unfair treatment. We expect organisations to identify early warning signs of discrimination and to take action whenever evidence suggests that there is a problem. Managers involved in running processes, including investigators and decision-makers, may need to be trained in unconscious bias and cultural awareness, to better support fair decision-making.

5.4 Sexual harassment is illegal and must not be tolerated. We are committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

5.5 Information from documents should only be removed in the following circumstances.

- To remove personal information.
- To protect patient or staff confidentiality.
- When concerns have been raised under the Speaking Up Safely process and it has been decided that documents should be anonymous.

If necessary, investigators may need to ask your organisation's data protection officers for advice. Documents must not be edited during investigations as a way of withholding information or only sharing information that the organisation considers relevant to the case.

6. Links with external bodies and agencies

6.1 Working with other organisations to manage behaviour concerns.
Concerns relating to safeguarding (including the welfare and protection of children and adults at risk) must be managed in line with the Wales Safeguarding Procedures and the formal framework set out in the Social Services and Well-being (Wales) Act 2014. These procedures support consistent responses across organisations and make sure we meet our legal and ethical responsibilities in protecting vulnerable individuals.

6.2 When there is enough evidence to suggest that an employee has been involved in a criminal offence (including fraud, corruption, bribery, assault, harassment or theft), the organisation must consider whether it is appropriate to refer the incident to the police or other relevant authorities. This decision should be guided by appropriate people within the organisation (for example, the local counter fraud specialist (LCFS), the Workforce and Organisational and Development Team or safeguarding teams) and the outcome of the fact-finding assessment.

6.3 In cases involving suspected fraud, corruption or bribery, discussions must take place with the organisation's LCFS to decide how the matter will be managed, including who will be responsible for reviewing and making the referral. Referrals to the LCFS or our counter fraud service (CFS Wales) must be made only by the responsible person within the Workforce and Organisational Development Team, and only after a fact-finding assessment has been carried out.

6.4 Not all disciplinary investigations will need to involve the LCFS, CFS Wales or the police. If outside agencies are involved (particularly when criminal investigations are ongoing) the disciplinary process may be delayed. Everyone involved in the investigation must make every effort to keep the employee updated and provide support to reduce the risk of avoidable harm to any employees who may be affected by a period of uncertainty or a delay in the disciplinary process.

6.5 An important principle of this policy is that behaviour and misconduct concerns are managed quickly, honestly and fairly. If delays are necessary because of external

processes (such as needing to involve the police), organisations must take steps to protect staff's well-being, make sure everyone involved understands each stage of the procedure and the organisation's actions continue as soon as reasonably possible.

6.6 Professional accountability and referring matters to regulatory bodies.
Our organisations have a legal and professional duty to refer concerns to the appropriate regulatory body if a registered employee is no longer fit to practise. These referrals are essential to maintain public trust and protect patient safety.

6.7 Managers must only make referrals that are based on clear evidence following a structured assessment process. This includes carrying out a fact-finding assessment and, when it is necessary, using decision-making to support consistency, openness and fairness.

6.8 Before any referral is made, managers must discuss the matter with the organisation's responsible officer or designated senior officer. This is to make sure the decision is based on clinical, professional and organisational circumstances, and that the threshold for referral is appropriately and fairly considered.

6.9 A referral to a professional regulatory body can cause significant stress and anxiety for the employee involved. Organisations must take steps to make sure that the process is handled sensitively, with clear communication and access to support provided to the employee. The potential emotional and professional effects for the employee involved should be recognised. Employees must be referred to appropriate well-being resources and trade union support, and given the opportunity to take part meaningfully in the disciplinary process.

6.10 The head of profession or designated senior officer (working with the Workforce and Organisational Development Team and the responsible officer) is responsible for making referrals. They must keep a record of all referrals and justify each one in line with regulatory guidance and the organisation's own policies.

6.11 Issues relating to disclosure and barring.
Our organisations have a legal duty to refer relevant information to the Disclosure and Barring Service (DBS) if there is a concern that someone may pose a risk of harm to children or vulnerable adults. This duty is a critical part of safeguarding and helps protect vulnerable people across health and care settings.

6.12 Disciplinary referrals must be made in line with DBS guidance and the organisation's own safeguarding policy, and only after a thorough assessment that is based on evidence. This includes carrying out a fact-finding assessment and working with safeguarding officers or designated professionals to decide whether the threshold for referral is met.

6.13 A referral to the DBS can be deeply distressing for the employee involved, particularly if their future employment or professional reputation may be affected. Organisations must make sure that the process is handled sensitively, openly and fairly. The reason for the referral should be clearly explained to the employee, and they should be supported to understand the process and referred to appropriate well-being and support resources.

6.14 Safeguarding responsibilities must remain the focus, but the emotional and psychological effect on staff must also be considered. Good communication, access to support and handling cases compassionately is essential to reducing avoidable harm and maintaining trust in the process.

6.15 The designated safeguarding officer or senior officer within the organisation (working with the Workforce and Organisational Development Team) is responsible for making referrals to the DBS. They must keep a record of all referrals and justify each one in line with legal guidance and the organisation's own policies.

7. The fact-finding assessment process

7.1 When there are issues in the workplace, including repeated behaviours, managers need to consider what appropriate action to take.

7.2 The disciplinary process cannot start without first carrying out a fact-finding assessment. The purpose of this assessment is to gather the initial relevant facts that are needed to make an informed decision. There is more information in the **How-to procedure: Fact-finding assessment**.

7.3 The fact-finding assessment has the following aims.

- It helps managers and the Workforce and Organisational Development Team decide the most appropriate action to take and how to put policies in place, based on the facts of the case.
- It helps to settle problems early and avoid unnecessary action under formal disciplinary processes.
- When problems within the organisation itself rather than individual fault have contributed to the issue, the assessment encourages reflection and learning.
- It reinforces the importance of taking responsibility for our own actions by making sure that all staff keep to behaviour standards, and that concerns are dealt with reasonably.
- It promotes fairness and reduces the risk of avoidable harm and distress for the employee involved, as well as the risk of their reputation being negatively affected.

7.4 Once the manager has gathered the relevant information, they can review it and decide which of the following options is the most appropriate.

- No further action is needed: when the concern is not based on enough evidence or can be solved through a simple explanation.
- Informal action is needed: such as coaching, mentoring, feedback or a conversation.
- Formal action is needed: through the disciplinary process set out in this document or by following a different workplace policy (for example, the Respect and Resolution Policy or Improving Performance at Work Policy). The fact-finding assessment will then form part of the initial assessment of the relevant policy if necessary.

7.5 This policy promotes a compassionate and supportive approach to making sure behaviour standards are met, and also reinforces the importance of individuals taking responsibility for meeting these standards. When standards are not met, and when behaviour poses a risk to safety, well-being or teams working together, formal action may be necessary and must be taken fairly and as soon as possible.

7.6 **No further action**

If no further action is needed, the manager should keep a copy of the fact-finding assessment as evidence of the discussion and outcome. There may be some learning to be shared within the organisation despite no further action being taken.

7.7 **Informal action**

Although there may be no need for formal action, informal outcomes may be put in place to avoid future issues and to provide personal support. Options for informal action include the following.

- **Reinforcing standard management practices:** The expected standards are raised and addressed through supervision sessions, personal appraisal and development reviews (PADRs) and team learning sessions.

- **A conversation based around improvement:** Informal, structured conversations can deal with misconduct, behaviour or relationship concerns early in a supportive way, creating a safe space to look into any factors which have contributed to the problem. If an employee needs to improve their behaviour, the manager must provide a clear statement outlining the areas which need to be improved and an explanation of the standard expected. (Managers should refer to the employee's job description, PADR objectives and any specific examples of issues of concern.) Whenever there is cause for concern, these discussions should be held in private as soon as possible. If it is appropriate, managers may put a note of the informal discussion on the employee's file. The note will be ignored and will not affect any future disciplinary hearings.

- **Targeted support:** If the fact-finding assessment identifies a health, training or organisational learning need, targeted support will be put in place. This may include offering extra training, guidance or mentoring to help the employee meet the expected standards.

7.8 A copy of the fact-finding assessment may be placed on an employee's file for up to one year and a copy should be given to the employee for their records as confirmation of the discussion and outcome.

7.9 **Formal action through the disciplinary process**

The decision to take action under the formal disciplinary process should be made in line with the organisation's policies.

The manager may need to carry out immediate action to support both the employee and the team's day-to-day duties. This could include the following.

- Providing well-being support to the employee through the organisation's well-being services.

- Supporting the wider team or department, for example, by improving communication.
- Providing support to any employee or team whose day-to-day role, or ability to carry out their role, has been affected by the disciplinary process, for example, by providing any necessary resources.
- Removing the employee from their usual work environment while an investigation is being carried out (the organisation's Workforce and Organisational Development Team should be involved in deciding to do this).

7.10 The formal outcome of a fact-finding assessment in line with this disciplinary policy may be one of the following.

- Carrying out a fast-track disciplinary (see section 9) because the employee has admitted to misconduct, or when the misconduct is not serious enough to be considered gross misconduct, which would lead to dismissal. Managers should refer to Appendix 1: Definitions at the end of this policy to support them in deciding whether an issue is 'misconduct' or 'gross misconduct'. The employee must agree to the fast-track process before it starts.
- Carrying out a formal investigation and considering whether it is necessary to temporarily suspend the employee or move them to a different department (redeployment).

7.11 The aim is to deal with disciplinary matters sensitively while respecting the privacy of everyone involved. Employees must keep all information about an investigation or disciplinary matter confidential. However, if the employee is a member of a trade union, they can share information with their trade union representative as soon as possible.

7.12 Employees are not allowed to record any meetings or hearings held under this policy. The organisation is responsible for recording details of meetings and hearings to produce official reports and statements.

7.13 Managers should usually tell the employee the names of any witnesses whose evidence is relevant to disciplinary proceedings against them, unless the investigating officer believes that a witness's identity should be kept confidential.

8. Roles and responsibilities

8.1 The following roles are involved the disciplinary policy.

8.2 **Employee (the person being investigated):** The employee must follow the requirements set out in this disciplinary policy, which include co-operating with the investigation process and giving their description of events. They have the right to take a companion (either a union representative or workplace colleague) to investigation meetings and any hearings.

8.3 **Manager:** The manager is responsible for dealing with issues informally when appropriate. However, if they feel that a more formal approach is necessary, they will fill in a fact-finding assessment form. This records important information related to a

particular issue, or series of issues. If the manager decides that a formal investigation is the appropriate next step, the commissioning officer (CO) will need to approve this. The manager is responsible for supporting the employee's well-being throughout the investigation process, but is not involved in any part of the process once they have submitted the fact-finding assessment to the commissioning manager.

8.4 **Companion:** If the employee is not a member of a trade union, the companion will usually be a workplace colleague. The companion provides support to the employee and attends meetings and hearings with them. The companion can make representations (give statements) and ask questions but cannot answer on behalf of the employee.

8.5 **Workforce and organisational development representative:** A workforce and organisational development representative advises managers, commissioning officers, investigating officers, deciding officers and Appeals Officer to make sure the disciplinary procedure is fair and follows this policy and the ACAS Code of Practice on Disciplinary and Grievance Procedures. They help to produce and gather necessary documents (such as letters and reports) and attend hearings as an advisor. They cannot make decisions about whether disciplinary action is needed.

8.6 **Commissioning officer:** This role is only needed in formal investigations. The commissioning officer receives the fact-finding assessment form once it has been submitted and is responsible for reviewing whether a formal investigation is needed. This role is more senior than the manager's. If the commissioning officer decides to go ahead with an investigation, an investigating officer and a workforce and organisational development representative are appointed. The commissioning officer should be brought in from a different department than the employee who is being investigated.

8.7 **Investigating officer:** The investigating officer is responsible for carrying out a fair and unbiased investigation. It is their responsibility to collect and review evidence, which may include interviewing witnesses. They must maintain confidentiality throughout the process and present their findings in an investigation report. The investigating officer does not make decisions within the process or make recommendations or judgements. They should look at the facts of each allegation and produce a factual report for the commissioning officer (with support from the Workforce and Organisational Development Team if necessary).

8.8 **Deciding officer:** The deciding officer should have had no previous involvement in or knowledge of the issues that are being investigated. They are responsible for chairing the disciplinary hearing, which reviews the evidence provided in the investigation report. The deciding officer's role is to make sure the disciplinary process is fair by putting in place this policy appropriately and allowing employee representation (advising employees of their right to be accompanied to the disciplinary hearing). They decide on the appropriate action to take (for example, no action, a warning or dismissal) with support from a workforce and organisational development representative. They may need to ask for more information or carry out interviews with witnesses before they make their decision.

8.9 **Panel membe**r: The panel member will act as an impartial member in the disciplinary hearing to keep the hearing fair, balanced and objective. They must have had no

previous involvement in the case and have no conflict of interest (for example, being a member of staff previously involved in raising a complaint against the individual). Their role is to review the evidence, contribute to discussions and support the panel in reaching a fair and reasoned outcome.

8.10 **Trade union representative:** Trade union representatives give support and advice to employees who are members of the union. They attend meetings and hearings with the employee and are included in any meetings to discuss suspending the employee or moving them to a different role within the organisation. They can make notes for the employee, question witnesses and present information on behalf of the employee. They can provide support if employees find the formal process distressing. Trade union representatives are also responsible for keeping the process fair and making sure policies and standard procedures are followed.

8.11 **Witnesses:** Witnesses can be individuals from within or outside the organisation who can provide an account of the facts in a formal interview if asked. After the interview the notes will be written up and included in the investigation report. Witnesses must co-operate with the investigating officer and help with the investigation.

8.12 **Appeal manager:** If a disciplinary decision is appealed, the appeal manager will organise an appeal hearing. This will consider whether the process was fair and reasonable. An appeal must be unbiased, and the panel at the appeal hearing will be more senior than the panel at the original disciplinary hearing. The appeal panel can decide whether to uphold, cancel or amend the original outcome. In most cases, the appeal manager will be more senior than the deciding officer and will not have been involved in or have any knowledge of the case.

8.12 Witness identity and support.
As part of a fair and transparent disciplinary process, employees will normally be told the names of any witnesses whose evidence is relevant to the case.

8.13 However, in some circumstances, if there is a genuine concern for the safety or well-being of a witness, the commissioning manager or investigating officer may decide that their identity should be kept confidential. This decision must be made carefully, recorded clearly and guided by the principles set out in the Speaking Up Safely framework for Wales.

8.14 While, in rare cases, it may be necessary to keep a witness's identity confidential, it is generally better to avoid this. Open testimony (where witness evidence is presented, questioned and discussed directly during the meeting, rather than relying on pre-written statements) supports trust, transparency and honesty. Witnesses should be encouraged and supported to speak up safely, with reassurance that their concerns will be handled respectfully and without any retaliation.

8.15 Being part of a disciplinary process can be emotionally challenging. Witnesses may experience stress, anxiety or fear of retaliation. Organisations must take practical steps to support everybody involved, for example, by doing the following.

- Providing access to well-being resources and staff support services.

- Offering representation from trade union representatives or colleagues where appropriate.
- Protecting employees' well-being and keeping details of cases confidential.
- Communicating clearly and kindly throughout the process.

8.16 Creating a culture where people feel safe to speak up and are supported when they do so is essential to learning, accountability and improvement.

9. Fast-track process

9.1 The fast-track process is designed to settle minor misconduct concerns that do not need a formal disciplinary investigation, for example, when the facts are clear and the employee accepts responsibility.

9.2 Following the fast-track process does not automatically mean that action will be taken against the employee. The process is intended to support learning and accountability so issues can be settled early. The process must still be fair and follow all standard procedures.

9.3 The fast-track process must not be used when there is any possibility of gross misconduct. In these cases, a full fact-finding assessment and formal disciplinary process must be followed.

9.4 The manager must discuss the case with the Workforce and Organisational Development Team before starting the fast-track process, to confirm that it is suitable and that the employee fully understands the process and is supported throughout it. The decision to use the fast-track service must be recorded clearly, and the employee must have the opportunity to be involved meaningfully in the decision and raise any concerns they have about using the fast-track process.

9.5 The fast-track process, including timelines, is set out in the **How-to procedure: Fast track.**

10. Formal investigation

10.1 There may be situations when the formal investigation procedure is needed. This might apply, for example, if informal action has not led to the necessary improvement, if expected behaviour standards are repeatedly not met or if the allegation is serious.

10.2 The purpose of an investigation is for the organisation to gather a fair and balanced view of the facts relating to any disciplinary allegations against the employee, before deciding whether to go ahead with a disciplinary hearing. The level of investigation that is needed will depend on the type of allegations and will vary from case to case. For example, the investigation may involve interviewing and taking statements from the employee and any witnesses, reviewing relevant documents and emails, or reviewing any CCTV or other footage.

10.3 No decision on disciplinary action will be made until after a disciplinary hearing is held.

10.4 Employees must co-operate fully in any investigation. This includes telling the organisation the names of witnesses when asked, sharing any relevant documents and attending interviews if necessary. If any employee deliberately tries to interfere with the investigation or influence the outcome (for example, by intimidating, harassing or bullying anyone involved), they may face further disciplinary proceedings, including disciplinary action against them. There is more information on the investigation process in the **How-to procedure: Formal investigation**.

10.5 If the employee is on sick leave, this does not stop the investigating officer from continuing with the investigation. However, they may need to get advice from the Occupational Health Team if there are concerns about whether the employee can continue to take part in the process.

10.6 To make sure that the formal investigation is carried out properly, there are specific responsibilities for those involved (see section 8).

11. Suspending or moving employees to other departments

11.1 Investigations into misconduct and concerns about an employee's behaviour can be complicated and emotionally challenging. It is essential that the situation is managed carefully and compassionately for the employee involved, as well as for colleagues, patients and the wider team. It may sometimes be necessary for the organisation to take steps such as temporarily removing the employee from their usual work environment while the investigation is ongoing.

11.2 The deciding officer should only consider suspending the employee when there is no safe or practical alternative. Suspension can have a deep emotional, psychological and professional effect on the employee, and may lead to avoidable harm if not handled with care. Whenever possible, organisations must consider other arrangements, such as moving the employee to a different department, allowing them to work from home or changing their duties, before suspending them. Suspension may sometimes be necessary due to the seriousness of the allegations and the possible risks involved. If the employee is suspended, there should be regular and compassionate contact with them from a senior manager to look after their well-being and make sure the procedure is fair.

11.3 When the deciding officer is considering whether to suspend the employee or take other action, they must follow the **How-to procedure for suspension and redeployment** and carry out a formal risk assessment. This is to make sure that decisions are proportionate to the allegations that have been made, based on evidence and in line with the organisation's principles of fairness, safety and well-being.

11.4 If more information becomes available during the investigation and this changes the level of risk, the deciding officer must reconsider whether the employee should be suspended. Suspension should never be treated as the standard action to take without considering alternatives, or as the best action to take to punish the employee. The

suspension must be reviewed regularly by an appropriate senior manager to make sure it is still necessary and appropriate.

11.5 The details of each case should be kept confidential whenever possible and the employee must be supported with clear communication, access to well-being resources and reassurance about their rights and the process.

12. Disciplinary hearing

12.1 Following an investigation, if the organisation considers that disciplinary action is necessary, the employee will need to attend a disciplinary hearing. The employee will be told in writing about the allegations against them, the reason the allegations have been made and what the likely consequences will be if the organisation decides that the allegations are justified. The organisation will also give the employee the following documents if appropriate.

- A summary of relevant information gathered during the investigation (an investigation report).
- A copy of all relevant documents or other evidence which will be used at the disciplinary hearing (including a copy of the fact-finding assessment).
- A copy of all relevant witness statements, except when a witness's identity is being kept confidential. In these cases, the organisation will give the employee as much information as possible without revealing who the witness is.

12.2 The organisation will tell the employee the date, time and place of the disciplinary hearing in writing. The hearing will be held as soon as possible, but the employee will be given a reasonable amount of time to prepare their case based on the information provided.

12.3 If there are reasons for carrying out any hearing remotely (for example, online), the organisation will explain this to the employee and give them details of all relevant arrangements and instructions for joining the hearing. In some cases, it may not be appropriate for the hearing to be held remotely (for example, if the employee has a hearing condition or does not have access to the necessary equipment or software). In these cases, the hearing will take place in person when possible.

12.4 The disciplinary hearing is an opportunity for the panel to examine the evidence and for the employee to comment on the evidence and share their views. The process is set out clearly so that every hearing is managed in the same way. The process is set out in the **How-to procedures: Managing the disciplinary hearing**.

12.5 If the employee being investigated is a registered professional, the panel must include a relevant head of profession or senior professional officer. This is to make sure that the panel has the necessary experience to assess matters relating to professional standards, codes of conduct and fitness to practise. It also supports informed, fair and reasonable decision-making, and reinforces the organisation's commitment to maintaining public trust and professional accountability.

12.6 Possible hearing outcomes.
The range of available outcomes for misconduct are set out below. There must be a hearing before any of the actions are taken. We aim to treat all employees fairly and consistently. Any disciplinary action taken in relation to another employee for similar misconduct will usually be considered, but this should not be treated as standard. Each case will be assessed separately.

12.7 The deciding officer will not usually decide to dismiss an employee for their first act of misconduct, unless the organisation decides it is gross misconduct. The possible hearing outcomes are listed below.

a) No disciplinary action
When the evidence presented did not support the allegations. If this is the case, the organisation is expected to carry out a review to identify opportunities for improving fact-finding and disciplinary processes.

b) First written warning
A first written warning may be given in the following circumstances.

- In cases that are too serious for informal action, but not serious enough to need formal action.
- In cases where the employee repeats minor acts of misconduct and a fact-finding assessment has been carried out.

A first written warning will be active for one year.

c) Final written warning
A final written warning may be given in the following circumstances.

- Misconduct where there is already an active written warning on the employee's record.
- When the misconduct is considered serious enough to mean a final written warning is needed, even if there are no other active warnings on the employee's record.

A final written warning will be active for two years. Written warnings will set out the type of misconduct, the change of behaviour that is needed, the amount of time the warning will remain active and what will happen if there is any further misconduct while it is active.

d) Dismissal
Dismissal will usually be appropriate in the following circumstances.

- When there is a final written warning on the employee's record and there is further misconduct.
- In gross misconduct cases, regardless of whether there are any active warnings on the employee's record.

If the employee is dismissed for gross misconduct, they will not be given a notice period or payment instead of notice.

e) Alternatives to dismissal

In some cases, the organisation may consider alternatives to dismissal. These can be authorised by a senior manager and will usually be accompanied by a final written warning. Examples of alternatives to dismissal include the following.

- The employee may be demoted to a less senior role.
- The employee may be transferred to another department, location or role.
- The employee's job banding (job grade and role) may be reduced.
- The employee may no longer be eligible for future pay increases through the pay progression policy.
- The employee may lose their right to do overtime.

The employee can consider any alternative to dismissal that they are offered and must respond, in writing, within seven days if they want to accept the offer. If the employee accepts alternative employment, they still have the right to appeal against the original decision to dismiss them.

12.9 If, after a disciplinary hearing, gross misconduct is proven but the employee has not previously been referred to the relevant professional regulatory body, the deciding officer must consider whether a referral is now necessary. This decision should be based on the type of misconduct, its effects on patient safety, public trust and professional standards, and the threshold for referral set by the regulatory body for concerns about an employee's fitness to practise. The deciding officer should discuss the case with the responsible officer or designated professional officer, and they should use referral decision tools and frameworks to make sure decisions are consistent and transparent. Being referred to a regulatory body can have significant emotional and professional consequences for the employee, so the process must be handled sensitively, with clear communication and access to appropriate support provided to the employee. The deciding officer must record the reason for referring the case, or the decision not to refer the case. For professional accountability and referral to regulatory bodies, see section 6.6. If the employee has already been referred to the appropriate regulatory body, the outcome of the disciplinary hearing should be shared by the responsible officer or designated senior professional lead with that regulatory body.

13. Right to appeal

13.1 All employees have the right to appeal against a decision within 14 calendar days of being told in writing that disciplinary action has been taken. There is a clear appeals' process to make sure appeals are dealt with consistently. The **How-to procedure: Appeals Procedure** has more information.

13.2 Following the appeal hearing, the organisation may:

- confirm the original decision;
- withdraw the original decision; or
- decide on a different action.

13.3 The employee will be told the organisation's final decision, in writing, as soon as possible. If possible, the organisation should also explain this to the employee in person.

13.4 Employees cannot make more than one appeal.

14. Right to be accompanied

14.1 Employees have the right to bring a companion with them to formal investigation meetings and formal hearings. This person can be a trade union representative or a colleague.

14.2 The companion is allowed reasonable time off from their duties without losing pay. Colleagues do not have to act as a companion if they do not want to. A union representative will act for a union member as far as their duties allow.

14.3 If the colleague or trade union representative the employee would like to have as their companion is not available, the employee should ask if another suitable person can take their place as soon as possible.

14.4 If the companion is not available at the time a hearing is scheduled and will not be available for more than five working days afterwards, the organisation may ask the employee to choose someone else.

14.5 The organisation may allow an employee to bring a companion who is not a colleague or trade union representative (for example, a member of their family) if this will help to overcome any disability-related disadvantage, or if the employee has difficulty understanding English.

14.6 There are clear rules about what a companion can and cannot do in the **How-to Procedure: Roles and responsibilities**.

15. Closing a disciplinary process and moving forward

15.1 We are committed to a culture that is led by our values and prioritises fairness, compassion and improvement. Once the disciplinary process has ended, it is essential that appropriate support is provided to the employee and any witnesses involved, and that we reflect meaningfully on the experience to identify opportunities for learning and growth.

15.2 Reintegrating an employee who has been through a disciplinary process is not simply about returning to work. It is about rebuilding trust and well-being, and making sure that employees feel valued and supported. Managers should work with staff and the Workforce and Organisational Development Team to support employees returning to work, deal with any lasting concerns and support teams who work well together.

15.3 A formal debrief exercise should be carried out by the deciding officer and workforce and organisational development representative to review the process, assess whether

it had the effect the organisation was aiming for and identify any factors within the organisation that may have contributed to the issue. This includes examining systems, culture, communication and leadership practices across the organisation. If the employee was not at fault, but conditions within the organisation played a significant role in the issue, this must be recorded and acted on to prevent or reduce the chance of the same problem happening again.

15.4 Learning within the organisation should be shared across teams and departments, with a focus on improving practice, strengthening the type of culture we are committed to and encouraging individuals to be responsible for their behaviour. This builds a fair working environment that balances learning with taking responsibility, and prioritises the well-being of employees and the wider workforce. Staff should always be mindful of confidentiality when sharing information.

Appendix 1: Misconduct and gross misconduct definitions

Misconduct	The following are examples of what may be considered as misconduct. 1. Failing to keep to working hours. 2. Taking time off that has not been agreed in advance. 3. Refusing or failing to follow a reasonable instruction. 4. Being involved in any criminal activities (other than those classed as gross misconduct). 5. Not following safety practices, procedures and rules. 6. Entering [INSERT ORGANISATION] property without permission. 7. Using certain equipment without permission. 8. Destroying, changing, adding to or deleting official documents without permission. 9. Being abusive to another employee, patient or member of the public. 10. Deliberately not meeting work schedules. 11. Deliberately misusing the organisation's IT equipment, facilities or procedures. 12. Failing to follow the organisation's procedures and policies. 13. Other actions which are, in the opinion of management, not good conduct and which are likely to damage the organisation's reputation.
Gross misconduct	The following are examples of what may be considered as gross misconduct. 1. Repeatedly failing to respond to previous informal action. 2. Sexual harassment – any unwanted behaviour of a sexual nature that has the purpose or effect of taking away a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. 3. Racism – any behaviour, action or comment that humiliates, excludes, or discriminates against a person based on their race, skin colour, nationality or ethnic or national background. 4. Other forms of discrimination, including sexism, homophobia, ableism or any discriminatory behaviour based on other protected characteristics. You can read more about protected characteristics at

	https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics. 5. Harassment – any unwelcome behaviour (either verbal or physical) that creates an intimidating, hostile or offensive environment for an individual or group. 6. Assault – physical assault on a service user, a carer, another member of staff or a member of the public. This includes fighting, physical abuse and sexual assault. 7. Theft or stealing – taking property belonging to us, a service user, a carer or another member of staff without permission. 8. Bullying or threatening or menacing behaviour towards a service user, a carer, another member of staff or a member of the public. 9. Being reckless or careless in work – any action (or a deliberate failure to act) which threatens the health and safety of a service user, a carer, a member of the public or another member of staff. 10. Causing serious damage to property belonging to us, a service user, a carer or another member of staff. 11. Acts of fraud and corruption, including accepting gifts, money, goods and favours. 12. Breaking confidentiality – losing confidential information, accessing confidential information without permission, sharing confidential information or sharing personal information about a service user, a carer or another member of staff (except unless there is a legal duty to share information, for example, when there is a safeguarding concern). 13. Breaking the Professional Code of Conduct. 14. Hiding or destroying evidence. 15. Having an inappropriate or unprofessional relationship with any service user. 16. Deliberately accessing or downloading pornographic, discriminatory or offensive material. 17. Possessing or attempting to supply alcohol or other substances (these don't have to be illegal). 18. Being under the influence of alcohol or substances (these don't have to be illegal) either before reporting for duty or while on duty. 19. Sharing any material which breaks the organisation's equality and diversity policies. 20. Being involved in criminal offences (including fraud, corruption and bribery), issues relating to professional

	regulatory bodies and issues relating to disclosure and barring. 21. Making or sending malicious or distressing allegations against the employer, managers or colleagues. 22. Unfair treatment of an employee who has raised concerns under the All Wales Raising Concerns policy. 23. Giving false or misleading information at any time, including when applying for any role within the organisation. This can include information about previous jobs or qualifications, providing a false health declaration, or not declaring a criminal offence or being involved in ongoing legal proceedings relating to a criminal offence in line with the Rehabilitation of Offenders Act 1974.

