

Operational Delivery Committee

Tue 29 July 2025, 09:30 - 12:30

Virtual Via Teams



Agenda

09:30 - 09:35
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

09:35 - 09:40
5 min

2.
CONSENT AGENDA BUSINESS

Rachel Rowlands, Committee Chair

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

09:40 - 09:45
5 min

3.
MATTERS ARISING

3.1.
Action Log

Discussion Rachel Rowlands, Committee Chair

📄 3.1 Action Log OD Committee 29 July 2025 v1.pdf (3 pages)

3.2.
Matters Arising not Captured on 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 29 July 2025.pdf (3 pages)

09:45 - 10:15

30 min

4.

PEOPLE ACTIVITY

4.1.

Staff Survey update and Care Group Action Plans

Discussion

Hywel Daniel, Executive Director for People

 4.1 Staff Survey Update ODC 29 July 2025.pdf (16 pages)

4.2.

Progress Update on Enforcement Action against Cwm Taf Morgannwg University Health Board in 2022 in relation to Welsh Language Recruitment

Discussion

Ben Screen, Arweinydd y Gymraeg/Welsh Language Lead

 4.2 Compliance with WL Recruitment Standard ODC 29 July 2025.pdf (5 pages)

 4.2a Appendix 1 Recruitment and Welsh Language Guidance.pdf (3 pages)

 4.2b Appendix 2 Standard Wordings for Defining Welsh language Skills on Adverts.pdf (1 pages)

 4.2c Appendix 3 Croeso Ymgeisydd Croeso Candidate.pdf (7 pages)

4.3.

Workforce Metrics Report

Discussion

Nicola Evans, Head of Workforce Planning.

 4.3 Workforce Metrics ODC 29 July 2025.pdf (9 pages)

10:15 - 10:30

15 min

5.

DIGITAL AND DATA ACTIVITY

5.1.

Digital and Data Highlight Report

Discussion

Stuart Morris, Director of Digital

 5.1 Digital and Data Update ODC 29 July 2025.pdf (14 pages)

10:30 - 10:35

5 min

6.

RISK MANAGEMENT

6.1.

Organisational Risk Register

Discussion

Gareth Watts, Director of Corporate Governance/Board Secretary

 6.1a Org RR ODC 29 July 2025.docx (9 pages)

 6.1b App 1. Org RR July 2025 - ODC.xlsx (6 pages)

10:35 - 11:05

30 min

7.

FINANCIAL MANAGEMENT / PERFORMANCE

7.1.

Month 3 Finance Report

Discussion

Sally May, Director of Finance

 7.1 M3 Finance Report Final ODC 29 July 2025.pdf (23 pages)

7.2.

Month 3 Finance Performance Report

Discussion Sally May, Director of Finance

 7.2 M3 Finance Performance Report Final ODC 29 July 2025.pdf (27 pages)

7.3.

CTMUHB - 2025/26 – Savings Delivery Programme - Quarter 1 Update

Discussion Hywel Daniel, Director for People

 7.3 Savings Delivery Programme ODC 29 July 2025.pdf (40 pages)

7.4.

Value Based Health Care Steering Group Highlight Report

Information Dee Lowry, Assistant Director – Value & Efficiency & Sally May, Director of Finance

 7.4a Cover Report_VBHC ODC 29 July 2025_1.pdf (9 pages)

 7.4b VBHC Portfolio June 2025 ODC 29 July 2025_1.pdf (12 pages)

11:05 - 11:15

8.

10 min

PLANNING FRAMEWORK

8.1.

Integrated Medium Term Plan 2025-2028 – Quarter One Review

Discussion Claire Thompson, Director of Strategy & Transformation

 8.1 IMTP 25-25 Q1 review ODC 29 July 2025.pdf (8 pages)

 8.1a Enabling actions summary review - Q1 2025-26.pdf (40 pages)

 8.1b Ministerial Template 25-26 Q1 Pharmacy access FINAL.pdf (5 pages)

 8.1c MT 2 MINISTERIAL TEMPLATE 25-28 Population health Q1 update.pdf (5 pages)

 8.1d MT 5 MINISTERIAL TEMPLATE 25-28 Womens Health V7 Q1 update.pdf (7 pages)

8.2.

Civil Contingencies and Business Continuity Report 2024-25

Discussion Claire Thompson, Director of Strategy & Transformation

 8.2 Civil Contingencies Report ODC 29 July 2025.pdf (21 pages)

8.3.

Ministerial Advisory Group (MAG) Report update

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

 8.3 MAG Update ODC 29 July 2025.pdf (6 pages)

11:15 - 12:20

9.

65 min

INTEGRATED PERFORMANCE MANAGEMENT

9.1.

Integrated Performance Dashboard

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

 9.1 Integrated Performance Dashboard ODC 29 July 2025.pdf (34 pages)

9.2.

Update on Urgent Care Performance & CTMUHB Ambition on Waiting Times

Discussion Sarah Follows, Unscheduled Care Service Director

Planned Care Update

Discussion *Gethin Hughes, Chief Operating Officer*

 9.3 Planned Care Update ODC 29 July 2025.pdf (6 pages)

9.4.

CTMUHB Revised Escalation Framework - Verbal Update

Discussion *Gethin Hughes, Chief Operating Officer*

9.5.

Delivery Against IMTP for Primary Care and Community

Discussion Gethin Hughes, Chief Operating Officer

9.5 PCC Transformation Board Work ODC 29 July 2025 final.pdf (19 pages)

12:20 - 12:25
5 min

10.

CONSENT AGENDA

10.1.

Items for Approval

10.1.1.

Unconfirmed Minutes of the Meeting held on 29 April 2025

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 10.1.1 Unconfirmed Minutes 29.4.25 ODC 29 July 2025.pdf (15 pages)

10.1.2.

Unconfirmed In Committee Minutes of the Meeting held on 29 April 2025

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

10.1.2 Unconfirmed IC Minutes 29.4.25 ODC 29 July 2025.pdf (3 pages)

10.1.3.

Unconfirmed Minutes of the Extra Ordinary In Committee Meeting held on the 19 May 2025

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

10.1.3 Unconfirmed EO Minutes 19.5.25 ODC 29 July 2025.pdf (3 pages)

10.1.4.

Revised Committee Terms of Reference

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

10.1.4a Revised Terms of Reference Schedule 3.4 ODC 29 July 2025.pdf (4 pages)

10.1.4b GC01 Standing Orders - Schedule 3.4 - ODC ToR - HB Approved 27.3.2025.pdf (11 pages)

10.2.

Items for Noting

10.2.1.

Months 1, 2 and 3 Monitoring Returns to Welsh Government

Information Sally May, Director of Finance

-  10.2.1a M1 Monitoring Return Report ODC 29 July 2025.pdf (4 pages)
-  10.2.1b Annex A - Month 1 - CTM ULHB - Monitoring Narrative 2025-26 FINAL.pdf (14 pages)
-  10.2.1c Annex A - Month 1 - CTM ULHB - Monitoring Tables 2025-26 FINAL.pdf (4 pages)
-  10.2.1d M2 Monitoring Return Report ODC 29 July 2025.pdf (4 pages)
-  10.2.1e Annex A - Month 2 - CTM ULHB - Monitoring Narrative 2025-26 FINAL.pdf (21 pages)
-  10.2.1f Annex A - Month 2 - CTM ULHB - Monitoring Tables 2025-26 FINAL.pdf (4 pages)
-  10.2.1g M3 Monitoring Return Report ODC 29 July 2025.pdf (4 pages)
-  10.2.1h Annex A - Month 3 - CTM ULHB - Monitoring Narrative 2025-26 FINAL.pdf (24 pages)
-  10.2.1i Annex A - Month 3 - CTM ULHB - Monitoring Tables 2025-26 FINAL.pdf (4 pages)

10.2.2.

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

Information Gareth Watts, Director of Corporate Governance/Board Secretary

-  10.2.2 JCC PPF Highlight Report ODC 29 July 2025.pdf (5 pages)

10.2.3.

Committee Annual Cycle of Business 2025

Information Gareth Watts, Director of Corporate Governance/Board Secretary

-  10.2.3a Annual Cycle of Business Cover Report ODC 29 July 2025.pdf (3 pages)
-  10.2.3b FINAL COO Annual Cycle of Business.pdf (4 pages)

12:25 - 12:25

0 min

11.

OTHER MATTERS

11.1.

Any Other Urgent Business

Discussion Rachel Rowlands, Committee Chair

11.2.

Committee Highlight Report to Board

Discussion Rachel Rowlands, Committee Chair

11.3.

How did we do in this meeting?

Discussion Rachel Rowlands, Committee Chair

12:25 - 12:25

0 min

12.

CLOSED/IN COMMITTEE SESSION

Rachel Rowlands, Committee Chair

Organisational Risk Register - Business Sensitive Risks

Cyber Security/Critical Incidents

Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case

12:25 - 12:30

5 min

13.

CLOSE OF MEETING

Rachel Rowlands, Committee Chair

13.1.

Date and Time of next Meeting

28th October 2025 at 9:30 am



Operational Delivery Committee - Action Log (as at 09.07.25)

the action originated from		Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
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	Propose to close	Update received by the Committee at the April 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 meeting	Director of Digital	Director of Digital	okt-25	Open	On Forward Plan for October 2025 Meeting
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	Open	On Agenda for July 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	Propose to close	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	Propose to close	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 & Language Therapy	Executive Director of AHP and Health Science	jul-25	Propose to close	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	Propose to close	Detail was circulated via email to Committee Members 2.6.25
CLOSED ACTIONS									
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 meeting.
Operational Delivery Committee January 2025	7,1	8	Integrated Medium Term Plan Quarter 2 Update	To provide further detail and updates on the dental waiting lists to future meetings of the Committee.	Deputy Chief Operating Officer/Director of Primary, Community, MH & LD	Chief Operating Officer	apr-25	Closed	Verbal update provided at April 2025 meeting

Operational Delivery Committee January 2025	6,1	7	Organisational Risk Register	Referring to the Agenda Item IMTP on page 4, the Chair raised concern on the reference to the urgent hub as the preferred route for accessing dental care. A request would be provided outside of the meeting.	Deputy Chief Operating Officer/Director of Primary, Community, MH & LD	Chief Operating Officer	apr-25	Closed	The language in the IMTP reflects national language and work but it is recognised that success will be when demand for urgent care reduces as more people access regularised dental care. For anyone who accesses urgent dental care work takes place to discuss routine dental access and any capacity across our out practices. Work has taken place on a national dental portal to have a once for Wales approach on collection of information on people seeking a regular dental practice, CTM already held a waiting list and allocate people from that to any capacity identified with contractors.
Operational Delivery Committee January 2025	6,1	7	Organisational Risk Register	To provide a more robust risk register without caveats on mitigations to risks at the next meeting of the Committee	Director of Corporate Governance/ Board Secretary	Director of Corporate Governance/ Board Secretary	apr-25	Closed	March iteration of the Organisational Risk Register has updates against all risks and was received at the April 2025 meeting
Planning, Performance & Finance Committee - November 2024	5,1	4	Integrated Performance Dashboard	To review the validation of the dermatology waiting list referred to on page 29 of the report	Chief Operating Officer	Chief Operating Officer	jan-25	Closed	Update and reassurance was provided at the January 2025 ODC meeting. The Committee were advised that the validation process was in place for dermatology as part of the health board wide policy and was being following through in the dermatology service.
Operational Delivery Committee January 2025	5,1	4	Digital & Data Delivery Highlight Report	To report any cyber-attacks to the Committee at the 'CLOSED' In Committee meeting and to consider adding to the Major Incident Plan	Director of Digital	Director of Digital	apr-25	Closed	Added to the Annual Cycle of Business and on Agenda for 'CLOSED' In Committee Meetings moving forward.
Planning, Performance & Finance Committee - August 2024	4,1	3	Organisational Risk Register	To bring an update on the STAMP Programme to a future meeting of the Committee.	Chief Operating Officer	Chief Operating Officer	jan-25	Closed	Received at the January 28th 2025 Meeting
Digital & Data Committee - August 2024	3,2	3	Spotlight Topic - Progress on Digital and Data Programmes	To research and conduct a comprehensive analysis of the figures/funding around the Digital Maternity Programme	Director of Digital	Director of Digital	apr-25	Closed	National Digital Maternity Programme suspended. Health Board to proceed with local procurement. Committee to receive an update on the discussions of a local system at a future meeting.
Planning, Performance & Finance Committee - November 2024	4,1	3	Organisational Risk Register	To feedback the comments in relation to Risk 5755 regarding the change of consequence description.	Head of Corporate Governance & Board Business	Director of Corporate Governance/Board Secretary	jan-25	Closed	Since the risk was added the Care Group have looked at their contingency plans which currently now would lessen the consequence and impact of the risk as well as the likelihood of occurrence. The Care Group did not have confirmation of these points when the risk was first assessed. On this basis they would reduce the consequence score to 4 from a 5 in terms of the target score.
Planning, Performance & Finance Committee - November 2024	5,1	4	Integrated Performance Dashboard	To review the validation of the dermatology waiting list referred to on page 29 of the report	Chief Operating Officer	Chief Operating Officer	jan-25	Closed	Update and reassurance was provided at the January 2025 meeting. The Committee were advised that the validation process was in place for dermatology as part of the health board wide policy and was being following through in the dermatology service.

Planning, Performance & Finance Committee - November 2024	5,3	Pages 5 & 6	Red Performance	To review the latest WAST roster outside of the meeting and feedback on the outcome.	Director of Commissioning, 111 and Ambulance	Director of Commissioning, 111 and Ambulance	jan-25	Closed	The latest information that will go to the JCC in January 25. Pages 22 and 23 provides the compliance against the roster fill for the last 12 months. The closure report for the EMS Transformation programme which included the roster review is also being received by the Committee. Both reports have been circulated to the P. Roseblade, Chair of the former PPFC who raised the query on the 17.01.25.
Planning, Performance & Finance Committee - November 2024	5,3	Pages 5 & 6	Red Performance	To provide further information on the 25% of delays caused by WAST to a future meeting of the Committee.	Director of Commissioning, 111 and Ambulance	Director of Commissioning, 111 and Ambulance	jan-25	Closed	The Red calls that are missed (i.e. a vehicle not arriving in 8 mins) in CTM around 25% of these misses are due to operational issues in WAST (i.e. delay in dispatch, delay in mobilisation etc) for these there are a number of parallel pieces of work that will impact how we deliver improvement in this moving forward including – Rapid Clinical Screening (endorsed by the JCC in November and being rolled out in a phased approach throughout the remainder of 24/25), the outcome of the Cabinet Secretaries Task and Finish Group (due to report in February) on ambulance measurement, and a broader piece of work the JCC needs to undertake on emergency ambulance productivity across each step of the ambulance

Operational Delivery Committee – Non-Routine Committee Business Forward Plan

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

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
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	July 2025 – Will now be received at the October 2025 meeting	This item will be received at the October 2025 meeting
June 2025	Discussed at Agenda Planning Session	Chief Operating Officer/Chair	Corporate Savings Programme Update	Requested to add to July 2025 agenda	Director for People	Director for People	July 2025	This item will be discussed at the July 2025 meeting.
July 2025	Email	Medical Director	Outline Business Case for Transforming Access to Medicines (TRAMs) Project.	Request to add to July 2025 agenda to endorse for Board approval.	Medical Director	Medical Director/Director of Finance/Director for People	July 2025	This item is on the agenda for the July 2025 meeting.
July 2025	Email	Head of Corporate Governance & Board Business	Revised Terms of Reference	Request to add to July 2025 agenda to endorse for Board Approval	Head of Corporate Governance & Board Business	Director of Governance/Board Secretary	July 2025	This item is on the agenda for the July 2025 meeting.
February 2025	Email	Health Board Chair	GP Cluster Activity Update	Chair requested an update to captured at ODC	Deputy Chief Operating Officer/Director of Primary Community, MH & LD	Chief Operating Officer	July 2025	This item will be discussed at the July 2025 Committee Meeting under the Primary Care & Community Services Update/Cluster Annual Year Book
April 2025	Action from April 2025 ODC Meeting	Committee Members	Vaccination Programme Update	Progress Report	Assistant Director for Leadership & Culture	Director for People	October 2025	This item has now been deferred from the July 2025 meeting to the October meeting.
January 2025	Operational Delivery Committee	Committee	Suspension of National Digital Maternity Programme – update on local system discussions	Action agreed at the January 25 meeting	Director of Digital	Director of Digital	October 2025	This item will be discussed at the October 2025 meeting.
September 2024	Planning, Performance & Finance Committee	Requested via Email	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	January 2026	This item will be discussed at the January 2026 Committee Meeting.

		Deferred from April meeting.						

COMPLETED ITEMS

November 2024	Planning, Performance & Finance Committee	Committee	Capital Quarterly Update	Deferred from January meeting.	Capital Finance Manager	Executive Director of Strategy & Transformation	April 2025	Completed This item was discussed at the April 2025 CLOSED in Committee Meeting.
March 2025	Email	Head of Corporate Governance	Joint Commissioning Committee, Planning Performance & Finance Committee Highlight Report	For noting on the Consent Agenda	JCC Committee Secretary	Director of Corporate Governance/Board Secretary	April 2025	Completed This item was noted at the April 2025 meeting.
August 2024	Planning, Performance & Finance Committee	Committee	Estates Performance Report	Deferred from August and November 24 meetings	Assistant Director of Planning (Capital and Estates)	Executive Director of Finance	April 2025	Completed This item was discussed at the April 2025 Committee Meeting.
January 2025	Email	Audit Wales	Draft Accountability Report, Remuneration and Performance report	For comment and to Endorse first draft for submission to Welsh Government	Audit Wales	Executive Director of finance/Director of Corporate Governance/Board Secretary	April 2025	Completed The draft Annual Report was shared for consultation via email (22.4.2025) instead of being received at a formal Committee meeting in its draft status.
February 2025	Email	Head of Corporate Governance & Board Business	Annual Equality Report 2023-24	Ratification of Chairs Urgent Action	Director of Corporate Governance/Board Secretary	Director for People	April 2025	Completed This item was approved by the Board at the March 2025 meeting and was ratified by the Committee in April 2025..
February 2025	Email	Head of Corporate Governance & Board Business	Charter for Families Bereaved by Public Tragedy	Ratification of Chairs Urgent Action	Director of Corporate Governance/Board Secretary	Director of Strategy & Transformation	April 2025	Completed This item was approved by the Board at the March 2025 meeting and

								was ratified by the Committee at the April 2025 meeting.
October 2023	Planning, Performance & Finance Committee	Committee	Brainomix Presentation	Provide the Committee statistics and outcomes	Stroke Physician/Regional clinical lead for Stroke	Chief Operating Officer	January 2025	On Agenda for ODC 28 January 2025 - Completed
August 2024	Planning, Performance & Finance Committee	Committee	Strategic Transformation of Acute Medicine (STAMP) Programme	Provide an update on the Programme.	Chief Operating Officer	Chief Operating Officer	January 2025	On Agenda for ODC 28 January 2025 (Provided within 6 Goals Report) – Completed
December 2024 Agenda Planning Meeting	Operational Delivery Committee	Requested at Agenda Planning	Urgent Changes to acute Stroke Services	Provide a Briefing on the changes to stroke services	Service Director, Unscheduled Care	Chief Operating Officer	January 2025	On Agenda for ODC January 2025 – Completed



4.1	29 July 2025	Operational Delivery Committee	Staff Survey update and Care Group Action Plans

Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
If closed please indicate reason:	Not applicable	Related Health and Care Standard	Governance, Leadership & Accountability
Prepared By:	Rebecca Watkins, Employee Experience Lead	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No This is an overarching update
Presented By: /	Hywel Daniel, Executive Director for People	Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People	Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Report Purpose	Please Select: For Noting	Link to Strategic Goals	Please Select: Inspiring People
Engagement undertaken to date:	N/A		

CTM Staff Survey 2024

Operational Delivery Committee

Rebecca Watkins, Employee Experience Lead

Staff Survey 2024

Purpose

- Update on progress since the results of the Staff Survey were released in January 2025
- Brief overview of the Care Group action plans showing the areas of focus and the progress to date
- Brief overview of the NHS Wales Staff Survey National Report
- Launch timeline for Staff Survey 2025, linking with our People Plan

Staff Survey 2024

Quick recap on what's happened so far



- Staff Survey closed December 2024
- Staff Survey results available to CTM 04/02/25
- People Plan was launched 23/06/25
- Staff Survey results shared with Care Group SLTs 12/02/25
- Staff Survey results available for all staff 20/02/25



Proffad Gweithwyr yn CTM
Employee Experience at CTM

Communication

- Staff Q&A
- Staff update
- Leadership Forum
- Sharepoint Page
- Care Group/ Directorate discussions
- All Staff emails
- People Plan discussions
- Staff Survey Leads Group
- Board

Care Group Discussions

EEX Lead held discussions with all Care Groups and some Directorates to talk through results and discuss areas of concern and areas to celebrate

Deep Dives

We have created 'heat maps' to be able to identify areas of good practice and areas of concern and undertaken a number of 'deep dives' into the data for the following: -

- Wellbeing information
- Care Groups and Directorates where there are concerns regarding the results

Benchmarking

We have connected with some Health Boards in Wales to benchmark some of the results in our some Care Groups to understand whether we are an outlier whether we have similar patterns. This data has been fed in the Care Group discussions for reference

OUR PEOPLE PLAN 2025-2030



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Informed by our Staff Survey 2024 results plus dedicated engagement sessions.

Shaped by you, for you. Reflects the voices of over 4,000 frontline staff, leaders and trade union partners.

Sets out 4 priority areas, with clear actions to continue to build a CTM2030 where everyone can thrive.

Our People Promises

GETTING THE BASICS RIGHT



- We will strive to provide you with modern, reliable IT systems and well-maintained facilities, making your working day easier and more efficient.
- We will have simple policies in one place, and provide you with access to meaningful information and effective communications.
- We will simplify bureaucracy, allowing you to dedicate more time to what truly matters.



GREAT MANAGEMENT & LEADERSHIP

- Everyone in CTM has a great line manager, ensuring you feel supported and inspired to perform at your best.
- Our line managers have the tools, time and development to create an empowering environment for their teams, by knowing them as individuals, setting clear expectations and having regular and effective conversations about the things that matter.

AN INCLUSIVE & HEALTHY ENVIRONMENT



- An environment where you can belong, where every voice is heard, every contribution is valued, and where you feel accepted for the difference you make.
- We look after each other, but we also hold each other to account for our actions and behaviours, learning and rebuilding from mistakes.
- Together, we make CTM a workplace to be proud of.



MODERN WORKFORCE - SKILLS FOR THE FUTURE

- Our services are appropriately resourced to meet the needs of our population and we offer modern, flexible and fulfilling career paths and adequate rest and recovery measures.
- Everyone is supported to learn, grow, and get ready for what is next - so the whole of CTM is prepared for the future.

Overview of Care Group Action Plans

- Care Groups have identified their key areas of focus and presented their local action plans at Operational Management Board.
- Feedback to Care Groups was to focus efforts on one area and make a tangible difference in that, rather than trying to cover too much.
- Sali Curtis attended previous ODC in May 2025 to spotlight the activities undertaken with Speech and Language, as an example.
- A comms campaign is planned for September showing 'You said, together we.....' This will draw on evidence from Care Groups and from actions within the People Plan and will form an ongoing monthly communications

Care Group	Response Rate	Staff Engagement Index	Care Group Action Plan areas of focus		
DTPS	45.60%	71.40%	Morale 53.8%	We nurture healthy working environments 57.3%	We champion flexible working 58.2%
Planned Care	18.50%	68.40%	Morale 51.4%	Patient Safety 51%	We champion flexible working 50.2%
MH & LD	26.30%	70.10%	Patient safety 51.8%	Morale 54.6%	We nurture healthy working environments 55.3%
Children & Families	20%	69.70%	Morale 47.8%	We champion flexible working 51%	We recognise everyone's contribution 52.3%
Primary & Communities	26.10%	71.10%	Communication and Staff Engagement 58.9%	Morale 54%	We champion flexible working 56.8%
Unscheduled Care	16.30%	65.40%	Morale 44.9%	We champion flexible working 45%	We nurture healthy working environments 47.9%
Facilities	15%	67.60%	Morale 50.6%	Staff Engagement 51.9%	We champion flexible working 54.5%

Staff Survey 2024

National Findings report 2024

- The National Findings Report was published in July 2025
- Response rates have improved across Wales but only represent under 22% of the eligible pool
- While there have been marginal improvements, efforts must persist to reduce workload pressures by improving staffing levels and distributing work more effectively
- A reduction in scoring has been noted in the following areas across Wales:
 - Staff Engagement
 - Inclusive and Healthier working environments
 - Teamworking
 - PDR/Appraisal effectiveness
- The full report can be seen following the link below
heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/

Staff Survey 2025

Plans are already in place for Staff Survey 2025

Date	Key Milestones
23/06/2025	Launched People Plan, linked to outputs of 2024 Staff Survey
From 28/07/2025- 14/08/2025	People Plan – Manager briefing sessions
September	Start of CTM comms plan for Staff Survey 2025 (run up to launch) Consideration and finalise incentive plans
	'You said, together we did.....' communications with evidence gathered from Care Groups and People Plan
01/10/2025	Launch NHS Wales Staff Survey 2025 - open for 8 weeks
28/11/2025	Survey closes (for electronic submissions)
01/12/2025	Survey closes (for paper copies)
02/12/2025	Penultimate closing response rates are shared with NHS Organisations
February	CTM quantitative Staff Survey results are available
March	CTM qualitative Staff Survey results are available
April	Ongoing conversation with workforce around People Plan priorities, in light of 2025 Staff Survey results
30/04/2026	2025 National Findings report to be published on HEIW website



Specific Matters for Consideration:

- Incentives for completing the staff Survey 2025 are currently under discussion. We will obtain detail on central HEIW / All Wales proposals, to inform whether or not a local CTM incentive scheme is required.
- Continue to discuss the importance of feedback from staff through the yearly Staff Survey, which will further inform and develop the People Plan ensuring change for all staff through you said, together we did

Key Risks / Matters for Escalation:

- Actions not being taken following feedback from staff could further affect the results for forthcoming years

Next Steps

ODC are asked to:

- Review and acknowledge the contents of this report for assurance purposes
- Continue to support the Staff Survey and encourage staff and managers to engage with this feedback mechanism

Appendices

Care Group Action Plan 2024

Unscheduled Care

Priority Area	Our Commitment	Progress to date
Morale a) Improved recruitment and vacancy management to reduce incidence of staffing shortfalls and reliance on temporary staff.	Develop recruitment plans with key milestones by Q2	- Working closely with Attraction and Resourcing Lead to develop medical profession campaigns across multiple services in USC. Successful appointments include a Stroke Consultant and an Orthogeriatric Consultant. - focused recruitment for Nursing/HCSW/Consultant/Leadership roles in Stroke - Monitoring of nurse vacancy position and recruitment plans through performance and assurance meetings - Establishment of USC Medical Workforce Productivity Meetings to focus on key areas e.g., Job Plans to be completed by September. Trajectories are in place to deliver. - Supported a significant number of Lateral moves within Nursing and HCSW staff groups as part of service change.
b) Review communication systems to support the development of the triumvirate meeting structures and ensure clear opportunities for feedback and involvement in decision making at all levels and from all staff groups.	- Weekly 'purposeful visits' by SLT to support teams and to 'see it, hear it, feel it' by Q1 - Communication systems to be confirmed by DM's by Q1 - Increase the focus on staff centered communications by Q2	- A number of purposeful visits have been undertaken across wards in RGH (Stroke, Ward 3, AMU with others planned. - Communication systems are currently being developed across the Care Group - Daily stroke staff huddles were introduced - Ongoing improvement huddles are in place within Stroke place supported by ICTM. - Weekly safety huddles with lead/senior /heads of nursing and directorate managers/governance leads are in place

Appendices

Care Group Action Plan 2024

Facilities

Priority Area	Our Commitment	Progress to date
Morale Develop a Facilities Workforce Plan to act as a critical enabler to understand the current workforce profile and to identify appropriate actions focusing on staff wellbeing, culture and engagement and development.	- Develop a Facilities Workforce Plan by May 2025 - Complete recruitment across all teams to fill vacancy and return staffing levels to agreed establishments by June 2025. - Roll out Bespoke recruitment process that was successfully piloted in PCH so that all teams can access/utilize. - Target the on-boarding process to ensure a robust and timely process is in place to support individuals to be confident and competent to complete their roles. - Implement regular monitoring arrangements for overtime worked in each team – to protect well-being and protect staff from burden of excessive overtime.	- Workforce Plan is completed. - Service Managers are in the process of filling vacancies, with roles at varying stages of the onboarding process. - Successful pilot of on the day recruitment in PCH saw a reduction in time to hire and an improved candidate experience. Departments are actively identifying where these improved processes can be introduced across the service especially with bulk recruitment. - Deep dives being undertaken to understand the delays within the onboarding process and to help unblock to speed up. - Teams are actively tracking vacancies and Overtime utilisation used to cover ensuring the wellbeing of our staff is managed effectively and positively.
Staff Engagement Review communication systems for staff across all teams and regions to ensure timely communication with all staff, to allow for feedback and involvement in decision making. This will also include updates on staff recruitment and any service changes.	- Reinstate production of the quarterly Facilities staff newsletter to provide staff information and to celebrate staff contribution. - Pilot for a revised and simpler PADR template to support meaningful conversations with staff in conjunction with L&D.	- Production of a staff newsletter is in progress and will be published at the end of July - Exploring mechanisms to share LPF meeting content with all staff. - Star of the month award - nomination process under development with the first award scheduled for August. - New PADR form trial undertaken in PCH with positive response. Discussions underway with L&D to roll out across the service which should improve compliance.

Appendices

Care Group Action Plan 2024

DTPS

As each area of DTPS is its own entity there are detailed action plans that sit behind each of these areas. As a Care Group DTPS have communicated that Morale and Communication underpins the whole of the staff Survey feedback. As part of this there is a commitment to hold a listening event every 3 months where all staff in DTPS will be invited to attend with the intention to address the areas of focus of Morale and Communication.

Directorate and Priority Area	Progress to date
Pathology • Morale • We champion flexible working • We are stronger together	• To address inconsistencies in policies, a handbook is in production with a view to finalising by August. • Training to be recorded and monitored via <u>iPassport</u> of which training to start September. • Monthly newsletter created and shared that has received great engagement and feedback. • Wellbeing feedback sessions to Haematology and Microbiology. This has included consistent training time allocation across groups, Lunch & Learn sessions.
Radiology • Morale • Recognise Everyone's Contribution • We champion flexible working	• AFFINA workshops commissioned and delivered to Radiology leaders awaiting follow up sessions • Radiology Staff Survey second round –discussing outcome of last Rad Survey, NHS staff survey and cross cutting themes. • CPD session confirmed for POW - coordinating dates for PCH and RGH. • User Groups set up for each modality providing a communication forum for updates and development. • Newsletter introduced • CT Radiographers to attend Eden learning course in the Autumn. • Staff led QI project for U/S cannulation which was initiated by CTM Simply Do.
Therapies	• Rolling out engagement workshops with our staff to develop our key priorities and values across the dept • Continuation of embedding compassionate leadership with sessions for the lower band staff. • Recruited more Wellbeing activists and holding monthly wellbeing therapy sessions. • Ran 3 wellbeing roadshows for physiotherapy staff with the plan to run more across the year. • Exploring options for digital notes which will significantly reduce paperwork. • Network day agreed for the 10/09/25. • Spot checking of PDRs to ensure these have been completed. • Approved all flexible working applications received to date.
Healthcare Scientists • Morale • Flexible Working • Leadership	• <u>HoS</u> are driving forward the response to the Staff Survey in the form of action plans for their area. • Commissioned targeted Affina interventions. • Formal leadership opportunities – successful funding through audiology. • Clear consistent communication through HCS SLT and service specific staff meetings. • Ordering of new profession specific low-cost equipment which was previously impacting on staff moral
Medicines Management • Morale • Nurturing Healthy Working Environments • Patient Safety	• Focus groups held by all <u>HoP/ Deputy HoP</u> throughout May to discuss SS results. • Focus group sessions included a “You said, we did” format to ensure staff felt they were being listened to. • 1:1s encouraged to be held monthly with all staff • All staff encouraged to complete Ignite course to support leadership skill development. • Attraction campaign working well with undergraduate placements, work experience opportunities and attending school careers events. Individuals applying to positions in CTMUHB following these initiatives. • Regular team meetings being held to improve communication/ address any concerns or ideas for improvement • Shortlisted for the NHS Wales award 2025 – Transforming Pharmacy Undergraduate Clinical placements into future workforce solutions

Appendices

Care Group Action Plan 2024

Planned Care

Directorate and Priority area of focus	Progress to date
Anaesthetics, Critical Care, Theatres, Trauma and Orthopedics	• Bi-weekly Staff Survey Workshops launched to co-produce solutions—currently under review due to low attendance. • QR Feedback initiated (ITU): QR codes shared to enable real-time staff feedback. Live throughout June (14 questions; 72 responses so far). Themes include; teamwork, culture, and raising concerns. • 'Simply Do' Platform- imminent rollout: Enables staff to share operational feedback, ideas/ solutions. Supports prioritisation and supports the PAN CTM model: co- production/ cross site collaboration.
General Surgery & Gastro Services	• Staff feedback QR code implemented in Prince Charles Hospital. • Monthly Surgical Junior doctor trainee forums. • Centralising the Surgical F1 staff rota for POW/RGH. • One of the few Health Boards in Wales to recruit a Nurse Consultant in Gastroenterology. • WG Substance misuse <u>lead</u> keen to replicate community alcohol care team in CTM across Wales which has been a great boost for the team morale. • Stats show improvement in patient engagement within the Alcohol services and averted ED admissions. Team have been nominated for both a HSI and NHS Wales Award. • Monthly local and Pan CTM Endoscopy User group meeting established. • Monthly Business meeting established for both General Surgery and Gastroenterology.
Specialist Services	• Away Days arranged with focus on sharing staff survey feedback and exploring solutions. • Condensing ENT middle grade rota commenced • Concern's / Complaints / LFER's discussed and documented at monthly audit / governance meetings to understand any patterns and explore lessons learnt with a view to informing improvements. • Monthly nurse meetings to provide a forum for discussion, actions, knowledge sharing. • Team building exercise undertaken with all MDTc and information assistants pan CTM – roles, responsibilities, collaborative working, building relationships. • Leadership coaching underway between service manager and cancer service supervisors. • A Specialist Services CD has commenced Advanced Clinical Leadership Programme (ACLP) 'Leading Compassionately for Influence & Impact'.

Appendices

Care Group Action Plan 2024

Children & Families

Priority Area	Our Commitment	Progress to date
Morale	• Workload and Staffing Review • Protected Time • Staff Involvement and Communication • Relationships and Team Culture • Recognition & Retention	• Ongoing review of caseloads and midwifery recruitment underway within maternity. Streamlining supported across the Care Group for Nursing and Midwifery. • Culture and leadership plans in place • Team building activities held for care group leaders on 5th and 16th June, supported by MOD colleagues. • IDM Awards recognize good practice/ feedback annually. • Thank you cards / SEREN Award nominations submitted • Exit interviews offered to all staff across the Care Group
We Champion Flexible Working	• Policy Review & Standardisation • Manager Training • Flexible Working / Wellbeing Champions	• Midwifery and SCPHN recently completed a review of all flexible working requests across areas to ensure fairness and equity. • Review of all managers training requirements • Continue to support the wellbeing champions in the Care group.
We Recognise Everyone's Contribution	• Manager Training • Formal recognition Scheme • Recognition in Communications	• Human Factors & Psychological Safety included as part of PROMPT / CTG / Supervision within Maternity • Care Group QI leads supporting completion of cultural competency / EDI • SEREN Awards used regularly by managers to praise teams and positive feedback for making a difference • Medical Director Newsletter

Appendices

Care Group Action Plan 2024

Primary & Community

Priority Area	Our Commitment	Progress to date
Comms / Staff Engagement	• Transparent survey results to be communicated • “You said, we did” campaign • Care Group open forums • ‘A day in the shoes’	• Commence by end of June 2025 but take place on quarterly basis or as and when a significant change • Encourage all team members to actively participate in the campaign • Open forums already implemented – 2 taken place to date • Senior Nurse, Lead Nurses and HON completed ‘a day in the shoes’ and this will be extended and further visits arranged
Morale	• You said, we did	• Links in comms / engagement section will also have an impact on staff morale
Flexible Working	• Support Flexible working • Promote wellbeing	• Deeper dive into why flexible working is not being supported and to ensure all options are exhausted before requests are being refused.

Appendices

Care Group Action Plan 2024

Mental Health & Learning Disabilities

Priority Area	Our Commitment	Progress to date
Patient Safety	Based on this feedback, the actions which have already been driven through the 'Inpatient Improvement Board' and 'Quality Safety and Experience' will be reviewed and expanded to be finalised through QSE and Inpatient Improvement within the Care groups governance structure.	Survey has been issued to all MH&LD staff to drill into patient safety concerns – analysis and actions through MH&LD QSE
Morale	- Review communications strategy for staff across all teams and settings to ensure timely communication and, to allow for feedback and involvement in decision making. This will also include updates on staff recruitment and any service changes. - With the support of the corporate People team, develop and implement a bespoke recruitment strategy for medical staffing - With the support of the corporate People team, develop and implement an OD approach to team development in MH&LD	- Care Group Teams Q&A being established to support engagement to improve morale – monitoring through MH&LD OMB - Working with Attraction and resourcing lead to shape Psychiatry recruitment. Recent success with ANCIPS recruitment – 3 substantive medics joining through summer 2025. - Commissioned OD support ongoing



Agenda Item

4.2

Operational Delivery Committee

Progress Update on Enforcement Action against Cwm Taf Morgannwg University Health Board in 2022 in relation to Welsh Language Recruitment

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Ben Screen, Arweinydd y Gymraeg/Welsh Language Lead
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Ben Screen, Arweinydd y Gymraeg/Welsh Language Lead
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
Welsh Language Steering Group	13/05/2025	
Acronyms / Glossary of Terms		

1. Situation / Background

- 1.1 In 2022, Cwm Taf Morgannwg University Health Board (CTMUHB) was subject to enforcement action due to lack of regulatory compliance with the following Welsh Language Standard, in relation to recruitment: -

Standard 106: Assessing whether posts should be categorised as either Welsh language skills are essential, desirable, need to be learnt on appointment or not needed. That assessment must be objective, carried out for each post and recorded.

- 1.2 Following scoping work, it also became apparent that CTMUHB was not compliant with two other Standards in relation to recruitment: -

Standard 106A: Publishing job descriptions / person specifications and job advertisements in Welsh for posts where they are categorised as either Welsh language skills being essential, desirable, or need to be learnt; and

Standard 107A: Publishing all other forms of recruitment information bilingually.

- 1.3 CTM UHB is also required under the More Than Just Words 5-Year Plan, as monitored by the Ministerial Advisory Board for the plan, to: -

Define on all job advertisements the level of Welsh language skills required for each post (for example, Welsh language skills are essential *at Level 3 Speaking/Listening*) and;

Analyse its workforce gaps in relation to Welsh language skills and develop a plan to close them.

2. Specific Matters for Consideration

- 2.1 Detailed operational plans have been developed to meet the requirements set out above, based on workforce data as can be seen [here](#).

- 2.2 This has included the creation of new processes and guidance to meet those requirements which have been submitted with this progress update.

- 2.3 Slippage in compliance rates and lack of ownership of these guidelines carries legal and reputational risk, due to enforcement action having already been taken and because healthcare is a strategic focus for the Welsh Language Commissioner.

- 2.4 The Annual Welsh Language Standards Performance Report for 2024/2025, to be published in October 2025, will include a core set of metrics for the first time, to monitor implementation of Welsh language Standards in recruitment.

3. Key Risks / Matters for Escalation

3.1 Work to date has now succeeded in achieving the following and therefore meeting the enforcement notice and several other required actions: -

A process whereby managers can objectively assess whether a post requires skills in Welsh and a way to simply record that decision on the job description / person specification. This process is explained in the guidance seen on page 1, of Appendix 1;

A method for auditing Trac (The NHS Recruitment System) so that a retrospective audit of compliance is possible, facilitating the collection of core metrics to be published annually and to monitor how active recruitment is improving Welsh language capacity within CTMUHB;

A near 90% compliance rate in publishing recruitment material bilingually as of mid-July 2025. The guidance developed to support managers with this requirement can be seen on page 2, of Appendix 1;

An agreed approach to defining Welsh language skills on all job advertisements, using a simple default of Level 3 Speaking/Listening or above, with the majority of all relevant posts, since June 2025, including that definition. The standard wordings used on advertisements for this can be seen in Appendix 2;

A guide has been created for applicants, to be attached to Trac by default, explaining what the different categories mean (such as 'Welsh essential' or 'Welsh desirable') and that fluency is not required. This will encourage candidates to be confident in their ability and apply. This guidance can be seen in Appendix 3;

A training package on recruitment was developed in April 2025, to support managers to meet these requirements. As at the start of July 2025, 132 managers have attended this training; and

A targeted workforce and training plan has been developed based on data, with a monitoring sheet to record the closing of workforce gaps. Merthyr & Cynon Memory Assessment Team, Audiology at the Royal Glamorgan Hospital and the Bridgend Community Mental Health Team are three examples of teams supported, due to targeted support.



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: Creating Health Improving Care 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 Wales of Vibrant Culture & Thriving Welsh Language
	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: Equitable
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? /	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	No assessment necessary for this update report.
Cyfreithiol / Legal	Yes (Include further detail below) This paper is in relation to enforcement action from the Welsh Language Commissioner which is a body with investigatory and enforcement powers.	
Enw da / Reputational	Yes (Include further detail below) This paper is in relation to enforcement action from the Welsh Language Commissioner which is a body with enforcement powers, which includes a power to force publication of information related to non-compliance by CTMUEB.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee is asked to NOTE the work completed to meet the requirements around Welsh language in recruitment and the associated guidance created in Appendix 1, 2 and 3.

6. Next Steps

- 6.1 Continue to work through the Annual Welsh Language Operational Plan which is aligned to CTMUEB's People Plan.

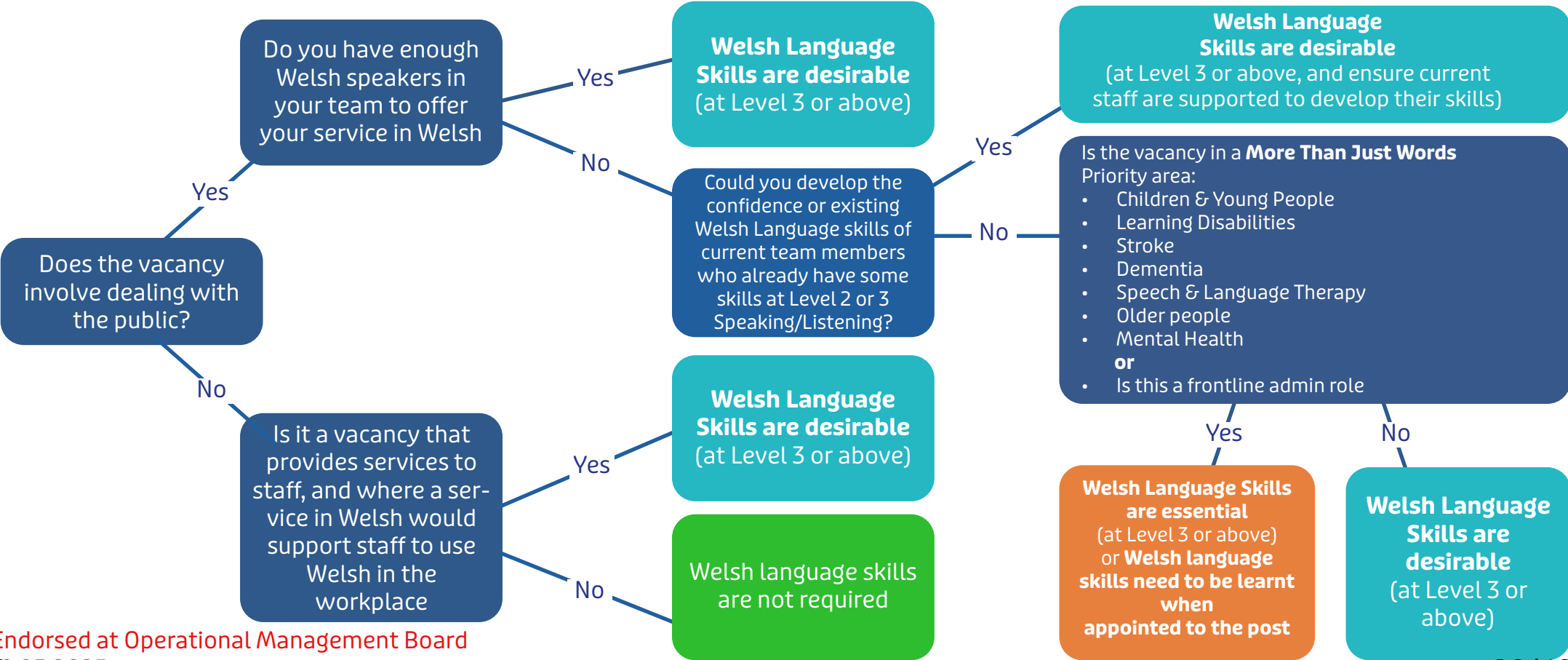
Consider whether the post holder will need skills in Welsh

We do this step because:

- We must provide our services fairly to everyone
- We must demonstrate that we have conducted a recorded, objective assessment each time we advertise a post under Welsh language and equality legislation (see FAQs [here](#)). This assessment is then to be recorded on the job description using the dropdown if using the new template, or with a brief written assessment based on the decision tree in the Person Specification when using the older formats.

How do I do it?

Use the decision tree below and the FAQs where needed (available [here](#)). You will need to categorise your post to applicants as follows: Welsh language skills are essential, desirable, need to be learnt on appointment, or not required. You are best positioned to make this decision, given your knowledge of your team, service, and the vacancy.



Ensuring the post is advertised bilingually

We do this step because:

Welsh-speaking applicants are statistically more likely to apply when the position is advertised in both languages. It's also the law.

How do I do it?

The internal translation team will translate all material for you at CTT_welsh_translation@wales.nhs.uk The KPI is a same-day return

1. For the advert details where you'll need to insert the Welsh text under 'Cymraeg', just download the Trac translation template you've been sent or available on SharePoint [here](#), complete the English sections and send it to the translation team at the above email. The boxes in the table match up to the Trac boxes you need bilingual where you see 'English/Cymraeg' as shown below:

Select language ☒ English ☐ Cymraeg

2. Ensure the JD/PS is also bilingual and attached under the 'Documents' tab in Trac as can be seen below. You can use any one, but many use the 'Primary additional document' tab. Clearly label the Welsh version of the JD/PS with the title '**Swydd ddisgrifiad Cymraeg**' to ensure easy identification

Public documents

⚠ Documents added here will continue to be accessible to applicants even after the vacancy has p

Job description

+ Add job description

Person specification

+ Add person specification

Functional requirements

+ Add functional requirements

Primary additional document

+ Add primary additional document

Other publicly accessible documents

+ Add other publicly accessible documents

3. To add Welsh translations in the 'Role Requirements' section:
- If the text is already entered in English, click on the pencil icon below
 - Copy and paste the Welsh translation into the 'Cymraeg' boxes
 - If entering the English and Welsh translations simultaneously, use the English/Cymraeg toggles as demonstrated in other parts of Trac.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Endorsed at Operational Management Board
19.03.2025



CTT_welsh_translation@wales.nhs.uk



Search **Welsh Language** on sharepoint

Checklist

-  Refer to the decision tree on how to select if this vacancy is advertised as **“Welsh language skills are essential” “Welsh language skills are desirable” “Welsh needs to be learnt on appointment”** or **“Welsh language skills are not necessary”**. Note the reasoning for this decision in the Job Description using the dropdown options. If using the older JD formats, include a brief written assessment in the Person Specification based on the decision tree.
-  Ensure **‘Welsh language skills Speaking/Listening Level 3 or above’** has been added as a role requirement’ as either an **‘essential’** or **desirable’** skill depending on your decision above
-  Translate the Job Title under the Authorisation Tab, and the other required fields under Advert Details, Vacancy Details and Role Requirements. Fill in the Bilingual Trac Template attached and send to CTT_Welsh_Translation@wales.nhs.uk. Within this template you must also choose one of the three Welsh language skills descriptors, so that candidates understand what we mean by Desirable, Essential or Needs to be Learned in relation to Welsh language skills.
-  Have your JD/Person Spec translated at CTT_Welsh_Translation@wales.nhs.uk and attach under Additional Primary



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Cwm Taf Morgannwg
University Health Board

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19.03.2025



CTT_welsh_translation@wales.nhs.uk



Search **Welsh Language** on sharepoint

Welsh Skills Desirable: This post is advertised as Welsh Desirable. This doesn't mean essential; whilst the candidate doesn't need to have skills in Welsh, we'll consider it an advantage when short-listing and selecting candidates. This isn't 'fluency', just Speaking & Listening skills at Level 3 (equivalent to CEFR B2) or above. Level 3 means basic conversations with patients about their everyday health.

Sgiliau Cymraeg yn Ddymunol: Rydyn ni'n hysbysebu'r swydd hon fel Cymraeg yn Ddymunol. Dydy hyn ddim yn golygu hanfodol; er nad oes angen sgiliau yn y Gymraeg ar yr ymgeisydd, byddwn yn ystyried hynny'n fantais wrth greu rhestr fer a dethol ymgeiswyr. Does dim angen bod yn 'rhugl', dim ond sgiliau Siarad a Gwranddo ar Lefel 3 (sy'n cyfateb i CEFR B2) neu uwch. Mae Lefel 3 yn golygu sgysiau sylfaenol gyda chleifion am eu hiechyd pob dydd.

Welsh Skills Essential: This post is advertised as Welsh skills are essential. This means Speaking & Listening at Level 3 (equivalent to CEFR B2) or above. We don't need fluency. Level 3 means basic conversations with patients about their everyday health.

Sgiliau Cymraeg Hanfodol: Rydyn ni'n hysbysebu'r swydd hon fel sgiliau Cymraeg yn hanfodol. Mae hyn yn golygu Siarad a Gwranddo ar Lefel 3 (sy'n cyfateb i CEFR B2) neu uwch. Does dim angen bod yn rhugl. Mae Lefel 3 yn golygu sgysiau sylfaenol gyda chleifion am eu hiechyd bob dydd.

Welsh to be Learnt on Appointment:

This post is advertised as 'Welsh to be Learnt on Appointment'. This is an exciting opportunity and means we'll give you the skills in Welsh we need once you've been recruited if you don't already have skills in Welsh. We'll do this using our free and flexible internal offer alongside our partnership with Learn Welsh Glamorgan, helping you to gain the valuable skills needed to strengthen our bilingual organisation.

Dysgu Cymraeg ar ôl penodi:

Rydyn ni'n hysbysebu'r swydd hon fel 'Dysgu Cymraeg ar ar ôl penodi'. Mae hwn yn gyfle cyffrous ac mae'n golygu y byddwn yn rhoi'r sgiliau sydd eu hangen arnom i chi yn y Gymraeg ar ôl i chi gael eich recriwtio os nad oes gennych sgiliau yn y Gymraeg yn barod. Byddwn yn gwneud hyn gan ddefnyddio ein cynnig mewnol hyblyg a rhad ac am ddim ochr yn ochr â'n partneriaeth â Dysgu Cymraeg Morgannwg, gan eich helpu i ennill y sgiliau gwerthfawr sydd eu hangen i gryfhau ein sefydliad dwyieithog.

YMUNWCH Â CHWM

TAF MORGANNWG

JOIN CWM TAF

MORGANNWG

Croeso Ymgeisydd!

Croeso Candidate!

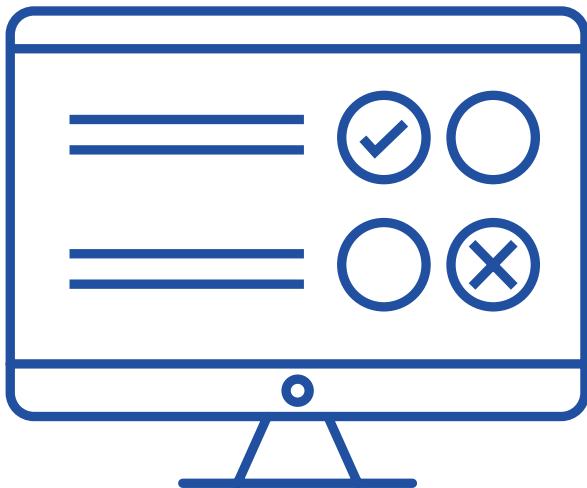
**Sgiliau yn y Gymraeg a gwneud cais am
swydd gyda Bwrdd Iechyd Prifysgol Cwm Taf
Morgannwg**

**Welsh language skills and applying for posts
at Cwm Taf Morgannwg University Health
Board**



Sut mae ein swyddi yn cael eu hysbysebu?

How are our jobs advertised?



There are four ways all jobs at CTM UHB are categorised following an internal assessment every manager makes. Here's what they mean for you.

- **Welsh Language skills are essential:** You'll need to have skills in Welsh (this doesn't mean 'fluent', and the level will be noted in the advert).
- **Welsh language skills are desirable:** Skills in Welsh aren't essential, but will be considered an advantage when managers shortlist and interview candidates
- **Welsh language skills need to be learnt when appointed to the post:** You'll need to learn Welsh to an agreed level and usually by a certain date when appointed to the role
- **No skills in Welsh needed:** You don't need to have any skills in Welsh

Mae pedair ffordd o gategoreiddio pob swydd yn BIP CTM yn dilyn asesiad mewnol y mae pob rheolwr yn ei wneud. Dyma beth maen nhw'n olygu i ti.

- **Mae sgiliau Cymraeg yn hanfodol:** Bydd angen sgiliau yn y Gymraeg arnat ti ar lefel benodol (ond byddwn yn nodi'r lefel yn yr hysbyseb).
- **Mae sgiliau Cymraeg yn ddymunol:** Dydy sgiliau yn y Gymraeg ddim yn hanfodol, ond bydd hyn yn cael ei ystyried yn fantais pan fydd rheolwyr yn llunio rhestr fer ac yn cyfweld ag ymgeiswyr
- **Mae angen dysgu sgiliau Cymraeg wrth gael dy benodi i'r swydd:** Bydd angen i ti ddysgu Cymraeg i lefel y cytunwyd arni ac fel arfer erbyn dyddiad penodol pan fyddi di'n cael dy benodi i'r rôl
- **Dim angen sgiliau yn y Gymraeg:** Does dim angen unrhyw sgiliau Cymraeg ar yr ymgeisydd

- Cymraeg: It belongs to us all. There's no right or wrong, good Welsh or bad Welsh, and for most of our posts speaking some Welsh would be an advantage. Speaking a 'tipyn bach' matters more than writing and for our patients even just a 'Bore da' goes a long way.

Dyn ni ishe dy Gymraeg di!

- The box below explains what most people can usually do at Level 3 Speaking/Listening, which is the default for most of our jobs where Welsh is required, desirable or needs to be learnt.

- If you've learnt Welsh, or are familiar with the 'CEFR' levels, then the below would be roughly similar to **B2** or '**Intermediate/Canolradd**'.
- See from Page 4 onwards for more information what Level 3 and above means.

At Level 3 Speaking/Listening I can:

- Understand the main points of clear standard speech on familiar matters at work. For example, I could understand a patient asking me when visiting hours are, or understand a patient asking for water
- I can describe experiences and events connecting phrases in a simple way, give simple advice and pass on messages. For example, I could ask a patient to follow simple instructions to take bloods, or explain to a patient where to find their appointment.

At Level 3 Speaking/Listening I don't need to:

- Be 'fluent', discuss complex, technical matters in Welsh or write reports in Welsh. In fact, did you know there's no universally accepted definition of 'fluent'!

What are we looking for?

- Cymraeg: Mae'n perthyn i ni gyd. Does dim cywir nac anghywir, Cymraeg da na Cymraeg gwael, ac ar gyfer y rhan fwyaf o'n swyddi byddai siarad rhywfaint o Gymraeg o fantais. Mae siarad 'tipyn bach' yn bwysicach nag ysgrifennu ac i'n cleifion mae dim mwy na 'Bore da' yn mynd yn bell.

- Mae'r blwch isod yn egluro beth gall y rhan fwyaf o bobl ei wneud fel arfer ar Lefel 3 Siarad/Gwranddo, sef y lefel ddiofyn ar gyfer y rhan fwyaf o'n swyddi lle mae sgiliau yn y Gymraeg yn hanfodol, dymunol neu angen eu dysgu.

- Os wyt ti wedi dysgu Cymraeg, neu'n gyfarwydd â'r lefelau 'CEFR', yna byddai'r isod fwy neu lai'n debyg i **B2** neu '**Canolradd**'.
- Gweler o dudalen 4 ymlaen am ragor o wybodaeth am beth mae Lefel 3 ac uwch yn ei olygu.

Ar Lefel 3 Siarad/Gwranddo galla i:

- Ddeall y prif bwyntiau mewn iaith safonol a chlir ar bethau bob dydd yn y gwaith. Er enghraifft, galla i ddeall claf yn gofyn i fi pryd mae oriau ymweld, neu ddeall claf yn gofyn am ddŵr
- Gallu i ddisgrifio profiadau a digwyddiadau gan ddweud brawddegau mewn ffordd syml, rhoi cyngor syml a rhannu negeseuon. Er enghraifft, galla i ofyn i glaf ddilyn cyfarwyddiadau syml i gymryd gwaed, neu esbonio i glaf ble i ddod o hyd i'w apwyntiad.

Ar Lefel 3 Siarad/Gwranddo does dim angen i fi:

- Fod yn 'rhugl', trafod materion cymhleth, technegol yn Gymraeg nac ysgrifennu adroddiadau yn Gymraeg. Oeddet ti'n gwybod bod dim diffiniad cyffredinol o 'rhugl'!

Y MUNWCH Â CHWM

TAF MORGANNWG

JOIN CWM TAF

MORGANNWG

YMUNWCH Â CHWM

TAF MORGANNWG

JOIN CWM TAF

MORGANNWG

Beth am
lefelau eraill o
Gymraeg?

What do
other levels of
Welsh mean?



HUNANASESU SGILIAU IAITH GYMRAEG - BIP CTM WELSH LANGUAGE SKILLS SELF-ASSESSMENT - CTM UHB

Lefelau Fframwaith Cyfeirio Ewropeaidd Cyffredin Common European Framework of Reference levels (CEFR)	System ALTE GIG Cymru NHS WALES ALTE system	SIARAD/GWRANDO LISTENING/SPEAKING
LEFEL/LEVEL 0 DIM SGILIAU/NO SKILLS		Dim gwybodaeth o gwbl o'r Gymraeg No knowledge of Welsh at all
B2	LEFEL 3/ CANOLRANDD LEVEL 3/ INTERMEDIATE	Rhyngweithio ar lafar - Gallwch ryngweithio â rhywfaint o rhuglder (ond ddim o reidrwydd yn hollol rhugl!) a hynny yn ddigymell, sy'n gwneud rhyngweithio rheolaidd â siaradwyr Cymraeg eraill yn gwbl bosibl. - Gallwch gymryd rhan lawn mewn trafodaethau mewn cyd-destunau cyfarwydd, gan ystyried ac egluro eich barn. Cynhyrchiad llafar - Gallwch gyflwyno disgrifiadau clir ar ystod eang o bynciau sy'n gysylltiedig â'ch maes diddordeb. - Gallwch esbonio safbwynt ar fater cyfoes gan roi manteision ac anfanteision gwahanol opsiynau. Gwranddo - Gallwch ddeall rhywun yn siarad am gyfnod estynedig a dilyn dadleuon cymhleth cyn belled â bod y pwnc yn gymharol gyfarwydd. Rydych chi'n gallu deall y rhan fwyaf o raglenni newyddion a materion cyfoes ar y teledu.

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Gymraeg?

What do
other levels of
Welsh mean?



B2	LEFEL 3/ CANOLRANDD LEVEL 3/ INTERMEDIATE	Spoken interaction • You can interact with some degree of fluency (but not necessarily completely fluent!) and with spontaneity that makes regular interaction with other Welsh speakers quite possible. You may sometimes need to think about what to say next • You can take an active part in discussions in familiar contexts, accounting for and sustaining your views. Spoken production • You can present clear descriptions on a wide range of subjects related to your field of interest. • You can explain a viewpoint on a topical issue giving the advantages and disadvantages of various options. Listening • You can understand extended speech and follow complex lines of argument provided the topic is reasonably familiar. • You can understand most TV news and current affairs programmes.
C1	LEFEL 4/ UWCH LEVEL 4/ HIGHER	Rhyngweithio ar lafar • Gallwch fynegi eich hun yn rhugl ac yn ddigymell heb orfod meddwl ormod am beth i'w ddweud. • Gallwch ddefnyddio iaith yn hyblyg ac yn effeithiol at ddibenion cymdeithasol a phroffesiynol. • Gallwch lunio syniadau a barn yn gywir a chysylltu eich cyfraniad yn fedrus â chyfraniadau siaradwyr eraill. Cynhyrchiad llafar • Gallwch gyflwyno disgrifiadau clir a manwl o bynciau cymhleth gan integreiddio is-themâu, datblygu pwyntiau penodol a chrynhoi gyda chasgliad priodol. Gwranddo • Gallwch ddeall rhywun yn siarad am gyfnod estynedig hyd yn oed pan nad oes strwythur glir a phan fo perthnasoedd yn cael eu hawgrymu yn unig ac heb eu signalu'n benodol. • Gallwch chi ddeall rhaglenni teledu a ffilmiau heb ormod o ymdrech.

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Welsh mean?



C1	LEFEL 4/ UWCH LEVEL 4/ HIGHER	Spoken interaction • You can express yourself fluently and spontaneously without much obvious searching for expressions. • You can use language flexibly and effectively for social and professional purposes. • You can formulate ideas and opinions with precision and relate your contribution skilfully to those of other speakers. Spoken production • You can present clear, detailed descriptions of complex subjects integrating sub-themes, developing particular points and rounding off with an appropriate conclusion. Listening • You can understand extended speech even when it is not clearly structured and when relationships are only implied and not signalled explicitly. • You can understand television programmes and films without too much effort.
C2	LEFEL 5/ HYFREDREDD LEVEL 5/ PROFICIENCY	Rhyngweithio ar lafar • Gallwch gymryd rhan yn ddiymdrech mewn unrhyw sgwrs neu drafodaeth ac rydych yn gyfarwydd ag ymadroddion idiomatig a geiriau llafar. • Gallwch fynegi eich hun yn rhugl a chyfleu arlliwiau mwy manwl o ystyr yn gywir. • Os oes gennych chi broblem, gallwch chi fynd yn ôl ac ailstrwythuro o amgylch yr anhawster mor llyfn fel nad yw pobl eraill yn ymwybodol ohoni. Cynhyrchiad llafar • Gallwch gyflwyno disgrifiad neu ddadl glir, a llyfn mewn arddull sy'n briodol i'r cyd-destun a gyda strwythur rhesymegol effeithiol sy'n helpu'r derbynnydd i sylwi ar bwyntiau arwyddocaol a'u cofio. Gwranddo • Does dim anhawster gennych o gwbl o ran deall unrhyw fath o iaith lafar, boed yn fyw neu wedi ei ddarlledu, hyd yn oed pan gaiff ei chyflwyno ar gyflymder brodorol cyflym, ar yr amod bod gennych chi beth amser i ymgyswrtu â'r acen.

YMUNWCH Â CHWM

TAF MORGANNWG

JOIN CWM TAF

MORGANNWG

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Welsh mean?



C2	LEFEL 5/ HYFREDREDD LEVEL 5/ PROFICIENCY	Spoken interaction • You can take part effortlessly in any conversation or discussion and have a good familiarity with idiomatic expressions and colloquialisms. • You can express yourself fluently and convey finer shades of meaning precisely. • If you do have a problem you can backtrack and restructure around the difficulty so smoothly that other people are hardly aware of it. Spoken production • You can present a clear, smoothly-flowing description or argument in a style appropriate to the context and with an effective logical structure which helps the recipient to notice and remember significant points. Listening • You have no difficulty in understanding any kind of spoken language, whether live or broadcast, even when delivered at fast native speed, provided. You have some time to get familiar with the accent.



Operational Delivery Committee

Workforce Metrics Report

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Nicola Evans, Head of Workforce Planning.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

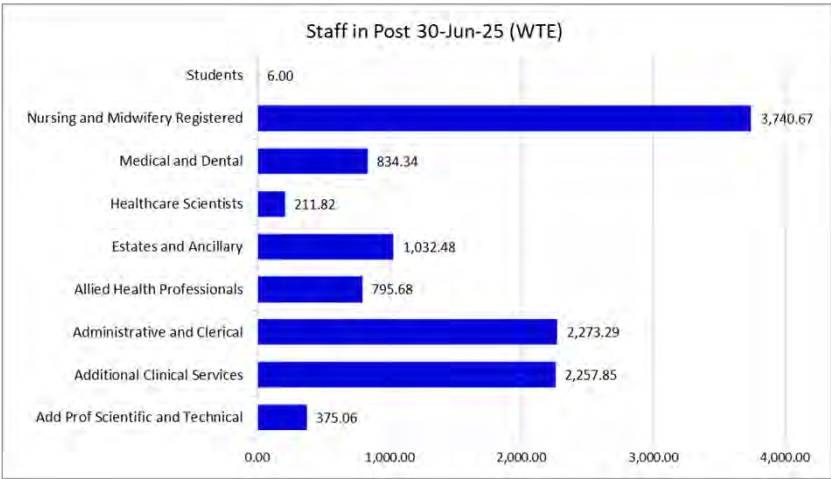
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
WTE	Whole Time Equivalent
M&D	Medical and Dental staff group
HCSW	Healthcare Support Worker

CTMUHB	Cwm Taf Morgannwg University Health Board
NMR	Nursing and Midwifery Registered staff group
PST	People Services Team
PDR	Personal Development Review
APST	Additional Professional, Scientific, and Technical Staff Group
ACS	Additional Clinical Services Staff Group
A&C	Administrative and Clerical Staff Group
AHP	Allied Health Professionals Staff Group
E&A	Estates and Ancillary Staff Group
HSS	Healthcare Scientists Staff Group
C&F	Children and Families Care Group
C&H	Corporate and Hosted Care Group
DTPS	Diagnostics, Therapies, Pharmacy and Sciences Care Group
MH&LD	Mental Health and Learning Disabilities Care Group
PC	Planned Care Care Group
P&C	Primary Care and Communities Care Group
UC	Unscheduled Care Care Group
ANCIPS	Annual National Conference of Indian Psychiatric Society

1. Situation / Background
- 1.1 This report had been prepared to provide the Operational Delivery Committee with details of the key workforce metrics with historic trends identified as appropriate. The report format and content will be revised going forwards to incorporate the key metrics in accordance with the People Plan.
2. Specific Matters for Consideration
- 2.1 Staff In Post

The Health Board's WTE has increased slightly since the same month in 2024 (11,212.18 WTE at the end of June 2024 to 11,527.19 WTE at the end of June 2025). Increases have been seen in all clinical and administrative staff groups across the Health Board. In terms of headcount, the June 2025 position is 13,272 at the end of June 2025, compared to 12,859 at the end of June 2024.



A significant programme of work is underway to develop an automated establishment reporting process. This commenced with the M&D staff group and all Care Groups have been finalised. The process for the M&D Staff is currently embedding and operationalised to ensure it delivers operational, financial and workforce needs. The purpose is to understand our vacancy position and what that means in terms of risks, issues and actions for a more sustainable workforce, with an alignment to workforce efficiency and productivity. This also aligns to reducing variable pay.

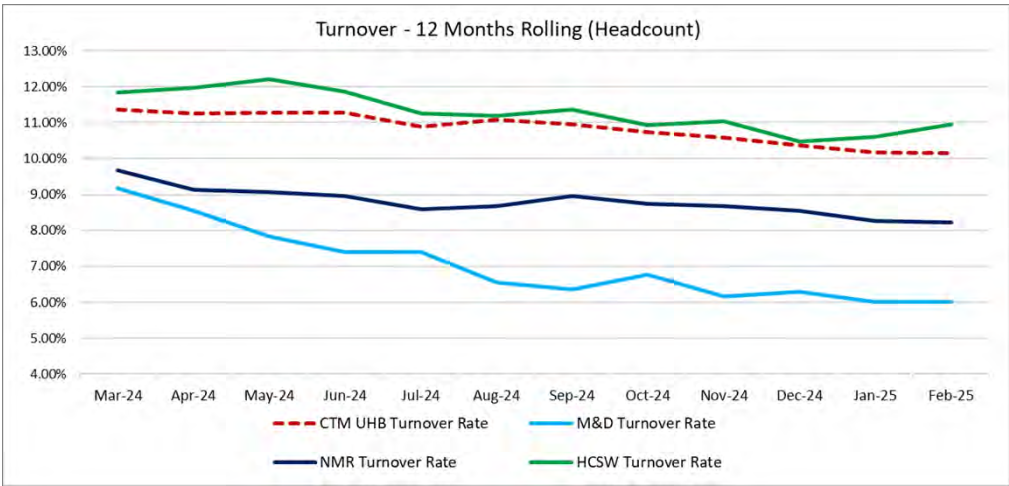
The plan is to roll out to Nursing and Midwifery, as our largest workforce, next. The plan and timescales for implementation are in development. Alongside the reporting element, an establishment control process will also be developed for maintenance and control to ensure governance around future changes.