All-Wales Improving Performance at Work Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

Approved
Welsh Partnership Forum November 2025

Contents

1. Policy statement

1.1 The Core Principles of NHS Wales are central to this policy and have been applied throughout. NHS Wales Core Principles

2. About this policy

2.1 This policy is applicable to all employees employed in NHS Wales organisations, except Medical and Dental staff where specific arrangements apply in cases of professional conduct or competence. It does not apply to bank workers, agency workers or self-employed contractors.

2.2 Before considering any action in accordance with this policy, the relevant code of conduct and professional code of practice should be considered, and advice should be sought from the relevant professional lead.

2.3 The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary.

2.4 Where an employee is either jointly employed or is not employed by the NHS Organisation but provides a service for the NHS Organisation, the performance issue will be addressed under the scope of the policy of the lead employer.

2.5 This policy should be used where the unsatisfactory performance is due to a genuine lack of skill or ability. Where unsatisfactory performance is attributed to suspected misconduct, it should be dealt with under the Disciplinary Policy. Where the primary cause of unsatisfactory performance is considered to be health related, this should be referred, in the first instance to the All Wales Managing Attendance at Work Policy.

3. Principles

3.1 Line Managers are responsible for ensuring that all employees are given a clear understanding of their duties, the standards of performance expected and assessment of any development needs which they may have, including the timescales within which these need to be addressed. This is usually undertaken via the PADR process.

3.2 During an induction period, the expectation would be that the level of support required would be greater than once the employee has settled in.

3.3 During the normal course of their duties, line managers should meet regularly with their employees and bring to their attention any issues relating to their performance.

3.4 All employees have the right to be accompanied by a Trade Union representative or work colleague, at all formal stages of the process. If the preferred representative is unavailable, but a suitable alternative is, this should not delay the process.

3.5 Performance matters should be dealt with sensitively and with due respect for the privacy of the individuals involved.

3.6 All meetings should be conducted in a manner that is supportive to the employee to enable them to understand the concerns and meet the level of performance required at the earliest opportunity.

3.7 Line managers will put the employee at the centre of the process and respect and appropriately respond to each person's needs and values. They will recognise the potential for bias involving employees from an ethnic minority background, as well as those from other under-represented groups, and will be proactive to ensure bias does not form part of any decision-making.

3.8 Line managers will recognise the ways cultural backgrounds, values and norms may influence an employee's behaviour, communication style or perceptions. By integrating cultural competence, decision-makers can avoid misinterpreting actions or intentions that stem from cultural differences rather than misconduct.

3.9 Line managers will be aware of the impact that experiences of racism, microaggressions, and other forms of discrimination can have on employees is recognised. The aim is to ensure that all employees are treated with fairness, dignity, respect, and taking into account their backgrounds, circumstances, and characteristics. These include age; impairment or health condition (disabled people); gender, gender identity or gender expression; race, culture, ethnicity or nationality; religion, belief, or non-belief; sexual orientation; pregnancy and maternity; and relationship status.

3.10 Line managers should be aware of the role intersectionality has on an employee's experiences of the Improving Performance at Work policy.

4. Informal Stage Discussion

4.1 This should include:

- A clear statement from the manager outlining areas of performance in need of improvement, together with an explanation of the standard expected. (Reference can be made to the job description, PADR objectives and/or any specific examples of work causing concern.)
- Identification of the extent and nature of the factors and impact arising.
- Exploring how the factors identified can be overcome or minimised.
- Exploring any mitigating circumstances, e.g. underlying health conditions
- Setting clear targets for improvement and developing an action plan with timescales for any follow up and/or achievement.
- Offering and agreeing opportunities for support and training.

4.2 Following the meeting, the manager will provide a copy of summary of the meeting. This will include the areas of performance considered as unacceptable, the informal performance improvement plan (insert link) and timescales.

4.3 A date should be set (usually defined in weeks) for a follow-up meeting to review progress; the purpose of which will be to confirm areas where performance concerns have been addressed and/or to outline areas, if any, where performance remains unsatisfactory.

4.4 Where performance remains unsatisfactory after the follow up meeting, the employee will be advised that the issues remaining will progress to the formal stage of the process and a formal meeting arranged.

5. Formal Stage 1 Meeting

5.1 The meeting arrangements will be sent to the employee 7 calendar days in advance. The meeting should cover as a minimum the following: -

- A summary from the manager outlining the informal process to date or reasons why it was not appropriate to consider the concern(s) at the informal stage.
- A clear statement by the manager outlining areas of performance in need of improvement, together with an explanation of the standard expected.
- An acknowledgement, where appropriate, of any improvement, however small.
- Consideration of any mitigating factors.
- Establishment of a formal performance improvement plan (PIP) with timescales.
- Agreeing additional opportunities for support and training, if appropriate.

6. Formal Stage 2 Meeting

6.1 The meeting arrangements will be sent to the employee 7 calendar days in advance. The meeting should cover as a minimum the following: -

- A summary from the manager covering the informal/formal process to date and outcome.
- Acknowledgement of any improvement, however small.
- Specific details of all aspects of the employee's work which remains unsatisfactory.
- Consideration of any mitigating factors.
- Review/revision of the Performance Improvement Plan (PIP) with revised timescales.
- Clarification of next steps if performance does not reach the required standard.
- Agreeing any further opportunities for support and (re)training if appropriate.

7. Confirming Formal Stage Outcomes

7.1 Following a formal meeting, the manager will send a letter to the employee outlining a summary of the meeting, including the areas of performance considered as unsatisfactory, the improvement plan, timescales and next steps.

7.2 A date should be included (usually defined in weeks) for a follow-up discussion to review progress; the purpose of which will be to confirm areas where performance concerns have been addressed and/or to outline areas, if any, where performance remains unsatisfactory.

N.B. Where performance improves to the required standard sooner than the timescales require, the discussion can be brought forward, and the process concluded.

7.3 Where performance remains unsatisfactory, the employee will be advised that the issues remaining will progress to the next stage of the formal process.

8. Stage 3 Hearing

8.1 The hearing will comprise of a panel of a more senior manager not previously involved and a Senior Workforce/HR Manager. Arrangements will be sent to the employee 14 calendar days in advance and include the following documents:

- Outcome email/letter for each stage undertaken
- Copy of each PIP
- Stage 3 invite letter

8.2 The Hearing will follow the following structure:

- The manager will provide a verbal statement outlining:
    - the process followed to date
    - a summary of the issues
    - support offered (taken from the PIPs)
    - progress to date
    - concerns remaining and their impact
- The employee can provide a verbal and/or written response in relation to each of the above points together with any mitigating factors they wish the panel to take account of.
- The panel may ask questions of each party in relation to the case presented.
- The views of the employee may also be sought in relation to any redeployment opportunities available at the time.
- The panel will then adjourn to consider their determination.

8.3 The outcomes available to the panel are as follows:

a) The PIP has been achieved in full by the date of the hearing and performance is assessed as satisfactory. If similar performance issues arise again within a 12-month period, the individual will be invited to a further stage 3 Hearing.

b) There has been partial achievement of the PIP; the timescales for improvement are extended for a further period (usually no more than one month). The Stage 3 Hearing will be adjourned and reconvened at the end of this period to formally review the position.

c) Performance remains below the required standard; the employee will be dismissed by reason of capability. Any offer of alternative employment will be included in the outcome letter and be dealt with in accordance with the Redeployment Procedure.

8.4 The outcome letter will be sent to the employee within 7 calendar days of the hearing.

9. Appeal

9.1 The employee has a right of appeal against dismissal within 14 calendar days of the date of the Stage 3 outcome letter. The grounds of appeal should be included in the notification.

N.B. The date the dismissal takes effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful the employee will be reinstated with no loss of continuity or pay.

9.2 The appeal will be heard by a panel comprising of a more senior manager not previously involved (nominated by the Deputy Director of Workforce and Organisational Development) and the Head of Workforce/HR or deputy. Arrangements will be sent to the employee 14 calendar days in advance and include the following documents:

- Grounds of appeal
- Outcome documentation for each stage undertaken
- Copy of each PIP
- Appeal invite letter

9.3 The purpose of the appeal is to establish if the decision to dismiss was reasonable in light of the grounds raised by the employee and the case presented by the senior manager of the Hearing Panel. The appeal is not a re-hearing of the original evidence.

9.4 The outcomes available to the appeal panel will be to:

a) uphold the appeal

b) dismiss the appeal

c) uphold the appeal in part

9.5 The employee will be advised of the outcome of their appeal in writing, usually within one week of the appeal hearing. There will be no further right of appeal.

10. Equality

10.1 This policy has been impact assessed to ensure that it promotes equality and human rights.

10.2 Employees can receive any documentation arising from this process in either Welsh or English and can use the Welsh language in any meeting attended. A simultaneous translation service will be provided at the meeting when it cannot be conducted solely in Welsh.

11. General Data Protection Regulations

11.1 All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the NHS Organisation's Data Protection Policy.

12. Monitoring

12.1 Details of all performance management discussions under this policy will be recorded on the employee's file for a period of 12 months from conclusion of the process. Anonymised data may be reported to the relevant Committee as deemed appropriate by the employing organisation.

13. Approval

Signed on behalf of the Staff Side:

Signed:

Name: .....

Title: .....

Date: .....

Signed on behalf of the Management Side:

Signed:

Name: .....

Title: .....

Date: .....

Appendix 1 – Informal Performance Improvement Plan Template

Employee Name _____ Date of Meeting _____

Employee Number _____

Job Title _____

When developing the performance improvement plan, it must be ensured that each objective is Specific, Measurable, Achievable, Relevant, Time specific (SMART). The plan in its totality should also be achievable and objectives should not be too numerous taking into consideration the time specified for achievement.

Outline what aspect of the role the concern(s) relate to and the frequency of the activity	Outline the concern(s) identified (include specific examples where possible and their impact)	Mitigation put forward	Training and support discussed	Details of what success will look like	Timescale for completion (usually defined in weeks)

Approved
Welsh Partnership Forum November 2025

SIGNED _____ Manager's Name _____ Date _____

SIGNED _____ Individual's Name _____ Date _____

Appendix 2 – Formal Performance Improvement Plan Template

Form PIP2 - Formal Performance Improvement Plan

Stage 1 Meeting* / Stage 2 Meeting* *(*delete as appropriate)*

Employee Name _____ Date of Meeting _____

Employee Number _____

Job Title _____ Dates of Previous Meetings _____

When developing the performance improvement plan, it must be ensured that each objective is Specific, Measurable, Achievable, Relevant, Time specific (SMART). The plan in its totality should also be achievable and objectives should not be too numerous taking into consideration the time specified for achievement.

Outline what aspect of the role/objective the concern(s) relates to and the frequency of the activity	Outline the concern(s) identified (include specific examples where possible and their impact)	Mitigation put forward previously	Action required Include details of training and support offered	Details of what success will look like	Timescale for completion (usually defined in weeks)	Progress Made including details of training and support provided.	Status update: Place 'Y' in one of the boxes below	
							Performance now satisfactory	Performance Concerns Carried Forward
(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)			

Overall Assessment - Performance has improved to the standard required Yes* / No *

Where action(s) carried forward please update below:

Outline what aspect of the role the concern(s) relate to and the frequency of the activity	Outline the concern(s) identified (include specific examples where possible and their impact)	Mitigation put forward at meeting	Training and support discussed	Details of what success will look like	Timescale for completion (usually defined in weeks)
(Copy from above)	(Copy from above)				

Employee informed of next steps Yes* / No* Date of next meeting _____

SIGNED _____ Manager's Name _____ Date _____

SIGNED _____ Individual's Name _____ Date _____

Agenda Item
10.1.2

Operational Delivery Committee

RATIFICATION OF CHAIRS ACTION: APPROVAL OF THE PATERNITY LEAVE POLICY

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Urgent Chair's Action – Operational Delivery Committee Members by Email	19/03/2026	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
EDI	Equality, Diversity & Inclusion
ERA	Employment Relations Act

1. Situation /Background

1.1 The purpose of this paper is to seek endorsement for a minor amendment to Paternity Leave provisions, in line with the requirements of the Employment Rights Act 2025.

1.2

1.3 A request seeking urgent support for approval of policy was circulated on the 19th March 2026 following agreement with the Operational Delivery Committee Chair. This resulted in the following responses indicating support from Committee IMs:

- Hywel Daniel – Executive Director for People
- Rachel Rowlands – Independent Member (Committee Chair)
- Dilys Jouvenat – Independent Member
- Patsy Roseblade – Independent Member
- Kathy Mason – Independent Member

This was approved on the 24th March 2026 and the Executive Director for People was notified.

2. Specific Matters for Consideration

2.1 Paternity leave provision sits within the broader Maternity, Paternity, Adoption and Surrogacy Policy. Paternity leave complements a range of family-friendly support available to our workforce, including shared parental leave, breastfeeding support, pregnancy loss leave, neonatal care leave and annual leave. Collectively, these measures reflect CTMUHB's ongoing commitment to being a family-friendly employer- an important priority within our People Plan 2025–2030.

2.2 The current Paternity Leave policy allows employees to take 2 weeks' paid leave. To be eligible, employees must have completed at least 12 months' NHS service at the beginning of the week in which the child is expected.

2.3 From 6 April 2026, Statutory Paternity Leave will become a day-one employment right, removing the previous 12-month NHS qualifying service requirement. It is important to note that these changes relate only to eligibility for leave. The rules governing Statutory Paternity Pay remain unchanged. Employees will still be required to have 26 weeks' NHS continuous service by the end of the qualifying week to receive Statutory Paternity Pay.

2.4 The continuous service requirement for paternity leave will be removed to ensure compliance with the legislative changes. This amendment will enable more employees to benefit from Paternity Leave and proactively aligns our policy position with the Employment Rights Act 2025.

2.5 Further enhancements will be considered when reviewing the broader Maternity, Paternity, Adoption and Surrogacy Policy, to strengthen CTMUHB's position as a family-friendly employer.

2.6 The policy has been reviewed and is consistent with the approach across NHS Wales and with upcoming employment legislation under the ERA.

2.7 Engagement in the revision of the policy included trade union representatives and EDI team to ensure inclusivity and clarity. Organisational values and behaviours have been reflected within the policy and an equality impact assessment has been completed.

2.8 This amendment will broaden access to Paternity Leave and ensure CTMUHB is proactively complying with the new legislation effective 6 April 2026.

3. Key Risks / Matters for Escalation

3.1 Paternity leave will become a day one right under the Employment Act 2025. Lack of a compliant Paternity Leave policy would therefore be in breach of legislation. Approval of the changes to our Paternity Leave policy ensures proactive compliance with upcoming legislative changes.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality**	Culture and Valuing People
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality: POSITIVE Outcome for Welsh Language: POSITIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Paternity Leave as a day right is part of the Employment Rights Act 2025 which will be enforceable effective 6 April 2026.	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to follow the legal expectations, employees can make a claim to an employment tribunal if they think CTMUHB has treated them unlawfully.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

4.1 The Operational Delivery Committee is asked to **RATIFY** the **APPROVAL** of the Paternity Policy undertaken via Chair's Urgent Action as set out above.

5. Next Steps

5.1 The revised paternity leave policy will be formally published, prior to 6 April 2026.

5.2 The next set of family-friendly policies scheduled for review includes the broader Maternity, Paternity, Adoption and Surrogacy Policy and Shared Parental Leave Policy. These will be presented to the Operational Delivery Committee in due course.

Maternity, Paternity, Adoption and Surrogacy Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	People 09
Author:	Elisa Churchill, Compliance Manager
Executive Sponsor:	Executive Director for People
Approved By:	**People & Culture Committee**
Approval / Effective Date:	10/08/22
Review Date:	10/08/25
Version:	2

Target Audience:

People who need to know about this document in detail	Workforce and OD and Managers
People who need to have a broad understanding of this document	Board Members, Management Board, Board Committees.
People who need to know that this document exists	All Employees and Bank Workers of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 30/05/22 Outcome: No adverse impact
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	30/05/22
Aligns to the following Wellbeing of Future Generation Act Objective	Ensure sustainability in all that we do, economically, environmentally and socially

Disclaimer:

If the review date of this Policy has passed, please ensure that the version you are using is the most up to date version either by contacting the author or email CTM_Corporate_Governance@wales.nhs.uk

Contents:

1.0 Scope

1.1 Cwm Taf Morgannwg University Health Board (CTMUHB) in accordance with current Government legislation and NHS Terms and Conditions of Service have set out the maternity leave, paternity leave and adoption leave provisions for eligible staff.

1.2 All eligible employees have maternity, paternity or adoption leave right irrespective of hours of work or length of service. Maternity, Paternity and Adoption Pay entitlements are dependent on length of service as highlighted in **section 8** and **appendix 3** of this policy.

2.0 Eligibility for Leave

In addition to heterosexual couples, this policy applies to same-sex couples (or same-gender or non-heterosexual couples) and regardless of the gender of an employee's partner.

Maternity leave is available to all pregnant employees irrespective of their length of service.

Paternity leave is available to an employee whose wife, civil partner or partner gives birth to a child, or who is the biological father of the child, is entitled to two weeks statutory paternity leave provided that he/she has 26 weeks continuous service by the end of the 15th week before the week in which the child is expected. Paternity leave is also available to adoptive parents where a child is matched or newly placed with them for adoption. Either parent may take paternity leave where the other adoptive parent has elected to take adoption leave.

To qualify for paternity leave, the employee must also have, or expect to have, responsibility for the upbringing of the child and be making the request to help care for the child.

Paternity leave is granted in addition to an employee's normal annual holiday entitlement. Paternity leave must be taken in a single block of either one or two weeks within eight weeks of the birth or adoption of the child. If the child is born early, it must be taken from the time of the birth but within eight weeks of the expected date of childbirth. Paternity leave can either start from the date the child is born or placed for adoption or from a chosen number of days or weeks after that date.
Paternity leave will also be considered in the case of surrogacy.

Adoption leave is available to a single person who is adopting a child or to one partner of a couple, i.e. the main carer, who jointly adopt a child under the age of 18. The couple may choose which partner takes the Adoption leave. The child or children must be newly matched for adoption and may not apply where there has been a previous relationship, e.g. where a step parent adopts a partner's child.

3.0 Antenatal Care or Leave Prior to Placement of a child/children

3.1 During the course of your pregnancy your medical advisor will request that you attend antenatal appointments at various intervals. Attendance at these appointments will be granted regardless of the length of service and is payable at your normal rate of pay. Your manager may ask you to provide documentary evidence e.g. an appointment card or certificate from a registered practitioner or midwife. If you are unable to provide a

record of the appointment you may still be granted unpaid leave to attend.

3.2 Antenatal care can include relaxation and parent craft classes as well as appointments for medical examinations. You are encouraged to discuss any appointment you may have with your manager, giving as much notice as possible before the date you are expected to attend, to confirm your paid time off.

3.3 **You may not wish to inform your manager of your initial ante-natal appointment and you will therefore need to make alternative arrangements to attend e.g. utilising annual leave.**

3.4 Employees will be entitled to reasonable time off to attend ante-natal classes with their partners or birthing partners. Employees will need to discuss their arrangements with their manager. Attendance at these appointments will be granted regardless of the length of service and payable at your normal rate of pay. You may be asked to provide documentary evidence. If you are unable to provide a record of the appointment you may still be granted unpaid leave.

3.5 It is recognised that there is a need for time off prior to the placement of children for visits/consultation etc. This is likely to vary considerably depending on the age of the child and circumstances of the adoption. It is therefore proposed that the authorisation of this leave is left to the discretion of the manager but in normal circumstances will take the form of paid leave. Managers should authorise reasonable time off giving regard to individual circumstances and the needs of the service.

4.0 Working during Pregnancy

4.1 When you have notified your manager that you are pregnant, he/she will ensure that the necessary management arrangements are in place to identify any perceived risks to you, ensuring that these are assessed and adequately controlled.

A risk assessment will be undertaken in line with the guidance in the New and Expectant Mothers at Work. The link to this Risk Assessment can be found here :

'New and Expectant Mothers at Work Risk Assessment Procedure'

This assessment will be reviewed as your pregnancy progresses.

4.2 In order to remain in work as long as you feel fit to do so, you may wish to consider making some changes to your working pattern, which you will need to discuss with your manager. These could include part time working prior to your maternity leave which could be facilitated either by use of your annual leave or temporarily reducing hours. Your pay will be adjusted to reflect the temporary variation of contract. However, the reference period for the calculation of maternity pay is 8 weeks prior to the 15th week before your expected date of childbirth, therefore should you wish to reduce your hours after this period your maternity pay will be unaffected.

4.3 There may be occasions when your registered medical practitioner may advise that you are unable to carry out all or part of your current duties, but does not advise that you refrain from work. In these circumstances CTMUHB will, where reasonably practicable, provide you with alternative employment for which you will receive your normal rate of pay. However, where this is not possible you may have to be suspended on maternity grounds, on full-pay, on a temporary basis, until such arrangements can

be made.

5.0 Annual Leave

5.1 Once you have advised your manager of your pregnancy or date the child will be placed with you, you will need to discuss your annual leave entitlement and consider whether you wish to take some annual leave prior to your maternity or adoption leave commencing

5.2 Annual leave is calculated from 1st April to 31st March each year (for doctors in training, your annual leave is calculated for the duration of your contract) so it is important that you consider whether you will be able to take your leave before or after your maternity or adoption leave. You will continue to accrue annual leave including contractual bank holidays during maternity and adoption leave, whether on paid or unpaid maternity/ adoption leave.

Where an employee is unable to take annual leave before the start of maternity or adoption leave due to service requirements, or in cases where maternity or adoption leave overlaps the annual leave year or where the amount of accrued annual leave exceeds the normal carry over provisions, it may be mutually beneficial to both the organisation and the employee for the annual leave to be taken before and/or after the formal (paid and unpaid) maternity leave period. The amount of annual leave to be taken in this way, or carried over, will be discussed and agreed between the Manager and employee.

There will be no automatic entitlement to carry over this leave into subsequent leave years.

5.3 You may agree with your manager to take some leave prior to your return to work, after your ordinary maternity or adoption leave (OML/OAL) has expired. If you decide to take this option you are ending your maternity or adoption leave and returning to work. You cannot chose to take your additional maternity or adoption leave after taking annual leave.

5.4 If you have indicated that you will not be returning to work following your maternity or adoption leave your contract of employment will cease at the end of your paid maternity leave. Any outstanding annual leave accrued during your maternity or adoption leave will be payable on termination.

6.0 Sickness during Pregnancy

6.1 Sickness, whether pregnancy or non-pregnancy related, prior to the 4th week before your expected week of childbirth will be managed in accordance with the All Wales Managing Attendance Policy.

6.2 If you are on sick leave due to a pregnancy related illness on or after the 4th week before your Expected Week of Confinement (EWC), your maternity leave will commence the day after your first completed day of sickness absence. Odd days of pregnancy related illness during this period may be disregarded if you wish to continue working until the maternity leave start date previously notified to your manager.

7.0 Applying for Maternity, Paternity or Adoption Leave Benefits

7.1 To apply for **maternity, paternity or adoption leave** benefits, you should complete the attached relevant forms listed in the appendices of this policy, and submit to your manager with at least 28 days notice (or as much notice as is reasonable practicably) of the date which your maternity, paternity or adoption leave will begin.

7.2 If applying for **Maternity leave,** your original Mat B1 form should be submitted to the Workforce and OD Department along with your application form. This will be available from your midwife approximately 20 – 24 weeks into your pregnancy and will confirm your expected week of childbirth.

7.3 If applying for **Paternity leave,** your original SC3 form should be submitted to the Workforce and OD Department along with your application form. This is available from the gov.uk website.

7.4 If applying for **Adoption leave**, when the principal carer receives notice that the child is to be placed with a view to adoption, the Manager should be advised within 7 days of the employee being notified by the adoption agency of the intention to take adoption leave. The date the leave is to begin and the intention to take the adoption leave should be confirmed. It is recognised that these dates may be subject to amendment by the Adoption Agency.

The employee should produce evidence from Social Services or Adoption Agency confirming the intention to adopt and verifying that the child has been placed.

7.5 For maternity, paternity and adoption leave, it is recommended that you give your manager as much notice as practically possible of your intention to take maternity or adoption leave. This is to ensure that the necessary arrangements can be made to organise your leave and in the case of expectant mothers a risk assessment can be completed.

8.0 Maternity Paternity and Adoption Leave Entitlements *(see Appendix 3)*

8.1 All eligible employees are entitled to up to 26 weeks ordinary maternity / adoption leave followed immediately by up to 26 weeks additional maternity/adoption leave - a total of up to 52 weeks leave. Ordinary adoption leave is normally paid in accordance with the NHS Terms and Conditions Maternity leave and Pay provisions. Additional adoption leave is unpaid. Maternity and Adoption Pay entitlements are outlined below.

8.2 To qualify for **Occupational Maternity/Adoption Pay** (OMP/OAP) you will need to have been continuously employed with one or more NHS employers for a period of no less than 12 months as at the beginning of the 11th week before the expected week of childbirth (EWC) and wish to return to work with Cwm Taf Morgannwg University Health Board or another NHS employer. OMP/OAP allows 8 weeks full pay and 18 weeks half pay – Part of your OMP/OAP may be made up of Statutory Maternity/Adoption Pay (SMP/SAP).

8.3 To qualify for Statutory Maternity/Adoption Pay (SMP/SAP), you will need to be employed within Cwm Taf Morgannwg University Health Board or another NHS Employer for a continuous period of 26 weeks before the 15th week prior to the expected week of childbirth (EWC).

Your average weekly earnings must also be at least equal to the lower earnings limit for National Insurance contributions. Please contact payroll before requesting this

method of payment.

SMP/SAP is payable at 90% of your full pay for the first 6 weeks (deemed where employee in receipt of full OMP) and SMP/SAP at the standard rate for the remaining 33 weeks (weeks 7 and 8 SMP deemed where employee entitled to full OMP).

Your SMP/SAP is payable by your employer, therefore if you were employed by another organisation as at the 15th week before the EWC you will need to approach that organisation in order to obtain your statutory benefits.

8.4 You will automatically qualify for **Additional Maternity/Adoption Leave (**AML/AAL**)**. The first 13 weeks of your AML will be paid at the standard SMP rate if you have at least 26 weeks service with the Health Board prior to the 15th week before the EWC. Your remaining AML/AAL of 13 weeks is at nil pay.

8.5 If you have not been employed by the Health Board for 26 weeks as at the 15th week before the EWC and you do not have 12 months continuous service with an NHS employer, you will not be eligible for SMP. However, you may be entitled to Maternity Allowance or Adoption Allowance. A claim form can be obtained from Job Centre Plus or the DWP website.

8.6 By prior agreement with Cwm Taf Morgannwg University Health Board, your entitlement to maternity/adoption occupational pay may be paid in a different way. For example, a combination of full pay and half pay or a fixed amount spread equally over the maternity leave period. If requested, this needs to be stated on your Maternity / Adoption leave application form. Further advice can be gained from Payroll Services.