2.2 Turnover

In line with the Integrated Performance Report, the turnover rate for Nursing and Midwifery Registered staff leaving NHS Wales from the Health Board as at the end of February 2025 is 5.13%.

At the end of February 2025, the turnover for Nursing and Midwifery Registered staff leaving the Health Board (but not necessarily leaving NHS Wales) was 8.25%.

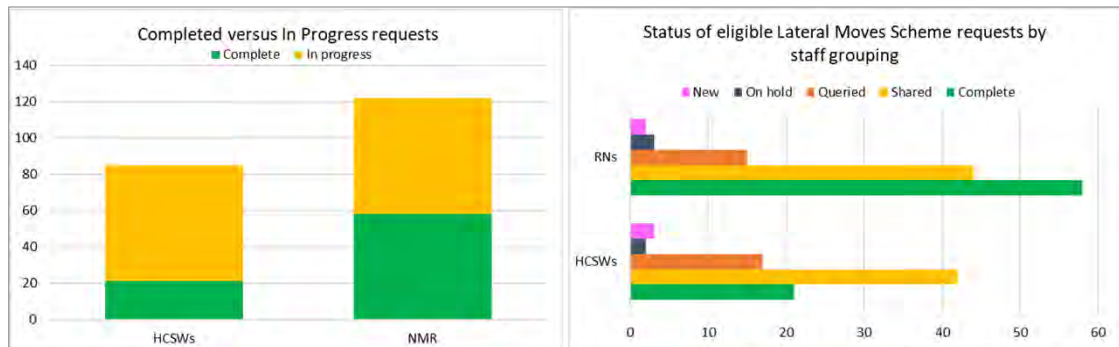
With regards to general (all staff) Health Board turnover, the 12-month rolling turnover has continue to reduce from 11.28 % at the end of June 2024 to 8.91% at the end of June 2025. This downwards trend is reflected in the Nursing and Midwifery Registered and Medical and Dental turnover positions. Healthcare Support Worker (HCSW) turnover, whilst on a reducing trajectory, remains high at 9.32% at the end of June 2025.



The staff group with the highest turnover is currently Estates and Ancillary with 13.33% at the end of June 2025. This is a slight decrease from 16.93% at the end of June 2024. Around two thirds (67.05%) of the leavers in the report period were due to retirement, and this staff group currently has 42.3% of its total WTE aged 56 and over (which is the highest percentage of all staff groups).

2.3 Lateral Moves Scheme

The Health Board's Lateral Moves Scheme continues to be popular with band 2 HCSWs and band 5 NMR staff. As at 10 July 2025, we have received 207 eligible transfer requests since launch. Of these requests, 122 are from registrants and 85 from HCSWs. To date, 79 staff have transferred successfully (38% of requests) with the remainder still active in the process.



In alignment with the goals of the People Plan 2025-30, the Scheme is currently under review to ensure stability ahead of further expansion. It is important that the growth of the Scheme is sustainable in order to support our workforce to broaden their experiences, develop new skills and open further opportunities for career progression. We should be able to update further at the next meeting.

2.4 Sickness Absence

The rolling twelve-month sickness rate to May 2025 is 6.91% and is slightly higher than the equivalent rolling 12-month period of the previous year (6.83%). The in-month sickness rate is 6.42% and is also similar to May 2024 (6.40%), however the rate continues to remain higher than our desired target of 4.5%.

The Health Board's primary sickness reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in 38.7% of the total days lost to sick absence. The second highest reason is 'Other known causes - not elsewhere classified' at 8.8% of the days lost. This position is reflected in the reasons for long term absences with 46.0%, the principal reason for short term absences is also Anxiety/Stress/Depression/other psychiatric illness, with 20.0% of the days lost in short term absences.

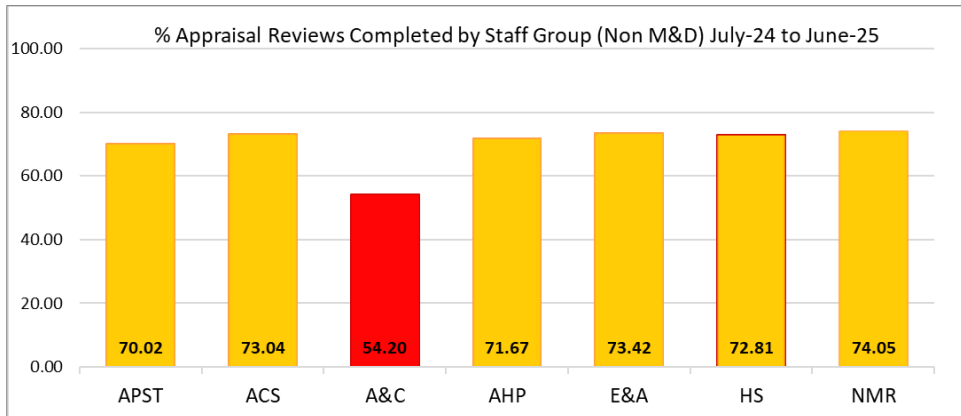
The staff group with the highest sickness level in May is Estates and Ancillary with 10.81% which is a marginal increase on the last reported position of 10.73% at the end of April.

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. Any targeted work to improve sickness absence reporting is likely to result in an increase in rates initially.

Achieving a reduction in sickness absence levels remains a Ministerial and strategic priority with the aim of ensuring a reduction in 2025/6 in comparison to 2024/5.

2.5 PDR – Your Conversation

The overall PDR compliance was 67.86% as at the end of June 2025, remaining consistently around 68% for the last 3 months, but below the target threshold of 85%.

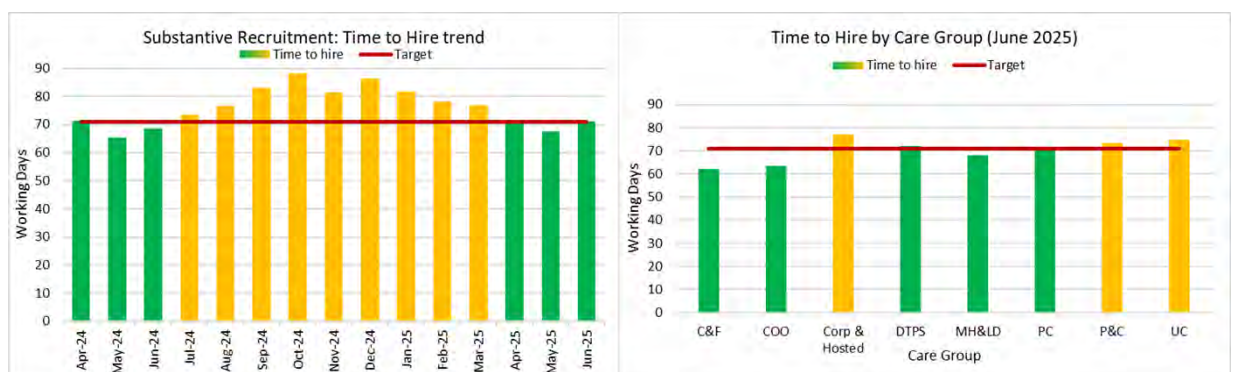


Following receipt of the final Internal Audit Report with an overall 'reasonable' assurance rating, the Health Board is addressing the recommendations which focussed on reporting and on monitoring the effectiveness of PDRs. Work is now underway to produce comprehensive, bi-annual reports for Care Group leadership teams to target areas with historically low compliance levels or pockets of staff that have never had a PDR.

Alongside these actions directly linked to the report, this opportunity is being taken to review and improve PDR - Your Conversation more broadly, to continually improve the process and its application in the Health Board.

2.6 Recruitment

The recruitment time to hire (vacancy creation to unconditional offer) for June 2025 was 70.98 days against a target of 71 days. This is a combined position for all Agenda for Change and Medical and Dental substantive recruitment.



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

Key recruitment focussed work streams currently underway include:

- Embedding the Attraction and Resourcing Working Group, which is prioritising an increased social media presence, work with local partners to raise visibility of vacancies (including job/career fair attendance), and developing and promoting our employer brand.
- On the day recruitment events – events with Facilities proved to be successful, and mass interview/assessment days have been run recently to support the Hospital at Home service.
- Alternative application form – an application form focussing on the role requirements rather than a general personal statement is currently being trialled. Initial feedback has been positive and we are now looking to trial this with a wider range of role types.
- International recruitment – we are continuing the recruitment of 3 Specialty Doctors from the Annual National Conference of Indian Psychiatric Society (ANCIPS) into our Mental Health and Learning Disabilities Care Group. The first Doctor arrived at the end of June and is currently going through an induction and introduction phase, the second Doctor is due in mid-August. The Pathology team are also joining the NWSSP led programme with a visit to Kerala looking to recruit a portfolio pathway doctor in Haematology.

2.7 Workforce Systems

M&D Bank and Agency

Linked to the Savings Delivery Plan, significant work is underway to improve our M&D data and reporting via our workforce systems. In 26 June 2025, we transitioned to a new digital solution (for 6 months while we go out to full tender) for our M&D bank and agency. While M&D bank transitioned onto the new system on 26 June 2025 further work was needed to transfer our M&D agency which is due to transition this month.

The change in provider means that:

Full implementation of the new system will support our long-term savings delivery plans and efficiencies of high-cost premium temporary staffing spend.

Since the launch of the M&D Bank, we have received 190 requests to join – 68 have been approved, others are under review by clinical team, CVs have been requested or are in the process of being recruited.

This presents an opportunity to develop clear exit strategy for long term agency usage and to develop an effective recruitment plan to fill established vacancy gaps with permanent solutions

Through the implementation process, the Health Board has identified potential opportunities of temporary spend savings of AHPs/HSS.

Nursing and Midwifery Productivity

Alongside this, further work is taking place to review the Health Roster system to ensure improved data reporting, interoperability across other workforce systems and core system functionality to support the Nurse Productivity and Savings Delivery Programme.

The work needed to improve data quality and functionalities of our workforce systems is being undertaken at pace to ensure we are able to understand and inform 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.

3. Key Risks / Matters for Escalation

- 3.1 Significant work involved in transitioning over to another M&D Bank and Agency system across the Health Board.
- 3.2 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.

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

5. Recommendation

5.1 Discuss the report and associated metrics and report and NOTE the detail.

6. Next Steps

6.1 The content of this report will be reviewed to ensure it aligns to, and is supporting, the objectives without the recently endorsed People Plan 2025-30.



Operational Delivery Committee

Digital & Data Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
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
BCUHB	Betsi Cadwaladr University Health Board
CSIA	Cyber Security Impact Assessment
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health Care Wales
DPIA	Data Protection Impact Assessment
DPIF	Digital Prioritisation Investment Fund
DR	Disaster Recovery
DSH	Dewi Saint Hospital
ETR	Electronic Test Requesting
GFDC	Ground Floor Data Centre
HEPMA	Hospital Electronic Prescribing & Medicine Administration
ISDN	Integrated Services Digital Network
KHHP	Kier Hardie Health Park
MECM	Microsoft End Point Configuration Manager
MFD	Multi-Functional (Print) Device
NDR	National Data Resource
PCH	Prince Charles Hospital



Acronyms / Glossary of Terms

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

1. Situation / Background

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

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



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

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

2. Specific Matters for Consideration

2.1 Digital Systems

2.1.1 WPAS Disaggregation

The Welsh Patient Administration System (WPAS) merger took place on the weekend of the 16 - 19 May 2025. Work continues to remediate issues around data quality, medical records, and clinical systems that has resulted from the merger, this was anticipated and included in our planning. Whilst the PAS disaggregation has completed from a system perspective, Care Groups now need to work with operational managers and clinicians to agree Health Board wide ways of working and Standard Operating Procedures to manage patient pathways in a consistent way across CTMUHB. This is captured in risk 6102 on the CTMUHB Organisational Risk register.

2.1.2 Business as Usual (BAU)

The Digital Systems team ensures that the various systems, 180+, used daily by both clinical and non-clinical staff are supported both from a hardware and application level to provide the best possible service to the users and the patients.

2.1.3 Welsh Clinical Portal KPI

Month	Path ETR (excluding POW)	Path Results Viewed (excluding POW)	Radiology Reports Viewed	Radiology ETR
May-25	35853	176896	68593	17725 (81%)
Month	A&N Signed off Results (excluding POW)	GP Records Viewed (excluding POW)	DALs Sent (excluding POW)	WPRS Referrals (excluding POW)
May-25	14972	15,403	4795	8032
Month	Primary Care Radiology ETR	PACS Images Viewed	Cardiology ETR	Cardiology Viewed
May-25	251	15198	430	9733
Month	GPTR Test Requesting	WCP Clinical Notes Created (excluding POW)	Diabetes Consultation Form Completed (excluding pow)	
May-25	28985 (97% electronically receipted)	7681	2429	

2.1.4 Digital Growth Charts

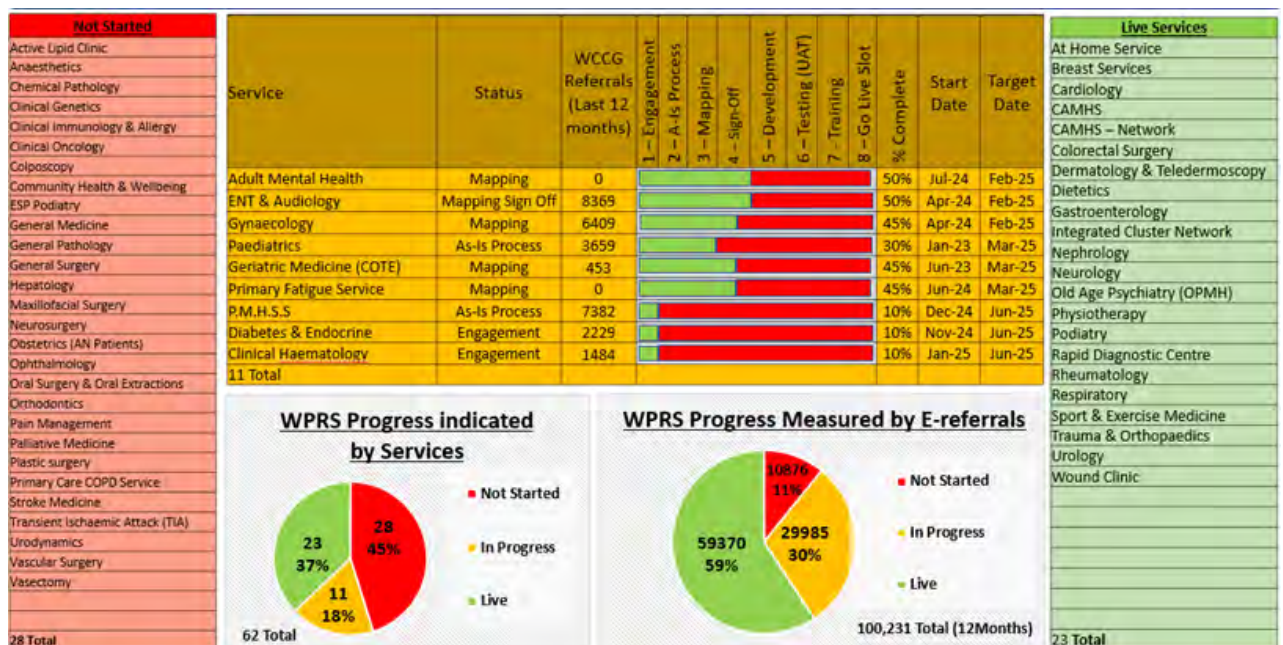
Digital Growth Charts went live in CTMUHB 14 July 2025. Developed alongside the Royal College of Paediatrics and Child Health (RCPCH) it removes the need for traditional measurement plotting on paper. Ensures real-time monitoring of growth patterns. This has been a requirement of the service for many years.

2.1.5 Screening and Colposcopy

Screening and Colposcopy solution went live in CTMUHB 11 July 2025. This system replacement enhances the NHS Wales Cyber posture, moving away from legacy and unsupported systems. Integrating with national infrastructure it will improve visibility across Wales.

2.1.6 Welsh Patient Referral Service

Following the WPAS disaggregation completion, uplifting of service to WPRS will commence. Current WPRS service status as below:



2.1.7 Radiology

CTMUHB's radiology go-live date remains at March 2026, after an all-South Wales HB and Velindre meeting on 16 July 2025. The CTM project team considers changing dates impractical due to limited time for configuration, testing, and training. This is being reviewed by ABUHB and suppliers. CTMUHB's migration start is delayed by issues that have

been flagged by IG, raising the risk of missing the October 2025 deadline and impacting the goal of providing three years of images across HB boundaries. Clinical risk regarding cross-border image access continues, though mitigation efforts are underway.

2.1.8 Connecting Care

The building of the server estate for migration is currently underway. CTMUHB have raised with WLGA (Welsh Local Government Association) the process of us extracting WCCIS (Welsh Community Care Information System) health data and importing into our local CDR (Clinical Data Repository). Data migration scripts and replication are being developed at a national level. Detailed discussions to follow at next migration board meeting. Scripts will potentially being very complex to untangle HB data from LA (Local Authority).

2.2 Digital Delivery

2.2.1 Microsoft Windows 10 to 11 upgrade

Windows 10 becomes end of life on the 14 October 2025. Any devices that have not been migrated to Windows 11 will need to be enrolled into a paid Extended Security Updates subscription, to continue to receive security patches. This is captured in Risk 2795 on the Organisational Risk Register. Currently CTMUHB have approx. 6040 devices that are still on Windows 10. Based on that figure the costs for a 1-year ESU extension would be ~£320,000 inc. VAT. A task and finish group has been set up to speed up migration to Windows 11 and will report progress and potential financial impact to this group. Progress across Wales in other Health Boards is being tracked and conversations are taking place about a co-ordinated response to the challenge with Welsh Government.

2.2.2 Citrix Software

Citrix is a technology that is used in the Health Board and by DHCW to enable access to software. A one-year tactical extension to an existing contract is in place that runs until December 2025. There were concerns that cost increases to that technology would be very large, impacting us and DHCW. The Health Board entered a procurement activity with DHCW and other Health Boards to seek a way forward for when the tactical contract ended. The procurement activity has now been completed and a new 3-year contract with Citrix has been negotiated. The new contract, effective from 14th December 2025 will provide a saving of ~£226,000 p.a. (~73%) compared to the current price. This was logged in risk 5669 which will now be closed.

2.2.3 Network Improvements

Work continues to improve our network infrastructure. Improvements to our WiFi network continue with replacements to our wireless lan controllers adding improved functionality and resilience. 219 of the 464 wireless access points in RGH have now been upgraded, and access points are scheduled for roll out at YCC, YGT and DSH. Work has also begun to replace core switches at YCC, YCR, KHHP and DSH.

2.2.4 Microsoft Enterprise Agreement

On the 1 July 2025 Health Boards and Trusts across Wales will enter into year 4 of the current 5-year Microsoft Enterprise Agreement. A working group led by DHCW supported by Livingstone and Trustmarque, our Microsoft licensing resellers, has begun to look at scoping the next EA and workshops are underway examining options with a view to a national business case being agreed in October 2025.

2.2.5 Public Switched Telephone Network (PSTN)

UK's Public Switched Telephone Network (PSTN) and Integrated Services Digital Network (ISDN) is scheduled to be ceased on 31 December 2025. While the UK government has confirmed the final date is January 2027, our vendor, Maintel, advised that the latest date for CTMUHB is the end of 2025 (subject to review of emergency numbers). Cwm Taf Morgannwg has 458 'lines' which are affected. 121 of these lines have now been cancelled, and solutions for the other lines are being developed. PSTN are mostly estate services for alarm/Building Management Systems (BMS)/fire connections) and conversations are taking place with Estates to progress remediation. Our ISDN services are predominantly an additional failover to our network lines and planning work is underway to migrate these lines to SIP technology or remove from service.

2.3 Digital Transformation

2.3.1 Electronic Prescribing & Medicines Administration (EPMA)

Remains on track for go-live in October 2025 with the early adopter at Ward 4, POWH, prior to full rollout commencing November 2025.

Key highlights include;

Dose sentences system configuration completed in readiness for go-live with over 2000 created and tested in the Nervecentre system. User Acceptance Testing to start W/C 28 July 2025. All test scripts have been written and over 20 end-users identified to participate, as well as the ePMA subject matter experts in the project team.

The project team have undertaken several roadshows across the health board at DGHs and Community sites. The communication and engagement will increase significantly from August 2025 onwards.

Initially DHCW was to provide the mechanism for the connectivity between CTM and Nervecentre. Following a technical review, it was established that DHCW and Nervecentre were not compatible and an alternative safe method to connect the two organisations was required. Therefore, CTM have developed new capability to provide direct connectivity between CTM servers housed in PCH (with inbuilt resilient for failover) and the Nervecentre (NC) Cloud environment through a newly provisioned Internet Breakout across the PSBA network. This innovative piece of work that will pave the way for new projects in the future.

2.3.2 Mental Health Single Record

The procurement for a Single Mental Health Record for CTM is ongoing, the joint BCU/CTM procurement team are currently in the Evaluation Phase. The project team have been recruited and will start with CTM following their notice periods.

2.3.3 Digital Maternity – Badgernet Implementation

Senior Responsible Officer (SRO) has been identified for the project and the first project board has been held. The first 'kick off' meeting with the supplier to outline a draft project plan has taken place. Recruitment is underway for a small team to support the implementation. The digital midwife has been appointed, awaiting start date. Discovery work has commenced to establish the current baseline of maternity services across CTM.

2.3.4 Patient Centred Contact Transformation Programme

The recruitment of the programme team is underway. The programme manager and project management will start asap. Pre-market engagement has been completed for two solutions; an omnichannel platform and 'voice to screen' technology. The System Requirements Specifications (SRS) for both solutions are currently being drafted. Procurement is due to commence in August 2025.

Patients will be a key stakeholder in co-designing the way that future contact services will look. The team have met with Llais to discuss the best options for engaging with our patients. They have already started to include Patient Centred Contact in their community outreach sessions to start to gauge public opinion. A patient survey has been drafted and has also been shared with Llais for comment prior to circulation. The

team attended the Community Leaders Network in July 2025 to present on the project, feedback received will be included in the SRS' as part of the procurement documentation.

Clinical engagement has also commenced with an initial presentation at the Clinical Directors Away Day. A clinician survey has been developed and reviewed by the Medical Director and Chief Clinical Information Officer (CCIO), this will be developed in Microsoft Office 365 and circulated in the next few weeks. In terms of the Admin and Clerical workforce, the comms strategy and key messaging will be developed in collaboration with Care Group Directors.

2.4 Data & Compliance

2.4.1 Coding

The UHB met the standard of 98% of finished consultant episodes of care undertaken in 2024/25 being coded by the June 2025 deadline. In month attainment rates have however deteriorated largely due to competing demands on our data science resource.

2.4.2 Software Development

Electronic Transfer of Care: The functionality for the 3rd phase of developments has been completed and is entering into testing, with a view to the agreed functionality being available before the end of July 2025.

The Emergency Department (ED) Flow solution has been extended to capture and present, as a dashboard, all the information required to undertake the ED safely huddles.

School vaccination consent capture system was piloted successfully in April 2025. Lessons learnt and functional requirements have been developed to enable the full roll out when the school vaccination programme restarts in September 2025.

The theatre and maternity systems have been upgraded to incorporate the UHB moving on to a single PAS and TOMS (Theatre System) and MITS (Maternity System) solution.

The PIT (Productivity Improvement Transformation) and SIG (Service Improvement Group) dashboards:

Vaccination Service Application
New Electronic Transfer of Care (ETOC) version
Data delivery and Analysis for Value Based Health Care (VBHC) on Alcohol and Diabetic Podiatry Projects – publicised at recent VBHC Steering Group.

SIG Dashboards from Business Intelligence (BI)
Trajectory work for Planned Care, Diagnostics and Unscheduled
Care
WPAS Disaggregation reporting disruption over (mostly)

2.4.3 Business Intelligence (BI)

The BI dashboards requested to support the UHB's performance, innovation, transformation and service improvement groups have been completed and are operational.

Following significant amounts of disruption and validation, the majority of the UHB's data quality changes, which proceeded the WPAS aggregation work have been completed and data reporting to WG has re-commenced.

Analysis and Modelling to support the UHB's Trajectory work for Planned Care, Diagnostics and Unscheduled Care has continued at pace. Challenges and inefficiencies persist in this work due to limitations with our existing applications, and an inability to access our data and to update legacy systems to recognised and approved standards.

2.4.4 Data Sharing

There is currently no Joint Controller Agreement (JCA) in place in Wales governing the sharing of patient data for direct care. DHCW has proposed a JCA focused on the National Data Resource (NDR), while Health Boards and Trusts have proposed an alternative JCA covering broader modes of data sharing including email, paper, and shared systems. This is essential for ensuring lawful data sharing for integrated care delivery.

The NDR is intended to support the NHS Wales data strategy, including advanced analytics, AI and research. While differences of opinion currently exist between organisations, work is ongoing on the best way forward.

2.4.5 Freedom of Information

Between December 2024 – February 2025, 135 requests, totalling 860 questions were received with a compliance rate of 93% for this reporting period.

2.4.6 Subject Access Requests (SARs)

In the period March to May the UHB received 1569 SARs, of these it is known 71% were acted upon within the calendar month, although data missing on returns within the period is missing for our GP managed practice. This is a low level of compliance, and we have recently had to report the issue in adherence to requests for Mental Health Services to the Information Commissioners Office (ICO).

	March	April	May	Total
Number of requests received	437	523	609	1569
Number of responses issued within the initial calendar month	382	377	359	1118
%	87%	72%	59%	71%

2.4.7 Information Governance Training

A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%. Our current compliance as of June 2025 is 82.22% a marginal improvement on the March 2025 position of 81.63%.

3. Key Risks / Matters for Escalation

3.1 Risk: Committee are requested to note the cost implications for the Microsoft 10 – 11 Upgrade.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
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	A Resilient Wales



Objectives / Strategy	
150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: Undertaken for work programmes as required



Impact Assessment		
Cyfreithiol / Legal	Yes (Include further detail below)	
	Note issue with Mental Health Subject Access Requests	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Staff, Revenue & Capital required to deliver the full ambition of the digital programme	

5. Recommendation

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



Operational Delivery Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	29 July 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	FOR REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	June / July 2025	RISKS REVIEWED
Executive Leadership Group	14 July 2025	REVIEW & MANAGEMENT SIGN OFF RECEIVED
Quality, Safety & Experience Committee	22 July 2025	ASSIGNED RISKS REVIEWED

Acronyms / Glossary of Terms	

1. Situation / Background

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

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 4 July 2025.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- o Risk Management Approach
 - o Practical Approach to Managing Risk
 - o Risk Assessment and Scoring
 - o Datix Risk Management Module
- 2.8 To date 792 members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

- 2.10 109 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.80 out of a maximum score of 5.
- 2.11 100% of the 109 attendees providing formal feedback found that:
The session provided the right amount of information.
They gained more confidence and knowledge in risk management having attended.
They would recommend this training to a colleague.
- 2.12 98% of the 109 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session, received through evaluation, have been included below:
"I feel confident in doing a risk management review but still need some more guidance in doing it. Familiarity with the Datix system for risk will improve much of our knowledge on how to do a report".
"I found it very useful to see the practical demonstration of the Datix system. The presenter was very knowledgeable and explained things really well have a much better understanding of the difference between the BAF and Organisational Risk Register. Finally makes sense!"

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Patient Care and Safety Directorate

Datix Risk ID 6232 - Stability of the Legal Services Function. New risk escalated with a risk score of 15.

Estates Directorate

Datix Risk ID 6234 - National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department. New risk escalated with a risk score of 16.

Datix Risk ID 6235 - Insufficient funding to address backlog maintenance across the estate. New risk escalated with a risk score of 16

Finance Directorate

Datix Risk ID 6239 - Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 2025-2026. New risk escalated with a score of 20.

Datix Risk ID 6240 - Failure to achieve the planned break-even position in 2025-2026. New risk escalated with a score of 20.

Diagnostics, Therapies, Pharmacy & Sciences Care Group
 Datix Risk ID 5304 - The Air Handling Unit (AHU) for the pharmacy aseptic production suite. New risk escalated with a risk score of 16.

3.2 CHANGES TO RISKS

Risk Score Increased

Children and Family Care Group

Datix Risk ID 5753 – Inadequate Special School Nurse Provision. The risk score increased from a 16 to a 20 in July 2025 due to ongoing capacity challenges.

Risk Score Decreased

No risks were decreased in terms of risk score in the July 2025 iteration of the Organisational Risk Register.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Children and Family Care Group

Datix Risk ID 5903 - Unfunded Continuing Care Packages / unfilled packages. This risk was closed in July 2025 due to improvements in workforce provision. Care Group have advised that this risk can now be closed as following review of continuing care new staff training and packages then within the next 6 weeks (from 1 July) the service will be totally removing New Cross agency from the remaining package, the service have put in place regular oversight during this period from the CCN key workers.

Capital and Estates Directorate

Datix Risk ID 5932 - Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1. This risk has been removed as the roof and battens have been completed above patient areas in Phase 1, only plant rooms remain.

Datix Risk ID 5961 - Remedial roof works to resolve the water ingress at POWH. this risk has been removed as has been significantly reduced for the Phase 1 roof that this refers to as the roof has been replaced as in risk 5932 above. Risk likelihood score reduced as only leak on Phase 1 recently was above ITU and the flashing was identified as the problem and subsequently corrected so this should not reoccur.

Digital & Data Directorate

Datix Risk ID 5669 - Increased cost of Citrix Subscription. The procurement activity has been completed and a new 3-year contract with Citrix has been negotiated. The new contract, effective from 14th December 2025 will provide a saving of ~£226,000 p.a. (~73%) compared to the current price. Work will continue to reduce our thin client estate. This risk is now closed.

Datix Risk ID 4337 - Integrating Patient Records across the Health Board. Whilst the PAS disaggregation has completed, Care Groups now need to work

with operational managers and clinicians to access Health Board wide ways of working and Standard Operating Procedures to manage patient pathways in a consistent way across CTMUHB. This risk, associated with the migration, can now be closed. Improvements post migration will be tracked in risk 6102.

Patient Care and Safety Directorate

Datix Risk ID 4908 - Failure to manage Legal cases efficiently and effectively. This risk has been closed as it has been superseded by the new risks under the Patient Care and Safety Directorate identified on page 3 of this report.

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

Consequence	5			3337	4664 5276 6053 6102	
	4				4671 4885 6039 5576 5821 5304 6235	5761 5691 2795 5045 4973 3567 6234
						4491 3826 4632 5417 6111 5753 6239 6240
	3					4672 4691 5040 6232
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

3.5 EMERGING RISKS

Identified in the May 2025 Organisational Risk Register Cover Report:

- 3.5.1

The Diagnostics, Therapies, Pharmacy and Sciences Care Group are reviewing the following risk for escalation to the Organisational Risk Register in July 2025:

Datix Risk ID 5304 – Air Handling Unit for the Pharmacy Aseptic Production Suite – Medicines Management.

This risk has now been escalated in the July 2025 iteration of the Organisational Risk Register as identified in section 3.1.
- 3.5.2

The Primary, Care & Community Care Group are assessing a risk in relation to the Welsh General Optometry Service (WGOS), with a few to escalating to the Organisational Risk Register in July 2025. Any escalation has been deferred as discussions are underway in July and August with Welsh Government. A more robust update as to whether

this is a risk that requires escalation to the Organisational Risk Register will be shared in the next iteration of the Organisational Risk Register in September 2025.

- 3.5.3 Finance Directorate – following closure of Risk ID 5765, captured in section 3.3, a new risk for the financial year 2025-2026 was being developed with a view to escalating to the Organisational Risk Register in July 2025. Two new financial risks have now been escalated in the July iteration of the Organisational Risk Register as identified in section 3.1.

Emerging risks identified whilst drafting the July 2025 iteration of the Organisational Risk Register are identified below:

- 3.5.4 Children & Family Care Group are considering the escalation of a risk regarding the extensive wait times for paediatric patients to have an Electroencephalogram (EEG) investigations (Datix Risk ID 6187) once a review of the demand management plan has been further considered with the Chief Operating Officer.
- 3.5.5 Primary Care & Community Care Group – are considering the escalation of a risk around the Lymphoedema Service (Datix Risk ID 6107) once the service review plan with district nursing has further been considered with the Chief Operating Officer.
- 3.5.6 Unscheduled Care – Care Group – are currently reviewing the mitigation relating to the “Lack of Resuscitaire in Princess of Wales Hospital Emergency Department” (Datix Risk ID 6152). This risk at the time of finalising the Organisational Risk Register was scoring at a risk score of 20, however, the current control measure is that there is an interim measure to enable access to a Resuscitaire when required as the Emergency Department will be able to access the Resuscitaire located in paediatrics for neonatal patients who come into Emergency Department. Furthermore, agreement and approval to purchase Resuscitaire for the Emergency Department has been agreed and an order placed for delivery. As a result of these mitigations the risk score is under review and therefore at the time of submitting this report it is uncertain whether it will still require escalation to the Organisational Risk Register, however it has been referenced here to ensure visibility.



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

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



Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score
6.	Improving Care, Sustaining our Future  	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee	16 (C4XL4)

4. Assessment

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



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

5. Recommendation

5.1 The Committee are asked to:

Review the risks escalated to the Organisational Risk Register at Appendix 1.

Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	
6239	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2025/26. THEN: The Health Board may not be able to deliver a break-even financial position for 2026/27. RESULTING IN: • The Health Board not being able to increase investments in services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WG not supporting the Health Board's plan for 26/27 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 26/27. • Potential cash shortfalls in 26/27.	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directors. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board.	• June 2025 update: The M3 YTD position is a £4.7m deficit and this position presents a risk to both the 1n year forecast and the recurrent forecast. The forecast recurrent position at the end of 25/26 will be reviewed after Q1. • The main action is to develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 26/27 as well as schemes in delivery for 25/26.	Operational Delivery Committee	20	CxL5	12 (CxL3)	New risk escalated to Organisational Risk Register in July 2025	↔	30.06.2025	30.06.2025	30.09.2025
6240	Executive Director of Finance	Finance Directorate	Executive Director of Finance	Sustaining Our Future	Financial Risk	Failure to achieve the planned break-even position in 2025/26.	IF: The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2025/26. THEN: The Health Board will not be able to deliver the planned break-even financial position for 2025/26. RESULTING IN: • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • Failure to deliver the financial plan for 25/26. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26. • Potential cash shortfalls in the latter months of 25/26	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directors. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board.	• Context: The Health Board has submitted a balanced financial plan for 25/26 but this plan includes significant risks, including the delivery of £31.3m of efficiency savings. The savings plan at the 31 March 25 total £14.8m with a RAG rating of £9.2m Green, £5.2m Amber and £1.4m Red. • June 2025 update: The M3 YTD position is a £4.8m deficit, which includes a £5.0m shortfall in savings delivery. The Health Board is continuing to forecast a break even position for 25/26. The key risks to the forecast are estimated at £35.3m and the main risks are savings delivery shortfall of £13.9m and anticipated allocations from WG of £14.3m. The following actions are to support savings plan identification, development and delivery: • Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 26/27 as well as schemes in delivery for 25/26. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	Operational Delivery Committee	20	CxL5	12 (CxL3)	New risk escalated to Organisational Risk Register in July 2025	↔	30.06.2025	30.06.2025	30.09.2025
6111	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety	Medical Examiner Delays	IF: there continues to be delays in length of time for scrutiny of deaths by the Medical Examiner Service Then death certification will not be completed in a timely manner and so increasing the length of stay of the deceased. Resulting in: complaints from bereaved relatives due to delayed funerals, inability to view loved ones, and deterioration in condition due to delay and inability to comply with WG bereavement framework and mortuary capacity being overwhelmed	Bereavement database updated to track cases and ensure timely attendance by doctors following scrutiny. Bereavement teams to provide estimated timescales for scrutiny based on database. Daily monitoring of daily occupancy. Funeral directors to be contacted by mortuary teams. All contingency capacity HB wide activated in line with mortuary escalation action card. Use of contracted funeral director staircase if required. Use of medlink sessions to manage post mortem demand.	Plan to improve timely death certification by CTMHB specific QR code to alert wider staff and reduce delays and education videos from MES to improve accuracy. Continue to improve on communication with families around delays and estimated timescales. Update End of June 2025 - Communications ongoing with ICT colleagues around a data sharing risk using MS Office. Current work ongoing to implement this. Current work-around is in place to take data into a spreadsheet then delete the forms after a certain period of time. Discussions with ICT also in place in terms of solution to implement QR Code.	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	CxL5	12 (CxL3)	↔	05.03.2025	30.06.2025	31.8.2025	
6053	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Sustaining Our Future	Service / Business interruption	Failure to secure an alternative Clinical System for GP practices on Vision	IF: a new supplier is not secured. Then there will be a significant risk to the availability of a clinical system/solution to support General Practice service delivery for our GP practices yet to transfer to an alternative provide (EMES). Resulting in: GP service delivery and patient care being significantly impacted and further impacting on other healthcare services	Digital Health Care Wales (DHCW) Task force with 4 workstreams set up to manage the incident. Comms & engagement. The company is currently seeking a buyer, process started on Friday, December 13th. DHCW will work with the administrator on the next steps, whatever the outcome of the marketing process. The administrator has advised they are planning to maintain a full service to minimise disruption to practices. Health Boards are working together with DHCW to produce business continuity plans for both HBs and for practices.	Collaboration with DHCE and other Health Boards for Business Continuity Plans - timeframe 27.3.2025. Securing a new Clinical System Provider - timeframe 30.06.2025 Update May 2025 - Digital Health Care Wales (DHCW) are still in negotiations with interested / preferred buyer of the Cedemid clinical system. In the meantime HOPC/DHCW and Health Board Digital Leads working on mitigation and business continuity plans. Update 24 June 2025 - new provider secured and Novation Agreement for the transfer of the contract has been received by CTM to sign. Returned to Digital HealthCare Wales. This will secure the clinical services for practice and part of the contract to expedite the migration to EMES earlier in 2025. Next review	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C5xL4	5 (CSxL1)	↔	15.01.2025	24.06.2025	1.8.2025	
6102	Director of Digital	Central Corporate - Digital & Data	Head of Clinical Admin Transformation	Sustaining Our Future	Patient / Staff /Public Safety	Patient Pathways - Working in WPMS Instances.	IF: A patient is moved between Swansea Bay University Health Board WPAS and Cam Taf WPAS and their pathway is closed in one before it is opened in the other. Then: The pathway will not be automatically re-opened by the systems (this must be manually transacted) and the pathway will remain closed. Resulting in: The incorrect ending of the patient pathway, as they will not be visible on the system, which could lead to possible patient harm/ death.	Monitor records/ processes through agreed Standard Operating Procedure's and ensure corrective actions are taken until mitigation is successful. Tagging to users/ management where examples of this not being followed are identified.	Review current business processes and Standard Operating Procedures to clarify the importance of opening the CTM record before closing the Swansea Bay University Health Board record. This process prevents delays in urgent pathway management, as highlighted by flagged dermatology cancer referrals that were discharged on WPAS but not set up on another system at the time of checking. It is anticipated that the target score will not be achieved until CTMHB have a fully migrated PAS systems and the whole organisation is using a singular PAS system for patient pathways. Update July 2025 - Whilst the PAS disaggregation has completed, Care Groups now need to work with operational managers and clinicians to address Health Board wide ways of working and Standard Operating Procedures to manage patient pathways in a consistent ways across CTMHB.	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C5xL4	5 (CSxL1)	↔	19.02.2025	3.7.2025	31.08.2025	
4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety	Failure to meet the demand for patient care at all points of the patient journey	IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey. Then: the Health Board's ability to provide high quality care will be reduced. Resulting in: Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Specialty specific plans are in place to ensure patients requiring clinical review are assessed. • All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. • A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be rolled over the coming months. • All unreported lists that appear to require reporting have been added to the RTT reported lists. • All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23/59 case load. • A Harm Review process is being piloted within Ophthalmology - it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at LJC and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Update July 2025 Unscheduled Care - Rapid Improvement Action Plan in development to achieve Ministerial Advisory Group target of 45 minutes for handover for Ambulance Internal action plan in development to achieve a reduction in 12 Hour Emergency Department performance. Formulations of ED Rapid Improvement Plan and Improvement Targets, including: • The above improvements will be aligned against the following assumptions: • Single Point of Access (scheduling unscheduled care) - November 2025 • All GP / 111 / NHS24 calls to be triaged by the New Hub • Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED - November 2025 • Ticket to ride for all WAST non-red Care Home attendances - implementation aligned with national work • Additional hospital at home (HqH) and clinically optimised for discharge (COFD) capacity within Primary and Community Care • 30 additional bds from August 2025 • 400 additional beds from November 2025 • 40-minute specialty in reach - August 2025 • Sign off Internal Professional Standards Substantive consultant recruited June. Start date in Jan '26. 1 Stroke Consultant 6 month phased return. Single Point of Access Board to be established. Planned Care Update: • Progress made on >104 week • 48 theatres across CTMHB remain closed • Endoscopy moved back to Princess of Wales Hospital in June 2025. • 42 mobile endoscopy treatment rooms opened 4th March 2025 • 44 Mobile theatres opened Mid-April • 42 Prince Charles Hospital (PCH) theatres opened end of April 2025 • 41 Theatre and Ward at PCH dedicated to Orthopaedic inpatient surgery from May - July 2025	Quality, Safety & Experience Committee Operational Delivery Committee	20	CxL5	12 C4 x L3	↔	13.7.2023	01.07.2025	31.08.2025	
4632	Executive Director of Therapies and Health Sciences	Unscheduled Care Group	Head of Strategic Planning and Commissioning	Improving Care	Patient / Staff /Public Safety	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	IF: changes are not made to improve and align stroke prevention initiatives, early intervention campaigns, and acute and rehabilitation stroke care pathways across CTM THEN: avoidable strokes may not be prevented, patients who suffer a stroke may miss the time-window for specialist treatments (thrombolysis, thrombectomy), and patients may not receive timely, high-quality, evidence-based stroke care Resulting In: higher than necessary demand for stroke services, poorer patient outcomes/increased disability, increased length of stay, and poor patient/care experience. Impact will extend to the need for increased packages of care, increased demand for community health services, and increased carer burden when discharged to the community.	• Executive-led Stroke Strategy Group in place, with targeted task and finish under development. Membership updated to reflect senior Ops changes. • JDR and membership of Strategy Group updated. • Close working amongst executive team to escalate and address operational and clinical issues in relation to stroke pathway • Board briefing to ensure all sighted to challenges • Quarterly briefings to Quality and Safety Committee • Performance data regularly presented to Performance, Planning and Finance Committee • Strong CTM input to regional and national Stroke Programme Boards • Unified, evidence-based pathway developed for thrombolysis • Preparations progressing to prepare for 24/7 thrombectomy service at Bristol and updated RCP guidance on thrombolysis and thrombectomy • Designated senior operational lead for performance and improvement leadership for stroke pathway	Update July 2025 - Consultant medical workforce remains fragile • Substantive consultant recruited June with an anticipated start date in January 2026. • 1 stroke consultant has RTW on phased return over a 6-month period. • 2 x agency locums remain in place and secured until December 2025	Quality, Safety & Experience Committee Operational Delivery Committee	20	CxL5	12 (C4 x L3)	↔	11.05.2021	20.06.2025	31.07.2025	
5276	Director of Digital	Central Support Function - Digital and Data	Pathology Directorate Manager	Sustaining Our Future	Business Objectives - Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	IF: the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. THEN: operational delivery of pathology services may be severely impacted. Resulting In: potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	Update May 2025 - Phase 1 UAT has now been completed by Digital Health Care Wales (DHCW). They are working with University Health Boards to understand any issues or critical blockers from testing. Replanning options are also being currently looked at e.g. should migration be based on individual specialities/discipline rather than at an individual University Health Board level. DHCW are currently undertaking a procurement activity reviewing the use of Citrix, which is used to deploy LIMS, so activity to explore the mitigation of a potential Citrix contract termination in December is underway. Update July 2025 - Rather than a whole Health Board migration approach, the national programme have proposed that individual pathology disciplines are migrated across Wales. Each University Health Board has been asked to approve that approach and any associated costs. Clarity is being sort on the appropriate governance to approve the additional costs.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C5xL4	5 (CSxL1)	↔	26.10.2022	3.7.2025	31.08.2025	
4664	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Legal / Regulatory	Ransomware Attack resulting in loss of critical services and possible extortion	The detail of this risk is captured in the closed session due to business sensitivities.			Operational Delivery Committee	20	C5 x L4 (CSxL3)	15 (CSxL3)	↔	26.05.2021	3.7.2025	31.08.2025	
4664	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Legal / Regulatory	Ransomware Attack resulting in loss of critical services and possible extortion	The detail of this risk is captured in the closed session due to business sensitivities.			Operational Delivery Committee	20	C5 x L4 (CSxL3)	15 (CSxL3)	↔	26.05.2021	3.7.2025	31.08.2025	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care	Improving Care	Patient / Staff /Public Safety	Emergency Department (ED) Overcrowding	If: As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited to, significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). Then: patients are therefore placed in non-clinical areas. Resulting In: Failure to deliver Emergency Department Metrics, Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of major cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional respite mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. Expansion of the bed capacity in Y5 to mitigate against the loss of bed capacity in the care home sector and Haseley community hospital. Daily site wide safety meeting to ensure flow and site safety is maintained. There is now a daily WAST test call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. Appointment of Clinical Lead and Lead Nurse for Flow planned Feb 21. Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update 20.06.2025 - The emergency departments across CTM remain overcrowded. There are many internal actions being undertaken within Care Group to reduce attendances, improve flow and reduce overcrowding:- - CTM Unit Development of Urgent & Emergency Care Rapid Improvement Plan (45 minute ambulance handover and 90-day ED performance) - TRE Rapid Improvement Plan through 6 Goals Programme - SRK - Deputy Exec Med Director and Deputy COO - USC CG Formalise and sign off 30/60/90-day improvement plan - Acute Medicine Transformation Programme (STAMP) - POW - 2 workshops complete - 3 further planned June/early July - New Investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment drive currently underway. - Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established. - Targeted recruitment of Acute Medicine Consultants following new investment to provide 7/7	Quality, Safety & Experience Committee Operational Delivery Committee	20	CxL5	12 (CxL3)	↔	24.09.2019	20.06.2025	31.08.2025
5417	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Paediatric Dentistry - General Anaesthetic (GA) theatre list	If... Regular additional GA theatre lists (necessary to meet current and future demand) are not made available to the Community Dental Service team for paediatric GA. Then... the number of children waiting list for assessment and treatment will continue to increase beyond 1000 by March 2024. Resulting in: - children waiting increased times for assessment/treatment who have high levels of dental caries and painful teeth requiring extraction. - a further increase in the number of children requiring GA, due to long waits for assessment more children need GA when assessed, conversion rate has jumped from 48% to 80%. Children can only wait & wait form assessment to treatment therefore there is a large backlog of assessments due to limited GA lists to provide treatment.	Current theatre lists are run on Monday mornings and Friday afternoons and are likely to be cancelled due to bank holidays. This impacts the running of the service, no additional lists are available when lists are missed. There are currently 800+ patients waiting for appointments, with some already waiting for 17 months. Patients are advised to return to their General Dental Practitioner (GDP) if they experience pain, some children are being prescribed multiple courses of antibiotics to ease dental infections that can only be alleviated by tooth extraction. There is a risk these patients will require the removal of more teeth/more require GA when assessed/children will present as an urgent case in Accident and Emergency if left untreated.	Update May 2025 - Prince Charles Hospital (PCH) has confirmed a GA session will run every Friday, this will enable up to 7 patients to be seen p/w dependent on complexity. Still exploring possible use of Vanguard, waiting for the theatres to be utilized by adults patients from the 10 April to understand suitability if theatres are safe for Paediatric use. COS have started to assess 30 patients p/w in readiness for the Saturday list however will put down additional assessment clinics in the next few weeks if there is a delay in use of the Vanguard Theatre. Confirmation is required as soon as possible due to children can only be assessed 8-10 weeks prior to treatment, additionally other COS patient lists are currently being cancelled to ensure there is an appropriate cohort for treatment on the Vanguard lists. Currently waiting for secondary care staffing costs to be shared with Service Director to enable costs to be reviewed/sign off. Update July 2025 - Since the previous update, the service has been informed that the Vanguard theatres are unsuitable for the delivery of paediatric lists on the weekend. Therefore, the service was offered the opportunity to explore Saturday lists at Princess of Wales Hospital (POWH). However, other specialities have also been considering the use of POWH and as a result, COS have been asked to scope Sunday availability of staff instead. In addition, the service has now also been informed that weekend lists could be run from the main site of Royal Glamorgan Hospital (RGH) on the weekend, using the Paediatrics Assessment Unit. This option will be explored over the coming weeks. Next review end of July 2025.	Quality, Safety & Experience Committee Operational Delivery Committee	20	CxL5	9 (CxL3)	↔	20.04.2023	25.06.2025	31.07.2025
5753	Executive Nurse Director / Deputy Chief Executive	Children & Family Care Group	Care Group Service Director	Improving Care	Workforce / Organisational Development / Staffing / Competence	Inadequate Special School Nurse Provision	If the Health offer towards the current Special Schools Nursing Model is not increased and Bridgend Local Education Authority (LEA) does not contribute financially to the Service Level Agreement (SLA) in Special Schools Then the Community Children's Nursing (CCN) Service are unable to meet their obligations across the five special schools in CTM and be unable to fulfil their obligation to Rhonda Cynon Taf (RCT) and Merthyr who are the only LEAs who contribute financially into the SLA Resulting in: Dissatisfaction and fractured relationships within RCT and Merthyr LEA, inequity of service provision across CTM special schools, risks to the children & young people (CYP), impact on Consultant Led clinics, inability of special school nurse to deliver on School Nursing Framework in Wales part 2 - Nursing in Special Schools and Healthy Child Wales (HCW) part 2, lack of access to continual professional development and peer support for the nurses based in Special Schools, continued issues with recruitment and retention of nursing staff into Special Schools	Mitigation - reviewing SLA at pace with LA, high level meetings with EDOH, Nursing Director and Directors of education. Supporting staff, sharing risk across SEN schools. During periods of absence or vacancies, access to a school nurse will not be available in person 5 days per week. However, telephone advice and support will be available. These control measures do not meet expectations of Local Authority. Meetings have been held between Directors of education and Director and Executive Nurse. SBKH has been escalated to Care Group OMB but needs to be escalated to HR OMB (19/02/2025). Engagement between senior nurse and head teachers and support for special school nurses has been given.	Update May 2025 - Special school nursing team remains fragile, 1 LTS ongoing from September, 1 Maternity Leave unsuccessful backfill, 1 staff member just returned from LTS. Increasing demands from schools and uncertainty of agreed roles and responsibilities heighten this fragility. Discussion scheduled for May with Chief Operating Officer (COO) and Executive Director of Nursing and Care Group. Update July 2025 - Meeting held 3 June 2025 with Chief Operating Officer and Executive Director of Nursing / Deputy CEO to provide them with an update and risks related and capacity challenges. As at 4 July 2025 there are two vacant posts now 'live' on the Trac recruitment system following notification of staff departures. At present risk score remains unchanged.	Quality, Safety & Experience Committee Operational Delivery Committee	20	CxL5	8 (CxL2)	↑	16.04.2024	04.07.2025	31.07.2025
6234	Executive Director of Finance (Executive Lead for Estates)	Central Directorate - Estates	Assistant Director - Capital Estates	Sustaining Our Future	Environmental / Estate / Infrastructure	National skills shortage in Estates Roles (Private sector salaries are impacting the CTM's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	If: A UK skills shortage coupled with the demand for labour in the private sector has caused recruitment and retention issues throughout the department, this has affected the ability to fill all WTE posts in a timely manner. Then: The Health Board is at risk of being unable to complete all statutory, mandatory preventative maintenance tasks and help desk request. There is also a risk of being unable to support the delivery of capital projects, and departmental urgent work. Resulting in: Insufficient staff to deliver the service, significant delays in replacement of staff, increased revenue costs for overtime and contractor costs to supplement shortfalls, inability to complete all Statutory and mandatory maintenance activities which could potentially breach legislation requirements, Decrease in the maintenance performance figures, Falling estates affecting patient safety and service, Increased risk of claims, Reputational damage.	Performance levels monitored monthly at SMT and weekly at operational estate Overtime worked and contractors employed when key risks identified.	Vacancies reviewed at Senior Management team (SMT) meetings on a monthly basis. Age profile developed to manage succession planning.	Operational Delivery Committee	16	(CxL4)	9 (CxL3)	New risk escalated to Organisational Risk Register in July 2025	4.7.2025 - Opened on Datix	4.7.2025	31.08.2025
6235	Executive Director of Finance (Executive Lead for Estates)	Central Directorate - Estates	Assistant Director - Capital Estates	Sustaining Our Future	Environmental / Estate / Infrastructure	Insufficient funding to address backlog maintenance across the estate.	If: There is insufficient funding to address backlog maintenance across the estate. Then: there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements/improvements for patient care and staff well being Resulting in: An inability to deliver its services efficiently and effectively. Poor environment and safety for patients, visitors and staff. Estate infrastructure problems. Unable to replace failing ageing plant and equipment. Poor estate regulatory compliance. High carbon footprint. Loss of service and productivity. Increased backlog maintenance	Prioritisation of Estate Activity based on risk-based decision making. Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure reserves. Applications to the AllWalesCapital Programme on an annual basis. Maximise current revenue allocations, optimised for statutory compliance and risk priorities. Maintenance Programme established managed via the Planned Facilities Management System (planned and reactive maintenance jobs). In 2024-2025 the estates operational function was digitised, the estates operatives were provided with mobile devices so that they are now able to work in real time, this has helped to maintain performance despite the staff shortages. Internal - Regular Monitoring through CTMUB's Executive Capital Management Group. Capital Scheme Delivery Programme. Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and planning, Performance and Estates Committee prior to that Committee being disbanded) Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings. Escalation of risk through the Capital and Estates Risk Escalation Group. Comprehensive internal audit programme. External - NHS Shared Services Partnership-Specialist Estate Services (NWSPP-SES) have collected Estates and Performance Monitoring System data (EPMS) on behalf of Welsh Government. ISO14001 Certification - Environmental Management Achieved. Regular Reporting and Monitoring with Welsh Government. Comprehensive external audit programme.	Lifecycle replacement programme in place to highlight risk and replacement of assets. This is utilised to secure funding from discretionary or Targeted estates funding to replace the highest priority replacement assets.	Operational Delivery Committee	16	(CxL4)	9 (CxL3)	New risk escalated to Organisational Risk Register in July 2025	4.7.2025 - Opened on Datix	4.7.2025	31.08.2025
5304	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Scientist Care Group	Care Group Service Director	Sustaining Our Future	Environmental / Estate / Infrastructure	The Air Handling Unit (AHU) for the pharmacy aseptic production suite	The AHU at the Royal Glamorgan hospital (NOT) is 25 years old, therefore is at higher risk of failing to meet the required standards due to its age and design, with four recent incidents occurring. If the AHU is not maintained to the required standard this could then lead to further closures at short notice or production being halted. Resulting in: Patient Safety and Quality: Delays in supplying treatments, particularly for cancer patients, which could compromise patient outcomes. There is also a risk of severe patient harm if regulatory compliance cannot be maintained. Complaints and Patient Experience: Increased waits to start treatment or delays in treatment, leading to poor patient satisfaction and an increased number of complaints. Reputational Risk: Negative publicity due to increased waiting times for cancer treatments or the inability to provide certain treatments, resulting in reduced patient and clinician confidence. Financial Risk: Increased medicines expenditure and wastage from having to outsource aseptically prepared products from external suppliers. Research and Innovation: No opportunity to conduct clinical trials involving aseptically prepared products.	The output from the AHU is continuously monitored internally & externally The estates department maintain the AHU regularly here are contingency plans in place to outsource products from elsewhere.	Capital resource approved and the service is working with project manager on timelines which will then initiate a review of the risk to see if mitigations are successful and risk score can be reduced.	Quality, Safety & Experience Committee Operational Delivery Committee	16	CxL4	4 (CxL1)	New risk escalated to Organisational Risk Register in July 2025	29.11.2022	27.06.2025	30.09.2025
3567	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Scientist Care Group	Care Group Service Director	Improving Care	Quality / Compliance / Assurance / Patient Outcomes	Capacity of Cellular Pathology Service - Space	If: there is not enough laboratory and office space for Cellular Pathology to operate the core service safely or support increasing demand, service disaggregation and future Health board changes; Then: the service will be unable to work effectively and efficiently in line with Duty of Quality guidance and recognised Health board standards for IPAC, H&S etc. Resulting in: - Inability to meet increasing demand - increase in staff stress and compromised well being due to working in suboptimal conditions. - Poor cancer performance and inability to meet expected turnaround times, impacting on Health Board cancer performance - poor quality patient care due to delays in diagnosis or misdiagnosis - Increase in clinical incidents, complaints and potential for reputational damage. - Inability to effectively disaggregate the current SLA with Swansea Bay and repatriate services from Bridgend impacting clinical services across CTM. - inability to support full digital rollout and support regional reporting in line with WG strategic direction - delayed development of advanced scientist dissection to support increasing reporting capacity and delivery of workforce modernisation - loss of tissue leading to Serious incidents and Regulatory non-compliance with HTA and potential compromise of HTA license. - financial risk of outsourcing - threat to strategic reorganisation project due to the scale of the lack of capacity in CTM	SOPs are in place to standardise practice and mitigate risk of variation in practice caused by limitations of the laboratory environment. Controls to reduce the use of reception/dissection as a thoroughfare including signage and demarcation belt. Workflows established to maximize efficiency of limited space. Block and slide filing removed from laboratory area where possible. System of work including check established in dissection to minimize risk of error. IPC and H&S environment inspections undertaken to assess impact of laboratory environment on clinical effectiveness and risk to patients and staff.	Mitigating Action Plan includes: - Engagement with estates to review small scale projects to increase laboratory space. - Engagement and participation in Regional Scoping group to scope options including estates to look at long term solutions. Update July 2025 - Initial meeting held 10/06/25 to discuss options for progress. Follow up meeting scheduled to finalise what options meet future requirements and look to understand feasibility. Discussed plans with COO and Planned care colleagues around options within RCH. No change to risk at present.	Quality, Safety & Experience Committee Operational Delivery Committee	16	CxL4	CxL2 6	↔	28.05.2019	27.06.2025	31.07.2025

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1																	
5045	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Access to Neurology Inpatient and Outpatient Services for CTM Residents	If: there is no clear direction and commissioning intentions set out in respect of neurology service provision for the residents of RTE; Then: existing service pressures in respect of the consultant workforce, availability of diagnostic tests, inpatient demand, care of women on valproate medication, provision of epilepsy specialist nursing services, lack of ante natal epilepsy services and outpatient demand and waiting times will continue; Resulting in: a risk of harm from late diagnosis; patient condition deterioration; delays starting appropriate treatments, long waiting times; medication issues and potentially sudden unexpected deaths. There is also an issue around reporting of waiting times for neurology patients.	An additional Locum Consultant working out of RGH providing inpatient and outpatient neurology services support. Plan to appoint x3 consultant neurologists within CTM as part of the Neurology Liaison Plan.	Update May 2025 – Neurology capacity pressures remain across CTM and limited access to neurophysiology testing is also an issue. A locum consultant neurologist started in Royal Glamorgan Hospital (RGH) in December 24 and is currently providing inpatient support to RGH and 4 OP clinics per week. This is supporting reducing the OP backlog and improving inpatient support, however, as at end of March 25 there are 1782 patients waiting over 26 weeks for a first op appointment. MTP bid for neurology consultant posts submitted and awaiting a decision. Update July 2025 - Agreement to progress CTM Neurology Liaison service through support the recruitment of 2 x Consultant Neurologists posts. These posts are being advertised as part of a targeted recruitment campaign. Date to be confirmed.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C4xL4	8 (C4xL2)	↔	09.3.2022	20.06.2025	31.08.2025
23																	
5576	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Sustaining Our Future	Workforce / Organisational Development / Staffing / Competence	Palliative Medicine Staffing	If the Health Board are unable to recruit to the vacant Palliative Medicine Consultant post in Yabry Cwm Cynon (YCC) for Merthyr/Cynon. Then: there will be a 60% gap in palliative medicine consultant cover. This is in addition to an already understaffed consultant complement. Resulting in: a negative impact to the delivery of Specialist Palliative Care (SPC) inpatients at YCC. As well as negatively impact on capacity in the other SPC Centres in Royal Glamorgan Hospital and Princess Of Wales Hospital, as remaining Consultants will be required to cover. They are already low as a workforce establishment. Despite this the SPC Centre in YCC will not meet the required standards to retain the SPC status.	Unit is currently open with strict criteria for acceptance End of Life patients only when accepted by a consultant. Limited cover from other SPC centres provided but this individual has now retired, and only remote cover has been secured from other SPC sites going forward. Recruitment in specialist agencies being sought. Additional middle grade cover sought but will have limited impact as not meeting national standards	Update July 2025 - Care Group update as at 24.06.25 - meeting arranged with CDO and CEO on 26.06.2025 to agree engagement plan as part of wider system changes with view to commence process. Recruitment in specialist agencies being sought. Additional middle grade cover sought but will have limited impact as not meeting national standards.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	11.10.2023	25.06.2025	31.08.2025
24																	
4973	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Clinical Medical Cover within CTM Adult Mental Health Services	If: CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CHRT services Then: the Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff Resulting in: sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor.	Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support. Rehabilitation service is at a critically low level with urgent closure of one service needed. Redeployment from inpatients to Rehabilitation of locum has had knock on effect on inpatients. Difficulty recruiting to locum posts due to introduction of rate card and need to have Welsh AG approval. Permission to go out to non DE has been provided. Weekly cover rota going out to inpatients and rehab wards to ensure all are aware of the cover arrangements. Two PAs recruited to Rehab and IP in Jan/March 2025 which will free up senior time The Adult Directorate is managing medical staffing through 'escalated action' procedures with daily scrutiny and communication pressures and counter measures. To release the Consultant body. Daily reviews with Retinue on the availability of staff	Substantive jobs which are new posts are being developed and advertised. Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place. International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025. Update July 2025 - The control measures in place are themselves fragile and the implications of them being ineffective are major. The control measures are having to be reviewed on a daily basis to ensure their remain effective. No change to risk at present.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	12 (C4xL3)	↔	06.01.2022	25.06.2025	31.07.2025
25																	
5821	Executive Director of Strategy & Transformation	Central Corporate Directorate - Commissioning	Assistant Director of Transformation, Strategic and Operational Planning	Improving Care	Service / Business Interruption	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB).	If: CTM is unable to secure a new contract with an alternative commissioned provider; Then: CTM residents will have no access to secondary care immunology provision. Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards.	Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024. CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GPs have been informed of the challenges currently experienced with immunology provision and delays can be expected.	Update 17.04.2025 - agreement with North Bristol NHS Trust extended to 30/4/25 to all North Bristol Trust to schedule all the new out patient appointments. Wash up meeting planned for May to discuss progress and whether it is something that could be repeated in 25/26 (subject to funding). Funding discussions ongoing. Welsh Government have commenced scoping exercise and has met with all University Health Board commissioning leads in March and will meet with clinical leads this month. Draft report to be submitted to Welsh Government by scoping lead in April. Update 26 June 2025 - wash up meeting between CTM/UHB and North Bristol Trust has been held. 59 urgent referrals were triaged and 45 of these were offered an outpatient appointment. Majority of those seen were discharged back to GP with management advice. CTM GPs have been informed of the challenges currently experienced with immunology provision and delays can be expected. Meeting again in July to explore option of longer term solution. This cannot happen at the moment due to CTM/UHB awaiting the outcome of a Welsh Government scoping exercise.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL5	4 (C4xL1)	↔	08.07.2024	26.06.2025	29.08.2025
26																	
2795	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Digital Delivery	Sustaining Our Future	Statutory Duty, Regulation, Mandatory Requirements	ELUC Unsupported Windows 10 Desktop Operating Systems	If: Unsupported Desktop 10 Operating Systems on the network are not upgraded / replaced THEN: the devices running these OS's, will remain unsupported by the vendor as well as being vulnerable to: 1. Virus infection. 2. Intrusion. 3. Denial of Service. 4. Support Issues. Resulting in: A lack of vendor support for any issues, and a potential loss of data, function or service, due to the increased risk of the above points. There is also an increased risk to the rest of the network as these devices could be used as a route to, before traversing the network with malicious intent.	1. Plan of Action to upgrade current operating systems. 2. Where equipment cannot be upgraded replacement stock available. 3. Rolling replacement programme includes replacement of remaining equipment. 4. Where operating system cannot be replaced there is Risk Assessment document from OSDB to mitigate the risks.	Update July 2025 - Currently CTM/UHB have approx. 6200 devices that are still on Windows 10. Based on that figure the costs for a 1-year ESU extension would be ~ £330,000. We have mobilised a task and finish group to speed up migration to Windows 11 and will report progress and potential financial impact to here. Progress across Notes in other Health Boards is being tracked and conversations are taking place about a co-ordinated national response to the challenge within Directors of Digital forum and National Service Management Board.	Operational Delivery Committee	16	C4xL4	4 (C4xL1)	↔	11.07.2017	3.7.2025	31.08.2025
27																	
6039	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Digital Delivery	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service Business interruption	Increased cost of VMWare Licensing	If the proposed increase in costs for providing a virtual server infrastructure (VMWare/VXRail) is not affordable or fully funded within FY25/26 and FY26/27 THEN nearly every clinical service (e.g. Pathology, ICU) will be affected Resulting in the health board being unable to access local clinical systems	Identification of funding within discretionary capital allocations and opportunities in end of year slippage - estimates to replace all 35 VxRail nodes is £3.5m (Feb 26 - 4 nodes go out of support, June 26 - 6 nodes go out of support, Jan 27 - 18 nodes. Estimate cost to replace each node is £100k).	The further mitigating action plan is that the Digital and Data Team are exploring alternative technologies with providers to ensure an effective and efficient service. Update July 2025 - Welsh Government have indicated that additional capital funding maybe made available earlier in the Financial Year - so plans for replacements for the 6 nodes that go out of support in June 2026 are being drawn up. Replacement options for the 18 nodes going out of support in January 2027 are being considered.	Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	09.01.2025	3.7.2025	31.08.2025
28																	
4885	Director of Corporate Governance / Board Secretary	Corporate Governance	Corporate Governance	Improving Care	Quality / Complaints / Assurance / Patient Outcomes	Failure to deliver and sustain effective Policy Management System and Process	If: the Health Board fails to maintain an effective policy management process/system to monitor, store and manage the review of policy and procedural documentation Then: there is a risk that staff may act in a manner that is not consistent with strategic and functional expectations. Policies and procedures may not be readily accessible to support decision making and service delivery, and the Health Board may not be protected from litigation if policies and procedures are not regularly reviewed to reflect changes in standards and/or legislation. Resulting in: Policies not being readily available for reference in decision making / emergency situations to support courses of action. Non compliance with new standards and legislative changes leading to possible legal challenge. Limited version control which could impact decision making if there are inconsistent or varying versions of a policy available.	The Policy for the Development, Review and Approval of Organisational Wide Policies is extant and sets out the process to follow. Policy and Procedure advice and guidance is available from the Clinical Policy lead and the Assistant Director of Governance & Risk for non clinical policies. SharePoint Intranet page acts as document library.	Update 12.6.2025 - Progress against the timeframes outlined in the Project Initiation Document for the Policy Review programme are being met. There are some delays in gathering the baseline information status for all Non Clinical Policies and Procedures, which at this stage this is not causing concern in terms of implementation date, however, this will be raised with the Executive Management Board via a progress update being shared with them on the 30 June 2025. At this stage the mitigating actions are yet to positively impact the risk so the risk score remains unchanged. Next risk review scheduled for end of August 2025	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	26.10.2021	12.06.2025	31.08.2025
29																	
5691	Chief Operating Officer	Facilities Directorate	Assistant Director Facilities	Sustaining Our Future	Patient / Staff /Public Safety	The detail of this risk is captured in the closed session due to business sensitivities.				Quality, Safety & Experience Committee Operational Delivery Committee Health, Safety & Fire Sub Committee	16	C4xL4	C3xL4 12	↔	31.01.2024	25.06.2025	31.08.2025
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Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5761	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety	Cross Health Board Data Sharing	IF: Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data Resulting in: Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Anserin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTMUHB have asked for alternate options for a quicker solution and resources to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting.	Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems – this has been an issue for some time. ABUHB have allocated some project resource to scope, map and plan the work needed, however, resources will need to be allocated by CBV and AB to get the work done. There was a strong commitment from Pen-South East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting. Update May 2025 - No change to risk score or mitigation this period. Executive Medical Director to raise risk again at next All Wales Medical Director meeting. Update 23 June 2025 - Still no movement here. Its within the discussion of Digital HealthCare Wales provider status and open sharing of data between Health Boards. The current proposal has not been agreed between ABUHB and DHCW. CTMUHB are asking and raising the concern, however, cannot directly resolve.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C4xL4	8 C4xL2	↔	26.04.2024	23.06.2025	01.09.2025
4671	Director of Digital	Central Support Function – Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational:		The detail of this risk is captured in the closed session due to business sensitivities.			Operational Delivery Committee	16	C4 x L4	9 (C3xL3)	↔	03.05.2021	3.7.2025	31.08.2025
6232	Executive Director of Nursing / Deputy CEO	Central Directorate – Patient Care & Safety	Deputy Nurse Director	Sustaining our Future????	Safety & Wellbeing Patients / Staff and Public	Stability of the Legal Services Function	IF: the Health Board fails to adequately equip the Legal Services Function with the resources and support to fulfil the requirements of the function. Then: there is a risk to staff turnover and retention, wellbeing and morale. Risk to the reputation of the function and the Health Board as an employer of choice. Lack of resilience and capacity to fulfil the obligations under the relevant legislation surrounding the activity of the function. Resulting In: an adverse impact to the wellbeing and morale of staff leading to increased sickness absence and staff turnover. Lack of job satisfaction. Increasing risk of breaching relevant legislation due to lack of sustainable resources and resilience of the existing function. Loss of Trust and Confidence in the Legal Service Function / Reputation.	Review initiated to understand CTMUHB's position in terms of the number of inquests underway and the response to requests. Current controls: ICT under review to consider structures of the function. Benchmarking and learning from other organisations.	Legal Services Recovery Plan in place which will consider if there is sufficient capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes underway and identify areas for further improvement. July 2025: The Organisational Change Process is near completion, with feedback from team members now catalogued. The benchmarking exercise is complete, and the senior leadership team is reviewing the structure against known demand. Additional workforce in place through recruitment and redeployment to support immediate service needs and overall recovery.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C3xL5	C3xL2 = 6	New risk escalated to Organisational Risk Register in July 2025	3.7.2025	3.7.2025	31.8.2025
4672	Director of Digital	Central Support Function – Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational:	Access to a complete, integrated, and coded medical record.	IF: The Health Board is not able to record information accurately and reliably, with complete and up to date information Then: the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete Resulting In: Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	Operational controls: Coding key performance indicators covering productivity, demand and backlog robustly monitored. Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record. DHCW annual coding quality audit. Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical – EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc. Tactical controls: Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business. National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme Gaps in controls Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update July 2025 - Progress is being made by the team to alleviate the pressures across the Bridgend locality, however additional pressures have arisen following the PAS disaggregation. The team are currently working through an issues log with the corresponding mitigations, and this will continue to be monitored as we move forward. Day forward scanning continues to maintain 48 hour KPI.	Operational Delivery Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	3.7.2025	31.08.2025
5040	Director of Digital	Central Support Function – Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational:	Digital Healthcare Wales (DHCW) interdependencies	IF: The Health Board can not integrate new applications into its digital architecture in a timely fashion Then: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered Resulting In: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS) 3. Possible breaches to the GDPR, safeguarding and information governance risks. 4. Mistrust by staff of the ICT systems and services they are using 5. Money being wasted	A Myddin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome SLAs are in place between DHCW and NHS Wales organisations, however their fulfilment has been exposed by demand pushing the waiting times for developments to start (not completed) to over 12 months Gaps in controls: WG have agreed some funding for the PAS element, however the DHCW JHMP continues to be a top down decision process rather than one being based on HB (user / customer) needs driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CanISC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAS offering is via cov developed, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.	Update July 2025 - The procurement activity to engage a strategic partner has now completed and a company have been appointed to support CTMUHB. Initial onboarding activities are underway.	Operational Delivery Committee	15	C3xL5	9 (C3xL3)	↔	07.02.2022	3.7.2025	31.08.2025
3337	Chief Operating Officer Linked to RTE Risk 4813 and M&C 4817. Also linked to 4804.	Central Support Function: Digital & Data	Lead Infrastructure Architect Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Creating Health	Patient / Staff /Public Safety	Lack of a Single Electronic Patient Record in Mental Health Services	IF: Mental Health Services do not have a single integrated clinical information system that captures all patients details. Then: Clinical staff may make a decision based on limited patient information available that could cause harm. Resulting In: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.	Control measures updated September 2023. 1. A PID has been developed which outlines the processes, resources and timelines sought - this to be discussed in September Programme Board. 3. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTMUHB staff who currently use WCCS via local authority over to CTMUHB WCCS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new MHLCD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Update July 2025 - The Care Group are currently in the third week of the procurement process which has allowed suppliers to bid. This is scheduled to finish on 5th July when the Care Group should be in a position to know how many suppliers are in the procurement activity.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C5xL3	6	↔	07.11.2018	25.06.2025	31.07.2025
4691	Chief Operating Officer Linked to RTE Risk 4803, 4799, 3273 and 3019.	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational:	New Mental Health Unit	IF: Mental health inpatient environments fall short of the expected design and standards. Then: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations. Resulting In: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.	A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April. Assistant Director of Strategic Transformation - Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommending a capital business case for a new Mental Health Unit. Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution. All anti ligature works planned for 2022 - 2023 have now been completed. A scoping document case is to be prepared and submitted to WG. Inpatient Improvement Programme established April 2023	Update July 2025 - MHLCD Care Group Director update 30.06.2025 - feasibility review on Mental Health inpatient space that will support the mitigation for this risk. Care Group Director engaging with the Capital Team on progressing now that the capital teams capacity has become available since the initial Process of Wales Hospital critical incident. No change to risk score at this stage.	Quality, Safety & Experience Committee Operational Delivery Committee	15	L5 (C3xL5)	6 (C3xL2)	↔	15.06.2021	30.06.2025	31.08.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
Nil on this occasion.										

De-escalation Rationale

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1											

2025-26 Finance Report

Month 3

Summary



Situation

This Finance report outlines our financial performance for Month 3 (i.e. the period to 30th June 2025).

This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.

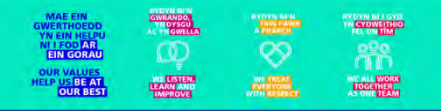
Background

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





Summary



Assessment

Overall Revenue position - 2025/26:

- The M3 position reported a £1.1m deficit against our plan.
- The current year forecast break-even position has been maintained at M3.
- The risks to the breakeven forecast are significant (M3: £35.8m), there remain a number of risks and opportunities that may impact the breakeven forecast and these are summarised on Page 19.

Recurrent Revenue position:

- The brought forward 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 recurrent surplus of £1.7m by the end of 2025/26.
- As at M3 we are reporting a forecast underlying surplus at the end of 2025/26 of £1.7m. This is consistent with the IMTP submitted on the 31st March 2025 and will be reviewed for M4.

Cashflow:

- The cash balance at the end of M3 was £2.5m.

Capital Position:

- The capital resource limit is currently £83.1m and the forecast is to achieve a breakeven position.

Recommendation

The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 30th June 2025.

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
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9	Forecast Underlying Position
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14	Non pay Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19	Risks & Opportunities
20	Capital Expenditure – Available M2
	Statement of Financial Position – Available M3
21	Cash Flow forecast - Available M2
	Public Sector Payment Policy Compliance – Available M3

Overall Revenue Position

- The M3 position reported a deficit of £1.1m with a year to date deficit of £4.8m.
- The forecast current year break-even position has been maintained at M3.
- The forecast recurrent position has been retained at £1.7m surplus in M3.
- The net opportunities/risks to the forecast break even position at M3 are significant at £32.9m (IMTP: £41.8m) which are summarised on Page 19.

Savings Position

- Actual savings in M3 was £1.5m which was £1.1m below the M2 target of £2.6m.
- The M3 forecast In year savings is £17.9m, which is £13.4m below the £31.3m target.
- The M3 forecast Recurrent savings is £21.5m, which is £9.8m below the £31.3m target

Cash

- The cash balance at the end of M03 was £2.5m, this is within our target balance of keeping cash balances below £6m.
- The current cash flow forecast is showing a balanced position at year end.

Capital

- The Capital Resource Limit for 2025-26 of £83.1m was issued on the 30th June 2025.
- Expenditure to M3 amounted to £18.7m.
- The outturn capital position is breakeven.

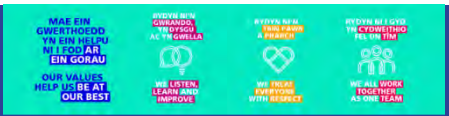
Summary Income & Expenditure Account



	M3 Actual	M3 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(128.0)	(371.8)	(1505.2)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.0)
03. Welsh NHS Local Health Boards & Trusts Income	(6.0)	(17.5)	(70.9)
04. WHSSC Income	(1.2)	(3.4)	(12.7)
05. Welsh Government Income (Non RRL)	(0.0)	(0.2)	(0.2)
06. Other Income	(4.2)	(12.5)	(48.2)
Total Allocations & Income	(139.4)	(405.3)	(1637.2)
08. Primary Care Contractor	14.0	41.3	169.3
09. Primary Care - Drugs & Appliances	8.8	27.1	109.9
10. Provided Services - Pay	62.3	185.6	739.0
11. Provider Services - Non Pay	10.6	29.2	117.1
12. Secondary Care - Drugs	5.1	15.1	62.5
13. Healthcare Services Provided by Other NHS Bodies	24.1	72.4	288.3
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.6	19.7	83.1
16. Other Private & Voluntary Sector	2.0	3.9	12.1
17. Joint Financing and Other	1.3	4.2	17.0
18. Losses Special Payments and Irrecoverable Debts	0.1	0.5	2.4
22. DEL Depreciation\Accelerated Depreciation\Impairments	5.6	11.1	36.4
23. AME Donated Depreciation\Impairments	0.1	0.1	0.2
25. Profit\Loss Disposal of Assets	(0.1)	(0.1)	(0.1)
Total Expenditure	140.5	410.1	1637.2
Grand total	(1.1)	(4.8)	0.0

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The M3 year to date position is reporting a deficit of £4.8m.
- We are currently forecasting a year end break-even position.



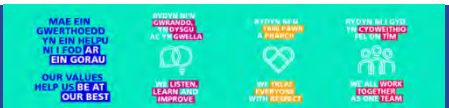
Year to Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 3	2.0	3.7	0.0
Month 3	1.1	4.8	0.0

Key Points:

- The M3 YTD overspend of £4.8m includes a £5.0m shortfall in savings.
- Further details of the key drivers for the YTD are provided overleaf.





Year to Date Performance and Forecast



	Delegated Year to Date £m	Non Delegated Year to Date £m	Total M3 Year to Date £m	M3 forecast £m	M2 forecast £m	IMTP £m
Savings Shortfall	3.8	1.0	4.8	13.4	13.9	0.0
Operational Variances	0.9	(0.9)	0.0	0.0	0.0	0.0
Financial Plan Improvements	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocation	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	(13.4)	(13.9)	0.0
Grand Total	4.7	0.1	4.8	0.0	0.0	0.0

Key Points:

- The M3 position is reporting a £4.8m deficit (Overspend) against the plan, of which £4.7m relates to delegated budgets with £0.1m overspend within non delegated budgets and reserves.
- The Main driver of the deficit position is the £4.8m shortfall in savings delivery compared to the straight-line target of £7.8m per month.
- The Mitigating actions still to be identified to deliver the forecast position has improved by £0.5m in M3 (£13.4m) compared to M2 (13.9m).
- A separate Finance Performance report has been prepared which sets out the Delegated financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.



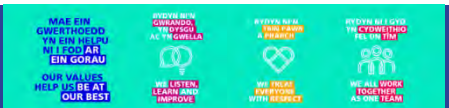
Forecast Underlying Position



Underlying Position	Plan £m	Delegated Recurrent @ M3	Non Delegated Recurrent @ M3 £m	Total Recurrent @ M3 £m	Total Recurrent @ M2 £m	IMTP Recurrent £m
Initial Financial Plan	(1.7)	0.0	(1.7)	(1.7)	(1.7)	(1.7)
Savings Variances	0.0	6.9	4.8	11.7	11.7	0.0
Operational Variances	0.0	2.4	(2.4)	0.0	0.0	0.0
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.1	(6.9)	(4.8)	(11.7)	(11.7)	0.0
Grand Total	(1.7)	2.4	(4.1)	(1.7)	(1.7)	(1.7)

Key Points:

- 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.
- The latest savings returns have indicated recurrent savings of £21.5m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £9.8m. At M3 we are anticipating this shortfall will be met by year end through £11.7m of further mitigating actions.
- As at M3 we are continuing to report a forecast underlying surplus at the end of 2025/26 of £1.7m. This is consistent with the IMTP submitted on the 31st of March 2025 and will be reviewed at the end of Q1.



Non Delegated Reserves

CYNNAL
EIN
DYFODOL



SUSTAINING
OUR FUTURE

YSBRYDOLI
POBL



INSPIRING
PEOPLE

GWELLA
GOFAL



IMPROVING
CARE

CREU
IECHYD



CREATING
HEALTH

Reserves	Plan £m	Issued @ M3	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Brought Forward Commitments	3.2	(3.2)	0.0	0.00	0.0	0.0
Brought Forward Planned Care	11.9	(9.2)	2.7	(2.7)	0.0	0.0
Recurrent Investment Plans	6.3	(0.9)	5.4	(5.4)	0.0	0.0
Non Recurrent Investment Plans	1.0	(0.0)	1.0	(1.0)	0.0	0.0
Cost Pressures – Inflation	3.8	(0.0)	3.8	(1.5)	(2.3)	(2.3)
Cost Pressures – Growth/Demand	3.2	(0.6)	2.6	(2.5)	(0.1)	(0.1)
Cost Pressures – POW Non Rec	10.0	(6.1)	3.9	(3.9)	0.0	0.0
Savings Target yet to be identified	(9.6)	4.8	(4.8)	4.8	0.0	0.0
Planned Deficit/Surplus	0.0	0.0	0.0	0.0	0.0	(1.7)
Grand Total	29.8	(15.2)	14.6	(12.2)	(2.4)	(4.1)

Key Points:

- The approved plan identified £39.4m of reserves yet to be issued to delegated budgets, as at M3 £20.0m has been issued with £19.4m remaining. As at M3, there has been £2.4m of favourable variances forecast for the year end.
- The Savings target of £31.3m identified £21.7m to be issued to Delegated budgets with the remaining £9.6m to be issued as central executive led programmes to be identified as opportunities for the care groups/directorates to deliver. As at M3 £4.8m has been issued to recognise Primary Care Prescribing Cat M savings, with a further £4.8m remaining yet to be issued.



Pay Expenditure Trends



Staff Group	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Administrative & Clerical	8.2	8.5	8.4	8.3	8.4
Medical And Dental	17.4	16.6	17.2	17.4	17.0
Nursing And Midwifery Registered	20.0	19.5	19.7	19.6	19.6
Add Prof Scientific And Technical	2.0	2.0	2.0	1.9	2.0
Additional Clinical Services	7.9	7.9	8.4	8.3	8.2
Allied Health Professionals	3.9	4.0	4.0	4.0	4.0
Healthcare Scientists	1.2	1.1	1.1	1.1	1.1
Estates And Ancillary	3.5	3.7	3.6	3.7	3.7
Students	.0	.0	.0	.0	.0
Grand Total	64.2	63.3	64.3	64.5	64.0

Key Points:

- Total pay expenditure in M3 was £64.5m. This is an increase of £0.2m compared to M2.
- When compared with the M2 actual, the following variable pay movements occurred:
 - Increase in Core costs of £0.1m
 - Decrease in Agency of £0.3m
 - Increase in Overtime costs of £0.1m
 - Decrease in Bank of £0.1m
 - Increase in WLI of £0.3m

Spend category	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Core	55.9	56.4	56.5	56.6	55.9
Agency	3.0	2.2	2.8	2.5	3.0
Overtime	1.8	1.5	1.6	1.7	1.8
ADH	1.8	1.7	1.9	1.9	1.8
Bank	1.4	1.4	1.6	1.5	1.4
WLI	0.2	0.0	0.0	0.3	0.2
Grand Total	64.2	63.3	64.3	64.5	64.2



Pay Expenditure Trends

CYNNAL
EIN
DYFODOL

SUSTAINING
OUR FUTURE

YSBRYDOLI
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INSPIRING
PEOPLE

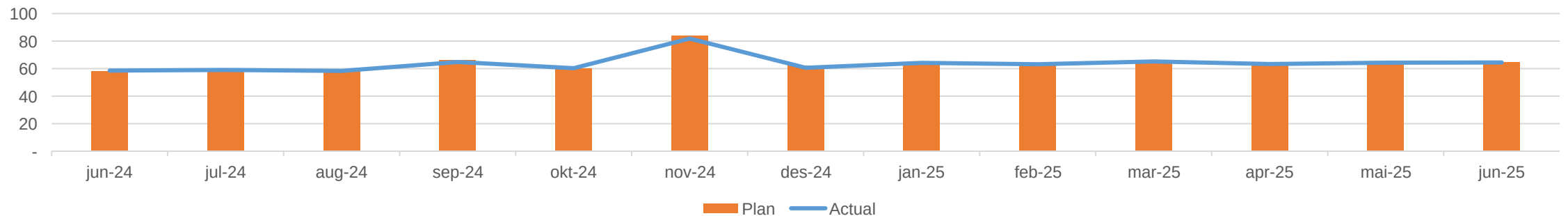
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GOFAL

IMPROVING
CARE

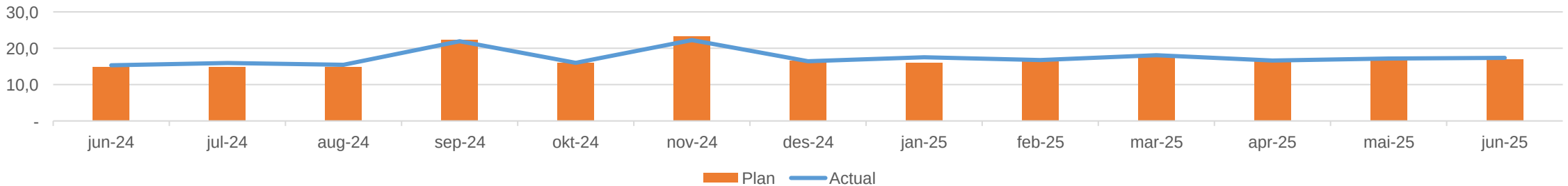
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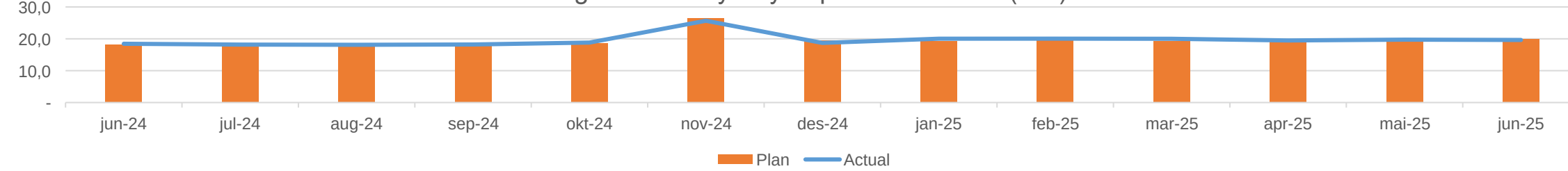
Total Pay Expenditure Trend (£'m)



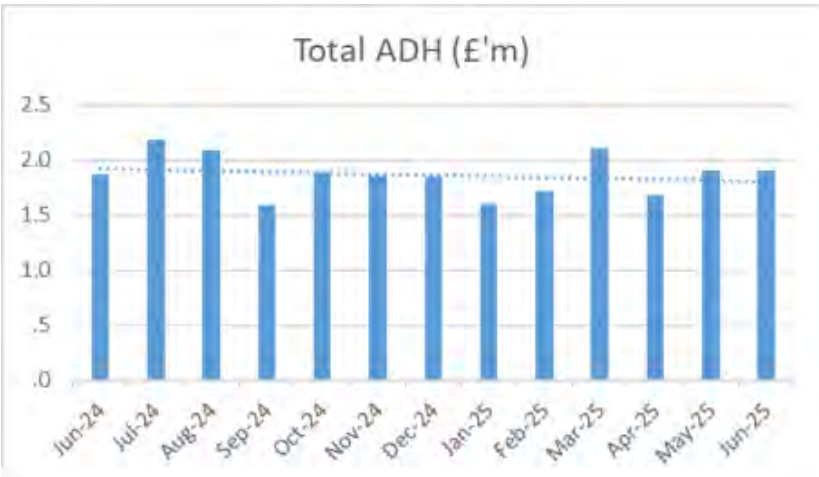
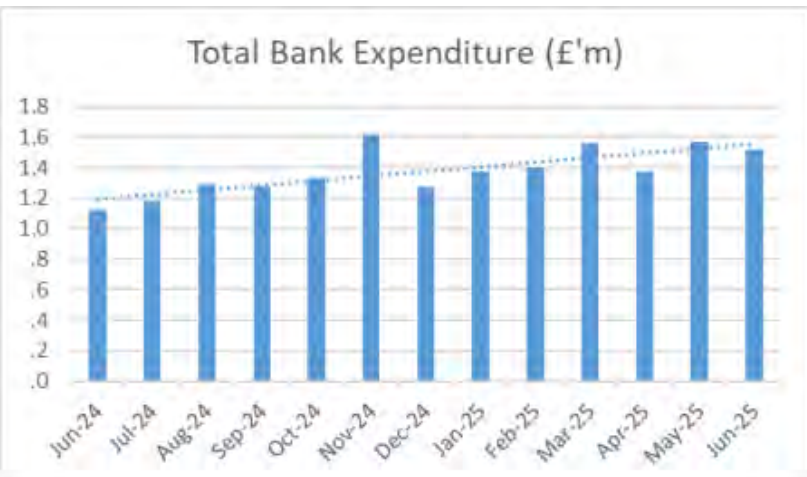
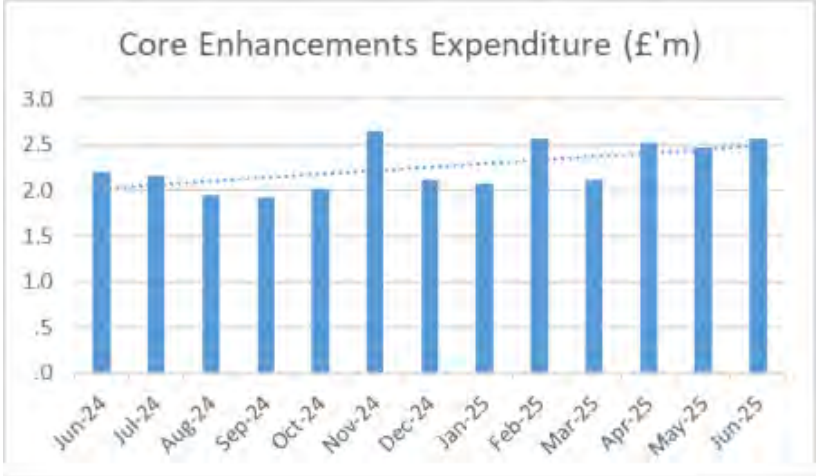
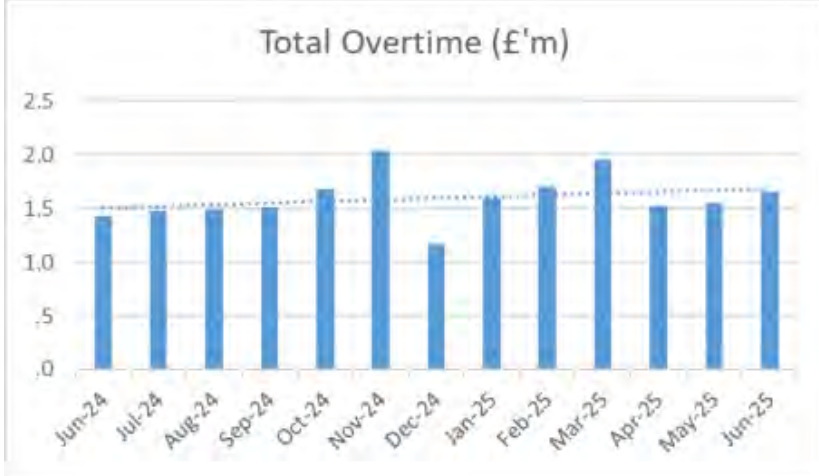
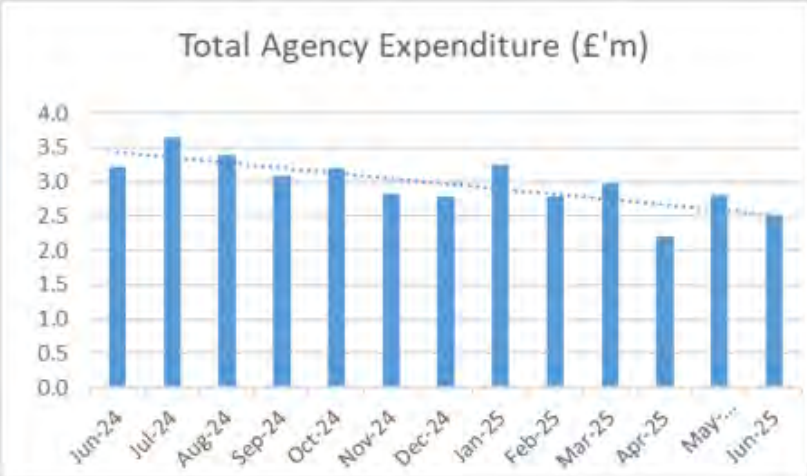
Medical & Dental Pay Expenditure Trend (£'m)



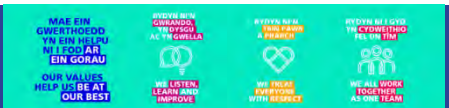
Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends



- Key Points :**
- Agency spend – Increase in M3 of £0.3m and overall a downward trend.
 - Overtime payments- M3 spend increased compared to M2 by £0.1m and an increasing trend.
 - Core enhancements – M3 is consistent with M1 & M2 and increasing trend.
 - Bank – Decrease in M3 of £0.1m and an increasing trend.
 - ADH spend – Consistent with M3 and a downward trend.





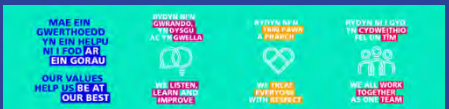
Non Pay Expenditure Trends



Non Pay Group	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Primary Care Contractors	17.1	12.9	12.7	13.1	12.9
Primary Care Drugs	8.1	9.1	9.1	8.8	9.0
Provider Non Pay	11.2	10.0	8.4	10.3	9.6
Secondary Care Drugs	4.9	4.8	5.2	5.1	5.0
Healthcare Commissioning	26.2	23.4	25.0	24.1	24.1
CHC & FNC	7.0	6.9	7.2	6.9	7.0
Other	45.8	1.2	9.4	9.1	6.6
Total Expenditure	120.3	68.3	76.9	77.4	74.2

Key Points:

- The total spend in M3 of £77.4m was £0.5m higher than M2. The main movements were:
 - Increase Provider Non-Pay of £1.9m – Increase when compared to M2 bringing non pay spend back to M1 levels.
 - Decrease in Healthcare Commissioning of £0.9m - Decrease in LTA contract performance at NHS Wales Providers.





Income Trends



Income Group	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Welsh NHS Income	6.3	6.0	5.5	6.0	5.8
JCC Income	1.2	1.1	1.1	1.2	1.1
Primary Care Contractor Income	1.1	1.2	1.1	1.1	1.1
CHC Income	0.6	0.6	0.7	0.6	0.6
Other Income	4.9	3.9	4.3	4.1	4.1
Total Income	14.6	12.8	12.7	13.2	12.8

Key Points:

- The total Income in M3 of £13.1m is £0.5m higher than M2.
- The material movements are:
 - Welsh NHS Income – Increased by £0.5m. May contract monitoring has indicated higher than anticipated levels of activity for other NHS Health Boards.



Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,266.5	31.2	26.5	89.4	1,413.6
Anticipated Allocations:					
Pay award funding 24/25	50.1				50.1
Employers NI	14.8				14.8
POW Roof	10.0				10.0
Capital	3.8				3.8
Same Day Urgent Care	2.7				2.7
Exceptional RLW Social Care 22/23	2.6				2.6
RLW 25/26	2.3				2.3
RTT Waiting Times Q3	3.0				3.0
WG Funded Medical Trainees	1.9				1.9
Planned Care Outpatient Support 25/26	1.4				1.4
Dementia Action Plan, ICF Investment Plan (RIF)	1.3				1.3
Other	0.3				0.3
Total Allocations	1,360.7	31.2	26.5	89.4	1,507.8

Key Points:

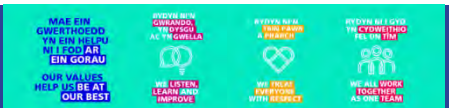
- As at M3 the confirmed Revenue Resource Limit (RRL) allocation was £1,413.6m.
- We are anticipating a further £94.2m of funding.
- The Risks & Opportunities table on page 19 indicates a number of risks in respect to anticipated allocations yet to be confirmed.

Income Assumptions - NHS



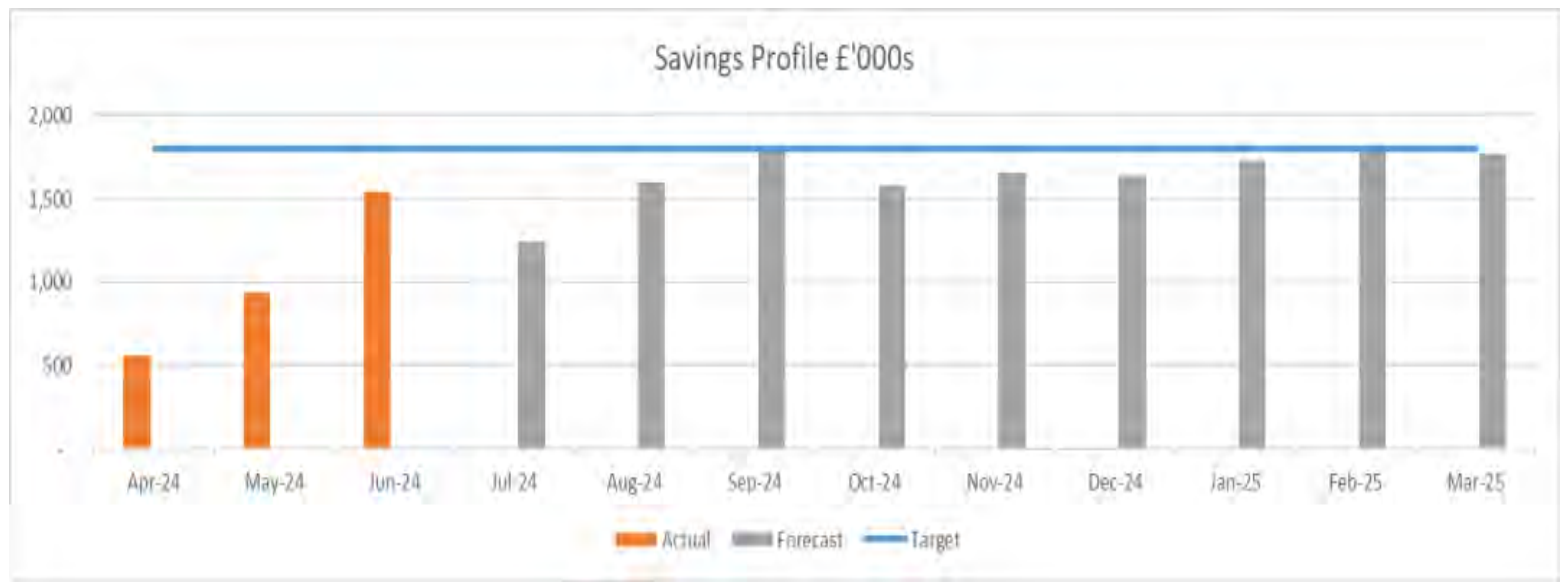
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	24.5	(4.1)	20.5
Aneurin Bevan University	17.8	1.5	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	18.4	(1.2)	17.2
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.3	0.9
Powys	5.1	2.9	8.1
Public Health Wales	1.2	3.7	4.9
Velindre	0.0	9.3	9.3
DHCW	0.6	0.9	1.5
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.2	0.0	12.2
HEIW	0.0	17.5	17.5
NHS Wales Executive	0.0	0.0	0.0
Total	80.3	31.4	111.8

- Key Points :**
- Income assumptions have been agreed with the corresponding organisations.
 - All LTAs have been agreed with both commissioners and providers.



Savings

	Month 3			Month 2		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M2	7.8	31.3	31.3	5.2	31.3	31.3
Actual and Forecast Savings	(3.0)	(17.9)	(21.5)	(1.5)	(17.4)	(19.6)
Total	4.8	13.4	9.8	3.7	13.9	11.7



- Key Points:**
- The M3 YTD savings is reporting £3.0m of identified savings, which is £4.8m below the YTD target of £7.8m.
 - The forecast In year savings of £17.9m is £13.4m below the £31.3m target.
 - The M3 forecast Recurrent savings of £21.5m is £9.8m below the £31.3m target.
 - It is crucial that the level of savings achievement increases significantly if the Health Board is to meet its forecast both in year and recurrently.



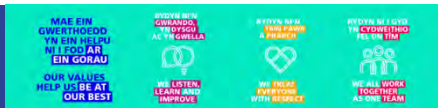
Risks & Opportunities



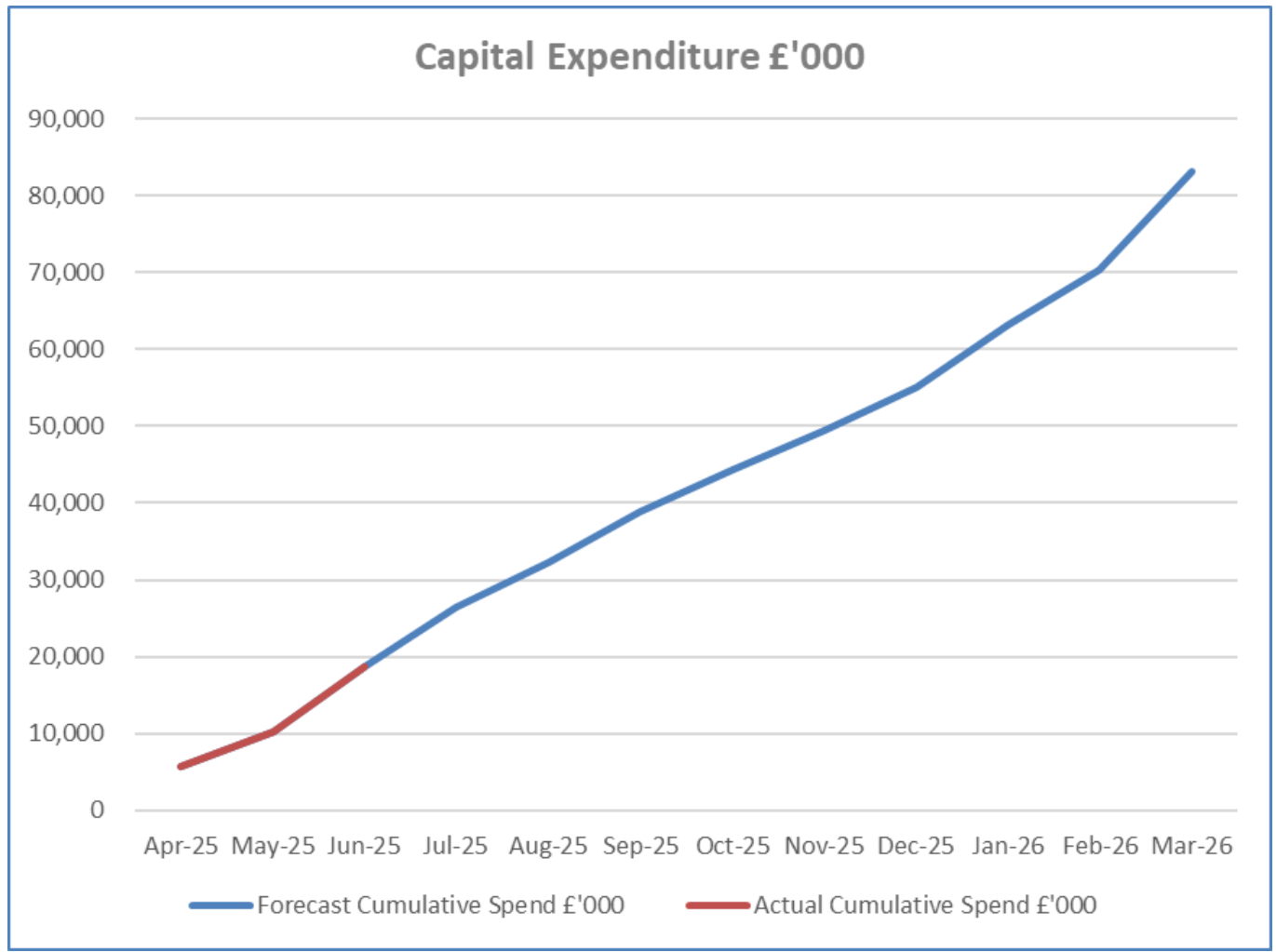
Key Points:

- As at M3 we have material risks to the forecast, amounting to £35.8m.
- Of these risks £15.4m relate to anticipated allocation risks where WG are yet to confirm the funding for 2025/26.
- There is a small number of potential opportunities that can help mitigate the identified risks by £2.9m.

	M3 £m	M2 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2024/25 pay awards	1.6	3.0	Indicative allocation is £1.6m less than anticipated. Awaiting Confirmed Allocation
Risk of the 2025/26 pay award not being fully funded – WG funding principles risk	1.5	1.5	Further clarification needed on funding assumptions for 25/26.
Risk of the 2025/26 pay award not being fully funded – New pay award greater than originally planned.	0.0	6.0	Awaiting Confirmed Allocation.
Risk of 2025/26 Employers NIC increase not being fully funded	1.5	1.0	Indicative allocation is £1.5m less than anticipated. Awaiting Confirmed Allocation
WG recurrent allocation for RLW on Social Care not being fully funded	0.8	0.8	Awaiting Confirmed Allocation
Risk of POW Critical Incident – Vanguard costs not supported by WG funding	5.4	5.4	Further clarification needed on funding assumptions for 25/26
POW Critical Incident – On going impact of temporary arrangements not supported by WG funding	4.6	4.6	Further clarification needed on funding assumptions for 25/26
Other risks:			
Delivery Risk on Identified Savings Plans	0.3	2.5	Table C3
Delivery Risk on Mitigating Actions yet to be identified	10.3	12.6	
Delegated Risk Assessments – High Risk	1.3	2.9	
Delegated Risk Assessments – Medium Risk	2	4.5	
WRP Forecast Risk Share	6.5	0	WRP Forecast of £42m @ 15.5% risk share
Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	35.8	44.8	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Retrospective vat recoveries – Microsoft contract	(2.9)	(2.9)	
Total Opportunities	(2.9)	(Tbc)	
Net Risk	32.9	41.9	



Capital Expenditure



Key Points:

- The latest Capital Resource Limit (CRL) for 2025-26 of £83.1m was issued on the 30th June 2025
- Expenditure to M3 was £18.7m.
- The outturn capital position is balanced against the CRL target.



Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2025) £'000	Closing Balance as at M03 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	686,793	694,542	694,542
Intangible Assets	2,010	2,010	2,010
Trade and Other Receivables	94,247	94,247	94,247
Total Non-Current Assets	783,050	790,799	790,799
Current Assets			
Inventories	7,719	7,583	7,583
Trade and Other Receivables	102,851	101,115	101,115
Cash and Cash Equivalents	5,225	2,540	0
Non Current Assets Classified as Held for Sale	287	0	0
Total Current Assets	116,082	111,238	108,698
Current Liabilities			
Trade and Other Payables	190,924	190,924	190,924
Provisions	44,210	44,210	44,210
Total Current Liabilities	235,134	235,134	235,134
Non-Current Liabilities			
Trade and Other Payables	18,448	15,885	15,885
Provisions	99,687	98,887	98,887
Total Non-Current Liabilities	118,135	114,772	114,772
TOTAL ASSETS EMPLOYED	545,863	552,131	549,591
Financed By:			
General Fund	445,023	451,290	448,750
Revaluation Reserve	100,840	100,841	100,841
TOTAL	545,863	552,131	549,591

Key Points :

The main changes in the balance sheet figures from M12 to M3 include the following::

- The cash balance has decreased from £5.2m to £2.5m in M03, this is in line with the targeted balance.
- There are few significant movements up to M03, with the main increase on property, plant and equipment of £7.7m.



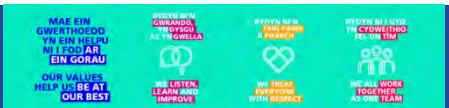
Cash Flow Forecast

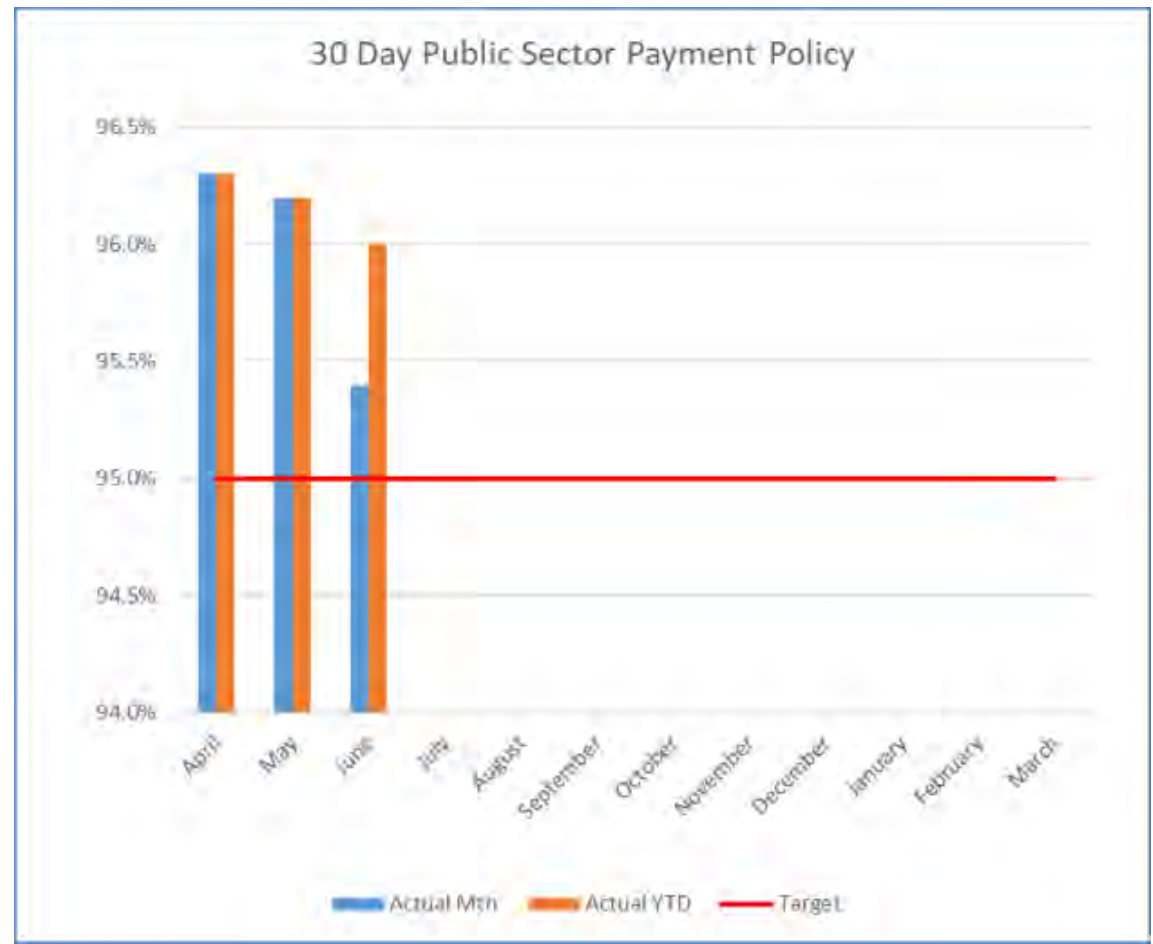


Cashflow	Actual / Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	125,821	129,267	109,434	121,900	121,900	124,900	131,900	111,900	134,900	124,900	123,900	116,702	1,477,424
WG Capital Funding	11,000	5,000	4,700	5,100	6,700	7,200	7,200	5,500	5,300	4,300	3,800	19,841	85,641
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	11,825	12,178	12,971	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	144,974
Other	5,152	8,326	2,908	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	70,386
Total Receipts	153,798	154,771	130,013	145,000	146,600	150,100	157,100	135,400	158,200	147,200	145,700	154,543	1,778,425
Payments													
Primary Care Services	20,053	30,973	11,313	19,397	18,683	20,501	30,299	8,799	32,254	21,051	20,937	10,663	244,923
Salaries and Wages	55,847	62,858	62,476	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	739,181
Non Pay Expenditure	66,690	54,927	52,984	59,000	59,000	59,000	59,000	59,000	59,000	59,000	59,000	71,364	717,965
Capital Payments	8,289	8,474	6,383	6,463	6,717	7,228	7,140	5,559	5,219	4,322	3,839	11,948	81,581
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	150,879	157,232	133,156	146,860	146,400	148,729	158,439	135,358	158,473	146,373	145,776	155,975	1,783,650
Net Cash In/Out	2,919	(2,461)	(3,143)	(1,860)	200	1,371	(1,339)	42	(273)	827	(76)	(1,432)	
Balance B/F	5,225	8,144	5,683	2,540	680	880	2,251	912	954	681	1,508	1,432	
Balance C/F	8,144	5,683	2,540	680	880	2,251	912	954	681	1,508	1,432	0	

Key Points within the Cash Flow Forecast :

- The cash balance at the end of M03 was £2.5m, this is within our target balance of keeping cash balances below £6m.
- The current cash flow forecast is showing a balanced position at year end.





Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in March was 95.4%
- The cumulative percentage year to date is 96.0%, 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 3

Summary



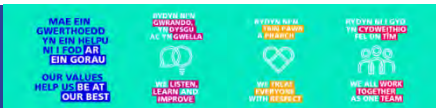
Situation	Background
The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M3 (i.e. the Delegated budget position). This Finance performance report is discussed at the Operational Delivery Committee (ODC) and also the Executive Management Board (EMB) meetings. Where required, ODC may request further information or a 'deep dive' on the financial performance of an individual Care Group or directorate. A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M3. The overall financial position report is discussed at the Board, ODC and ELG .	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 £21.7m 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 break even 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 an adverse variance of £1.0m in M3. This increased the year to date variance to £4.7m which includes: • A £3.8m shortfall against the £21.7m Delegated savings target for 25/26. • £1.0m of other adverse operating variances. A breakdown of the Delegated position by Care Group/directorate is provided on Page 6. The delegated forecasts will be reported monthly from M3 report for the current year and M4 report for recurrent assessments.	The Executive Management Board (EMB) and the Operational Delivery Committee (ODC) are asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 30th June 2025.



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Slide	Subject Area
5	Executive Summary
6-7	Summary Performance
8-9	Summary Performance – Corporate directorates
10-20	Annex A - Savings Analysis
21-27	Annex B- Operating Variance Analysis

Delegated Position

- The Delegated position reported a year to date deficit of £4.7m.
- This deficit includes a £3.7m shortfall against the year to date savings target of £5.4m and a further adverse operating variance £1m.

Savings Plan Analysis

- The savings achievement is reporting a £3.7m shortfall against the year to date target of £5.4m.
- The Recurrent Forecast is £16.7m, which is £5.0m below the target of £21.7m
- There is £1.7m identified against the various Cross Cutting Themes.

Operating Variance Analysis

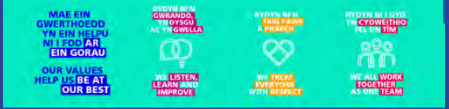
- The year to date operating variances are £1.0m overspend at M3.
- Of this £1m overspend, £0.6m relates to Contracting & Commissioning Income underachievement due to lower than planned activity levels being provided to other Health Boards.

Summary Performance M3



	Annual Budget	M3 Variance	M3 YTD Variance
	£'000	£'000	£'000
Delegated Budgets			
Planned Care	202,370	442	1,298
Unscheduled Care	161,838	501	961
Primary & Community Care	221,069	(96)	(271)
Mental Health & Learning Disabilities	130,647	377	1,310
Children & Families	87,554	81	334
Diagnostics, Therapies & Specialties (Med Mgt)	286,591	(221)	178
Corporate directorates	137,198	(196)	(123)
Facilities	45,486	169	761
Contracting & Commissioning	178,444	(88)	276
Total Delegated Budgets	1,451,198	969	4,725

- Key Points :**
- The Delegated position reported a £1.0m deficit in M3, giving a year to date variance of £4.7m. A breakdown of the £4.7m overspend is provided on page 7.
 - The main overspending areas are as follows:
 - Mental Health & LD – £1.3m
 - Planned Care - £1.3m
 - Unscheduled Care - £1.0m
 - Facilities - £0.8m
 - The most significant in month movements are as follows:
 - Unscheduled Care - £0.5m
 - Medical Pay £0.2m
 - Diabetes Consumables £0.2m
 - Savings shortfall £0.1m
 - Planned Care – £0.4m
 - Insourcing activity – £0.2m
 - Savings Shortfall - £0.3m
 - Mental Health & LD – £0.4m
 - Medical Staffing £0.1m
 - CHC Placements £0.1m
 - Savings Shortfall £0.2m





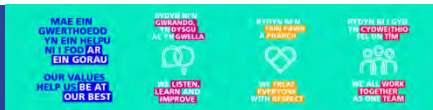
Summary Performance M3



DELEGATED BUDGETS	M3 Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Planned Care	922	376	1,298
Unscheduled Care	458	503	961
Primary Care & Community	183	(454)	(271)
Mental Health & LD	540	771	1,310
Children & Families	364	(30)	334
Diagnostics, Therapies & Specialties	312	(134)	178
Corporate Directorates	519	(642)	(123)
Facilities	466	295	761
Contracting & Commissioning	0	276	276
TOTAL DELEGATED BUDGETS	3,764	961	4,725

Key Points :

- The M3 YTD overspend of £4.7m includes:
 - A shortfall against the M3 YTD savings target of £3.7m.
 - Other Operating Variances of £1.0m.
- 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 M3- Corporate directorates



Corporate Directorates	Annual Budget	M3 Variance	M3 YTD Variance
	£'000	£'000	£'000
Patient Care & Safety	15,932	31	112
Corporate Governance	662	(10)	(23)
Chief Executive	3,786	6	1
Finance	4,914	2	(34)
Public Health	4,586	5	(43)
Digital	27,721	(76)	95
Medical Director	769	(6)	(18)
National Imaging Academy	1,691	0	(0)
Planning & Partnership	21,801	16	5
Research & Development	908	(2)	(3)
Estates	30,350	(44)	(43)
Therapies & Healthcare Sciences	100	(0)	(3)
People Services	9,662	6	(65)
COO Management	14,314	(123)	(103)
Grand total	137,198	(196)	(123)

- Key Points :**
- The Corporate directorates reported a £196k surplus in M3.
 - A breakdown of the £123k M3 YTD overspend is provided on page 9.
 - The below corporate directorates are reporting a significant in month overspend:
 - PC&S - £112k
 - Digital - £95k

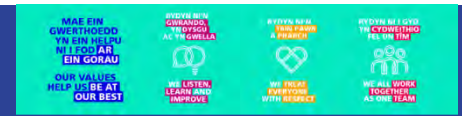
Summary Performance M3 – Corporate directorates



	Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Corporate directorates			
Patient Care & Safety	167	(55)	112
Corporate Governance	4	(27)	(23)
Chief Executive	32	(31)	1
Finance	45	(79)	(34)
Public Health	(0)	(43)	(43)
Digital	124	(29)	95
Medical Director	3	(22)	(18)
National Imaging Academy	(0)	0	0
Planning & Partnership	9	(4)	5
Research & Development	0	(3)	(3)
Estates	88	(131)	(43)
Therapies & Healthcare Sciences	1	(4)	(3)
People Services	16	(81)	(65)
COO Management	31	(134)	(103)
TOTAL	519	(642)	(123)

Key Points :

- The M3 YTD favourable variance of £123k includes a savings shortfall of £519k offset by favourable operating variances of £(642)k.



Annex A

Savings Performance

Month 3



Contents

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15	YTD Savings
16	Forecast Savings
17	Forecast Savings- RAG ratings
18	Forecast Savings – Health Board trend line
19	Forecast Savings – Care Group and Directorate trend lines
20	Forecast Savings – Cross Cutting Themes

Executive Summary Month 3

In Month Savings	The M3 savings is £1.3m. This represents a shortfall of £0.7m compared to the monthly savings target of £1.8m.
Year to Date Savings	The M3 YTD savings is only £1.7m. This represents a shortfall of £3.8m compared to the M3 YTD savings target of £5.4m
Forecast In Year Savings	- The M3 Actual for Delegated In year savings achievement is £13.1m. This represents a forecast shortfall of £8.6m compared to the annual savings target of £21.7m. - The M3 savings profiles from Care Groups and directorates are showing lower levels of savings in M3-12, averaging £1.6m, which is lower than the £1.8m target.
Recurrent Savings	- The M3 forecast Delegated Recurrent savings achievement is £16.7m. This represents a forecast shortfall of £5.0m compared to the recurrent savings target of £21.7m. - The recurrent savings forecast of £16.7m is classified as £15.0m Green schemes & £1.7m Amber schemes.



Savings principles

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **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 M9 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 M3.



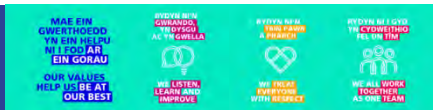
In Month Savings – Month 3



	Annual Savings Targets	Monthly Savings Targets	Month 3 Savings	Month 3 Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	3,920	327	100	227
Unscheduled Care	4,620	385	332	53
Primary Care & Community	780	65	23	42
Mental Health & LD	2,380	198	55	143
Children & Families	1,600	133	24	109
Diagnostics, Therapies, Pathology & Specialties	3,425	285	419	(134)
Corporate Executives	3,102	259	163	95
Facilities	1,866	156	17	139
Contracting & Commissioning	0	0	0	0
TOTAL DELEGATED BUDGETS	21,693	1,808	1,158	674

Key Points :

- The M3 savings figure is £1.2m . This represents a £0.7m shortfall against the monthly savings target of £1.8m.

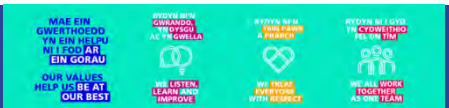


YTD Savings– Month 3



DELEGATED BUDGETS	Year to Date Variance (M3-25)			
	Annual Savings Targets	YTD Savings Targets	Month 3 YTD Savings	Month 3 Variance from Target
	£'000	£'000	£'000	£'000
Planned Care	3,920	980	58	922
Unscheduled Care	4,620	1,155	697	458
Primary Care & Community	780	195	12	183
Mental Health & LD	2,380	595	55	540
Children & Families	1,600	400	36	364
Diagnostics, Therapies, Pathology & Specialties	3,425	856	544	312
Corporate Executives	3,102	776	256	519
Facilities	1,866	467	1	466
Contracting & Commissioning	0	0	0	0
TOTAL DELEGATED BUDGETS	21,693	5,423	1,659	3,764

- Key Points :**
- The M3 YTD savings position is reporting total Delegated savings of only £1.7m, which is circa 31% of the M3 YTD target of £5.4m.
 - This represents an adverse variance of £3.8m against the M3 YTD savings target of £5.4m.



Forecast Savings- Month 3

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YSBRYDOLI
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PEOPLE

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IMPROVING
CARE

CREU
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CREATING
HEALTH

	Annual Savings Targets	Forecast Savings	Forecast Savings	Forecast Variance	Recurrent Forecast Savings	Recurrent Forecast Variance
DELEGATED BUDGETS	£'000	£'000	%	£'000	£'000	£'000
Planned Care	3,920	1,536	39.18%	2,384	1,873	2,047
Unscheduled Care	4,620	3,656	79.12%	964	4,493	127
Primary Care & Community	780	473	60.65%	307	620	160
Mental Health & LD	2,380	1,517	63.75%	863	2,202	178
Children & Families	1,600	338	21.11%	1,262	818	782
Diagnostics, Therapies, Pathology & Specialties	3,425	2,748	80.24%	677	3,178	247
Corporate Executives	3,102	1,571	50.63%	1,531	1,772	1,330
Facilities	1,866	1,124	60.26%	742	1,632	234
Contracting & Commissioning	0	100		(100)	100	(100)
TOTAL DELEGATED BUDGETS	21,693	13,063	60.22%	8,630	16,689	5,004

Key Points :

- The forecast savings achievement (excluding Red schemes) is £13.1m, This represents a forecast shortfall of £8.6m compared to the £21.7m annual savings target.
- The forecast savings of £13.1m is only 60% of the Annual target.
- The forecast recurrent savings achievement is £16.7m which represents a recurrent adverse variance of £5.0m.

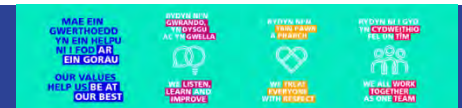
Forecast Savings RAG ratings - Month 3



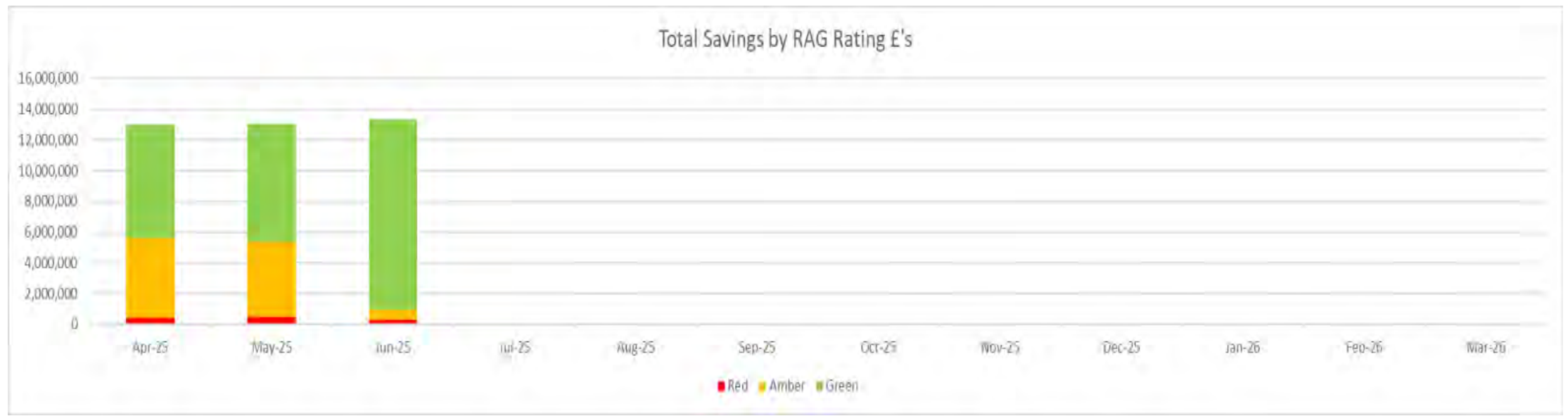
DELEGATED BUDGETS	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes)	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	3,920	1,536	0	0	2,384	1,873	0	0	2,047
Unscheduled Care	4,620	3,619	36	0	964	4,275	218	0	127
Primary Care & Community	780	344	129	0	307	310	310	0	160
Mental Health & LD	2,380	1,491	26	0	863	2,124	78	0	178
Children & Families	1,600	158	180	0	1,262	78	740	0	782
Diagnostics, Therapies, Pathology & Specialties	3,425	2,599	150	222	677	2,980	198	293	247
Corporate Executives	3,102	1,557	13	0	1,531	1,749	23	0	1,330
Facilities	1,866	1,101	23	92	742	1,592	40	100	234
Contracting & Commissioning	0	0	100	0	(100)	0	100	0	(100)
TOTAL DELEGATED BUDGETS	21,693	12,405	658	313	8,630	14,983	1,706	393	5,004

Key Points :

- As at M3, the forecast delegated savings of £13.1m includes £12.4m of Green schemes and £0.7m of Amber schemes. It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.



Forecast Savings Health Board trend line - Month 3



Key Points :

- As at M3, the forecast savings of £13.1m includes £12.4m of Green schemes, £0.7m of Amber schemes and £0.3m Red

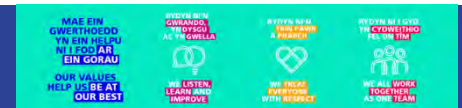
Forecast Savings Care Group and Directorate trend lines - Month 3



	Month 1	Month 2	Month 3	Variance
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Children & Families	320	320	338	18
Mental Health & LD	978	987	1,517	539
Planned Care	1,791	1,509	1,536	(255)
Diagnostics, Therapies, Pathology & Specialties	2,712	2,676	2,748	36
Unscheduled Care	3,370	3,872	3,656	286
Primary Care & Community	333	344	473	140
Facilities	1,501	1,400	1,124	(377)
Corporate Executives	1,442	1,415	1,571	129
Contracting & Commissioning	100	100	100	0
TOTAL DELEGATED BUDGETS	12,549	12,623	13,063	516

Key Points :

- The M3 forecast is reporting savings plans of £13.1m (excluding Red schemes).
- M3 forecast has improvement by £0.4m compared to M2 with a forecast of £13.1m, but remains significantly short of the £21.7m target.



Forecast Savings Cross Cutting Savings Theme trend lines - Month 3

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PEOPLE

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GOFAL



IMPROVING
CARE

CREU
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HEALTH

Central Executive Led Programmes	Plan	Month 1	Month 2	Month 3	Variance
	£'000	£'000	£'000	£'000	£'000
Medical Workforce Productivity	3,000	Tbc	387	387	2,802
Nursing Workforce Productivity	4,000	Tbc	365	365	3,542
Patient Centred Contact	3,000	Tbc	666	666	2,465
Service Reconfiguration	5,000	Tbc	550	550	4,467
Other	16,300	Tbc	15,456	15,456	161
TOTAL IDENTIFIED DELEGATED SAVINGS	31,300	17,349	17,424	17,424	13,876

Key Points :

- The M3 forecast is reporting Central Executive led programme plans of £2.0m (excluding Red schemes). Compared to the £15m target leaving a variance of £13m that has yet to be identified.

MAE EIN
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WELCOFAR
EIN GORAU



OUR VALUES
HELP US BEAT
OUR BEST

BYDDIN EIN
CWRNDOD
WELFODD
AL YN GWELLA



WE LISTEN
LEARN AND
IMPROVE

BYDDIN EIN
DAN FANR
A BANC



WE INCLUDE
EVERYONE
WITH RESPECT

BYDDIN EIN
DIN CYWSTHRO
FELTUN TUD



WE ALL WORK
TOGETHER
AS ONE TEAM



STARTING
WELL



GROWING
WELL



LIVING
WELL



AGEING
WELL



DYING
WELL

Annex B

Operating Variance Analysis

Month 3



Contents

Slide	Contents
23	Executive Summary
24	M3 Operating variances
25	M3 YTD Pay variances
26	M3 YTD Non pay variances
27	M3 YTD income variances

Executive Summary Month 3

Operating Variance	- The M3 operating variance is a £0.2m overspend. - The year to date operating variance is a £1m overspend.
Pay Variance	- The M3 Pay variance reported an underspend is £0.1m, the most significant Pay variance in month was - Unscheduled Care £0.3m overspend, with £0.2m relating to Medical & Dental - The Year to date Pay variance reported an underspend of £0.2m, the most significant YTD Pay variances were: - Additional Clinical Services £0.6m (where £0.4m is Mental Health) - Nursing & Midwifery £(0.7)m - Admin & Clerical £(0.7)m
Non Pay Variance	- The M3 overspend is £0.3m, with a year to date overspend of £0.2m. - The most significant YTD variance was: - Mental Health CHC of £0.4m
Income Variance	- The M3 Income underspend is £0.1m, with a year to date overspend of £1.0m. - The most significant variances are within: - Other Income £0.8m - Welsh NHS Income £0.4m

M3 Operating Variances

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SUSTAINING
OUR FUTURE

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INSPIRING
PEOPLE

GWELLA
GOFAL



IMPROVING
CARE

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CREATING
HEALTH

	Month 3					Year to Date			
	Pay	Non Pay	Income	Total		Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Planned Care	58	127	(50)	136		299	98	-21	376
Unscheduled Care	330	123	(6)	448		259	234	11	503
Primary & Community Care	(246)	7	82	(157)		(694)	(7)	248	(454)
Mental Health & Learning Disabilities	140	54	20	215		396	349	26	771
Children & Families	(42)	4	10	(28)		(100)	23	47	(30)
Diagnostics, Therapies & Specialities	(114)	30	(3)	(88)		(194)	0	60	(134)
Corporate Directorates	(221)	(31)	(24)	(276)		(361)	(248)	(33)	(642)
Facilities	38	3	(28)	13		169	101	24	294
Contracting & Commissioning	0	22	(110)	(88)		0	(364)	640	276
Grand total	(58)	341	(108)	175		(227)	186	1,001	961

Key Issues

- The M3 YTD overspend of £1.0m 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 M3 YTD Pay, Non pay and Income overspends is provided on the following pages.



M3 YTD Pay Variances



	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(44)	178	(25)	182	39	(9)	263	(280)	(5)	299
Unscheduled Care	(1)	195	32	11	0	1	185	(163)	(0)	259
Primary & Community Care	(98)	(44)	(195)	(110)	(5)	(21)	(21)	(200)	0	(694)
Mental Health & Learning Disabilities	(111)	355	(49)	(50)	1	0	298	(55)	6	396
Children & Families	2	(42)	(79)	10	2	(2)	(155)	164	0	(100)
Diagnostics, Therapies & Specialities	(213)	(109)	(129)	254	3	(158)	(31)	(26)	215	(194)
Corporates	29	91	(223)	(1)	92	(134)	(74)	(140)	(0)	(361)
Facilities	0	(16)	(49)	32	188	0	0	0	15	169
Grand total	(437)	610	(718)	328	320	(324)	463	(700)	231	(227)

Key Issues

- At a bottom line level, the most concerning overspends are Additional Clinical Services (£310k), Allied Health Professionals (£328k) and Estates & Ancillary (£320k).
- 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.



M3 YTD Non Pay Variances

	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	41	(40)	(0)	99	99
Unscheduled Care	188	(15)	0	61	233
Primary & Community Care	8	(35)	(40)	61	(6)
Mental Health & Learning Disabilities	2	27	360	(41)	349
Children & Families	(65)	33	33	23	23
Diagnostics, Therapies & Specialities	(118)	(5)	9	114	(0)
Corporates	25	(164)	(9)	(100)	(248)
Facilities	11	(88)	0	178	101
Contracting & Commissioning	0	0	63	(427)	(364)
Grand total	91	(288)	416	(32)	187

Key Issues

- At a bottom line level, Primary & Secondary Care is overspending by £0.2m in M3
- 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.



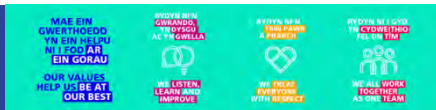
M3 YTD Income Variances



	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(20)	0	0	(1)	(21)
Unscheduled Care	5	0	0	6	11
Primary & Community Care	(218)	0	(69)	534	248
Mental Health & Learning Disabilities	12	0	0	14	26
Children & Families	32	0	1	14	47
Diagnostics, Therapies & Specialities	(11)	0	(0)	71	60
Corporates	(39)	(1)	5	2	(33)
Facilities	23	0	0	1	24
Contracting & Commissioning	573	(80)	0	147	640
Grand total	357	(81)	(63)	789	1,001

Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£0.8m) and Welsh NHS Income (£0.4m).
- 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)		29 th July 2025	Operational Delivery Committee		CTMUHB Savings Delivery Programme 2025/26 – Quarter 1 update	
			Impact Assessment:			
FOI Status:		Please select: Open (Public)		Indicate the Quality / Safety / Patient Experience Implications:		SDP aim to improve quality, safety and patient outcomes and experiences
If closed please indicate reason:		Not applicable		Related Health and Care Standard		e.g. Governance, Leadership & Accountability
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>		Dee Lowry - Assistant Director – Value & Efficiency		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>		Yes (include date) No (Explain why) - Workstreams driving this work will undertake
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>		Hywel Daniel - Executive Director for People		Are there any Legal Implications /Impact.		No
				Are there any resource (capital/Revenue/Workforce Implications / Impact?		Yes If Yes please include brief detail. As outlined in Savings Delivery Plan 2025/26
Approving Executive Sponsor:		Hywel Daniel – Executive Director for People		Link to Strategic Goals		Please Select: Sustaining Our Future ✓ Inspiring People ✓ Improving Care ✓ Creating Health ✓
Report Purpose		Please Select: For Noting				
Engagement undertaken to date:		Executive Management Board Executive Leadership Board All Staff Q&A Board Development Day Leadership Group				

With Real and Measurable Impact

Proven Results in Improving the Patient Experience

Cost Savings

We All Work Together as One Team

More for Less

CREATING HEALTH

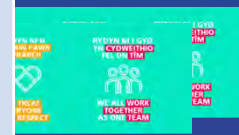
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CTMUHB - 2025/26 – Savings Delivery Programme

SDP Quarter 1 Overview Operational Delivery Committee 2025

Hywel Daniel – Executive Director for People – SRO



2025-26 CTMUHB Savings Delivery Plan

Definition

Our strategic programme to improve efficiency, reduce waste, and enable reinvestment of savings

What

Four key workstreams aligned through focussed leadership, data insight and collaborative working

Why

To ensure effective use of all resources to deliver sustainable savings that strengthen services and support our staff

How

Collaborative, inclusive programme management, drawing in organisational expertise, intelligence and support, at pace.