8.7 From 6 April 2026, Statutory Paternity Leave of 2 weeks becomes a right from day one of employment. In addition, employees can also take this leave after time off under Shared Parental Leave. To qualify for **Statutory Paternity Pay** of 2 weeks' paid leave, employees must have at least 26 weeks' continuous NHS service, at the beginning of the week in which the child is expected.

Commented [AJ(TM-P1]: Original wording: "To qualify for NHS contracted **Paternity pay** of 2 weeks' paid leave employees must have at least 12 months continuous NHS service, at the beginning of the week in which the child is expected."

8.8 Statutory Paternity Pay can start from any day of the week in accordance with the date the employee starts his/her paternity leave. (see Appendix 5)

9.0 Fixed Term, Training and Rotational Contracts

9.1 If you are employed on a fixed term, temporary or training contract which is due to expire after the 11th week before the EWC or after the start of the week in which you are notified that you have been matched with a child for adoption, your contract of employment will be extended to allow you to receive your paid statutory maternity/adoption pay entitlement, providing you meet all other qualifying conditions.

9.2 If you chose to take maternity or adoption leave (paid and unpaid) for up to 52 weeks before a further NHS appointment, this will not constitute a break in service.

9.3 If you are unable to return to your original job, as the contract would have ended if the pregnancy and childbirth or adoption had not occurred, then the repayment provisions set out in the terms and conditions of service will not apply.

9.4 If you are on a planned rotational appointment with one or more NHS employers, you will have the right to return to work in the same post or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and

childbirth had not occurred. In such circumstances your contract will be extended to enable you to complete the agreed programme of training.

10.0 Commencing Leave

10.1 Maternity leave can commence at any time between the eleven weeks before the expected week of childbirth and the expected week of childbirth provided the required notice is received.

10.2 Should you become unfit for work beyond the 4th week before the expected week of childbirth because of any reason connected with your pregnancy, you should notify your manager and your maternity leave period will automatically commence.

10.3 Odd days of non-pregnancy related illness during this period, may be disregarded if the employee wishes to continue working till the maternity leave start date previously notified to the manager.

10.4 Adoption leave will commence on the date that the child is placed with the employee. It is recognised that these dates may be subject to amendment by the Adoption Agency.

11.0 Keeping In Touch Days

11.1 'Keeping in touch' (KIT) days are designed to allow employees on Maternity or Adoption Leave to return to work for up to ten days during their Leave without losing their right to the rest of their leave or to Statutory Maternity/Adoption Pay.

11.2 Any 'keeping in touch' days must not be taken during the 2 weeks immediately following the birth, nor added to the end of the leave period. It is expected that these days are utilised throughout the maternity/ adoption pay period. KIT days cannot be taken at the end of the maternity period to extend a period of paid maternity/adoption leave. It may be agreed with the employee and Manager that KIT days will be utilised in order to have a phased return to work.

11.3 Any work done on any day during the leave period will be regarded as a whole KIT day. In other words, if you come in for a one-hour training session and do no other work on this day, you will have used up one of your KIT days. Alternatively, if the work carried out during one shift straddles midnight it may be counted as one day for the purposes of the KIT day, if your normal working pattern is such that this would have fallen within a normal working day.

11.4 The type of work that you undertake on the KIT day is a matter of agreement between you and your manager the two parties. The KIT day may be used for any activity which would ordinarily be classed as work under your contract for which you would be paid, but could be particularly useful in enabling you to attend a conference, undertake a training activity or attend for a team meeting for example.

11.5 Employees will be remunerated for any work undertaken during this period at their current salary. Your manager will need to complete the pro forma in appendix 4, return this to Payroll Service and retain one on the personal file.

12.0 Reasonable Contact

12.1 Cwm Taf Morgannwg University Health Board is entitled to make 'reasonable contact

with you whilst you are on maternity/paternity/adoption leave, without such contact bringing the leave to an end. The right to make reasonable contact is separate distinct from 'Keeping in Touch' days.

12.2 Managers are expected to keep you informed of any promotion opportunities and other information relating to your job, as though you were still in work.

13.0 Breastfeeding

13.1 Cwm Taf Morgannwg University Health Board supports the rights of women to breastfeed their infants.

13.2 Breastfeeding mothers should be made welcome and staff should be positive and supportive.

13.3 Cwm Taf Morgannwg University Health Board will support any member of staff who chooses to return to work by giving them the opportunity and encouragement to continue breastfeeding.

13.4 Reasonable time given to enable breastfeeding to continue will be negotiated between the staff member and her manager, before the staff member returns to work. This may take the form of:

- Agreeing flexible hours
- Offering facilities and time to express milk in private and for this to be stored.

14.0 Returning To Work

14.1 An employee who wishes to return to work at the end of their full maternity/ adoption leave is not required to give any further notification to their manager, although if they wish to return early to the job they left on the same terms and conditions of employment they enjoyed prior to their maternity/adoption leave, she must give 8 weeks' notice in writing to the Manager and a copy sent to the Workforce and OD Department.

The New and Expectant Mother's at Work Risk Assessment should be revisited :

'New and Expectant Mothers at Work Risk Assessment Procedure'

14.2 Where during the maternity/adoption leave period, the employee's job has changed or disappeared, Cwm Taf Morgannwg University Health Board will provide the employee with suitable alternative employment in accordance with the Health Board's Organisational Change Policy.

14.3 Where an employee on maternity/adoption leave requests the opportunity to return to work in their substantive role on a different basis (perhaps to work fewer hours) the employer has a duty to facilitate this wherever possible. If that is not possible, the manager must provide written, objectively justifiable reasons for this and the employees should return to the same grade and work of a similar nature and status to that which they held prior to their maternity/adoption leave. This should be applied for via the Flexible Working Policy.

14.4 If it is agreed that the employee will return to work on a flexible basis, (including changed or reduced hours) for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the

agreed period.

14.5 If you choose not to take your maternity/adoption leave entitlement and return to work shortly after, the minimum period of leave permitted is two weeks commencing from the date of childbirth. This period is regarded as compulsory maternity leave and should be applied for in the normal way.

15.0 Failure to Return to Work

15.1 Where an employee indicates that they intend to return to work and they have received Occupational Maternity/Adoption Pay, but then fails to return to work to complete the minimum period of three months, they shall be liable for the repayment of such benefits.

16.0 Other Entitlements

16.1 Miscarriage – refer to Pregnancy and Loss Policy
In the event that the pregnancy miscarries before the 24th week of pregnancy, regardless of the reason, employees (including partners, surrogates and the adoptive parents in an approved matched adoption placement) who have been affected by a pregnancy loss, before week 24 are entitled to a maximum of ten working days full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours.

Still Births
In the event of a still birth after the 24th week of pregnancy, you will still be entitled to the same amount of maternity leave and pay.

16.2 Premature Births
If a baby is born prematurely you will be entitled to the same amount of maternity leave and pay as if your baby was born at full term. Where the birth occurs before the 11th week before the expected week of childbirth, and you have worked during the actual week of childbirth, maternity leave will start on the first day of your absence.

Where the birth occurs before the 11th week before the expected week of childbirth and you have been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the day of birth.

Where the birth occurs before the 11th week before the expected week of childbirth and the baby is in hospital, you may choose to split your maternity leave entitlement, taking a minimum period of two weeks leave immediately after childbirth and the rest of your leave following your baby's discharge from hospital.

17.0 Lease Cars

17.1 All terms and conditions remain in respect of Lease Cars. This includes subsidy, contributions, conditions of use and penalties. Employees should contact the Lease Cars Department to confirm details of their lease and possible changes affecting their tax and other lease issues.

18.0 Pension

18.1 If you are a member of the NHS Pension Scheme, the conditions that apply during the period of unpaid maternity/adoption leave are determined by the NHS Pension Scheme

Regulations.

18.2 Information relating to pension can be obtained from the NWSSP Payroll Services.

19.0 Pay Steps

19.1 Your period of maternity/adoption leave, whether paid or unpaid, will count as service for pay steps and for the purpose of any service qualification period for additional annual leave.

20.0 Knowledge and Skills Framework

20.1 All staff apart from Doctors, Dentists and Board Level will have annual development reviews against the NHS Knowledge and Skills Framework (KSF) which will result in the production of a personal development plan. Once progression has been agreed, staff will normally progress to the next pay step on their band 12 months after appointment. However, if your review date falls during your maternity/adoption leave, whether paid or unpaid, your review will be undertaken with your manager on your return.

21.0 Childcare Vouchers and Other Salary Sacrifice Schemes

If you are a member of the Childcare Voucher Scheme or any other salary sacrifice scheme, please note that this may impact how your maternity or adoption leave pay is calculated. Additionally, should you choose to make any changes to these schemes during your maternity or adoption leave, this could impact on what you are paid during your leave.

22.0 Surrogacy

22.1 Will a surrogate parent be entitled to paid maternity leave?
Potentially yes, provided that they meet the normal eligibility criteria. What an employee plans to do with their baby after giving birth has no impact on their right to maternity leave or statutory maternity pay. Pregnant employees have the right, irrespective of length of service, age, marital status or any other factor, to take up to 52 weeks' maternity leave and resume working afterwards. The employee must also give their employer notification of the pregnancy, their expected week of childbirth and of the date on which they intend for their maternity leave to start. This notification must be in writing if the employer so requests. Notification must be provided no later than the end of the 15th week before the week that the employee's baby is expected unless this is not reasonably practicable, in which case the employee must notify the employer as soon as it is reasonably practicable to do so.

In order to qualify for statutory maternity pay, the employee must have a minimum of 26 weeks' continuous service calculated as at the end of the 15th week before the week the baby is due, which is known as the "qualifying week". They must also have average weekly earnings that are equal to or greater than the lower earnings limit for national insurance contributions in force at the time, and still be employed by their employer during the qualifying week. Entitlement to statutory maternity pay exists irrespective of whether the employee plans to give the baby away after it is born.

22.2 Will an employee for whom a surrogate parent gives birth to a child be entitled to paid maternity leave?

No, the employee will not be entitled to receive either maternity leave or statutory maternity pay, as these benefits are available only to employees who give birth to a child. The intended parent(s) may however, be entitled to apply for other types of family leave.

If the child is not genetically related to the intended parent(s) and they are approved via an adoption agency, they may be entitled to adoption leave and pay, should they meet the qualifying adoption criteria.

If the child is genetically related to one or both of the intended parents, they must apply for a parental order, to become the legal parent of the child within 6 months of the child's birth, to be entitled to receive surrogacy rights, leave and pay. They must also meet the qualifying adoption criteria.

An employee for whom a surrogate parent has a child may also be entitled to take parental leave, which is unpaid and depends on the employee having gained a minimum of one year's continuous service with the employer. The total entitlement to parental leave is 13 weeks per child, but employers are entitled to restrict the taking of parental leave to no more than four weeks in any one year. In order to take parental leave, an employee must give at least 21 days' notice, for more information see Cwm Taf Morgannwg UHB Parental Leave Policies.

This Policy should be read in conjunction with the following policies where applicable:

- Shared Parental Leave Procedure.
- Flexible Working Policy.
- Organisational Change Policy for NHS Wales.
- Mobility and Expenses Policy.
- Annual Leave Policy.

Appendix 1

MATERNITY LEAVE APPLICATION FORM

Note:
PLEASE COMPLETE THE FORM USING BLOCK PRINT
PLEASE ENSURE YOU ENCLOSE THE MATB1 CERTIFICATE

Part A: **Employee to complete**

Name		Address	
Job Title			
Staff Number		NI Number	
Department		Base	
Expected Date of Childbirth *(As written on the Maternity Certificate – Mat B1)*			

Please choose one of the two options below:-	
	Date
a. I intend to return to work and expect to commence my maternity leave on:	
b. I do not intend to return to work and my last working date will be:	

Please state which option you are applying for in accordance with Appendix 3:	
I apply for option:	

Please choose one of the two options below (*Delete as appropriate*):	
• I wish for my occupational maternity pay to be paid in accordance with the standard timetable set out in this policy.	
• I wish for my occupational maternity pay to be paid flexibly as stated in section 8.6 of the policy.	

I have read the accompanying notes and understand the summary of the conditions of service.			
Signed		Date	

(**If you indicate that you are returning to work but fail to return to complete the minimum period of three months you will be liable to refund Cwm Taf Morgannwg University Health Board the whole of your maternity pay, less any Statutory Maternity Pay.**)

Part B: **Manager to complete**
Note: *Manager to confirm with employee any outstanding annual leave entitlement and allocation.*

Received on behalf of Cwm Taf Morgannwg University Health Board.			
I have advised the member of staff named on part A that her maternity leave will end on:			
Name		Signature	
Job Title		Date	
Department		Directorate	
Date completed form and original MATB1 certificate sent to Workforce			

Please return completed form and Original MATB1 certificate to Workforce
Ynysmeurig House, Unit 3, Navigation Park, Mountain Ash, CF45 4SN

Part C: **Workforce BP Team to complete**

I confirm that the employee is entitled to:				
SMP	OMP	SMP & OMP	No Maternity Payment	BANK (Possible SMP)
(Please circle as appropriate)				

Starting on		Ending on	
Name		Signature	
Job Title		Date	

Date letter sent to applicant		Date letter, Application form and MATB1 sent to Payroll	
Name		Signature	
Job Title		Date	
Date completed form and copy MATB1 certificate sent to Filing			

Appendix 2

ADOPTION LEAVE APPLICATION FORM

Note:
PLEASE COMPLETE THE FORM USING BLOCK PRINT
PLEASE ENSURE YOU ENCLOSE EVIDENCE FROM SOCIAL SERVICES OR ADOPTION AGENCY CONFIRMING THE INTENTION TO ADOPT AND VERIFYING THAT THE CHILD HAS BEEN PLACED

Part A: **Employee to complete**
I wish to apply for adoption leave/pay in accordance with the conditions of service of Cwm Taf Morgannwg University Health Board

Name		Address	
Job Title			
Staff Number		NI Number	
Department		Base	
Expected / Actual date of placement			

Please choose one of the two options below:-	
	Date
b. I intend to return to work and expect to commence my adoption leave on:	
b. I do not intend to return to work and my last working date will be:	

Please state which option you are applying for in accordance with Appendix 3:-	
I apply for option:	

Please choose one of the two options below (*Delete as appropriate*):-	
• I wish for my occupational adoption pay to be paid in accordance with the standard timetable set out in this policy.	
• I wish for my occupational adoption pay to be paid flexibly as stated in section 8.6 of the policy.	

I have read the accompanying notes and understand the summary of the conditions of service.			
Signed		Date	

(**If you indicate that you are returning to work but fail to return to complete the minimum period of three months you will be liable to refund Cwm Taf Morgannwg University Health Board the whole of your adoption pay, less any Statutory Adoption Pay.)**

Part B: **Manager to complete**
Note: *Manager to confirm with employee any outstanding annual leave entitlement and allocation.*

Received on behalf of Cwm Taf Morgannwg University Health Board.			
I have advised the member of staff named on part A that their adoption leave will end on:			
Name		Signature	
Job Title		Date	
Department		Directorate	
Date completed form and original adoption documentation sent to Workforce			

Please return <u>completed form and original adoption documentation</u> to Workforce
Ynysmeurig House, Unit 3, Navigation Park, Mountain Ash, CF45 4SN

Part C: **Workforce BP Team to complete**

I confirm that the employee is entitled to:			
SAP	OAP	SAP & OAP	No Adoption Payment
(Please circle as appropriate)			
Starting on		Ending on	
Name		Signature	
Job Title		Date	
Date letter sent to applicant		Date letter, Application form and adoption documentation sent to Payroll	
Name		Signature	
Job Title		Date	
Date completed form and copy of adoption documentation sent to Filing			

Appendix 3
Maternity and Adoption Leave Entitlements (Options 1a – 4b)

Qualifying Period	Option	Intention	Entitlement
26 weeks continuous service with Cwm Taf Morgannwg University Health Board as at the 15th week prior to the EWC and 12 months continuous NHS service as at the 11th week prior to the EWC or for the purposes of adoption ending in the week notified of match for adoption.	1a	You wish to return to work with the same or another NHS Employer for a minimum period of 3 months.	8 weeks full pay inclusive of Statutory Maternity/Adoption Pay (SMP/SAP), plus 18 weeks half pay plus SMP/SAP plus 13 weeks SMP/SAP only 13 weeks AML/AAL at nil pay
	1b	You do not wish to return to work with the same or another NHS Employer for a minimum period of 3 months.	6 weeks at 90% of your average weekly earnings. 33 weeks at SMP/SAP *(if this exceeds the amount you received in the 6 week period you will remain at the lower rate*
Less than 26 weeks continuous service with Cwm Taf Morgannwg University Health Board as at the 15th week prior to the EWC and 12 months continuous NHS service as at the 11th week prior to the EWC or for the purposes of adoption ending in the week notified of match for adoption.	2a	You wish to return to work with the same or another NHS employer for a minimum period of 3 months.	8 weeks full pay 18 weeks half pay 26 weeks AML/AAL will be at nil pay. Your SMP/SAP is payable by your previous employer, therefore if you were employed by another organisation as at the 15th week before the EWC you will need to obtain your statutory benefits
	2b	You do not wish to return to work with the same or another NHS Employer for a minimum period of 3 months.	6 weeks at 90% of average weekly earnings. 33 weeks AML/AAL at nil pay. Your SMP is payable by your previous employer, therefore if you were employed by another organisation as at the 15th week before the EWC you will need to obtain your statutory benefits. Alternatively, the Payroll Department will send you an SMP1 form which you must complete and send to the Benefits Agency together with your MATB1 form.

26 weeks continuous service with Cwm Taf Morgannwg University Health Board as at the 15th week prior to the EWC but less than 12 months continuous NHS services as at 11th week prior to the EWC or for the purposes of adoption ending in the week notified of match for adoption	3a	You wish to return to work with the same or another NHS employer for a minimum period of 3 months.	6 weeks at 90% of your average weekly earnings 33 weeks at SMP/SAP 13 weeks AML/AAL at nil pay (if this amount exceeds the amount you received in the 6 week period you will remain at
	3b	You do not wish to return to work with the same or another NHS Employer for a minimum period of 3 months.	6 weeks at 90% of your average weekly earnings. 33 weeks at SMP/SAP. (If this amount exceeds the amount you received in the 6 week period you will remain at the lower rate). Your contract will cease at the end of the SMP/SAP
You have less than 26 weeks continuous service with this Health Board as at the 15th week prior to the EWC and less than 12 months continuous NHS service as at the 11th week prior to the EWC or for the purposes of adoption ending in the week notified of match for adoption	4a	You wish to return to work with the same or another NHS employer for a minimum period of 3 months.	You will not be entitled to SMP/SAP. However, you may be entitled to Maternity or Adoption Allowance, which can be claimed directly from the Job Centre plus and local Social Security Office. The Payroll Department will send you an SMP1 form which you must complete and send to the Job Centre plus and/or Social Security Office together with your Mat B1 form or adoption
	4b	You do not wish to return to work with the same or another NHS Employer for a minimum period of 3 months.	You will not be entitled to SMP/SAP. However, you may be entitled to Maternity or Adoption Allowance, which can be claimed directly from the Job Centre plus and local Social Security Office. The Payroll Department will send you an SMP1 form which you must complete and send to the Job Centre plus and/or Social Security Office together with your

Key: SMP = Statutory Maternity Pay
SAP = Statutory Adoption Pay
AML = Additional Maternity Leave
AAL = Additional Adoption Leave
EWC = Expected Week of Confinement

Appendix 4

KEEPING IN TOUCH DAYS PRO FORMA

Keeping in Touch Days to be mutually agreed between you and your Manager

Please complete form on each keeping in touch day worked.

Name (Print Name): _____

Employee No: _____

Department / Ward: _____

Please provide details of KIT (keeping in touch) days worked

1. Date: _____ Hours worked: from _____ to _____
2. Date: _____ Hours worked: from _____ to _____
3. Date: _____ Hours worked: from _____ to _____
4. Date: _____ Hours worked: from _____ to _____
5. Date: _____ Hours worked: from _____ to _____
6. Date: _____ Hours worked: from _____ to _____
7. Date: _____ Hours worked: from _____ to _____
8. Date: _____ Hours worked: from _____ to _____
9. Date: _____ Hours worked: from _____ to _____
10. Date: _____ Hours worked: from _____ to _____

Manager Name: _____

Manager Signature: _____ Date: _____

Please e-mail completed form to payroll.enquiries_Cwm_Taf@wales.nhs.uk or send completed form to:

NWSSP Payroll Services
Fourth Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Appendix 5

PATERNITY LEAVE APPLICATION FORM

Note:
PLEASE COMPLETE THE FORM USING BLOCK PRINT
PLEASE ENSURE YOU ENCLOSE THE COMPLETED SC3 FORM

Part A: **Employee to complete**

Name		Address	
Job Title			
Staff Number		NI Number	
Department		Base	
Expected Date of Childbirth			

Please choose one of the two options below:-		
	From	To
• I hereby give notice of my intention to take once week paid ordinary paternity leave		
• I hereby give notice of my intention to take two weeks paid ordinary paternity leave		

I have read the accompanying notes and understand the summary of the conditions of service.			
Signed		Date	

Part B: **Manager to complete**

I authorise the member of staff named on part A to take 1 / 2* week(s) of Ordinary Paternity Leave * Please delete as appropriate			
Name		Signature	
Job Title		Date	
Department		Directorate	
Date completed form and original SC3 sent to Workforce			

Please return <u>completed form and original SC3</u> to Workforce
Ynysmeurig House, Unit 3, Navigation Park, Mountain Ash, CF45 4SN

Part C: **Workforce BP Team to complete**

I confirm that the employee is entitled to:			
Paternity leave – unpaid		Paternity leave - paid	
(Please circle as appropriate)			
Starting on		Ending on	
Name		Signature	
Job Title		Date	
Date letter sent to applicant		Date letter, Application form and SC3 sent to Payroll	
Name		Signature	
Job Title		Date	
Date completed form and copy SC3 documentation sent to Filing			

Agenda Item
8.2.1a

Operational Delivery Committee

MONTH 10 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M10 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2025) 013 – 2025/26 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23rd April 2025. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2025/26 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M10 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M10 Financial Monitoring returns is summarised in Section 1.2 of the M10 Narrative report at Annex A. This information is consistent with the M10 Internal Board papers.

4. Assessment

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

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

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the contents of the M10 Monitoring Returns submitted to Welsh Government for 2025/26.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – JANUARY 2026
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 January 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 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	**7.9**	**0**	**7.9**
Income changes	(21.1)	0.7	(20.4)
Cost Pressures & Investments:	42.8	1.0	43.8
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	**(1.7)**	**1.7**	**(0.0)**

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2025-26 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 3	**1.1**	**4.8**	**0.0**
Month 6	**(2.0)**	**4.3**	**0.0**
Month 7	**0.0**	**4.3**	**0.0**
Month 8	**(0.3)**	**4.0**	**0.0**
Month 9	**(0.6)**	**3.4**	**0.0**
Month 10	**(2.0)**	**1.4**	**0.0**

The M10 position is reporting a £2.0m surplus (£0.6m surplus M9) for the period with a year to date deficit of £1.4m (£3.4m M9), the forecast position

has remained break even. The key components of the YTD position and the year-end forecast compared to the original IMTP are summarised below:

	M10 YTD	M10 Year-end forecast	M9 Year-end forecast	IMTP
	£m	£m	£m	£'m
Savings Shortfall	5.2	5.6	5.4	0
Operating Variances	(0.5)	0.7	0.9	0
Plan Phasing adjustments	2.8	0	0	0
Financial Plan Improvements	(4.0)	(4.8)	(4.8)	0
Accountancy Gains	(5.3)	(5.3)	(5.3)	0
Financial Allocation Adjustments	3.2	3.8	3.8	0
Other Mitigating Actions	0	0	0	0
Grand Total	**1.4**	**0**	**0**	**0**

The main driver for the year to date overspend at M10 is the £5.2m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £26.0m (£2.6m per month).

Savings Shortfall:	M10 YTD	M10 Year-end forecast	M9 Year-end forecast	IMTP
	£m	£m	£m	£'m
Variance v £21.7m Delegated target	4.7	5.5	5.1	0
Variance v £2.4m Non delegated target – CAT M savings	(3.8)	(5.1)	(4.8)	0
NWSSP Energy Savings	(0.6)	(0.7)	(0.7)	0
Variance v £7.2m Central Executive led programmes	4.9	5.9	5.9	0
Grand Total	**5.2**	**5.6**	**5.8**	**0**

During M10 the operating variances have improved by £1.3m from the M9 adverse variance of £0.8m to a favourable variance of £0.5m. This was mainly attributed to improved vaccine position and Prescribing.

As at M10, the impact of the reduced allocations for National insurance and 24/25 pay awards which were assumed as part of the initial planning cycle is £3.2m.

The phasing of our resource allocation reflects this delegated assessment with a £2.8m adverse phasing adjustment. Section 1.4 expands upon the most significant operating variances.

As at M10 we have confirmed accountancy gains of £5.3m relating to Primary care Prescribing and Continuing Healthcare.

During M9 an executive review of the remaining plans for cost pressures and investments together with actions to improve the financial position, identified an additional £2.1m of plans that were released, increasing the total revised financial plan release to £4.8m. The year to date benefit at M10 is £4.0m.

The latest financial assessment and actions continue to indicate that there is no further requirement for mitigating actions. However there still remains a relatively small level of risk to delivering this break even forecast (see section 3 – Table A2).

Other key issues include:

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicated a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m.

  During M8 WG have confirmed funding support up to the forecast of £49m will be released, with any remaining risk beyond the £49m to be managed by organisations.

- Following the approval of the all-Wales Framework for reviewing Band 2 health care support workers, the Health Board is escalating the work programme to meet the agreed milestones with the aim to process payments by the end of June 2026. Given the approved timetable to action the compensatory and recognition payments, it will be necessary for the costs to recognised within 2025/26 as an accrual or provision depending upon the progress at the time of preparing draft accounts. As at M9, no impact has been recognised and no allocation has been anticipated, as work continues to quantify the impact in 2025/26, initial high level assessments have indicated an impact of circa £8.5m in 2025/26 with a potential recurrent impact of £2.8m. In line with recent correspondence from WG, it is assumed that the full cost within 2025/26 will be funded by WG and therefore will not impact upon our break even forecast.

- Confirmation of the funding for National Insurance changes and the 2024/25 pay awards have been received which were below our planning assumptions. Our local assessment of this impact is £1.6m

YTD with a full year impact of £3.8m.

- During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision £1m having to be recognised.

- Waiting times activity not funded via WG direct allocations is continuing to prove a risk with variable pay and insourcing levels continuing to remain higher than plan to support maintaining target requirements.

- Our assumptions for the national outpatient programme continues to align with the approved WG plan and funding, this will be updated in future periods as actual activity is reported. Recent correspondence supporting the provision of diagnostic impacts of the national outpatient programme are concerning as the cost indicated in the correspondence is not sufficient to meet the premium costs being incurred of sourcing short term immediate capacity.

- Further details of the remaining risks and opportunities to the M10 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)

	January			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M10 £'000	M9 £'000	Movement £'000
RRL	127,266	132,314	(5,048)	1,539,824	1,541,103	(1,279)
Donation/Grants	2,268	0	2,268	2,589	328	2,261
Welsh HBs & NHST	6,480	6,200	280	74,319	74,039	280
NHSWJCC	1,144	1,234	(90)	14,210	14,533	(323)
WG Income	261	122	139	2,548	2,409	139
Other Income	4,932	4,232	700	53,408	52,708	700
Income Total	**142,351**	**144,102**	**(1,751)**	**1,686,898**	**1,685,120**	**1,778**
PC Contractor	14,357	14,595	(238)	175,292	174,830	462
PC - Drugs	7,636	8,578	(942)	102,546	102,546	0
Pay	64,543	64,660	(117)	771,641	771,124	517
Non Pay	10,275	10,895	(620)	124,253	124,284	(31)
SC - Drugs	4,257	5,360	(1,103)	61,063	62,166	(1,103)
H/C Other NHS	25,911	25,534	377	307,189	306,039	1,150
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,956	7,126	(170)	80,322	79,992	330
Private & Vol	1,549	1,739	(190)	16,985	16,317	668
Joint & Other	1,484	1,569	(85)	18,672	18,757	(85)
Losses, Spec Payments	84	204	(120)	3,245	3,365	(120)
DEL	3,196	3,146	50	40,582	40,590	(8)
AME	76	46	30	(14,890)	(14,889)	(1)
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	0	0	0	(2)	(2)	0
Cost - Total	**140,324**	**143,452**	**(3,128)**	**1,686,898**	**1,685,120**	**1,778**

Actual expenditure for M10 was £3.1m (2.18%) less than the £143.5m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Donation/Grants - £2,268k Favourable** – M10 recognises new donated assets in relation to Coed Ely Solar Farm and Porth Plaza.
- **Other Income - £700k Favourable –** During M10, confirmation of SIFT income was received increasing by £0.2m, an improvement in injury cost recovery income was also reported in M10 of £0.2m along with rebate income from secondary care medicines.
- **Primary Care Drugs - £942k Favourable** – M10 recognises revised phasing following M8 PAR, the forecast remains unchanged.
- **Provider Non Pay - £620k Favourable** – M10 has reported an improvement across many areas, the most significant are the reduced expenditure in Medical Devices, it is anticipated that this is a timing issue.