Impact

Improved outcomes and experiences for patients, efficient and effective utilisation of all resources and assets, improved working environments and interconnectivity and targeted reinvestment

A summary of our IMTP submission:

Of the £53.3m Investments made, a rough break down of the plan would be:

Investment Plans:

Support 2024/25 underlying deficit	£7.9m
Support 2025/26 Inflation pressures	£16.9m
Support 2025/26 Growth & Demand Pressures	£21.2m
Support 2025/26 New Service Developments	£6.3m
Support Non Recurrent Investment plans	£1.0m
Total Investment Plans	£53.3m
WG Funding Support 2025/26	(£22.0m)
Savings Requirement 2025/26	(£31.3m)

Acute Service	£15.7m
PC & Comm	£20.1m
(Includes £12.5m PC Presc & Comm Pharm and £6.5m CHC)	
Commissioning	£10.9m
(includes £3.5m NICE, £3.4m LTA Inflation, £2.5m JCC)	
Digital	£3.4m
Health Protection	£1.1m
Other Corp	£2.1m

**2025/26 Savings
Programme –
Governance**

**Executive
Management
Board**

Savings Delivery – Programme Oversight Group
(Savings, Risks, Investments)
£31.3m (3%)

Medical
Workforce
Productivity
£3m

Nursing
Workforce
Productivity
£4m

Service
Reconfig
£5m

Patient
Centred
Contact
£3m

Care Group / Corporate Departments Finance Meetings

Care Group Infrastructure

Monthly last Mon

Monthly (20th –
23rd each month)

Fortnightly
Huddle – Centrally-
Led Schemes

Monthly

Regular Workstream/
Project meetings

2025/26 Savings Programme Key Leads

Comms, Improvement, Public Health

Centrally-Led Savings Programmes

SRO: Hywel Daniel

PMO Finance: People:

Medical Productivity

SRO: Dom Hurford

Delivery Lead:

Finance Lead:

People Lead:

PMO Lead:

Nursing Productivity

SRO: Greg Dix

Delivery Lead:

Finance Lead:

People Lead:

PMO Lead:

Service Reconfiguration

SRO: Gethin Hughes

Delivery Lead:

Finance Lead:

People Lead:

PMO Lead:

Patient Centered Contact

SRO: Stuart Morris

Delivery Lead:

Finance Lead:

People Lead:

Operational Support:
PMO Support:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTM 2030
**Ein Hiechyd
Ein Dyfodol**
Darlledu Cymunedau
Iachag Gyda'n Ilydd



CTM 2030
**Our Health
Our Future**
Building Healthier
Communities Together



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
OUR FUTURE

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Fortnightly Huddle Group - Role Summary

This structure, solution focused forum, ensures transparent oversight, supports evidenced-based decision making, and helps to safeguard both financial and clinical integrity of the Health Board.

The fortnightly huddle group is a critical operational forum supporting the planning and operational delivery of the CTMUHB Savings Programme. It brings together the four workstream leads, finance and people leads to:

Review progress against each workstreams agreed savings plans;

Monitor delivery against key identified milestones, ensuring timescales are met and slippage is identified and addressed promptly;

Update and track actions, ensuring accountability and momentum are maintained, using Highlight Reports;

Identify and resolve barriers impacting delivery or alignment across workstreams;

Assess and escalate risks to programme success, with a specific focus on ensuring that the potential impact of savings initiatives on the workforce, care delivery, patient outcomes, and organisational sustainability is actively considered and mitigated.

Ensure alignment between financial goals, workforce planning, service transformation and savings activities;

Promote shared learning and collaboration, enabling coordinated action and stronger outcomes

The Savings Delivery Oversight Group (20-23 of each month)

- Role Summary

This group meets monthly to provide strategic oversight and assurance across the three core financial pillars of the organisation:

1) Savings Programme Oversight

Receive regular updates on the overall delivery of the Savings Programmes across all workstreams;
Assess whether the programme is on track to meet financial targets, and whether delivery is robust and sustainable;
Scrutinise whether risks and issues escalated from the Savings Programme Huddles are being managed effectively, and advise / direct actions as necessary

2) Financial Plan and Risk Monitoring

Monitor delivery against the broader organisational financial plan;
Consider the materialisation of finance risks, including the impact on operational stability and statutory regulations and duties;
Support decisions on strategic mitigation, re-forecasting or escalation to Executive Board if required.

3) Investment Programme Oversight

Monitor progress of the investment programme, ensuring alignment with financial strategy, workforce priorities and transformation ambitions;
Evaluate whether investments are delivering intended value, outcomes and impact;
Consider the ongoing balance between cost reduction and investment, innovation and improvement.



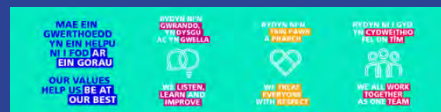
Plans & Reporting

Plan on a Page

Fortnightly Highlight Reports

Progress Reporting Boards

Teams Channel



Alignment of SDP delivery to Audit Wales Cost Savings Arrangements findings and checklist

Cost Savings Arrangements

A checklist for NHS Board Members

This checklist sets out some of the key questions NHS Board Members should be asking to obtain assurance that their organisation has effective arrangements in place to support the identification, delivery, and monitoring of sustainable cost savings.



What are the factors driving the organisation's costs?

Board Members should seek to obtain a clear overview of the full range of pay and non-pay factors driving costs in order to understand the scale of the financial challenges and opportunities facing the organisation.

Board Members should use this information to inform discussions on cost savings targets to achieve financial sustainability in the short-, medium-, and long-term.



Is the organisation selecting the right cost savings opportunities in the right way?

Board Members should seek assurance that the organisation has an appropriate and effective approach to identifying and selecting cost savings opportunities in the most appropriate and effective way.

Board Members should ask whether the organisation has identified and selected cost savings opportunities that:

- ☐ are appropriately informed by relevant data and intelligence, including benchmarking data and the views of staff, service-users, and other stakeholders, and are responsive to national / pan-Wales opportunities and priorities;
- ☐ are realistic and achievable;
- ☐ balance one-off non recurrent savings with more sustainable saving opportunities;
- ☐ focus on the medium- to longer-term, as well as the short-term; and
- ☐ have been scaled appropriately across all parts of the organisation (rather than a standard percentage applied across all parts).

Board Members should also seek assurances that the organisation has appropriately assessed the impact of its cost savings opportunities on:

- (a) the organisation's strategic aims and objectives;
- (b) the quality and safety of services; and
- (c) performance targets and measures.



Is the organisation managing the delivery of its cost savings opportunities well?

Board Members should seek assurance that the organisation has effective arrangements in place for delivering its approved cost savings opportunities.

Board Members should ask whether there are clear delivery plans in place that set out:

- ☐ the level of financial savings that will be delivered and how they will be measured;
- ☐ the anticipated impact on organisational aims and objectives, the quality and safety of services, and performance measures and targets;
- ☐ the key delivery milestones;
- ☐ the key risks, controls, and mitigating actions; and
- ☐ the senior officer(s) responsible and accountability for delivery.

In addition, Board Members should seek assurance that the organisation:

- ☐ has effective arrangements in place for managing cross-cutting savings plans;
- ☐ is appropriately communicating its cost savings plans to staff, service-users, and other stakeholders; and
- ☐ has the necessary skills and capacity to deliver its agreed cost savings opportunities (or is taking appropriate action to secure the skills and capacity required).



Is the organisation monitoring, tracking, and reporting delivery of cost savings plans effectively?

Board Members should seek assurance that the organisation has an effective approach to overseeing delivery of its agreed cost savings plans.

Board Members should ask whether there are effective operational arrangements in place for:

- ☐ monitoring delivery which reflects the timescales and risks associated with achieving plans and the overall cost savings target;
- ☐ identifying, managing, and mitigating delivery risks;
- ☐ taking action where cost savings actions are off-track, or are having an adverse impact on strategy, quality and safety, and / or performance; and
- ☐ evaluating and improving cost savings arrangements.

In order to maintain effective oversight, Board Members should ensure they receive appropriately tailored finance reports which accurately reflect the organisation's progress in delivering its agreed cost savings.





Medical Workforce Productivity



SRO	Executive Medical Director	Delivery Lead		People Lead PMO Lead	
Aims/Objectives	- Consistent and efficient job planning - Efficient medical workforce plans: alignment of staffing models with operational needs - Control mechanisms for scrutiny and monitoring of agency spend - Optimisation of rostering: implement best practice scheduling and workload balancing	Dependencies / Enablers	- Workforce information – staff establishment review - Financial information – ledger review - Policies and guidance - Workforce policies and processes: management of absence, work adjustments, on-call rota, training/competencies - Care group deep-dives	Benefits	Saving to be achieved = £3 million + care groups savings schemes targets
In Scope	Key Workstreams:	Deliverables / Timeline		Resource / Investment / Alternative Approaches	
- Workforce productivity processes to improve the efficiency and effectiveness of healthcare delivery by optimising resources - Saving schemes outlined in Care group savings plans for medical workforce	- Contracting - Job planning – completion, consistency of session allocation SPA and DCC. - ADH and agency use - WLI use - Establishment control - Rota review and compliance - Alternative workforce models - Agency and Locum provision	2025/26	Key Deliverable	Value	Full tender procurement of longer-term agency and locum provision to be sourced, scope and awarded by 30th November 2025. Additional Recruitment expertise /
		Quarter 1	Agree job planning processes with LNC Maintain compliance with consultant and non-consultant rate cards Agree establishment control Agree job planning trajectories with care groups (May) Scope scale of contracting opportunities Agency/Locum procurement provider	TBC 52K	
		Quarter 2	Job planning 50% complete 15 % rota vacancy reduction 20 % reduction in agency XX% reduction in overtime Agency/Locum procurement	TBC 157k	
		Quarter 3	65% job plans complete 30% rota vacancy reduction 20% reduction in agency XX% reduction in overtime Agency/Locum procurement	TBC 104k	
		Quarter 4	85% job plans complete 50% rota vacancy reduction 20% reduction in agency XX% reduction in overtime Scope productivity and efficiency benefits from improvement in job planning and rota design.	TBC	
Out of Scope		Escalation / Decisions Needed			
		SPA policy to be agreed.			
Stakeholders	Risks / Issue:			Mitigating Actions:	
- Executives - Care group Medical Directors and Clinical Directors - Care group Directors and Directorate Managers - People Team specifically	Savings being reported through care group savings plan – risk of cumulative benefit reporting Data accuracy – workforce information misalignment between financial ledger and staff establishment (ESR records) LNC/BMA challenge Employment eligibility of long-term bank and agency medics.		- Controls for ADH and agency spend - WLI process - Job planning guidance, shortened sign off period - Central system of coordination to provide consistent data – alignment of financial and workforce information to support consistent monitoring and workforce planning		

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Medical Workforce Productivity Board – Quarter 1 updates

Delivery Group	Key Deliverable (April – June 2025)	Status Update	Status RAG
Policy Group	Delegation of approval policy: Rate Cards and ADHs	• Summary of high use rate cards	
		• Breakdown by specialty and reasons	
		• Current PEG review - data cleanse	
		• Care Groups submissions of mitigation plans	
		• Delegated approval process	
	Protocol for Job Planning and standardised approach across CTM UHB with inclusion of nuanced approach where required (i.e. based on specialty requirement)	• Current position: number of DCCs/SPA per specialty vs ideal number for DCCs/SPA	
		Agree job compliance processes with LNC	
	SPA Policy development and approval including study leave	SPA policy done and discussed with LNC. To be agreed but likely soon	
	Annual leave policy for Consultants and SAS doctors – transparent CTM approach	Annual leave policy draft completed and will be sent for comment this week	
	Define rules and roles for SAS doctors	• Proposal for the use of SAS paper drafted going to EMB • Regrading for specialist doctors documents completed and guidance to be distributed to care groups	
	Rota review and compliance	• On call 1:x (no auto locum)	
Delivery Group	Key Deliverable (April – June 2025)	Status Update	Status RAG
Workforce	Systems	• Procurement of Locums Next	
		• Implementation and system configuration of Locums Next (6mth provision)	
		• To undertake a full tendering process to procure a locum temporary staffing solution	
		• Job Planning E-Rostering contract extension/award	

Medical Workforce Productivity Board – Quarter 1 updates

Delivery Group	Key Deliverable (April – June 2025)	Status Update	Status RAG
Delivery Group	Conduct analysis of financial and workforce data and identify areas of targeted intervention/actions	• People services shared locum, consultant and middle grade lists for care group analysis	
		• Funding status for each locum established	
		• If funding in place - ensure action for substantive recruitment in place	
		• If agency - ensure plans in place to convert to NHS locum and long-term plans for substantive recruitment	
		• Review requirements for locum/agency specific posts and alternative workforce models (SAS, GP, ANP)	
		• Review funding for medical workforce (finance and care groups)	
		• Implementation of Locums' nest	
	Identify all SAS doctors in Locum Consultant posts and plans in place (no CESR vs completed CESR)		
	Provide monthly monitoring and scrutiny of rate card utilisation per specialty		
	Provide monthly monitoring and scrutiny of job planning compliance per specialty	• Baseline and trajectory per care group	
		• Baseline and trajectory per specialty	
	Provide monthly monitoring and scrutiny of mandatory training compliance per specialty		
	Agree establishment control		

Completed

On Track

Off Track

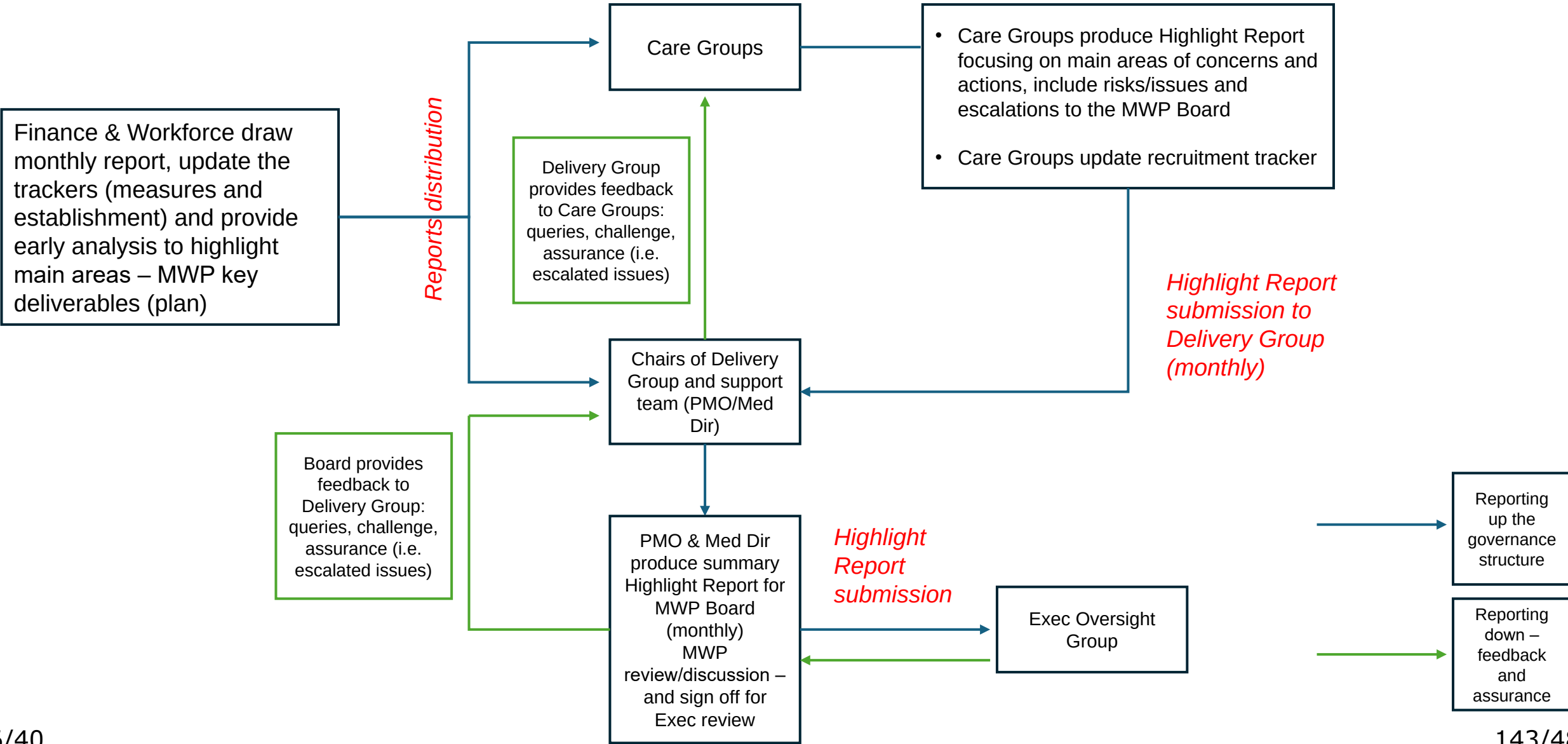
Delayed

Not Started

Performance Overview – Delivery Group Outcomes

Theme	Unscheduled Care Group	RAG	Planned Care Group	RAG	Children & Families Care Group	RAG	DTPS Care Group	RAG	Mental Health & LD Care Group	RAG
Establishment	Gap – 104.31 WTE		Gap – 15.84 (with higher actual WTE for junior doctors than agreed establishment WTE)		Gap – 1 WTE		Gap – 4.86 WTE		- No data MH & LD to provide in June to Delivery Group	
Financial Spend (April 24 – April 25) Q2 trajectory: 20% reduction agency spend TBC% reduction overtime spend	- Variable spend remains high despite slight reduction in ✓ Agency ✓ ADH		- Variable spend remains high despite slight reduction in ✓ Agency ✓ ADH		Variable spend remains low		- Variable spend remains low - Slight increase in ADH spend in May 25		- Increase in total and variable spend in March 25 - No data for May 25	
Rate Card	- May 25: Reduction in use of over 10% rate card (Bank) - May 25: Reduction in use of over 10% rate card (Agency)		Increase in use of over 10% rate card (Agency)		Reduction in use of over 10% rate card (Bank)		April and May 25 significant increase in use of over 10% rate card (Agency)		- Agency: March and April 25 increase in use of over 10% rate card - Bank: Consistent use of over 10% rate card	
Bank Shift	- Increase in use of Bank to cover Rota Gap against agreed trajectory 15% reduction in Q2 - Feb 25 0 to 397 in May 25		- Increase in use of Bank to cover Rota Gap against agreed trajectory 15% reduction in Q2 - Increase in use of Bank to cover WLI - Higher use of over 12 hr Bank Shifts and on call cover		- Increase in use of Bank to cover Rota Gap against agreed trajectory 15% reduction in Q2 - Increase in use of Bank to cover sickness - Higher use of over 12 hr Bank Shifts and on call cover		- Reduction in use of Bank to cover Rota Gap, Waiting Lists, WLI - Reduced use of over 12 hrs Bank Shift and on call cover		- Reduction in use of Bank to cover Establishment, OOH and waiting lists - Increase in use of Bank to cover Rota Gap, Vacancy - Consistent high use of over 12 hr Bank Shifts and on call cover	
Job Planning Q2 trajectory: 50% compliance	Decrease in Job Planning compliance at 14% in May 25		Decrease in job planning compliance 25% in May 25		Increase in job planning compliance 77.3% in May 25		Increase in job planning compliance 63% in May 25		- Increase in job planning compliance 70% in April 25 - No data for May 25	

Proposed Governance/Reporting Process Cycle



Delivery Group Reporting and Governance

Report Type
Care Group Highlight Reports – Delivery Group Care Groups/Finance/Workforce - monthly data analysis and update
Establishment Tracker – Delivery Group Care Groups/Finance/Workforce - monthly update
Job Planning Tracker – Delivery Group Care Groups – monthly update against agreed trajectories
Core KPIs Tracker – Delivery Group Care Groups/Finance/Workforce - monthly update
Recruitment Tracker – Delivery Group Care Groups – monthly update against identified recruitment action plans
Reporting guide – Delivery Group Care Groups to complete monthly



Nursing Workforce Productivity



Plan on a Page – Nursing Productivity Workstream					Kick-off Date: 2/4/25	
SRO	Greg Dix		Delivery Lead Finance Lead		People Lead PMO Lead	
Aims / Objectives	Enhance Roster Standardisation: Improve roster management to optimise shift allocation and reduce gaps, Reduce Agency Spend: Achieve a further reduction in On-Contract Framework Agency utilisation across commissioned areas, Optimise Bank Utilisation: Increase use of internal bank staff over agency, Improve Recruitment & Retention: Retention strategies, and reducing nursing vacancies, Monitor Performance & Savings: Use real-time data dashboards to track financial and workforce trends.		Dependencies / Enablers	a) Agreed position and progression on shift harmonisation for nursing teams. b) Financial information ledger review c) Workforce information – staff establishment review-roster alignment. d) Policies and guidance e) Workforce policies and processes: management of absence, work adjustments, training/competencies f) Good baseline finance education for budget holders. g) Agreed staff bank model h) Accessibility to workforce data	Benefits	Saving to be achieved = £4m
In Scope		Key Workstreams:	Deliverables / Timeline		Resource / Investment / Alternative Approaches	
- Enhancing workforce productivity processes to improve healthcare delivery efficiency by optimising resources. - Saving schemes outlined in Care group savings plans for nursing and support worker workforce. - Service scoping and development on bank staff service.		Roster Standardisation & Harmonisation	2025/26	Objective	Value	
		Temporary Staffing Model (agency reduction, bank utilisation etc)	Qtr 1	a) Agreed CTM position on shift harmonisation/est efficiencies. b) Review long term sickness cases with clear trajectory to reduce. c) Agreed on roster reporting metrics and reporting processes for directorates and ward areas. d) Reduce the ability for department to use Manual Manager assignment by 5%	tbc 363k	
		Over-Recruitment Model to understand absence management by area and create targeted interventions in highest areas	Qtr 2	a) Delivery of the agreed shift/roster pattern for nursing across CTM. b) 10% reduction in framework agency c) 25% increase in bank RN/HCSW recruitment d) 25% increase in bank RN/HCSW fill rate vs Agency	TBC	
		Health Roster reporting and metrics – evaluating gap analysis and setting targets for individual wards	Qtr 3	a) 10% reduction in sickness absence across the care groups. b) 10% reduction in framework agency c) 10% increase in bank RN/HCSW recruitment d) 10% increase in bank RN/HCSW fill rate vs Agency	TBC	
		Bank Team Operating Model a) Defining KPIs b) Determining processes	Qtr 4	a) XX% reduction in sickness absence across the care groups. b) XX% reduction in framework agency c) XX% increase in bank RN/HCSW recruitment d) XX% increase in bank RN/HCSW fill rate vs Agency	TBC	
Out of Scope						Escalation / Decisions Needed
Unfunded areas						
Stakeholders		Risks:				Mitigating Actions:
- Executives - Care group Nurse Directors and Hospital heads of Nursing - Care group Directors and Directorate		- Resource shortages for the delivery of key activities in all workstreams / programme. Mitigation submitted 08.04.25. - Health Roster displays the wrong budget data and lack of understanding by the ward managers around their budget and flex for the additional 26.9% scope. Mitigation discussions in place. - Training for newly recruited bank staff and refresher training for existing bank staff				
				Mitigation Plans		
				1) Agency reduction target being refreshed for 25/26 with additional efficiencies. 2) Bank specific targets for recruitment of Banking staff to off-set agency expenditure		



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Workstream Area: Nursing Productivity

Lead : Greg Dix (SRO) Richard Hughes

Date: 30.06.25

cwmtafmorgannwg.wales

Savings Delivery Programme

Workstream Savings Aim:

Enhance Roster Standardisation: Improve roster management to optimise shift allocation and reduce gaps, **Reduce Agency Spend:** Achieve a further reduction in On-Contract Framework Agency utilisation across commissioned areas, **Optimise Bank Utilisation:** Increase use of internal bank staff over agency, **Improve Recruitment & Retention:** Retention strategies, and reducing nursing vacancies, **Monitor Performance & Savings:** Use real-time data dashboards to track financial and workforce trends.

OVERALL RAG

Amber

Objectives:

	Objective	Value	Timescale (Mth/Qtr)
1.	Roster Harmonisation and Standardisation Agreed CTM position on shift harmonisation/est. efficiencies. Note 6 months saving from shift harmonisation from October 2025 circa	£2.5m	Quarter 1-2
2.	Temporary Staffing Model Established agency reduction model with clear milestones	TBA	Quarter 2
3.	Over Recruitment Model – On pause until shift harmonisation concluded To understand absence management by area and create targeted interventions in highest areas	TBA	Quarter 2/3
4.	Health Roster Reporting and Metrics Evaluating gap analysis and setting targets for individual wards	TBA	Quarter 1-2
5.	Bank Team Operating Model a) Defining KPIs b) Determining processes	TBA	Quarter 1-2
6.	Sickness Absence Strengthen absence management approach to support Care Group activity for reduction across all Care Groups	TBA	Quarter 2/3

Escalations/Decisions

Financial forecasting will not be available until Health Roster reporting issues have been resolved.
Agreement required to outsource data validation, configuration and integration £19-28k circa.

Risks/Issues: New identified

Use corporate RAG rating for risks

Risks/Issues	Date	Description & Mitigation	RAG
Resource shortages	01.04.25	Resource shortages for the delivery of key activities in all workstreams / programme. Mitigation Plans submitted 08.04.25. Mitigation: Allocate specific workstreams to named individuals.	Amber
Data quality / Data Reporting	01.04.25	Health Roster data integrity and system issues Mitigation Plans Workforce currently reviewing systems with a view to outsourcing validation, system configuration and system integrations to expedite timelines.	Aber
Double Counting Savings	23.04.25	Risk of double counting savings with already identified CRES savings schemes. Mitigation: Savings Plan WG Return columns added to identify Care Group and relation to SDP savings.	Amber
Staff resistance to change	26.04.25	Could significantly delay the implementation of the revised shift pattern. Mitigation: Effective and transparent engagement with staff side and staff consultations and approach to implementation.	Amber
Failure to reach prescribed financial target	26.04.25	Not meeting the financial target 3m. Mitigation: Look to expedite the process across all the workstreams, review other opportunities.	Amer

Progress to date

High level summary

- Roster harmonisation – Agreed at Board. Communications and staff engagement initiated. Information is live on the intranet via this link: [Update on proposals to align nursing shift patterns at CTM UHB](#). Consultation is expected to continue until mid August 2025.
- Workstream briefs produced for each key workstreams. Leads and governance reporting structure in place.
- Workstreams initiated and will be actively reporting progress into the huddles by the 10th July.
- Procurement explorations of ESR Go to include outsourcing of data validation, system integration and system configuration. Initial estimates circa £19k – 29k. This will significantly reduce lead in times and internal costs. Estimated Go Live September 2025.

Actions: Next 2 Weeks

- Workstreams reporting into the huddles.
- Temporary Staffing Model - Obtain financial analysis and forecasting when workforce data has been shared.
- Absence Reduction – Financial forecasting required when workforce data regarding the number of lost hours per staff group available.
To reiterate and mandate the existing policy across the Care Groups.
- Health Roster Management and Reporting - Communications drafted. To be reviewed by the workstream prior to dissemination.
- Roster harmonisation – Comms and staff engagement ongoing.

Future Actions / Milestones

Qtr 2

Establish bank team operating model and agreed on KPIs
Agreed on roster reporting metrics and reporting processes for directorates and ward areas.
Delivery of the agreed shift/roster pattern for nursing across CTM.
Go Live with ESR Go September 2025
Roster harmonisation go live September 2025
Absence management reiterating policy, processes and undertake training
Approve Bank Modelling and Go Live with processes
15% reduction in framework agency
10% increase in bank RN/HCSW recruitment
25% increase in bank RN/HCSW fill rate vs Agency

Qtr 3

XX% reduction in sickness absence across the care groups.
15% reduction in framework agency
5% increase in bank RN/HCSW recruitment
5% increase in bank RN/HCSW fill rate vs Agency

Qtr 4

XX% reduction in sickness absence across the care groups.
10% reduction in framework agency
5% increase in bank RN/HCSW recruitment
25% increase in bank RN/HCSW fill rate vs Agency

Non-recurrent / recurrent saving areas (£ , %)

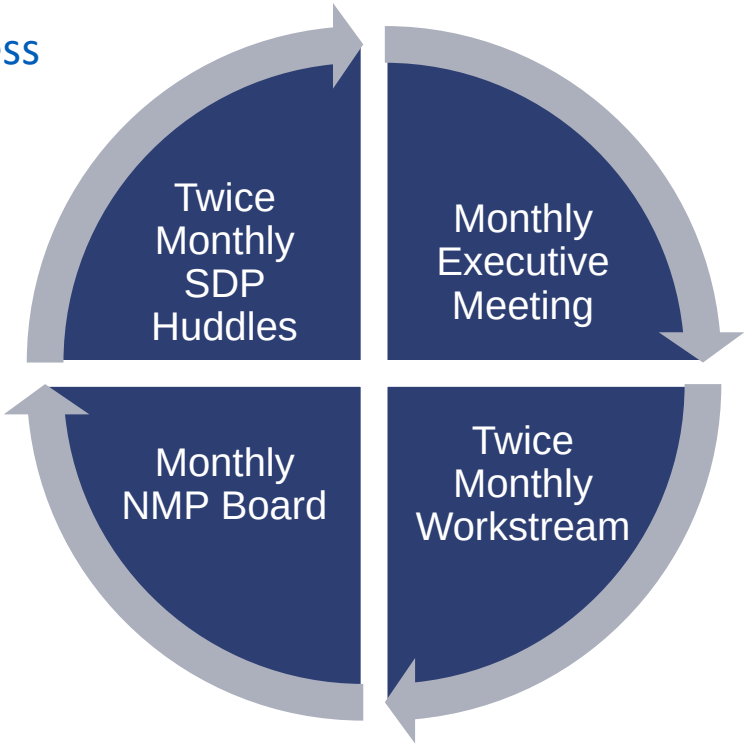
The detailed financial plan will be produced when the workforce data is made available. This is critical requirement and will require specific workforce analytical data expertise and capacity to progress within required timescales. Awaiting workforce analysis to be shared to build financial forecast and planning around sickness absence payments

Additional opportunities identified

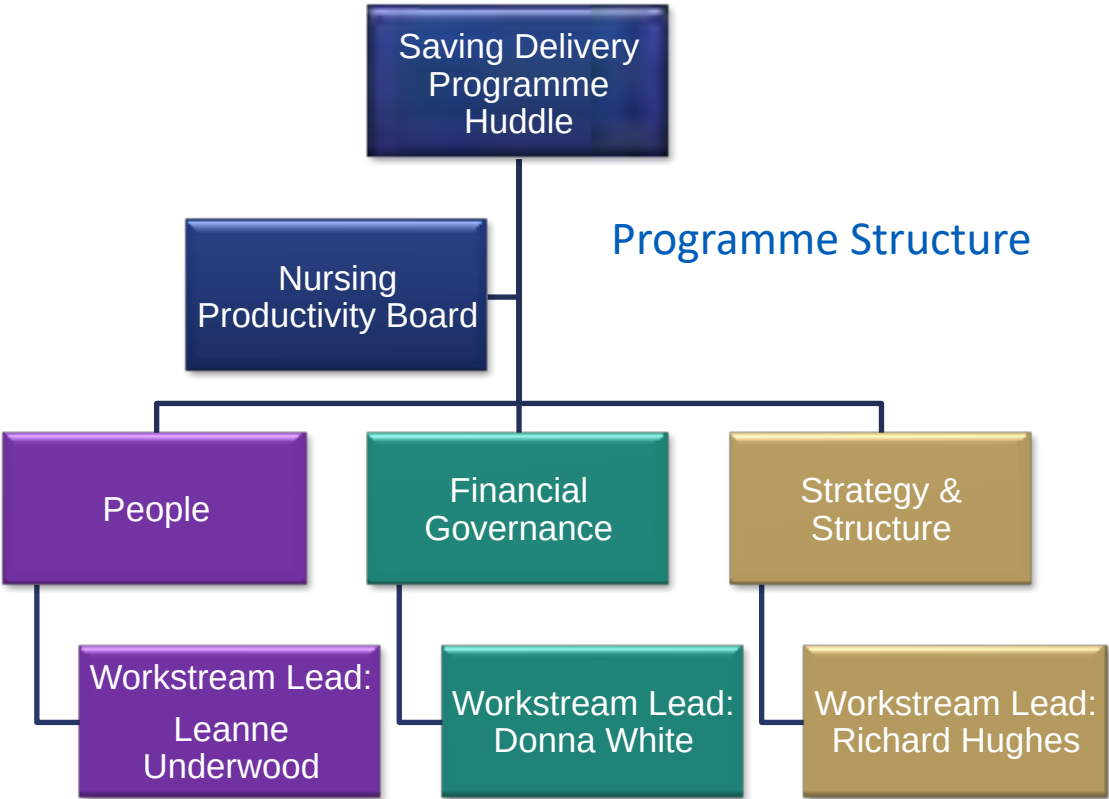
Improved used of the Allocate system may identify further opportunities.
Business Plan has been submitted as an invest to save option, to obtain a dedicated Health Roster expert, who would work directly with the Nursing and midwifery programme. This is now in place.



Cycle of Business



Programme Structure





Service Reconfiguration



Service Redesign	SRO: Gethin Hughes	Delivery Lead		People Lead PMO Lead	
Aims/Objectives	Programme of service reconfiguration aimed at reducing the cost of care delivery. Key to delivery of this aim is increasing utilisation of Enhanced Community Care Level 4 services to reduce the number of acute beds. The key focus of this savings project is delivery of admissions avoidance through: - Reducing inappropriate admissions of care home residents £0.5m - Use of virtual wards to deliver care £0.5m - Increase utilisation of At Home Servies £1.5m - Redesign of community bed stock across HB £4m	Dependencies / Enablers	Enablers: Efficiencies with emergency care and flow eg e-whiteboard data and performance deliverables. People Services & OD – Recruitment & Training Commissioning/RPB Finance Digital Data & Business Intelligence Communication & Engagement Navigation hub	Benefits	Realisation of the H@H project key benefits of: a. Delivery improved quality and provision of care and patient outcomes for our population; and b. Improved use of available resources (both financial and staffing). Saving target to be achieved = £5m
In Scope		Deliverables / Timeline	Key Workstreams		Resource / Investment / Alternative Approaches
Operational Delivery of: - An integrated health and social care approach with an identified population group, delivering a multi-professional and/or cross sector response avoiding crisis and escalation of health and care needs where feasible. - Provide services within the community to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independence - Step up support to prevent hospital admission or step-down support to enable people to leave hospital early, while still receiving the treatment, care and support the person requires. - Supporting people to be cared for in their own homes or usual place of residence - Using a mixture of technology and face-to-face support, remote consultation, remote monitoring and/or remote intervention		The project will be informed by the outputs of the work undertaken by the NAPC. The highlight report will detail priorities for the following reporting period and updates on key milestones as they develop.	To enable acute/community service change the following workstreams have been identified: - Care Home Admission Reductions - Virtual Ward – Digital and Design - Hospital At Home Services - Community Bed Stock - UTC Cross Cutting - Workforce - Finance - Data - Digital - Comms Critical dependency on benefits realisation of both H@H and Virtual Ward schemes is of the Navigation Hub		Support for: - Staff and Public Engagement Consultation - Equality Impact Assessment - Quality Impact Assessment - Organisational Change Process - BI including modelling Where possible support will be engaged from the established H@H project structure to ensure alignment and utilisation of subject matter expertise.
Out of Scope			Escalation / Decisions Needed		
This project is seen as an enabler to the delivery of the H@H project within the 6 Goals programme and is limited to the operational delivery of Phase III – H@H Level 4					
Stakeholders		Risks:		Mitigating Actions:	
- Patients and Public - Staff across all health, social care and provider organisations including those outside of the traditional health economy in LAs, private providers - GP’s - Staff-side representatives and organisation, trades unions		- Alignment to the milestones for Phases 1&2 of the H@H project. Admission avoidance is classified as phase III. - Capacity to deliver operationally - Ability to recruit - Funding risks – UTV and Care Home Community Team - Information Governance		The management of risk for each workstream and the mitigation plans will be tracked by each aligned project. Mitigation and assessment of risk will be detailed in via highlight reporting	
Project S/H’s – Andrew Nelson, Sarah Bradley, Sarah Follows					

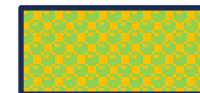
24/40

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Healthcare Saving with Impact

Workstream Savings Aim: Programme of service reconfiguration aimed at reducing the cost of care delivery. Key to delivery of this aim is increasing utilisation of Enhanced Community Care Level 4 services to reduce the number of acute beds.

OVERALL RAG



Objectives: The Programme aims will be delivered through

No.	Objective	Value	Timescale (Mth/Qtr)
1.	Reducing inappropriate admissions of care home residents	£500,000	Q1 – Evaluation and decision
2	Use of virtual wards to deliver care (to initially SDEC patients [pilot and then evaluation before further rollout].)	£500,000	Q1 - pilot
3	Increase utilisation of at home services – Hospital at Home (H@H)	£1,500,000	Q1 – POW rollout
4	Redesign of community bed stock across HB	£TBD*	Q1 - Planning

To enable acute/community service change the following workstreams have been identified:

- Care Home Admission Reductions
- Virtual Ward – Digital and Design
- Hospital at Home (H@H)
- Community Bed Stock
- UTC

Milestone Savings

Please see Slide 3 for Gantt for enabling projects which will set the conditions for savings.

*Community bed modelling and the POW plan are currently being assessed, and expectation is of a costed plan with clear milestones and financial schedule being produced by end July.

Risks/Issues:

Risks/Issues	Date	Description & Mitigation	RAG
1. H@H Community Staffing Recruitment	01/05/25	Recruitment to roles to deliver H@H. Successful recruitment events have lowered risk.	Green
2. ECC: Overseas recruitment – visa/remuneration	01/05/25	Risk resolved due to pay award lifting above the minimum wage threshold for sponsorship	Green
3. Doccla information governance and data integrity	01/05/25	There are 3 risks linked to data and IG which are linked to integration work being completed. Doccla and CTM have completed integration steps – awaiting DHCW.	Red
4. Funding Risks	01.05/25	UTC and Care Home Service	Amber

Mitigation Plans

1. Successful recruitment event 23 candidates ready for offer.
2. Risk resolved however in recognition of the costs of sponsorship(12 overseas candidate suitable for offer) review of previous candidates for potential suitability ahead of offers to overseas candidates
3. Doccla: Waiting on authorisation from DHCW for the platform to go live where UAT testing can take place with platform engineers. Many project risks are linked to the integration work being completed. Escalations made via CTM and Tec Cymru
4. Papers produced for care Home Service, UTC

Issues

H@H Bridgend deployment – delay due to clinical oversight immediate mitigation on place with District Nursing support. Sustainable model being developed for next cohort
Embedding operational change whiteboards etc – pathway identification
Estates – Nav Hub location
H@H Training concerns flagged for manual handling, medicines administration and HCSW induction
Recruitment of GP OOH/ongoing risks employment status – additional funding from NHS Exec to support 7-day working model

Progress to date:

- Milestone planning with NAPC support- continues
 - H@H: Continued on-boarding of the recruited HCSWs – mitigation for clinical oversight in place@H 2 round sof recruitment concluded on 13th and 20th June.
 - H@H – onboarding will be phased to mitigate risks around manual handling training
 - YGT bed reconfiguration work continues.
 - YGT ready to proceed to consultation subject ELG approval.
 - Pathway specific review underway led by Anthony Gibson, P&I support engaged.
 - USC have commenced recruitment into the vacancies in YGT but are working closely with the DON Lucie Owen to ensure that there is no over recruitment for the future establishment
 - The transition into P&C will be via an OCP, due to permanent change of base for staff and also a potential proposal to change the patient pathway from a 1 to a 3. The OCP will be jointly developed between USC & P&C and paper submitted to ELG w/c 30th June for approval to proceed.
 - Nav Hub: Falls response service extended to Taff Ely area, respiratory (COPD) pathway in place
 - Virtual Ward: Integration work which has been a risk and barrier has been escalated through multiple avenues including CTM and TEC Cymru. Patients have been successfully paused and re-admitted to acute sites, and back onto Doccla once discharged. All integration work that can be completed by CTM and Doccla while awaiting authorisation from DHCW has been done. Weekly reports have been submitted by Doccla and are starting to get a insights from data.
 - Ward 10 PCH: Funding ringfenced for H@H
- **Actions: Next 2 Weeks**
- Community bed model outputs to be reviewed
 - Continued collaboration with NAPC – utilise outputs to shape the priorities and milestones for workstreams
 - Finalise plan for Ward 10 PCH
 - Joint care group paper to ELG to start consultation at YGT
 - YGT staff meeting planned for 3RD July
 - Review of LOS by speciality and ward to commence (AG)
 - Confirm sustainable and resilient plan for clinical oversight for future H@H phases
 - H@H; H@H: Launch the OCP and commence the consultation period (date TBC)
 - H@H: Interviews for second cohort of HCSWs
 - H@H: Develop the Phase 2 SOP
 - H@H: Continued training for HCSWs
 - Doccla Integration: Waiting on authorisation from DHCW for the platform to go live where UAT testing can take place with platform engineers. Many project risks are linked to the integration work being completed.
 - Doccla: Work ongoing with teething issues including patient cohort selection/suitability and onboarding process. Meetings and discussions are taking place to iron out. Still working towards integration work authorisation from DHCW. Start looking towards reporting on some of the data we have received from Doccla, Adastra and WPAS.
 - Meet to work through ward 3 and ward 6 and agree allocation of funding

Non-recurrent / recurrent saving areas (£ , %)

The detailed financial plan is to follow based on invest to save principle

Future Actions / Milestones

- **H@H ECC Phase I** Hospital at Home (Bridgend) Phase 1 Go Live 7th July 2025, (RCT/Merthyr) Phase 1 Go Live August 2025
- **Community bed stock:** Decision on wards in scope by June completed and implementation plan for each ward to be agreed.
- **Virtual Ward:** Conclude Doccla integration – waiting for DHCW integration - escalated
- **Care Homes:** Receive LUSCII evaluation report before decision on operational deployment at care homes
- **Care Homes:** Implementation plan/key milestones TBA (funding dependent)
- **UTC:** Next steps for the project are to explore direct 111 pathway to ensure capacity is met Project continues at risk for UC.
- **H@H ECC –Phase II** (Early Supported Discharge) cost model and agree operation path to delivery. June 25
- **Doccla** evaluation of pilot and recommendation for upscaling – June 25 impacted by DHCW integration delay
- **H@H:** Recruitment - 3rd cohort recruitment event successful 30+ ready for offer. Work to review previous candidates underway ahead of overseas offers (
- Weekly meetings between USC and P&C re **reconfiguration of beds in YGT**, including joint SLT's. – Consultation paper submitted. Meeting with staff July 3rd

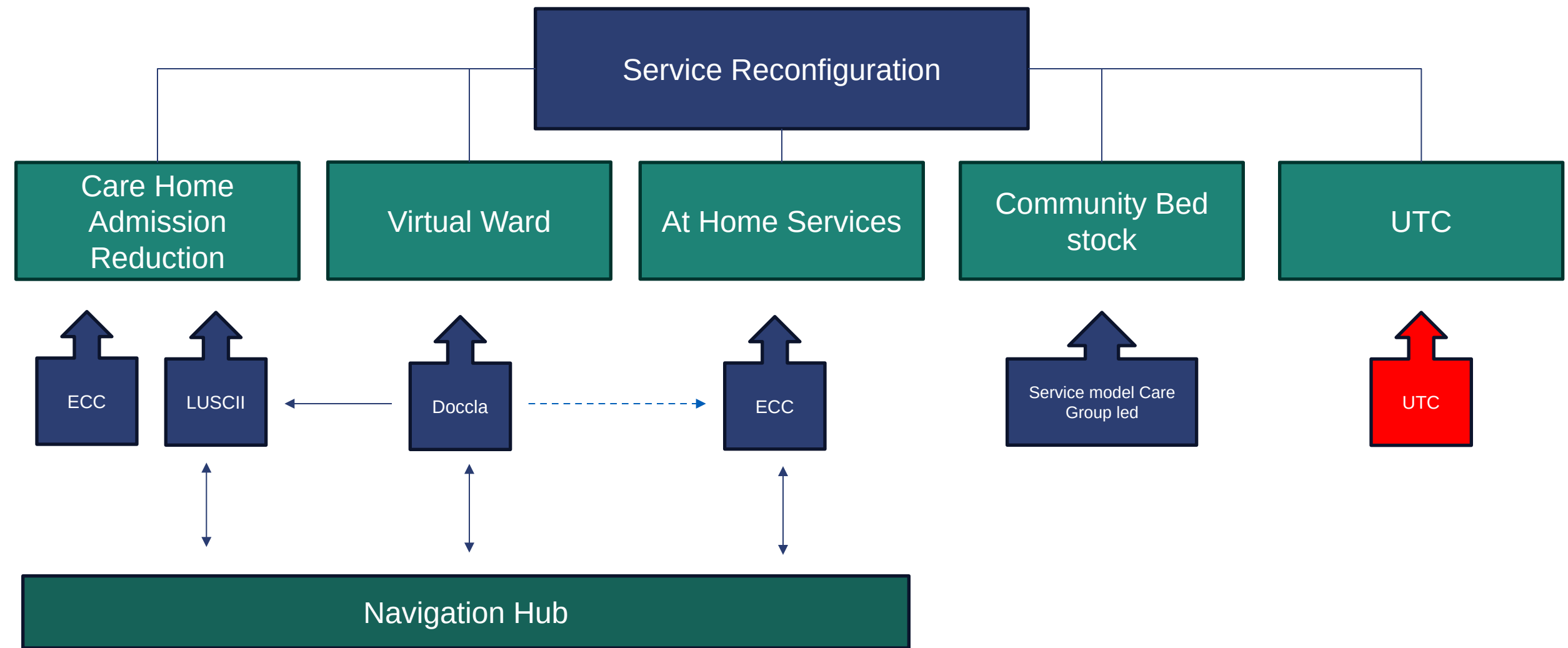
Escalations & Decision Points

To Note: Critical dependency on both ECC and Virtual Ward schemes is with the capacity of the Navigation Hub.

To Note: Paper submitted for UTC – to ELG for decision. Project continues at risk

Additional opportunities identified:

Deploy Doccla to care homes – contingent on WAST evaluation for LUSCII.
Opportunity to upscale Doccla to ensure utilisation of the 200 All Wales beds available in 25/26. Suggestion is that if capacity reached additional beds could be procured
Pathway specific review of admission, LOS and discharge to identify any opportunities for changes/standardisation of clinical practice



Workstream	Delivered by	Enabled by	Funding Required	Q1 Priorities	Barriers to Delivery	Efficiencies realised by
Care Home Admission Reduction	Luscii	WAST	-	Evaluation report from WAST		TBD
	Care Home Service	ECC Service Model Navigation Hub	£1,209,000 Paper submitted	Funding Approval Recruitment Explore opportunities for Doccla rollout	Funding Recruitment Clinical Acceptance?	TBD
Virtual Ward	Doccla	Navigation Hub Tec Cymru RGH Acute Medicine	Procured externally – Tec Cymru	Pilot rollout and evaluation Recommendation for upscaling	IG GP OOH Recruitment	Pilot underway from 12 th May – evaluation to follow
	3rd cohort recruitment event planned and scheduled for 13 June					
Hospital at Home	ECC Project	OCP Community workforce Recruitment Navigation Hub Doccla or Luscii (Care Homes at scale)		OCP Conclusion Phase I ECC roll out Bridgend Accelerate Phase II rollout Lock down plans for Phase III	Recruitment - Local - Overseas Clinical Acceptance	TBD
Community Bed Stock	Service Model T&F Group	Care Group collaborative working Service modelling D&C		Develop Milestones and Implementation plan	Unmet Demand?	TBD
UTC	UTC Project		Paper submitted to ELG	Resolve Funding 111 pathway to boost capacity	Funding	TBD



Patient Centred Contact



SRO	Stuart Morris	Delivery Lead Finance Lead		People Lead PMO Lead	
Aims / Objectives	The programme aims to deliver:- - Health Board wide transformation and consolidation of patient contact services - The capability and the environment in which patients and citizens can interact with us digitally, improving patient experience and accessibility - A benefits-driven redesign of the clinical correspondence workflow that will be scalable - The procurement of digital enablers to underpin process and role redesign - A reduction in the transaction cost of managing a patient through our system from point of referral to the conclusion of their treatment - Optimised used of administration functions supported by digital enabler - Optimisation of current capability including lessons learned - The acceleration and transition to ‘near real-time’ digital data capture of clinical care.	Dependencies / Enablers	- WPAS - Skilled Resource - Successful procurement of digital enablers - DHCW integration services - Strong clinical and operational leadership	Benefits	Saving to be achieved = £3m as per IMTP submission, detailed mapping to be undertaken to ensure delivery. Over the life time of the programme anticipated benefits include:- Year 1 Focus - Increased efficiency of administration and support functions linked to OPD notes - Improved Patient Safety - Improved Patient Experience - Reduction in paper generation - Reduction in storage facilities - Reduction in Transportation costs - Reduction in Health & Safety issues/litigation - Reduction in unplanned/reactive activity - Reduction in Overtime costs - Reduction in Travel Expenses/ Transportation - Improved data quality - Improved accessibility - Realignment of administrative resources - Reduction TAT for clinical correspondence



Delivering excellence through digitally enabled, patient centred contact services

Informed & digitally enabled patients



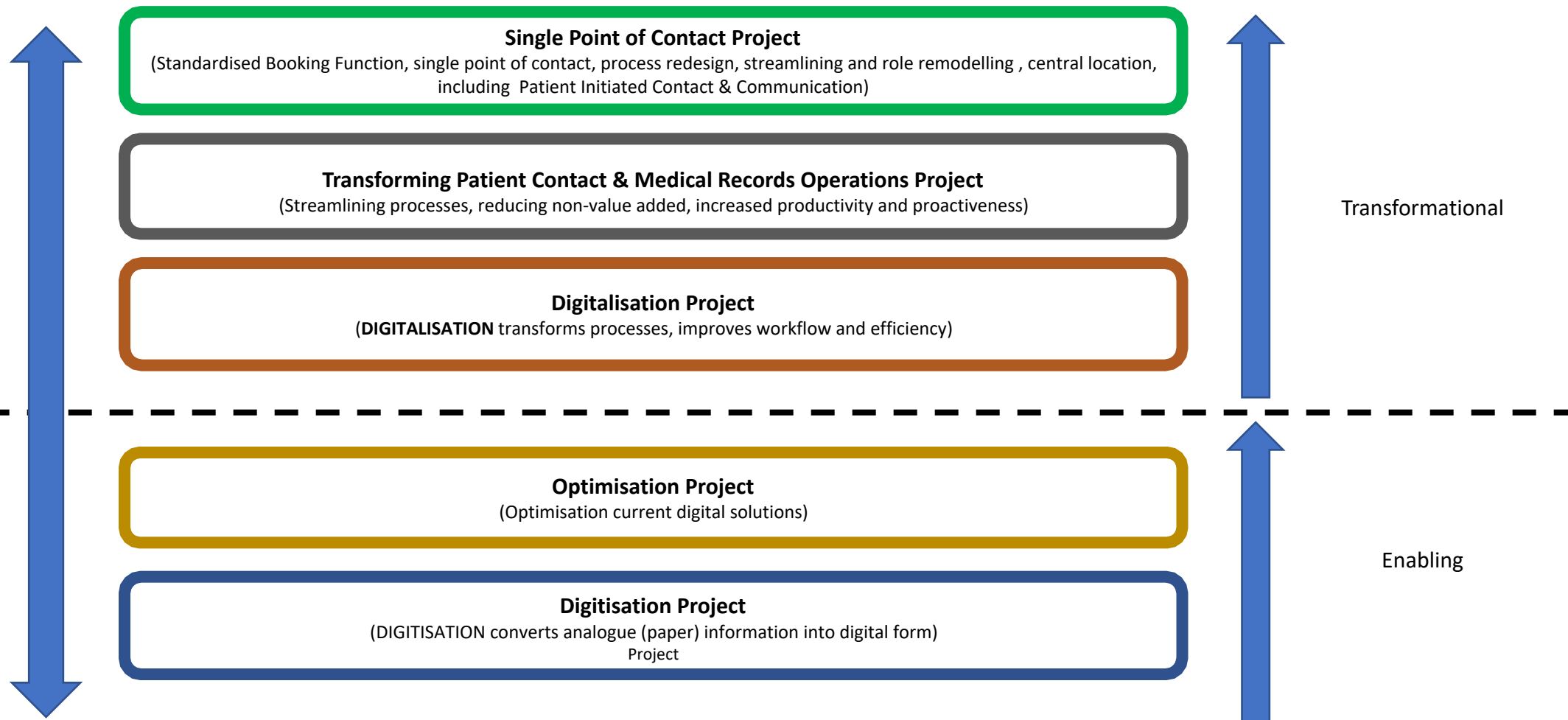
Accurate & accessible standards based multi-disciplinary records and clinical workflow.

Lean, effective & safe communication exchange between health & social care professionals



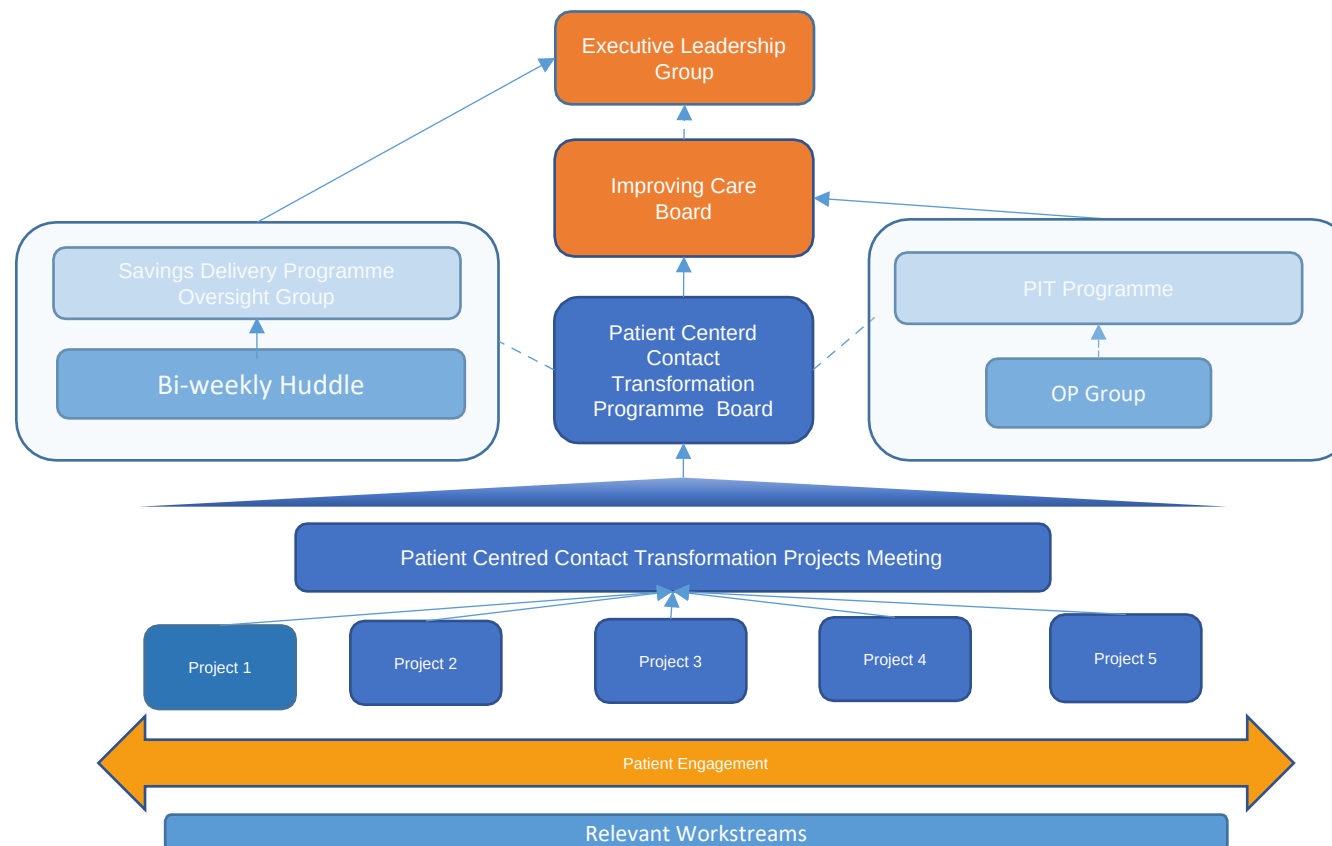
Evidence Based Service Redesign utilising Data, Information & Insight

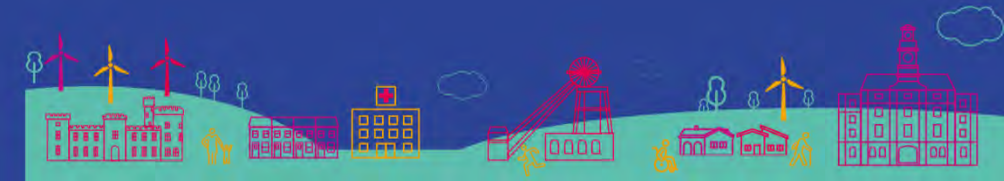






Governance





New Programme Confidence Measure Tool developed

What We've Developed

We've created an interactive confidence measurement tool using Excel to support workstream leads and the overarching Savings Delivery Programme (SDP) Oversight team. Each workstream has a monthly confidence tracker with:

- ✓ A structured 1–5 Likert scale across key assessment sections.
- ✓ Automated radar charts for clear visualisation of confidence levels.
- ✓ An overarching summary sheet pulling data from all four workstreams (Medical Productivity, Nursing Productivity, Service Reconfiguration, Patient-Centred Contact).
- ✓ Pivot tables to enable month/quarter comparisons and tracking

This supports **both the workstreams** — by giving them actionable self-assessment — and **the Oversight team** — by providing objective, real-time assurance on delivery confidence.

Why It's Important

- ◆ Provides early warning signals if confidence is below optimum or drops.
- ◆ Empowers workstreams to own and understand their delivery risks.
- ◆ Supports transparent, data-driven discussions in oversight and assurance meetings.
- ◆ Helps demonstrate grip and control to executives, the Board, and auditors.

Checklist for Leads & Oversight

- ✓ Complete scores monthly by 15th.
- ✓ Review radar chart for unexpected drops or trends.
- ✓ Ensure explanations are always added for scores ≤ 2 .



Programme Confidence Measure Tool

Question set & example summaries

Workstream Monthly Self-Assessment (example)

Month	Section	Criteria	Rating (1-5)	Comments
Jul-25	Planning & Clarity	Are the objectives, milestones and timelines clearly defined and understood by the team?	1	
Jul-25	Planning & Clarity	Are dependencies on other projects, teams or external partners identified and documented?	1	
Jul-25	Planning & Clarity	Is the plan realistic in terms of scope, scale and pace?	1	
Jul-25	Resources & Capacity	Do we have sufficient staff capacity, (Skills and time) to deliver the plan?	2	
Jul-25	Resources & Capacity	Are the required non-staff resources (equipment, IT systems, SOPs, data) available when needed?	2	
Jul-25	Resources & Capacity	Are there contingency plans in case resources become unavailable?	2	
Jul-25	Engagement & Support	Is there active and ongoing leadership support for this workstream?	3	
Jul-25	Engagement & Support	Are key stakeholders (clinical, operational, finance, estates, patient reps) fully engaged and supportive?	3	
Jul-25	Engagement & Support	Are communication channels effective for resolving issues and sharing updates?	3	
Jul-25	Risks & Issues	Have the main risks to delivery been identified and logged?	4	
Jul-25	Risks & Issues	Are there clear mitigation plans in place for each high-risk area?	4	
Jul-25	Risks & Issues	Is there a regular process to review, escalate, and manage risks or emerging issues?	4	
Jul-25	Savings Identification & Realisation	Are savings opportunities clearly identified, quantified and documented for this workstream?	5	
Jul-25	Savings Identification & Realisation	Are savings assumptions realistic, evidence-based, and agreed by stakeholders (e.g. finance, operational leads)	5	
Jul-25	Savings Identification & Realisation	Is there a robust process in place to monitor delivery against planned savings, including clear tracking of in-month and cumulative performance?	5	

Workstream Monthly Summary (example)

Section	Average Rating	RAG Rating
Planning & Clarity	1	RED
Resources & Capacity	2	RED
Engagement & Support	3	AMBER
Risks & Issues	4	GREEN
Savings Identification & Realisation	5	GREEN
Overall Rating	3	AMBER

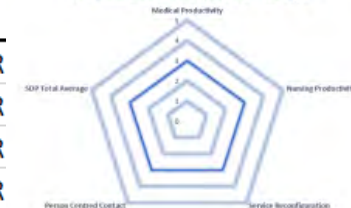
Medical Productivity Confidence Matrix



SDP Oversight – by mth, qtr

Month	Workstream	Overall Average	RAG
Jul-25	Medical Productivity	3	AMBER
Jul-25	Nursing Productivity	3	AMBER
Jul-25	Service Reconfiguration	3	AMBER
Jul-25	Person Centred Contact	3	AMBER
Jul-25	SDP Total Average	3	AMBER

SDP Confidence Matrix Overall Average



CREU
IECHYD

GWELLA
GOFAL

YSBRYDOLI
POBL

CYNNAL EIN
DYFODOL





Summary Update – 30/6/25

- Huddles taking place fortnightly (face to face) supported by Teams Channel
- CTM Expert presenters at Huddles to maximise support – Quality Improvement, Inequalities (Public Health), Comms & Engagement, QIA & Behaviour Change planned
- Issues identified and addressed – i.e. agency usage data & PMO skills/time to filter as required
- Finance template created to confirm ledger assignment for financial baseline – currently with Care Groups & Workstreams to confirm for accuracy
- Roster temp in place to support rostering improvements
- £313k saving identified due to change in system provider from Retinue
- Reduction in Agency usage noted in M1 finance report
- All Staff Infographic completed to disseminate
- Presentations to Leadership Group, All Staff Q&A, Board Development Day
- QI and Engagement & Comms support identified and available to Workstreams
- Assurance & Governance Toolkit created (EIA, QIA, WLIA, Finance Controls, Service Change, Risk Management, Standing Orders)
- PCC – Procurement progressing on system, staff and patient engagement plan in development, baseline data gathering for known information – staff surveys, PREMs, complaints/compliments, staff & patient surveys in development, agenda item for Community Leaders Group

Medical Workforce –Agency use validation with Care Groups complete





Summary Update – 30/6/25

Service Reconfiguration

- Milestone planning with NAPC support- continues
- H@H: Continued on-boarding of the recruited HCSWs – mitigation for clinical oversight in place
- H@H: Development of the OCP: review of new and existing JDs
- H@H: Phase 1 SOP development
- H@H recruitment: Currently 266 applications. Reinforce shortlisting of candidates with transferable reckonable service and adopting lessons learnt from earlier rounds of recruitment to avoid sponsorship difficulties meeting the Home Office minimum salary rules
- Weekly meetings for YGT bed reconfiguration underway. Finance team for P&C have worked up the financial costs for beds, based on pathway 3 patients and the relevant Nursing/ward mgr/ward clerk establishment that would be required.
- USC have commenced recruitment into the vacancies in YGT but are working closely with the DON Lucie Owen to ensure that there is no over recruitment for the future establishment. Recruitment needed to commence as there is 50% Bank and Agency currently spread across Fernhill and Dinas Wards.

- The transition into P&C will be via an OCP, due to permanent change of base for staff and also a potential proposal to change the patient pathway from a 1 to a 3. The OCP will be jointly developed between USC & P&C.
- Nav Hub: Falls response service extended to Taff Ely area, respiratory (COPD) pathway in place
- Virtual Ward: Capacity of Virtual ward has been increased from 5 to 10 beds
- Virtual Ward: Doccla and CTM have completed steps for integration.
- Virtual Ward: Capacity of Virtual ward has been increased from 5 to 10 beds. The first day of launch 3 patients were onboarded successfully, reaching full capacity by Friday 15th May.
- Virtual Ward: Patients have successfully been re-admitted to hospital and paused on Doccla and have successfully transitioned back onto Doccla following hospital visit.



Specific Matters for Consideration:

The Committee are asked to Note this formal Quarter 1 presentation on the Cwm Taf Morgannwg University Health Board Savings Delivery Programme

Key Risks / Matters for Escalation:

None

Recommendation

The Committee are asked to:

- Note the Savings Delivery Programme approach and progress to date

Next Steps

The Savings Delivery Programme will continue to report on progress



Thank You





Operational Delivery Committee

Highlight Report - Value-Based Health Care

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dee Lowry Assistant Director – Value & Efficiency
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dee Lowry Assistant Director – Value & Efficiency
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
Value-Based Healthcare Steering Group	16/07/2025	Updates and actions noted for further delivery
National Value in Health Team / NHS Executive & Welsh Government	10/3/2025	Updates and actions noted for further delivery

Acronyms / Glossary of Terms

VBHC	Value-Based Healthcare
PROM	Patient Reported Outcome Measures
PREM	Patient Reported Experience Measures
CROM	Clinical Reported Experience Measures
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
PCH	Prince Charles Hospital
IDVA	Independent Domestic Violence Advisor
CTMUHB	Cwm Taf Morgannwg University Health Board
AF	Atrial Fibrillation
HEIW	Health Education Improvement Wales
SOP	Standard Operating Procedure

1. Situation / Background

- 1.1. Delivery of ministerial priorities in 2025-2026 as part of Value-Based Healthcare programme scope will see a continuation of delivery of improvements, transformation and redesign of services to ensure that our provision of services and pathways progress to person centred care, improved outcomes and experiences, enabled by data and digital system integration.
- 1.2. The £2.1m VBHC Welsh Government allocation, and £655k enable CTM Care Groups to identify and implement key areas of care improvement and test of new models of delivery across areas of planned, urgent and emergency care.
- 1.3. The VBHC team support delivery of wider organisational strategy (CTM 2030) and its key transformation programmes, to reduce healthcare inequalities, deliver equitable access, improved experience and optimal outcomes for our population. In addition, the team support the achievement of ministerial priorities as outlined in the NHS Planning Guidance 2025-28, Clinical Quality Statements and the new National Peoples Experience Framework 2025.
- 1.4. The key principles set out in the programme scope for VBHC at CTMUHB are to ensure they:
 - Support the embedding of VBHC principles
 - Support with/without funding transformational programmes of work including new models of care delivery
 - Are patient centred and involve patients, families and stakeholders in re-designing care delivery
 - Improve patient outcomes and experiences and use of organisational resources
- 1.5. Key highlights from VBHC programme delivery are reported in section 3.