- **Secondary Care Drugs - £1,103k Favourable** – M10 has reported a retrospective correction of vaccines position of £900k, a thorough review of the causes have been fully investigated to ensure lessons have been learned.

The year-end forecast expenditure at M10 has increased by £1.8m to £1,687m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M9 are as follows:

- **Donation/Grants - £2,268k Favourable** – M10 recognises new donated assets in relation to Coed Ely Solar Farm and Porth Plaza.
- **Other Income - £700k Favourable –** During M10, confirmation of SIFT income was received increasing by £0.2m, an improvement in injury cost recovery income was also reported in M10 of £0.2m along with rebate income from secondary care medicines.
- **Provider Pay - £517k Adverse** – Revised forecast reflecting impact of recent demand pressures along with plans for planned care recovery.
- **Secondary Care Drugs - £1,103k Favourable** – M10 has reported a retrospective correction of vaccines position of £900k, a thorough review of the causes have been fully investigated to ensure lessons have been learned.
- **Healthcare NHS - £1,150k Adverse** – M10 has reported an deterioration in forecast performance for C&V UHB and Swansea Bay UHB LTAs.
- **Private & Other - £668k Adverse** – The forecast reflects revised plans for planned care recovery.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M1 – M6 reflects the latest planning assumptions for the continued temporary arrangements to support the POW Roof replacement.
- M1 – M11 reflects the latest planning assumptions for the continued temporary Vanguard Theatres at RGH to support the POW roof replacement.
- M1 – M3 reflect the latest planning assumptions for the Planned care funding of £3.0m.
- M6 – 12 reflects the latest planning assumptions for the planned care funding of £6.0m relating to outpatient and diagnostic programmes.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays

- Provider Non-Pay – Following request to reprofile IFRS 16 adjustments, the profile has been phased with 7/12ths now reported in M7 and 1/12th in periods M8-M12.
- M6 CHC reflects the payment of arears for revised 2025/26 FNC and CHC rates.
- M5 CHC included the recognition of £4.0m accountancy gains.
- Pay Award 2024/25 – Following confirmation of the allocation matrix, the LTA income and Expenditure recognises the flow of the pay awards via LTAs in M6 (including retrospective adjustments backdated to M1) along with M7 to M12 monthly impact.
- Pay award 2025/26 – The 2025/26 pay award has been processed in M5 with arrears, a further adjustment was processed in M6.
- M6 Primary care prescribing included the recognition of £1.3m of accountancy gains.
- Primary Care prescribing M7-12 reflects the latest Cat M price from 1st October including Dapagliflozin.
- M9 reflects the processing or 2025/26 settlements including arrears within Primary Care Contractors for Community Pharmacy, Dental and GMS.

1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £3.5m net operating surplus to M10, the most significant expenditure variances from original IMTP plans are noted below (net impact of spend reductions and cost pressures):

- **Primary Care Contractors**
  - M10 has reported a £653k favourable operating variance, giving a year to date variance of £2,195k favourable. This mainly relates to non cash limited expenditure reductions along with lower than anticipated Ophthalmic fees and community pharmacy costs.
- **Primary Care – Drugs & Appliances**
  - M10 has reported a balanced operating variance, giving a year to date variance of £1,219k favourable. This is due to better than anticipated PAR growth compared to the original plan.
- **Provider Services Pay**
  - At M10, the net operating variance is £2.7m favourable, incorporating a £3.1m adverse impact of NI and pay award allocation shortfalls and a £5.1m favourable operating variance. This favourable operating variance reflects:
    - Anticipated investment plans not progressing
    - Redirection of services initially assumed to be delivered within own pay costs to services contracted and reported within Non Pay.
    - Improvements within pay expenditure management.
- **Provider Services Non Pay**
  - M10 has reported a £567k favourable operating variance, giving a year to date variance of £1,899k favourable. This variance reflects elements of the £2.7m initial plan

opportunities identified in M5 & M8 along with other favourable operating variances. These opportunities include:

- £0.2m M&SE
- £0.1m Buildings
- £0.1m Microsoft enterprise agreement
- £0.5m I2S consultancy
- £1.2m Non-Pay Inflationary benefit
- £1.0m Reduced cost pressures (Comm Pharm, Pathology External Testing)

- **Provider Secondary Care Drugs**
  - M10 has reported a £1,102k favourable operating variance, giving a year to date variance of £1,287k favourable. This variance reflects a revision in phasing, lower than anticipated uptake of new drugs and slower growth levels than planned.
- **Healthcare Service NHS**
  - M10 has reported a £988k adverse operating variance, giving a year to date variance of £5,396k adverse. Contract monitoring has indicated higher than anticipated levels of activity particularly within Cardiff & Vale and Velindre activity.
- **CHC/FNC**
  - M10 has reported a £230k adverse operating variance, giving a year to date variance of £2,292k adverse. The year to date variance reflects higher than anticipated levels of new placements within Mental Health settings. Note that the original plan had assumed inflation including arrears would have been paid in M3, this was delayed and has been paid in M6, as requested this phasing adjustment has been transferred from other to Virements.

There were no other material variances in M10 relating to Table B2 expenditure.

In addition to the variances noted in Table B2, further variances have been reported in Table A as follows:

- Income - a year to date adverse variance of £1,525k.
- Loss & Special Payments - £658k adverse variance year to date mainly relating to a permanent injury benefit provision.

1.5 Pay Expenditure (Table B3)

The M10 Pay expenditure was £66.7m, the monthly trend is summarised below.

	M10	M9	Q3 Average	Q2* Average	Q1* Average	Q4* Average	Q3* Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	8.6	8.8	8.8	8.7	8.7	8.4	8.4
Medical	18.2	18.3	18.4	17.8	17.6	17.8	17.4
Nursing	20.6	20.2	20.4	20.2	20.2	20.6	19.9
ACS	8.4	8.2	8.3	8.4	8.2	7.9	8
Other	10.9	10.9	10.9	11.1	10.8	10.5	10.6
Total	**66.7**	**66.4**	**66.8**	**65.9**	**65.7**	**64**	**63.8**

**Quarterly Average has been adjusted to reflect a comparison with 2025/26 pay award.*

The Key issues to highlight are as follows:

- The M10 position remains consistent with M9 expenditure and Q3 average.
- Nursing & Medical staff continue to remain higher that Q2 levels of expenditure reflecting funded plans for planned care activity.

The M10 agency expenditure was £2.0m and the monthly trend (excluding accountancy gains) is summarised below:

	M10	M9	Q3 Average	Q2 Average	Q1 Average	Q4 Average	Q3 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.9	1.0	0.9	0.6	0.8	0.7	0.6
Nursing	0.9	0.9	1.0	1.3	1.3	1.7	1.8
Other	0.2	0.1	0.1	0.3	0.4	0.7	0.6
Total	**2.0**	**2.0**	**2.1**	**2.2**	**2.5**	**3.0**	**2.9**

The Key issues to highlight are as follows:

- Agency costs remain consistent with M9 and Q3 levels of expenditure.
- Pressures upon Mental Health Medical Staff is anticipated to prevent further planned improvements.

As per the 2025-26 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

Enabling Action Description	YTD	Forecast

30% reduction in 25/26 agency expenditure compared to 2024/25.	M10 2025/26 £22.4m M10 2024/25 £32.3m 31% reduction	2025/26 £26.7m 2024/25 £38.1m 30% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 25	M10 2025/26 actual expenditure was £100k. M10 2024/25 average expenditure £478k per month.	Forecast assumes that this target will not be achieved with agency expenditure anticipated to continue beyond at circa £100k per month.

The M10 variable pay expenditure was £5.2m and the monthly trend (excluding accountancy gains) is summarised below.

	M10	**M9**	**Q3 Average**	**Q2 Average**	**Q1 Average**	**Q4 Average**	**Q3 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	1.9	1.9	2.1	1.9	1.9	2.0	2.1
Nursing	1.3	1.0	1.1	1.1	1.0	1.2	0.9
ACS	1.4	1.3	1.4	1.5	1.4	1.4	1.2
Other	0.6	0.6	0.7	0.7	0.7	0.6	0.6
Total	**5.2**	**4.7**	**5.2**	**5.2**	**5.0**	**5.2**	**4.8**

The Key issues to highlight are as follows:

- During M10, variable pay returned back to Q3 average levels of expenditure, following an improved M9 position.

- The improvements in M9 were mainly reflecting lower Bank and overtime payments. This was partly due to reduced planned care capacity during December.

1.6 Covid analysis (Table B)

	M10	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and PPE	0.4	1.8	2.6	2.6	0
Vaccination	0.4	3.8	4.6	4.6	0
Adferiad	0.1	0.9	1.1	1.1	0
Total	**0.9**	**6.5**	**8.3**	**8.3**	**0**

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

There are no key issues to highlight at M10.

1.7 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Planning Variance
	£'m	£'m	£'m	£'m
NICE/HCD Reserve	0	0	0	(0.4)
Non Pay Recovery	0.0	0	0	(0.3)
25/26 IMTP Cost Pressures	0.3	0.3	0	(1.3)
25/26 IMTP Investment Plans	0.8	0.3	0.5	(2.8)
Planned Care	3.4	3.4	0	0
POW Roof Impact	0.4	0.4	0	0
Total	**4.8**	**4.3**	**0.5**	**(4.8)**

As at M10 there are £4.3m of committed reserves held for actual and anticipated cost pressures and investment plans.

As at M10 there is £0.5m pending plans relating to IMTP planned investments which have slipped, primarily this relates to delays in the procurement of digital investment.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26:

	£'m
Forecast In year position 25/26	**0**
Balance sheet write backs	0
Other non recurrent costs/income loss in 25/26	(2.0)
Other non recurrent benefits in 25/26	0.3
Forecast Recurrent position at the end of 25/26	**(1.7)**

A full review of the underlying deficit has been undertaken for the emerging financial position contributing to the IMTP for 2026/27 - 2028/290

The most material impacts upon the underlying assessment are:

- Under achievement of recurrent savings plans - £4.0m.
- Increasing cost pressures and Full year effect of 25/26 actions £3.7m
- Full Year effect of Band 2/3 Framework £2.8m

Underlying Position	**2025/26 Forecast**	**Recurrent**	**Movement**
	£'m	**£'m**	**£'m**
Initial Financial Plan	**0**	**(1.7)**	**(1.7)**
Savings Variances	5.6	4.8	(0.8)
Operational Variances	0.7	2.9	2.2
Financial Plan Variances	(4.8)	(2.7)	2.1
Financial Allocation Adjustments	3.8	3.8	0
Band 2/3 Framework – TBC	0	2.8	2.8
Accountancy Gains	(5.3)	0	5.3
Mitigating Actions	0	0	0.0
Grand Total	**0**	**9.9**	**9.9**

The main drivers of the recurrent operating variance of £3.7m are as noted below:

Operating Variances	**2025/26 Forecast**	**Recurrent**	**Movement**
	£'m	**£'m**	**£'m**
NWSSP Non Recurrent Distribution	(0.6)	0	0.6
Non Recurrent Income	(0.4)	0	0.4
Med & Dental Temp System reductions	(0.3)	0	0.3
Non Recurrent Vacancies	(4.3)	(2.0)	2.3
Improved Vaccine Position	(0.8)	(0.8)	0.0
Non Recurrent Costs incurred 25/26	3.6	0	(3.6)
FYE Effect of Hospital @ Home	0.3	1.2	0.9

FYE of Loss of Drug Rebates	1.0	1.3	0.3
FYE Urgent Treatment Centre	0.3	0.6	0.3
FYE Medical Devices/Appliances	0.2	0.8	0.6
FYE Diabetes Pumps/Consumables	0.2	0.8	0.6
Other	1.5	1.0	(0.5)
Grand Total	**0.7**	**2.9**	**2.2**

The underlying financial position will continue to be reviewed each month.

3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

	Month 10 £m	**Month 9 £m**	**Comment**
Funding risks:			
Other risks:			
Delivery Risk on Identified Savings Plans	0.0	0.1	Table C3
Delegated Risk Assessments – High Risk	0.2	0.4	Revised assessment
Delegated Risk Assessments – Medium Risk	0.5	0.5	Revised assessment
NWJCC Risks not included in Forecast	0.3	0.7	NWJCC risks @M10
Band 6/7 HV Dispute	0.3	0.0	HV's voted to take industrial action
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	**1.3**	**1.6**	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Further IMTP Planning slippage	Tbc	Tbc	To be reviewed
JCC Opportunities	(0.1)	(0.4)	NWJCC opportunities @M10
Velindre NHST NICE Forecast	(0.4)	0	Difference between forecast and recent trend.
Total opportunities	**(0.5)**	**(0.4)**	
Net risk	**0.9**	**1.2**	

NWSSP Welsh Risk Pool Contributions – recent correspondence has confirmed that WG funding will be released to recognise the risk pool requirements up to the latest risk pool forecast of £49m. Any further requirements will remain a risk to organisations, the latest forecast from NWSSP indicates that the £49m WG support would be sufficient.

National Pay & Employment Disputes - There are a number of pay disputes being nationally led by NHS Wales Employers which include:

- Band 2 health care support workers framework
- GP Out of Hours contract and employment status
- Band 6 Health Visitor

Confirmation has been received that the Band 2 framework will be fully funded in 2025/26 by WG resource allocation removing this risk from the current year assessment.

The latest proposal for GP OOH settlement has been recognised within our forecast with an assumption it will increase the existing provision from 2024/25.

The Band 6 Health Visitor dispute continues to be challenged by trade unions, a recent ballot has indicated support for industrial action, it remains unlikely to have an impact in 2025/26.

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O for General Medical Services (GMS) and General Dental services (GDS) have been updated for M9. As at Q3 the following positions were noted:

- GMS forecast against allocation is reporting a £5.3m overspend mainly attributed to Out of Hours provision and Dispensing. The forecast movement from plan increased by £1,354k from an underspend of (£263k) at M12 last year to a forecast overspend of £1,091k for 25-26.

  This is mainly due to the deterioration on QAIF (£770k). We've based the estimated spend this year on the actual values of the Access and Quality Achievement payments for 24-25 which were made in M3.

- Dental – The M9 forecast overspend of £303k against the allocation is mainly attributed to patient charge income being lower than target by £1.8m.

  The forecast contract performance remains £1.1m under plan despite the service re-commissioning additional activity of £1m in 25-26 in recognition of under-performance in 2024/25.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Learning Disabilities	N/A	N/A	
Mental Health Services	118.77	118.77	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.2	2.2	
Critical Care	2.4	2.4	
Planned Care Recovery	7.3	7.3	
Planned & Unscheduled Care	18.4	21.7	
Value Based Recovery	2.1	2.1	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.8	
Planned Care	0.6	0.6	
VBHC	0.7	0.7	
In Year Planned Care	11.8	11.8	Note 2

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2022/23 this reported £163.7m, the draft 2023/24 unpublished returns are indicating expenditure of £ 175.5m.

2. In Year Planned Care – Within this element, the following specific programmes have been consolidated:
   - Q1 Orthopaedic Treatments £3.0m
   - National Outpatient – Insourcing £2.8m
   - National Outpatient – In House £1.4m
   - National Outpatient - Support £0.5m
   - Diagnostic Plans £1.0m
   - RTT Waiting Times – Phase 5 £1.0m
   - RTT Orthopaedics £1.6m
   - RTT Waiting Times Validation £0.1m
   - Diagnostic Phase 4 Cost Per Case £0.5m

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

	Month 10			Month 9		
	YTD	25/26	Rec	YTD	25/26	Rec
	£'m	£'m	£'m	£'m	£'m	£'m
Savings target as at M9	**26.1**	**31.3**	**31.3**	**23.5**	**31.3**	**31.3**
Actual and Forecast Savings	(20.9)	(25.7)	(26.5)	(17.2)	(25.9)	(27.3)
Variance	**5.2**	**5.6**	**4.8**	**6.3**	**5.4**	**4.0**

Further work is ongoing to develop robust plans to close the forecast recurrent gap of £4.8m

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M10 £'m	YTD £'m	25/26 £'m	Rec £'m
Savings	16.5	3.7	20.5	25.1	25.5
Income Generation	0.8	0.1	0.5	0.6	1.0
To be identified	14.0	0.0	0.0	5.6	4.8
Total Savings	**31.3**	**3.7**	**20.9**	**31.3**	**31.3**
Accountancy Gains	0.0	0.0	5.3	5.3	0.0

The following approaches are being used for savings profiles and savings recognition in 25/26 on the basis that delegated budgets have been reset to recognise the underlying deficits identified:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being

managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

  Non-Recurrent savings – To focus efforts on sustainable recurrent saving plans and being consistent with WHC (2025) 013 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  Only non recurrent savings which have resulted from planned management action will be reported as a saving. All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

8. Income Assumptions 2025-26 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M10 position. The table below summaries the more material items:

Description	M10	M9	Comments
	£'m	£'m	
DOLS/Advocacy	0.3	0.3	
Neurodivergence Imp Plan (NDIP)	0.0	0.4	Confirmed M10
DPIF	1.0	1.0	
25/26 Outpatient Waiting Times	4.3	4.3	
25/26 Diagnostics Waiting Times	1.4	0.9	
25/26 RTT Waiting Times – Phase 5	1.0	1.0	
104 Weeks T&O Plan	1.6	1.6	New Allocation
IFRS 16 Adjustment	(2.6)	(2.6)	Reflects latest forecast
WRP Recovery	0.0	(5.3)	Confirmed M10
Capital Charges	0.5	(7.4)	Reflects latest forecast
Other Allocations	0.7	0.9	
Total Anticipated Allocations	**8.1**	**(5.0)**	

The £8.3m anticipated allocations for Planned Care & Diagnostics is currently assumed on latest forecast activity levels.

9. Health Care agreements

CTMUHB has agreed all of the LTA documentation with both providers and commissioners.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M9 and M10:

- Provisions have increased by £6.5m since M9, this is mainly due to an increase in the level of provision required for clinical negligence cases.

- Trade and Other Receivables have increased by £11.7m.
    - The Welsh Risk Pool debtor for Clinical Negligence has increased by £8.2m as noted above
    - The Nursing home Pooled Budget has increased by £1.4m
    - The remainder of the variance is due to an increase of £3.1m in WGA debtors.

- Creditors have decreased by £5.8m from M9, there has been a reduction in the Pharmacy accrual of £2.3m, the remaining decrease is due to a reduction in Month end accruals for non-NHS of £1.1m and NHS of £2.2m.

- Fixed Assets have increased by £4.3m, capital expenditure has been incurred on several schemes, the most significant being £2.2m on the PCH G&FF Phase 2 scheme.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There is one NHS invoice due over 11 weeks, for Velindre NHS Trust. The invoice is being following up through usual debtor procedures.

11. Cash Flow Forecast (Table G)

In M10 the cash balance was £4.3m, with a split of revenue and capital of £5.2m and deficit of £0.9m respectively. The capital balance will be brought back to a surplus in February.

At year end we are projecting a cash deficit of £9m for which there will be a requirement of working balances cash. We have anticipated that this £9m working balance requirement in Table E.

This request is made up of £9m revenue. The capital working balance previously requested is no longer required due to further late funding being made available where cash will not be spent and there is a lower decrease in capital creditors than previously forecast. This is made up of the following estimates:

	£
Net increase in debtors/inventories less c/f cash (16.7-5-0.5)	11.2
Increase in payables (mainly accountancy gains) & provisions (0.6+1.6)	(2.2)
Total Working Balances cash requirement	**9**

In terms of the increase in payables, even though there are significant accountancy gains within our position, this is offset by an increase in creditor for PANISU compared to carried forward from 2024/25.

On Table G Cash Flow there is a validation for the difference between the proposed capital draw down of £96.7m and the Capital Drawing Limit in Table E of £104.6m. This is due to late capital funding received where cash expenditure is not expected to be defrayed in this financial year.

12. Public Sector Payment Compliance (Table H)

No update required in this return.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M10 CRL is £101.841m, issued on 30th January 2026. As at M10, £58.1m has been charged against the CRL.

Due to the number of additional schemes funded in January there are not enough lines on the MMR to list them all so we have consolidated the following lines from the CRL on the MMR:

NIAW End of Year Digital Funding 2025-26 **£0.475m** which includes:

NIAW End of Year Digital Funding 2025-26 £0.205m, Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) for NIAW £0.070m & AI for diagnostic imaging services at NIAW £0.2m

End of Year Digital Funding 2025-26 **£7.983m** which includes: End of Year Digital Funding 2025-26 £1.614m, End of Year Digital Funding - December 2025 £1.5m and End of Year Digital Funding - January 2026 £4.869m

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

As discussed with WG at the latest Capital Review Meeting there are risks with the significant number of TEF schemes, spend has been accelerated on a number of infrastructure projects however there are risks of slippage within other areas. Overall this has been categorised as low risk as the Health Board plan to manage the position across the 5 areas to a balanced position.

Scheme	**Risk**	**Explanation**
Interventional Radiology Room RGH	Medium – slippage	Delayed start to scheme , will now not complete until June 2026. Plan for equipment to be vested. Slippage will be managed by the HB.
Pharmacy Robot RGH	Medium – slippage	Due to delays with confirming the tender award for the robot, the works programme is delayed. HB aware early in year ,slippage will be managed
Llantrisant Health Park	Medium	Approval for Phase 1 received 6/2/26 however the outstanding approval and timing risks around the phase 2 OBC mean there is still some risk around this scheme.
Bridgend Health and Wellbeing Centre	Medium-Slippage	Scheme due to complete 30th April , a number of equipment items will now be delivered in April . Slippage planned into programme
Mental Health Quality and Safety Schemes	Medium-Slippage	Delayed access due to required service changes across the Health Board, now confirmed for early 2026/27. Slippage will be managed
Maesteg Health and Wellbeing Centre	Medium-Slippage	Discussions ongoing internally re scheme options which is likely to delay in year spend.

All risks are currently planned to be managed across the programme and hence the forecast shows a balanced position against the current CRL.

There is a validation error in the monitoring return (table J) because of a negative allocation for an IFRS 16 scheme. On extending the Roche pathology contract there was a reduction in the hardware costs, this creates a smaller ROU asset, hence the reduction and a negative number in year.

Disposals

Approval was given by the Board and WG to dispose of Pontypridd Health Centre. The sale of this completed on 2nd February 2026.

WG has given approval for the disposal of Bryncethin Clinic, linked to the BHWBC scheme. This is expected to transfer to Linc Cymru in 2025/26.

A small number of equipment sales are expected throughout the year.

1. IFRS 16 and CAME (Table Q)

Table Q has been completed with additional leases approved this month now included. All known leases for this year have had funding requested and approved, hence the unapproved line is now blank.

14. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M10 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

15. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 12 February 2026

Action Points arising from Month 9 Response

Action Point	WG Comment	CTM Response
	TABLE A	
9.1	It is noted the year-to-date deficit has reduced to £3.400m, with the current future month profile reporting the deficit will primarily be offset with surpluses in February (£1.350m) and March (£1.400m). To provide enhanced assurance the balanced forecast position will be achieved, we trust you are taking urgent action to eliminate the year to date deficit at the earliest opportunity. **(Action Point 9.1)**	Noted, improvements have been reported in M10.
9.2	The supporting narrative confirms that an additional £2.100m of previously committed expenditure plans have been released in-month, increasing the total revised financial plan release to £4.800m (YTD benefit of £3.600m). Please confirm where these releases are being reported in Tables A/B2. **(Action Point 9.2)**	This is mainly benefiting the pay expenditure and non pay expenditure lines.
7.3	It is noted that the annual in-year pressures and unplanned spend reductions have increased by £3.423m and £3.799m respectively. As requested via Action Point 7.3, please provide a table showing each of the cost pressures and spend reductions by issue, the recurring and non-recurring split and the FYE (R), with a supporting narrative. **(c/f Action Point 7.3)**	See section 2.
9.3	Please explain what the non-recurring favourable forecast income totalling c. £0.800m relates to. **(Action Point 9.3)**	Relates to commissioning arrangements with ABUHB.
9.4	It is noted that the forecast c/f underlying deficit position is unchanged from Month 8 at £10.178m. This position is supported by a 'balancing figure' of £1.660m in the forecast FYE cell of unplanned mitigating actions yet to be finalised line (24). We trust this temporary value will be removed from this cell in the next submission (M10) and that the latest c/f underlying position will be presented against the applicable lines. **(Action Point 9.4)**	Noted

	TABLE A2 – Risks & Opportunities	
8.4	It is acknowledged that the combined 'Delegated Risk Assessments' risk value has reduced from £1.200m to £0.900m this month (£0.400m High and £0.500m Medium). We will look to the next submission for a further update and if applicable, greater assurance that if any of the remaining risk crystalises, that there will also be worked up opportunities to fully mitigate the impact. **(c/f Action Point 8.4)**	Noted
	TABLE B2 – Expenditure Movements	
9.5	Please provide a supporting explanation for the projection that Primary Care Contractor spend reductions will increase by c.£1.000m in Month 12. (Action Point 9.5)	New GMS settlement allocation greater than forecast expenditure increase. Profile adjusted reflect benefit now included in M10.
9.6	The Primary Care Drugs expenditure in Month 9 is c. £0.800m lower than forecast last month due to better than anticipated growth being reported in the latest PAR data. Please clarify the decision to treat this as a one-off reduction and not amend future month spend projections (line 23). **(Action Point 9.6)**	Primary care drug prescribing profiles remain volatile a revised profile has been reflected in M10.
9.7	Please clarify if the material increases in the monthly Pay spend reductions (line 38) within the final quarter reflect anticipated investment plans no longer progressing; or, provide supporting details if there is a different reason. **(Action Point 9.7)**	Mainly reflect slippage on planned investments along with mitigating control actions on variable pay and agency expenditure.
9.8	Please continue to expand Section 1.4 of your narrative to ensure material future month in-year pressure and spend reduction movements are explained. **(Action Point 9.8)**	Noted.
	Table A3 – Pay Expenditure	
9.9	There is a projected increase in agency spend (compared to November and December) in Months 10-12 and the values are consistent at £2.158m pm. Please provide a supporting explanation for the forecast	The agency expenditure reflects latest forecasts, during M9 a medical staff issue has arisen within Mental Health requiring

	increase and give assurance that these projections are underpinned by workforce data. **(Action Point 9.9)**	urgent agency cover, offsetting previous periods improvements.
	Table C – C3 – Savings	
9.10	The December savings achievement of £1.873m is £0.676m lower than projected last month, with the corresponding savings appearing to have been re-profiled into future months. We trust your future month savings profile is now robust and we will look to your next submission for confirmation of delivery. **(Action Point 9.10)**	Noted
8.13	The response to Action Point 8.13 states the remaining 3 'Amber' saving schemes are new. After reviewing the Month 8 Amber saving schemes they do not appear to be new, with the scheme number references being updated from referencing 'a' to 'b' and the forecast in-year delivery amounts are unchanged. They are also included in the Month 7 Tracker (extract below), however one scheme (ACCTT0011a) has a forecast higher delivery value. We trust these schemes will meet the Green criteria at Month 10. **(c/f Action Point 8.13)**	All schemes are now green.
	TABLE G – Cashflow	
9.11	It is noted that only £0.019m of sales receipts have been included in the Cashflow yet a value of £0.390m is currently forecast in the Table K. Whilst it is acknowledged that this may be because of uncertainty of when future months sales will be completed, if you believe this will be in the current year, then enter the balance in the Cashflow table so that there is correlation between the tables. If the disposals are not likely to be finalised before 31 March, then please more these to the future year section of Table K. **(Action Point 9.11)**	The forecast includes the sale of Pontypridd Health Centre, this completed on Feb 2nd with a value of £300k, the sale of Bryncethin Clinic is also expected before the year end with a value of £70k
	TABLE H – PSPP	
9.12	It is acknowledged that the Q3 payment performance for Non-NHS invoices has been achieved at 95.8%. The impact of the NHS England	We are looking at options of using invoice exception workflow on Oracle, however

	vaccine invoice issue is noted; however, it is stated that that excluding that issue the Q3 NHS payment performance would still be materially lower than 95% at 87.5%. Please provide details of the actions being taken to improve the payment performance of NHS invoices. **(Action Point 9.12)**	there are some system process issues that we are working with central team to fix before proceeding. We will utilise the agreement of balances process to pay invoices in a timely manner where these are appropriate.
	FRS16 Revenue Recovery and Year End Non-Cash Deadline	
	Please submit the IFRS16 return (i.e. Table Q to be copied into a separate Table and submitted) by the 9 March 26 to enable final Revenue Recovery values to be actioned before the 31 March. Any material movements from those reported at Month 10 should be explained in the covering email. The values reported on the 9 March must be reflected in the Month 11 MMR; therefore, please ensure your MMR reporting team is made aware of the values being submitted to WG on the 9 March. Please note that the deadline for final DEL or AME non-cash adjustments, including IFRS16, is the 17 April 2026. A separate template to capture this non-cash information will be provided in due course.	Noted
	OTHER	
	Monitoring Return Submission Deadlines The Month 12 Monitoring Return dates are as follows: • 13 April 26 – Day 5 Return moved to Day 7 submission by 1pm (ensure details of any outstanding anticipated income items are provided with this return) • 28 April 26 – Day 9 (Full) Return due by 1pm	Noted.

	Any movements to the 25/26 outturn position after submission of the return on 13th April 26, should be notified to the NHSfinancialmanagement@gov.wales mailbox immediately.	

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-7,900	0	-7,900	-7,900
2	Cost Pressures (Negative Value)	-43,800	-1,000	-42,800	-42,800
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,400	0	20,400	21,100
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	16,509	989	15,520	17,774
7	Planned (Finalised) Net Income Generation	838	0	838	868
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	13,953	1,295	12,658	12,658
12	**Opening IMTP / Annual Operating Plan**	**0**	**1,284**	**-1,284**	**1,700**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-13,953	-1,295	-12,658	-12,658
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-206	0	-206	131
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	3,162	-81	3,243	2,602
17	Additional In Year Identified Savings - Forecast	5,429	1,957	3,472	5,082
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	1,809	1,809		
20	In Year Accountancy Gains	5,300	5,300	0	0
21	Unplanned Spend Reductions	22,696	8,322	14,374	14,374
22	Unplanned Cost Pressures	-23,839	-5,253	-18,586	-21,131
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	Losses & Spec Payments - Provision for permanent injury benefit	-985	-985		
27	Other Losses & Special Payments Movements	587	587		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**11,645**	**-11,645**	**-9,900**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-658	-658	-658	-658	-658	-658	-658	-658	-658	-658	-658	-662	-6,580
2	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-36,500
3	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	17,000
4													0
5												0	0
6	536	1,374	1,473	1,220	1,496	1,676	1,396	1,455	1,454	1,465	1,490	1,474	13,545
7	19	96	73	72	72	72	74	70	75	69	74	72	692
8													0
9													0
10													0
11	2,053	1,138	1,062	1,316	1,040	860	1,138	1,083	1,079	1,074	1,044	1,066	11,843
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	-2,053	-1,138	-1,062	-1,316	-1,040	-860	-1,138	-1,083	-1,079	-1,074	-1,044	-1,066	-11,843
14													0
15	0	-74	-63	11	-61	-40	-7	13	-4	-3	13	9	-228
16	0	-489	-75	-52	-319	-124	489	2,180	-473	1,593	-178	610	2,730
17	0	39	135	308	285	651	461	793	892	619	593	653	4,183
18	116	-1,371	-3,666	1,464	-4,301	1,072	2,498	503	1,268	-391	2,876	-69	-2,808
19	-389	43	634	-889	389	-2,226	885	348	562	-882	482	2,852	-1,525
20	0	0	0	0	4,000	1,300	0	0	0	0	0	0	5,300
21	1,021	2,063	3,291	2,207	2,617	2,959	499	581	1,577	3,564	986	1,331	20,379
22	-385	-1,105	-255	-2,403	-1,436	-785	-3,439	-3,259	-2,304	-1,532	-3,173	-3,763	-16,903
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26				-985									-985
27				188	-195	68	-258	254	137	133	130	130	327
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**-1,690**	**-2,032**	**-1,061**	**-1,467**	**-61**	**2,015**	**-10**	**330**	**576**	**2,027**	**685**	**687**	**-1,373**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY *YTD variance as %age of YTD*	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	94	796	568	629	629	632	693	716	747	763	763	765	6,267	7,795							
2		Actual/F'cast	94	423	522	604	655	640	814	1,051	868	884	921	958	6,555	8,434	77.72%	8,434	0	1,140	7,294	0	9,788
3		Variance	0	(373)	(46)	(25)	26	8	121	335	121	121	158	193	288	639	*4.60%*	8,434	0				
4	Non-Pay	Budget/Plan	42	178	144	175	162	240	199	200	202	199	188	204	1,741	2,133		2,133	0				
5		Actual/F'cast	42	101	250	455	246	261	223	258	283	312	264	309	2,431	3,004	80.93%	3,004	0	875	2,129	0	2,803
6		Variance	0	(77)	106	280	84	21	24	58	81	113	76	105	690	871	*39.63%*	871	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	400	400	400	400	687	457	457	457	457	457	457	457	4,572	5,486		5,486	0				
8		Actual/F'cast	400	400	400	400	544	316	1,231	2,942	303	2,332	534	1,320	9,268	11,122	83.33%	11,122	0	0	11,122	0	11,122
9		Variance	0	0	0	0	(143)	(141)	774	2,485	(154)	1,875	77	863	4,696	5,636	*102.71%*	5,636	0				
10	Secondary Care Drugs	Budget/Plan	0	0	336	8	10	338	39	39	39	38	39	39	847	925		925	0				
11		Actual/F'cast	0	0	336	9	9	552	(1)	63	339	70	72	71	1,377	1,520	90.59%	1,520	0	0	1,520	0	1,525
12		Variance	0	0	0	1	(1)	214	(40)	24	300	32	33	32	530	595	*62.57%*	595	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	35	70		70	0				
14		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	35	70	50.00%	70	0	0	70	0	120
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	8	8	25	8	8	9	8	8	9	8	8	9	83	100		100	0				
20		Actual/F'cast	0	0	25	8	8	434	79	79	80	79	79	79	792	950	83.37%	950	0	850	100	0	100
21		Variance	0	0	0	0	0	425	71	71	71	71	71	70	709	850	*854.22%*	850	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
34	Total	Budget/Plan	536	1,374	1,473	1,220	1,496	1,676	1,396	1,455	1,454	1,465	1,490	1,474	13,545	16,509		8,714	0				
35		Actual/F'cast	536	924	1,533	1,476	1,462	2,203	2,346	4,428	1,873	3,677	1,905	2,737	20,458	25,100	83.37%	25,100	0	2,865	22,235	0	25,458
36		Variance	0	(450)	60	256	(34)	527	950	2,973	419	2,212	415	1,263	6,913	8,591	*854.22%*	16,386	0				
37	Variance in month		0.00%	(32.75%)	4.07%	20.98%	(2.27%)	31.44%	68.05%	204.33%	28.82%	150.99%	27.85%	85.69%	51.04%								
38	In month achievement against FY forecast		2.14%	3.68%	6.11%	5.88%	5.82%	8.78%	9.35%	17.64%	7.46%	14.65%	7.59%	10.90%									

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	90	278	229	261	258	266	321	319	331	326	325	325	2,649	3,299	0	0			
2		Actual/F'cast	60	100	184	208	292	236	403	580	456	461	481	477	2,975	3,933	3,933	0	1,031	2,902	3,920
3		Variance	0	(178)	(45)	(53)	34	(30)	82	261	125	135	156	152	326	634	3933	0			
4	Pay - Variable	Budget/Plan	0	130	125	149	147	146	148	147	166	176	180	180	1,334	1,694	0	0			
5		Actual/F'cast	0	62	123	179	117	138	139	184	122	152	173	213	1,216	1,602	1,602	0	109	1,493	2,538
6		Variance	0	(68)	(2)	30	(30)	(8)	(9)	37	(44)	(24)	(7)	33	(118)	(92)	1,602	0			
7	Pay - Agency	Budget/Plan	34	388	214	219	224	220	224	250	250	261	258	260	2,284	2,802	0	0			
8		Actual/F'cast	34	261	215	222	246	266	272	287	290	271	267	268	2,364	2,899	2,899	0	0	2,899	3,330
9		Variance	0	(127)	1	3	22	46	48	37	40	10	9	8	80	97	2,899	0			
10	Total	Budget/Plan	94	796	568	629	629	632	693	716	747	763	763	765	6,267	7,795	0	0			
11		Actual/F'cast	94	423	522	604	655	640	814	1,051	868	884	921	958	6,555	8,434	8,434	0	1,140	7,294	9,788
12		Variance	0	(373)	(46)	(25)	26	8	121	335	121	121	158	193	288	639	8,434	0			

Table C2- V&S Saving Categories

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Workforce	Budget/Plan	100	807	577	638	638	641	697	719	753	767	767	769	6,335	7,871
2		Actual/F'cast	100	430	528	612	673	637	740	976	793	811	844	884	6,300	8,028
3		Variance	0	(377)	(49)	(26)	37	(4)	43	257	40	44	77	115	(35)	157
4	Medicines Management	Budget/Plan	400	438	755	428	715	816	515	514	516	514	515	515	5,611	6,641
5		Actual/F'cast	400	410	757	425	556	871	1,215	3,025	651	2,437	627	1,409	10,747	12,783
6		Variance	0	(28)	2	(3)	(159)	55	700	2,511	135	1,923	112	894	5,136	6,142
7	Procurement & Non-pay	Budget/Plan	32	106	104	119	121	192	157	157	156	155	146	161	1,299	1,606
8		Actual/F'cast	32	70	216	422	217	250	220	220	257	256	218	262	2,160	2,640
9		Variance	0	(36)	112	303	96	58	63	63	101	101	72	101	861	1,034
10	CHC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	35	70
11		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	35	70
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pathway	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	16	24
14		Actual/F'cast	0	0	0	0	0	0	83	83	83	83	84	84	332	500
15		Variance	0	0	0	0	0	0	79	79	79	79	80	80	316	476
16	Other - Commissioning	Budget/Plan	4	23	37	22	21	23	20	22	22	22	20	22	216	258
17		Actual/F'cast	4	5	29	13	12	439	83	84	84	84	92	92	837	1,021
18		Variance	0	(18)	(8)	(9)	(9)	416	63	62	62	62	72	70	621	763

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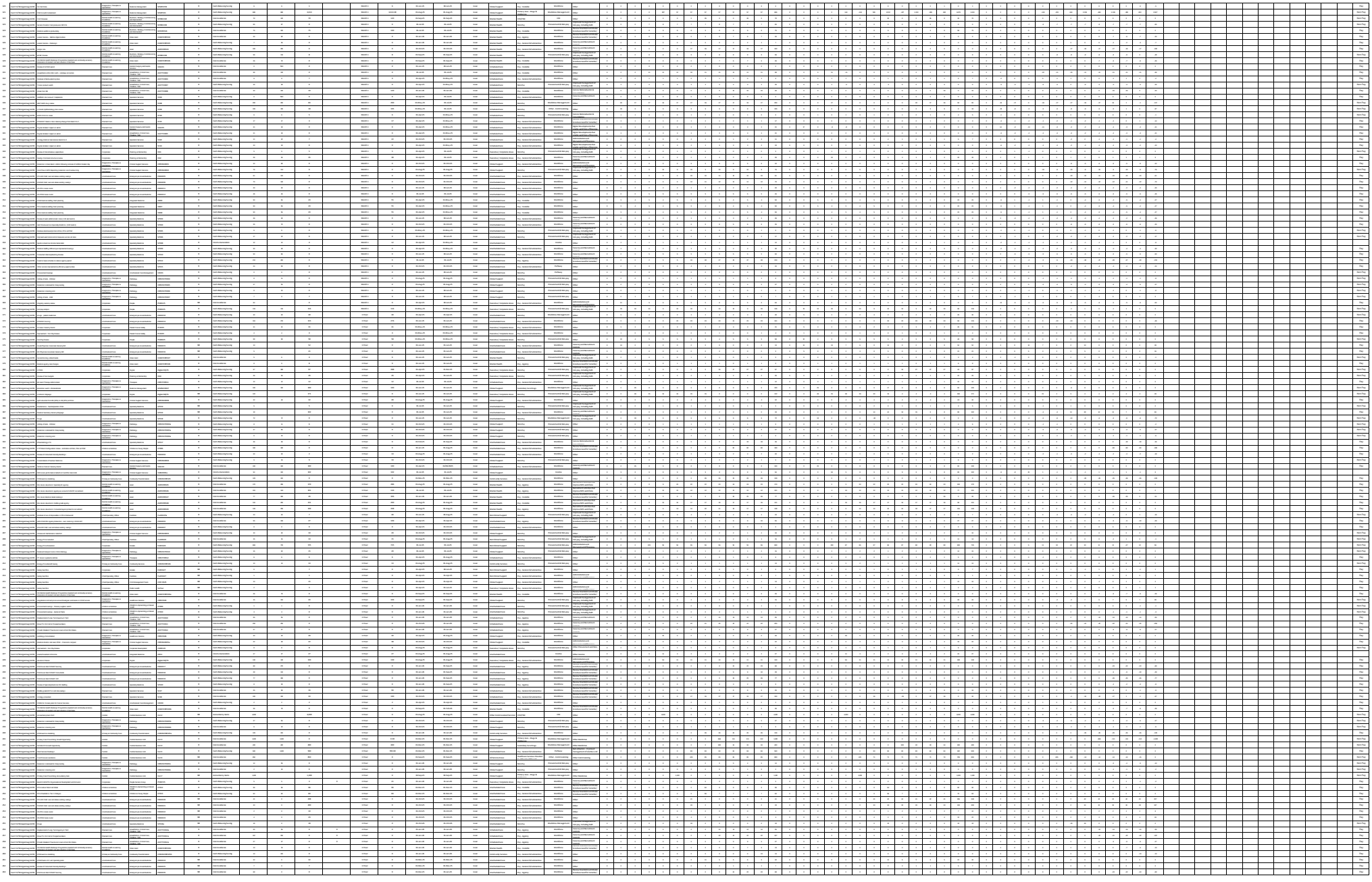
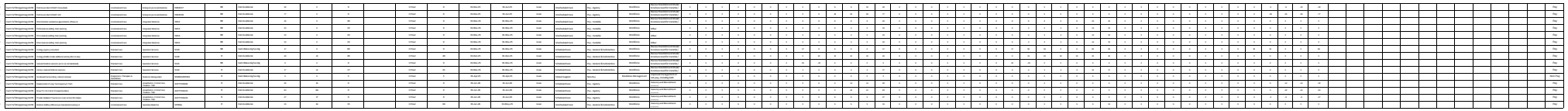
This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Month 1 - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Net Income Generation	Month 1 - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Month 1 - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Accountancy Gains	In Year - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total	Month 1 - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Month 1 - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	In Year - Actual/Forecast	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Variance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Plan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]





Agenda Item
8.2.1d

Operational Delivery Committee

MONTH 11 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M11 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2025) 013 – 2025/26 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23rd April 2025. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2025/26 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M11 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M11 Financial Monitoring returns is summarised in Section 1.2 of the M11 Narrative report at Annex A. This information is consistent with the M11 Internal Board papers.

4. Assessment

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

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

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the contents of the M11 Monitoring Returns submitted to Welsh Government for 2025/26.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – FEBRUARY 2026
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 28 February 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 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	**7.9**	**0**	**7.9**
Income changes	(21.1)	0.7	(20.4)
Cost Pressures & Investments:	42.8	1.0	43.8
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	**(1.7)**	**1.7**	**(0.0)**

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2025-26 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 3	**1.1**	**4.8**	**0.0**
Month 6	**(2.0)**	**4.3**	**0.0**
Month 9	**(0.6)**	**3.4**	**0.0**
Month 10	**(2.0)**	**1.4**	**0.0**
Month 11	**(1.3)**	**0.1**	**0.0**

The M11 position is reporting a £1.3m surplus (£2.0m surplus M10) for the period with a year to date deficit of £0.1m (£1.4m M10), the forecast position has remained break even. The key components of the YTD position

and the year-end forecast compared to the original IMTP are summarised below:

	M11 YTD	M11 Year-end forecast	M10 Year-end forecast	IMTP
	£m	£m	£m	£'m
Savings Shortfall	5.7	5.6	5.6	0
Operating Variances	(1.3)	1.2	0.7	0
Plan Phasing adjustments	2.4	0	0	0
Financial Plan Improvements	(4.9)	(5.3)	(4.8)	0
Accountancy Gains	(5.3)	(5.3)	(5.3)	0
Financial Allocation Adjustments	3.5	3.8	3.8	0
Other Mitigating Actions	0	0	0	0
Grand Total	**0.1**	**0**	**0**	**0**

The £5.7m shortfall in savings delivery remains a significant variance from the plan. The table below breaks down the overall savings delivery compared to the straight-line savings target of £28.6m (£2.6m per month).

Savings Shortfall:	M11 YTD	M11 Year-end forecast	M10 Year-end forecast	IMTP
	£m	£m	£m	£'m
Variance v £21.7m Delegated target	5.3	5.5	5.5	0
Variance v £2.4m Non delegated target – CAT M savings	(4.4)	(5.1)	(5.1)	0
NWSSP Energy Savings	(0.6)	(0.7)	(0.7)	0
Variance v £7.2m Central Executive led programmes	5.4	5.9	5.9	0
Grand Total	**5.7**	**5.6**	**5.6**	**0**

During M11 the operating variances have improved by £0.8m from the M10 favourable variance of £0.5m to a favourable variance of £1.3m.

As at M11, the impact of the reduced allocations for National insurance and 24/25 pay awards which were assumed as part of the initial planning cycle is £3.5m.

The phasing of our resource allocation reflects this delegated assessment with a £2.4m adverse phasing adjustment. Section 1.4 expands upon the most significant operating variances.

As at M11 we have confirmed accountancy gains of £5.3m relating to Primary care Prescribing and Continuing Healthcare.

During M11 further slippage was identified from the planned investments of £0.5m, increasing the total revised financial plan release to £5.3m. The year to date benefit at M11 is £4.9m.

The latest financial assessment and actions continue to indicate that there is no further requirement for mitigating actions.

Other key issues include:

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicated a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m.

  During M8 WG have confirmed funding support up to the forecast of £49m will be released, with any remaining risk beyond the £49m to be managed by organisations.

  Latest forecast from NWSSP indicate that the £49m will be sufficient and therefore there is no risk to the HB position in 2025/26.

- Following the approval of the all-Wales Framework for reviewing Band 2 health care support workers, the Health Board is escalating the work programme to meet the agreed milestones with the aim to process payments by the end of June 2026. Given the approved timetable to action the compensatory and recognition payments, it is expected that the costs will be recognised within 2025/26 as an accrual. As at M11, work continues to quantify the impact in 2025/26, our latest assessment has indicated an impact of circa £8.82m in 2025/26 with a potential recurrent impact of £2.1m. In line with recent correspondence from WG, it is assumed that the full cost within 2025/26 will be funded by WG and an anticipated allocation has been recognised along with the latest estimate of expenditure being recognised within special payments.

- Confirmation of the funding for National Insurance changes and the 2024/25 pay awards have been received which were below our planning assumptions. Our local assessment of this impact is £3.5m YTD with a full year impact of £3.8m.

- During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision £1m having to be recognised.

- Our assumptions for the central WG planned care investment (including national outpatient & diagnostic programmes) continues to align with the approved WG plan and following a recent meeting with Nick Wood, we are anticipating the full funding will be released.

- Further details of the remaining risks and opportunities to the M11 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)

	February			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M11 £'000	M10 £'000	Movement £'000
RRL	130,445	134,871	(4,426)	1,552,894	1,539,824	13,070
Donation/Grants	74	0	74	2,579	2,589	(10)
Welsh HBs & NHST	6,797	6,200	597	74,916	74,319	597
NHSWJCC	1,281	1,021	260	14,470	14,210	260
WG Income	(93)	122	(215)	2,307	2,548	(241)
Other Income	5,086	4,232	854	54,548	53,408	1,140
Income Total	**143,590**	**146,446**	**(2,856)**	**1,701,714**	**1,686,898**	**14,816**
PC Contractor	14,933	14,895	38	177,682	175,292	2,390
PC - Drugs	9,067	8,578	489	103,035	102,546	489
Pay	64,622	65,545	(923)	771,324	771,641	(317)
Non Pay	9,776	10,963	(1,187)	123,682	124,253	(571)
SC - Drugs	4,630	5,359	(729)	60,834	61,063	(229)
H/C Other NHS	25,883	25,961	(78)	309,564	307,189	2,375
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	7,008	7,326	(318)	80,004	80,322	(318)
Private & Vol	1,526	2,168	(642)	17,698	16,985	713
Joint & Other	1,581	1,570	11	19,983	18,672	1,311
Losses, Spec Payments	353	204	149	12,214	3,245	8,969
DEL	3,151	3,146	5	40,582	40,582	0
AME	49	46	3	(14,887)	(14,890)	3
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(300)	0	(300)	(2)	(2)	0
Cost - Total	**142,279**	**145,761**	**(3,482)**	**1,701,713**	**1,686,898**	**14,815**

Actual expenditure for M11 was £3.5m (2.39%) less than the £145.8m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **NHS Income - £597k Favourable** – M11 recognised the distribution of the NWSSP distribution of £0.6m.
- **Other Income - £854k Favourable –** During M11, which included increases in the following areas:
    - Resident Dr Income £261k
    - DHCW Income £191k
    - HEIW Income £168k
    - Other Income £130k
- **Provider Pay - £923k Favourable** – M11 has reported an improvement across many areas, the forecast continuation of winter pressures and surge capacity costs has not materialised.
- **Provider Non Pay - £1,187k Favourable** – M11 has reported an improvement across many areas, the most significant include:
    - M&S Supplies £458k
    - Maintenance Contract £285k
    - Rates £414k
- **Secondary Care Drugs - £729k Favourable** – M11 has reported an improvement compared to forecast. On review of this variance it has been noted that significant levels of Home Care supplied drugs have not been recognised due to delays in the provision of actual issues. It is anticipated that this will be recognised in M12.
- **Private & Voluntary Sector - £642k Favourable** – M11 has reported an improvement compared to forecast mainly as a result of reduced orthopaedic activity due to supply issues in relation to cement.

The year-end forecast expenditure at M11 has increased by £14.8m to £1,702m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M10 are as follows:

- **NHS Income - £597k Favourable** – recognition of the M11 in month movement for NWSSP distribution.
- **Other Income - £1,140k Favourable –** Recognising the M11 in month improvement together with the benefits of increase resident Dr Income improving M12 forecast also.
- **Primary Care Contractors - £2,390k Adverse –** Recognition of new allocation for GMS refresh of £1.352m together with recent correspondence confirming an error of the SFE which will be corrected in M12 resulting in a £1m adverse impact.
- **Provider Non Pay - £571k Favourable** – Revised forecast reflecting impact of M11 improvement along with plans for planned care recovery and anticipated year end adjustments.
- **Healthcare NHS - £2,375k Adverse** – The M11 forecast reflects new allocations issued since M10 of £2.453m.

- **Private & Vol Sector - £713k Adverse** – M11 forecast reflects revised plans to support the delivery of target positions following loss of capacity due to cement supply issues.
- **Joint Finance & Other - £1,311k Adverse** – M11 forecast reflects revised RPB plans.
- **Losses & Special Payments - £8,969k Adverse** – M11 forecast reflects the latest forecast for the Band 2/3 framework of £8.8m with a matching anticipate allocation.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts for M12 are:

- Primary Care Contractors reflects GMS refresh funding along with the GMS correction to the SFE.
- Primary care prescribing recognises the increased dispensing days attributed to March 26
- Provider Pay recognises the year end accounting transactions that influence the annual accounts and historical M12 trends.
- Provider Non Pay recognises assumption that M11 reductions will be recovered in M12 along with the year end accounting transactions that influence the annual accounts and historical M12 trends.
- Secondary Care Drugs recognises the recovery of M11 unreported home care drugs plus forecast requirement for M12.
- Healthcare NHS reflects new allocations received not reflected in M11 YTD position.
- Other Private & Voluntary Sector recognises the revised plans to address capacity shortfalls in M11 as a result of the Cement supply issues in Orthopaedics along with other Planned care activities scheduled for M12 delivery.
- Joint Finance & Other recognises a revised RPB plan with increased M12 expenditure.
- Losses & Special Payments reflect the Band 2/3 framework payments which will be accrued in M12.

1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £5.0m net operating surplus to M11, the most significant expenditure variances from original IMTP plans are noted below (net impact of spend reductions and cost pressures):

- **Primary Care Contractors**
  - M11 has reported a £77k favourable operating variance, giving a year to date variance of £2,272k favourable. This mainly relates to non cash limited expenditure reductions along with lower than anticipated Ophthalmic fees and community pharmacy costs.
- **Primary Care – Drugs & Appliances**
  - M11 has reported an adverse operating variance of £602k,

giving a year to date variance of £617k favourable. This is due to better than anticipated PAR growth compared to the original plan.

- **Provider Services Pay**
  - At M11, the net operating variance is £4.0m favourable, incorporating a £3.1m adverse impact of NI and pay award allocation shortfalls and a £5.1m favourable operating variance. This favourable operating variance reflects:
    - Anticipated investment plans not progressing
    - Redirection of services initially assumed to be delivered within own pay costs to services contracted and reported within Non Pay.
    - Improvements within pay expenditure management.
- **Provider Services Non Pay**
  - M11 has reported a £137k favourable operating variance, giving a year to date variance of £2,036k favourable. This variance reflects elements of the £2.7m initial plan opportunities identified in M5 & M8 along with other favourable operating variances. These opportunities include:
    - £0.2m M&SE
    - £0.1m Buildings
    - £0.1m Microsoft enterprise agreement
    - £0.5m I2S consultancy
    - £1.2m Non-Pay Inflationary benefit
    - £1.0m Reduced cost pressures (Comm Pharm, Pathology External Testing)
- **Provider Secondary Care Drugs**
  - M11 has reported a £728k favourable operating variance, giving a year to date variance of £2,015k favourable. This variance reflects a revision in phasing, lower than anticipated uptake of new drugs and slower growth levels than planned.
- **Healthcare Service NHS**
  - M11 has reported an £833k adverse operating variance, giving a year to date variance of £6,229k adverse. Contract monitoring has indicated higher than anticipated levels of activity particularly within Cardiff & Vale and Velindre activity.
- **CHC/FNC**
  - M11 has reported a £282k adverse operating variance, giving a year to date variance of £2,574k adverse. The year to date variance reflects higher than anticipated levels of new placements within Mental Health settings. Note that the original plan had assumed inflation including arrears would have been paid in M3, this was delayed and has been paid in M6, as requested this phasing adjustment has been transferred from other to Virements.

There were no other material variances in M11 relating to Table B2

expenditure.

In addition to the variances noted in Table B2, further variances have been reported in Table A as follows:

- Income - a year to date adverse variance of £1,043k.
- Loss & Special Payments - £792k adverse variance year to date mainly relating to a permanent injury benefit provision.

1.5 Pay Expenditure (Table B3)

The M11 Pay expenditure was £66.9m, the monthly trend is summarised below.

	M11	M10	Q3 Average	Q2* Average	Q1* Average	Q4* Average	Q3* Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	8.8	8.6	8.8	8.7	8.7	8.4	8.4
Medical	17.5	18.2	18.4	17.8	17.6	17.8	17.4
Nursing	21.0	20.6	20.4	20.2	20.2	20.6	19.9
ACS	8.5	8.4	8.3	8.4	8.2	7.9	8
Other	11.1	10.9	10.9	11.1	10.8	10.5	10.6
Total	**66.9**	**66.7**	**66.8**	**65.9**	**65.7**	**64**	**63.8**

**Quarterly Average has been adjusted to reflect a comparison with 2025/26 pay award.*

The Key issues to highlight are as follows:

- The M11 position remains consistent with M10 expenditure and Q3 average.
- Nursing & Medical staff continue to remain higher that Q2 levels of expenditure reflecting funded plans for planned care activity.