2. Specific Matters for Consideration

- 2.1 The purpose of this overview report is to provide the Operational Delivery Committee with an overview of the VBHC programme of work for 2024/2025.
- 2.2 The report will cover:
 - An update on VBHC projects
 - An overview of planned work for 2025/2026

3. Highlight Report

Alert / Escalate	Additional National Funding secured for 24/7 Alcohol Care Team (£421k) and AF & Hypertension (£234k) programmes remains unclear post March 2026. Awaiting further discussion with Welsh Government & NHS Executive.
Advise	NHS Exec- Mental Health PROM- ReQol- Welsh Health circular with 1 month implementation period. Set up a tracker spreadsheet with key metrics (as determined by NHS Exec). Form on SharePoint for services to complete. VBHC training to be provided in Sept & Oct for the service. Initial engagement meeting on the collections of ReQol PROM to be done 21st July. DSCN is not in place or translation of ReQol 10 only ReQol 20 PROM licensing: Continues to be a risk and issue. Some PROMs are free to use other have licencing agreements with costs associated to it. Additionally, the criteria for usage on a digital platform can be rigorous and time consuming. Welsh Translation of PROMs: Due to certain licence conditions the HB needs to get PROM tools translated 6 times across Wales by different groups e.g. clinical and patient, currently being led by Cedar. This is causing delays in using the PROM but also has cost implications. A discussion has been had internally about Welsh Translation whereby it has been agreed to put a statement and process in place on the Welsh PROM version "Under development if you would like to communicate in Welsh please contact xxx"
Assure	The VBHC Steering Group continues to provide oversight and support to the VBHC teams and programmes. The VBHC Team directly support a portfolio of projects and programmes across CTM, as outlined in Appendix 1. These include VBHC directly funded programmes, other external funded programmes such as 6 Goals, and 3 Ps, and internally resourced transformation programmes. Allocation of VBHC funding is supported by a locally developed internal business case process, which ensures support and sign off by Care Groups for submission, and then multi-disciplinary review, and final agreement by VBHC Steering Group. We are not only embedding finance into the clinical transformation model of VBHC, we are redefining how finance partners actively with care delivery. Unlike traditional models, we actively fund and embed 2 dedicated finance members directly within our VBHC function – reflecting our commitment to the foundational principles of VBHC: linking outcomes that matter to patients with the resources used to achieve them.



VBHC finance colleagues collaborate day-to-day with clinical and operational teams, as part of an integrated approach, helping them understand and apply VBHC concepts, and support the application of benefits realisation methods across service changes

Through this model of approach we have developed a business case process of application and review for VBHC funding allocation, and internal allocation letters aligned to VBHC principles, improving governance, transparency and audit readiness both within the organisation and for Welsh Government reporting.

Introduced flexible funding mechanisms which enable us to support, smaller, high-impact projects from within VBHC allocations, enabling responsive and efficient use of resources, reducing impacts of delayed expenditure due to recruitment or contract delays.

Moved beyond top-down reference costing – from reference costs to real costs. The work on deep-diving the actual specific costs of averted admissions by type, working with clinicians to accurately attribute real-world costs – a maturing, more precise model for measuring VBHC impact on resources.

The VBHC team have undertaken 3 sessions of “Introduction to VBHC” with 100 staff, and continue to support patient and engagement events, on peoples’ experience, patient safety, diabetes and alcohol awareness.

We have implemented a new digital system called Promptly to enable the systematic collection, analysis and use of PROMs, PREMs and CROMs. An internal review of clinically validated question sets was undertaken to ensure consistency across hospital sites and Wales. A PROMs/PREMs roadmap has been developed. CTMUHB have established and hosting a range of National meetings to ensure National consistency of measures used. In addition, we are working with other Health Boards and National Teams to develop patient confidence approaches – such as PROMs/PREMs on NHS Wales digital app.

We worked with Health Education Improvement Wales (HEIW) to develop new Shared Decision Making training which will be the operational vehicle to train and use VBHC measures in person with patients.

We jointly supported the recent Shared Services Audit on Service Users Experience and achieved a Substantially Assured rating.



Inform	Position of current funded projects: Projects continued / expanded for 2025/26/7 Heart Failure Optimisation: 1 x nurse funded centrally (RGH); 3 x nurses funded by VBHC (POW / PCH) for up to one further year, with agreement that VBHC principles will be embedded and evidenced. Training provided to nurses on how to complete a VBHC highlight report. VBHC team continue to support each site team to review project aims as per initial project bid from 2021. Medical heart failure optimisation now averaging 8-12 weeks. (£173k) 24 / 7 Alcohol Care Team: CTM-developed alcohol PROM is now live, but needs further development, ongoing PREM collection. Ongoing positive interaction with service user groups. Shortlisted for NHS Wales award 2025. 1805 patients seen and assessed, 423 emergency admission averted, 600 medically assisted withdrawals supported. 150 staff trained. New standardised alcohol policy developed for CTM. New community alcohol detox SOP developed. Alcohol PROM / PREM & dashboard in development, BBC Wales Radio interview Mar '25 Digital story in development, - Patient engagement song available (£421k National Funding) Diabetic Podiatry: Phase 1 completed: phase 2 underway, rolling out the service across three sites. Evaluation of phase 1 underway. Awaiting data clarity to accurately cost benefits realisation. Recruitment completed, and new podiatrists starting imminently to allow project expansion across all three sites. Ongoing training opportunities being explored and evaluated to improve uptake. Waiting to acquire licences for Diabetic Foot PROM. (£237k) AF & Hypertension: Team delivering education sessions and offering mini health check to targeted established community groups across CTM. If AF/HTN detected referral into Prescribing Clinical Nurse Specialist to support diagnosis and outcome back to GP. 15k patients received mini-health check; 7,553 educated. Nearly 1,200 clinical interventions, with AF detected in 75 (6%). Starting to collect PREMs. (£234k National Funding) New Projects – 2025-27 Diabetes Medicines Optimisation Project: AstraZeneca part funded project. VBHC involved to provide support for implementation of value measures (outcomes/experience). Agreed project start date of 1 August 2025. DPIA currently awaiting sign off. (£10k)



	Hospital based IDVAs: Funding to support hospital based Independent Domestic Violence Advisors (IDVA). 1 at RGH in post, job adverts for 2 x band 6 IDVAs live and positive responses so far. Interviews July, project start date likely October. Draft pathway mapped. (£131k) Prudent Physio Triage: Band 7 advertised on permanent basis at risk by project team due to high turnover rates in these posts. Outcome/experience measures ready. Currently 5,000 patients on waiting list. Anticipate around 20% of referrals to physio could be managed through self management or good signposting. Project go-live date anticipated 1 October 2025 (£95k) Diabetes Remission Service: Aim to treat 144 pts pa, with aim for 50% achieving remission. B6 recruited – starts 21/7/25. B4 recruited – starts 11/8. Pathway designed in draft, with outcome/experience measures in place (£254k) Joint Endocrine & Lipid Nurse: Initial planning meetings with 4x consultants. Operation Team supporting to create pathway and clarify benefits. Job advert waiting for job match. (£50k) Diabeter Cloudcare/Medtronic: Type 1 remote monitoring agnostic pump measures, with clinical triage. 96 patients onboarded into Cloudcare. Progress being made for the remaining 280 to be onboarded. Medtronic Cloudcare technician in place, and CTM nurse employed. Project went live 4 July 2025. Diabetes PROM signed off nationally and going through implementation in Promptly. Medtronic are committed to one year access to Cloudcare from June 2026 to June 2027. (£131k)
Appendices	Appendix 1 – Outline of all CTMUHB programmes VBHC Team supports

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: All
Dolen i Feysydd Strategol BIP CTM /	Living Well
	If more than one applies please list below:



Link to CTMUHB Strategic Areas	All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below: All
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: All
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	Yes - Refine If more than one applies please list below: All

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: All programmes of care will undertake QIA once tool is ready
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: All linked programmes of work undertake these
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 is asked to NOTE the highlights outlined in section 3 of this report.

Appendix 1 - VBHC Portfolio – June 2025

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
3Ps Waiting Well Pathway	National SPOC PREOM training & alignment with PROMPTLY “live directory” development	3Ps	CVCs / Primary care / general practice	In Progress – PREOM (combined PREM/PROM)	- ‘Waiting Well’ landing page launched with links - Patient information published - Information banners placed across sites - 3,000 patients a month contacted - Stage 1 contacted - Stage 4 commencing ENT & urology - CVCs workshops underway for referral and signposting pathways - Project scoping with primary care / general practice - Welsh Government award for partnership with CVCs (Mar ’25) - KITT script being reviewed, with signposting, referral opportunities and behavioural change insights - PREM under development to be used whilst awaiting National PREOM publication - Participation in Patient Engagement Week 28/4 – 2/5 - Dashboard to be developed - Patient animation explainer video in discussion	Planned Care
Acute Medicine	Strategic Transformation Acute Medicine Programme (STAMP), SDEC, UTC, Frailty Hub, GP Project	£15m (£96k per year 24/25)	SDEC / UTC / Frailty Hub / GPs	- Reset commenced @ PCH Sept 24 - Hybrid GP project commenced Nov ’24	- PREM developed & implemented - PREM pathway and trigger review aligned to STAMP changes across ED pathways - Patient & staff information - Updated SOPs - Patient leaflets, posters, QR codes and subsequent analytics - 728 patients seen Nov 24 to Jan 25 - 75% discharged with no further intervention required	Unscheduled Care
Alcohol Care Project	Seven-day service Drymester FASD Implementation Community Alcohol Support groups (Maerdy)	£5m National VBHC funding (£421k for 25/26)	ED / Community / In-patient / Alcohol service / Maternity service / Drymester	First 18mths delivery First year planning and re-org completed Further funding agreed for 25/26	In Year to Jun ’25 216 referrals (c/f 155 ytd Jun ’24) - 1,397 patients seen over life of project - 100% referred and assessed within 24hrs - 577 medically assisted withdrawals over life of project - 335 admissions averted (avg LOS 6.8 days each) = 2,536 bed days avoided (cost equivalent £806,575) - New standardised alcohol policy developed for CTM - New community alcohol detox SOP developed - Alcohol PROM / PREM & dashboard in development - BBC Wales Radio interview Mar ’25 - Digital story in development - Patient engagement song available - Patient engagement events in Apr 25 to measure the change and impact with service users - Staff education delivery in progress	Planned Care

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Arthroplasty PROMs	Roll-out of National T&O PROMs on new PROMPTLY System / Whole System Pathway plan for CTM <i>High value measure</i>	Supported by VBHC Team		In planning stage	- Workshop planned Feb '2025	Planned Care
Atrial Fibrillation and Hypertension	Optimal management of AF and hypertension in primary care	£5m National VBHC Pot (£234k for 25/26)	Links with WISE and Health Check programmes	1 st yr delivery completed. Further national funding agreed for 2025/26	Total: - Screened = 12,343 - Educated = 6,863 - AF detected = 58 - Htn detected = 758 - Medication initiated = 262 - Medically optimised = 105 - 1 to 1 clinical intervention = 1,000 - Referred to GP/A&E = 85 - Referred to lifestyle advice = 1,090 Working on a dashboard to present information 'on a page' Third sector collaborative working, including probation WISE & Health Check service under review – VBHC to support PROMs / PREMs to be implemented as part of review	Primary Care & Community
Parc Prison blood-borne viruses (BBV) elimination	Co-design for improvement plan with Prison Peers, strategic planning for co-production of improvements & strategies	Supported by VBHC Team	Parc Prison Probation Service	In Progress	- In July '24, 58% of men offered a test within the last 12 months. This increased to 95% by Jan '25 (Target 100%) - Rate of Hep C testing increased significantly in HMP Parc from 34% (Mar '24) to 81% (Dec '24) (Target 90%) - Rate of acceptance on reception 38% to 78% - Rate of declines reduced - Digital story in development	Primary Care & Community / Public Health
Bone Health High value measure	Fracture Liaison Service	6 Goals		Commenced Nov '24	- Local / National work pathway development - PROM/PREM in development - 280 patients seen Nov - Dec '24 - CTM data now on National audit dashboard - VBHC trained FLS team 28/11/24 - VBHC connected FLS teams to Alcohol Care Team for joint patient pathways	Primary Care & Community
Bone Health High value measure	National Fracture Liaison Service (FLS) Implementation work		ABUHB HDUHB Members of national FLS group	Commenced Nov '24	- Supporting development of National PROM / PREM set - VBHC representation at National Group	Unscheduled Care
Bone Health High value measure	Self-Injection of Denosumab		CVUHB	In planning stage	- Learning from C&VUHB - Head of VBHC @ CTM was part of original project team	Primary Care & Community
Bone Health High value measure	CTM Falls Collaborative			Commenced	Linked to iCTM Improvement Team work	Acute Care

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Cancer	Cancer Pathways Plan (lung, dermatology, breast, gynae, lower GI PROMs/PREMs)	Supported by VBHC Team	Velindre	New	- Lung in progress - Dermatology in planning stage - Breast awaiting sign off	Planned Care
Cancer	Living with & Surviving Cancer project	Supported by VBHC Team	HSCRW CTM Cancer Leads	New	- Meeting with Strategic Group Jan 25	Planned Care
CTM Diabetes 5 Year Strategic Plan	VBHC contribution to CTM 5-year strategic plan Diabetes High value measure	Supported by VBHC Team		Commenced Oct '24	Supported the planning and establishment of the Diabetes Strategic Programme Board – 1 st meeting Feb 25 VBHC to be a golden thread across workstreams Funding significant diabetes transformation programmes Leading on Diabetes Industry & Innovation Forum	Planned Care
Tackling Diabetes Together	National Stakeholder work Diabetes High value measure	Supported by VBHC Team	Led by PHW	Ongoing	VBHC participated in National Planning workshop Jan 25 Participation in National Patient & Partners Engagement event 10 th March 2025	Planned Care
Diabetes Behavioural Systems Mapping	Diabetes High value measure	Supported by VBHC Team	UCL PHW	Ongoing	Participation in National workshops	Planned Care
Diabetes 8 Core Care Processes Improvement Project – utilising DIVA	Utilising DIVA Diabetes High value measure	Supported by VBHC Team		Commenced Sept '24	Part of project team to work with Primary Care on measures	Planned Care
Diabetic Podiatry	Diabetes High value measure	£15m (£91k per year 2023-5)		Phase 1 completed Rolling out to all three sites Apr '25	- NHS Wales Awards Finalist - Started as one site pilot (RGH – 2023/5), and now rolling out to other sites to further test model 2025-7 - Phase one draft evaluation written – awaiting final data and costings for benefits realisation - Using DIVA data to track National statistical position on diabetes in-pts, LOS, £, mortality rate - Digital story available	Planned Care
Gestational Diabetes digital support project	Diabetes High value measure	£15m (£15k per year 2022-5)		Mature	- 838 patients supported per year - Being mainstreamed Apr '25 – VBH led the mainstreaming into current contracts, no additional funding required for continuation	Planned Care
Diabetes Remission	Diet replacement programme to prevent diabetes T2. Diabetes High value measure	£210,750 FY25/26 & £254,000 FY26/27		***New***	- Onboarded May '25 - Currently recruiting, with a view to starting Jul '25	Therapies

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Diabetes Medication Adherence Project	To optimise patients' medication, specifically related to dapagliflozin and its use across various health areas Diabetes High value measure	£15m (£10k per year 2024-6)	AstraZeneca	Agreed Oct '24	- Joint Working Agreement completed - Delays in launch relating to DPIA, but plan to see first patients from Aug '25. Date agreed with AZ. - No funding used in 2024/5 due to delays, £10k available for 25/26 to support outcome/experience measurement and print communication with Primary care	Planned Care
National Diabetes PROM	Support agreement and development of National Diabetes PROM High value measure	Supported by VBHC Team	Diabetes Implementation Group	Live	- DDS-T1 & DDS T2 + EQ5D	Planned Care
Type 1 Diabetes remote monitoring & triage system	Type 1 Diabetes Support – Diabeter High value measure	£15m (£131,417 FY25/26 only)	Cloud Care Medtronic	Planned	- Triage algorithm workshops held in March 2025 with Medtronic / clinical team / VBHC team - STA signed March 2025 - DPIA signed off. Awaiting DPA sign off (with CTM) - Programme press release distributed June 2025 - Onboarding of patient data June 2025. 372 patients uploaded. - PROM / PREM processes agreed and awaiting implementation - Awaiting baseline data from Information team	Planned Care
Reducing Inequalities in Diabetes	National programme to review and embed approaches High value measure	VBHC Supported	National PHW & Diabetes Implementation Group	Commences May 2025	National Workshop 4 th May – Cardiff Stadium	Planned Care
Dietetics	PROM/ PREM development, supporting roll-out, and dietetics/VBHC research	£15m £500 per year 2024-6		- In progress - Roll-out Dec '24	- PROM Licences purchased at a cost of £500pa for the Warwick-Edinburgh Mental Wellbeing Scales (WEMBWS)	
Doccla Virtual Ward	Enabling appropriate patients to be discharged from Same Day Emergency Care Unit (SDEC) and AMU and remotely monitored for a short-term observation period.	Supported by VBHC Team	TEC Cymru	***New***	- Initial conversation with VBHC team 18 Feb '25 about VBHC measures, PROMs/PREMs, etc. - Project live as of May 2025 in SDEC and AMU - Also now implemented in HF optimisation clinics (up to 20 patients)	Unscheduled Care
Enhanced community care (ECC)	Enhanced Community Care (ECC) – AHPs PROM Development	AHP Investment	National group	In Progress	- Nationally & linked to 6 Goals - PROM implementation planned Apr '25	Therapies
Heart Failure Optimisation	Heart Failure Optimisation High value measure	£15m £325k per year 2022-5, £180k 2025-6		Mature	- PROM / CROM / PREM in place - Dashboard currently in development, with first iteration for discussion July 202 - Funding was due to cease in Mar 2025. Accounting error identified; funding extended for 3x optimisation nurses for up to one year, with stipulations to embed and report on VBHC practice quarterly - All three sites seem to work independently	Unscheduled Care
Hepatitis Treatment Pathway	Review of CTM wide Hepatitis Pathway to improve outcomes, response and medication times, patient experience and outcomes	Supported by VBHC	Prison, probation, PHW	***New***	Inaugural meeting 27/3 VBHC to support pathway review, VBHC principles approach, & VBHC Measures	Planned Care

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Independent Domestic Violence Advocate	Placing a band 6 IDVA in each DGH ED	£15m £106,210 FY25/26 & £131,216 FY26/27	Police (funding 0.5WTE)	***New***	- Onboarded May 2025 - Recruitment for 2x band6 IDVA for PCH/POW - Ongoing discussions about where the posts will sit, but the plan is for them to be CTM, and to manage their own caseload	Unscheduled Care
Joint Endocrine / Lipid Nurse	Timely assessment and management of endocrine/lipid patients High value measure	£37,509 FY25/26 & £50,012 FY26/27.		***New***	- Currently in recruitment phase, with a view to starting 1 October 2025 - Pathways being developed	Planned Care
Neurodiversity	Neurodiversity Pathway	Other funding		In Progress		Planned Care
Ophthalmology	PROMs development, Openeyes, Glaucoma, Cataracts (PROMCAT5) etc	Supported by VBHC Team	PHD students	***New***	- Planning session 20/11/24 - Ophthalmology strategic group Feb '25	Planned Care
PITT	Outpatients Transformation Programme	Supported by VBHC		***New***	Met with Sallie Hughes Mar 25, now member of relevant groups	Planned Care
Paediatric OT	Paediatric OT, VBHC Introduction, PROM/PREM/CROM development	Supported by VBHC Team		***New***	- Commencing Feb '25 - CTM wide	Children & Families
Pain	Persistent Pain Summit	Supported by VBHC Team		***New***	- Workshop 7/2/25	Planned Care
Physiotherapy	First Contact Physio (FCP) Service Deep Dive	Currently HB (Therapies, Planned Care (Recovery Fund) & Primary Care		***New***	- Planning commenced Nov '24 to outline Value Deep Dive parameters & metrics	Primary Care & Community / Therapies
Physiotherapy Prudent Triage	Identify opportunities to provide brief interventions, signposting, and self-management advice to people who have self-referred or are referred from primary care for support with their MSK condition	£71,250 FY25/26 & £95,000 FY26/27.		***New***	- Onboarded May 2025 - Currently recruiting, with view to starting programme in Oct '25 - PROM/PREM processes incorporated	Therapies
Primary Care & Communities Transformation Programme	Primary Care & Communities Transformation Board – Programme of Work			***New***	- Commenced 27/11/24 - Baseline review and stakeholder analysis underway	Primary Care & Community

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Restorative, Just & Learning Work	Identifying how best to support the workforce.	VBHC Involvement		***New***	- Workshop 24/2/25	Workforce & OD
Sexual Health	Mobile Bus Services for teenagers			***New***	- Business case received - Propose delaying for a year and rolling out Apr'26	Primary Care & Community
Stroke recovery	Stroke Recovery – “Enabling Patients’ Voice”	Supported by VBHC Team	Regional Partnership (ABUHB, CVUHB)	In Planning Stage	Currently on pause	Therapies
Upper GI	Barrets, sponge project	Supported by VBHC	Neil Hawkes Bevan Commission Fellows project	***New***	Initial discussion taken place to identify opportunities for baseline assessment of current patient experience and stakeholder engagement and research opportunities	Planned Care
VBHC, Improvement, Sustainability	Gloves Off – reducing inappropriate use of disposable gloves on Wards	Supported by VBHC Team		In planning stage		iCTM Sustainability
VBHC & Innovation, Housing & Sustainability	VBHC & Innovation Project – QR Insights	£15m £5k per year 2023-4	University South Wales		- Pilot Completed – Evaluation and scale up discussions in progress	iCTM Innovation & VBHC
VBHC & Innovation, Housing & Sustainability	Innovation & Housing Project, Mobile Health Innovation supporting homeless citizens	TBC	Trivallis Housing Team Wallach		- Plan outlined - Plan on a page completed and to be shared with VBHC Steering Group	iCTM / Strategy / Transformation
VBHC, Innovation & Sustainability Project	Dignity Boxes for safeguarding patient personal effects, such as hearing aids, dentures and glasses, to reduce loss, inconvenience and impact on patients and associated costs	Supported by VBHC Team			- Approach agreed - Currently in pilot stage - Dignity boxes being created - Associated costs: Dignity boxes = £700; Stickers = £710; Denture pots £196.69	iCTM Sustainability / Theatres
VBHC, Innovation & Sustainability Project	Theatre hats project	Supported by VBHC Team			Funded £242	iCTM Sustainability
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	National Procurement for PROMs (CTM = PREMS/CROMS & Analytics) PROMPTLY system	£15m £161k recurrent	Promptly	Ongoing	- Implementation complete - Training package for administrators complete - Work ongoing - Development of patient explainer animation, patient and staff manuals and information in variety of formats and accessibility requirements relating to Promptly - Development of reviewer training and embedding into Shared Decision Making Training underway	iCTM

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	PREM development	HB £156k		Ongoing	- Update all current PREMs with 11 eleven National question sets, & roll out, local/ National PREMs & management of Civica system - 56 PREMs currently in place, and alignment to NHS Executive Beacon System and WRP - PREMs migration to PROMPTLY April '25 - Alignment with reporting to Beacon in progress	iCTM
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Develop & Implement VBHC Training Framework & Training delivery & Events	£15m (VBHC MDT Team)		Ongoing	- Training framework in development – for advanced VBHC and use of VBHC measures data - Induction and Intro to VBHC complete, two weeks of training provided Sept 25, will be repeated during 25/26	iCTM
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Population Health Segmentation Data work	£15m £260k recurrent		In use	- Frailty, Diabetes Medication Review projects	iCTM Public Health
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	High Value Measures Data & Digital Audit	Supported by VBHC Team		In Progress	- Working with informatics team to provide baseline position to National Value & Sustainability Board	iCTM Informatics
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Peoples' Experience	Supported by VBHC Team	Patient Experience leads VBHC Leads	In Progress	- Development of CTM's "Valuing People's Experience Strategy" Co-Chair and members of new Peoples Experience Operational Group – to identify and map peoples experience data across CTM, to enable theming, trends, early identification of issues and share best practice remedial actions - Members of Peoples Experience Forum - Supporting the development of CTM Valuing Peoples Experience Strategy - Utilising the National Digital Story toolkit and embedding into VBHC practice & programmes - Developing a SOP for VBHC for peoples experience feedback - Plans for events during Patient Experience Week – 28/4 – 2/5 being developed to promote Promptly and 3Ps work	iCTM Nursing
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Shared Decision-Making National Training (develop SDM alignment with VBHC clinical use of VBHC Measures Data Training)	Supported by VBHC Team	HEIW	In progress	- Testing Nov 2024 - Completion expected end of Dec '24 for roll-out - CTM roll-out and integration of SDM & VBHC measures to commence Apr 25	iCTM Therapies

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Integration of Patient Activation Measures (PAM) with PROMs	VBHC team	Bevan Commission	In progress	Senior Bevan Fellows Research project in partnership with Therapies To test and review integration of Chai7 PAM question set with PROMs, to enable identification of patients’ activation with their treatment, including aspects of communication, health literacy, willingness, etc. To be triangulated with PROM and PROM data to ascertain if improvements in PAMs are identified in improved PROM/PREM responses	iCTM Therapies
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Alignment with National Health Pathways work	Supported by VBHC Team		In Progress	Continued working with Health Pathways Team	iCTM
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	CTM Strategic Engagement Comms Group	Supported by VBHC Team		In Progress	Part of the overarching communications/engagement strategy for CTM	iCTM

Notes

Updated as at June 2025.

N.B. CTMUHB allocate CTM VBHC funding via an internal VBHC investment process, which utilises a VBHC business case process ensuring alignment to VBHC Principles, priorities and roll-out of VBHC measures. This is usually undertaken on a two-year cycle. Funding was extended for current projects during 23/24 to include 24/25.

A new investment round process began with business cases being reviewed end of 2024, for project commencement in April 2025. Funding decisions began to be made March 2025, with some business cases for projects moving to IMTP, others seeking continued funding from VBHC. In general, if VBHC funding were to stay with current projects, there would not be an ability to fund other key areas of work for VBHC support, and the premise of VBHC could stagnate. Where value is demonstrated, CTMUHB will seek to fund from core budget, however, as many are not directly cash releasing, this too is limited. VBHC does identify key ‘golden tick’ programmes of work, with evidence of intervention value, but to enable scale-up across sites and Wales, secure permanent funding will need to be identified.

WG VBHC Allocation does not include any form of uplift, therefore the allocative ability of the funding pot diminishes year on year due to the uplifts required for staffing and digital systems.

Completed Projects

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Anaemia Pre-op		Welsh Blood Service via £5m VBHC fund	Welsh Blood Service	Completed	Reports fed back to WBS as leading project	Planned Care
Respiratory	Mobile spirometry services	£15m (£13k 22-23)	HDUHB / Respiratory Innovation Wales	Completed	Evaluation Available MediWales Awards Finalist	Planned Care
Community Acquired Pressure Ulcer Project	VBHC and improvement project	£15m (£82k 2023-24)	Welsh Wound Innovation Centre & CTMUHB	Completed	Project evaluation and final report completed. Findings & Recommendations fed into Pressure Ulcer Plans	Nursing
Physiotherapy – urogynae triage		£15m (£58k – 2022-23)		Ceased	Project ceased due to staff shortage – Evaluation currently being written	Therapies
Pharmacy - Digital Medication Management for Patients		£15m (£20k – 2023-24)	Bridgend Local Authority	Completed	VBHC Funding Ended - Evaluation underway. Currently SBRI funded scale up Evaluation complete – linking in with YourMeds for publication of evaluation HSJ Digital Wards Finalist	Pharmacy
Arthroplasty High value measure	MyMobility Hips & Knees (POW)	£15m & £500 NWSSP £9k 2023-4 (from £15m)	Zimmerbiomet	Completed	- MediWales Award Winner, PREM	Planned Care
Community Frailty Project	Bone Health High value measure	Supported by VBHC Team	Public Health segmentation data Population Health team		Award winning, PREM	Primary Care & Community
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	CTM VBHC Funding Investment Process, business case templates & benefits realisation information	£15m (VBHC MDT Team)		Completed	- In use for 2025-27 funding rounds	Corporate
Corporate VBHC – VBHC Infrastructure & CTM VBHC Team	Embedding of Sustainability factors, measures and training in VBHC work	£15m £1.5k per year 2023-4		Completed	- Training with Centre for Sustainable Health Centre	Corporate
Heart Failure High value measure	Heart Failure Remote Digital Monitoring	£15m		Completed	- Lessons learned - Options for digital remote monitoring via Promptly	Unscheduled Care

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
Anaemia Pre-op		Welsh Blood Service via £5m VBHC fund	Welsh Blood Service	Completed	Reports fed back to WBS as leading project	Planned Care
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Physiotherapy – urogynae triage		£15m (£58k – 2022-23)		Ceased	Project ceased due to staff shortage – Evaluation currently being written	Therapies
Pharmacy - Digital Medication Management for Patients		£15m (£20k – 2023-24)	Bridgend Local Authority	Completed	VBHC Funding Ended - Evaluation underway. Currently SBRI funded scale up Evaluation complete – linking in with YourMeds for publication of evaluation HSJ Digital Wards Finalist	Pharmacy
Arthroplasty High value measure	MyMobility Hips & Knees (POW)	£15m & £500 NWSSP £9k 2023-4 (from £15m)	Zimmerbiomet	Completed	- MediWales Award Winner, PREM	Planned Care
Community Frailty Project	Bone Health High value measure	Supported by VBHC Team	Public Health segmentation data Population Health team		Award winning, PREM	Primary Care & Community
		£78k per year 2022-3				
Heart Failure High value measure	Heart Failure Rehabilitation	£15m £67k per year 2022-3		Completed	- Evaluation completed - Delivery approach needs re-modelling - PREM - Lessons learned from pilot - new model of delivery required Digital Story available	Unscheduled Care
Heart Failure High value measure	Heart Failure Palliative Care	£15m, but business case to fund from IMTP Apr '25		Completed	- PROM/ National Palliative Care PREM - RGH nurse funded from IMTP from Apr'25	Unscheduled Care

Project	Detail	Funding	Collaboration / Partners	Status	Progress	Care Group
<i>Anaemia Pre-op</i>		Welsh Blood Service via £5m VBHC fund	Welsh Blood Service	Completed	Reports fed back to WBS as leading project	Planned Care
<i>Respiratory</i>	Mobile spirometry services	£15m (£13k 22-23)	HDUHB / Respiratory Innovation Wales	Completed	Evaluation Available MediWales Awards Finalist	Planned Care
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<i>Physiotherapy – urogynae triage</i>		£15m (£58k – 2022-23)		Ceased	Project ceased due to staff shortage – Evaluation currently being written	Therapies
<i>Pharmacy - Digital Medication Management for Patients</i>		£15m (£20k – 2023-24)	Bridgend Local Authority	Completed	VBHC Funding Ended - Evaluation underway. Currently SBRI funded scale up Evaluation complete – linking in with YourMeds for publication of evaluation HSJ Digital Wards Finalist	Pharmacy
<i>Arthroplasty High value measure</i>	MyMobility Hips & Knees (POW)	£15m & £500 NWSSP £9k 2023-4 (from £15m)	Zimmerbiomet	Completed	- MediWales Award Winner, PREM	Planned Care
<i>Community Frailty Project</i>	<i>Bone Health High value measure</i>	Supported by VBHC Team	Public Health segmentation data Population Health team		Award winning, PREM	Primary Care & Community
		£228k per year 2022-5				
<i>Heart Failure High value measure</i>	Heart Failure Diagnosis – NTPro BNP	Supported by VBHC Team	Roche Diagnostics Digipharma (Joint Working Agreement)	Completed	- Award-winning European VBHC Awards - Procurement VBHC contracts	Unscheduled Care
<i>Lymphoedema</i>	Lymphoedema Team OGEP National Cellulitis Improvement Programme (NCIP)	£15m £240k £58k per year Ends Mar 2025		Completed	- Award Winning - PROM / PREM in place Dashboard in development - Review underway - Business case to fund from IMTP April'25	Primary Care & Community



Operational Delivery Committee

IMTP 2025-2028 – Quarter One Review

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy and Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
IRCF	Integration Rebalancing and Capital Fund

1. Situation / Background

- 1.1 Developing an intermediate 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 has now received formal confirmation of approval from Welsh Government, subject to satisfying accountability conditions set by Welsh Government.
- 1.3 The 2025-2028 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process.

2. Specific Matters for Consideration

- 2.1 Following formal approval of the Health Board's IMTP in March 2025, work commenced on delivery of the agreed plans.
- 2.2 This report provides a summary of the progress during quarter one.

Reporting Framework

- 2.3 The primary measure of impact for the delivery of the IMTP is in the integrated performance report (IPR). This is not replicated here. The secondary measure of progress is in delivery of the actions as set out in the IMTP. Each care group and corporate team has developed high level plans on a page, supported by more detailed service plans. In addition, our IMTP is intrinsically linked to the delivery of our three corporate programmes:
 - Primary and Community Services transformation;
 - Creating Health Strategic Action plan;
 - Acute Clinical Services Plan.
- 2.4 In addition, there is a suite of ministerial templates which provide detail of actions and milestones for delivery. These ministerial templates cover the five primary ministerial strategic priorities as set out in the NHS Wales Planning Framework 2025-26:
 - 2.4.1 Timely Access to Care
 - 2.4.2 Population Health and Prevention
 - 2.4.3 Building Community Capacity
 - 2.4.4 Mental Health Access
 - 2.4.5 Women's Health

- 2.5 Finally, the Health Board is required to deliver and report progress on a number of enabling actions. A summary of delivery against these actions is set out in an appendix to this report.
- 2.6 As discussed with the Operational Delivery Committee, this report has been revised to ensure that there is clear oversight of key inputs into the delivery of the IMTP, covering both corporate and service delivery teams, without duplication of reporting. This will continue as an iterative process during 2025-26 and future reports will include specific reference to the detailed reporting of the following key plans:
- People plan;
 - Digital plan;
 - Quality and safety strategic action plan;
 - Savings and investments work streams.

Delivery of ministerial requirements

- 2.7 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	Q1 planned	Q1 actual	Notes
Timely access - cancer	66%	Final validation ongoing	Indicative figures indicate delivery may be below planned milestone.
Timely access - (104-week delays)	1129	Final validation ongoing	Delivery is anticipated to be on track.
Timely access – Cardiology diagnostics	0 breaches	463 breaches	Not met
Timely access – Radiology/ other diagnostics - 8 weeks	100%/ 0 breaches	3423 breaches	Not met
Timely access - Endoscopy 8 weeks	100% by July	1326 breaches	Endoscopy recovery will continue into Q2.
Timely access - ED 12-hour breaches	50% reduction by July	1788	Not met
Timely access - ED Ambulance handover	80% of patient handovers within 1 hour 100% of handovers within 4 hours	83.9% within one hour 78.1% within 45 minutes 4 hours – 15 breaches in June 25	Met (1 hour) Not met (4 hours)
	50% min compliance with all 8	47.35%	Target not met for all 8 processes.
Population health - diabetes			



Strategic priority requirement	Q1 planned	Q1 actual	Notes
	care processes		However, at the end of Q1, we have met the 65% target for 7 out of the 8 care processes. Improvement work is ongoing
Community access - General Medical Services	100% access compliance	Data available 28/7	Data not yet available
Community access - General Dental Services (Patient attendances)	No specific access target	47,322	Higher than Q1 24-25
Community access - reduction in delayed transfers		Mean delays - 269 per month Mean days lost - 12,145	Mean delays are higher than March baseline. Reduction in days delayed from March baseline of 14488
Mental health access	Improvement in psychological therapies access		Confirmation pending
Delivery of women's health hubs	Q1 actions	Ref Ministerial Template	Please refer to template for detail.

2.8 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, commencing with Primary and Community Care and Planned Care and the integrated performance report.

2.9 A summary of progress against enabling actions is provided in Appendix one. This demonstrates progress across a range of organisational programmes and notes areas for further progress.

Women's Health Plan

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

2.11 Our vision is that Women's Health Hubs will deliver a compassionate, inclusive, and accessible model of care that transforms how women's health services are delivered across our communities. We anticipate an integrated community-based model that bridges the gap between primary, community, and secondary care along with other services as required, providing holistic, and person-centred support across a woman's life course.

2.12 During quarter one, we formed our Local Implementation and Steering Group. We also developed early plans outlining key priorities: clinical leadership, nurse-led clinics, ultrasound service planning and IT integration. During this quarter, the focus has been early discussions and plans to review current service models and identifying opportunities to shift care into the community as well as look at training needs analysis and demographic detail to inform our work.

2.13 Updates will continue to be provided on a quarterly basis and the health board is represented at all national women's health fora, which have been set up to oversee and drive this work.

Financial position

2.14 As at Month 3, we are continuing to forecast delivery of break even in accordance with our approved IMTP.

2.15 Our IMTP set out several income assumptions including funding for the exceptional costs associated with the Princess of Wales critical incident and remediation plan. It is noted that correspondence approving our IMTP in principle indicated that this approval does not confirm any validity in funding assumptions around additional revenue or capital funding. However, material movement from these funding assumptions represents a risk to break even. This is covered in detail in the health board's financial reporting.

Capital planning

2.16 The Health Board's capital resource limit is £83.1m (confirmed at 30th June 2025) and expenditure against this allocation is £18.69m to date. The committee will continue to receive detailed updates on capital planning and expenditure in alignment with the committee schedule.

2.17 Since submission of the IMTP funding has been secured for several of the anticipated allocations as detailed in the table below.

Anticipated Allocations	IMTP Submissions	Latest Position June 2025
Llantrisant Health Park	35,500	Funding of £2.8m requested for additional fees for OBC
Prince Charles Hospital Refurbishment - Phase 3	4,000	Business case due to be submitted Oct 2025. £1.3m approved in advance
Targeted Estates Fund (TEF) - Bids submitted 31/1/25	TBC	Funding Approved- £7.5m in year
Diagnostics Replacement Programme	TBC	Funding approved - £1.971m in year
IRCF Maesteg HWBC -Business Case Fees (FBC)	TBC	Additional funding of £0.569m requested in year – awaiting approval.



IRCF Llanilid - Business Case Fees	TBC	Funding of £0.3m requested for fees in year – awaiting approval.
Total	£39,500	

People Plan

2.18 The People plan was endorsed at the Board meeting on 29th May and published on 23rd June 2025. All managers have been invited to briefings to be held across multiple sites during the summer, with members of the executive and clinical services group leadership teams to socialise the People Plan.

2.19 Work is currently underway to develop a baseline for the success measures (using April data).

2.20 Progress reports are anticipated to be 6 monthly via Strategic Development Committee, with the first report to be provided in October 2025, noting the plan itself will only have been operationalised for four months at that point.

3. Key Risks / Matters for Escalation

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

3.2 Section two identifies a number of areas where performance has not yet met the planned delivery standard, and work will be ongoing to deliver improvement in these areas.

3.3 The financial position at month three confirms significant further work is required on the delivery of savings plans. The ability to deliver on planned investments requires further consideration in this context.

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: Creating Health Sustaining our Future Inspiring People
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 / Link to Wellbeing of Future Generations Act – Wellbeing	A Healthier Wales
	If more than one applies please list below:



Goals 150623-guide-to-the-fq-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))	Data to Knowledge If more than one applies please list below: Culture and Valuing People
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: All quality domains apply
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☒	No: ☒
	Outcome:	If no, please include rationale below: All areas for investment consideration/ change were subject to QIA.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): 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	Yes (Include further detail below) Delivery of ministerial priorities impacts on the reputation of the health board.	
Effaith Adnoddau	Yes (Include further detail below)	



(Pobl /Ariannol) /
Resource Impact
(People / Financial)

All resource implications of the IMTP have been identified in the planning. Availability of funds for investment and delivery of savings plans are key to the health board's service delivery and financial balance.

5. Recommendation

- 5.1 The Operational Delivery Committee is requested to note the contents of the report and to receive further updates on the delivery of plans.
- 5.2 Assurance of delivery of improvements will be overseen by the operational and corporate teams and the regular reporting structures.

6. Next Steps

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

Thematic Area: Operational Productivity & Efficiency - Urgent and Emergency Care

Objective: Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation

Summary statement: Cwm Taf Morgannwg University Health Board's Six Goals for Urgent and Emergency Care Programme provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Primary and Community Services and Urgent and Emergency Care)

Enabling actions	Plan reference	Adoption status and monitoring	Baseline and milestones/delivery trajectory	Q1 review															
Implementation of the Community Based Falls Response - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: planning phase Governance and monitoring: Community Steering Group/Workstream 1 6 Goals UEC Programme Board Key Deliverables: - Finalise Strategic Outline Case for implementation of community based falls response service based on demand data and analysis of gaps i.e. LA provision of mobile response covering Merthyr Tydfil area. - Enhanced Care in Community (ECC) Level 4 Phase 3 implementation – 'Admission Avoidance' – urgent response in community to include falls response (8am – 9pm/7-days a week coverage) to supplement Telecare and LA-funded mobile response teams	Reduction of Level 1, Level 2 fallers conveyance to ED by 10% by end of December 25/reduction by 25% by end of March 26 (against March 25 baseline) Care homes March 2025: Level 1 – 115 falls conveyed to ED Level 2 – 73 falls conveyed to ED Data comparison: <table> <tr> <th></th><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr> <tr> <td>L1</td><td>115</td><td>106</td><td>115</td><td>102</td></tr> <tr> <td>L2</td><td>73</td><td>65</td><td>69</td><td>58</td></tr> </table> Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C1.1 – C1.12. All will be assessed and reviewed monthly.		Mar 25	Apr 25	May 25	June 25	L1	115	106	115	102	L2	73	65	69	58	Reduction of Level 1 and 2 observed in June 2025 Early indication of improvement: 7% decrease – average number of falls Level 1 Quarter 1 in comparison to March 25 baseline 12% decrease - average number of falls Level 2 Quarter 1 in comparison to March 25 baseline
	Mar 25	Apr 25	May 25	June 25															
L1	115	106	115	102															
L2	73	65	69	58															

		- Comprehensive Directory of Services for community, primary and secondary care services to ensure clear pathways and point of referral when fall occurs in community - Continue training provision for care home providers to increase capability, provision of timely response to those who suffered fall and reduce admissions where safe and appropriate										
Implementation of the remote clinical assessment services framework - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: delivery phase Governance and monitoring: Community Steering Group/Workstream 1 6 Goals UEC Programme Board Key Deliverables: - Build on Navigation Hub capacity: admission avoidance - Implementation of Doccla Virtual Wards as part of the SDEC pathway in RGH. - Care home support – support conversation/review before conveyance. Roll out the WAST-led LUSCII project in care homes with the view to mandate care home calls to NH as first point of contact where safe and appropriate	Baseline data: Reduce conveyance from care home by ambulance to ED: no higher than 50% rate by end of December 2025, sustained until the end of March 2026 Maintaining status of 23-25% care home conveyances to ED monthly Plans in place to reduce further Data comparison: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>446</td><td>419</td><td>415</td><td>388</td></tr></table> Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C2.1 – C2.9. All will be assessed and reviewed monthly.	Mar 25	Apr 25	May 25	June 25	446	419	415	388	Reduction of Care Home conveyances to ED observed in Q1 Early indication of improvement: 9% decrease – average number of care home conveyances to ED Quarter 1 in comparison to March 25 baseline
Mar 25	Apr 25	May 25	June 25									
446	419	415	388									

		- Merge operational activity of Discharge Hub with Navigation Hub to support delivery of enhanced care in community (discharge and admission avoidance) Phase 3 of ECC Level 4 implementation - Falls: central coordination for admission avoidance with ECC level 4 in place to support urgent response in community including falls.																	
Implementation of acute frailty model at the Front Door - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: planning phase Governance and monitoring: Community Steering Group/Workstream 1 & 2 6 Goals UEC Programme Board Key Deliverables: - Produce acute frailty implementation plan guided by frailty at the front door framework (national team completion end of March 25) - Align front door provision with Integrated Discharge Team (front door discharge) and Navigation Hub for support in community (ECC and hot/frailty clinics - @Home service) – trusted assessor model - Scale up Acute Care of Elderly (ACE) model in RGH and PCH with additional clinical capacity	Baseline data: Front door: March 2024 – February 2025 – 5082 patients over 65 seen in SDEC On average 42% discharged the same day Admission to hospital bed (emergency admissions) Data comparison: <table border="1"> <thead> <tr> <th></th><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr> </thead> <tbody> <tr> <td>Under 65s</td><td>524</td><td>610</td><td>645</td><td>686</td></tr> <tr> <td>Over 65s</td><td>931</td><td>1071</td><td>1165</td><td>1116</td></tr> </tbody> </table> Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two		Mar 25	Apr 25	May 25	June 25	Under 65s	524	610	645	686	Over 65s	931	1071	1165	1116	Awaiting SDEC data Increase in emergency admissions for over 65s observed in Q1 23.5% increase – average number of emergency admissions to ED for over 65s Quarter 1 in comparison to March 25 baseline
	Mar 25	Apr 25	May 25	June 25															
Under 65s	524	610	645	686															
Over 65s	931	1071	1165	1116															

		and therapy input for effective in reach to ED and SDEC services across all three sites. Align Fracture Liaison Service with overall frailty approach and falls framework as well as community services to support patients closer to home (Falls Response – priority 1)	measures plus tier three C3.1 – C3.18. All will be assessed and reviewed monthly.																																					
Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: delivery phase Governance and monitoring: Workstream 2 6 Goals UEC Programme Board Key Deliverables: - Pilot eTriage in RGH and evaluation for further implementation in POW and PCH - Evaluation of HISU extended operational activity in PCH (national slippage funding Dec 24 – March 25) with view to extend investment in revenue 1. Ongoing delivery of Strategic Transformation of Acute Medicine Programme to support delivery of flow improvements at the front door 2. Evaluation of Urgent Treatment Centre in PCH with view to roll out on other acute sites	Baseline data: 4 hr ED performance – target 72% by Q3 4 hr ED performance Data comparison: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>66.5%</td><td>67.4%</td><td>62.8%</td><td>62.7%</td></tr></table> Handover delays over 45 min: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>1050</td><td>1163</td><td>1011</td><td>416</td></tr><tr><td>53.8%</td><td>57.3%</td><td>49.1%</td><td>21.9%</td></tr></table> Lost hours per ambulance arrival: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>2652</td><td>3067</td><td>2236</td><td>732</td></tr></table> 12 hr ED breaches: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>1672</td><td>1669</td><td>1853</td><td>1788</td></tr></table>	Mar 25	Apr 25	May 25	June 25	66.5%	67.4%	62.8%	62.7%	Mar 25	Apr 25	May 25	June 25	1050	1163	1011	416	53.8%	57.3%	49.1%	21.9%	Mar 25	Apr 25	May 25	June 25	2652	3067	2236	732	Mar 25	Apr 25	May 25	June 25	1672	1669	1853	1788	Negative reduction in 4hr ED performance Q1 average at 64.30% lower than baseline March 25 at 66.5% - current downward trajectory towards 72% target in Q3 Positive reduction in in <45min ambulance handover delays in Q1 average at 863 lower than baseline March 25 at 1050 Positive reduction in in lost hours per ambulance arrival in Q1 average at 2011 lower than baseline March 25 at 2652
Mar 25	Apr 25	May 25	June 25																																					
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		3. Monitoring and delivery of 7 priorities as defined by ED Quality Statement 4. Formulation of implementation plans in readiness for WECDS for roll out by end of March 2026 5. Ongoing review of GIRFT/SEDIT data to evaluate EDs current demand, capacity, flow and outcomes, to understand why problems are occurring, and to target the root causes	Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C4.1 – C4.29. All will be assessed and reviewed monthly.	Number of 12 hr ED breaches remain broadly static with average for Q1 at 1770 slightly higher than March 25 baseline of 1672.																																
Implement the Optimum Hospital Flow Framework - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: delivery phase Governance and monitoring: Workstream 3 6 Goals UEC Programme Board Key Deliverables: - Continue delivery of Optimal Hospital Flow Framework and pan-CTM training and mentoring programme (Optimise) including embedding of adding value in every day care through Red 2 Green principles and increase capability and knowledge around deconditioning - Launch and monitor compliance for ESR training	Baseline data: Average LoS and No of discharges - acute: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>12.2</td><td>10.8</td><td>11.5</td><td>9.5</td></tr><tr><td>1986</td><td>2159</td><td>2328</td><td>2284</td></tr></table> Average LoS and No of discharges - community: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>50.3</td><td>61.2</td><td>62.7</td><td>46.3</td></tr><tr><td>143</td><td>153</td><td>156</td><td>151</td></tr></table> POCD – number of delays and days delayed <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>248</td><td>284</td><td>246</td><td>277</td></tr></table>	Mar 25	Apr 25	May 25	June 25	12.2	10.8	11.5	9.5	1986	2159	2328	2284	Mar 25	Apr 25	May 25	June 25	50.3	61.2	62.7	46.3	143	153	156	151	Mar 25	Apr 25	May 25	June 25	248	284	246	277	Positive reducing trend observed for length of stay in acute and community wards and increase in number of discharges. Average number of delays in Q1 at 269 – higher than the baseline in March 2025, but ongoing reduction in days delayed – average for Q1 at 12145 below
Mar 25	Apr 25	May 25	June 25																																	
12.2	10.8	11.5	9.5																																	
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		uptake 'Optimise' modules: R2G, SAFER, deconditioning, D2RA - Design and implement board round audit tool to support delivery of SAFER compliance improvement - Performance framework re site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board. - Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH - Implement ECC Level 4 Crisis Response Team 'Bridging Care' Phase 1 and Early Discharge Phase 2 of ECC (Enhanced Care in Community) – 7-day working model and improve discharges from acute hospitals to home – trusted assessor model - Improve timeliness of DST/CHC processes in community beds - integrated discharge model	<table><tr><td>14488</td><td>13181</td><td>11531</td><td>11725</td></tr></table> Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C5.1 – C5.52. All will be assessed and reviewed monthly.	14488	13181	11531	11725	the baseline in March 2025 at 14488
14488	13181	11531	11725					

		and implementation of Integrated Discharge Team		
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.	Six Goals Plan/ Programme	Key actions included in 50-day challenge guidance have been included in the delivery plan of 5 ministerial priorities for 2025/2026 across workstream 1, 2 and 3: Point 1 - 'Refresh focus on embedding six goals programme Optimal Hospital Flow Framework (workstream 3) Point 2 – 'Apply 7 day working to enable discharge of patients during weekend' (workstream 1 and 3) Point 3 – 'Undertake Decision Support Tool (DST)/CHC process in the community (workstream 3) Point 4 – 'Regional collaboration to ensure that an integrated approach to system navigation exists' (workstream 1 and 2) Point 5 – 'Regional weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge (workstream 3) Point 8 – 'Trusted Assessor model for all care settings' (workstream 3) Point 9 – Home first should be the default for all patients clinically optimised – discharge planning begins on admission' (workstream 3)	Key benefits measures as defined above and per attached document.  Benefit Measures 2025-2026.xlsx	

		Point 10 – ‘Community services to focus on 7 day community-based falls response pathways’ (workstream 1) Point 6 – ‘Proactive management of identified 0.5% high risk population group by clusters and multi professional community teams’ and Point 7 – ‘Improving Primary and Community Care Integration for People Most at Risk of Admission or Readmission due to Frailty and/or co-morbidity – within the scope of Primary Care Transformation Board linking to 6 Goals UEC Programme Board re delivery of outcomes and collaborative/enabling actions		

Thematic Area: Operational Productivity – Planned Care

Objective: Improving timely access to care, reducing unwarranted variation in clinical productivity

Summary statement: Cwm Taf Morgannwg University Health Board’s Productivity Improvement and Transformation Board (PIT) provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Planned Care and other care groups providing planned care services). Each service area has a service improvement group within the PIT structure.

The PIT programme will establish a reporting and monitoring cycle for the enabling actions alongside the requirements of the Performance Framework.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory	Q1 review
Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	PIT Programme/ Planned Care	The health board will adopt this action. Guidance on the publication of the guidelines is awaited. Within the PIT programme, the Outpatients Group will provide the mechanism for monitoring and delivery for these actions. Each service area will implement and report through their service improvement group (SIG) The health board has set requirements for PIFU and SOS. Confirmation of expected completion date is requested.	No baseline as currently not part of standard measures. Orthopaedics has been identified as the first priority area TARGET DELIVERY DATE: Orthopaedics Q1 25/26 Ophthalmology Q2 25/26 Other appropriate services Q3 25/26 Key enabler: Digital support	Specialities will be expected to confirm before the meeting on July 10 th of the Outpatients programme that they are working in line with the CIN protocols and how they plan to implement them, where not complete.
All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	PIT Programme/ Planned Care	Adopt This requirement is included in the Planned Care priorities for the IMTP 2025-2028.	No baseline as currently not part of standard practice at CTM.	Task & Finish established in May 2025 with NHS executive oversight. Planning and

			TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity	on target for September/Q3 delivery in line with full return of POW theatres and centralisation of cataract service
Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	PIT Programme/ Planned Care	Adopt The health board has set this standard for DNA rates/ overbooking and will review the impact of CNA rates to align with the requirements of this action.	DNA rate 8% (Jan – Dec 24) CNA rate 10% (Jan – Dec 24) No baseline as currently not part of standard practice at CTM TARGET DELIVERY DATE Q2/3 25/26 Key enabler: service-level implementation, mitigation planning	Written out to all specialties and provided clinic level data where an opportunity to overbook maybe present. Responses are expected by July10th and will confirm the number of additional slots they are going to add to their clinic templates.
Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	PIT Programme/ Planned Care	Adopt The health board will adopt this action and will monitor through operational and PIT monitoring processes.	See enabling action no 1 (above)	Prospective being addressed through first action in table. Process for retrospective PIFU being drafted for use in T&O. Work needed to move patients from follow up waiting list would need resource from medical records.
On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care	PIT Programme/ Planned Care	Adopt The health board currently actively works to protect planned care services and avoids cancellation of surgery other than	TARGET DELIVERY DATE Monitoring dashboard Q1 25/26 Performance mgmt. Q2/3 25/26	This is in the process of being built into the Theatre monitoring dashboard. Slight delay as a result of WPAS

pressures and outlying of patients by the end of Q1.		when in high escalation (business continuity impact level). This will be monitored through the Theatre Project within the PIT programme.		transfer however this is anticipated to be complete in August 25 and report to PIT programme. This is monitored at speciality level through weekly operational meetings. NHS Performance and Improvement team is are developing a methodology based on the percentage of days patients were cancelled from theatre due to emergency admissions or beds being unavailable. Initial report demonstrates positive progress by the health board.
Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	PIT Programme/ Planned Care	Adopt This requirement aligns with the existing health board internal targets and will be delivered and monitored via the Theatre Project within the PIT. The CTMUHB team currently reviews all missed opportunities extending beyond the other than	TARGET DELIVERY DATE Q1 25/26 Key enabler: job planning	Rolling 3M average: LS – 57% EF – 43% SU – 72% Both escalated at last PIT board. Theatre Improvement Group are working with areas to review/develop further plans to address.

		the late start/ early finish monitoring, to understand the causes and to seek to maximise theatre utilisation.		Start/finish times at two sites are impacted by utilisation rates. Productivity targets will be developed to try and address. Positive: ENT (78%); General Surgery (82%); Ophthalmology (81%); and Orthopaedics (79%) all improved list (in session) utilisation @ RGH in April/May/June 2025
Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	PIT Programme/ Planned Care	Adopt The health board will adopt these standards and will monitor delivery through the PIT programme. The health board anticipates a longer delivery timeframe due to current constraints in the health board estate that impact on operational delivery. Arthroplasty – The health board anticipates delivery by the end of Q3 (following completion of all work on the PoWH site by the end of Q2) In the interim period, the current bed footprint allows only three cases per day. Cataracts – the health board current operates an average of	Baseline: Cataract 5.5 p/list 30% of list cap Arthroplasty 4 p/list 100% list cap during Oct 24 pre-POW critical incident. Specific HVLC lists will be actively monitored through PIT programme monthly TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity	Task & Finish groups established for Cataract and Arthroplasty, on target for Q3 delivery with POW plans. Orthopaedic to replicate optimal month model with dedicated theatre and bed capacity for primary joint HVLC at POW. Configuration of General Surgery elective sessions still under discussion. Four POW Ophthalmology consultants have agreed to do 7 cataracts per sessions and one of them started in June 2025.

		4/5 per list. Noting the impact of the loss of the eye unit space at PoWH, on some of our improvement work, a delivery date of end of Q3 is anticipated. General surgery lists are affected by our current limitations on bed base and theatre capacity. Delivery is anticipated to require until the end of Q3.		
Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025	PIT Programme/ Planned Care	Adopt The health board will adopt these standards and will monitor delivery through the PIT programme.		BACDS day case rate confirmed to be 80%.
Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	PIT Programme/ Planned Care	Adopt The health board will adopt this action and will monitor through operational and PIT monitoring processes.		Currently we have a stage 1 Keeping in touch team, who contact patients. Admin validation for stages 2-4 is currently undertaken by secretaries and waiting list officers. However, this is not a standardised approach and varies between specialities. There is a demonstrated need for

				a centralised validation team. Clinical validation is completed on an ad hoc basis with additional sessions. Discussion ongoing about a standardised approach for clinical validation.

Thematic Area: Workforce Productivity

Objective: Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.

Summary statement: Cwm Taf Morgannwg University Health Board’s Corporate People Team will provide the structure for delivery and governance for the workforce productivity actions.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory	Q1 review
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	People Chapter Monitoring via Operational Delivery Committee	Adopt Enhancing quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes. Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their	CTM Workforce Shape and Supply Steering Group established to improve supply pipelines. Subgroups on Attraction/Resourcing and Retention in place, alongside current staff development and promotion of bank working. These are delivered in partnership to develop strategies to recruit and retain our substantive workforce to reduce agency cover and spend. This all aligns to the IMTP Education Training Commissioning returns. Local people policies ensure that our workforce is paid in accordance with the applicable Agenda for Change,	Attraction, Resourcing and Retention Groups in place. An increased focus on filling key CTM posts, using branding, social media and using alternative application methods to widen reach and improve accessibility for applicants. Our lateral moves have supported 73 Band 5 nurses or Band 2 HCSWs to move internally that may have left CTM. We continue to improve and extend the Scheme. A CTM Savings Delivery Programme is in place to reduce agency usage and spend. Further information will follow in

		contractual and any additional hours worked at the appropriate contractual or agreed national rate. Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank. Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups).	Medical and Dental and ESP Pay Scales. CTM is an accredited Real Living Wage Employer, committed to ensuring the workforce, including workers are paid above the National Minimum Wage. The Agenda for Change Pay rates for band 1 – 3 posts are increased on 1 April annually and applied to employees and worker, to comply with our accreditation requirements. CTM has an in-house Staff Bank for nursing, midwifery, healthcare support workers, as well as for administrative staff. Work is being undertaken to establish the feasibility of creating a bank for facilities workers. Payment of bank workers is accordance with all Wales AfC rates of pay for each band. A Bank modernisation will promote recruitment to the bank and improve rostering practices, to reduce reliance on agency cover. There is also a plan to develop bank and rostering KPIs to monitor improvements reported to the	this response. This will include conversion from agency to a substantive or bank arrangement. The Health Board has in place a suite of current and up to date people policies that ensure our ESP, Medical and Dental and Agenda for Change workforce are paid their salary and any enhancements in accordance with the relevant contractual provisions. CTM continues to be an accredited Real Living Wage Employer. The Agenda for Change hourly rates of pay for the Band 1 – 3 workforces increased to £12.60 per hour, with effective from 1 April 2025. CTM has a Staff Bank Policy which stipulates the requirement for these

		Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs. Identify measures to address long standing hard to fill roles which are reliant on agency cover.	Nurse Productivity Programme. CTM is participating in the work with NHS Employers to develop an All-Wales Rate Card for M&D staff. CTM applies the All -Wales agreed national rates of pay. There are no provisions in place to increase capacity, outside of agreed national terms and conditions. There is a targeted action plan in place to address M&D long standing agency cover arrangements, into either substantive contract of employment or alternative, flexible workforce models to address hard to fill post and to reduce agency usage and spend by 31 March 2026. CTM has submitted a bid to the WG to recruit 17 International educated doctors. A response is expected response by April 2025.	workers to be paid in accordance with the relevant national terms and conditions of services and evaluated pay band / grade for the role. CTM is currently consulting with ward nursing, and HCSWs around a proposal to introduce a new shift pattern across all sites, which should support a reduced reliance of agency workers. Discussions in place to develop a Facilities Bank with a plan for implementation to be finalised. As part of the Savings Delivery Plan rostering and bank optimisation are the key deliverables. A detailed delivery plan is being finalised. A few KPIs for Phase 1 are still pending development due to recent organisational changes that have temporarily impacted our timelines. However, we remain on track and expect

				to complete the remaining components in the coming weeks. The introduction in July 2025 of a new technology platform to manage M&D bank and agency provision will ensure that all locum requests are sent for bank fill first before going to agency. Since the launch of the new platform, we have received 190 requests to join – 68 have been approved, others are under review by clinical team, CVs have been requested or are in the process of being recruited. The new platform presents an opportunity to develop clear exit strategy for long term agency usage and to develop an effective

				recruitment plan to fill established vacancy gaps with permanent solutions As part of the Medical Productivity Programme, Care Groups have been asked to scrutinise long-term agency bookings and to supply an 'exit plan' for each one of these. This work is supplemented by the role out of establishment control for M&D staff, which going forwards will give a clear picture of the vacancy position. Workforce productivity has been broken down into 4 key working groups Medical productivity- Agency and temp spend reduction, effective and productive job planning and reduction/Consistency of SPA's Nursing Productivity

				Agency reduction/conversion to bank. Roster utilisation and optimisation review. Conversion of agency to bank piece of work is also in train. In addition, we aim to implement workforce controls that will aim optimisation and efficiency.
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	People plans Monitored via the Value and Sustainability Board	Adopt CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts. The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board. Two programmes are in place: - - Medical and Dental agency reduction is managed via our monthly Medical Workforce Productivity Programme. - Nursing agency reduction is managed via our Nurse Productivity Programme	Total medical agency in M10 £676k. This has reduced on average by £530k per month when compared to 23/24. The introduction of consultant and non-Consultant pay rate cards in 2024/25, with a target for 2025/26 to maintain 95% compliance by 31 March 2026. There is focussed work being undertaken to substantively recruit or redesign the workforce to reduce vacancies and hard to fill posts, by 50% by 31 March 2026. International Medical Recruitment bid submitted to WG to support the recruitment of 17 M&D posts. Update on the funding available is expected in April 2025.	Within CTM the M&D agency spend at Mth2 is £943k (compared to £979k in Mth2 24/25) Within the new system we can cap the rates which would previously have exceeded 10% above the rate card. M&D Bank Spend at M2 is £1,933k (compared to 24/25 month 2 of £2,122K)

		The Health Board is actively working towards delivery of this requirement. It is anticipated there is an opportunity for the further reduction in M&D in 2025/26 from the 2024/25 outturn. A continued and sustained reduction in nursing agency expenditure is likely to take longer due to the complexity service demands and the HB specific challenges which will continue to impact 2025/26 (e.g. POW critical incident, stroke services, ACSP, LHP etc.).	CTM's NMR agency spend in M10 2024/25 £1,886k compared to £1900k at the same period in 2023/24. CTM has not used off contract NMR agency workers via Thornbury, since September 2024.	Work continues to support this under the points above, with a clear plan in development to target long standing agency arrangements. Within CTM the NMR agency spend at M2 was £1,365k (compared to £2,145k at M2 24/5). Bank spend for NMR in Mth2 was £345k compared to £246k in mth2 24/25) CTM continues not to use off contract NMR agency workers via Thornbury or any other off contract framework.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	People plan Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates &	Adopt Focussed workforce planning to ensure we are enabling opportunities for workforce redesign, improved attraction, retention and bespoke recruitment drives to reduce agency usage for hard to	HCSW CTM significantly reduced using HCSW agency workers from 1 October 2023 and only in exceptional circumstances were such requests to be approved for the area of Mental Health.	Agency HCSW usage continues to reduce with a reduction to 18.60 WTE in April 2025. There was a spike May 2025. There continues to be a robust authorisation process in place for agency HCSWs.

	Ancillary agency spend is monitored at Operational Delivery Committee	fill/specialised roles where, skills are in short supply. The Health Board is actively working towards delivery of this requirement. It is however anticipated that the trajectory to zero usage is expected to be after 30 September 2025. A Facilities Bank is in discussion to reduce the agency spend.	CTM has been using, on average 50 WTE HCSW agency per month. Usage reduced in October 2024, with a spike in December 2024. However, by February 2025, usage had reduced to 28.12 WTE per month. CTM undertook a bespoke bank recruitment campaign for Mental Health HCSWs in November 2024. The numbers are being worked through as the recruitment process progresses. Admin and clerical Within CTM A&C agency spend during Month 10 of 2024/25 was £397,197 down from £1,088,579 for the same period in 2023/24. The main areas of spend for A&C workers are within specialist areas where skills are in short supply. Focussed recruitment to attract specialist digital resource is underway and alternative options are being considered. Estates and Ancillary Within CTM the E&A agency spend during Month 10 of 2024/25 was £2,752,953, an increase of 50% on	Validation of the agency registrar has resulted in a dramatic reduction in agency workers to 46 The agency spend for HCSW for mth2 was £152k Bank spend for HCSW for Mth2 was 1,223k The bespoke bank recruitment campaign for Mental Health HCSWs has resulted in 31 bank workers engaged to support Mental Health Services within CTM. This is reflected in the reduction of agency usage Within CTM the A&C agency spend at Mth2 was £22,563 (compared to £28,988 at Mth2 24/5). Spend within specialist corporate areas have reduced, but there continues to be some spend in the Care Groups,

			the same period in 2023/24 when expenditure was £1,367,215. CTM is currently in discussion to develop a Facilities Bank in 2025/26 to reduce the reliance on premium agency cover.	in particular DTPS and Planned Care. Within CTM the E&A agency spend at M2 was £171k (compared to £259k at M2 24/5).
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.	People plan Monitoring is via Medical Workforce Productivity Programme Board	Adopt The Health Board has an existing structure to oversee the delivery and compliance of job planning. This is overseen by the Executive Director for People and the Executive Medical Director. The Health Board is actively working towards delivery of this requirement. It is however anticipated that the time to achieve a completion rate of 90% of job plans, is likely to be later than 30 September 2025.	Job planning compliance within CTM, as of January 2025 was 34% (Consultants and SAS combined). The Care Group with the highest level of completed job plans was Children and Families with 75% (Consultant and SAS combined). Delivery targets are milestones are: 50% by Q2 30 June 2025; 60% by Q3 30 September 2025; 85% by Q4 31 March 2026; and 90% compliance timescales to be agreed at MWPP. From 1 March 2025, the current job planning process will be amended from 10 to 4 weeks, to support faster sign off plans. This process	Job planning compliance within CTM, as of May 2025 was 35% (Consultants and SAS combined). The Care Group with the highest level of completed job plans was Mental Health and Learning Disabilities Care Group with 72% (Consultant and SAS combined). 3 Care Groups are working towards the June target of 50%. Children and Families Care Group, Diagnostic, Therapies, Pharmacy and

			amendment should assist with the achievement of the target compliance rates.	Sciences Care Group & Mental Health and Learning Disabilities Care Group are exceeding the September target of 60%. The People Directorate continues to enforce a strict correlation between job planning and pay. This means no changes to regular pay (sessions or responsibility allowances) can be made until reflected in job plans). This has been implemented and so job plans are moved on very quickly and this contributes to job planning compliance.
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales	People plan Monitoring is via Operational Delivery Committee	Adopt To support a reduction in sickness absence, CTM is focussing activities under three areas: Policy awareness Skills development Case management.	Rolling 12-month sickness rate at the end December 2024 was 7.98% against the Welsh Government target of 4.5%. 2024/25 sickness absence will be included once data is available. The focus in 25/26 will be to reduce sickness rates in our highest sickness % areas.	Q1 actions included: -Improved People Services access points including a central inbox and phoneline for timely and consistent Attendance and Wellbeing advice and guidance

Occupational Health minimum service levels		This will be monitored by Care Groups, via People Directorate. The People Directorate produce weekly sickness absence monitoring reports. This data forms part of the Care Group's monthly Performance Dashboard and is reviewed at Senior Leadership Team meetings, to identify hot spots and interventions. The People Services Team hold regular case management meetings with the Care Group Heads of People, to ensure action is taken. CTM is also part of the national working group reviewing the current All- Wales Managing Attendance at Work policy. It is anticipated that there is currently some under-reporting of sickness absence on ESR, so an increased focus on sickness absence is anticipated to result in an initial spike in absence rates. CTM is making good process implementing the All-Wales Occupational Health Minimum Service Levels and KPIs.	Within CTM the staff group with the highest sickness levels is estates and ancillary with an average absence rate of 11.16%. 77% of our workforce live in the CTM area. The Census 2021 confirmed that only 76.6% of the CTM population reported having very good or good health, which is lower than the Wales position of 78.6%, It is anticipated that there is currently some under-reporting of sickness absence on ESR. The increased focus on sickness absence is anticipated to result in an initial spike in recorded absence rates, in addition to seasonal variations. At January 2025 CTM was complaint in 43 of the 49 activities and was making progress in implementing the outstanding 6 activities. This information is monitored and reported on a quarterly basis. This information will next be reported in April 2025.	-Launched a new third stage sickness tracker to reduce formal case management timelines and established a continuous improvement approach. -Delivery of Managing Attendance at Work Training online and in person across the health board. -Supporting the All Wales working group to develop the new policy. -Reviewing long term sickness absence reports to target support for complex and long term (6+ month) sickness absence. -Attending long term sickness meetings to improve consistency. -Refreshed suite of template letters available to managers to support balanced conversations during absence management processes.