The M11 agency expenditure was £1.8m and the monthly trend (excluding accountancy gains) is summarised below:

	M11	M10	Q3 Average	Q2 Average	Q1 Average	Q4 Average	Q3 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.8	0.9	0.9	0.6	0.8	0.7	0.6
Nursing	0.8	0.9	1.0	1.3	1.3	1.7	1.8
Other	0.2	0.2	0.1	0.3	0.4	0.7	0.6
Total	**1.8**	**2.0**	**2.1**	**2.2**	**2.5**	**3.0**	**2.9**

The Key issues to highlight are as follows:

- Agency costs are slightly lower than M10 and Q3 levels of expenditure.

- The forecast for M12 has been updated.

As per the 2025-26 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

Enabling Action Description	**YTD**	**Forecast**
30% reduction in 25/26 agency expenditure compared to 2024/25.	M11 2025/26 £24.2m M11 2024/25 £35.1m 31% reduction	2025/26 £26.1m 2024/25 £38.1m 31% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 25	M11 2025/26 actual expenditure was £98k. M11 2024/25 average expenditure £474k per month.	Forecast assumes that this target will not be achieved with agency expenditure anticipated to continue at circa £100k per month.

The M11 variable pay expenditure was £5.2m and the monthly trend (excluding accountancy gains) is summarised below.

	M11	**M10**	**Q3 Average**	**Q2 Average**	**Q1 Average**	**Q4 Average**	**Q3 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	1.8	1.9	2.1	1.9	1.9	2.0	2.1
Nursing	1.4	1.3	1.1	1.1	1.0	1.2	0.9
ACS	1.4	1.4	1.4	1.5	1.4	1.4	1.2
Other	0.6	0.6	0.7	0.7	0.7	0.6	0.6
Total	**5.2**	**5.2**	**5.2**	**5.2**	**5.0**	**5.2**	**4.8**

The Key issues to highlight are as follows:

- During M11, variable pay was consistent with M10 and the Q3 average.

1.6 Covid analysis (Table B)

	M11	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and PPE	0.4	2.2	2.6	2.6	0
Vaccination	0.4	4.2	4.6	4.6	0
Adferiad	0.1	1.0	1.1	1.1	0
Total	**0.9**	**7.4**	**8.3**	**8.3**	**0**

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

There are no key issues to highlight at M11.

1.7 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Planning Variance
	£'m	£'m	£'m	£'m
NICE/HCD Reserve	0	0	0	(0.4)
Non Pay Recovery	0	0	0	(0.3)
25/26 IMTP Cost Pressures	0	0	0	(1.3)
25/26 IMTP Investment Plans	0.2	0.2	0	(3.2)
Planned Care	1.7	1.7	0	0
POW Roof Impact	0.7	0.7	0	0
Total	**2.6**	**2.6**	**0**	**(5.3)**

As at M11 there are £2.6m of committed reserves held for actual and anticipated cost pressures and investment plans.

As at M11 there are no pending plans and all slippage has been released and removed from future expenditure lines.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26:

	£'m
Forecast In year position 25/26	**0**
Balance sheet write backs	0
Other non recurrent costs/income loss in 25/26	(2.0)
Other non recurrent benefits in 25/26	0.3
Forecast Recurrent position at the end of 25/26	**(1.7)**

A full review of the underlying deficit has been undertaken for the emerging financial position contributing to the IMTP for 2026/27 - 2028/29

The most material impacts upon the underlying assessment are:

- Under achievement of recurrent savings plans - £5.8m.
- Shortfall against allocation assumptions for NI and 24/25 Pay awards £3.8m.
- Full Year effect of Band 2/3 Framework £2.1m.

Underlying Position	**2025/26 Forecast**	**Recurrent**	**Movement**
	£'m	**£'m**	**£'m**
Initial Financial Plan	**0**	**(1.7)**	**(1.7)**
Savings Variances	5.6	5.8	0.2
Operational Variances	1.2	1.9	0.7
Financial Plan Variances	(5.3)	(2.7)	2.6
Financial Allocation Adjustments	3.8	3.8	0
Band 2/3 Framework	0	2.1	2.1
Accountancy Gains	(5.3)	0	5.3
Mitigating Actions	0	0	0.0
Grand Total	**0**	**9.2**	**9.2**

The main drivers of the recurrent operating variance of £1.9m are as noted below:

Operating Variances	**2025/26 Forecast**	**Recurrent**	**Movement**
	£'m	**£'m**	**£'m**
NWSSP Non Recurrent Distribution	(0.6)	0	0.6
Non Recurrent Income	(0.4)	0	0.4
Med & Dental Temp System reductions	(0.3)	0	0.3
Non Recurrent Vacancies	(2.3)	(2.0)	0.3
Improved Vaccine Position	(0.8)	(0.8)	0.0
Non Recurrent Costs incurred 25/26	3.6	0	(3.6)
FYE Effect of Hospital @ Home	0.3	1.2	0.9
FYE of Loss of Drug Rebates	1.0	1.3	0.3
FYE Urgent Treatment Centre	0.3	0.6	0.3
FYE Medical Devices/Appliances	0.2	0.8	0.6
FYE Diabetes Pumps/Consumables	0.2	0.8	0.6
Grand Total	**1.2**	**1.9**	**0.7**

The underlying financial position will continue to be reviewed each month.

3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

	Month 11 £m	Month 10 £m	Comment
Funding risks:			
Other risks:			
Delivery Risk on Identified Savings Plans	0.0	0.0	Table C3
Delegated Risk Assessments – High Risk	0.0	0.2	Revised assessment
Delegated Risk Assessments – Medium Risk	0.0	0.5	Revised assessment
NWJCC Risks not included in Forecast	0.0	0.3	NWJCC risks @M10
Band 6/7 HV Dispute	0.0	0.3	HV's voted to take industrial action
Further industrial action in 25/26.	0.0	Tbc	
ABUHB LTA Dispute	0.4	Tbc	Dispute on zero LoS activity
Total Risks	**0.4**	**1.3**	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Further IMTP Planning slippage	0.0	Tbc	Final review completed M11.
JCC Opportunities	0.0	(0.1)	NWJCC opportunities @M10
Velindre NHST NICE Forecast	(0.1)	(0.4)	Difference between forecast and recent trend.
HV Industrial Action – Reduction in Pay	(0.2)	0	HV industrial action resulting in reduced pay costs but offset by reduced LA income.
Total opportunities	**(0.3)**	**(0.5)**	
Net risk	**0.1**	**0.9**	

NWSSP Welsh Risk Pool Contributions – recent correspondence has confirmed that WG funding will be released to recognise the risk pool requirements up to the latest risk pool forecast of £49m. Any further requirements will remain a risk to organisations, the latest forecast from NWSSP indicates that the £49m WG support would be sufficient.

National Pay & Employment Disputes - There are a number of pay disputes being nationally led by NHS Wales Employers which include:

- Band 2 health care support workers framework
- GP Out of Hours contract and employment status
- Band 6 Health Visitor

Confirmation has been received that the Band 2 framework will be fully funded in 2025/26 by WG resource allocation removing this risk from the current year assessment.

The latest proposal for GP OOH settlement has been recognised within our forecast with an assumption it will increase the existing provision from 2024/25.

An LTA performance settlement with ABUHB has been raised during M11, where zero length of stay admission activity, which has historically been reported as admissions within the LTA, is now being challenged with refusal to recognise this activity in our settlement performance. This NHS Wales dispute is being progressed through the dispute resolution procedure.

The Band 6 Health Visitor dispute continues and industrial action has commenced. The impact has been assessed and pay costs are likely to reduce as staff will be unpaid and discussions are continuing with Local Authority partners on recognising the loss of service and pay reduction in the income supporting HV staff under the flying start programme.

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O for General Medical Services (GMS) and General Dental services (GDS) were updated for M9. As at Q3 the following positions were noted:

- GMS forecast against allocation is reporting a £5.3m overspend mainly attributed to Out of Hours provision and Dispensing. The forecast movement from plan increased by £1,354k from an underspend of (£263k) at M12 last year to a forecast overspend of £1,091k for 25-26.

  This is mainly due to the deterioration on QAIF (£770k). We've based the estimated spend this year on the actual values of the Access and Quality Achievement payments for 24-25 which were made in M3.

- Dental – The M9 forecast overspend of £303k against the allocation

is mainly attributed to patient charge income being lower than target by £1.8m.

The forecast contract performance remains £1.1m under plan despite the service re-commissioning additional activity of £1m in 25-26 in recognition of under-performance in 2024/25.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	**Forecast £'m**	**Comment**
Learning Disabilities	N/A	N/A	
Mental Health Services	118.77	118.77	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.2	2.2	
Critical Care	2.4	2.4	
Planned Care Recovery	7.3	7.3	
Planned & Unscheduled Care	18.4	21.7	
Value Based Recovery	2.1	2.1	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.8	
Planned Care	0.7	0.7	
VBHC	0.7	0.7	
In Year Planned Care	12.0	12.0	Note 2

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2022/23 this reported £163.7m, the draft 2023/24 unpublished returns are indicating expenditure of £ 175.5m.

2. In Year Planned Care – Within this element, the following specific programmes have been consolidated:
    - Q1 Orthopaedic Treatments £3.0m
    - National Outpatient – Insourcing £3.0m
    - National Outpatient – In House £1.4m
    - National Outpatient - Support £0.5m
    - Diagnostic Plans £1.0m
    - RTT Waiting Times – Phase 5 £1.0m
    - RTT Orthopaedics £1.6m
    - Diagnostic Phase 4 Cost Per Case £0.6m

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

	Month 11			Month 10		
	YTD	25/26	Rec	YTD	25/26	Rec
	£'m	£'m	£'m	£'m	£'m	£'m
Savings target as at M11	**28.7**	**31.3**	**31.3**	**26.1**	**31.3**	**31.3**
Actual and Forecast Savings	(23.0)	(25.7)	(25.5)	(20.9)	(25.7)	(26.5)
Variance	**5.7**	**5.6**	**5.8**	**5.2**	**5.6**	**4.8**

Further work is ongoing to develop robust plans as part of the 2026/27 IMTP to close the forecast recurrent gap of £5.8m.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M11 £'m	YTD £'m	25/26 £'m	Rec £'m
Savings	16.5	2.0	22.5	25.1	24.7
Income Generation	0.8	0.1	0.5	0.6	0.8
To be identified	14.0	0.0	0.0	5.6	5.8
Total Savings	**31.3**	**2.1**	**23.0**	**31.3**	**31.3**
Accountancy Gains	0.0	0.0	5.3	5.3	0.0

The following approaches are being used for savings profiles and savings recognition in 25/26 on the basis that delegated budgets have been reset to recognise the underlying deficits identified:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only

be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

  Non-Recurrent savings – To focus efforts on sustainable recurrent saving plans and being consistent with WHC (2025) 013 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  Only non recurrent savings which have resulted from planned management action will be reported as a saving. All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

8. Income Assumptions 2025-26 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

The only dispute relates to the LTA performance settlement with ABUHB which has been raised during M11, this NHS Wales dispute is being progressed through the dispute resolution procedure.

Table E shows the anticipated allocations assumed within our M11 position. The table below summaries the more material items:

Description	**M11**	**M10**	**Comments**
	£'m	**£'m**	
DOLS/Advocacy	0.3	0.3	
Women's Health Hubs	0.3	0.3	
DPIF	1.0	1.0	
Planned Care Transformation	0.3	0.3	
25/26 Outpatient Waiting Times	3.4	4.0	
25/26 Diagnostics Waiting Times	1.1	1.4	
25/26 RTT Waiting Times – Phase 5	1.0	1.0	
104 Weeks T&O Plan	1.0	1.6	New Allocation
IFRS 16 Adjustment	(2.6)	(2.6)	Reflects latest forecast
Band 2/3 Framework	8.8	0.0	Reflects latest forecast
Capital Charges	0.5	0.5	Reflects latest forecast
Other Allocations	0.1	0.4	
Total Anticipated Allocations	**15.1**	**8.1**	

Following a meeting with WG on planned care & diagnostic performance, it is anticipated that the remaining outstanding allocations of £6.5m will be allocated in full.

9. Health Care agreements

CTMUHB has agreed all the LTA documentation with both providers and commissioners.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M10 and M11:

- Provisions have increased by £9.1m since M10, this is due to an increase in the level of provision required for clinical negligence cases.

- Trade and Other Receivables have increased by £11.2m.
  - The Welsh Risk Pool debtor for Clinical Negligence has increased by £5.7m as noted above.
  - The remainder of the variance is due to an increase of £6.4m of general receivables and an increase of £3.1m of NHS manual accruals.
  - The increases detailed above are offset by a reduction in the Nursing home Pooled Budget debtor of £3.5m

- Creditors have increased by £7.7m from M10, there has been an increase in Non-NHS accruals of £3.1m and an increase in trade and capital payables of £5.0m.

- Fixed Assets have increased by £8.4m, capital expenditure has been incurred in several areas, the most significant being £4.2m on various IT Schemes, £2.9m on the PCH G&FF Phase 2 scheme and £1.2m on Llantrisant Health Park.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are three NHS invoices due over 11 weeks for Cardiff and Vale UHB. The invoices are being followed up through usual debtor procedures.

11. Cash Flow Forecast (Table G)

In M11 the cash balance was £6.9m, with a split of revenue and capital of £6.3m and £0.5m, respectively.

At year end we are projecting a cash deficit of £9m for which there will be a requirement of working balances cash. We have anticipated this £9m working balance requirement in Table E.

This request is made up of £9m revenue. The capital working balance previously requested is no longer required due to further late funding being made available where cash will not be spent and there is a lower decrease in capital creditors than previously forecast. This is made up of the following estimates:

	£
Net increase in debtors/inventories less c/f cash (26-5.5-0.5)	20
Decrease in payables (mainly accountancy gains) & provisions (-9+20)	(11)
Total Working Balances cash requirement	**9**

On Table G Cash Flow there is a validation for the difference between the proposed capital draw down of £95.2m and the Capital Drawing Limit in Table E of £104.8m. This is due to late capital funding received where cash expenditure is not expected to be defrayed in this financial year.

12. Public Sector Payment Compliance (Table H)

No update required in this return.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M11 CRL is £103.754m, issued on 26th February 2026. As at M11, £69.6m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	**Risk**	**Explanation**
Interventional Radiology Room RGH	Medium – slippage	Delayed start to scheme, due to complete June 2026. Plan for equipment to be vested. Slippage will be managed by the HB.

Pharmacy Robot RGH	Medium – slippage	Due to delays with confirming the tender award for the robot, the works programme is delayed. HB aware early in year ,slippage will be managed
Bridgend Health and Wellbeing Centre	Medium-Slippage	Scheme due to complete 30th April, a number of equipment items will now be delivered in April. Slippage planned into programme
Mental Health Quality and Safety Schemes	Medium-Slippage	Delayed access due to required service changes across the Health Board, now confirmed for early 2026/27. Slippage will be managed
Maesteg Health and Wellbeing Centre	Medium-Slippage	Discussions ongoing internally re scheme options which will delay in year spend.
TEF	Medium - Slippage	As discussed with WG at the latest Capital Review Meeting there are risks with the significant number of TEF schemes, spend has been accelerated on a number of infrastructure projects however there are risks of slippage within other areas. The Health Board plan to manage the position across the 5 areas and discretionary to a balanced position.

All risks are currently planned to be managed across the programme and hence the forecast shows a balanced position against the current CRL.

There is a validation error in the monitoring return (table J) because of two negative allocations for IFRS 16 schemes. On extending the Roche pathology contract there was a reduction in the hardware costs, this creates a smaller ROU asset, hence the reduction and a negative number in year. In addition NIAW were able to give notice on their PACS contract so this lease was terminated which also generates a negative figure when the files are updated.

Disposals

The sale of Pontypridd Health Centre completed on 2nd February 2026. Disposal proceeds received but the NBV disposal will be actioned in the M12 ledger

WG has given approval for the disposal of Bryncethin Clinic, linked to the BHWBC scheme. This is now expected to transfer to Linc Cymru April 2026

1. IFRS 16 and CAME (Table Q)

Table Q has been completed with additional leases approved this month now included. All known leases for this year have had funding requested and approved, hence the unapproved line is now blank.

14. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M11 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

15. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 12 March 2026

Action Points arising from Month 10 Response

Action Point	WG Comment	CTM Response
	TABLE A	
9.2	The supporting narrative continues to confirm that the forecast position is supported by the release of expenditure plans totalling £4.800m (YTD benefit of £4.000m). The response to Action Point 9.2 clarifies that these are primarily being reported within the Pay and Non-pay expenditure lines but it does not clarify if they are being recorded as spend reductions. As requested, please confirm if these releases are being reported as spend reductions via Table B2. **(c/f Action Point 9.2)**	The release of £4.8m of plans, now £5.3m is a contributing to the spend reductions in table B2
9.3	In response to Action Point 9.3, it has been confirmed that the non-recurring favourable forecast income (line 19) totalling c. £0.800m, reported at Month 9, related to commissioning arrangements with ABUHB. This forecast non-recurring favourable income value has increased to c.£1.800m at Month 10, please confirm the areas which have resulted in this additional £1.000m favourable movement in income. **(c/f Action Point 9.3)**	This is a combination of improved contract performance within the LTAs along with increased income for NCAs and Injury Cost recover scheme in M10 following lower levels of income in previous periods.
10.1	Section 1.7 of the narrative highlights that £0.500m of 25/26 IMTP investment plans have slipped. Please clarify if this value forms part of the unplanned spend reductions or, is the HB still building the forecast spend into the SoCNE. **(Action Point 10.1)**	The benefit has been reported as a expenditure reduction has been removed from the SOCNE.
10.2	Since month 9, the annual spend reductions have increased by c. £1.500m and in-year cost pressures have increased by c. £2.700m. At Month 11, please provide the requested table showing each of the material cost pressures and spend reductions by issue, the recurring and non-recurring split and the FYE (R), with a supporting narrative to evidence that a comprehensive review of these items has been completed as part of your c/f underlying position review. **(Action**	The reconciliation of the recurrent operating variance to current year variance is shown in section 2.

	Point 10.2)	
10.3	Please review section 2 of the supporting narrative, ensuring the recurring FYE savings shortfall is consistently reported between the opening commentary and the detailed tables. **(Action Point 10.3)**	Section 2, Section 7 and Table A were all reporting a £4.8m FYE savings shortfall at M10: Reversal of unidentified (£12.7m) Income Generation Over £ 0.1m Planned Savings Over £ 2.6m New Additional Savings £ 5.1m **Recurrent Shortfall (£ 4.8m)**
	TABLE A2 – Risks & Opportunities	
10.4	As we enter Month 11 reporting, we are looking to see that these have either been removed (no longer an issue) or mitigated (brought into the position and offset with crystallised opportunities). **(Action Point 10.4)**	Risks have been reviewed, however a new risk on the AB LTA has been recognised in M11 following indication by ABUHB that they will not agree our LTA performance position. Band 6 Health Visitors have recently announced industrial action, this commenced at the end of February and may provide an opportunity as pay costs will reduce but will be partially offset by Flying Start income reductions depending on which staff choose to take industrial action.
	TABLE B – Monthly Positions	
10.5	As highlighted below, when compared to Month 10, there is a material step up in expenditure across several SoCNE categories in February and March. This is offset with the additional RRL, that had been	Noted

	previously under-phased (YTD based on 12ths). We will look to the Month 11 submission for refreshed details to support the timing of the additional spend. **(Action Point 10.5)**	
	TABLE B2 – Expenditure Movements	
10.6	Please provide an explanation for the March spend reduction (line 38) in Pay, being materially lower than Months 10 and 11. **(Action Point 10.6)**	Month 10 & Month 11 had an original plan for increased expenditure profiled into M10 & M11 to reflect anticipated impact of winter pressures which were subsequently expected to have been lower than planned, hence improvement sin those periods. M12 did not have such a level of pressure in its original plan so there is less of an effect in M12.
10.7	After reporting a nil value in Month 10, please provide details of the assumptions which support the c. £1.000m spend reductions (line 54) in Non-pay, reported within February and March. **(Action Point 10.7)**	The M10 tables reported a cost pressure of £1m for both M11 & M12 rather than a reduction. M10 had reported an improvement from plan and M9 forecast, however, as noted in section 1.3 of the M10 narrative it is anticipated to be a timing issue rather than a genuine benefit.
10.8	Please provide an explanation for the unplanned CHC cost pressure value (£0.230m) at Month 10, being lower than the Month 9 actual and the future months forecasts (c.£0.600 - £0.700m). **(Action Point 10.8)**	Month 10 CHC had identified a retrospective favourable correction upon Adult MH placement.
9.8	As requested via Action Point 9.2, please ensure that section 1.4 of your narrative explains material future month cost pressure and spend reduction movements. **(c/f Action Point 9.8)**	Noted
	Table B3 – Pay Expenditure	

10.9	It is recognised that there is forecast 30% reduction in annual agency expenditure, compared to last year. Noting that the all-Wales figures suggest the Health Board remains one of the higher spending organisations (relatively), we trust that further material reductions in agency spend and other variable pay costs are delivered early on, next year. **(Action Point 10.9)**	Noted
10.10	Noting the narrative confirms that the variable pay returned to the Q3 average level, in Month 10, please provide a supporting explanation for the forecast reductions in the remaining months. **(Action Point 10.10)**	Plans were in place to minimise overtime and additional hours through greater scrutiny and approval process including limiting PARR overtime.
	Table C – C3 – Savings	
10.11	The monthly forecast savings delivery values in February (£1.905m) and March (£2.737m) are materially lower than the Month 10 actual delivery value (£3.677m). We trust these additional Month 10 savings which are currently be classified as non-recurrent are being explored to assess if they can be delivered recurrently to assist the forecast underlying position. **(Action Point 10.11)**	Noted
	TABLE E – Resource Limit	
10.12	Please clarify the reason for the IFRS16 capital working balances value of £3.055m being higher that the IFRS16 Revenue Recovery amount of £2.642m. **(Action Point 10.12)**	Updated in Table E
9.13	Please ensure the HCHS allocation reference on line 1 (should be 77) correlates to the allocation value reported on line 2. **(Action Point 9.13)**	Noted
	TABLE G – Cashflow	
9.11	Following the response to Action Point 9.11, it does not appear that line 9 (sale of assets receipts) has been updated (£0.019m annual value) for the sale of Pontypridd Health Centre or the planned sale of	Pontypridd Health Centre is included within M11 on the cash flow at £300k

	Bryncethin Clinic before year end. If the cash receipts are received/planned to be received in this financial year, please ensure they are reported on line 9 of your cashflow submission. **(c/f Action Point 9.11)**	receipt. Bryncethin Clinic will not be sold before year end.
	TABLE M – Aged Debtors	
10.14	As the outstanding invoice raised against Velindre NHS Trust is over 17 weeks old, please ensure it is not listed as outstanding within your Month 11 submission. **(Action Point 10.14)**	This invoice should have been raised to the Velindre Charity and has been credited and removed from Table M.
	Band 2/3	
10.15	The latest Band 2/3 assessments values are noted, and we trust you will be able to include the estimated costs for the accrual/provision and anticipate the funding in the template submission at Month 11 ensuring the narrative clarifies the current assumption relating to the timing of the cash payments in 26/27. Please also be reminded that a losses submission will need to be sent to John Evans (WG) and subsequently agreed, before funding for any total accrual/provision can be issued by WG. At the appropriate time in 26/27 when the final values are known/paid, please confirm the position to WG, noting that any additional funding will not be available and any surplus funding may be recovered. **(c/f Action Point 10.15)**	Noted

Cwm Taf Morgannwg ULHB **Period : Feb 26**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-7,900	0	-7,900	-7,900
2	Cost Pressures (Negative Value)	-43,800	-1,000	-42,800	-42,800
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,400	0	20,400	21,100
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	16,509	989	15,520	17,774
7	Planned (Finalised) Net Income Generation	838	0	838	868
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	13,953	1,295	12,658	12,658
12	**Opening IMTP / Annual Operating Plan**	**0**	**1,284**	**-1,284**	**1,700**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-13,953	-1,295	-12,658	-12,658
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-238	0	-238	-41
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	3,118	-79	3,197	2,290
17	Additional In Year Identified Savings - Forecast	5,443	2,044	3,399	4,634
18	Variance to Planned RRL	-1	-1		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	3,843	3,843		
20	In Year Accountancy Gains	5,300	5,300	0	0
21	Unplanned Spend Reductions	23,641	8,476	15,165	15,165
22	Unplanned Cost Pressures	-26,361	-7,775	-18,586	-20,290
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	Losses & Spec Payments - Provision for permanent injury benefit	-985	-985		
27	Other Losses & Special Payments Movements	193	193		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**11,005**	**-11,005**	**-9,200**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-658	-658	-658	-658	-658	-658	-658	-658	-658	-658	-658	-662	-7,238
2	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-40,150
3	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	18,700
4													0
5												0	0
6	536	1,374	1,473	1,220	1,496	1,676	1,396	1,455	1,454	1,465	1,490	1,474	15,035
7	19	96	73	72	72	72	74	70	75	69	74	72	766
8													0
9													0
10													0
11	2,053	1,138	1,062	1,316	1,040	860	1,138	1,083	1,079	1,074	1,044	1,066	12,887
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	-2,053	-1,138	-1,062	-1,316	-1,040	-860	-1,138	-1,083	-1,079	-1,074	-1,044	-1,066	-12,887
14													0
15	0	-74	-63	11	-61	-40	-7	13	-4	-3	-5	-5	-233
16	0	-489	-75	-52	-319	-124	489	2,180	-473	1,593	-89	477	2,641
17	0	39	135	308	285	651	461	793	892	619	636	624	4,819
18	116	-1,371	-3,666	1,464	-4,301	1,072	2,498	503	1,268	-391	445	2,362	-2,363
19	-389	43	634	-889	389	-2,226	885	348	562	-882	482	4,886	-1,043
20	0	0	0	0	4,000	1,300	0	0	0	0	0	0	5,300
21	1,021	2,063	3,291	2,207	2,617	2,959	499	581	1,577	3,564	3,062	200	23,441
22	-385	-1,105	-255	-2,403	-1,436	-785	-3,439	-3,259	-2,304	-1,532	-2,042	-7,416	-18,945
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26				-985									-985
27				188	-195	68	-258	254	137	133	-134	0	193
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**-1,690**	**-2,032**	**-1,061**	**-1,467**	**-61**	**2,015**	**-10**	**330**	**576**	**2,027**	**1,311**	**62**	**-62**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

Cwm Taf Morgannwg ULHB

Period : Feb 26

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY *YTD variance as %age of YTD*	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	94	796	568	629	629	632	693	716	747	763	763	765	7,030	7,795							
2		Actual/F'cast	94	423	522	604	655	640	814	1,051	868	884	937	903	7,492	8,395	89.24%	8,395	0	1,227	7,168	0	9,063
3		Variance	0	(373)	(46)	(25)	26	8	121	335	121	121	174	138	462	600	*6.57%*	8,395	0				
4	Non-Pay	Budget/Plan	42	178	144	175	162	240	199	200	202	199	188	204	1,929	2,133		2,133	0				
5		Actual/F'cast	42	101	250	455	246	261	223	258	283	312	267	313	2,698	3,011	89.60%	3,011	0	877	2,134	0	2,766
6		Variance	0	(77)	106	280	84	21	24	58	81	113	79	109	769	878	*39.87%*	878	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	400	400	400	400	687	457	457	457	457	457	457	457	5,029	5,486		5,486	0				
8		Actual/F'cast	400	400	400	400	544	316	1,231	2,942	303	2,332	647	1,209	9,915	11,124	89.13%	11,124	0	0	11,124	0	11,124
9		Variance	0	0	0	0	(143)	(141)	774	2,485	(154)	1,875	190	752	4,886	5,638	*97.16%*	5,638	0				
10	Secondary Care Drugs	Budget/Plan	0	0	336	8	10	338	39	39	39	38	39	39	886	925		925	0				
11		Actual/F'cast	0	0	336	9	9	552	(1)	63	339	70	72	71	1,449	1,520	95.33%	1,520	0	0	1,520	0	1,525
12		Variance	0	0	0	1	(1)	214	(40)	24	300	32	33	32	563	595	*63.54%*	595	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	70	70		70	0				
14		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	70	70	100.00%	70	0	0	70	0	120
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	8	8	26	8	8	9	8	8	9	8	8	9	91	100		100	0				
20		Actual/F'cast	0	0	26	8	8	434	79	79	80	79	79	79	871	950	91.68%	950	0	850	100	0	100
21		Variance	0	0	0	0	0	425	71	71	71	71	71	70	780	850	*857.14%*	850	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0				
34	Total	Budget/Plan	536	1,374	1,473	1,220	1,496	1,676	1,396	1,455	1,454	1,465	1,490	1,474	15,035	16,509		8,714	0				
35		Actual/F'cast	536	924	1,533	1,476	1,462	2,203	2,346	4,428	1,873	3,677	2,037	2,575	22,495	25,070	91.68%	25,070	0	2,954	22,116	0	24,698
36		Variance	0	(450)	60	256	(34)	527	950	2,973	419	2,212	547	1,101	7,460	8,561	*857.14%*	16,356	0				

37	Variance in month	0.00%	(32.75%)	4.07%	20.98%	(2.27%)	31.44%	68.05%	204.33%	28.82%	150.99%	36.71%	74.69%	49.62%	
38	In month achievement against FY forecast	2.14%	3.69%	6.11%	5.89%	5.83%	8.79%	9.36%	17.66%	7.47%	14.67%	8.13%	10.27%		

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Period : Feb 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
1	Pay - General & Substantive	Budget/Plan	90	278	229	261	258	266	321	319	331	326	325	325	2,974	3,299	0	0			
2		Actual/F'cast	60	100	184	203	292	236	403	589	456	461	523	475	3,498	3,973	3,973	0	1,118	2,855	3,818
3		Variance	0	(178)	(45)	(58)	34	(30)	82	269	125	135	198	150	524	674	3973	0			
4	Pay - Variable	Budget/Plan	0	130	125	149	147	146	148	147	166	176	180	180	1,514	1,694	0	0			
5		Actual/F'cast	0	62	123	179	117	138	139	184	122	152	147	160	1,363	1,523	1,523	0	109	1,414	1,915
6		Variance	0	(68)	(2)	30	(30)	(8)	(9)	37	(44)	(24)	(33)	(20)	(151)	(171)	1,523	0			
7	Pay - Agency	Budget/Plan	34	388	214	219	224	220	224	250	250	261	258	260	2,542	2,802	0	0			
8		Actual/F'cast	34	261	215	222	246	266	272	287	290	271	267	268	2,631	2,899	2,899	0	0	2,899	3,330
9		Variance	0	(127)	1	3	22	46	48	37	40	10	9	8	89	97	2,899	0			
10	Total	Budget/Plan	94	796	568	629	629	632	693	716	747	763	763	765	7,030	7,795	0	0			
11		Actual/F'cast	94	423	522	604	655	640	814	1,051	868	884	937	903	7,492	8,395	8,395	0	1,227	7,168	9,063
12		Variance	0	(373)	(46)	(25)	26	8	121	335	121	121	174	138	462	600	8,395	0			

Table C2- V&S Saving Categories

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Workforce	Budget/Plan	100	807	577	638	638	641	697	719	753	767	767	769	7,102	7,871
2		Actual/F'cast	100	430	528	612	673	637	740	976	793	811	860	829	7,160	7,989
3		Variance	0	(377)	(49)	(26)	37	(4)	43	257	40	44	93	60	58	118
4	Medicines Management	Budget/Plan	400	438	755	428	715	816	515	514	516	514	515	515	6,126	6,641
5		Actual/F'cast	400	410	757	425	556	871	1,215	3,025	651	2,437	756	1,299	11,503	12,802
6		Variance	0	(28)	2	(3)	(159)	55	700	2,511	135	1,923	241	784	5,377	6,161
7	Procurement & Non-pay	Budget/Plan	32	106	104	119	121	192	157	157	156	155	146	161	1,445	1,606
8		Actual/F'cast	32	70	216	422	217	250	220	220	257	256	214	265	2,374	2,639
9		Variance	0	(36)	112	303	96	58	63	63	101	101	68	104	929	1,033
10	CHC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	70	70
11		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	70	70
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pathway	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	20	24
14		Actual/F'cast	0	0	0	0	0	0	83	83	83	83	84	84	416	500
15		Variance	0	0	0	0	0	0	79	79	79	79	80	80	396	476
16	Other - Commissioning	Budget/Plan	4	23	37	22	21	23	20	22	22	22	20	22	236	256
17		Actual/F'cast	4	5	29	13	12	439	83	84	84	84	83	92	920	1,012
18		Variance	0	(18)	(8)	(9)	(9)	416	63	62	62	62	63	76	684	754

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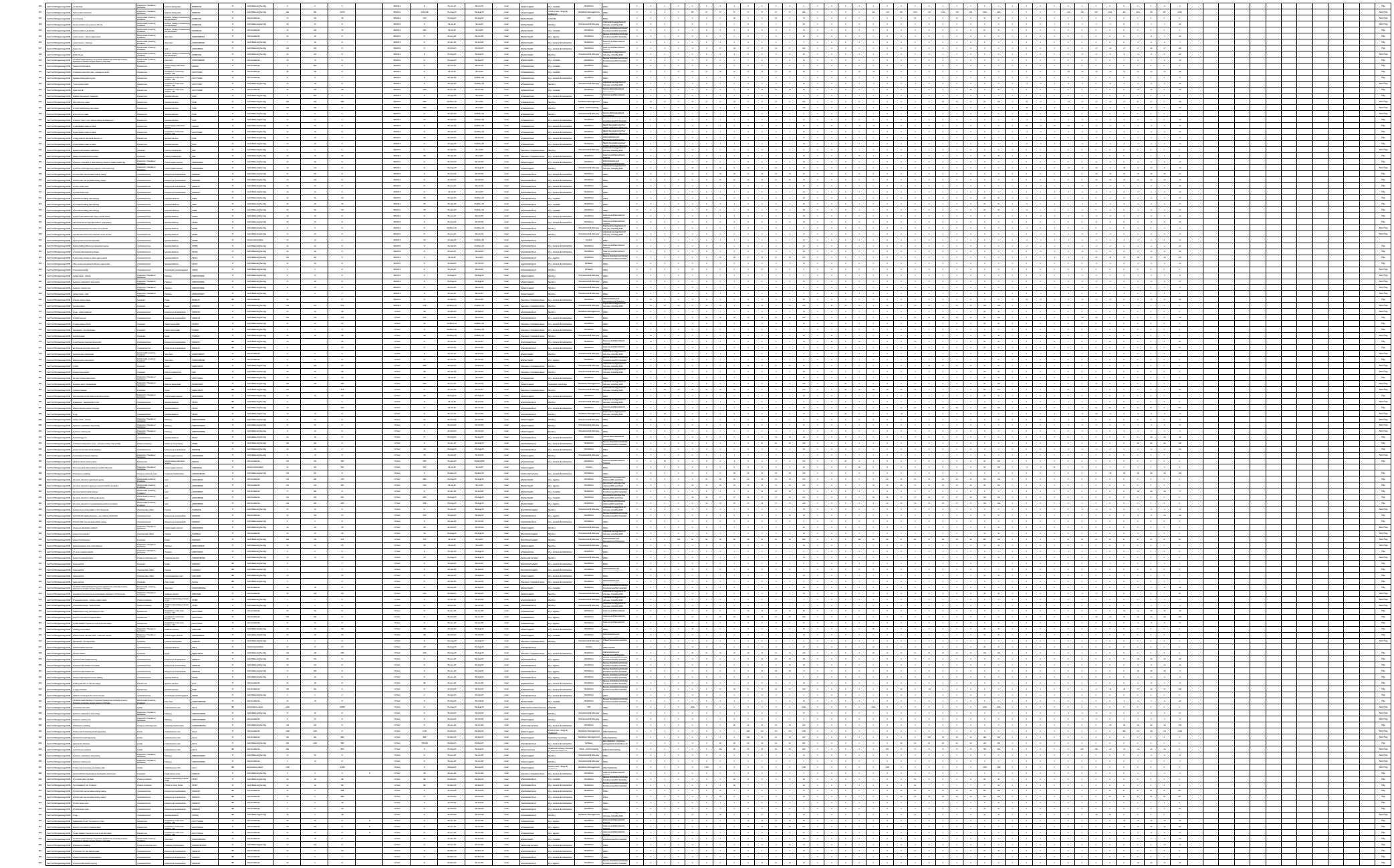
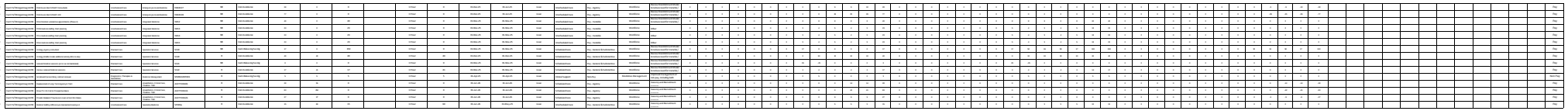
Feb 26

11

Table C3 - Tracker

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	931	229	850	2,010	0	0
Scheduled Care	556	114	987	1,657	0	0
Unscheduled Care	2,601	262	671	3,534	28	0
Mental Health	216	61	998	1,275	0	0
Community Services	50	71	243	364	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	7,609	0	7,609	0	4,000
Clinical Support	119	4,873	442	5,434	347	1,300
Non Clinical Support	602	1,481	32	2,115	225	0
Executive / Corporate Areas	496	576	0	1,072	0	0
Total	5,570	15,276	4,224	25,070	600	5,300





Agenda Item
8.2.1g

Operational Delivery Committee

MONTH 12 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M12 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2025) 013 – 2025/26 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23rd April 2025. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2025/26 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M12 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M12 Financial Monitoring returns is summarised in Section 1.2 of the M12 Narrative report at Annex A. This information is consistent with the M12 Internal Board papers.

4. Assessment

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

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

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the contents of the M12 Monitoring Returns submitted to Welsh Government for 2025/26.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – MARCH 2026
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 March 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 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	**7.9**	**0**	**7.9**
Income changes	(21.1)	0.7	(20.4)
Cost Pressures & Investments:	42.8	1.0	43.8
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	**(1.7)**	**1.7**	**(0.0)**

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2025-26 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 3	**1.1**	**4.8**	**0.0**
Month 6	**(2.0)**	**4.3**	**0.0**
Month 9	**(0.6)**	**3.4**	**0.0**
Month 10	**(2.0)**	**1.4**	**0.0**
Month 11	**(1.3)**	**0.1**	**0.0**
Month 12	**(0.1)**	**(0.1)**	**(0.1)**

The M12 position is reporting a £0.1m surplus (£1.3m surplus M11) for the period with a year to date surplus of £0.1m (£0.1m deficit M11) pending

audit review.
Pending audit this position will confirm the achievement of the financial duties placed upon Health Boards under Section 175 of the National Health Service (Wales) Act 2014.

The key components of the year end position and the year-end forecast compared to the original IMTP are summarised below:

	M12 YTD	M11 Year-end forecast	IMTP
	£m	£m	£'m
Savings Shortfall	5.6	5.6	0
Operating Variances	1.2	1.2	0
Plan Phasing adjustments	0	0	0
Financial Plan Improvements	(5.3)	(5.3)	0
Accountancy Gains	(5.3)	(5.3)	0
Financial Allocation Adjustments	3.8	3.8	0
Other Mitigating Actions	0	0	0
Grand Total	**0.1**	**0**	**0**

The £5.6m shortfall in savings delivery remains a significant variance from the plan. The table below breaks down the overall savings delivery compared savings target of £28.6m.

Savings Shortfall:	M12 YTD	M11 Year-end forecast	IMTP
	£m	£m	£'m
Variance v £21.7m Delegated target	5.5	5.5	0
Variance v £2.4m Non delegated target – CAT M savings	(5.1)	(5.1)	0
NWSSP Energy Savings	(0.7)	(0.7)	0
Variance v £7.2m Central Executive led programmes	5.9	5.9	0
Grand Total	**5.6**	**5.6**	**0**

The main variances from plan include:

- The impact of the reduced allocations for National insurance and 24/25 pay awards which were assumed as part of the initial planning cycle is £3.8m.

- Confirmed accountancy gains of £5.3m relating to Primary care Prescribing and Continuing Healthcare.

- A revision of the financial plan investments and cost pressures has released £5.3m.

Other key issues include:

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicated a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m.

  During M8 WG had confirmed funding support up to the forecast of up to £49m will be released, NWSSP has confirmed that this funding has been sufficient to cover the additional costs incurred in 2025/26.

- Band 2/3 Healthcare Support Worker Framework - Following the approval of the all-Wales Framework for reviewing Band 2 health care support workers, the Health Board has escalated the work programme to meet the agreed milestones with the aim to process payments for July 2026. Given the approved timetable to action the compensatory and recognition payments, it is expected that the costs will be recognised within 2025/26 as an accrual. Our assessment has indicated an impact of circa £8.82m in 2025/26 with a potential recurrent impact of £2.1m. A previously agreed, the full cost within 2025/26 have been funded by WG and approval has been received to recognise the £4.3m recognition payment element of the framework agreement as a special payment. The remaining £4.55m for correction payments has been recognised as pay expenditure.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	March			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M12 £'000	M11 £'000	Movement £'000
RRL	202,227	138,231	63,997	1,616,890	1,552,894	63,997
Donation/Grants	(39)	36	(75)	2,504	2,579	(75)
Welsh HBs & NHST	7,336	6,201	1,135	76,051	74,916	1,135
NHSWJCC	1,087	1,214	(127)	14,343	14,470	(127)
WG Income	1,331	96	1,235	3,542	2,307	1,235
Other Income	5,451	4,518	933	55,480	54,547	933
Income Total	**217,393**	**150,296**	**67,098**	**1,768,810**	**1,701,713**	**67,098**
PC Contractor	20,105	17,345	2,760	180,442	177,682	2,760
PC - Drugs	9,950	9,519	431	103,466	103,035	431
Pay	119,641	65,900	53,741	825,065	771,324	53,741
Non Pay	15,466	12,310	3,156	131,021	123,682	7,339
SC - Drugs	5,110	5,859	(749)	60,085	60,834	(749)
H/C Other NHS	30,914	28,425	2,489	307,870	309,564	(1,694)
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	7,793	7,426	367	80,371	80,004	367
Private & Vol	2,830	3,523	(693)	17,005	17,698	(693)
Joint & Other	1,731	2,883	(1,152)	18,831	19,983	(1,152)
Losses, Spec Payments	4,980	9,024	(4,044)	8,170	12,214	(4,044)
DEL	3,262	3,150	112	40,694	40,582	112
AME	(4,762)	(15,425)	10,663	(4,224)	(14,887)	10,663
Res & Cont	0	0	0	0	0	0
P&L on Disposal	261	295	(34)	(36)	(2)	(34)
Cost - Total	**217,281**	**150,234**	**67,047**	**1,768,760**	**1,701,713**	**67,047**

Actual expenditure for M12 was £67m (45%) greater than the £150.2m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **NHS Income - £1,135k Favourable** – M12 recognised a correction of NWSSP Laundry income which had been netted of expenditure in previous periods of £1.3m, this offset a general deterioration of contracting income from LTAs including a negotiated settlement of the dispute with ABUHB.
- **Welsh Government Income - £1,235k Favourable** – M12 recognised £0.6m of IRCF income to support RPB capital bids with partners along with an increase in Non Cash Limited income of £0.6m. Both of these items remain neutral to the position with corresponding increases in expenditure within Joint Finance and Primary Care.

- **Other Income - £933k Favourable –** During M12, which included increases in the following areas:
    - Endowment contributions £400k
    - Additional R&D Income £500k
- **Primary Care Contractors - £2,760k Adverse** – The M12 positions recognises £1.6m for the pension adjustment, £0.5m for Non Cash limited expenditure increase and £0.4m increased expenditure within Parc Prison Buvidal which was funded by an allocation.
- **Provider Pay - £53,741k Adverse** – M12 has recognised:
    - £47.8m for the pension adjustment
    - £4.6m Band 2/3 framework correction payment previously reported within special payments.
    - £1.0m increased variable pay to support planned care
    - £0.5m increased agency to support planned care activity
- **Provider Non Pay - £3,156k Adverse** – M12 variance has been a result of changes to classifications:
    - £1.3m NWSSP Laundry expenditure previously netted off income
    - £1.1m Joint Finance classification changes
    - £0.4m ESR charges
- **Secondary Care Drugs - £749k Favourable** – The M12 level of anticipated expenditure has not materialised, with growth in home care slowing.
- **Healthcare NHS - £2,489k Adverse** – The M12 position recognises £2.6m of new JCC allocations.
- **Private & Voluntary Sector - £693k Favourable** – The anticipated level of insourcing from independent service provides was lower than expected, resulting in higher in house provision costs within Pay & Non Pay.
- **Joint Finance - £1,152k Favourable** – This variance is mainly attributed to classification changes where expenditure has been coded to Non Pay rather than Joint Finance.
- **Losses - £4,044k Favourable** – The M12 position recognisees hte change of classification of the correction payment element of the band 2/3 framework of £4.6m, offset by an increase in clinical negligence claims.

1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £5.0m net operating surplus to M11, the most significant expenditure variances from original IMTP plans are noted below (net impact of spend reductions and cost pressures):

- **Primary Care Contractors**
    - M12 has reported a £299k adverse operating variance, giving

a year to date variance of £1,973 favourable. This mainly relates to non cash limited expenditure reductions along with lower than anticipated Ophthalmic fees and community pharmacy costs.

- **Primary Care – Drugs & Appliances**
  - M12 has reported an adverse operating variance of £598k, giving a year to date variance of £19k favourable. This is due to better than anticipated PAR growth compared to the original plan.
- **Provider Services Pay**
  - At M12, the net operating variance is £2.4m favourable, incorporating a £3.1m adverse impact of NI and pay award allocation shortfalls and a £5.1m favourable operating variance. This favourable operating variance reflects:
    - Anticipated investment plans not progressing
    - Redirection of services initially assumed to be delivered within own pay costs to services contracted and reported within Non Pay.
    - Improvements within pay expenditure management.
- **Provider Services Non Pay**
  - M12 has reported a £4,186k adverse operating variance, giving a year to date variance of £2,150k adverse.
    - The M12 movement is the result of classification changes of:
      - £1.3m NWSSP Laundry expenditure previously netted off income
      - £1.1m Joint Finance classification changes
      - £0.4m ESR charges
- **Provider Secondary Care Drugs**
  - M12 has reported a £249k favourable operating variance, giving a year to date variance of £2,264k favourable. This variance reflects lower than anticipated uptake of new drugs and slower growth levels than planned.
- **Healthcare Service NHS**
  - M12 has reported an £433k adverse operating variance, giving a year to date variance of £6,662k adverse. Contract monitoring has indicated higher than anticipated levels of activity particularly within Cardiff & Vale and Velindre activity.
- **CHC/FNC**
  - M12 has reported a £877k adverse operating variance, giving a year to date variance of £3,451k adverse. The year to date variance reflects higher than anticipated levels of new placements within Mental Health settings. Note that the original plan had assumed inflation including arrears would have been paid in M3, this was delayed and has been paid in M6, as requested this phasing adjustment has been transferred from other to Virements.

There were no other material variances in M12 relating to Table B2 expenditure.

In addition to the variances noted in Table B2, further variances have been reported in Table A as follows:

- Income - a year to date favourable variance of £2,977k.
- Loss & Special Payments - £302k adverse variance year to date mainly relating to a permanent injury benefit provision.

1.5 Pay Expenditure (Table B3)

The M12 Pay expenditure was £124.2m, the monthly trend is summarised below.

	M12	M11	M10	Q3 Average	Q2* Average	Q1* Average	Q4* Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	16.3	8.8	8.6	8.8	8.7	8.7	8.4
Medical	31.6	17.5	18.2	18.4	17.8	17.6	17.8
Nursing	36.4	21.0	20.6	20.4	20.2	20.2	20.6
ACS	20.1	8.5	8.4	8.3	8.4	8.2	7.9
Other	19.9	11.1	10.9	10.9	11.1	10.8	10.5
Total	**124.2**	**66.9**	**66.7**	**66.8**	**65.9**	**65.7**	**64**

**Quarterly Average has been adjusted to reflect a comparison with 2025/26 pay award.*

The Key issues to highlight are as follows:

- The M12 has recognised the £49.5m pension adjustment and the £4.6m band 2/3 framework impact. Excluding these items the total pay expenditure would have been £70.1m, an increase of £3.2m compared to M11, the most significant areas include:
- £0.9m increase in substantive pay expenditure:
    - £0.5m within Admin & Clerical
    - £0.2m within Medical & Dental
    - £0.2m within Nursing & Midwifery
- £0.6m increase in provision for GP OOHs holiday pay challenge
- £0.5m increase in Agency expenditure
- £0.4m increase in Bank expenditure
- £0.4m increase in Overtime expenditure
- £0.1m increase in ADH/WLI expenditure

The M12 agency expenditure was £2.3m and the monthly trend (excluding accountancy gains) is summarised below:

	M12	M11	M10	Q3 Average	Q2 Average	Q1 Average	Q4 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.1	0.8	0.9	0.9	0.6	0.8	0.7
Nursing	0.8	0.8	0.9	1.0	1.3	1.3	1.7
Other	0.4	0.2	0.2	0.1	0.3	0.4	0.7
Total	**2.3**	**1.8**	**2.0**	**2.1**	**2.2**	**2.5**	**3.0**

The Key issues to highlight are as follows:

- Agency costs in M12 are higher than M11 and Q3 levels of expenditure.
- Medical & Dental expenditure increased by £0.3m of which £0.2m relates to a technical adjustment.
- Other has increased by £0.2m, including:
    - £60k for pathology Healthcare scientists
    - £52k A&C post including Digital programme support
    - £43k Ancillary staff

As per the 2025-26 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

Enabling Action Description	Full Year
30% reduction in 25/26 agency expenditure compared to 2024/25.	M12 2025/26 £26.6 M12 2024/25 £38.1m 30% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 25	M12 2025/26 actual expenditure was £195k. M12 2024/25 average expenditure £477k per month.

The M11 variable pay expenditure was £7.3m and the monthly trend (excluding accountancy gains) is summarised below.

	M12	M11	M10	Q3 Average	Q2 Average	Q1 Average	Q4 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.9	1.8	1.9	2.1	1.9	1.9	2.0
Nursing	1.9	1.4	1.3	1.1	1.1	1.0	1.2
ACS	2.6	1.4	1.4	1.4	1.5	1.4	1.4
Other	0.9	0.6	0.6	0.7	0.7	0.7	0.6
Total	**7.3**	**5.2**	**5.2**	**5.2**	**5.2**	**5.0**	**5.2**

The Key issues to highlight are as follows:

- During M12, the pension adjustment of £1.2m was recognised, excluding this item the expenditure in M12 increased by £0.9m to £6.1m.
- Of this £0.9m increase, £0.4m related to bank expenditure with registered nursing and additional clinical services both increasing by £0.2m each. Overtime expenditure also increased by £0.4m, with admin & clerical, Nursing, additional clinical services and estates & ancillary all increasing by £0.1m each.

1.6 Covid analysis (Table B)

	M12	YTD	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m
Health Protection and PPE	0.4	2.6	2.6	0
Vaccination	0.4	4.6	4.6	0
Adferiad	0.1	1.1	1.1	0
Total	**0.9**	**8.3**	**8.3**	**0**

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

1.7 Reserves analysis (Table B)

All reserves and contingencies have been issued.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26:

	£'m
Forecast In year position 25/26	**0**
Balance sheet write backs	0
Other non recurrent costs/income loss in 25/26	(2.0)
Other non recurrent benefits in 25/26	0.3
Forecast Recurrent position at the end of 25/26	**(1.7)**

A full review of the underlying deficit has been undertaken for the emerging financial position contributing to the IMTP for 2026/27 - 2028/29

The most material impacts upon the underlying assessment are:

- Under achievement of recurrent savings plans - £5.8m.
- Shortfall against allocation assumptions for NI and 24/25 Pay awards £3.8m.
- Full Year effect of Band 2/3 Framework £2.1m.

Underlying Position	**2025/26 Forecast**	**Recurrent**	**Movement**
	£'m	**£'m**	**£'m**
Initial Financial Plan	**0**	**(1.7)**	**(1.7)**
Savings Variances	5.6	6.0	0.4
Operational Variances	1.2	1.7	0.5
Financial Plan Variances	(5.3)	(2.7)	2.6
Financial Allocation Adjustments	3.8	3.8	0
Band 2/3 Framework	0	2.1	2.1
Accountancy Gains	(5.3)	0	5.3
Mitigating Actions	0	0	0.0
Grand Total	**0**	**9.2**	**9.2**

The main drivers of the recurrent operating variance of £1.7m are as noted below:

Operating Variances	**2025/26 Forecast**	**Recurrent**	**Movement**
	£'m	**£'m**	**£'m**
NWSSP Non Recurrent Distribution	(0.6)	0	0.6
Non Recurrent Income	(0.8)	0	0.8
Med & Dental Temp System reductions	(0.3)	0	0.3
Non Recurrent Vacancies	(2.3)	(2.3)	0.0
Improved Vaccine Position	(0.8)	(0.8)	0.0
Non Recurrent Costs incurred 25/26	4.0	0	(4.0)
FYE Effect of Hospital @ Home	0.3	1.2	0.9
FYE of Loss of Drug Rebates	1.0	1.3	0.3
FYE Urgent Treatment Centre	0.3	0.6	0.3
FYE Medical Devices/Appliances	0.2	0.8	0.6
FYE Diabetes Pumps/Consumables	0.2	0.8	0.6
Grand Total	**1.2**	**1.7**	**0.5**

The underlying financial position will continue to be reviewed each month.

3. Risk Management (Table A2)

There are no risks or opportunities at M12.

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O for General Medical Services (GMS) and General Dental services (GDS) were updated for M12. As at Q4 the following positions were noted:

- GMS outturn against allocation is reporting a £3.5m overspend mainly attributed to Out of Hours provision and Dispensing.

- Dental – The M12 outturn against allocation is reporting a small surplus of £47k, this mainly a combination of patient charge income being lower than target by £1.9m offset by contract underperformance of £1.4m and planning release of £0.5m.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	**Forecast £'m**	**Comment**
Learning Disabilities	N/A	N/A	
Mental Health Services	118.77	118.77	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.2	2.2	
Critical Care	2.4	2.4	
Planned Care Recovery	7.3	7.3	
Planned & Unscheduled Care	18.4	21.7	
Value Based Recovery	2.1	2.1	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.8	
Planned Care	0.6	0.6	
VBHC	0.7	0.7	
In Year Planned Care	12.2	12.2	Note 2

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2022/23 this reported £163.7m, the draft 2023/24 unpublished returns are indicating expenditure of £ 175.5m.

2. In Year Planned Care – Within this element, the following specific programmes have been consolidated:
    - Q1 Orthopaedic Treatments £3.0m
    - National Outpatient – Insourcing £3.0m

- National Outpatient – In House £1.4m
- National Outpatient - Support £0.5m
- Diagnostic Plans £1.0m
- RTT Waiting Times – Phase 5 £1.0m
- RTT Orthopaedics £1.6m
- Diagnostic Phase 4 Cost Per Case £0.6m
- Ophthalmology diagnostics £0.1m

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

	Month 12			Month 11		
	YTD	**25/26**	**Rec**	**YTD**	**25/26**	**Rec**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Savings target as at M11	**28.7**	**31.3**	**31.3**	**28.7**	**31.3**	**31.3**
Actual and Forecast Savings	(25.7)	(25.7)	(25.3)	(23.0)	(25.7)	(25.5)
Variance	**5.6**	**5.6**	**6.0**	**5.7**	**5.6**	**5.8**

Further work is ongoing to develop robust plans for 2026/27.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M12 £'m	YTD £'m	25/26 £'m	Rec £'m
Savings	16.5	2.6	25.1	25.1	24.5
Income Generation	0.8	0.1	0.6	0.6	0.8
To be identified	14.0	0.0	0.0	5.6	6.0
Total Savings	**31.3**	**2.6**	**25.7**	**31.3**	**31.3**
Accountancy Gains	0.0	0.0	5.3	5.3	0.0

The following approaches are being used for savings profiles and savings recognition in 25/26 on the basis that delegated budgets have been reset to recognise the underlying deficits identified:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

  Non-Recurrent savings – To focus efforts on sustainable recurrent saving plans and being consistent with WHC (2025) 013 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  Only non recurrent savings which have resulted from planned management action will be reported as a saving. All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

8. Income Assumptions 2025-26 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

All agreement of balances have been settled with no disputes remaining.

All Allocations have been confirmed with no further adjsutments anticiapted.

9. Health Care agreements

CTMUHB has agreed all the 2025/26 LTA documentation with both providers and commissioners.

Work continues to finalise documentation for 2026/27 to be signed by all parties with financial agreements reached in line with directions.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M11 and M12:

- Provisions have decreased by £7.7m since M11, this is due to a decrease in the level of provision required for clinical negligence cases of £17.7m and an increase in other provisions of £10.2m.