				-Raising awareness of the Reasonable Tailored Adjustments Agreement within the Managing Attendance at Work Policy to return to work of their employees as soon as they are fit to do so in some capacity, whether that be a therapeutic return, phased return to work or a temporary short-term deployment. Occupational Health currently working closely with People Services to provide targeted approach to sickness management in areas with high rates and those particularly that require backfilling. Our waiting times for manager referrals have reduced due to targeted triage – the average time for the provision of individual case management advice to managers is 12 calendar

				days from receipt of referral to first offered appointment. (WG Target is 29 Calendar Days)

Thematic Area: Maximising Value for Money

Objective: Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness

Summary statement: The Value and Sustainability and Individual Commissioned Patient Care Programmes have provided the structure for delivery of the requirements of the V&S programme. The health board is reviewing the structures to implement robust programme delivery mechanisms for all actions.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory	Q1 review
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.		Adopt This is adopted and the principles are embedded in the care group plans and processes.		All procurement adheres to public procurement regulations, and at the core includes the requirement for transparency, encouraging competition and maximising Value for money (VfM) These regulations are formally applied via NHS Wales Shared Services Partnership's 'Document Management System' to ensure high standards of process are continually applied.

				Work is undertaken both locally and nationally to standardise and rationalise usage to deliver greater VfM and minimise wastage, whilst maintaining optimum clinical care The CTM Procurement team includes a Clinical Procurement Nurse (CPN) to be the bridge between Procurement and Clinical to ensure optimum outcomes can be delivered. In competitive procurements, the evaluation criteria must include a minimum 10% Social Value weighting.
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise	Medicines Management Value and Effectiveness Portfolio	Adopt The Medicines Management Value and Effectiveness Portfolio aims to optimise the value, safety, and clinical effectiveness of medicines. The programme will focus on ensuring appropriate medicine use,	There is a PID setting out all requirements for delivery in 2025-2026. A copy is available, if required.	Data for Q1 will be available in August 2025.

use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)		reducing waste, improving patient outcomes, and delivering cost savings for healthcare systems. A PID has been developed for the 2025-26 work plan.		
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	Individual Commissioned Patient Care Programme	Adopt The Individual Commissioned Patient Care Programme is undergoing a review to reframe the programme and priorities for action in 2025-26. These will include a continued focus on improving clinical and financial effectiveness for packages of care and work towards a digital solution. The priorities identified include: 1. An all Wales digital system for CHC 2. All Wales support for NHS CHC assessors and reviewers training and competency 3. A process to identify opportunities to ensure value through consistent pricing 4. A continuation of the High Cost Mental Health & Learning Disabilities Placements Reviews 5. CHC Health and Social Care Co-operation group	The ICPC structure will deliver, monitor and review progress internally. All health boards will consider a proposal for a programme approach at the JCC meeting on 18th March. The programme would facilitate delivery of all key recommendations and actions.	JCC has confirmed that its team will work closely with the Continuing Healthcare workstream of the Value and Sustainability Board to look at immediate priorities of the implementation of Direct pay and the commissioning of a digital system.

		6. Strategic Commissioned Care Planning 7. Improving governance and oversight national and local CHC work		
Estates - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.		Adopt The health board will continue to review and revise the use of its estate in alignment with both the Acute Clinical Services Plan and the Integrating Community Services Programme. The ongoing work on Prince Charles Hospital and Princess of Wales Hospital, the Maesteg Programme and the Llantrisant Health Park Programme will be significant contributors to this work.		Initial priorities for disposal identified as Pontypridd Health Centre and Pontypridd Cottage Hospital. Pontypridd Health Centre has been declared surplus under the Land Transfer protocol for public bodies. There were no expressions of interest received within the requisite timescale on EPIMS consequently the property was put on the open market. Multiple offers have been received and are being evaluated Pontypridd Cottage Hospital: moves ongoing to vacate the building but it is expected that it will be

				possible to recommend to the Board at the September 2025 meeting that the building can be declared surplus and available for disposal.

Thematic Area: Improving Value, Optimising Outcomes, & Minimising Variation

Objective: Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes.

Enabling actions	Plan reference	Status		Baseline and milestones/delivery trajectory				Q1 review
Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme.	Cancer services	Adopt	SCP Dec 2024 63% Improvement trajectory for 2025-26				Audit form produced to disseminate to all MDT leads that have a National optimal pathway. They will be asked to audit 10 recently treated patients and assess their pathways in line with the optimal pathway for changes and improvement opportunities.  Cancer%20Optimal %20Pathway%20Auc	
			Quarter 1	Quarter 2	Quarter 3	Quarter 4		
			66%	69%	72%	75%		
			TARGET DELIVERY DATE Q4 25/26					
Ensuring full compliance with straight to test guidance		Adopt The health board is committed to delivery of straight to test pathways and has implemented	This is a fundamental tenet of the Community Diagnostic Hub plans and the health board’s plans to develop a CDH will facilitate significant increase in the ability to refer straight to test.				The Straight to test compliance is included in the above referenced audit.	

		a number of these.	The delivery of the CDH is facilitated by the Llantrisant Health Park programme and has supporting delivery plans.																
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Strategy group chapter	Adopt The Diabetes Programme Board has adopted the high-impact diabetes pathway as part of its broader metrics to monitor progress against the developing 5yr Diabetes plan.	The dashboard will be in place and in use from Quarter 2 to monitor delivery of the pathway.	A full update is available in the associated ministerial template and a high-level summary is provided below. <table><tr><th>Milestone</th><th>By</th><th>Update</th></tr><tr><td>Establishing Diabetes Programme Board and approve revised PID/ ToR</td><td>Dec 2024-Feb 2025</td><td>Complete</td></tr><tr><td>Incorporate programmes into the portfolio and introduce consistent reporting arrangements</td><td>March 2025</td><td>Complete</td></tr><tr><td>Develop and approve 5yr Diabetes Plan</td><td>June 2025</td><td>Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25</td></tr><tr><td>Develop work stream 5yr implementation plans Agreeing KPIS and key deliverables for year 1-2 </td><td>June 2025</td><td>Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)</td></tr></table>	Milestone	By	Update	Establishing Diabetes Programme Board and approve revised PID/ ToR	Dec 2024-Feb 2025	Complete	Incorporate programmes into the portfolio and introduce consistent reporting arrangements	March 2025	Complete	Develop and approve 5yr Diabetes Plan	June 2025	Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25	Develop work stream 5yr implementation plans Agreeing KPIS and key deliverables for year 1-2	June 2025	Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)
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				Ongoing management, monitoring and delivery	June 2025 Onwards	See above
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Strategy group chapter	Adopt The Fracture Liaison service has commenced and adopted the high-impact Bone Health pathway and data reporting has commenced on the National audit platform. The team is working with the CTM VBHC Team and ABUHB to develop a National PROM which will be implemented during 25/26.	Delivery will be during 2025-2026	Some initial work undertaken to develop a PROM with CTM UHB VBHC Team, however, decreased team capacity meant this had to be put on hold for a few months. However, it has been agreed to undertake PROM/PREM with support from VBHC Team. Recruitment to the third ACP post has been completed. Team is currently concentrating mainly on vertebral fractures and wrist fractures for patients over 50 years. As a result of anticipated admin staffing limitations, changes have been introduced including stopping follow up of patients (KPI 8, 9, 10 &11), reducing face to face review of patients, liaising with primary care for medication and delaying clinics to start bone health treatment. Challenges going forward: Low level of administration capacity in the team has made the team vulnerable and will increase waiting list		

				Overall Team capacity and demand from high number of fragility fractures. Referrals from Neighbouring health boards Access to DEXA scan and ability to start some bone health medication (e.g. Denosumab, IV Zolendronic Acid etc)
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)		Adopt Work will commence with the service to adopt the high-value Arthroplasty pathway. Once relevant PROMs have been updated and agreed nationally they will be implemented across CTM		Task & Finish group established for Arthroplasty, on target for Q3 delivery with POW plans. Orthopaedics to replicate optimal month model with dedicated theatre and bed capacity for primary joint HVLC at POW hospital. Value team will be supporting the timely capture of PROMs and PREMs
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Digital	Adopt The health board has approved investment to support the implementation of the digital maternity system	Maternity – Q4 2025/2026 NHS App – Ongoing Q1-Q4	Maternity – Badgernet system successfully procured. Recruitment underway. First meeting held with supplier to commence planning.

		and is working towards the implementation of the NHS Wales app.		
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.		Adopt The health board is team working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales.	NHS App – Ongoing Q1-Q4	NHS Wales App Work is ongoing for full delivery of the NHS app. There has been a national technical appraisal of an approach designed to deliver functionality enabling all NHS Wales organisations (including Health Boards and Trusts) to use the NHS Wales App to: - Authenticate patients in line with national assurance standards; - Launch patient-facing services and communications securely. The outcome of the appraisal has led to the UHB is pursuing an approach—aligned to that taken by Swansea Bay UHB—by implementing Single Sign-On (SSO) using NHS England Login. This will require CTM to complete the NHS England Login SCAL (Supplier Conformance Assessment List) process.

				As the SCAL is primarily designed for commercial providers, some adaptation will be required to apply it to NHS Wales requirements. Completion of the process and achievement of the necessary assurance standards will be necessary.
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation		Cyber Security Assurance Plan will be a key priority for the Health Board through the lifetime of this IMTP.	Deliver Cyber Assurance Framework / Plan Ongoing Q1-Q4	Eradicating Unsupported Systems and Devices Asset Discovery and Risk Assessment: Monitoring software implemented improving our ability to update our inventory across all sites (including shadow IT and medical devices). Undertaken significant upgrades to our servers and network. Risk-assessed unsupported assets by criticality, exposure, and business impact. Remediation and Decommissioning: Decommissioned or replaced a proportion of unsupported systems (e.g. migrated to Windows 11, patched Linux servers). Removed unused or unmanaged endpoints, including redundant laptops, kiosks, or IoT. Agreed a new vulnerability management policy and greatly

				reduced critical and high vulnerability exposures on our network. Mitigation for Unavoidable Legacy Assets: Implemented compensating controls (e.g. network segmentation, application allow-listing, monitoring) for some systems and networked devices that cannot yet be decommissioned. Cyber Response Plan Testing and Exercising: Used and reviewed the organisational Cyber Incident Response Plan (CIRP) following a cyber incident in May - Captured lessons learned and revised the response plan accordingly. Monitoring and Improvement: Ensured logging and alerting are active across high-risk systems (e.g. SOC/SIEM coverage).
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	PIT Programme	Adopt INNU are part of the PIT programme. The health board will work to incorporate the requirement for	Ongoing during 2025-26	Awaiting national INNU documentation to inform local plan.

		the 8 priority procedures.		
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	PIT Programme	Adopt The health board will align the approach being led by the PIT Programme to the national requirements.	Ongoing during 2025-26	Awaiting national INNU documentation to inform local plan.
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.		Adopt The CTMUHB Health Pathways team has overachieved on the national targets for 2024/25 (100 localised pathways by end of March 2025 was achieved in October 2024). Work is progressing well with the CIN/SN priorities. This is monitored and reported on a monthly basis to the following meetings/groups:	Ongoing during 2025-26	Target for 25/26 is for 233 pathways to be localised and live by the end of March 26. The key focus will be on those priorities areas identified locally and by the CIN's. CTM Health Pathways will focus on comms and engagement with Primary Care colleagues to increase use of the site. Site utilisation and page views is the second best in Wales. WPRS is in implementation with less than 5 key planned care specialities left to roll out too in RGH and PCH. POW is live for all planned care specialities; this provides the opportunity for clinicians to return inappropriate referrals with advice and guidance to manage patients within primary care. WPRS (eVetting) rollout continuing. Proposed rollout order being brought

		▪ PIT via the PIT Outpatient Cross Cutting Group, ▪ National Health Pathways Programme Group, ▪ Planned Care Recovery meetings with the NHS Executive. Targets for 2025/26 have not yet been set by the national programme but the team will endeavour to ensure these are met. (Please note that Pathways Alliance has rebranded to Streamliners UK.)		to next Outpatient Transformation meeting for decision. DHCW publishing Power BI toll to enable CTM to look at triage outcome by clinician.

NHS WALES PLANNING FRAMEWORK 25-28- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

A template will be required to detail milestones, actions and risks etc for the delivery expectations against each of the following strategic priorities:

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women’s Health

Progress on these expectations, including specific delivery metrics, have been referenced in the planning framework. The set of 3-year strategic priorities and year 1 delivery expectations must be delivered by all health boards, and other NHS organisations where relevant, and will be a focus of the planning process for 2025-26.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

MINISTERIAL TEMPLATE BLANK

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The completed templates must be collated and submitted alongside the organisation’s plan and the completed Minimum Data Set by 31 March 2025. Please send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority / delivery expectation identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 25/26:	
Key focus should be on delivering	Timely Access to Care Population Health and Prevention Building Community Capacity Mental Health Access Women’s Health

Priority area(s) to deliver 25/26:	
Key focus should be on delivering	Building community capacity
Ref:	(Indicate if new priority or continued from 24/25)

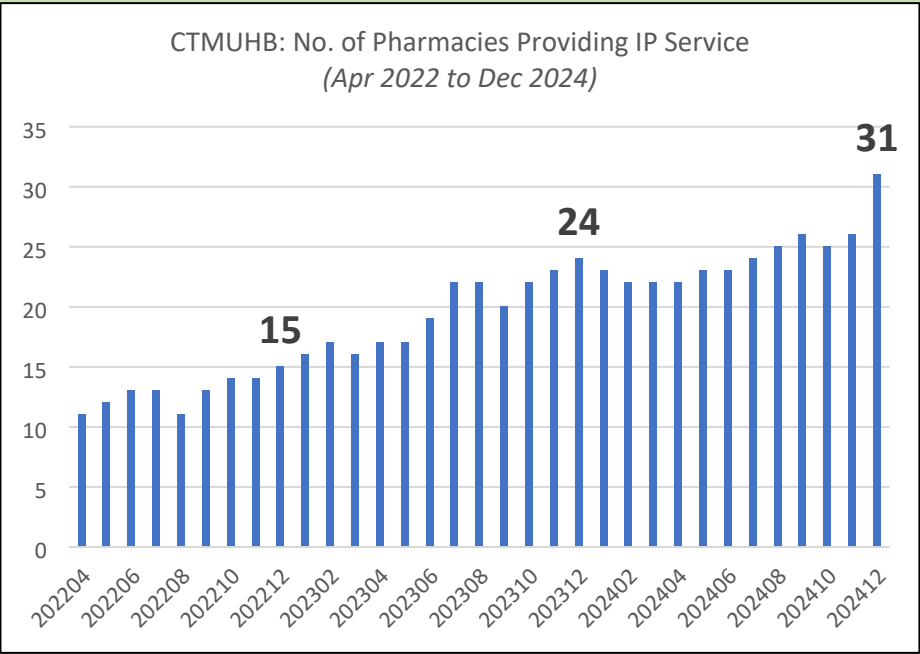
Ministerial requirements: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP.

The Health Board is supportive of the development of pharmacist independent prescribers and works with pharmacies to support them to achieve this status. We have built in a requirement for training places in our education commissioning return to Health Education and Improvement Wales and have 20 training places currently underway with prescribers qualifying within 25/26.

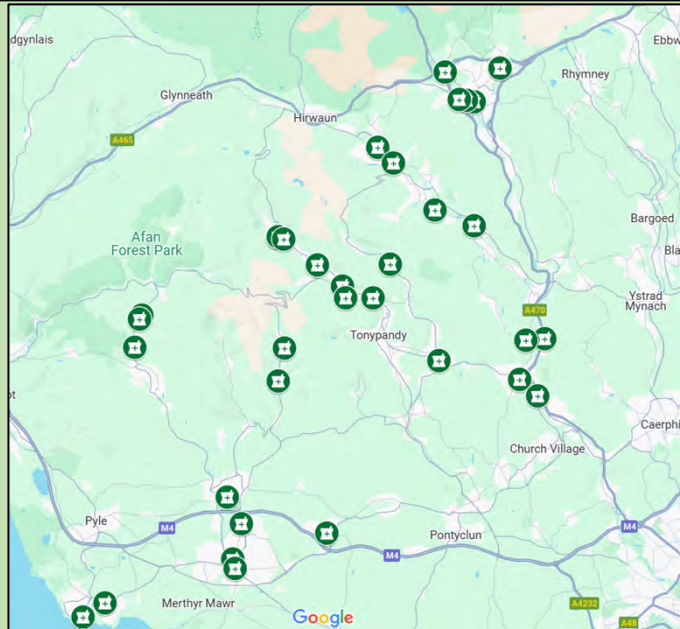
In addition to the HEIW delivered support for pharmacist independent prescribers, the CTM Community Pharmacy Team has developed an Independent Prescriber (IP) Peer Network to support the development of pharmacist IPs and support their integration into the wider CTM service.

Additionally, newly qualified pharmacists registering in 2026 will be independent prescribers on the day on their registration which will present a significant opportunity to continue to grow the capacity on the Community Pharmacy network to deliver the Pharmacist Independent Prescriber Service (PIPS).

The chart below indicates the progress in increasing the availability of pharmacies with independent prescribing in the Cwm Taf Morgannwg University Health Board area. Between 2022 and 2024.



There is a reasonable distribution of pharmacies providing this service across the health board geography but there remains opportunity in the Taff Ely area.



Resume of planning Milestones 24/25:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	-	-	-	-
Progress synopsis	-	-	-	-

Outcomes of delivering Ministerial Priorities:

Ref:	The

Planned milestones for Priority area to deliver 2025/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Monitoring and review of access. Request for IP training has been included in the education training plan submission. Increase number of Common Ailment Scheme (CAS) consultations	Monitoring and review of access. Increase number of Common Ailment Scheme (CAS) consultations Engagement with pharmacies to work to increase IP prescribing pharmacies. Consider additional opportunity for commissioning based on newly qualified IPs	Monitoring and review of access. Increase number of Common Ailment Scheme (CAS) consultations Engagement with pharmacies to work to increase IP prescribing pharmacies.	Monitoring and review of access. Increase number of Common Ailment Scheme (CAS) consultations Engagement with pharmacies to work to increase IP prescribing pharmacies.
Action updates	Total of 5832 IP consultations (+23% v 24/25)			

	delivered from 28 commissioned pharmacies (+47% v 24/25). Ongoing engagement with HEIW to support uptake of allocated IP places. Ongoing engagement with Designated Prescribing Practitioners to facilitate bursary payments and encourage future support for trainee IPs. CAS Consultations: Estimated 24,750 (+10%) v 24/25.[data for 06/25 not available] LHB engagement with WG in support of a structured review of CAS service.			

Overarching outcome measures/ metrics:

Baseline Position 24/25			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
23 Commissioned Pharmacies	26 Commissioned pharmacies	31 Commissioned pharmacies	33 Commissioned pharmacies
Performance Trajectories 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
33 Commissioned Pharmacies	35 Commissioned Pharmacies	38 Commissioned Pharmacies	41 Commissioned Pharmacies

Performance 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
38 Commissioned Pharmacies			
Risks	Risks of Non-Delivery		Mitigations
	Limits to access for the public. Further pressure on other pharmacy services.		Ongoing engagement to support pharmacies by the Community Pharmacy team.
	Risks to Delivery		Mitigations
	Lead in time for newly trained independent prescribers.		Longitudinal planning to continuously develop IP pipeline.
Critical Enablers	Finance		
	Sufficient Community Pharmacy Contractual Framework (CPCF) Funding allocated to the Health Board to be able to continue to fund the predicted growth in the Pharmacist Independent Prescriber Service, as further movement of funding away from dispensing is unlikely to be viable with the current static prescription volume.		
	Consideration of funding further pharmacist Independent Prescriber Services outside of the CPCF may need to be considered if we do not want to cap the service.		
	Workforce		
	The increase in pharmacies providing Independent Prescribing Service is dependent on having the requisite workforce in place with the relevant training. The health board has submitted a request for training places in the education training plan submission to HEIW and will encourage pharmacies to take up the training places offered.		
	Active support is provided to pharmacy teams to take up training and develop their services.		
	Digital		
	Choose Pharmacy Platform redevelopment is underway (current host system for PIPS and Contraception Service).		
Prevention & Population Health	Other (Specify)		
	Movement of suitable patients to prescriptions with a longer duration of treatment, releasing capacity to deliver pharmacy services.		
Prevention & Population Health	Opportunities identified		
	Delivery of this service is supportive of best use of NHS resources and will impact positively on accessibility of other services.		

NHS WALES PLANNING FRAMEWORK 25-28- TEMPLATES

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Progress on these expectations, including specific delivery metrics, have been referenced in the planning framework. The set of 3-year strategic priorities and year 1 delivery expectations must be delivered by all health boards, and other NHS organisations where relevant, and will be a focus of the planning process for 2025-26.

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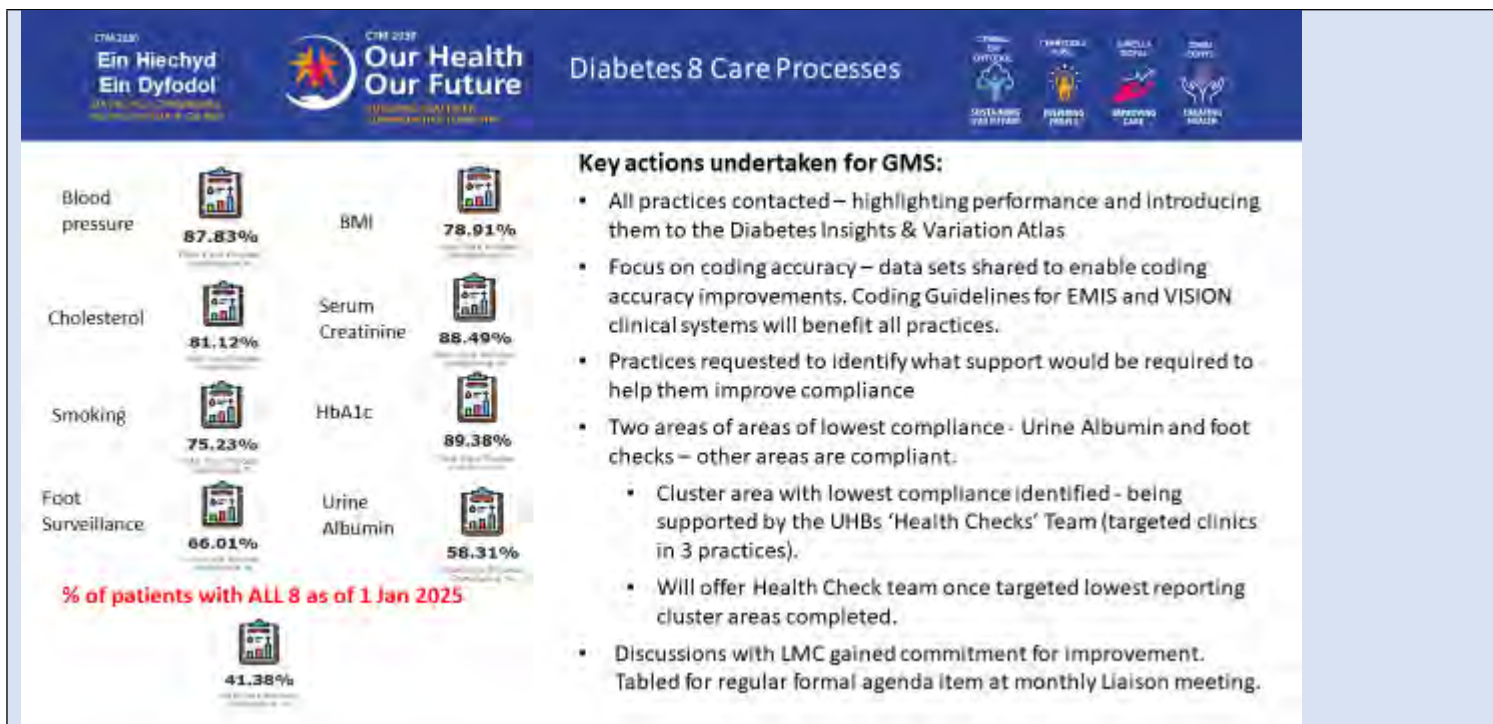
The blank template below needs to be replicated as required for each priority / delivery expectation identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 25/26: Diabetes - Deliver a 5-year strategic plan that takes a whole system approach to diabetes, improving condition management and prevention, addressing increasing prevalence and costs. Focused year 1 activity will: Implement a T2DM pathway between secondary and primary and community care Improve the adult T2DM 8 care processes uptake, completion and recording across primary and community care	
Key focus should be on delivering	Timely Access to Care Population Health and Prevention Building Community Capacity Mental Health Access Women’s Health

Priority area(s) to deliver 25/26:	
Key focus should be on delivering	Deliver a 5 yr strategic plan that takes a whole system approach to diabetes, improving condition management and prevention, addressing increasing prevalence and costs. Focused year 1 activity will:

	Implement a T2DM pathway across secondary and primary & community care Improve the adult T2DM 8 care processes uptake, completion and recording across primary and community care																								
Ref:	(Indicate if new priority or continued from 24/25)																								
	Diabetes is an ongoing priority area for Cwm Taf Morgannwg University Health Board. The Creating Health Strategy 2024-2030 prioritises our work on diabetes which will be delivered through our 5 Year Diabetes Plan. The health board has identified a number of key areas of challenge/improvement. - Variation of services across primary, community and secondary care sites, including access to HCL technology, structured education, pre-diabetes services, and specialist services (podiatry, psychology) - Need to improve patient/ family engagement and access to support groups across all ages - Need to improve the uptake and recording of all 8 (7 for paediatrics) care processes across primary, community and secondary care - Implementing NICE guidance TA943 to increase uptake of HCL - Delivering a remission service for adults diagnosed with T2DM since 2020 - Implementation of the AWDPP across all clusters in CTM A governance structure has been developed for the implementation of our 5 Year Diabetes Plan. Key supporting plans include: - CTM 5yr HCL Implementation plan developed; CTMUHB accessing NWSSP bulk procurement opportunities & NHS Executive HCL training/development opportunities 5yr Diabetes Plan includes refresh of pathways across diabetic care: Initial work completed for diabetic foot-care pathways for admission/ ED - All Wales Diabetes Prevention Programme (AWDPP) to be rolled-out across all CTM clusters from 2025/26 onwards – to identify core funding from 2026/27 - VBHC funded total diet replacement remission service for adults diagnosed with T2DM since 2020 – funding secured for 2025-27 - Improvement plan for delivering and reporting on the 8 diabetes care processes within primary and community care. The below timeline for the program's establishment was agreed by the Diabetes Programme Board in February 2025: <table><tr><th>ID</th><th>Milestone</th><th>By</th><th>Update</th></tr><tr><td>001</td><td>Establishing Diabetes Programme Board and approve revised PID/ ToR</td><td>Dec 2024-Feb 2025</td><td>Complete</td></tr><tr><td>002</td><td>Incorporate programmes into the portfolio and introduce consistent reporting arrangements</td><td>March 2025</td><td>Complete</td></tr><tr><td>003</td><td>Develop and approve 5yr Diabetes Plan</td><td>June 2025</td><td>Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25</td></tr><tr><td>004</td><td>Develop work stream 5yr implementation plans - Agreeing KPIS and key deliverables for year 1-2 </td><td>June 2025</td><td>Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)</td></tr><tr><td>005</td><td>Ongoing management, monitoring and delivery</td><td>June 2025 Onwards</td><td>See above</td></tr></table>	ID	Milestone	By	Update	001	Establishing Diabetes Programme Board and approve revised PID/ ToR	Dec 2024-Feb 2025	Complete	002	Incorporate programmes into the portfolio and introduce consistent reporting arrangements	March 2025	Complete	003	Develop and approve 5yr Diabetes Plan	June 2025	Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25	004	Develop work stream 5yr implementation plans Agreeing KPIS and key deliverables for year 1-2	June 2025	Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)	005	Ongoing management, monitoring and delivery	June 2025 Onwards	See above
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Planned milestones for Priority area to deliver 2025/26				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Governance	Dashboard for monitoring delivery of the high impact pathway for diabetes will be in place Develop and approve 5yr Diabetes Plan. Agreeing KPIs and key deliverables for year 1-2	Implementation groups to be in place to deliver the plan. Implementation of year 1 deliverables Implementation of the Diabetes Type 1 & 2 PROM and associated PREM	Implementation and monitoring	Review and closure of year 1.
T2DM pathway		Develop and agree a T2DM pathway following publication of the new T2DM NICE guidelines (expected in Summer 2025) Cost modelling	Pathway implementation: training/ supporting roll-out material delivered	Evaluation and improvement plans developed as required for implementation in yr2/ BAU
Improving T2DM 8 care processes	Foot surveillance training delivered across primary & community care Communication/ engagement plan implemented Targeted work completed with the 5 practices not delivering the diabetes gateway module 8 care processes focus embedded to contract monitoring/ practice governance sessions	Academy delivery of 8 care processes training/ improvement work Rolling training programme developed and in-place for foot surveillance All practices delivering diabetes gateway module OR have alternative service delivery for diabetic patients accessing their practices	LTC management approach for diabetes model developed 6 monthly review completed – targeted work with lower performing clusters/ practices delivered as required	Evaluation and improvement plans developed as required for implementation in yr2
Update on actions	Governance: 5yr plan draft agreed at board; for discussion at SRG 7.7.25 Workstream plans and KPIs under development			
Overarching outcome measures/ metrics:				
Baseline position 24/25				
CTMUHB does not have a 5 yr strategic plan for diabetes CTMUHB does not have an agreed T2DM pathway implemented equitably across secondary, primary and community care Adult T2DM 8 care processes recording across primary and community care is given below as an average of the completed health checks, as of January 2025:				



Within the above averages there is variation between the clusters performance, e.g. for diabetic foot surveillance the variation of completion is from 80.25% to 46.22%; for urine albumin, the recorded variation in completion rates was 70.44% to 45.66%. The DIVA data sources do not include where patients decline having a specific check and/ or all checks – work is ongoing within CTMUHB to enable more timely access to the primary care portal data inclusive of dissenter information to identify where improvement is required. The DIVA dashboard records a nil score on all 8 care processes if one check is missing, therefore ensuring inclusion of dissenter data in our local analysis and improvement planning is essential.

Primary care and community services have agreed with the LMC and practices within the CTMUHB footprint that improvement is required to deliver at least 60% completion of all 8 care processes, and 80% completion for individual care processes. The performance trajectories outlined below are for the 8 care processes relating to the care of adult T2DM patients receiving their diabetic care from primary and community care settings.

Within Paediatric services compliance of the 7 care processes for 2024/25 was: 89.2% PCH; 99.1% POW; 89.9% RGH (Wales 93.6%). Separate work is ongoing within paediatric diabetic services to improve compliance of the 7 care processes to the Welsh average. Work within 2025/26 will include looking to merge the separately audited DCH sites to reflect services delivered uniformly across CTMUHB boundary by one team, which may impact on compliance reporting.

Baseline Position 23/24

Quarter 1	Quarter 2	Quarter 3	Quarter 4

Performance Trajectories 25/26

Quarter 1	Quarter 2	Quarter 3	Quarter 4
5yr plan with supporting implementation plans delivered 50% compliance with all 8 care processes Individual care processes completion rates at 65%	Implementation and monitoring established 55% compliance with all 8 care processes Individual care processes completion rates at 70% T2DM pathway agreed	60% compliance with all 8 care processes Individual care processes completion rates at 75%	65% compliance with all 8 care processes Individual care processes completion rates at 80%

Performance Review 25/26

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Governance:			

5yr plan draft agreed at board; for discussion at SRG 7.7.25 Workstream plans and KPIs under development. Target not met for all 8 processes. However, at the end of Q1, we have met the 65% target for 7 out of the 8 care processes. Improvement work is ongoing			
Risks	Risks of Non-Delivery		Mitigations
	NICE guidance on the management of T2DM patients is expected in Summer 2025. Delayed publication of this guidance will further delay development of a CTM T2DM pathway (medication costs/ service delivery) Practices not delivering the diabetes gateway module fail to engage Practices do not deliver the required improvements across the 8 care processes		Close monitoring of NICE consultation and publication Close working with LMC, practices outside the gateway module and their clusters Primary care governance, Academy and public health driven activities support practices to improve recording and uptake of 8 care processes
Critical Enablers	Finance		
	T2DM pathway inclusive of early identification and treatment of pre-diabetic/ T2DM patients will increase prescribing costs adding to cost pressures within the system, however early intervention work and good diabetes management reduce the likelihood and costs of longer-term condition related complications. Increased uptake of 8 care processes will increase diagnostic costs to the health board. Delivery of the NICE TA943 for HCL usage within T1DM patients requires additional investment which has been built into the IMTP financial planning.		
	Workforce		
	Staffing increase to deliver NICE TA943 across paediatric and adult services (year 1 of 5yr HCL plan) Diabetes training for primary and community care practitioners: targeted work to improve foot surveillance; ongoing delivery to increase knowledge of good diabetes care management		
	Digital		
	Implementation of associated Diabetes PROMs DDST1, DDST2, EQ5DL + PREMs Develop Diabetes Dashboard on Promptly Implement Cloud Care Diabeter Pilot for T1DM at RGH Implement NICE TA943 across paediatric and adult services (year 1 of 5yr HCL plan) Implementation of WISDM across T1DM/ adult diabetes services		
	Other (Specify)		
Prevention & Population Health	Opportunities identified		
	Developing a comprehensive T2DM pathway across secondary and primary & community care offers the opportunity to improve: the early identification of pre-diabetic patients; identification of T2DM patients; and the care management and health care outcomes for patients living with T2DM. Within this, there is opportunity to: - Develop a risk stratification approach for the identification of pre-diabetic patients to target all-Wales Diabetes Prevention Programme interventions - Develop consistent messaging across CTMUHB to raise awareness of T2DM through working with our community engagement network - Develop a case finding approach for early detection of pre-diabetes and diabetes in people at higher risk - Develop consistent messaging and use behavioural science to improve patient uptake of the 8 care processes - Develop bespoke response to meet the health care needs for HMP Parc diabetic patients		

NHS WALES PLANNING FRAMEWORK 25-28

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

A template will be required to detail milestones, actions and risks etc for the delivery expectations against each of the following strategic priorities:

- Timely Access to Care**
- Population Health and Prevention**
- Building Community Capacity**
- Mental Health Access**
- Women’s Health**

Progress on these expectations, including specific delivery metrics, have been referenced in the planning framework. The set of 3-year strategic priorities and year 1 delivery expectations must be delivered by all health boards, and other NHS organisations where relevant, and will be a focus of the planning process for 2025-26.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation’s plan and the completed Minimum Data Set by 31 March 2025. Please send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority / delivery expectation identified. Additional rows can be expanded as necessary.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Cwm Taff Morgannwg UHB Draft Women's Health Hub Priority Template

Priority area(s) to deliver 25/26:

Key focus should be on delivering

Timely Access to Care
Population Health and Prevention
Building Community Capacity
Mental Health Access
Women's Health

Priority area(s) to deliver 25/26: Women's Health

Key focus should be on delivering

Women's Health Hubs – New Priority

However it must be recognised that in progressing this priority successfully will also contribute to the following:

Timely Access to Care
Population Health and Prevention
Building Community Capacity

Ref:

(Indicate if new priority or continued from 24/25)

Cwm Taf Morgannwg University Health Board has developed and enhanced a number of key services for women in recent years, including the delivery of:
A one-stop clinic for breast surgery at the Snowdrop Unit to streamline the pathway and improve experience and outcome for women accessing the service.
Development of a gynaecology hub.

This plan will build on existing delivery plans for women's services.

Resume of planning Milestones 24/25: Not applicable as a new Ministerial Priority for 25/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Progress synopsis	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Outcomes of delivering Ministerial Priorities: Not Applicable – New Ministerial Priority for 25/26

Ref: Ministerial Priority 5

Planned milestones for Priority area to deliver 2025/26

	Quarter 1 – Discovery Phase	Quarter 2 – Design Phase	Quarter 3 – Design & Approval Phase	Quarter 4 – Delivery Phase
Ref:	Scoping and Population Health Assessment exercise. The scoping will include:	Complete scoping exercise	Completion of local service development proposals and	On approval of the implementation plan commence work deliver the local hub model against the

	Local and national benchmarking Capacity and demand modelling Workforce review Skills and capacity review Review of patient pathways Inputs will be sought from the WHN.		implementation plan. This will incorporate review of job plans and team capacity.	National Service Specification to include recruitment, education and training
	Local Executive lead Programme Management Group to be established to include PPIE and stakeholder engagement	Identify existing capabilities and requirements to meet the women's health hub standards.	Proposal to be progressed via the Health Board's internal governance requirements for consideration and approval. This will be intrinsically linked with the Acute Clinical Services and Primary and Community Services transformation programmes and will need to align with the timelines for these plans.	Monitor the implementation and evaluate the service once implemented and report early data on KPIs and gather patient feedback via PREM's and PROM's
	Work with CTM agreed SRO to establish work programme	Develop a local model options appraisal and ensure there is engagement through the development process.	Development of local Communication Strategy	Implementation will continue into 2026-27
	Work locally following initial meeting the National leadership team to establish local working group to drive forward and develop Women's Health Hubs	On approval of the preferred delivery model commence development of a local proposal and implementation plan	Consider how we ensure we make every contact count and inform information provision to all women attending appointments involving their health and well being Consider the role and requirements of the wider family.	
	Draft Terms of reference and scope to inform working group direction	Support the national development of specific KPIs, data		

		sets and a monitoring and evaluation framework (to include the development of a national dashboard)		
	Establish training needs for our health board teams.	Review digital capabilities to ensure primary care and acute teams can access, input and extract required data to inform developments and deliver services.		
Action	Quarter 1 update			
	Scoping and Population Health Assessment exercise. The scoping will include: - Local and national benchmarking - Capacity and demand modelling - Workforce review - Skills and capacity review - Review of patient pathways Inputs will be sought from the WHN.	Meeting held and overview presentation given at the local PH Consultants Team meeting Initial demographic information developed Scoping exercise commenced, discussion held National with PHW team and locally with Local PH Team to help direct and inform work. Early senior discussion held which have resulted in a number of Hub options being considered due to the geographical spread of the UHB. Training needs analysis to be agreed and driven forward to upskill workforce. Ongoing discussions being taken forward with Data and Information team to support this work and progress pathway reviews.		
	Local Executive lead Programme Management Group to be established to include PPIE and stakeholder engagement	Executive lead agreed who is also undertaking the role of SRO for CTMUHB and Local Implementation and Steering group met to drive forward this work. Initial engagement of recent workshops shared and used to inform funding SBAR which included opportunities to engage and ensure co-production further with Local Communities, Female staff from across CTM who reside in CTM and local Third Sector organisations		
	Work with CTM agreed SRO to establish work programme	SRO Agreed locally along with Clinical Leads for both secondary and Primary and Community Care. Agreement made locally that the SRO will attend the Leadership Group and one of the P&CC Clinical Lead will attend te Clinical Reference Group.		

		Work programme and Project Plan being developed. Some key initial actions already being driven forward	
	Work locally following initial meeting the National leadership team to establish local working group to drive forward and develop Women's Health Hubs	Local Implementation and Steering group agreed and met for the first time in July, however senior discussion groups have met previously to help drive this work forward. Members of the WH Network are included and will remain included throughout all local developments.	
	Draft Terms of reference and scope to inform working group direction	Draft Terms of reference drafted for further discussion and consideration, at our recent Local Implementation and Steering group, some areas of the membership were reviewed and are being actioned, a tweak to the Governance and Reporting structure was discussed and will be updated, and members were asked to feedback any further amendments for consideration.	
	Establish training needs for our health board teams.	Local working groups are being set up locally to help take element of this work forward. This will all be used to support the development of a Training needs analysis to be agreed and driven forward to upskill workforce.	
Overarching outcome measures/ metrics:			
Delivery of a Local Women's Health Hub model Specific metrics to be determined with WHN at national level (Q2)			
Baseline position 24/25			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Not Applicable			
Performance Trajectories 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
1. Commence scoping exercise 2. Establish a local executive-led Programme Management Group	1. Complete scoping exercise ensuring engagement. 2. Confirm local model and service pathways. 3. Commence drafting of local proposals for implementation plans 4. Identify resource requirements.	1. Complete drafting of local proposal 2. Secure necessary approval via Health Board governance processes 3. Communication Strategy confirmed	1. Commence delivery 2. Complete evaluation of the service introduction 3. Confirm comprehensive long term sustainable plan
Quarter 1 update			
Commence scoping exercise	Meeting held and overview presentation given at the local PH Consultants Team meeting Initial demographic information developed Scoping exercise commenced, discussion held National with PHW team and locally with Local PH Team to help direct and inform work. Early senior discussion held which have resulted in a number of Hub options being considered due to the geographical spread of the UHB.		

		Training needs analysis to be agreed and driven forward to upskill workforce.
		Ongoing discussions being taken forward with Data and Information team to support this work and progress pathway reviews.
Establish a local executive -led Programme Management Group	Executive lead agreed who is also undertaking the role of SRO for CTMUHB and Local Implementation and Steering group met to drive forward this work.	
	Initial engagement of recent workshops shared and used to inform funding SBAR which included opportunities to engage and ensure co-production further with Local Communities, Female staff from across CTM who reside in CTM and local Third Sector organisations	
Risks	Risks of Non-Delivery	Mitigations
	National timeline not aligned to local plan	Work collaboratively with WHN
	Identified funding streams/resources	Robust proposal and implementation plan with support from WHN to be supported by Welsh Government allocation to Health Board's for 25/26 or other funding source to be confirmed by WG. Use of existing resources will be maximised.
	Risks to Delivery	Mitigations
	As above	Joint funding of hybrid posts Maximising use of existing resources.
Critical Enablers	Finance	
	Overall costs to be determined as part of the scoping exercise and preferred model outcome. This work will require consideration of existing service capabilities and progress already made and the potential to work differently, including virtual models and to maximise the ability to deliver the requirements in a cost-neutral way.	
	Workforce	
	Analysis and cost to be determined as part of the scoping and preferred model outcome.	
	Digital	
	Requirement to be determined in line with the development of Women's National Dashboard, data set and IT integration requirements	
	Other (Specify)	
	Robust local population health needs assessment – led by Public Health colleagues	
	Collaborative working with WHN, HEIW, DHCW, National Pathway Team, local Planning, Estates, IHCs, Divisions, Primary Care, Corporate Services and Communication Team	
	Appointment of a local executive lead, and senior responsible owner, clinical lead and planning and project management support.	
Prevention & Population Health	Opportunities identified	
	Health Boards will prioritise women's health services across the life course and listen to and act upon the voices of women in the development of these services	

	Better access to services, including preventative healthcare and early intervention, and reduced unmet need for healthcare Improved patient experience, with care being delivered in one appointment where possible Improved health outcomes and reduced health inequalities Improved access to health information, in a range of formats, and supported patient self-management where appropriate



Agenda Item

8.2

Operational Delivery Committee

Civil Contingencies and Business Continuity Report
2024-25

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Melanie Jones, Civil Contingencies Manager Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

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
Emergency Preparedness, Recovery and Response Strategy meeting	17/06/2025	Report updated following comments and additions from group members.



Acronyms / Glossary of Terms	
BC	Business Continuity
BCM	Business Continuity Management
CBRN	Chemical, Biological Radiological and Nuclear
CCA	Civil Contingences Act
EPRR	Emergency Preparedness, Response and Recovery
ICE	Individual Chemical Exposure
IP&C	Infection prevention and control
JESIP	Joint Emergency Services Interoperability Principles
MIP	Major Incident Plan
NCSC CAF	National Cyber Security Centre Cyber Assessment Framework
NSRA	National Security Risk Assessment
SMOC	Senior Manager On Call
UPS	Uninterruptible Power Supplies
HCID	High Consequence Infectious Disease

1. Situation / Background

1.1 Each year all health boards are asked to provide reassurance and update on their emergency preparedness and response to NHS Wales Performance and Improvement (NHS Wales executive as was). This is part of our duties under the Civil Contingences Act (CCA) 2004 and links to the JESIP principles ensuring organisations share knowledge and plans to work more cohesively. Please see appendix 1 for a copy of the report that is to be considered.

1.2 Progress report

Key areas from 2023-24 report	Progress
Ongoing review of Major Incident Plan (MIP) following recent full Health Board restructure.	Following the review of the MIP and Overarching plan was updated and has been approved by the CTMUHB board.
Overarching and full site-specific plan review in addition to revision and development of specific individual and departmental action cards.	The full site-specific plans are still being finalised but hope these will be completed in the next 3 to 6 months.
Training programme utilising EPRR Manager and specific care group/site specific trainers being considered to address any training needs that emerge from revised plan.	Due to a change in staff this has been delayed and will be instigated this year. However, there have been several incidents within the health board that have tested some of the plans and helped with learning and training. All significant incidents have been subject to debrief and learning disseminated.
Enhance and revise Exec/SMOC training in line with re-launch of MI Plans/Site specific plans.	The SMOC handbooks have been refreshed and training will start this year once there is more capacity in the EPRR team.
Enhance and ensure robust exercise programme against revised Major Incident Plan.	Again, due to a changeover in staff and the significant update of the emergency plan as well as the internal changes occurring due to the roof situation at POW this has been moved to key action in 2025/26
Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy and BCM training provided.	This has been a key priority, and this has enabled the high consequences infectious disease plan to be updated



	and implemented as well as a refresh of the site escalation plans
Review of BCM assurance process ongoing.	The review has occurred and has highlighted several policies that relate to BC that need to be put through the assurance and governance process.

1.3 Priorities 2025-26

Following the review of the Major Incident Plan site specific and departmental plans will now be developed and tested.

A full training programme will be developed to address the requirements of the Major Incident plan as well as the new escalation plan, HCID plan and BCM.

A robust rolling exercise programme will be developed.

The EPRR capacity in the health board will be increased and the team given time to get up to date with all the policies and procedures prior to delivering any large-scale training and exercising.

Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy.

2. Specific Matters for Consideration

- 2.1 There has been a change in staff in the EPRR team and this has had a small impact on the ability to meet some of the milestones the health board set last year. Mainly around the Major Incident Plan (MIP) training and testing. This has been picked up in this year's work plan for the EPRR team although this will result in a delay of knowledge and training on the MIP.

3. Key Risks / Matters for Escalation

- 3.1 As mentioned above there has been a change in staff in the EPRR team and this will result in a delay of knowledge and training on the MIP. Although this should not impact on our ability to respond to MIP. Additional funding has been obtained for two further EPRR posts. The recruitment is underway, and this additional team capacity will enhance the ability to progress 2025-26 plans and reduce the risk of delay.

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	Dying 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 Wales of Cohesive Communities
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below: Culture and valuing people; Whole-system perspective.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd 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 review of work completed and each of these areas should have had an inbuilt QIA as the work was developed and completed.
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	If no, please include rationale below: This is a review of work completed and each of these areas should have had an inbuilt EQWLIA as the work was developed and completed.
	Outcome for Welsh Language (delete as appropriate):	



	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There is a small chance of reputational damage due to some of the work agreed not being completed. However, this is due to staff turnover and the NHS Wales Performance and Improvement (NHS Wales Executive) are aware of the situation.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee is requested to Endorse for Board Approval the annual report prior to submission to NHS Wales Performance and Improvement (NHS Wales executive).

6. Next Steps

Sign off by Board

Signature required from Chief Executive

Submission to the NHS Wales Performance and Improvement (NHS Wales executive) on 31st July.



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



GIG
CYMRU
NHS
WALES

Y Weithrediaeth
Executive

NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25

Name of NHS
Organisation

Cwm Taff Morgannwg University
Health Board

Date

Signature of
Chief Executive
Officer

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. The NHS Executive will review reports from across the system, seeking assurance that organisations:

Mitigate where possible against the risks identified within the NSRA and Wales Risk Register;

Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);

Have appropriate business continuity management arrangements in place;

Regularly test the efficacy of organisational plans through training and exercise; and

Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.

Governance



Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Claire Thompson, Executive Director of Strategy and Transformation supported by Elizabeth Beadle, Assistant Director of Transformation

Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

As above

Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.

Melanie Jones, Civil Contingencies Manager

Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.

As above

Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).

Claire O'Keefe – Head of Safeguarding (Claire.O'keefe@wales.nhs.uk)

Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

YES ☒ NO ☐

Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.

EPRR Strategy Group sits on a quarterly basis and is chaired by the Executive Lead or nominated deputy. This group provides strategic oversight of EPRR duties and reports directly to Health Board on an annual basis to maintain assurance.

The EPRR Strategy Group maintains an actions database fed by lessons identified from local, regional and national exercises and incidents, representation on the group is via Care Group Directors or their deputies to ensure direct links.

The EPRR Strategy Group also has representation from the Health Protection Board, which in turn has EPRR representatives included.

If applicable, who represents your organisation at the Local Resilience Forum meetings?

Elizabeth Beadle (Assistant Director of Transformation)
Melanie Jones (Civil Contingencies Manager)

When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board? Please provide detail of your business continuity management arrangements.

October 2021 – Review date October 2024 - A review is currently underway with the aim of completing the review within the next 9 months.

Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and the associated mitigating measures.

The Organisation's Risk Register has a Critical Risk around a Cyber Incident affecting Business Continuity.

The EPRR strategy board holds risks on wider civil contingency issues such as Power failure and Mass casualties.

IP&C hold isolation rooms on their risk register at the moment as these are not fit for purpose and a business case has been approved for their refurbishment.

Key Areas of Progress 2024/25

Please provide details of the key areas of progress against your organisation's EPRR priorities detailed in your 2023-24 Emergency Planning Annual Report.

Key areas from 2023-24 report	Progress
Ongoing review of Major Incident Plan (MIP) following recent full Health Board restructure.	Following the review of the MIP and Overarching plan was updated and has been approved by the CTMUHB board.
Overarching and full site-specific plan review in addition to revision and development of specific individual and departmental action cards.	The full site-specific plans are still being finalised but hope these will be completed in the next 3 to 6 months.
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Enhance and revise Exec/SMOC training in line with re-launch of MI Plans/Site specific plans.	The SMOC handbooks have been refreshed and training will start this year once there is more capacity in the EPRR team.



Enhance and ensure robust exercise programme against revised Major Incident Plan.	Again, due to a changeover in staff and the significant update of the emergency plan as well as the internal changes occurring due to the roof situation at POW this has been moved to key action in 2025/26
Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy and BCM training provided.	This has been a key priority, and this has enabled the high consequences infectious disease plan to be updated and implemented as well as a refresh of the site escalation plans
Review of BCM assurance process ongoing.	The review has occurred and has highlighted several policies that relate to BC that need to be put through the assurance and governance process.

Major Incident / Emergency Plan

When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

March 2025

When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

March 2025. Further forthcoming changes have been noted and amendments will be made as required.

Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

YES ☒ NO ☐

If NO, what are the gaps and how are these being addressed?

There is a need for us to roll out training around MI and we are aware of this and developing that programme.

NATIONAL SECURITY RISK ASSESSMENT (NSRA)

The following sections focus on preparedness and risks in relation to some of the highest rated risks within the NSRA and Wales Risk Register. Your organisation's responses to these questions will inform the NHS Executive's programme of work in these areas with a view to improving assurance and resilience across NHS Wales. Please provide any supplementary information in support of your responses below.



Threat Mitigation/ Security

Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES ☒ NO ☐

When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
16 th and 17 th July 2025	Full lockdown procedures will be tested as part of CTMUHB ongoing infant abduction no-notice drills which will be completed successfully across all sites. The Full lockdown procedures will be initiated by maternity; and include porter/security and switchboard staff and de-brief reports will be compiled and shared post exercise.

Were any issues identified as a result and if so how has / is your organisation addressing these?

Based on last years drills and lessons the various department protocols have been reviewed together to ensure they all dove-tail with the individual department actions plans.

Power Outage

Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES ☒ NO ☐

Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g. protocols, guidance, exercising etc) to respond to a major power outage?

There are monthly checks and tests of the emergency lighting in all 63 premises. In our critical sites (where there are overnight stays) there are also 6 monthly checks on the generators including system loading. The health board is also currently changing its switchboard arrangements and a power outage test will be included in testing the new system.

What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

Key risks for CTMUHB from a major power outage is the loss of electrical supply which compromises the ability of that site to continue services, keep patients and staff safe etc. IT systems (including most phone services) would potentially be



affected. However, this is mitigated somewhat with the availability of radio devices at the DGH sites for internal communications. In a national or regional outage, internet and mobile phone communications may be affected.

To address the above risks as far as reasonably practicable, our critical/key sites are served by emergency generators which are diesel powered and fed from dedicated storage tanks. WHTM 06-01 (clause 9.81) stipulates that in addition to a 10 hour / 750 litre day tank supply, hospitals should have fuel storage capacity for 200 hour full load running. CTMUHB has contingency fuel supply plans in place to ensure priority supply for generator and to enhance tank storage if required.

Our key sites are hospitals with inpatient facilities and specifically our acute sites with services such as theatres, A&E, ICU etc. All inpatient hospitals are covered by backup emergency generators and UPS systems are also in place where required to provide back-up power in the event of outage. Some legacy sites that have changed use are also served by emergency generators.

CTMUHB also has a number of identified vulnerable sites, which are those with critical or important functions but that do not have back-up generators – e.g. CPU Food processing plant. Whilst emergency generators are not fitted, the estate developments have ensured that ease of connection for external temporary generators has been factored into plans.

In addition, Emergency lighting systems will be fitted to all populated areas and escape route which will be fitted with 4 hour battery backup, to allow staff to exit buildings safely in the event of a power failure and IT servers and essential IT systems are fitted with uninterruptible power supplies (UPS) systems, although generators are relied upon for longer term uptime.

Mass Casualty Incidents

Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness of response.

CTMUHB Major incident, Critical Business Continuity procedural guidance is fully supportive of the principle of the Mass Casualty Incident Arrangements for NHS Wales. Document is referenced throughout, and Exec/SMOC Incident Management Training imparts training in relation to mass casualty events.

Limiting factor may be the capacity to move patients through the escalation pathway but we are working with our Social Care partners to review these arrangements.

Cyber Resilience

Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES ☒ NO ☐

Has your organisation assessed the risk of a Cyber attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

As an Operator of Essential Services, CTMUHB are subject to the NIS Regulations.

The original assessment was in 2022 and subsequent audits have been carried out – all with the Cyber Resilience Unit.

The risks identified within the audit have been amalgamated with the other risks identified around Cyber Security and an integrated Cyber Improvement plan is used to track and prioritise work towards this.

The Organisations Risk Register has a Critical Risk around a Cyber Incident affecting Business Continuity.

Progress towards the improvement plan is reviewed within the Digital team and Clinical Engineering (Cyber Security and Availability Board) on a monthly basis and also reported to the Operational Delivery Committee on a quarterly basis.

In common with Health Boards nationally there remain numerous vulnerabilities, for which the UHB has identified the necessary actions required to mitigate them, but at this time have not been undertaken.

Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.

The CTM Cyber Incident Response plan was last formally tested in July 2024 with a Digital SMT exercise run at the USW Hydra facility. Further testing has been carried out informally, and in addition, the plan is utilised for all critical ICT incidents that affect system availability (this includes cyber incidents and other ICT outages).

A schedule is being drafted to increase exercising within the department and with key stakeholders across the organisation. The plan is expected to be finalised by August 2025.

Following a previous tabletop exercise, the Digital services on call structure was changed to ensure that key staff and skillsets were available should there be an out of hours incident.



CTM is engaged with the DHCW and CymruSOC around the provision of 24x7 Security monitoring, alerting, and handling services. A service that is being successfully rolled out to LGA's and Fire within the Welsh Public Sector.

A recent cyber incident at the Health Board led to the plan being followed and an incident ran for 6 days from identification through to eradication. Feedback from the Cyber resilience unit and other authorities on cyber response was positive towards the use of the plan and actions taken.

A priority action for the team is to integrate the Cyber plan further into the organisation's planning frameworks.

Numerous preventative activities have also been pursued, including staff training and phishing testing and the disciplined adoption of the NCSC CAF mandated by the UHB's new Information Security and Supplier Management Policy.

Communicable Diseases and Pandemics

Do your business continuity arrangements include plans to respond to a new pandemic?

Yes – CTMUHB 2018 Pandemic Operational Plan is in place This is being reviewed this year in line with the National Pandemic Plans once they are released.

The High Consequence Infectious Disease plan has also just been updated and approved.

A multiagency Health Protection Board and multiagency Health Protection Coordination Group have recently been introduced within the CTM area to coordinate Health Protection activity/requirements across the HB and LA footprint.

CTMUHB has direct links with PHW and the three local authorities which ensures a joined-up approach to health protection, increased resilience and enhance the ability to respond effectively to future challenges.

What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

There is a reduced Welsh Government allocation of Health Protection resource to CTMUHB compared to other health boards, which impacts the levels of resource available in CTM to plan and respond.

The Health Protection Framework is still to be implemented across Wales.

The availability of isolation space is a risk for us as it is in other health boards, as is the delay in receiving the HCID PPE trollies.

There is a lack of clarity regarding CTM system pandemic planning and localisation, which should be addressed with the release of the National Pandemic Plan and South LRF Health Group leadership.

Following the preparedness activity colleagues across NHS Wales undertook during 2024, please describe the organisation's priorities for 2025/6 in relation to HCID preparedness.



CTMUHB has just updated the HCID guidelines containing site specific plans. CTMUHB has experienced recently a query MERS case, and this will be de-briefed and any issue with the current action cards addressed. There will be a Period of training and information around the new plan. CTMUHB emergency department staff receive training in the use of relevant PPE and specific de-robe and decontamination facilities are in place.

A business case has also been supported to update the isolation rooms across CTMUHB.

CBRN

Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Yes – CTMUHB has a contaminated casualty protocol

Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

There has been no training or testing in the last 12 months but will be included in the programme of training and testing that is being developed over the next 12 months.

What are the key risks / vulnerabilities for your organisation and how are you addressing these?

Following recent incidents in neighbouring HBs and nationally in relation to individual chemical exposure (ICE) incidents and subsequent circulated information, a review of CTMUHB CBRN procedures is ongoing.

The review will specifically address the management of ICE incidents whether from casualties suffering symptoms or for the safe storage of the deceased.

Training and Exercise

Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES ☒ NO ☐

Please describe these below and provide a copy of your lessons identified register if one is held locally.



EPRR Strategy Group maintains a register of lessons identified from incidents and exercises and also local and national recommendations. Plans are reviewed and amended accordingly.

Please provide the dates during 2024/25 when your organisation tested its Major Incident / Emergency Plan, through:

- a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
	CTMUHB are currently undergoing a centralisation of the switchboard and all action cards and communications are being reviewed – the go live date has been set back a number of times as has the planned full comms test whilst the staff are managing this change. Once the central switch board is live a full comms activation will be tested.

- b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise
	N/A

- c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
17/10/23	Exercise 'Pen Y Darren' – Mass Casualty and Major Incident Plan Exercise

Has your organisation had to initiate your major incident / emergency plan between April 2024 to March 2025?

YES ☒ NO ☐

- a. If YES, what was the nature of the incident?

Princess of Wales Hospital – Following a reported leak from the roof the subsequent inspection found a major structural issue with the beams holding the concrete roof. This resulted in immediate evacuation of a number of services for staff and patient safety. This required the use of our internal Major Incident and evacuation plans.

A suspected clade 1 Mpox, prior to its derogation, arrived at Prince Charles Hospital emergency department. This triggered our new HCID plan.

- b. Were post-event reports produced for these incidents? YES ☒ NO ☐

- c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

These have been hot debriefing and there has been shared learning across the organisation.

Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES ☐ NO ☒

Please provide further information of the needs identified through this process.

A revised training needs analysis is under development for introduction in line with launch of revised site-specific major incident plans.

Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES ☒ NO ☐

Please provide further details including –

these are our total numbers not just in the last 12 months.

	Number	Training Provider
Number of staff trained in Gold roles	25	Wales Gold training
Number of staff trained in Silver roles	7	Wales Silver training
Number of staff trained in Bronze roles	110	Inhouse SMOC incident management
Number of your Executive Team who've attended Wales Gold in the last 3 years	14	Wales Gold training
Number of Senior Managers who've attended Wales Gold in the last 3 years	5	Wales Silver training

Please provide details of any actions undertaken to prepare for the introduction of the Charter for Families Bereaved by Public Tragedy within your organisation.

This has been signed and a report has gone to executive leads for dissemination. Information around this will be included in the training plan that is currently being developed.

Communication

Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?



YES ☒ NO ☐

Please provide details.

The new major incident, escalation plans and HCID plan have all been developed with our partner agencies.

Assurance

Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements	x		Risk registers are regularly reviewed through the trusts governance procedures
2) Put in place Emergency Plans	x		Full review of Major Incident, Critical Incident and Escalation Plans is ongoing. A training programme is to be developed over the next year.
3) Put in place Business Continuity Management arrangements	x		Although BCM arrangements are in place, these are being reviewed given the Welsh Government guidance released in December and BCM Training for Managers will be implemented following that review.
4) Share information with other organisations to enhance co-ordination and efficiency	x		Positive working relationships and dedicated meeting structures in place and embedded to share learning and support with Health colleagues and other LRF members
5) Cooperate with other organisations to enhance co-ordination and efficiency	x		As above
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	x		There is a health protection communications strategy and there is a major incident communications action card in place.
7) Do you have an EPRR lessons identified, and lessons learned procedure within your organisation that feeds into EPAG?	x		Yes, there are dedicated meeting structures in place for the reporting of EPRR lessons learnt following debriefs and these will be shared with EPAG.

Priorities

What are your priorities for 2025/26 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

Following the review of the Major Incident Plan site specific and departmental plans will now be developed and tested.

A full training programme will be developed to address the requirements of the Major Incident plan as well as the new escalation plan, HCID plan and BCM.

A robust rolling exercise programme will be developed.

The EPRR capacity in the health board will be increased and the team given time to get up to date with all the policies and procedures prior to delivering any large-scale training and exercising.

Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy.

When submitting the completed report, please include an electronic copy of the following:

your current Major Incident /Emergency Plan;

an organisational chart setting out your organisation's emergency preparedness structure;

a copy of your local EPRR risk register where available;

an organisational chart setting out your organisation's emergency response structure; and

any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

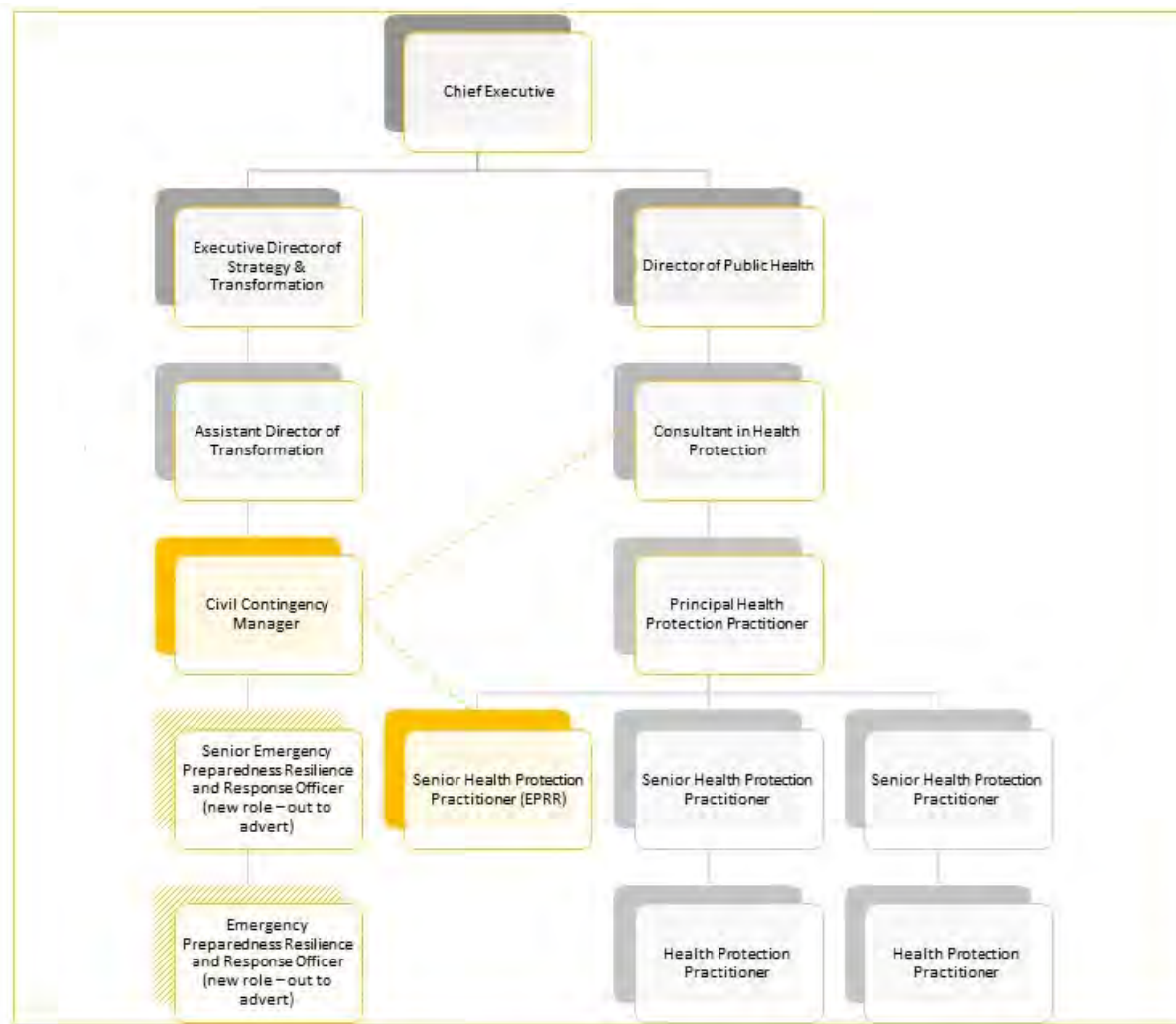
Completed and signed report forms with any attachments to be returned by 31 July 2025.

By email to: Sophie.Barrett@wales.nhs.uk

CTMUHB organisational chart setting out your organisation's emergency preparedness structure.

The CTMUHB EPRR structure 2025 – core roles in yellow.

The recruitment on the new Health Protection team adds additional resilience to the EPRR team and could be called upon in a major incident. There are two new posts to be recruited to which will add both capacity and resilience.



CTMUHB organisational chart setting out your organisation's emergency response structure.

CTMUHB organisation's emergency response structure

Gold/Strategic – yellow
Silver/tactical - blue





Operational Delivery Committee

Ministerial Advisory Group (MAG) Report update

Dyddiad y Cyfarfod / Date of Meeting	29 July 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts, Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	FOR REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
MAG Review shared with the Board	April 2025	MAG Report Recommendations noted by CTM Board

Acronyms / Glossary of Terms	
DHCW	Digital Health Care Wales
HEIW	Health Education and Improvement Wales
MAG	Ministerial Advisory Group



1. Purpose

- 1.1 The purpose of this report is to present the MAG recommendations to the Committee, share the Welsh Government's responses to those recommendations and provide an update in relation to the Cwm Taf Morgannwg progress in respect of those recommendations relevant to our organisation.

2. Situation / Background

- 2.1 In October 2024, the Cabinet Secretary for Health and Social Care announced the appointment of an external Ministerial Advisory Group (MAG) on Performance and Productivity in NHS Wales. The MAG, which brought a wealth of experience from across other national health services, was independent from NHS Wales and submitted their report to the Cabinet Secretary on 31 March 2025.
- 2.2 The objective of the Group was to provide external assurance on the effectiveness of current arrangements in NHS Wales to improve performance and productivity across the system and views on how the Welsh Government and NHS bodies could strengthen current arrangements to further improve performance and productivity.
- 2.3 The MAG reviewed the approach to delivery of patient access focusing particularly on planned care, reducing the longest waits, cancer, diagnostics, and urgent and emergency care.
- 2.4 The report, together with the Welsh Government's responses was published on 29 April 2025:

[NHS Wales performance and productivity: independent review](#)

[NHS Wales performance and productivity: WG response](#)

3. Progress against the Recommendations

- 3.1 There are a total of 29 recommendations raised in the report. On further analysis we have established that 12 of those recommendations are specific to Health Boards, 13 recommendations are specifically for other organisations to implement including the Welsh Government, DHCW, HEIW and includes one recommendation specifically only for Cardiff and Vale University Health Board. We have also identified a further 4 recommendations directed to the Welsh Government but for which we as a Health Board also have a perspective.
- 3.2 Colleagues from across the organisation have been involved in taking forward these recommendations. They have helped me to populate a table included in the Admin Control folder which outlines the progress which is being made.

- 3.3 It is important that we maintain momentum in these areas and ensure that the recommendations have visibility and profile within the wider organisation as part of our commitment to continuous improvement.

4. Further Developments

- 4.1 On 7 April 2025, the Cabinet Secretary made a speech to the NHS Wales Confederation in Cardiff, where he outlined his priorities for the NHS in Wales over the coming year. [NHS Confederation speech | GOV.WALES](#)

- 4.2 Subsequent to this, on 3 July 2025, the Cabinet Secretary wrote to Chairs and Chief Executives of NHS Wales to outline in more detail the 'Priority Delivery Actions for Better Health and Care for 2025/26'. [Improving performance together: priority delivery actions for better health and care 2025 to 2026](#)

- 4.3 The letter describes the main tasks for the Welsh Government and NHS Wales bodies to focus on in the coming year – improving access to services, changing the way the NHS in Wales is run, and getting the NHS ready for the future.