- Trade and Other Receivables have decreased by £23.4m.
    - The Welsh Risk Pool debtor for Clinical Negligence has decreased by £14.5m as noted above.
    - Non-NHS Prepayments have decreased by £11.5m.

- Trade and Other payables have increased by £28m from M11.
    - There has been an increase in the CHC-FNC accrual of £25m.
    - The Pharmacy accrual has increased by £12.7m.
    - The above are offset by a decrease in trade creditors.

- The largest movement between M11 and the final position is the £75.8m movement on property, plant and equipment. This is mainly due to the final year-end adjustments for indexation and revaluations.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are two NHS invoices due over 11 weeks for Cardiff and Vale UHB. The invoices are being followed up through usual debtor procedures and have been agreed through the agreement of balances process.

11. Cash Flow Forecast (Table G)

The year-end cash balance was £4.88m, comprising £4.46m in revenue and £0.42m in capital. As previously reported, the level of capital funding drawn down during the year was below the capital drawing limit. This reflects the carry-forward of capital cash balances and an increase in capital creditors and has resulted in the validation error on Table G.

The final revenue cash balance is higher than anticipated, although it remains within the targeted range. This variance primarily reflects a significant receipt of income on the final day of the year, for which there was uncertainty regarding receipt date.

12. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30 day target for Q4 was 94.8%, with the year to date being 95.6%

The target of paying NHS invoices within 30 days was 71% for Q4, so continues to be below the 95% target.

13. Capital Schemes and Other Developments (Tables I, J &K)

The Final M12 CRL was £105.071m, issued on 31st March 2026. An updated CRL with adjusted allocations to reflect year end brokerage through disc capital has been requested and hence tables completed based on expected CRL. There is no change to the total funding value, only adjustments between lines.

As at the year end £104.992m has been charged against the CRL leaving a small underspend of £0.079m

The latest CRL has been adjusted for a number of the under and overspends that were managed through discretionary capital in year.

There is a validation error in the monitoring return (table J) because of two negative allocations for IFRS 16 schemes. On extending the Roche pathology contract there was a reduction in the hardware costs, this creates a smaller ROU asset, hence the reduction and a negative number in year. In addition NIAW were able to give notice on their PACS contract so this lease was terminated which also generates a negative figure when the files are updated.

Disposals

The sale of Pontypridd Health Centre completed on 2nd February 2026.

WG has given approval for the disposal of Bryncethin Clinic, linked to the BHWBC scheme. This is now expected to transfer to Linc Cymru April 2026

14. IFRS 16 and CAME (Table Q)

Table Q has been completed. All known leases for this year have had funding requested and approved, hence the unapproved line is now blank. There is a validation error due to additional cash balances of £462k being provided for purchase of RISP NIAW equipment, hence the revenue recovery figure is different to the table E IFRS16 cash balances value.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M12 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: 28 April 2026

Action Points arising from Month 11 Response

Action Point	WG Comment	CTM Response
	TABLE A	
9.3	Noting the movements since Month 10 on the income benefit (line 19) which now totals £3.843m, the full amount is being classified as non-recurring. In your final submission of the year, please provide a fully quantified analysis of all the items reported on line 19 (i.e. the annual value as reported in the Month 12 submission), explaining the non recurrent status of each item. **(c/f Action Point 9.3)**	The M12 position is reporting a £2,977k favourable variance. the main contributions to this variance are: • ABUHB Non Rec income £ 850k • NCL Receipts £1,644k • R&D/Clinical Trials £486k Annex A below provides the full year income levels as requested
10.2	Since Month 10, the annual spend reductions have increased by c. £0.950m and the in-year cost pressures have increased by c. £2.500m. Within your final submission of the year, please provide the requested table showing each of the material cost pressures and spend reductions by issue (and noting the SoCNE category), showing the recurring (& FYE) and non-recurring split, with a supporting narrative to support the categorisation. **(c/f Action Point 10.2)**	Section 2 underlying position has been reporting the material variances within the operating variance table.
	TABLE A2 – Risks & Opportunities	
11.1	It is concerning that a dispute with Aneurin Bevan has emerged so late in the financial year regarding "zero length of stay admissions". We await your response to our request for a progress update. Requiring WG arbitration will be viewed as a failure of Directors to deal with the matter locally in a prompt and professional manner; however, if the	CTMUHB were only made aware of this dispute by ABUHB in M11 when attempting to agree final LTA performance adjustments. ABUHB had deliberately under paid the signed LTA to ensure that the debtor for the underperformance

	issue cannot be resolved then WG will set an early date for the submission of cases. **(Action Point 11.1)**	remained with CTM at year end, thus passing all the risk to CTM if arbitration ensued. Dispute has been resolved for 2025/26
	TABLE B – Monthly Positions	
10.5	There continues to be a material step up in expenditure within March with a corresponding increase in the revenue resource limit (c.£23.000m after removing impact of AME). It is acknowledged the assumptions (including the added Band 2/3 impact) to support the increases in Month 12, has been provided in your narrative (Section 1.3). We will look to the final MMR submission narrative for supporting explanations should there be any material movements, by category, from these forecasts. **(c/f Action Point 10.5)**	Noted.
	TABLE B2 – Expenditure Movements	
11.2	Please provide an explanation for the material non-recurring cost pressure in Non-pay (line 54) reported in March of £2.740m. **(Action Point 11.2)**	Latest forecasts from care groups indicated higher than originally planned expenditure in M12, the actual position has further deteriorated this pressure.
11.3	The narrative describes the £1.300m of unplanned cost pressures (line 144) forecast in March, within the Joint Financing & Other section, as due to a change in plans with the Regional Partnership Board. Please clarify the circumstances behind this e.g. had slippage been assumed previously on the budget but there are now firm plans to spend, or is the HB been asked to contribute to the Local Authority Partner, above the original assumption. **(Action Point 11.3)**	Plans are revised with the RPB to accommodate slippage in the original plan and any new funding that has been approved eg ICRF. The outturn position has resulted in costs anticipated to be incurred as Joint financing in M12 being reported within Non Pay as noted in section 1.3.

11.4	Please review the entries on line 144 as currently the in-year amount (£0.467m) is higher than the FYE amount (£0.212m). **(Action Point 11.4)**	Noted
11.5	It is noted that the full Band 2/3 expenditure has been reported on the Special Payments line in the SoCNE. Please refer to the guidance issued via email on the 25 March (from Andrea Hughes), on how this should be recorded in the Month 12 MMR submission, to ensure consistent all Wales treatment and alignment to the Accounts. **(Action Point 11.5)**	Noted and adjusted to show the recovery payment as special payment and the corrective payment as pay costs.
	Table F - SoFP	
11.6	Please ensure the closing cash balance split between Revenue and Capital is reviewed at Month 12, as currently, based on the cashflow, the Capital cash balance appears slightly under stated. **(Action Point 11.6)**	This has been split as per Cash Flow.
	Table M– Aged Debtors	
11.7	As we approach the financial year end, please note 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. **(Action Point 11.7)**	Noted.

ANNEX A – INCOME ANALYSIS

	Actuals	Variance	Rec	
IP455-RECIEPT OF DONATED ASSETS (NEW NAME)	-2,504			
IP403-LOCAL HEALTH BOARDS	-66,604	-850	0	Non recurrent income from ABUHB Regional Commissioning
IP405-NHS TRUSTS - WELSH	-9,540			
IP407-NWJCC	-14,340			
AL102-ALLOCATION - NCL	-1,644	-1,644	0	Variance is offset by Expenditure; plan assumes nil recurrent position for both income & expenditure
IP410-WELSH GOVERNMENT	-1,898			
IP400-NON WELSH HEALTH ORGs	-1,139			
IP406-ENGLISH FOUNDATION NHS TRUSTS	0			
IP408-LOCAL AUTHORITIES	-7,862			
IP409-Specialist Health Authority	-1,535			
IP415-PRIVATE PATIENTS	-158			
IP420-INJURY COST RECOVERY	-1,344			
IP425-OTHER INCOME FROM ACTIVITIES	-552			
IP445-EDUCATION & TRAINING	-25,347	-486	0	Non recurrent R&D/Clinical Trials funding
IP450-CHARITABLE & OTHER CONTRIBUTIONS	-734			
IP460-NON-PATIENT CARE INCOME GENERATION	-512			
IP462-NWSSP	-22			
IP465-LAUNDRY, PATHOLOGY & PAYROLL	-698			
IP470-ACCOMMODATION AND CATERING	-5,002			
IP480-MORTUARY FEES	-788			
IP485-STAFF PAYMENTS FOR USE OF CARS	-149			
IP495-OTHER INCOME	-9,541			

Cwm Taf Morgannwg ULHB **Period : Mar 26**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-7,900	0	-7,900	-7,900
2	Cost Pressures (Negative Value)	-43,800	-1,000	-42,800	-42,800
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,400	0	20,400	21,100
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	16,509	989	15,520	17,774
7	Planned (Finalised) Net Income Generation	838	0	838	868
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	13,953	1,295	12,658	12,658
12	**Opening IMTP / Annual Operating Plan**	**0**	**1,284**	**-1,284**	**1,700**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-13,953	-1,295	-12,658	-12,658
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-238	0	-238	-41
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	3,101	-78	3,179	2,138
17	Additional In Year Identified Savings - Forecast	5,450	2,059	3,391	4,535
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	2,977	2,977		
20	In Year Accountancy Gains	5,300	5,300	0	0
21	Unplanned Spend Reductions	24,282	12,269	12,013	12,013
22	Unplanned Cost Pressures	-26,567	-11,772	-14,795	-16,887
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	Losses & Spec Payments - Provision for permanent injury benefit	-985	-985		
27	Other Losses & Special Payments Movements	683	683		
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)**	**50**	**10,442**	**-10,392**	**-9,200**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-658	-658	-658	-658	-658	-658	-658	-658	-658	-658	-658	-662	-7,900
2	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-3,650	-43,800
3	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	20,400
4													0
5												0	0
6	536	1,374	1,473	1,220	1,496	1,676	1,396	1,455	1,454	1,465	1,490	1,474	16,509
7	19	96	73	72	72	72	74	70	75	69	74	72	838
8													0
9													0
10													0
11	2,053	1,138	1,062	1,316	1,040	860	1,138	1,083	1,079	1,074	1,044	1,066	13,953
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	-2,053	-1,138	-1,062	-1,316	-1,040	-860	-1,138	-1,083	-1,079	-1,074	-1,044	-1,066	-13,953
14													0
15	0	-74	-63	11	-61	-40	-7	13	-4	-3	-5	-5	-238
16	0	-489	-75	-52	-319	-124	489	2,180	-473	1,593	-89	460	3,101
17	0	39	135	308	285	651	461	793	892	619	636	631	5,450
18	116	-1,371	-3,666	1,464	-4,301	1,072	2,498	503	1,268	-391	445	2,363	0
19	-389	43	634	-889	389	-2,226	885	348	562	-882	482	4,020	2,977
20	0	0	0	0	4,000	1,300	0	0	0	0	0	0	5,300
21	1,021	2,063	3,291	2,207	2,617	2,959	499	581	1,577	3,564	3,062	841	24,282
22	-385	-1,105	-255	-2,403	-1,436	-785	-3,439	-3,259	-2,304	-1,532	-2,042	-7,622	-26,567
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26				-985									-985
27				188	-195	68	-258	254	137	133	-134	490	683
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**-1,690**	**-2,032**	**-1,061**	**-1,467**	**-61**	**2,015**	**-10**	**330**	**576**	**2,027**	**1,311**	**112**	**50**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	94	796	568	629	629	632	693	716	747	763	763	765	7,795	7,795		0	0				
2		Actual/F'cast	94	423	522	604	655	640	814	1,051	868	884	937	907	8,399	8,399	100.00%	8,399	0	1,245	7,154	0	8,917
3		Variance	0	(373)	(46)	(25)	26	8	121	335	121	121	174	142	604	604	*7.75%*	8,399	0				
4	Non-Pay	Budget/Plan	42	178	144	175	162	240	199	200	202	199	188	204	2,133	2,133		2,133	0				
5		Actual/F'cast	42	101	250	455	246	261	223	258	283	312	267	299	2,997	2,997	100.00%	2,997	0	875	2,122	0	2,661
6		Variance	0	(77)	106	280	84	21	24	58	81	113	79	95	864	864	*40.51%*	864	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	400	400	400	400	687	457	457	457	457	457	457	457	5,486	5,486		5,486	0				
8		Actual/F'cast	400	400	400	400	544	316	1,231	2,942	303	2,332	647	1,209	11,124	11,124	100.00%	11,124	0	0	11,124	0	11,124
9		Variance	0	0	0	0	(143)	(141)	774	2,485	(154)	1,875	190	752	5,638	5,638	*102.77%*	5,638	0				
10	Secondary Care Drugs	Budget/Plan	0	0	336	8	10	338	39	39	39	38	39	39	925	925		925	0				
11		Actual/F'cast	0	0	336	9	9	552	(1)	63	339	70	72	71	1,520	1,520	100.00%	1,520	0	0	1,520	0	1,525
12		Variance	0	0	0	1	(1)	214	(40)	24	300	32	33	32	595	595	*64.32%*	595	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	70	70		70	0				
14		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	70	70	100.00%	70	0	0	70	0	120
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	25	8	8	9	8	8	9	8	8	9	100	100		100	0				
20		Actual/F'cast	0	0	25	8	8	434	79	79	80	79	79	79	950	950	100.00%	950	0	850	100	0	100
21		Variance	0	0	0	0	0	425	71	71	71	71	71	70	850	850	*850.00%*	850	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	536	1,374	1,473	1,220	1,496	1,676	1,396	1,455	1,454	1,465	1,490	1,474	16,509	16,509		8,714	0				
35		Actual/F'cast	536	924	1,533	1,476	1,462	2,203	2,346	4,428	1,873	3,677	2,037	2,565	25,060	25,060	100.00%	25,060	0	2,970	22,090	0	24,447
36		Variance	0	(450)	60	256	(34)	527	950	2,973	419	2,212	547	1,091	8,551	8,551	*850.00%*	16,346	0				

37	Variance in month	0.00%	(32.75%)	4.07%	20.98%	(2.27%)	31.44%	68.05%	204.33%	28.82%	150.99%	36.71%	74.02%	51.80%
38	In month achievement against FY forecast	2.14%	3.69%	6.12%	5.89%	5.83%	8.79%	9.36%	17.67%	7.47%	14.67%	8.13%	10.24%	

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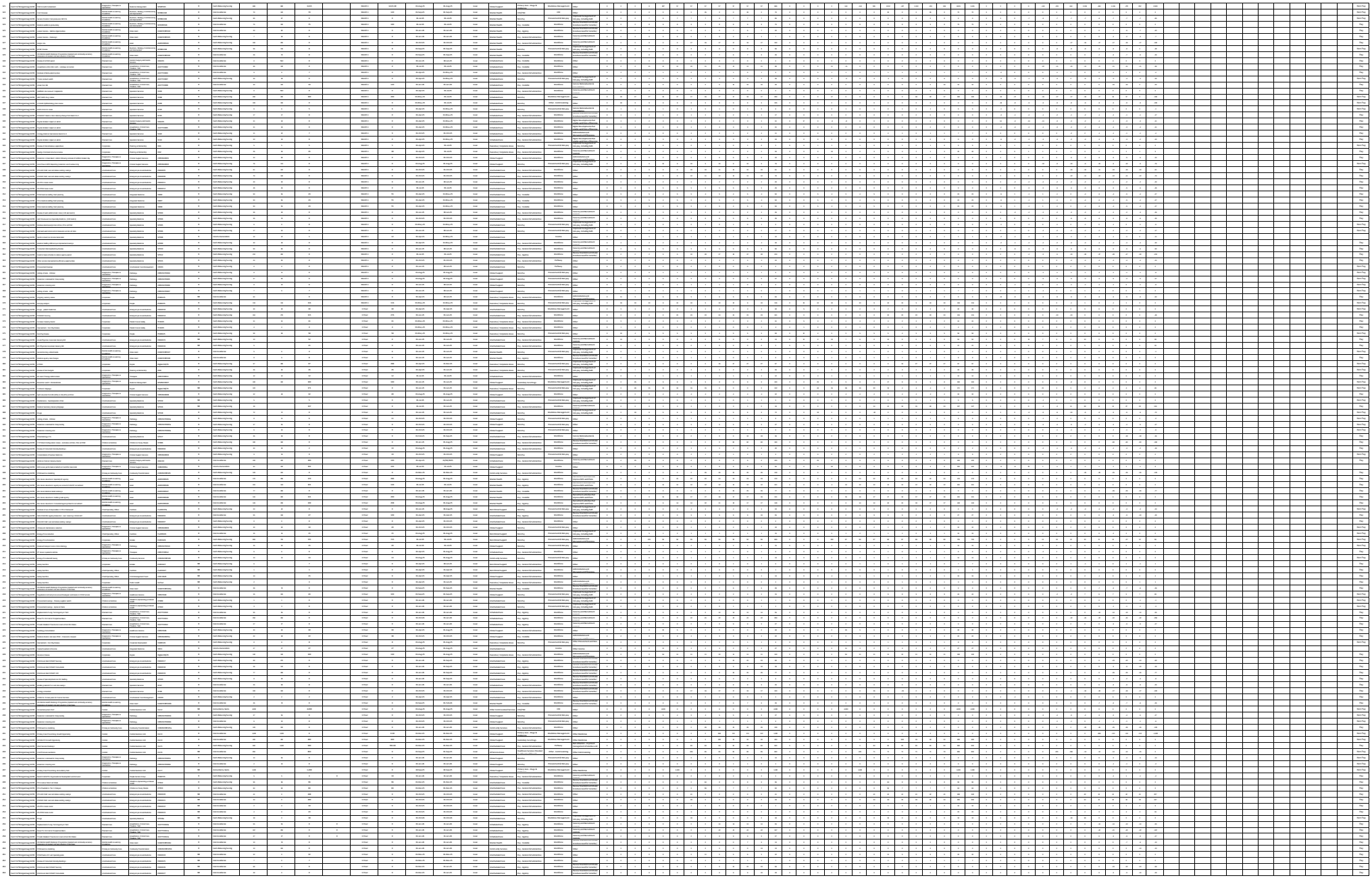
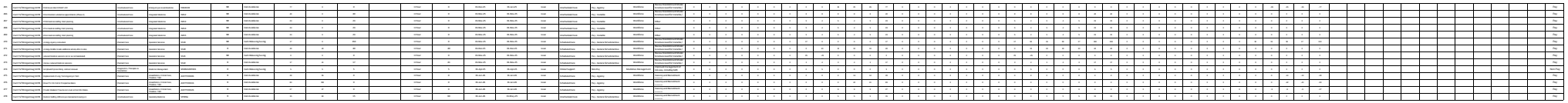
Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	60	278	229	261	258	266	321	319	331	326	325	325	3,299	3,299	0	0			
2		Actual/F'cast	60	100	184	203	292	236	403	580	456	461	523	480	3,978	3,978	3,978	0	1,136	2,842	3,678
3		Variance	0	(178)	(45)	(58)	34	(30)	82	261	125	135	198	155	679	679	3978	0			
4	Pay - Variable	Budget/Plan	0	130	125	149	147	146	148	147	166	176	180	180	1,694	1,694	0	0			
5		Actual/F'cast	0	62	123	179	117	138	139	184	122	152	147	159	1,522	1,522	1,522	0	109	1,413	1,909
6		Variance	0	(68)	(2)	30	(30)	(8)	(9)	37	(44)	(24)	(33)	(21)	(172)	(172)	1,522	0			
7	Pay - Agency	Budget/Plan	34	388	214	219	224	220	224	250	250	261	258	260	2,802	2,802	0	0			
8		Actual/F'cast	34	261	215	222	246	266	272	287	290	271	267	268	2,899	2,899	2,899	0	0	2,899	3,330
9		Variance	0	(127)	1	3	22	46	48	37	40	10	9	8	97	97	2,899	0			
10	Total	Budget/Plan	94	796	568	629	629	632	693	716	747	763	763	765	7,795	7,795	0	0			
11		Actual/F'cast	94	423	522	604	655	640	814	1,051	868	884	937	907	8,399	8,399	8,399	0	1,245	7,154	8,917
12		Variance	0	(373)	(46)	(25)	26	8	121	335	121	121	174	142	604	604	8,399	0			

Table C2- V&S Saving Categories

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan		100	807	577	638	636	641	697	719	753	767	767	769	7,871	7,871
2		Actual/F'cast		100	430	528	612	673	637	740	976	793	811	860	833	7,993	7,993
3		Variance		0	(377)	(49)	(26)	37	(4)	43	257	40	44	93	64	122	122
4	Medicines Management	Budget/Plan		400	438	755	428	715	816	515	514	516	514	515	515	6,641	6,641
5		Actual/F'cast		400	410	757	425	556	871	1,215	3,025	651	2,437	756	1,299	12,802	12,802
6		Variance		0	(28)	2	(3)	(159)	55	700	2,511	135	1,923	241	784	6,161	6,161
7	Procurement & Non-pay	Budget/Plan		32	106	104	119	121	192	157	157	156	155	146	161	1,606	1,606
8		Actual/F'cast		32	70	216	422	217	250	220	220	257	256	214	260	2,634	2,634
9		Variance		0	(36)	112	303	96	58	63	63	101	101	68	99	1,028	1,028
10	CHC	Budget/Plan		0	0	0	0	0	0	0	35	0	0	35	0	70	70
11		Actual/F'cast		0	0	0	0	0	0	0	35	0	0	35	0	70	70
12		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pathway	Budget/Plan		0	0	0	0	0	0	4	4	4	4	4	4	24	24
14		Actual/F'cast		0	0	0	0	0	0	83	83	83	83	84	84	500	500
15		Variance		0	0	0	0	0	0	79	79	79	79	80	80	476	476
16	Other - Commissioning	Budget/Plan		4	23	37	22	21	23	20	22	22	22	20	22	258	258
17		Actual/F'cast		4	5	29	13	12	439	83	84	84	84	83	83	1,003	1,003
18		Variance		0	(18)	(8)	(9)	(9)	416	63	62	62	62	63	61	745	745





Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, 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		Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 26 February 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - February 2026 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	The NWJCC Finance Report - Month 10 2025/26 was received. The end of year forecasted financial deficit has reduced to £6.9m. The JCC is confident in delivering the forecast position, with key issues resolved, including reimbursement for Caswell related to out-of-area placements. There has also been a positive impact seen as a result of capping activity with NHS English providers. Winter pressures are being managed and risks related to Individual Funding Patient Requests (IPFR) are minimal with most approvals expected to be realised in the new financial year. The JCC Chief Commissioner has been invited to a Welsh Government scrutiny session in March 2026, with JCC director attendance to be confirmed. Following anticipated approval of the of the NWJCC Integrated Medium-Term Plan at the end of March, Service Level Agreements (SLAs) will be secured with health boards, contingent on final funding allocations.
Advise	The NWJCC Combined Operational Performance Report was received. Highlights noted included improvements in outpatient waiting times performance, a small number of breaches in ambulance performance rates and that the mental health section of the report had been updated to include median stays and utilisation rates. Assurances were provided around Welsh patients placed at St Andrews Healthcare, and the increased level of monitoring and weekly multi-agency meetings were noted. Members discussed the positive feedback that Caswell Clinic had reopened to admissions and that repatriation plans for both medium secure and Child and Adolescent Mental Health Services (CAMHS) were in place. Expected improvement trajectories and the financial impact of the repatriation plans would be shared outside the meeting. Ambulance response times were slightly above performance targets but improving in recent months, recognising that the new response model was still in its infancy. An external three-year evaluation of the model has been commissioned with Swansea and Edge Hill University, and ongoing work focuses on total patient wait times and technological improvements in queue management on the Dashboard.

Status	Update
Assure	The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After PPF scrutiny and review, the JC will receive the January 2026 risk register at its March 2026 meeting. The following were highlighted: • Three commissioning risks and two corporate risks, with a score of fifteen or above, have been assigned to PPF. • One risk has been escalated; six risks have been de-escalated; one emerging risk has been highlighted which had been considered by the Senior Leadership team (SLT) on 18 February and agreed for inclusion on the ORR following further refinement of the risk description. However, since then Welsh Government has issued a response to the JCC Medical Director's letter clarifying the pathway to request funding. As such, it is no longer considered as a high risk to the JCC and will be removed from the ORR, and managed locally by the Medical team. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which are under development. It was recognised that this is an iterative process, and that work to align and integrate organisational and strategic risks with the Integrated Medium-Term Plan (IMTP), specifically the impact of decisions made around investment, is planned over the coming months. • Members were pleased with the progress made to date. The NWJCC Foundation Plan Quarterly Delivery Update was received against the Quarter 1, 2 and 3 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the IMTP discussions to not invest in previously agreed legacy areas. Members received and endorsed, subject to minor amendments, the following end of year governance documents: • Annual Review of PPF Terms of Reference • Review of PPF Sub-Committee Effectiveness - Survey Questions • PPF Annual Report 2025/26 • PPF Forward Plan of Business 2026/27

Status	Update
Inform	A verbal update on the final stages of the development of the IMTP was provided. The reduction of the IMTP deficit from £39 million in December 2025 to £16.2 million was noted. The plan will be discussed at the JC meeting on 17 March and further presented for approval on 23 March to align with health board IMTP Board approvals. There is a need for additional scrutiny post approval of the IMTP with a timeline and process to be shared for identifying further options to improve the financial position beyond March 2026. Additionally, members discussed the need for a transparent narrative within the IMTP describing the difficult choices already made to date and outlining the ongoing scale of challenge, the steps required to achieve a stabilised, recurrent financial balance, and the impact of potential service changes, including the possibility of decommissioning or reconfiguring of services.
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
	No - Not Applicable

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.
- **Receive** the **report** as assurance.

Agenda Item
9.2.1

Operational Delivery Committee

Committee Annual Cycle of Business 2026

Dyddiad y Cyfarfod / Date of Meeting	30/04/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Board Development Session	26/02/2026	Approved

Acronyms / Glossary of Terms	

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

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

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

5. Recommendation

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

6. Next Steps

6.1 There are no next steps required.

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:	**Committee Vice Chair**	**Executive Leads for Agenda Planning**
• Rachel Rowlands, IM Community	• Patsy Roseblade, IM Audit / Finance	• 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 BAF
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													X		N/A	No	• Strategic Risk 5
Digital & Data (Information Governance Toolkit)	Director of Digital	Annually													X		Information Governance Group	No	• Strategic Risk 5
Cyber Resilience & Assurance Update (Closed session)	Director of Digital	All Regular Meetings													X		No	No	• Strategic Risk 5
Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings													X		Yes EMB	No - Captured for Information in AC Folder	Organisational risks aligned to BAF Strategic Risks where applicable.
IMTP Quarterly Updates *including programme and financial delivery Specific Care Group IMTP updates will be included on a rolling programme.*	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings													X		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			*Extra-ordinary Committee for IMTP Sign off*										X		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

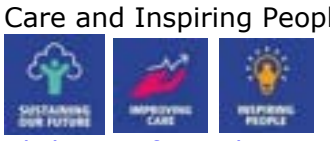
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Business Cases outside IMTP by exception	Executive Director of Strategy & Transformation Executive Portfolio Led.	As and when required – consider at agenda planning.													X		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													X		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													X		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													X		Yes ICB	No	Will be assigned to a strategic risk dependent on topic
Civil Contingencies and Business Continuity Report 2025-2026	Executive Director of Strategy & Transformation	Annually													X		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													X		Yes EMB	Yes (Annually)	• Strategic Risk 2 • Strategic Risk 3
Welsh Language Annual Report	Executive Director for People	Annually													X		Yes EMB	Yes	• Strategic Risk 2 • Strategic Risk 7
More Than Just Words 5 Year Plan Annual Update	Executive Director for People	Annually													X		Yes EMB	Yes	• Strategic Risk 2 • Strategic Risk 7
Annual Equality Report	Executive Director for People	Annually															Yes EMB	N/A	• Strategic Risk 2 • Strategic Risk 7
Employee Relations Report	Executive Director for People	Annually													X		N/A	N/A	• Strategic Risk 2 • Strategic Risk 3
People Plan – Spotlight	Executive Director for People	All Regular Meetings													X		N/A	N/A	• Strategic Risk 2 • Strategic Risk 3
Social Partnership Annual Report	Executive Director for People	Annually													X		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** *(Including Culture, Values and Behaviours)*	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