- 4.4 The letter details, that there are three parts to this agenda for the next year:

1. Delivering the key Welsh Government priorities for the NHS:
 - a. Reducing waiting times (including ambulance patient handover)
 - b. Reducing Pathways of Care delays
 - c. Improving women's health services
2. Strengthening how we run the NHS:
 - a. Modernising leadership and culture
 - b. Getting better at regional working
 - c. Improving openness, accountability and collaboration
3. Getting services ready for the future:
 - a. More effective prevention of ill health
 - b. Putting more services into the community
 - c. Realising the potential of digital and innovation

- 4.5 The Committee will be familiar with the agenda set out by the Cabinet Secretary and recognise some of the work that the Health Board is already pursuing in these areas. Many of these issues are dealt directly within our update on the MAG recommendations including:

Reducing waiting lists and pathway of care delays.
Modernising leadership and culture and getting better at regional working.

Putting more services into the community.

- 4.6 For those areas not specifically covered within the MAG review we offer the following updates to the Committee:

Improving women's health - The Welsh Government published its 10-year Women's Health Plan in December 2024 [Women's Health Plan - Easy Read version.pdf](#) and this will be the driving force for improvement. Welsh Government has an ambition of ensuring there is a women's health hub in each health board area. As a Health Board we share the Welsh Government's ambition of improving Women's Health. The work we have been undertaking at the Royal Glamorgan Hospital in developing the CTM Gynaecology Hub has been cited by Welsh Government as a good example of a Women's Health Hub.

Improving openness, accountability and collaboration – We are working with Welsh Government to ensure that the process for holding health bodies to account is sharpened, to make accountability more effective, and will fully co-operate and play our part in whichever new system of meetings and accountability arrangements are introduced, to improve accountabilities not just to Government but to our population and patients.

Better prevention - Over the next year we will work with Welsh Government to help plan services shaped by patient data and local population needs by developing population health management approaches (including population segmentation models and data infrastructure) to identify needs and health risks during 2025, ready to launch during 2026. We will also work in a range of other initiatives including helping to deliver recommended care processes and preventative action under the Tackling Diabetes programme to help reduce incidence and support management (tertiary prevention) of those living with diabetes; prevent initiation of smoking and support current smokers to quit; work with partners to develop and implement an effective "healthy weight road map"; and increase uptake of vaccination.

Realising the potential of digital and innovation - Over the next year we will explore opportunities for rolling out technology tools for our clinical and practitioner workforce to reduce administrative burden, increase efficiency and impact positively on quality of care such as supporting clinicians with note taking and speed up communication with patients.

- 4.7 We will provide updates on these areas through the year to the Committee and outline the role that Cwm Taf Morgannwg can actively play to help with the Welsh Government in these important areas, highlighting any particular issues which may need to be brought to the Committee's attention with respect to delivery or progress.



5. Assessment

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

Impact Assessment		
Ansawdd 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 for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒



<i>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?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	See detail captured for each risk	

6. Recommendation

5.1 The Committee are asked to:

Note: the progress CTM are making with respect to the MAG Review

Note: the areas of focus outlined by Welsh Government over the coming year.

7. Next Steps

6.1 Following consideration by the Committee this update will be shared with the Board and further updates on progress will be provided to the Committee at its meeting on 28 October 2025.

Operational Delivery Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open / Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, 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	14/07/2025	Endorsed for Approval

Acronyms / Glossary of Terms

ABUHB	Aneurin Bevan University Health Board
AMU	Acute Medical Unit
BCUHB	Betsi Cadwaladr University Health Board
BSW	Bowel Screening Wales
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
CTP	Care and Treatment Plan
CYP	Children and Young People
C&VUHB	Cardiff & Vale University Health Board



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
ED	Emergency Department
ESD	Early Supported Discharge
FCE	Finished Consultant Episode
FUNB	Follow-up Outpatients Not Booked
HDUHB	Hywel Dda University Health Board
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
PTHB	Powys Teaching Health Board
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
SBUHB	Swansea Bay University Health Board
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SOS	See on Symptom
SSP	Specialist Screening Practitioner
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. Situation / Background

During January 2025 the Welsh Government released the NHS Performance Framework for 2025/26, setting out the Minister's priorities and key deliverables and is available to read at the following URL: [NHS Wales performance framework 2025 to 2026 | GOV.WALES](#)

2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's Performance Framework and a small number of local priority measures such as ambulance red releases, lost hours, hip fracture recovery and stroke.

Please note that due to the recent merger of the two PAS systems, and our focus being on validating the waiting list and admitted patient care episodes, it has not been possible to provide an accurate position on the patients awaiting a follow up outpatient review in this report (continues to be validated), but we anticipate that it will be included in the next iteration of the performance report.

A one page summary of the UHB's recent performance against the highest profile indicators within the Welsh Government framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 8 out of the 13 areas.

The direction of the arrow shows whether the quantum of the measure has increased, decreased or statistically no significant change.
The colour is intended to show whether this is positive [green], negative [red] or no significant change/remains within control limits [amber].

Population Health		People	
During 2024/25 - 5.94% of adults who smoke made a quit attempt via the smoking cessation service → <i>Compared to 2023/24, 5.64% of smokers made a quit attempt</i>		6.91% of staff have been absent due to sickness during the 12 mth period (Jun 24 to May 25) → <i>Compared to the previous year the rate was 6.83%</i>	The CTMUHB Nursing & Midwifery reported turnover rate to Feb 2025 is 5.13% ↓ <i>Compared to Feb 2024 the rate was 8.29%</i>
During the 2024/25 flu season campaign, 69.3% of adults aged 65+ received the influenza vaccine → <i>The 2023/24 campaign saw a compliance rate of 72.2%</i>	90.3% of children aged 5 were up to date with their vaccinations during Qtr 4 2024/25 → <i>Compared to the previous quarter the rate was 90.1%</i>	As at June 2025, 68.0% of staff have received their PADR → <i>Compared to June 2024 the rate was 65.8%</i>	As at June 2025, 81.1% of staff have completed Level 1 mandatory training → <i>Compared to June 2024 the rate was 80.1%</i>
Operational Performance		Finance	
62.7% of patients were seen within 4 hours from arrival at an Emergency Department → <i>Compared to last month compliance was 61.1%</i>	100% of GP Practices have achieved in-hours access standards during 2023/24 → <i>The rate the previous year was also 100%</i>	The Month 2 YTD financial position is reporting a £3.7m deficit for 2025/26 ↑	
As at end of April 2025; 17 out of 24 KPI's for recovery from hip fracture are red i.e. scoring less than 75% please refer to page 17	Provisionally 528 patients are waiting longer than 2 years for referral to treatment ↓ <i>Compared to the previous period 1,177 patients had waited this length of time</i>		
	During May 59.8% of patients started their cancer treatment within 62 days → <i>The rate the previous period was 62.7%</i>		

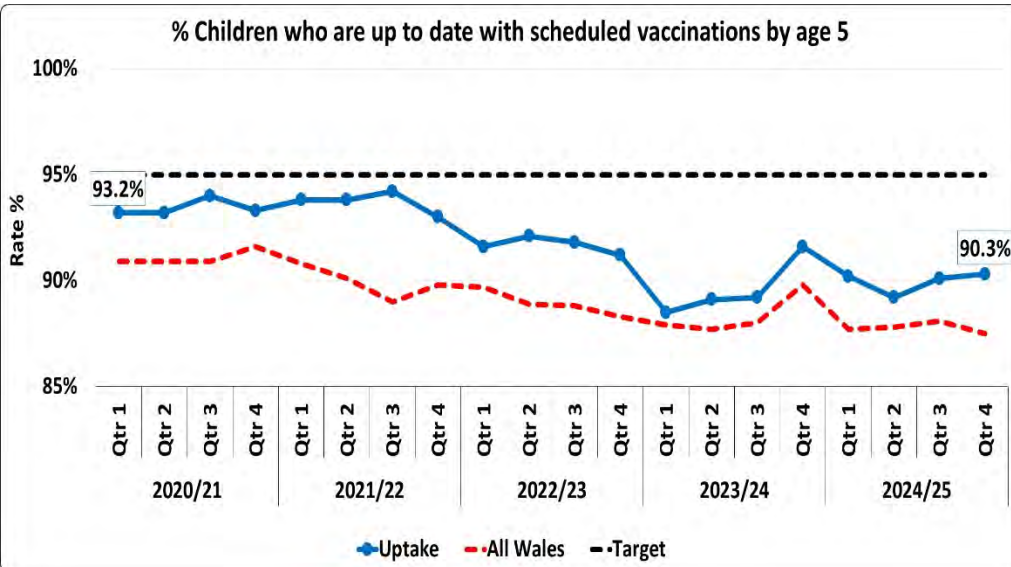
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

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	Target Failed
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target				

% of adult smokers who make a quit attempt via smoking cessation services – 5 % Annual Target		% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks – 40 % Annual Target																						
2024 / 25 - 5.94 %		2024 / 25 – 9.62 %																						
CTMUHB % of adult smokers who make a quit attempt via smoking cessation services		<table><tr><th colspan="3">CTMUHB</th></tr><tr><td>Estimated number of smokers</td><td>Estimated % of CTMUHB population who are smokers</td><td>Estimated number of smokers needing to access smoking cessation to reach 5% of smokers</td></tr><tr><td>53,868</td><td>14.7%</td><td>2,700</td></tr><tr><td>Number of smokers treated by the smoking cessation service</td><td colspan="2">Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter</td></tr><tr><td colspan="3">Q1 - Q4 2024/25</td></tr><tr><td>3,202</td><td colspan="2">308</td></tr><tr><td>5.94%</td><td colspan="2">9.62%</td></tr></table>		CTMUHB			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	53,868	14.7%	2,700	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		Q1 - Q4 2024/25			3,202	308		5.94%	9.62%	
CTMUHB																								
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Q1 - Q4 2024/25																								
3,202	308																							
5.94%	9.62%																							
What are the key challenges & actions in delivering smoking cessation targets?																								
Challenges: <u>Resource</u> – Exceeding the 5% target for a second year is extremely positive, which reflects the hard work of the team. However, further increasing numbers of smokers treated will be limited by capacity within smoking cessation services. Achieving the national ambition of a 5% smoking prevalence by 2030 will require a reduction from nearly 54,000 to 18,000 smokers over the next 5 years – a reduction of two thirds which 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 Health Board activity. <u>CO validation of 4 week quits</u>: It is proving very challenging to meet this new target, for a number of reasons, including: a large proportion of clients are receiving remote support via telephone, rather than face to face and it is logistically very difficult to obtain CO readings (collected in person) in this situation. The majority of clients prefer a remote service and find it flexible and accessible. It should be noted that other Health Boards are experiencing similar challenges in achieving the target. It is hoped this issue will be addressed via a change to the national HMQ (Help Me Quit) in Community Pharmacy service specification, due in the autumn. All clients are followed up at 4 weeks to assess their quit status and this is recorded as 'self-reported' if CO validation cannot be undertaken. Consequently, the overall quit rate (self reported & CO validated combined) for 2024/25 is 50%.		Actions: A plan is being implemented to reduce smoking prevalence to 5% by 2030, including meeting the smoking cessation targets as a key outcome and is accountable to the Creating Health board. Presently, prevalence is c.14.7% with the all Wales rate being 12.8%. The plan includes actions to address the challenges as follows: <u>Resource:</u> Seeking to identify further investment to expand HMQ services <u>CO validation of 4 week quits:</u> Self-reported and CO validated quit data is being collected locally to give a fuller picture. The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues to enable CO validation. The national HMQ in Community Pharmacy service specification will include CO validation when clients collect their pharmacotherapy. This is currently going through national approval processes. <u>Other actions in the reducing smoking prevalence programme include:</u> Continued implementation of Help Me Quit (HMQ) in Hospital model, with a focus in 2025/26 on pre-admission pathways to ensure smokers can be identified and offered support at the earliest opportunity. Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service. Developing the HMQ service community offering, including increased community engagement, offering more face to face appointments and outreach to workplaces and community groups. Supporting mental health division to integrate smoking cessation offer into community and in-patient pathways. Implementing a communications plan to promote uptake of HMQ services. Engaging stakeholders across organisations, using the opportunity of the Tobacco and Vapes Bill and smoke-free 2030 target, to increase activity aimed at reducing smoking prevalence.																						

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

Age 5 schedule includes: '4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)



(reporting frequency is quarterly & as expected there is a time lag of approx. 3 months)

Quarter 4 2024/25 Local Authority Uptake

Merthyr Tydfil LA	86.6%
RCT LA	90.3%
Bridgend LA	92.0%
CTMUHB	90.3%

Quarter 4 2024/25 Welsh HB's Uptake

ABUHB	86.5%
BCUHB	89.5%
C&VUHB	84.6%
CTMUHB	90.3%
HDUHB	85.6%
PTHB	89.6%
SBUHB	88.1%
All Wales	87.5%

What are the key challenges & actions in delivering vaccination targets?

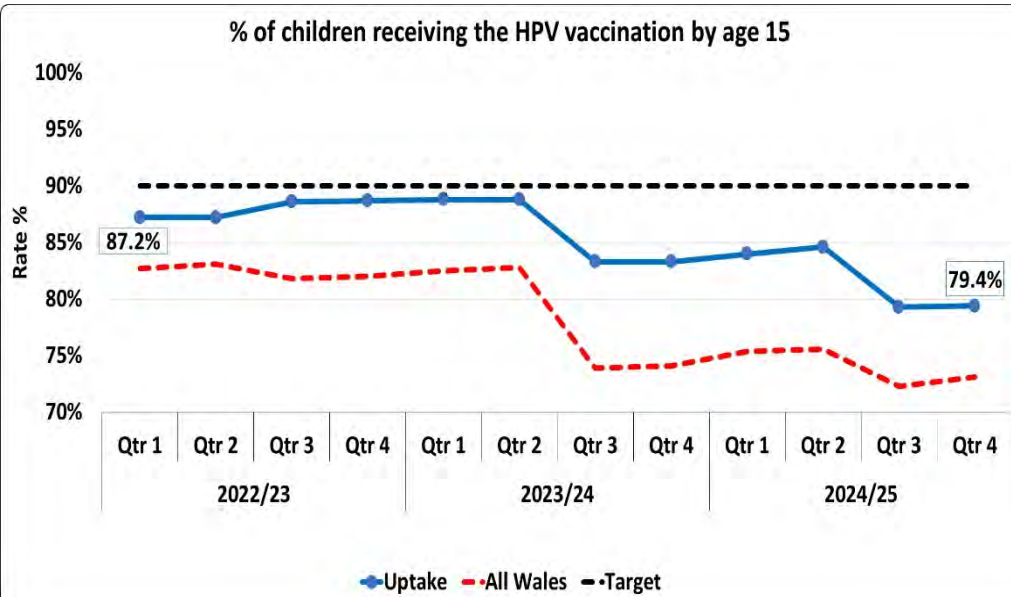
Challenges:

- Scheduled Immunisations** – The changes to the childhood Immunisation schedule start 10th July, however there is a risk as the CYPRIS scheduling system will not be updated in time for commencement of the immunisation programme.
- MMR uptake** – 95% uptake of 2 doses of MMR is needed to prevent transmission, smaller outbreaks of measles have been identified in Wales in the past 2 years.
- Influenza** – challenges in delivering to 3 year old's attending LA nurseries in Merthyr & RCT areas remains. Combined uptake for 2 & 3 yrs old at the end of the season is 44.2% (43.6% in 3 year olds which compares to 54.5% in 2023/24).
- Data systems** – poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
- Transition from Health Visiting to School Nursing** – immunisation history and recall for any outstanding vaccines.

Actions:

- Scheduled immunisations** – the specialist immunisation team has given priority to informing all childhood vaccinators and advisors of the proposed changes and challenges with CYPRIS and how to manage these, including face to face visits, sharing PHW awareness sessions and hosting local sessions.
- MMR uptake** – the annual COVER report for year ending 2024/25 is now available. with CTM's MMR uptake 1 dose at 2nd birthday at 94.8% & 2 doses at 5th birthday at 92.2%; these are both higher than the Welsh average. The childhood immunisation schedule changes include moving the second dose from 3 years & 4 months to 18 months of age for children born from 1st July 2024 and it is anticipated to increase uptake of the second dose from January 2026.
- Influenza** – planning for the delivery of fluenz to children who attend LA nurseries in Merthyr and RCT areas is underway.
- Data systems** – Work is ongoing at a national level to resolve this. GP practices in CTM are being asked to support entering Fluenz directly on to WIS (Welsh Immunisation System) as well as the mandatory request for those children aged 16+, although an API to the child health and WIS systems would be preferable.
- Transition from Health Visiting to School Nursing** - The ISSAC (Immunisation Standards for School Age Children) have been reviewed and are awaiting national sign off.

% of children receiving the Human Papillomavirus (HPV) vaccination by age 15 Target 90 %



(reporting frequency is quarterly, and applicable during 01.04.24 to 30.6.24 & 1.1.25 to 31.03.25)

Quarter 4 2024/25 Local Authority Uptake

Merthyr Tydfil LA	76.7%
RCT LA	79.5%
Bridgend LA	80.3%
CTMUHB	79.4%

Quarter 4 2024/25 Welsh HB's Uptake

ABUHB	66.1%
BCUHB	70.8%
C&VUHB	68.8%
CTMUHB	79.4%
HDUHB	74.1%
PTHB	77.3%
SBUHB	85.6%
All Wales	73.1%

What are the key challenges in delivering vaccination targets & actions to tackle

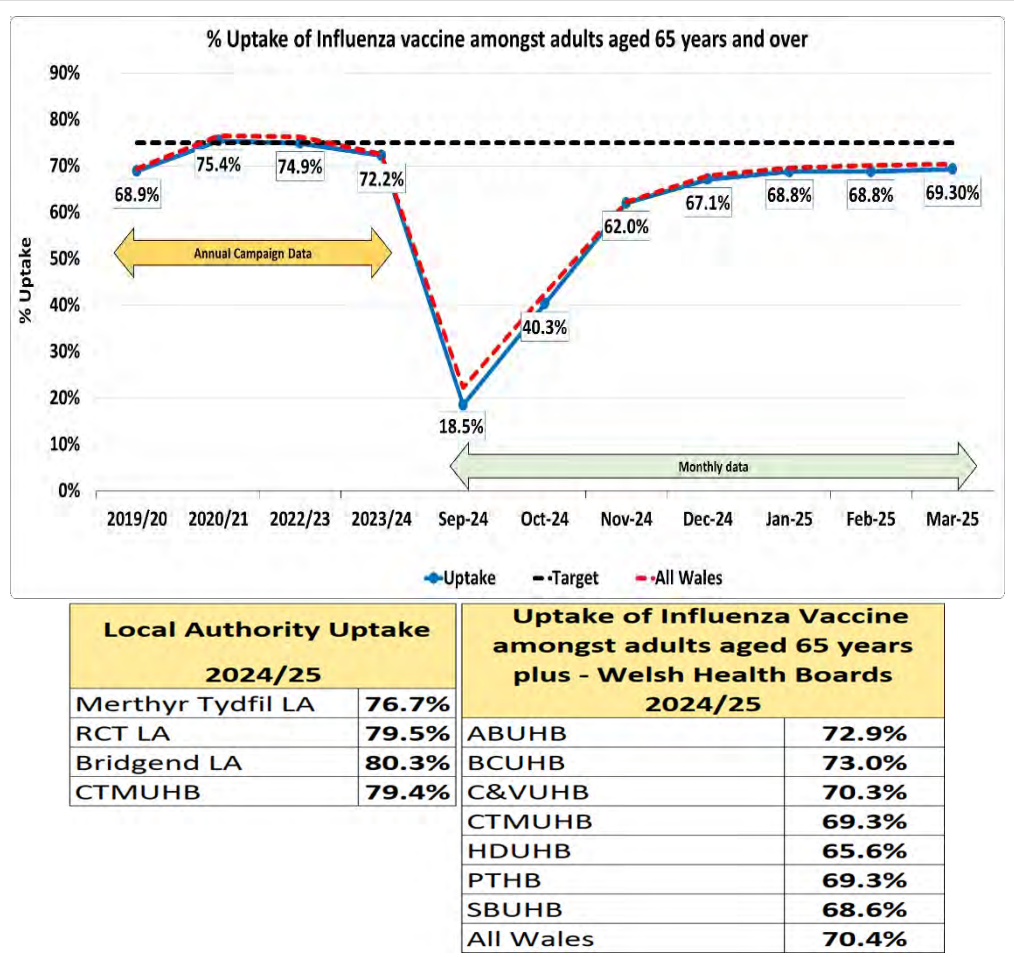
Challenges:

- Communication support** - School Nursing Service continues to engage with schools and CTM comms. to utilise all social media platforms available. Staff deliver information to pupils in assemblies and are aiming to increase visibility at parents evening in secondary schools, to raise the profile of all immunisations.
- Personal data accuracy** (address, contact number, school attended) – Recent Fluenz and MMR catch up programme has further highlighted that a number of address and contact details are not always up to date.
- Obtaining consent** – A considerable amount of work is required to chase outstanding consents, despite communication and engagement undertaken by the school nursing team; directly impacts on immunisation uptake rates.

Actions:

- Communication support** – is now included as a standing item in the monthly Childhood Vaccination Group. The immunisation calendar details all Immunisation programmes for academic year - schools informed during summer term. There is an action (school nursing and communications team) to develop a calendar for pertinent times of the year when support is required. At an All Wales level, PHW have been asked to increase a variety of assets and communications developed to support immunisation programmes e.g. TV/Radio and alternative social media platforms to have a wider reach and engagement with children and young people.
- Uptake** – utilising a targeted approach with those schools with low uptake rates. Working with head teachers and school staff to raise importance of immunisation programmes. Undertaking large number of phone calls to parent/carers to obtain consents and utilising Frazer competency assessment that allows pupils to self consent in the absence of a consent form. Working with HB colleagues to facilitate catch up sessions in CVC's which proved successful during August 2024.
- Personal data accuracy** (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools continues.
- Obtaining consent** – A newly developed E-consent system was successfully piloted in May 2025. This pilot is being extended in September, with the aim of being paper free by January 2026.

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



Challenges posed by the National Immunisation Framework (NIF) & actions being taken?

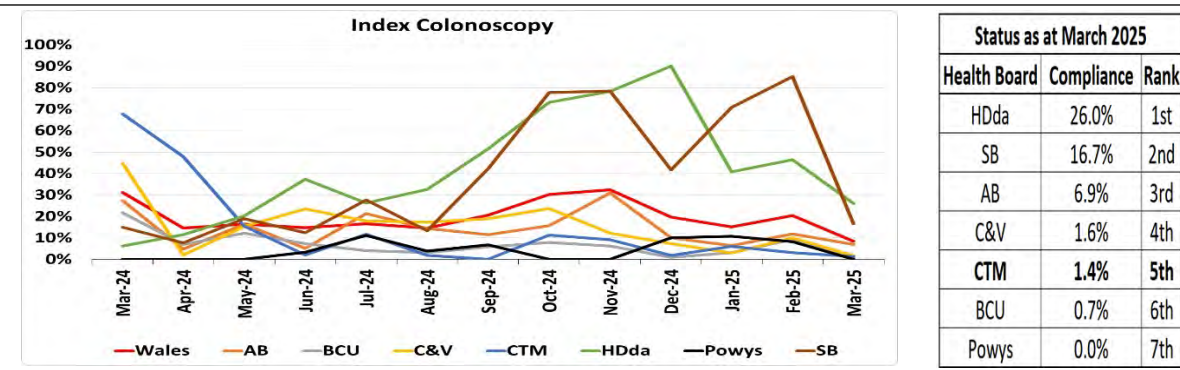
- Challenges:**
- Vaccine fatigue** – across all health boards and vaccination campaigns there is an increasing apathy towards vaccination, particularly since the COVID-19 Pandemic.
 - Joint Committee on Vaccination and Immunisation (JCVI)** and Welsh Health Circulars (WHCs) instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 1st October 2024; a delay on the usual September start.
 - Demand on vaccination services** – the winter campaigns of Flu and COVID were impacted by the introduction of the year round RSV campaign.
 - Uptake of Flu & COVID -19** – Staff uptake of the flu vaccine in CTM has fallen this year to 34.4% (All Wales 33.9%) and similar reductions have been seen in the Fluenz offer to 3 year olds in RCT and Merthyr. COVID-19 vaccination uptake dropped to 44.8% of the eligible population.
 - Community pharmacies** – pharmacies continue to balance an increasing demand for clinical services against limited resources, including trained vaccination staff and appropriate consultation space. The impact of central procurement of vaccines in 2025/26 is not known at this stage, although the potential for increased vaccination rates via pharmacy remains realistic.
- Actions:**
- Vaccine fatigue** - Vaccine Programme Wales is supporting health boards with the establishment of a misinformation and vaccine literacy group in line with and the HB vaccine equity strategic plan. The Health Protection Team will be attending the community leaders' network with hopes of establishing community links to engage with the public. The Specialist Immunisation team is engaging with public groups and undertaking vaccination awareness session with many groups of staff.
 - Demand on vaccination services** – planning is underway for the winter campaign 2025/26 - working with primary care providers.
 - Uptake of flu and COVID-19** – An online booking system for staff vaccinations was positive with additional recommendations, including stronger communication & additional peer/walkabout opportunities; these will be included in the winter planning. New models of delivering Fluenz to 3 year old's in LA nursery schools are being planned. The spring COVID-19 vacc. campaign commenced 1st April with a smaller targeted population.
 - CTM will support the 2025/26 national community pharmacy premises improvement grants program, which saw 7 pharmacies awarded funding to increase and optimise consultation room facilities during 2024/25.
 - Pharmacy technicians in CTM undertook 1,652 flu vaccinations during 2024/25; over 9% of the total vaccinations recorded by community pharmacies. CTM will continue to encourage pharmacy contractors to accredit an appropriate mix of staff via HEIW's vaccinator accreditation framework and increase the availability of vaccinations within community pharmacies.
 - CTM will support preparation for and implementation of the new national primary care vaccine programme, including delivery of centrally procured vaccines and the routine use of the Welsh Immunisation System (WIS).

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appointment - Target 90 % - Apr 2025 = 0 %



Please note there is a time lag in reporting of 2-3 months



How are we doing & what actions are we taking?

The pan CTM Bowel Screening Wales (BSW) assessment work programme has concluded and patient booking underway. Sick absence amongst the BSW Endoscopist Team has impacted on waiting times, however this is expected to improve now that all Specialist Screening Practitioners have now returned to work following sickness absence. A shortage of accredited BSW Endoscopists continues to impact activity. It is expected that one additional Endoscopist will achieve accreditation shortly. As of 2nd July there were 170 patients waiting for an index colonoscopy, of which, 115 have a booked appointment. Unfortunately, 132 patients will have waited longer than 4 weeks for their procedure and of these, of these 39 patients will have waited over 8 weeks.

The operational challenges that have an impact on activity are:

- Participant, patient choice and refusal remain an issue when booking across CTM.
- Providing adequate cover for periods of leave and on-call commitments, particularly due to the limited pool of BSW accredited consultants. This continues to be managed through the 6-4-2 process which has seen an increase in adhoc cover, plus additional backfill of BSW lists. The 6-4-2 process continues to be an effective method for driving optimal utilisation of Endoscopy lists.
- Uptake and current conversion to surgery continues to be monitored and escalated.

Actions being taken:

- Use of text remind and broadcast messenger services to mitigate against patient choice, refusal of offer and high DNA rates. Participants continue to be booked direct at SSP assessment resulting in better patient experience.
- The Endoscopy service is working with theatre services to develop robust general anaesthetic provisions, where appropriate.
- The Endoscopy service is exploring the use of a flexible insourcing contract for a BSW accredited Endoscopist (using BSW funding) to bolster the BSW service provision.

(The 6-4-2 process, primarily used for surgical and endoscopy planning, is a scheduling model that aims to improve efficiency and patient experience by streamlining the planning and review of surgical lists).

2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services

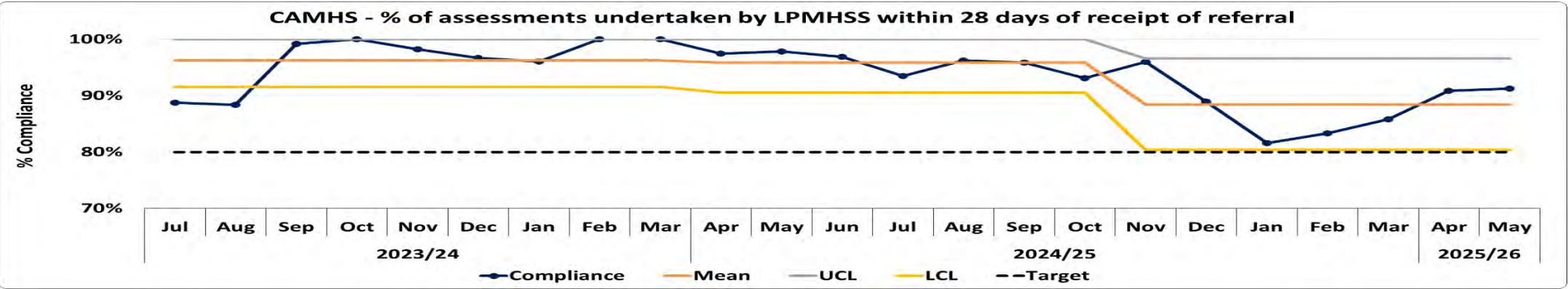
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure		Target	Key: Trend Target/Trajectory	Key: Hit Target Target Failed	
				Latest Position	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		100.0%	2023/24
	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		46.9%	May-25
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026		22.6%	Apr-May 2025
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year		2,026	Apr-25
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		91.2%	May-25
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80%		66.1%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		90.9%	
Access Hospital Services Quickly	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		93.2%	Jun-25
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		49.3%	
	Median emergency response time to amber calls	12 Month Reduction Trend		01:39:02	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		12	Jun-25
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		62	

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	
				Green = Target Met / Red = Under	
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%		62.7%	Jun-25
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero		1,790	
	% 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		59.8%	May-25
	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		5,212	Jun-25
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		95.8%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero		99	
	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		1,375	Jun-25
	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			437	May-25
	Number of patients waiting over 52 weeks for a new outpatient appointment	Zero		13,444	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero		528	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		30.4%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			56.9%	May-25



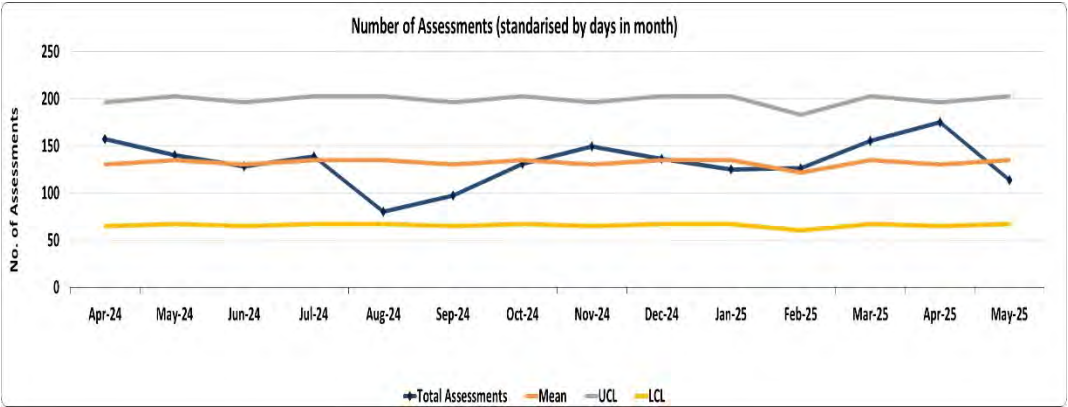
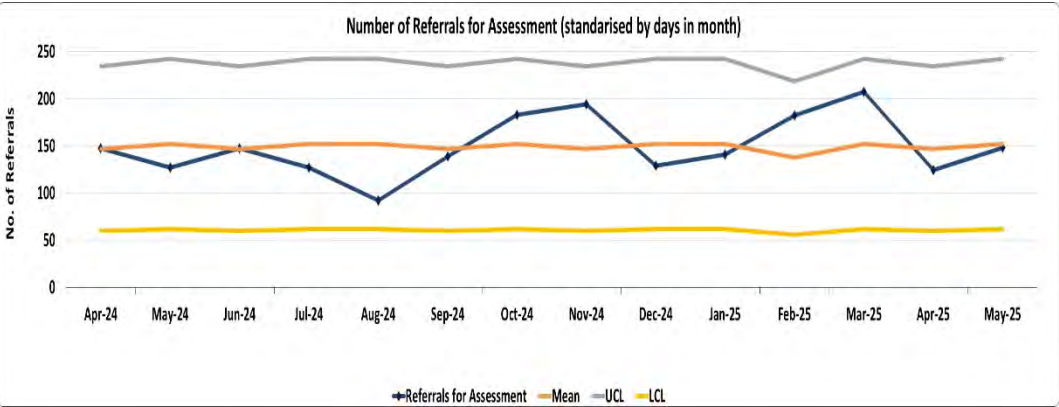
CTMUHB Mental Health & Learning Disabilities Care Group
CAMHS & Specialised Services – May 2025

% of CAMHS assessments undertaken by LPMHSS within 28 days of receipt of referral (91.2 %) - Target 80 %



Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. During May the compliance for the CAMHS service observed a rate of 91.2%.

For the past two years we have seen that performance has notably improved in this area of the CAMHS service with compliance continually maintained above the WG target of 80% from July 2023.

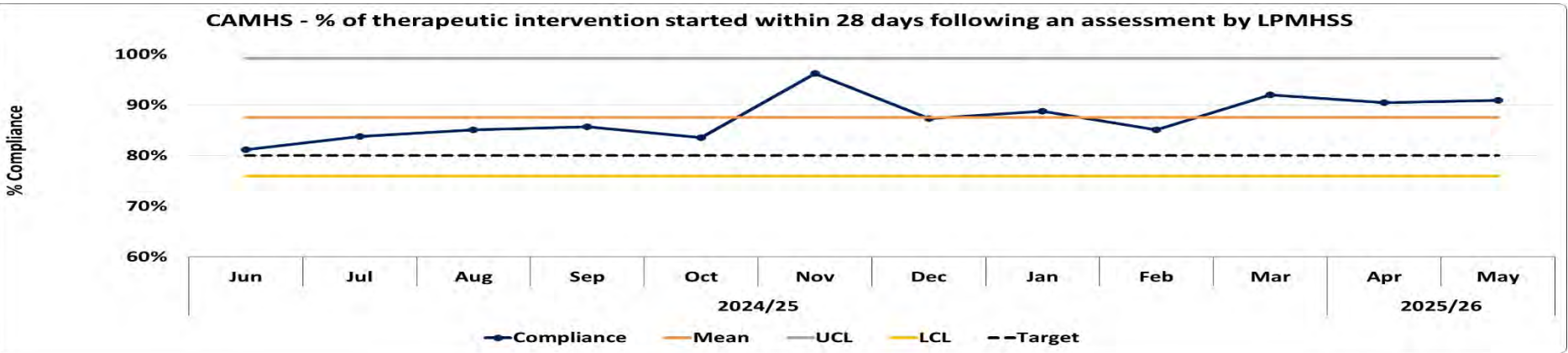


As seen in the charts to the left, the number of referrals & assessments each month remains within normal limits, given the variability in the number of working days in the month.

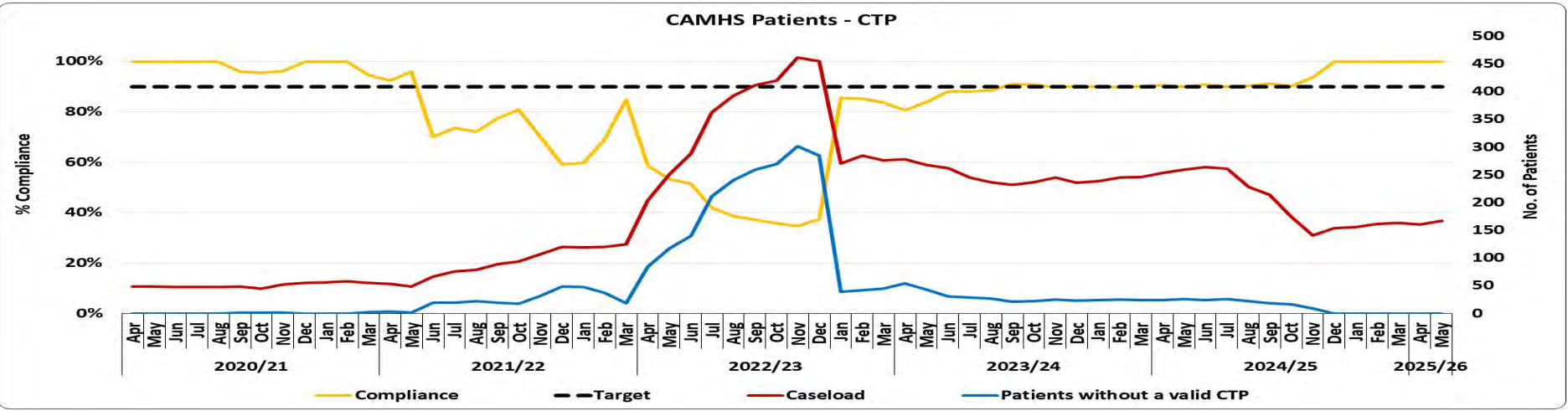
CAMHS - % of therapeutic intervention started within 28 days following an assessment by LPMHSS (90.9 %) - Target 80 %

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS was 90.9% during May and continues to surpass the WG set target of 80%.

The Directorate continues to develop its local groups in partnership with the third sector. The Service also continues to engage with the SilverCloud digital offer and attend All Wales co-ordination meetings from the Powys Hub.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (100 %) - Target 90 %



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continued to observe a compliance rate of 100% during May, surpassing the WG set target of 90%.

Part 3: There were no requests made for a CAMHS assessment under Part 3 of the Mental Health Measure during May.

How are we doing and what actions are we taking?

Actions being taken in CAMHS:

An improvement action plan and trajectory was implemented to improve compliance in Parts 1 (a & b) and 2 of the Mental Health Measure. This has successfully delivered improvement in all three areas.

Part 1a: Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. Demand & capacity training has helped us to focus on this area.

Part 1b: We are working with the Third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions, with ten groups starting each month and delivered in each of the three local authority areas. Referrals to the SilverCloud digital platform continue to increase and there is multi-disciplinary engagement with the SilverCloud project management team hosted by Powys Teaching Health Board.

Part 2: A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs), including joint training between Adult Mental Health services and CAMHS.

Monthly supportive meetings are in place with the NHS Executive, helping to improve compliance in all areas and sustainably.

The CAMHS Clinical Network, as part of its work following the publication of the new CAMHS Service Specification, is developing proposals around the standardisation of referral criteria into Specialised CAMHS.

When is improvement anticipated and what are the main areas of risk?

Outputs of improvements:

Part 1a: Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of May we had 120 patients on the waiting list; a 36% reduction from the 188 patients waiting at the start of April 2025.

Part 1b: We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in May was 66, which is around the monthly average of interventions carried out during the past twelve months.

The introduction of referral-based access to the online digital platform SilverCloud, early last year, has further helped with providing interventions in a timely manner.

Part 2: The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's. The CTP audit tool is regularly applied to the CAMHS caseload. We have reviewed care co-ordination numbers which appear to be higher than other Health Boards across Wales. The current caseload stands at 167 in comparison to 51 pre-Covid.

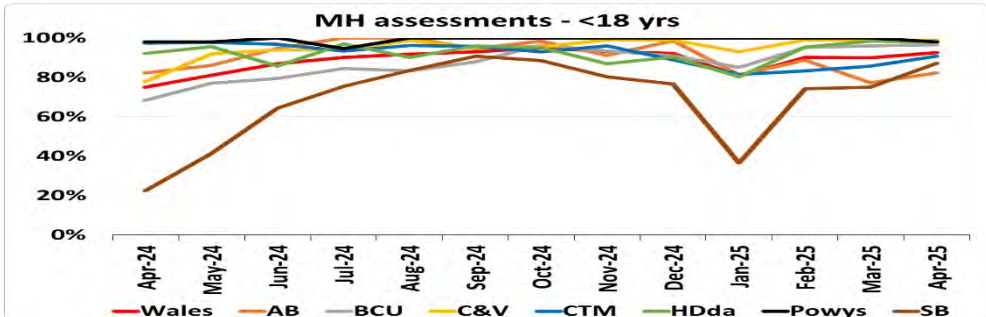
Main areas of risk:

The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment. The service is planning to temporarily increase capacity to help address the anticipated rise in referrals.

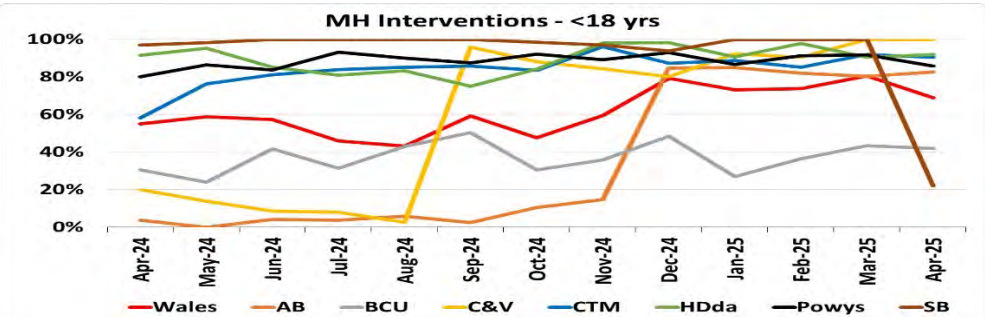
The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.

Clinical colleagues continue to report rising acuity within their patient population, which may have an impact on delivery going forward.

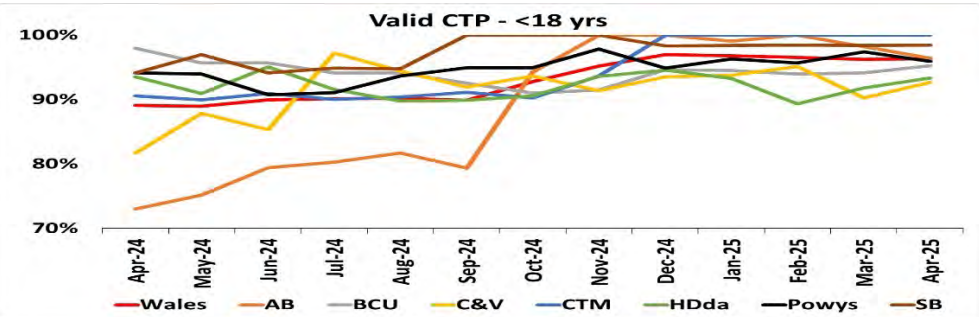
How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
C&V	98.9%	1st
HDda	98.1%	2nd
Powys	98.0%	3rd
BCU	96.7%	4th
CTM	90.9%	5th
SB	87.2%	6th
AB	82.4%	7th

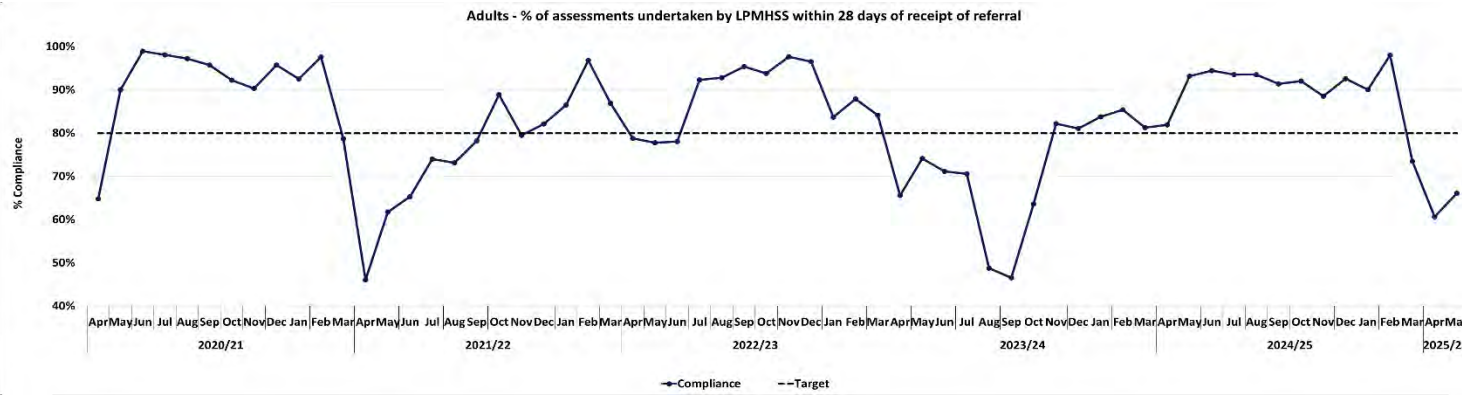


Status as at April 2025		
Health Board	Compliance	Rank
C&V	100.0%	1st
HDda	92.0%	2nd
CTM	90.5%	3rd
Powys	85.7%	4th
AB	82.7%	5th
BCU	41.9%	6th
SB	22.0%	7th



Status as at April 2025		
Health Board	Compliance	Rank
CTM	100.0%	1st
SB	98.4%	2nd
AB	96.4%	3rd
Powys	95.9%	4th
BCU	95.2%	5th
HDda	93.3%	6th
C&V	92.7%	7th

% of Adult assessments undertaken by LPMHSS within 28 days of receipt of referral (66.1 %) - Target 80 %



Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during May saw a small improvement to 66.1%, but remaining below the WG target of 80% for the third consecutive month.

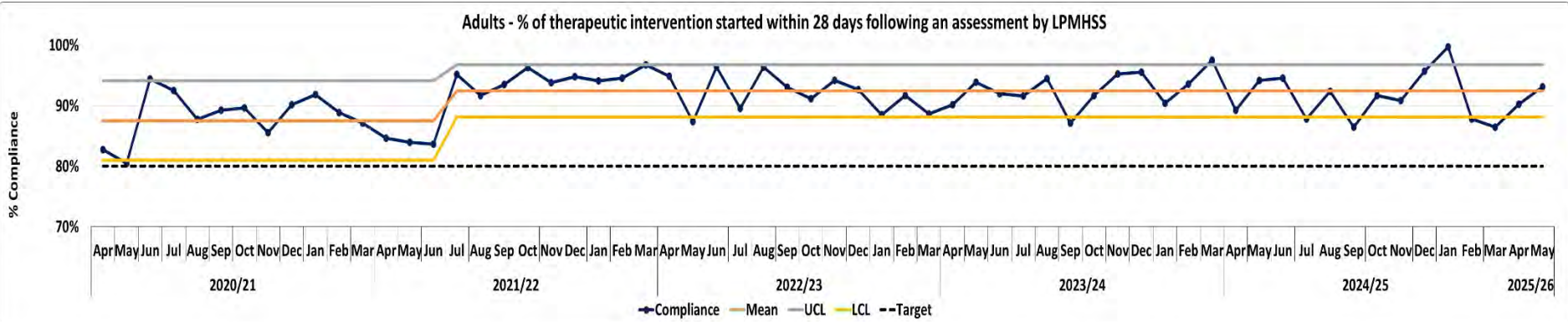
The decline in performance was due to demand into the service exceeding the available clinical, administration and clinical room capacity. Some clinical staff have since returned from sickness absence and vacancies have been appointed to, however they are awaiting a start date. Admin capacity has impacted the ability to process and outcome referrals in a timely manner, which has impacted on efficient appointment slot utilisation.

Referrals during May totalled 769, which is the same as the monthly average for 2024/25, but lower than pre-Covid, where levels were in the region of 1,000 to 1,100.

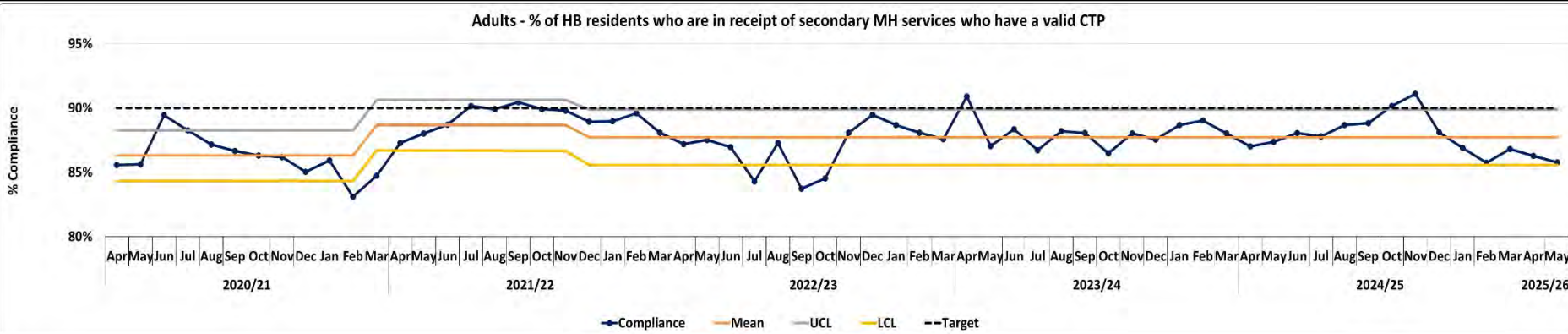
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (93.2 %) - Target 80 %

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during May improved to 93.2% and continues to remain above the WG target of 80%.

During the month, 409 of the 439 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (85.8 %) - Target 90 %



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance rate of 85.8% during May, a slight fall on the previous period and remaining below the 90% WG standard, as has been the case for the past six months.

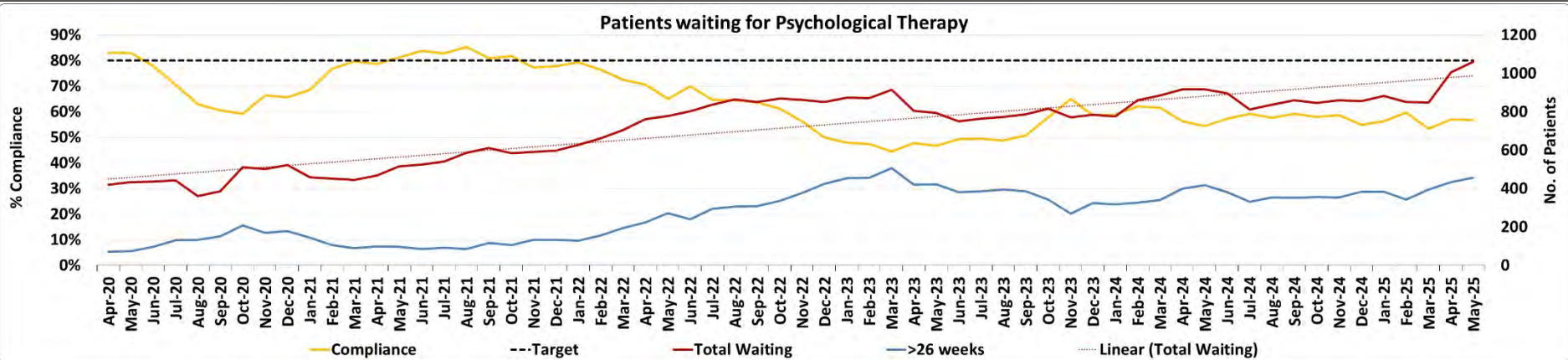
Part 3: There were no requests made for an adult assessment under Part 3 of the Mental Health Measure during May.

% of patients waiting less than 26 weeks to start a Psychological Therapy (56.9 %) - Target 80 %

During May, Psychological Therapies compliance stood at 56.9%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has fluctuated between 53.4% and 59.7%.

The chart to the right details the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow).

At the end of May the waiting list has risen to 1,060 patients; more than double the volume seen pre-Covid. During the past 12 months the list has ranged between 813 and 1,060 patients, with the monthly average being 885 patients.



Adult Mental Health Services continued on the next page...



Adult Mental Health Services - continued

How are we doing?

Part 1a: During May compliance across all teams fell to below the target of 80%. A combination of increased demand and a reduction in capacity of both admin and clinical staff contributed to the fall in performance.

Part 1b: Performance continues to be above target and is at 93.2%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 85.8% with compliance for the services shown below:

Adult Services – 84.3%

Older Adult Services –90.6%

Learning Disability Services – remaining static at 85.6%.

Psychological Therapies: The overall waiting list position at the end of May stands at 1,063 patients. Those patients waiting over 26 weeks currently stands at 606 service users. The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across adult and older adult mental health. Currently, the area with the highest number of waiting patients is Local Primary Mental Health Support Services.

What actions are we taking and when is improvement anticipated? What are the main areas of risk?

Part 1a:

Nursing capacity: Long term sickness has impacted the overall service capacity due to the cancellation of appointments and reduced number of assessments available. Sickness across the teams is being managed through appropriate policies and procedures. Overtime and bank is being used to increase capacity and an improvement is expected through June & July.

Primary Care: Vacancies within the Health and Wellbeing Teams in some GP surgeries (Taf and Merthyr), who act as “gatekeepers”, has resulted in a slight increase in referrals.

Room availability: Lack of available clinical rooms within the Rhondda and Bridgend localities is impacting on the amount of appointments available.

Administrative shortages: Vacancies and sickness have delayed referral processing and hindered patient booking. Outcomes and waiting list validation has suffered. Across the service vacancies and long-term sickness equates to a 46% loss in admin support. With team members distributed across five locations, the current capacity stretches resources thin, impacting on service delivery. This has been escalated to ensure visibility and support at the highest levels. Plans are being enacted to rebalance the admin capacity to support referral and appointment processes and urgent targeted admin recruitment is underway.

IT systems: Bridgend locality has recently moved to CTM systems for standardisation, however there are a number of issues reported, including duplicate patient records which require validation. The team are unable to complete this task due to additional workload and capacity that admin cannot meet. This could have impacted on the accuracy of the part 1a performance.

Part 2:

Medical capacity: Sickness and vacancies have contributed to reduced capacity for CTP appointment reviews. Vacancies have resulted in a reduction of available medic sessions for completion of CTP reviews, however this is being mitigated through the use of locum doctors. The revised outpatient redesign model proposes transfer of CTP cases to Advanced Clinical Practitioners who are proven to be more efficient in terms of CTP compliance and there is ongoing exploration of redirection of medical vacancy funds in Cynon CMHT to enable this. A challenge around this work is the availability of administration staff to validate the CTP register.

Local authority: LA compliance for CTP’s remains below target. Service Managers within the LA advise that sickness absence is the main contributory factor. They have advised on improvement actions, which include use of agency and monitoring performance through supervision. Multi-agency meetings have been established between CTM and LA, with on-going discussions around compliance and ways to improve.

Admin shortages: Vacancies and sickness within the admin teams are a contributory factor to inefficient waiting list management and the inability to meet compliance targets. Across the service there are 5 vacancies and a number of long term sickness absences. The admin pressures have been escalated through OMB, QSE, and SMT to ensure visibility and support at the highest levels.

Service Redesign. There is not a consistent approach to CMHT inclusion criteria across the service due to historic locality working. We are in the process of reviewing secondary care services as one of the IMTP priorities, including a demand and capacity review.

Psychological Therapies: There is ongoing work to clearly identify and record on the LPMHSS waiting list the types of therapy service users are waiting for to allow efficient allocation of service users to staff resource. Inconsistent admin support in this area is also proving difficult, but this will improve as the new structure evolves.

Actions taken to improve position:

Current staff have increased working hours where possible.

Vacancy tracker monitoring in place & prompt advertisement of posts.

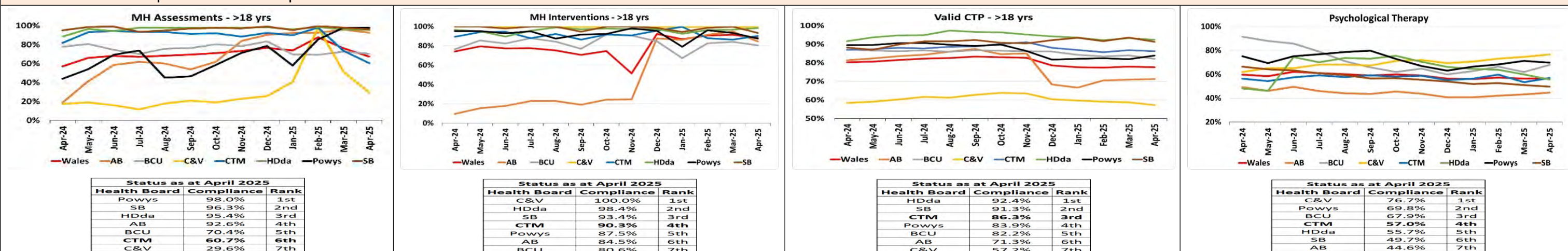
Review of longest CMHT waiters and longest LPMHSS waiters undertaken to inform D&C work.

Restructuring posts within CMHT & reviewing staffing structure in LPMHSS.

CMHT CAAP & Consultant psychologist are providing one session a week into RTE locality to target the longest waiters.

Psychological therapies - programme & workstreams are underway including, demand & capacity, waiting list improvement, ensuring equity of care and integrated pathways & improved data quality and reporting.

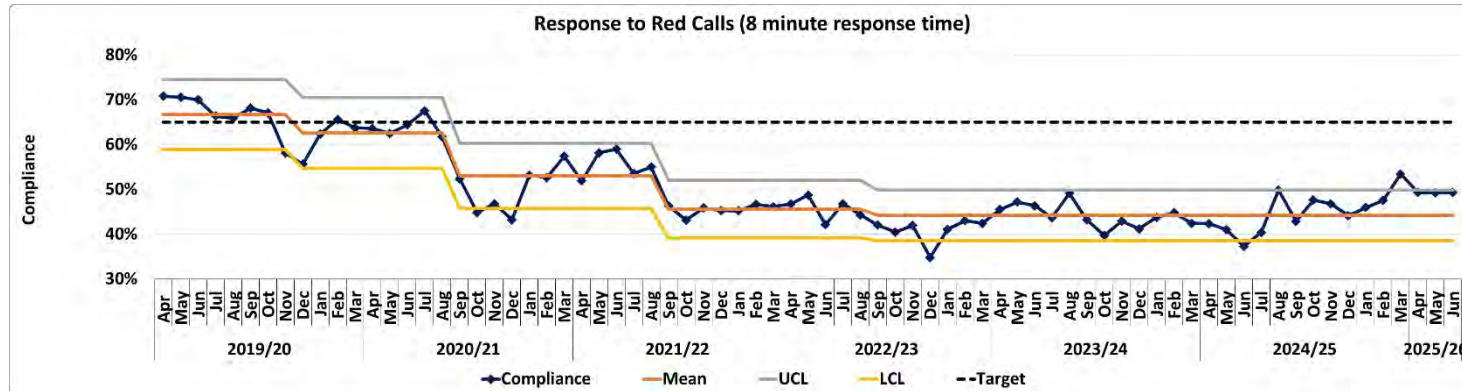
How do we compare with our peers?



Emergency Ambulance Services – June 2025

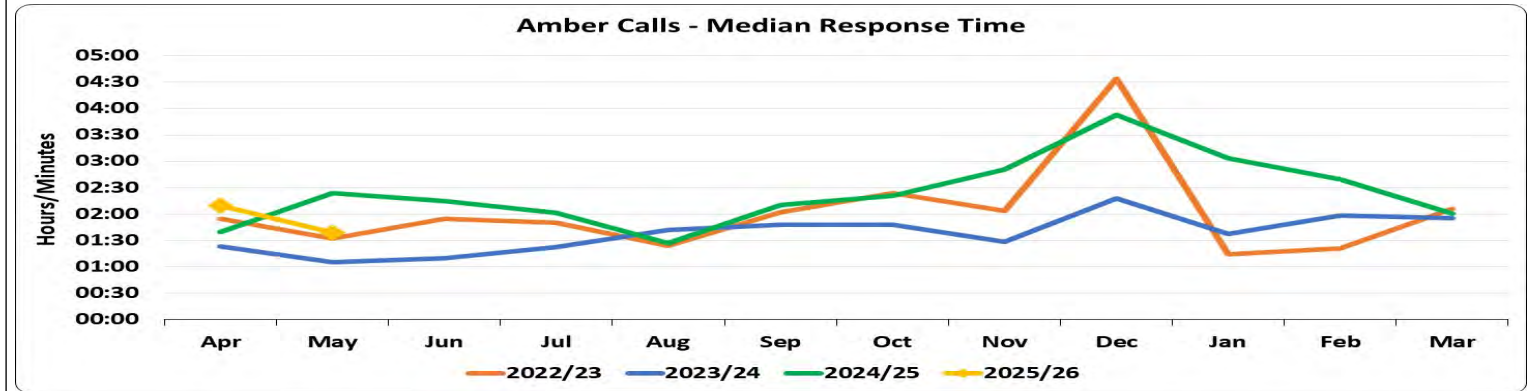
% of emergency responses to Red Calls arriving within 8 minutes (Target 65 %)

June 2025 – 49.3 %



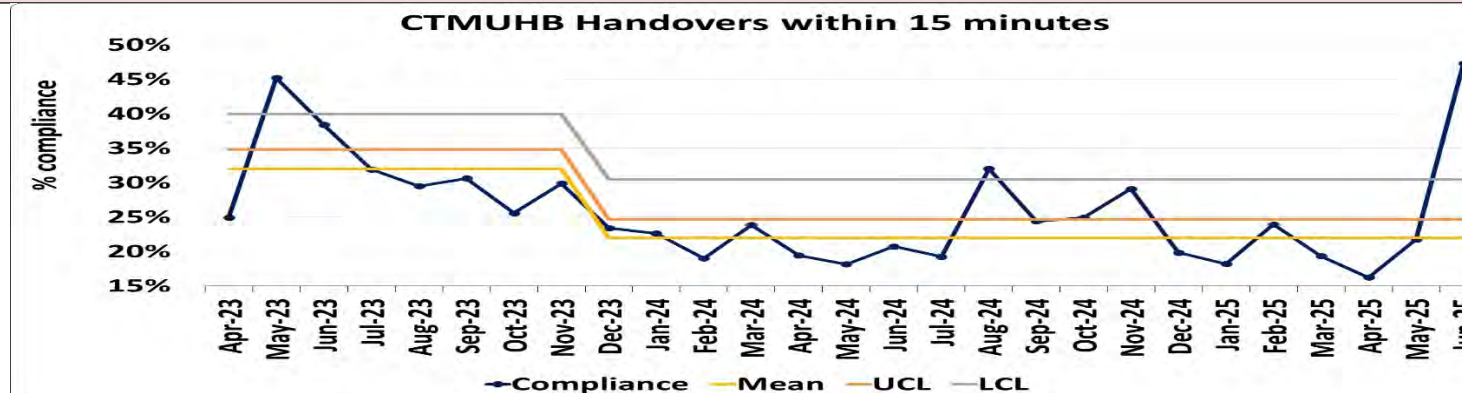
Median emergency response time to Amber Calls – Target is 12 month reduction trend

May 2025 - 1 hour 39 minutes (N.B. there is a time lag in the data of approx. 1 month)



% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.

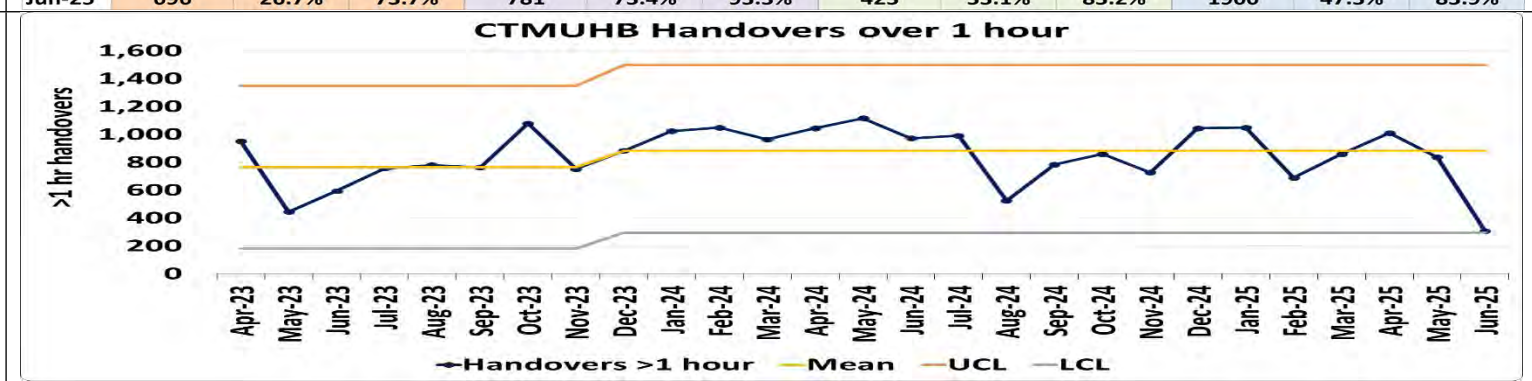
Total handovers – 1,900 of which 899 (47.3 %) of handovers were within 15 minutes



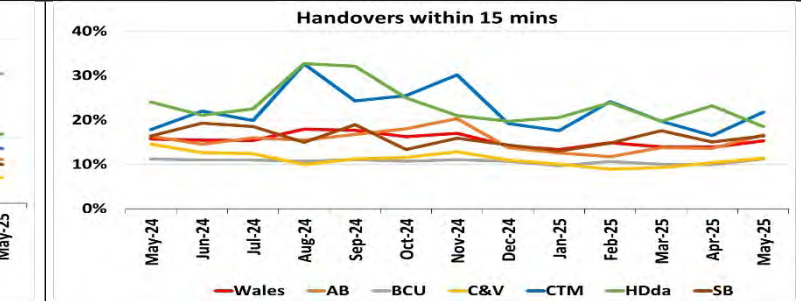
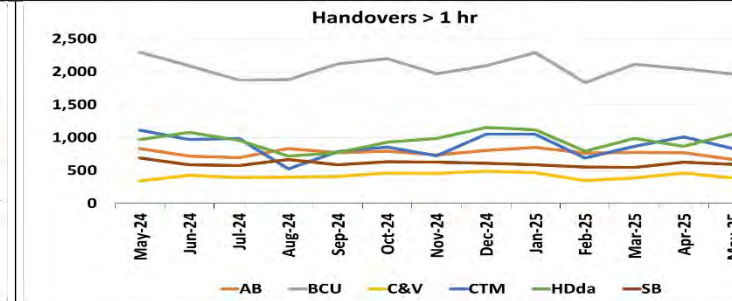
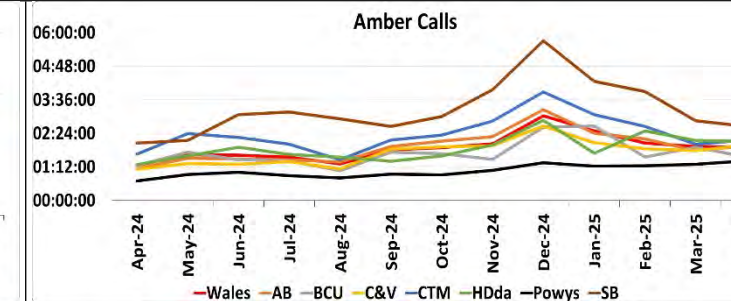
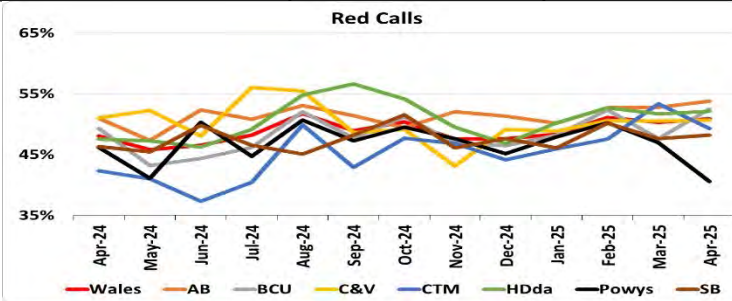
Number of ambulance patient handovers over 1 hour – Target Zero

306 handovers were over 1 hour (83.9 % of handovers were within 1 hour)

Period	PCH			RGH			POW			CTMUHB		
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total Handovers	% <15 mins	% <60 mins
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201	19.3%	55.0%
Aug-24	756	21.6%	63.5%	667	47.8%	85.5%	567	27.3%	73.2%	1990	32.0%	73.6%
Sep-24	822	22.9%	61.4%	751	25.8%	61.0%	547	24.7%	68.2%	2120	24.4%	63.0%
Oct-24	811	17.6%	47.7%	808	30.3%	61.4%	475	28.2%	74.1%	2094	24.9%	59.0%
Nov-24	806	20.7%	58.9%	792	39.8%	66.3%	391	24.8%	67.0%	1989	29.1%	63.4%
Dec-24	782	15.3%	48.2%	909	24.4%	53.7%	416	18.3%	47.4%	2107	19.8%	50.4%
Jan-25	788	16.8%	51.9%	950	17.3%	45.1%	371	23.7%	59.8%	2109	18.1%	50.2%
Feb-25	639	19.2%	60.9%	787	28.8%	58.8%	316	21.2%	63.6%	1742	23.9%	60.4%
Mar-25	694	15.6%	59.1%	873	21.8%	50.5%	378	20.6%	61.9%	1945	19.3%	55.8%
Apr-25	741	13.6%	49.4%	893	17.2%	47.0%	397	18.9%	58.9%	2031	16.2%	50.2%
May-25	771	15.0%	53.6%	920	26.3%	57.5%	368	24.5%	76.4%	2059	21.8%	59.4%
Jun-25	696	26.7%	73.7%	781	73.4%	93.3%	423	33.1%	83.2%	1900	47.3%	83.9%



How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
AB	53.8%	1st
BCU	52.5%	2nd
HDda	52.1%	3rd
C&V	50.7%	4th
CTM	49.3%	5th
SB	48.2%	6th
Powys	40.6%	7th

Status as at April 2025		
Health Board	Compliance	Rank
Powys	01:25	1st
BCU	01:32	2nd
AB	01:57	3rd
C&V	01:58	4th
HDda	02:06	5th
CTM	02:09	6th
SB	02:39	7th

Status as at May 2025		
Health Board	Compliance	Rank
C&V	390	1st
SB	593	2nd
AB	669	3rd
CTM	836	4th
HDda	1,059	5th
BCU	1,966	6th

Status as at May 2025		
Health Board	Compliance	Rank
CTM	21.8%	1st
HDda	18.5%	2nd
AB	16.6%	3rd
SB	16.4%	4th
C&V	11.4%	5th
BCU	11.2%	6th

Emergency Ambulance Services continued overleaf:



How are we doing?

Response to Red Calls per WAST Operational Area				
Jun-25	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	134	83	61.9%	61.2%
RCT	351	153	43.6%	42.7%
Bridgend	194	99	51.0%	46.0%
CTM	679	335	49.3%	47.1%

Response to Red Calls: Response times to life-threatening calls for the CTM area during June was just under 50%, with the 12 month average being 47%. The volume of Red Calls during June totalled 679; lower than the twelve month average of 773 and fewer than the equivalent period of 2024 (759).

The National compliance was 50.7% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 1 hour and 39 minutes during May; a half hour shorter than the previous month, and 44 minutes less than the equivalent period of 2024. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 87 and 232 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During June, ambulance conveyances to ED totalled 1,900, which is just under 12% (251) fewer than the equivalent period of 2024. Performance against the 15 minute handover observed a marked improvement to 47.3%, largely due to increased performance at RGH (73.4%). The number of patients and ambulance crews detained longer than an hour also improved greatly, reducing to 306 patient breaches. The 12 month average is 807 patient breaches, which is around 13% lower than the equivalent 12 month timespan of the previous year (Jul 23 to Jun 24).

During June the total number of lost hours notably reduced to 724 hours lost to the ambulance service following notification to handover at our emergency departments; representing a 78% reduction (2,634 hours) on the same period of 2024 (*waits longer than 15 minutes are counted*).

Hospital Handovers in minute time groups								
Jun-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	186	157	105	65	127	53	3	696
RGH	573	96	42	18	22	17	13	781
POW	140	113	72	27	37	18	16	423
CTM	899	366	219	110	186	88	32	1,900

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 26 during May. The ED services were able to meet all of those requests, with the expected standard being 100%.

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%
Jun-24	13	12	92.3%	10	9	90.0%	12	11	91.7%	35	32	91.4%
Jul-24	9	9	100.0%	11	11	100.0%	9	9	100.0%	29	29	100.0%
Aug-24	11	10	90.9%	4	4	100.0%	8	8	100.0%	23	22	95.7%
Sep-24	9	9	100.0%	10	10	100.0%	12	11	91.7%	31	30	96.8%
Oct-24	23	23	100.0%	10	10	100.0%	6	6	100.0%	39	39	100.0%
Nov-24	16	16	100.0%	11	10	90.9%	3	3	100.0%	30	29	96.7%
Dec-24	18	18	100.0%	18	17	94.4%	10	9	90.0%	46	44	95.7%
Jan-25	14	14	100.0%	25	24	96.0%	9	8	88.9%	48	46	95.8%
Feb-25	6	6	100.0%	11	11	100.0%	4	4	100.0%	21	21	100.0%
Mar-25	11	11	100.0%	10	10	100.0%	6	5	83.3%	27	26	96.3%
Apr-25	10	10	100.0%	14	12	85.7%	1	1	100.0%	25	23	92.0%
May-25	15	15	100.0%	11	11	100.0%	0	0	No requests	26	26	100.0%

N.B. Due to changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most reliable data available is to end of May 2025 (data may be subject to change).

What actions are we taking & when is improvement anticipated?

Development of CTM's Urgent & Emergency Care Rapid Improvement Plan continues with trajectories for improvement yet to be finalised. However, the improvement plan is based on achieving the following:

- 45 mins ambulance handover by October 2025
- 50% reduction in 12 hr ED waits by July 2025
- Zero tolerance for any ED wait over 12 hours by October 2025.

The above improvements will be aligned against the following assumptions:

- Single Point of Access by November 2025.
- All GP / 111 / NHSDW calls to be triaged by the Navigation Hub.
- Zero tolerance to any GP expected patients (off pre-alerts) being sent to ED in the first instance by November 2025.
- 'Ticket to Ride' for all WAST non-red Care Home attendances – implementation aligned with national work.
- Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care.
- 30 additional beds from August 2025.
- 60 additional beds from November 2025.
- 60-minute specialty in-reach by August 2025.
- Sign off Internal Professional Standards.

Acute Medicine Transformation Programme (STAMP) – POW – 3 workshops complete – 2 further planned for early July.

New investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment drive currently underway.

Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established.

Targeted recruitment of Acute Medicine Consultants following new investment to provide 7/7 cover.

What are the main areas of risk?

Although some additional uncommissioned capacity areas have closed, other areas remain open across all sites, but is under daily review by Directorate Management Team.

Despite escalation levels having reduced in June & thus far July; there remains a risk of having to increase levels of escalation across all sites at any time.

Clinical decision making capacity is insufficient to meet demand in line with WG targets. Subsequently there is a heavy reliance on locum and agency staff to support rotas across the three ED's. That being said, a demand and capacity exercise and realignment of out-turn funding has identified opportunities to invest in more Emergency Medicine posts.



CTMUHB Unscheduled Care Group – Please note 2025/26 trajectories for improvement are still in development

Emergency Unit Waits – June 2025 (Provisional Position) - Total Attendances = 16,845

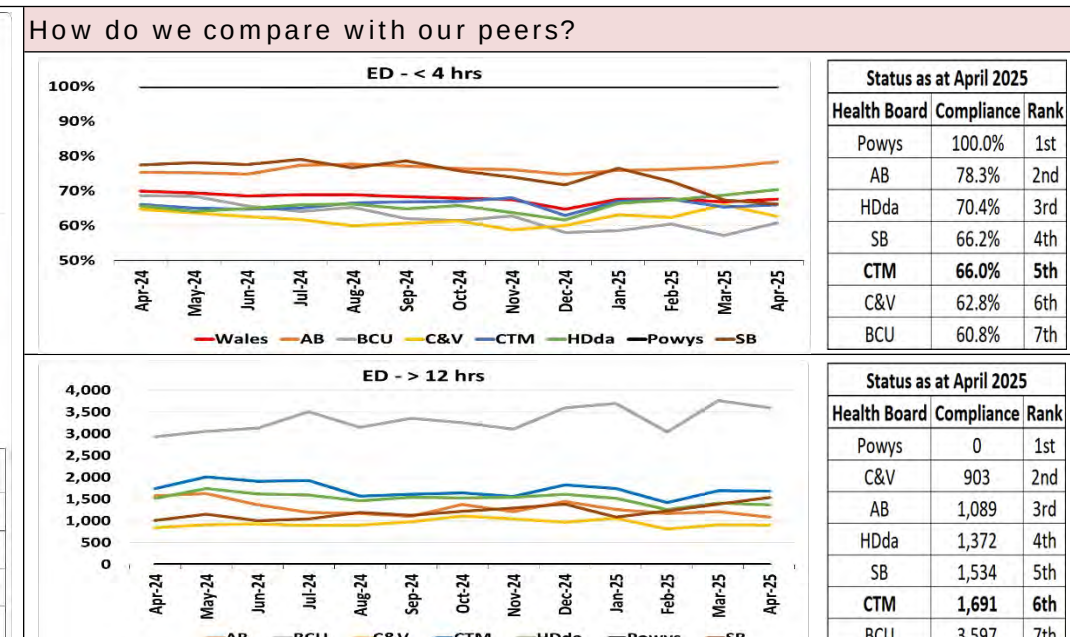
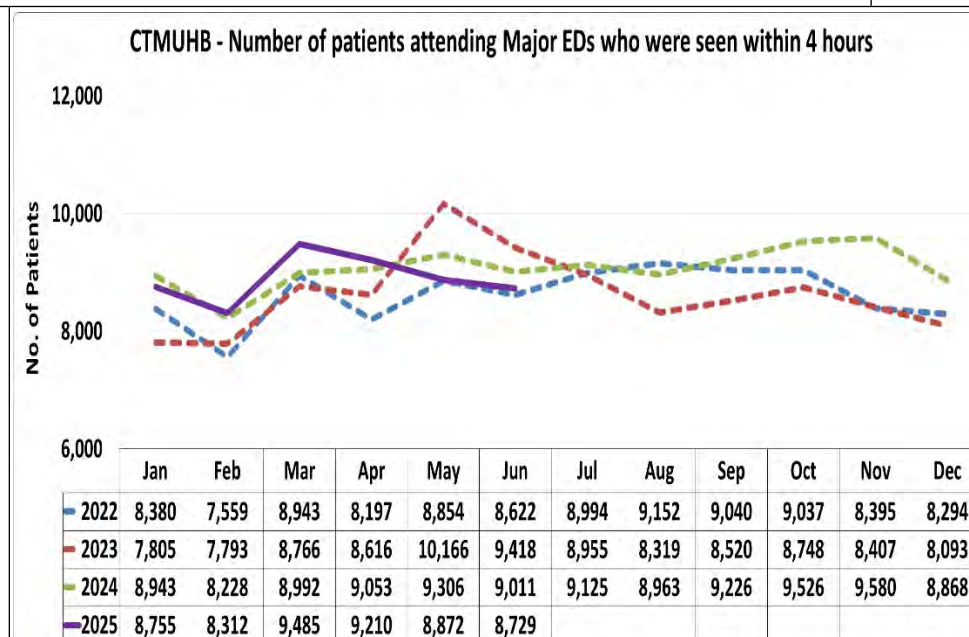
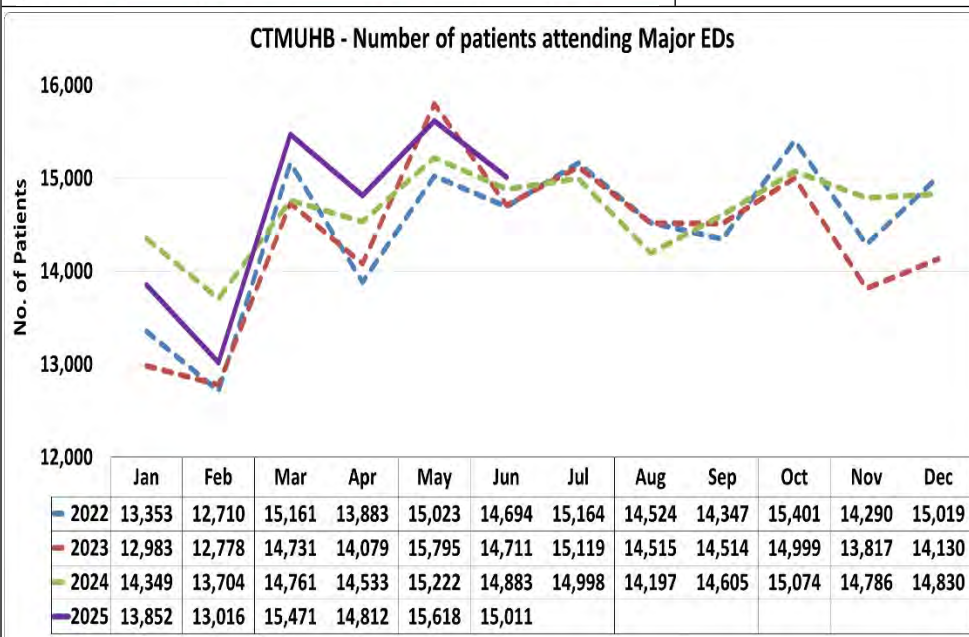
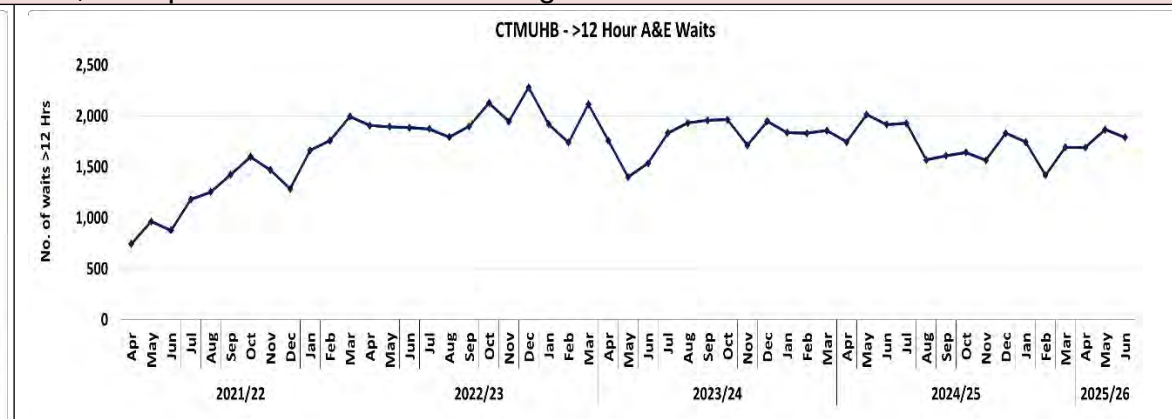
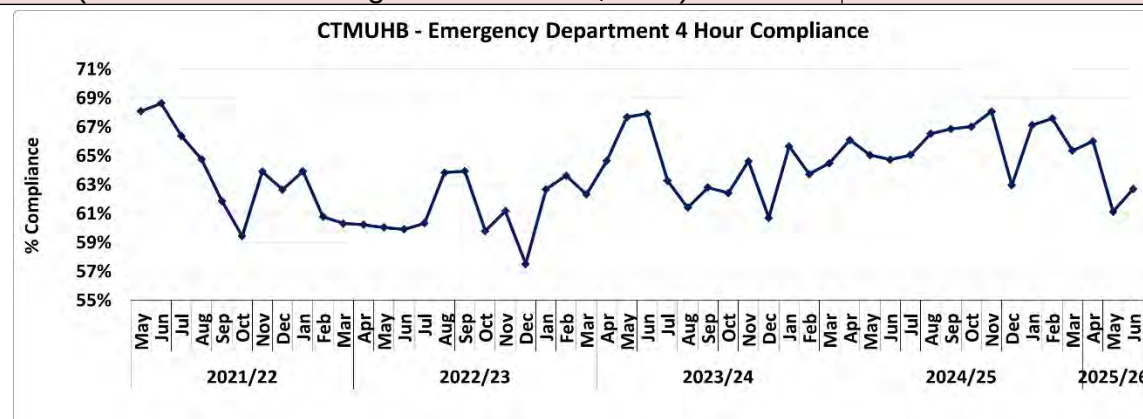
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Target is reduction compared to the same month in the previous year, towards the national target of zero

62.7 % were seen within 4 hours (Patients Waiting >4 hours 6,282)

1,790 patients were waiting over 12 hours

Period	Attendances	CTMUHB 4 Hrs %	> 12 Hrs
Jun-24	16,650	64.7%	1,915
Jul-24	16,808	65.1%	1,928
Aug-24	15,640	66.5%	1,569
Sep-24	16,241	66.9%	1,610
Oct-24	16,822	67.0%	1,642
Nov-24	16,334	68.1%	1,566
Dec-24	16,095	63.0%	1,832
Jan-25	15,507	67.1%	1,745
Feb-25	14,524	67.6%	1,419
Mar-25	17,322	65.4%	1,692
Apr-25	16,501	66.0%	1,691
May-25	17,358	61.1%	1,867
Jun-25	16,845	62.7%	1,790



How are we doing?

The chart above shows that throughout June the total number of ED attendances at our three acute hospital sites was around 1% higher than those observed during June 2024 and 2% higher than the same period of 2023. Overall numbers of Minor Injuries and ED attendances totalled 16,845, which is 1.2% higher than those observed during the equivalent period of 2024 (16,650).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during June is provisionally 62.7%, which as it currently stands is below the 12 month average (65.5%), and continues to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 1,790 patients were waiting in excess of 12 hours and for the past year the rate of 12 hour patient breaches has been around 11% of the total attendances.

What actions are we taking & when is improvement anticipated?

Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit. Experience triage/senior decision maker to maximise fit to sit decision, quick turnaround and front loading of investigations. Urgent Treatment Centre (UTC) at PCH. Implementation of Strategic Transformation of Acute Medicine Programme (STAMP) across all 3 acute sites. Bi-weekly team meetings established with WAST. D&C mapping to identify Invest to Save opportunities for additional medical recruitment. Job planning underway to identify time that can be reallocated to “shop floor” activity. Additional medical workforce appointments for POW in progress; awaiting financial approval against out-turn funding.

What are the main areas of risk?

Additional uncommissioned capacity remains open across all sites. System flow remains highly impacted by capacity within social care. Any increase may result in uncommissioned capacity being utilised to manage demand. Although escalations levels have reduced, the risk of increasing to high escalation levels across all sites remains. Heavy reliance on locum and agency staff to support rotas across the three ED's. This will reduce as recruited posts receive start dates and further invest to save opportunities are realised. Recruitment to Medical Workforce due to availability. Following the transition of Medical Bank and Agency providers during June, some technical issues have been identified and an interim solution for booking shifts for 2-3 weeks in advance has been established.



Data sourced from the National Hip Fracture Database (NHFD)

Improvement actions & risks

Data reported Quarterly – latest period to April 2025

(please note that the information below is updated quarterly)

National Falls & Fragility Fracture Audit Programme

Annualised values based on cases averaged over 12 months to end of April 2025 (except KPI's 6 & 7 which are delayed to allow for follow up data to be included). Source National Hip Fracture Database 9th June 2025)

					Prince Charles Hospital	Royal Glamorgan Hospital	Princess of Wales Hospital
			Wales Average	NHFD overall performance	Average cases		
Key Steps	KPI - Expected WG target of 75%				247	374	110
Getting to the right place	0	Admission to specialist ward	13%	9%	35%	11%	31%
	1	Prompt orthogeriatric review	69%	88%	0%	0%	46%
Getting up after surgery	2	Prompt surgery	52%	58%	71%	57%	84%
	3	NICE compliant surgery	66%	70%	53%	64%	58%
	4	Prompt mobilisation	76%	82%	64%	57%	78%
	5	Not delirious post op	59%	67%	0%	1%	81%
Getting back home again	6	Return to original residence	74%	74%	71%	68%	75%
	7	Bone medication	57%	55%	1%	16%	51%

RAG Rating Definitions

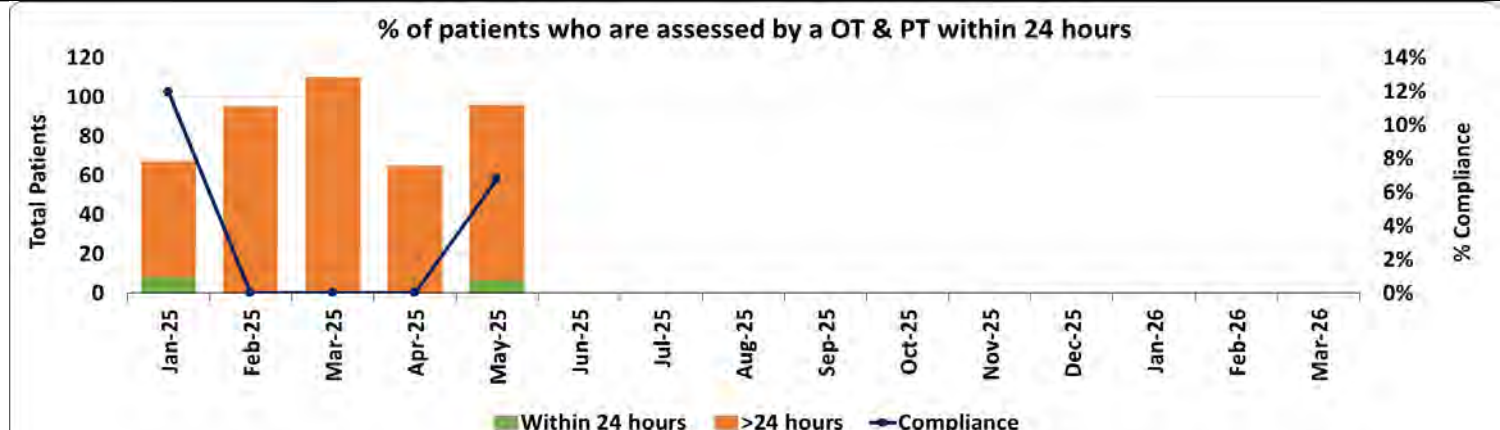
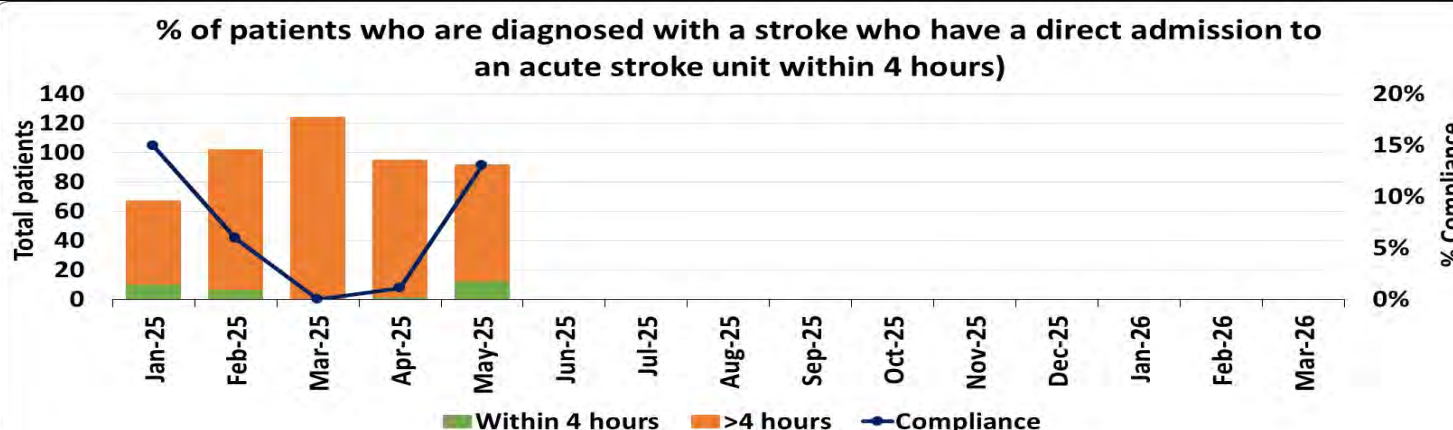
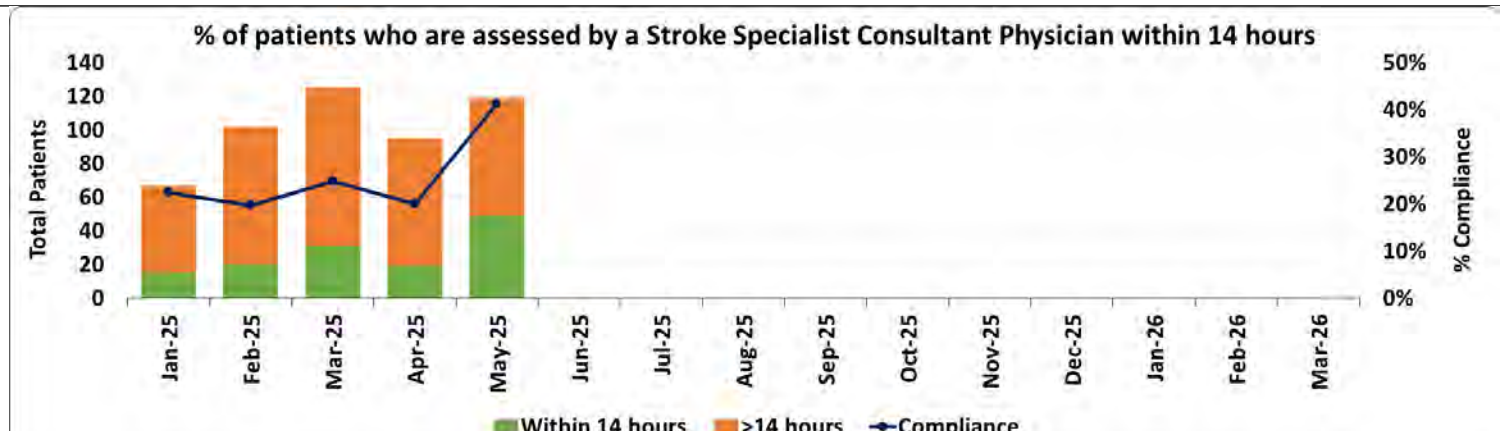
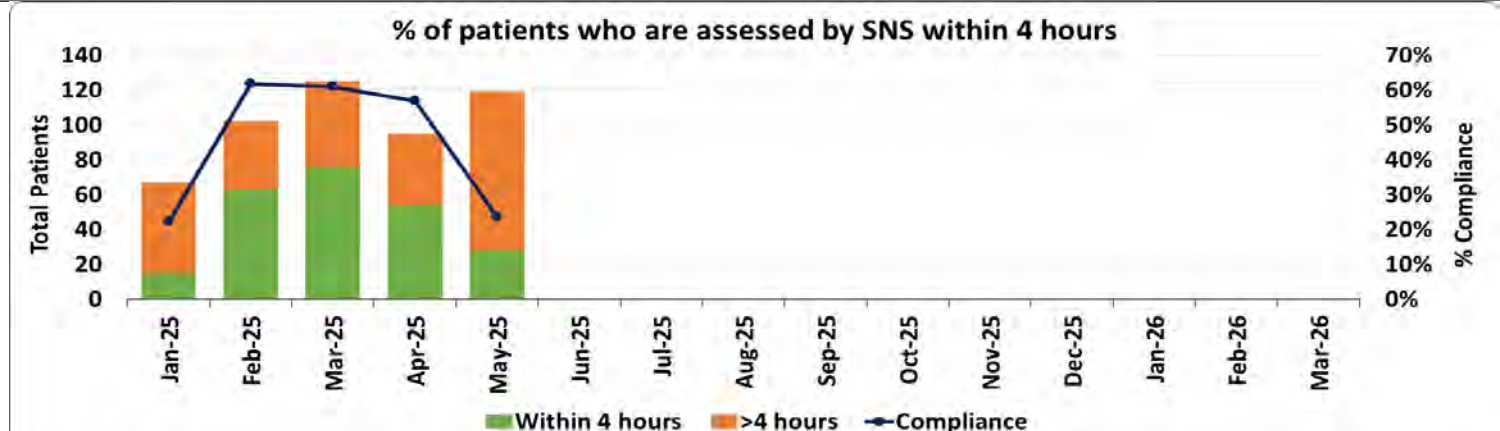
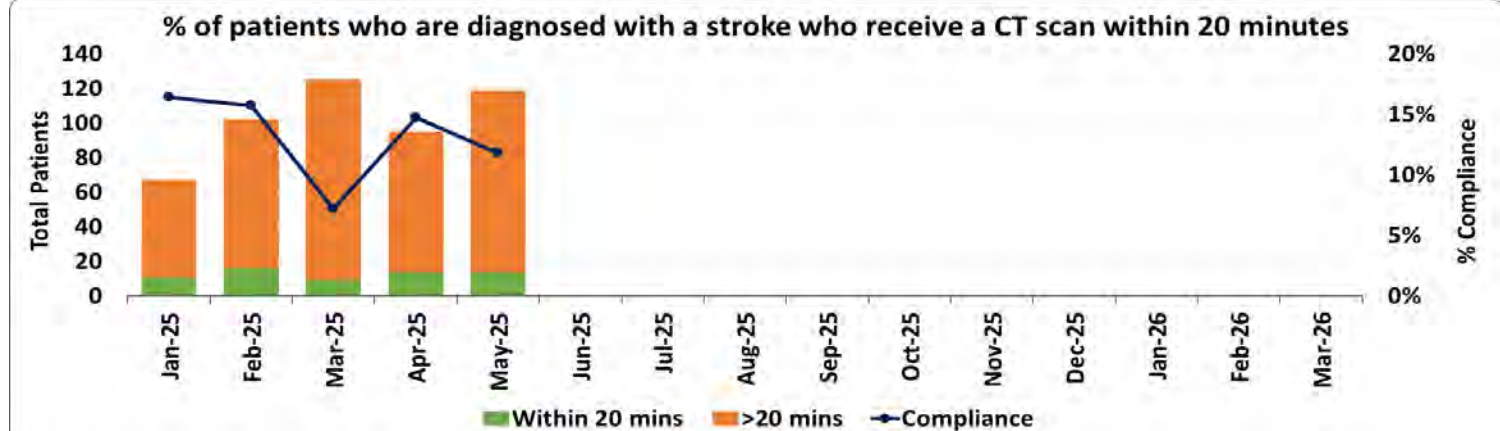
Red: Greater than 10% below 75% expectation	R
Amber: Within 10% of 75% expectation	A
Green: At or above 75% expectation	G

Please note that the critical incident declared at POW during October 2024 will have a direct impact on the KPI's above due to the system changes that were required to safely decant the POW site.

KPI	PCH	RGH	POW (applicable to October 2024)
0. Admitted to specialist ward - With nerve-block within 4 hours.	We endeavour to keep a dedicated hip fracture bed on the orthopaedic ward. Upon diagnosis of a hip fracture the patient can be 'fast tracked' to a bed on the orthopaedic ward.	Patient flow and bed availability continues to be an issue. Whilst a vacant bed dedicated for hip fracture patients is planned for, insufficient bed capacity results in this not always being operationally possible. Challenges continue for the same day transfer of patients from POW & bed availability.	We endeavour to admit majority of hip fracture patients to the trauma ward, but due to lack of bed availability in general throughout the hospital and long waits in ED it has not been possible to admit the patients to the trauma ward in a timely manner. These patients are transferred to the trauma ward on most occasions after surgery. However, since the POW critical incident in October we do not currently have any trauma intake.
1. Prompt orthogeriatric assessment - Assessed by a senior geriatrician (ST3+) within 72 hours of presentation.	Awaiting recruitment of orthogeriatrician. Business case is near completion and currently with CTM'S planning team.	RGH has no orthogeriatrician service. Care of the Elderly teams are unable to see fracture hip patients due to other work commitments. No orthogeriatrician or Care of the Elderly team input is available - referral to the medical on call team if the patients becomes acutely unwell. Discussions ongoing at Strategic Frailty Fracture Group.	Until October 2024, there had been a notable improvement with the appointment of the Orthogeriatric consultant. The critical incident will impact this KPI for the year ahead.
2. Prompt surgery - Surgery by the day following presentation with hip fracture.	We have implemented an all day trauma list that has been running for over a year, six days a week and most bank holidays. This has improved our efficiency in getting patients to theatre quickly.	We now have an all day Saturday trauma list and improvements in this KPI should be reflected in the year ahead. However, patient flow & bed availability remains an issue. Currently there is no Orthogeriatrician input at pre-op stage; this will be discussed at next Strategic Frailty Fracture Group.	Service has been impacted by the critical incident in October but some of the recurring themes prior to the incident were: staff shortages in theatre, lack of junior medical staff and trauma other than fracture hip needing to be addressed. Theatre utilisation is not optimum.
3. NICE compliant surgery - Surgical procedure consistent with the recommendations of NICE CG124.	We have, until recently used uncemented hemiarthroplasties for our hip fractures. We are, currently, changing our default hemi to a cemented version, as per NICE recommendations.		There is some difference of opinion on preference of treatment as well as probably inconsistent classification of the fracture type account for marginally less than expected performance. There appears to be a problem in data input. We will have to look at the data and the diagnosis updated/uploaded on NHFD to reflect on this figure.
4. Prompt Mobilisation after surgery - Mobilised out of bed (standing or hoisted) by the day after operation.		Physio education and documentation ongoing. MDT education all patients to be mobilised day 1 post-op	We are working to improve this KPI with regular training of nursing and physiotherapy staff, however this has been impacted by the critical incident and there being no inpatient acute trauma service since the declaration.
5. Not delirious when tested - Not delirious (<4 on 4AT test) when tested in the week after operation.		Clerking proforma use and education ongoing. Orthogeriatric Service would regularly review and improve this aspect.	With an orthogeriatric team in place, improvements are being made, but will take time to be reflected in the yearly rolling data
6. Return to original residence - Discharged back to original residence, or in that residence at 120 day follow-up.			There is shortage of staff in community as well as in hospital with shortage of beds which leads to longer hospital stay, delayed discharge and delayed support to be able to go to original place of residence.
7. Bone protection medication - Either i.v. medication at discharge or at 120 day follow-up.	This would be improved with a Fracture Liaison Service and orthogeriatric provision.	No orthogeriatrician or Fracture Liaison Service and no trauma co-ordinator. COTE have recently provided treatment proforma for T&O team to carry out blood tests and prescribing. We require a full orthogeriatrician service to provide a swifter service to our patients.	With an orthogeriatric team in place, improvements are being made but will take time to be reflected in the yearly rolling data. However, the critical incident will impact this KPI in the year ahead.

The national SSNAP data standards were amended at the end of September 2024, with new targets introduced, as shown below:

Stroke Quality Improvement Measures		
Current month stats: May 2025		
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)		
Stroke Unit Admissions	No. within 4 hrs	% Compliance
92	12	13.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 20 minutes		
Patients diagnosed as stroke	Scanned <= 20 mins	% Compliance
119	14	11.8%
% of patients who are assessed by SNS within 4 hours		
Assessments	Assessed <=4 hrs	% Compliance
119	28	23.5%
% of patients who are assessed by a stroke specialist consultant physician within 14 hours		
Assessments	Assessed <=14 hrs	% Compliance
119	49	41.2%
% of patients who are assessed by OT & PT within 24 hours		
Assessments	Assessed <=24 hrs	% Compliance
96	7 patients received OT & 6 patients received PT within 24 hrs	6.8%



Stroke continued on the next page...



How are we doing?

CTM Stroke services remain on the RGH site temporarily due to the critical incident at POW and the need for urgent service change at PCH due to senior specialist medical workforce challenges. Following recent recruitment process a 5th Stroke Consultant has been appointed and will start in post in January 2026. There is an ongoing reliance on agency staff to fill temporary gaps.

Despite the temporary centralisation, there are flow constraints to the Stroke Unit with patients attending on all three acute sites for transfer to a stroke bed. The configuration of the Stroke Unit separates the acute and step-down rehabilitation patients between Ward 20 and Ward 19 at RGH, with acute stroke patients being admitted to Ward 20. Central monitoring has been installed on Ward 20 to support the acutely unwell patients. 11.8% of patients (14 out of 119) had a CT scan within 20 minutes. This KPI has changed from CT scan within 1 hour to CT scan within 20 minutes which has had a significant impact on performance outcomes. 23.5% of patients (28 out of 119) were assessed by a Stroke Nurse Specialist within 4 hours. This is a new SSNAP target introduced in October 2024 and we will continue to monitor this performance. The stroke nurse workforce is now consolidated at RGH with limited weekend cover. This KPI has also been affected by sickness within the stroke nurse team.

41.2% of patients (49 out of 119) were seen by a Consultant Stroke Physician within 14 hours – this standard has changed from 24 hours. This standard will continue to be difficult to achieve whilst the consultant provision is a five-day service. A minimum of six consultants is required to achieve seven day working.

7 of the 96 Occupational Therapy assessments & 6 of the 96 Physiotherapy assessments were recorded on SSNAP as being carried out within 24 hours. However there have been some data entry/quality delays with SSNAP which have subsequently been addressed and internal data collection suggests therapy performance at OT 88%, Physio 87%, SLT for communication 93% and SLT for swallow assessment 88% once patients have been admitted to the unit demonstrating the positive impact of patients being admitted as soon as possible.

There has been an improvement in the number of patients admitted to the Acute Stroke Unit within 4 hours (12 out of 92). In April no patients were admitted to ASU within 4 hours.

What actions are we taking & when is improvement expected?

Consultant workforce improvements will be realised over the next six months, with one new consultant appointment. Following the temporary centralisation of stroke services at RGH, the senior medical workforce has combined, although there is an ongoing reliance on locum staff. The resident doctors (previously on the POW and PCH sites) have combined to one team and are now rostered to rotate through both sides of the Stroke Unit to support the full hospital stroke pathway. The consultant position will improve with recruitment later in the year together with a return from maternity and long-term absence. The combined Stroke Nurse workforce is also supporting stroke patients arriving at RGH.

A plan has been submitted to increase the rehabilitation bed base at YCR (from 8 to 27 beds). This expansion would require additional therapy provision to ensure patients access stroke-specific therapy rehabilitation. This expansion would improve timely access to rehabilitation and aid flow, supporting improved admission to the Stroke Unit within 4 hours. Currently awaiting IMTP outcome.

There is a dedicated therapy bay within the Stroke Unit at RGH which is a positive addition to the unit and enables patients to have access to therapy in a suitable environment within the ward. This has been a great improvement on the previous limited therapy spaces in POW and PCH. A number of complex factors are affecting maximum utilisation, but improvement plans across the pathway will have a positive impact.

The Therapy workforce quickly moved to working as one team across the stroke unit following the move to RGH, to ensure appropriate use of skill mix and flexibility of staffing across the acute and rehab sections of the unit. The therapy teams have offered training and support to nursing colleagues who have moved to the unit who may not have worked in stroke care recently/previously.

Following a quality and assurance review to Ward 20, an overarching improvement action plan has been developed, encompassing immediate improvements, workforce (medical and nursing) plans, ward based improvement huddle actions and estates actions. The action plan is overseen by the Lead Nurse and Directorate Manager, with fortnightly touchpoint meetings with COO, Deputy COO, Exec Director of AHPs and USC Director of Ops.

Improvements are being noted in all areas and reflected in AMaT scoring and training compliance.

Valuable support being provided by iCTM team to improve ward communications, stock and storage and promotion of Simply Do actions.

Service Redesign programme in place with review of acute and community pathways alongside bed modelling.

MDT Stroke Unit Improvement huddles have been established and are currently focused on junior staff (both nursing, therapy and admin staff) to encourage engagement in improvements. These are also being supported by the iCTM team.

Successful appointment of second Ward Manager which will enable full seven day ward manager cover for the Stroke Unit. This will be invaluable in both providing direct support to staff and driving improvements.

What are the main areas of risk?

Continuing training needs for nursing workforce on Ward 19 as previously not accustomed to stroke care.

Consultation has now closed and staff transport from POW to RGH will cease from 1st September. Concerns raised by some staff as they are not able to drive and public transport is not an option. Working through possible rostering solutions but this is proving challenging.

High vacancy rate within the Ward 20 template of the Unit and reliance on bank and agency staff. 4.2 wte RNs recently appointed along with 6.0 wte HCSWs. Ongoing RN recruitment in progress.

High reliance on locum consultants to enable the service to run adequately.

Lack of office accommodation for secretarial, therapies and consultant staff at RGH and delays in moving the MDM room to within the ward template.

RGH demand – increased diagnostic demand for Doppler, Echo and MRI.

Increased pressure on WAST due to having to transfer self-presenters; mitigated by commissioned EMS crew.

The ability to report data has been disrupted by a combination of the changes in how SSNAP requires data to be recorded manually. SSNAP reporting has now been re-established although some data quality issues remain.

Lack of 7/7 working for CNS, Medical or Therapy teams.

Lack of psychology support available to our patients post-acute stroke.

The lack of flow into and out of the Stroke Unit for patients who no longer need to be on the acute pathway.

The mixed acute/rehab model on the stroke unit

Unmet need for rehab

Ring-fencing stroke beds continues to be a challenge.



Number of patients waiting >8 weeks for a specified diagnostic – Target is Zero



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,412	3,329	3,426	3,037	2,113
2025/26	2,991	5,000	5,212									

Number of Patients waiting >8 Weeks for a Diagnostic Test June 2025		
Cardiology Cardiology Services	Echo Cardiogram	244
	Cardiac CT	33
	Cardiac MRI	10
	Diagnostic Angiography	57
	Stress Test	7
	DSE	19
	TOE	5
	Heart Rhythm Recording	88
Bronchoscopy Colonoscopy Gastroscopy Cystoscopy Flexi Sig Radiology	B.P. Monitoring	0
		0
		563
		341
		75
		422
		995
		33
Imaging Physiological Measurement Neurophysiology	Non-Cardiac CT	1,772
	Non-Cardiac MRI	22
	NOUS	18
	Non-Cardiac Nuclear Medicine	117
	Fluoroscopy	321
	Urodynamics	70
	EMG	
	NCS	
Total		5,212

How are we doing?

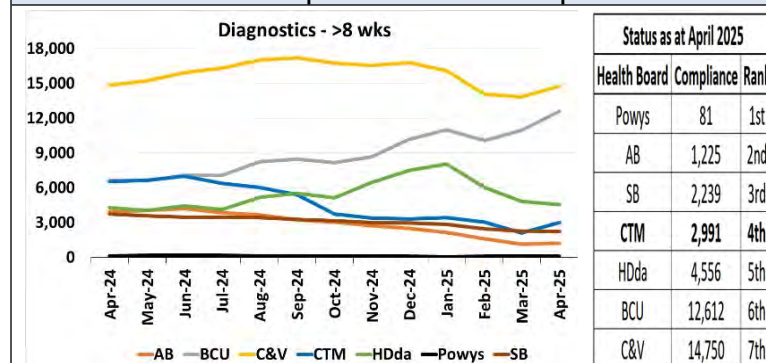
Provisionally, at the end of June, 5,212 patients have been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a 4.2% growth on the previous period, but a 25% reduction on the equivalent period of last year.

In comparison to the previous month, we observe that during June the number of patients breaching a cardiology diagnostic has increased by 194 patients to 463 patients waiting longer than the desired timeframe.

Endoscopy diagnostics has seen a small reduction this month, although there remains 1,401 patients waiting in excess of 8 weeks for a procedure. Good progress has been made in reducing the number of patients breaching for cystoscopy, whereby a reduction from 197 patients to 75 breaching patients is seen this month.

The NOUS service has remained fairly static this month, but is currently reporting 1,772 breaching patients with no additional funding approved for 2025/26.

How do we compare with our peers?



What actions are we taking & when is improvement anticipated?

Radiology:

Trajectories for NOUS and CT show scanning capacity shortfalls with the additional demand trends.

No further additional funding has been approved to staff the unfunded CT sessions at POW or additional lists across the HB. D&C has demonstrated a maintained increased growth in demand for CT and an observed deteriorating position.

No further additional funding for NOUS to support RTT vascular or USGI work, consequently the service is now observing a deteriorating position. MRI has a small cohort of GA Paeds patients that need coordinating with the anaesthetics department, coupled with Arthrograms which need Consultant Radiologist input.

Breast compliance is being maintained.

Agency/bank locum radiographers booked at RGH to cover vacancies and provide additional radiographer support to theatre for elective T&O work. Radiology reporting timescales are at an acceptable level due to the uplifted outsourcing budget. An increase in USC demand reporting is observed & RTT escalations resulting in additional outsourcing to meet targets.

Endoscopy:

D&C modelling has been completed to inform the development of a recovery plan. The plan (subject to approval and funding) is anticipated to run from Aug 2025 to Jan 2026 in order to achieve the 8-week diagnostic target across Endoscopy.

Modelling has illustrated a core capacity shortfall to meet USC, RTT and surveillance pathway patients, as there are insufficient trained staff to fully operate the 3rd theatre at PCH. Indications are that this theatre, when fully staffed, will resolve the demand-capacity deficit, however this is unlikely to be achieved using existing staffing until the summer of 2026.

Weekend lists are being carried out during July and August.

Insourcing of a nursing team has been approved for the 3rd theatre at PCH during June & July.

We are in the process of appointing an Agency Consultant to support with WLI/backfill in order to maximise utilisation of Endoscopy lists Pan CTM during July and August. This is to counteract the expected increase in annual leave and mitigate against potential reductions in activity.

What are the main areas of risk?

Radiology:

D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the revised BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals.

There are no additional CT funded schemes running at the moment.

The business case for additional CT staffing is yet to be approved.

Sustained increase In Hours/Out of Hours CT emergency demand at RGH.

Increased pressure at RGH due to changes in pathways since the POW Critical Incident - bolstered by temporary staff.

NOUS – recruitment and training are underway to help build a resilient workforce, but this will take time to embed. National changes to obstetric protocols will put further pressure on the service and reduce capacity to scan NOUS patients. Further additional funding is required to continue WLI/additional clinics into 2025/26 to recover current performance.

Number of the Ultrasound team are suffering RSI symptoms; either not scanning or on reduced lists.

Further pressure is observed where Planned Care RTT WLI schemes are increasing demand on Radiology Services and driving increased waiting list numbers.

There are no ongoing approved waiting list schemes currently running with an expected continued growth in waiting numbers and patients breaching >8 weeks.

Endoscopy:

Achieving the target by Jan 2026 is dependent on funding and approval of the recommended option in the Recovery Plan. Pathology services would need to be able to accommodate any additional activity associated with the recovery plan. Cross site working continues to improve, however there are significant risks associated with resistance to full implementation of a single pan CTM waiting list. Lack of WLI/backfill uptake from Endoscopists, particularly over the summer. Launch of a new TNE service in POW will enable significant scale up from the current pilot level of provision. This has been delayed due to the need for OCP and is also dependent on the purchase of a £35k drying cabinet.

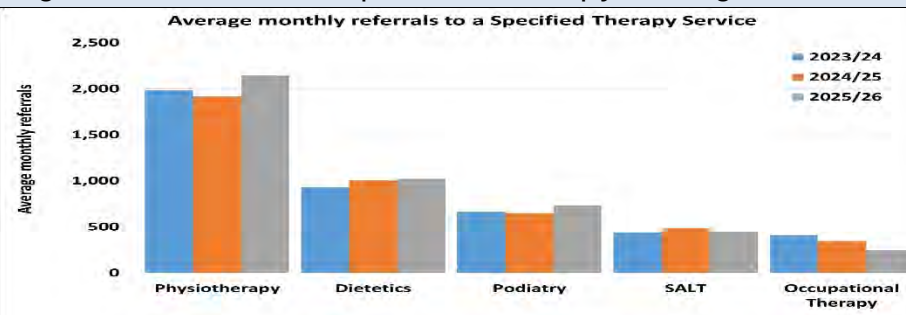
Inadequate nursing establishment at PCH for 30 sessions, in addition to sickness and staff turnover means the substantive nursing workforce is highly fragile pan CTM.

There are 2 Consultant vacancies in POW.

Therapies – June 2025 (provisional position)

Number of patients (all ages) waiting >14 weeks for a specified therapy – Target is Zero

Number of Patients waiting >14 Weeks for a Therapy June 2025	Total Waits	Waits >14 wks	% >14 wks
Dietetics	869	9	1.0%
Occupational Therapy	226	2	0.9%
Physiotherapy	1,720	84	4.9%
Podiatry	683	3	0.4%
Speech & Language	433	1	0.2%
Total	3,931	99	2.5%



Therapies - How are we doing?

During June there were 99 patients waiting in excess of 14 weeks for an initial therapy assessment (the majority being Physiotherapy patients 84) and as it currently stands is more than double the number of breaching patients compared to the same period of 2024.

What actions are we taking & when is improvement anticipated?
1. Implement a comprehensive training program for all staff, focusing on customer service, product knowledge, and problem-solving skills. This will be completed by the end of Q3 2024. 2. Introduce a new loyalty program to incentivize repeat purchases and increase customer retention. Launch scheduled for Q4 2024. 3. Optimize the website and mobile app to improve user experience and streamline the purchasing process. Updates will be rolled out in stages throughout 2024. 4. Enhance inventory management to ensure product availability and reduce stockouts. Implementing a new system by Q2 2025. 5. Strengthen social media presence through targeted advertising and engaging content creation. Ongoing effort, with a major campaign planned for Q1 2025.

Continue to ensure administrative staff are applying the RTT rules appropriately.

Exploring the opportunity to integrate Community Health Pathways into the Therapies triage processes with the intention to improve quality and appropriateness of referrals. Engagement with Primary care service to deliver first line interventions to enable improved access and timeliness for those needing AHP provision. Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency – already initiated in the Children's Speech & Language Therapy service.

[illegible]

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy – Target 100%

% of children waiting less than 14 Weeks for AHP June 2025	Total Waits	Waiting < 14 wks	% <14 wks
Dietetics	162	162	100%
Occupational Therapy	98	98	100%
Physiotherapy	440	396	90%
Podiatry	51	51	100%
Speech & Language	286	286	100%
Total	1,037	993	95.8%

[illegible]

What are the main areas of risk?

Ongoing increase in referrals to physiotherapy services with no additional resource investment resulting in increased waiting times. Monitoring staff wellbeing, as this has been highlighted as an area of concern with staff.

Concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. Year on year increase in referrals to Speech & Language Therapy service which, in combination with increase in complexity, will increase waiting times and possible breaches without additional workforce resource.

Insufficient Dietetic staffing in Type 1 Diabetes leading to 6 adult patients waiting >14 weeks. This is likely to continue. Significant wait for Adult Weight Management Service continues.

Audiology Services – June 2025 (provisional position) *N.B. due to the changes in reporting Audiology from April 2025, previous years data is no longer comparable.*

Number of adults waiting more than 14 weeks for all audiology pathways
Target - Month on Month Reduction

Includes hearing aids, tinnitus & balance:

[illegible]

Number of children waiting more than 6 weeks for all audiology pathways
Target - Month on Month Reduction

Includes new assessment & intervention pathways:

[illegible]

Audiology - How are we doing?

There are 1,375 adults waiting beyond the target for adult hearing pathways (>14 wks) and 437 children waiting more than 6 weeks for audiology assessment pathways.

What actions are we taking & when is improvement anticipated?

Revised admin process to limit the number of children waiting >6 weeks.

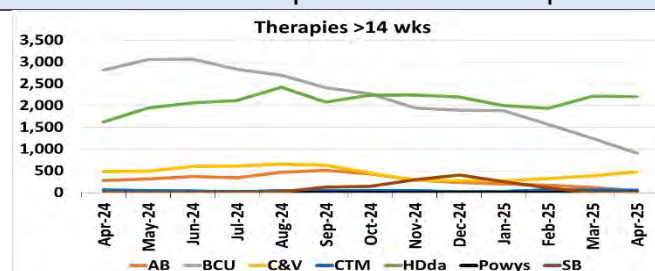
Trialing a reduction in appointment time for new assessments from 1 hour to 45 minutes; increasing capacity by 25% for new adult hearing assessments.

Review of ENT D&C across CTM. Results show that between 50-70% of the capacity we allocate to ENT clinics are used. A revised pathway to allow the release of this unused capacity into Audiology to address waiting lists is being proposed.

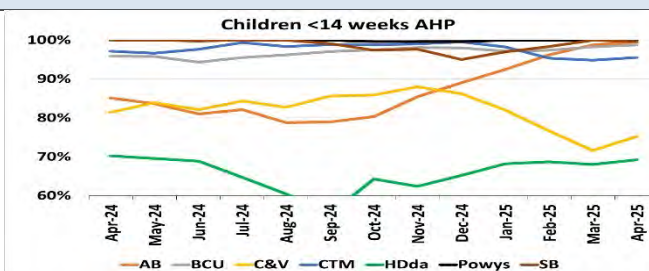
What are the main areas of risk?

We have agreed a local policy to prioritise urgent existing patients. This ensures we see those most in need earlier and attempts to mitigate the risks of long waits for existing adults who have hearing aids.

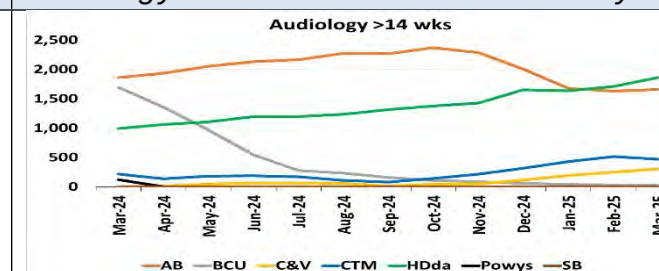
How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
SB	3	1st
Powys	6	2nd
AB	45	3rd
CTM	53	4th
C&V	475	5th
BCU	904	6th
HDda	2,207	7th



Status as at April 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	99.6%	2nd
AB	99.6%	2nd
BCU	98.8%	4th
CTM	95.5%	5th
C&V	75.2%	6th
HDda	69.2%	7th



Status as at March 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
BCU	23	3rd
C&V	308	4th
CTM	471	5th
AB	1,657	6th
HDda	1,862	7th

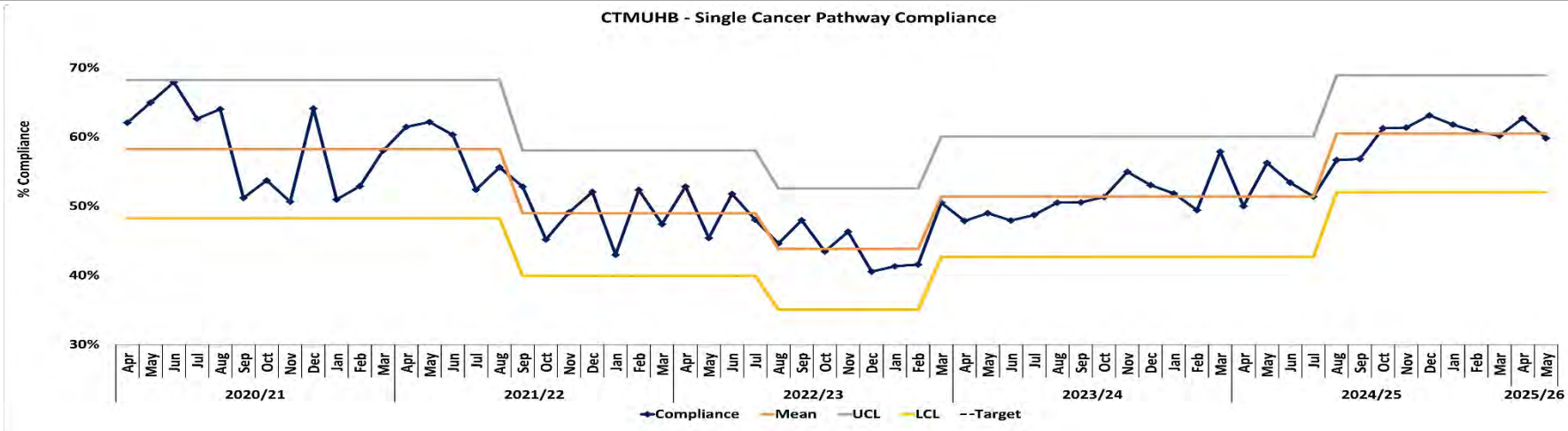
Audiology - benchmark for 2025 not yet available



CTMUHB Planned Care Group

Single Cancer Pathway (SCP) May 2025 – 59.8 %

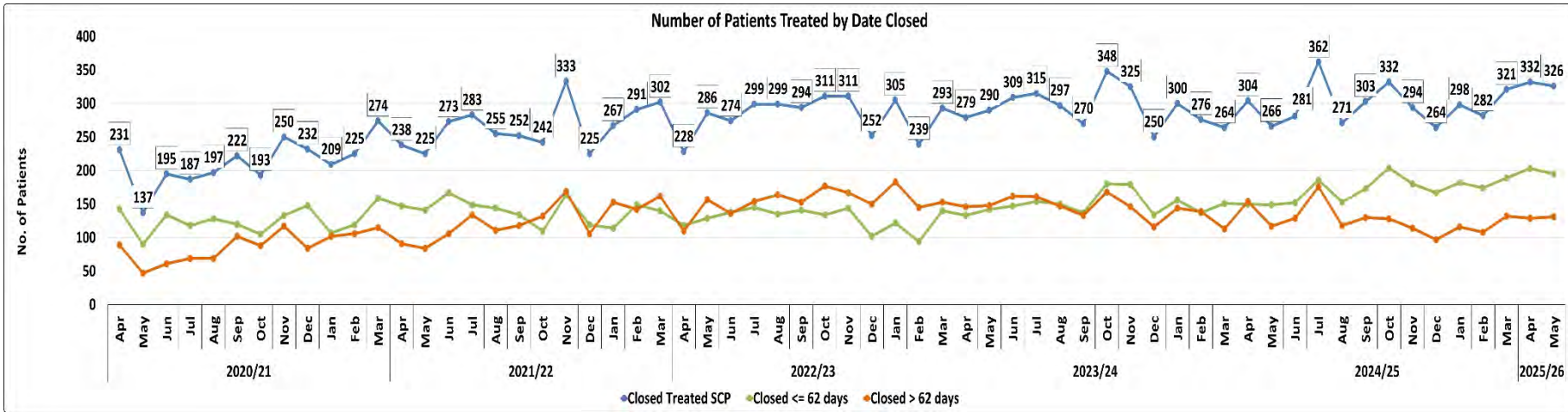
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target - 12 month improvement trend towards national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - May 2025				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Head and neck	2	11	13	15.4%
Upper GI	14	8	22	63.6%
Lower GI	12	23	35	34.3%
Lung	17	19	36	47.2%
Sarcoma	1	2	3	33.3%
Skin (exc BCC)	69	5	74	93.2%
Brain/CNS	2	1	3	66.7%
Breast	30	10	40	75.0%
Gynaecological	8	14	22	36.4%
Urological	26	35	61	42.6%
Haematological	12	3	15	80.0%
Children's	1	0	1	100.0%
Other	1	0	1	100.0%
Total	195	131	326	59.8%

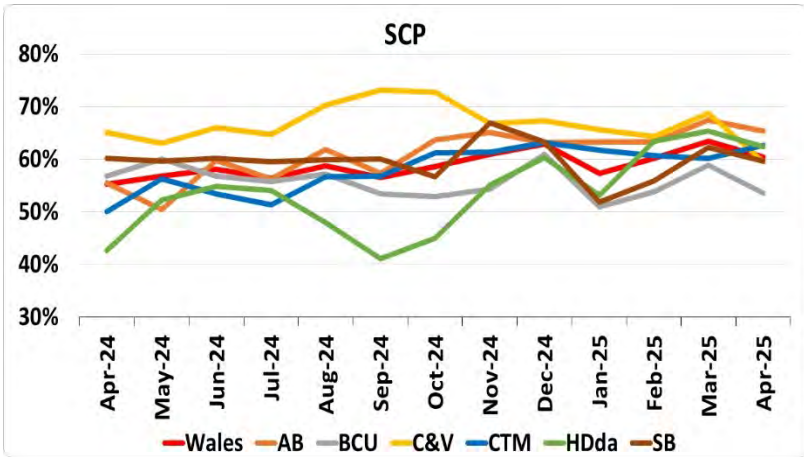
Compliance during May was 59.8% and falling just below the current mean (60.5%). Four of the tumour sites reached the desired target threshold of 80% this period, as seen in the table above. Predicted compliance for June currently stands at 58.9%. The delays at first outpatient (25%) and diagnostic stage (49%) continue to be the most significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology with tertiary delays for diagnostics & treatments also continuing.

Patients Treated by Closed Date



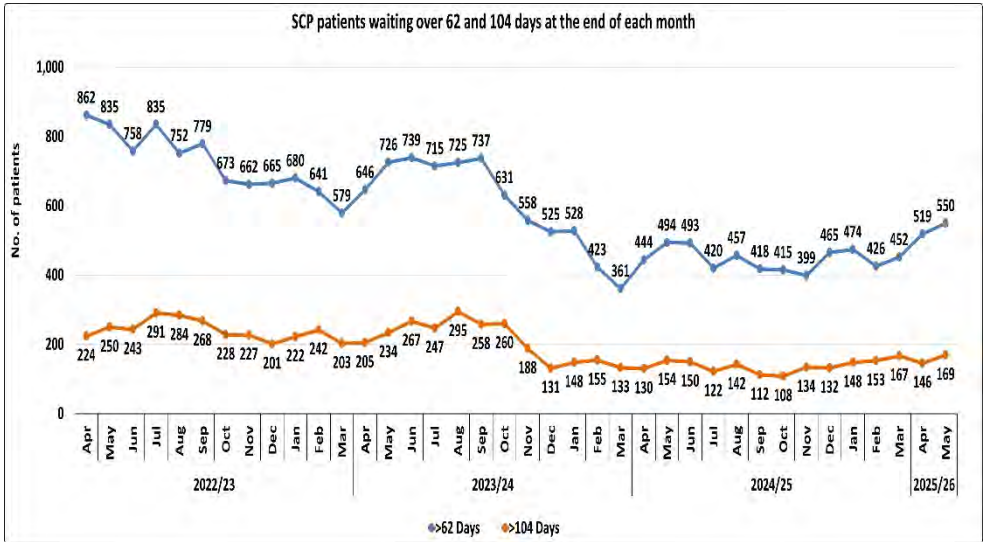
Cancer treatment volumes have seen a small increase during the past 12 months with the monthly average (Jun 24 to May 25) equating to 306 treatments per month and the monthly average seen in the equivalent time span of 2023/24 being 294.

How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
AB	65.3%	1st
CTM	62.7%	2nd
HDda	62.4%	3rd
SB	59.7%	4th
C&V	59.5%	5th
BCU	53.5%	6th

Patients currently waiting on a Cancer Pathway waiting in excess of 62 days



What actions are we taking & when is improvement anticipated?

Rollout of digital vetting continues.
Continuing outsourcing of pathology.
Increased focus on time to first appointment through capacity review, booking analysis and standing item in the regular Friday cancer performance meeting.
Urology diagnostic task & finish group setup to improve urology diagnostic performance.
Focus from Gynaecology specialty on improving performance.
Additional endoscopy is being undertaken via insourcing to increase activity and reduce waiting times
MDT leads are undertaking an audit to understand our compliance with the national optimal pathways and straight to test guidance.

What are the main areas of risk?

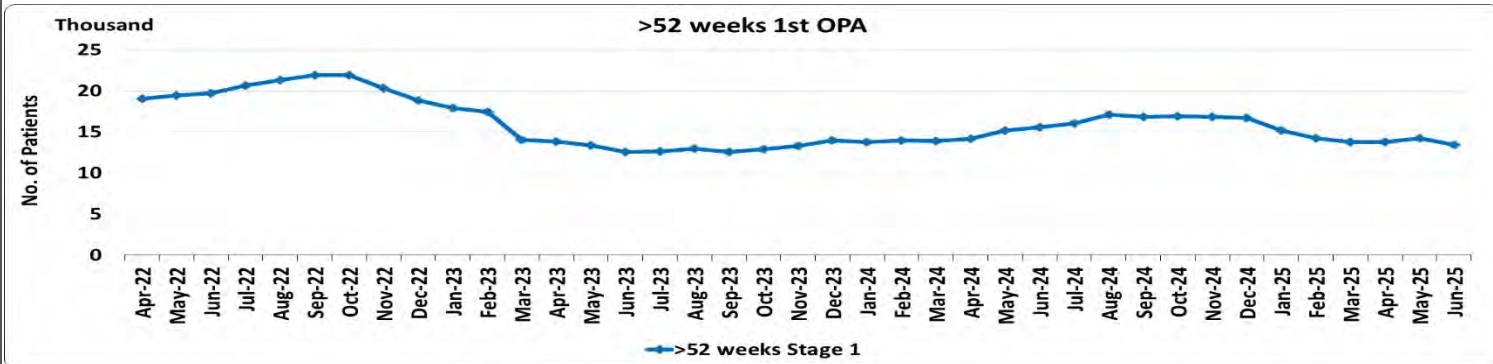
National shortage of isotope affecting breast and urology cancer pathways.
Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
Implementation of genomic testing for new targeted therapies.
Long wait for Bowel Screening Wales referrals.
Admin and nursing resource to undertake additional outpatient lists.
Single consultant for laparoscopic nephrectomies.



CTMUHB Planned Care Group

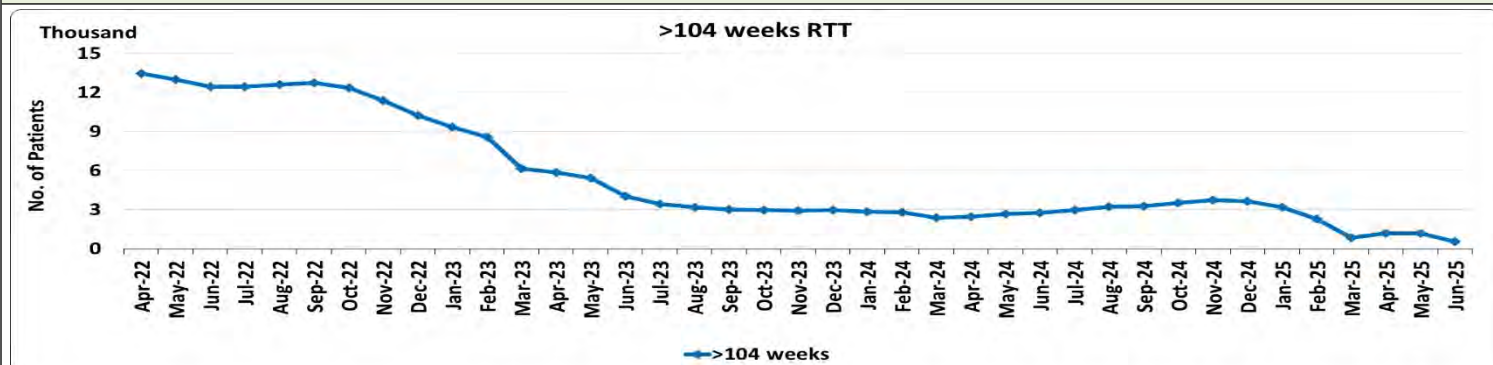
Referral to Treatment Times (RTT) – June 2025 (Provisional Position)

Number of patients waiting over 52 weeks for a new outpatient appointment
(13,444) Target is Zero



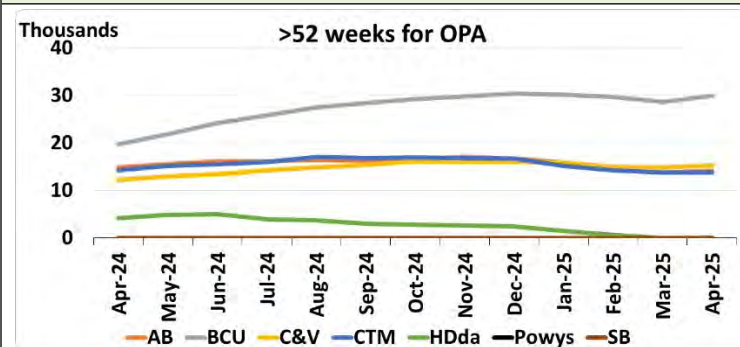
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of June is 13,444; a small reduction of 5.4% (766) on the May reported position, but is around 14% (2,126) fewer than the position reported during June 2024.

Number of patients waiting >104 weeks RTT (528)
Target is Zero

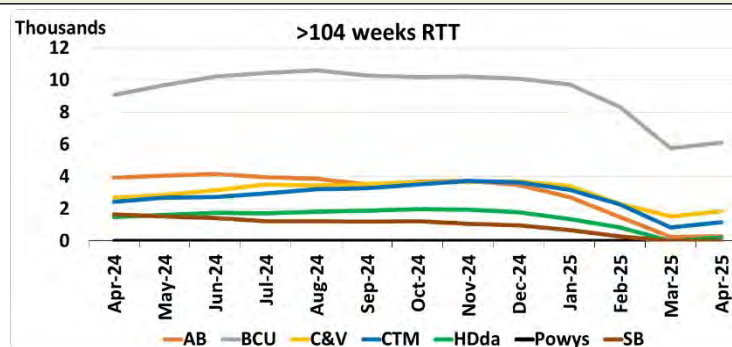


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of June is 528. As it currently stands this is a reduction of 649 patients from the reported May position

How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	33	3rd
CTM	13,733	4th
AB	14,124	5th
C&V	15,337	6th
BCU	29,931	7th



Status as at April 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	208	3rd
AB	280	4th
CTM	1,168	5th
C&V	1,863	6th
BCU	6,106	7th

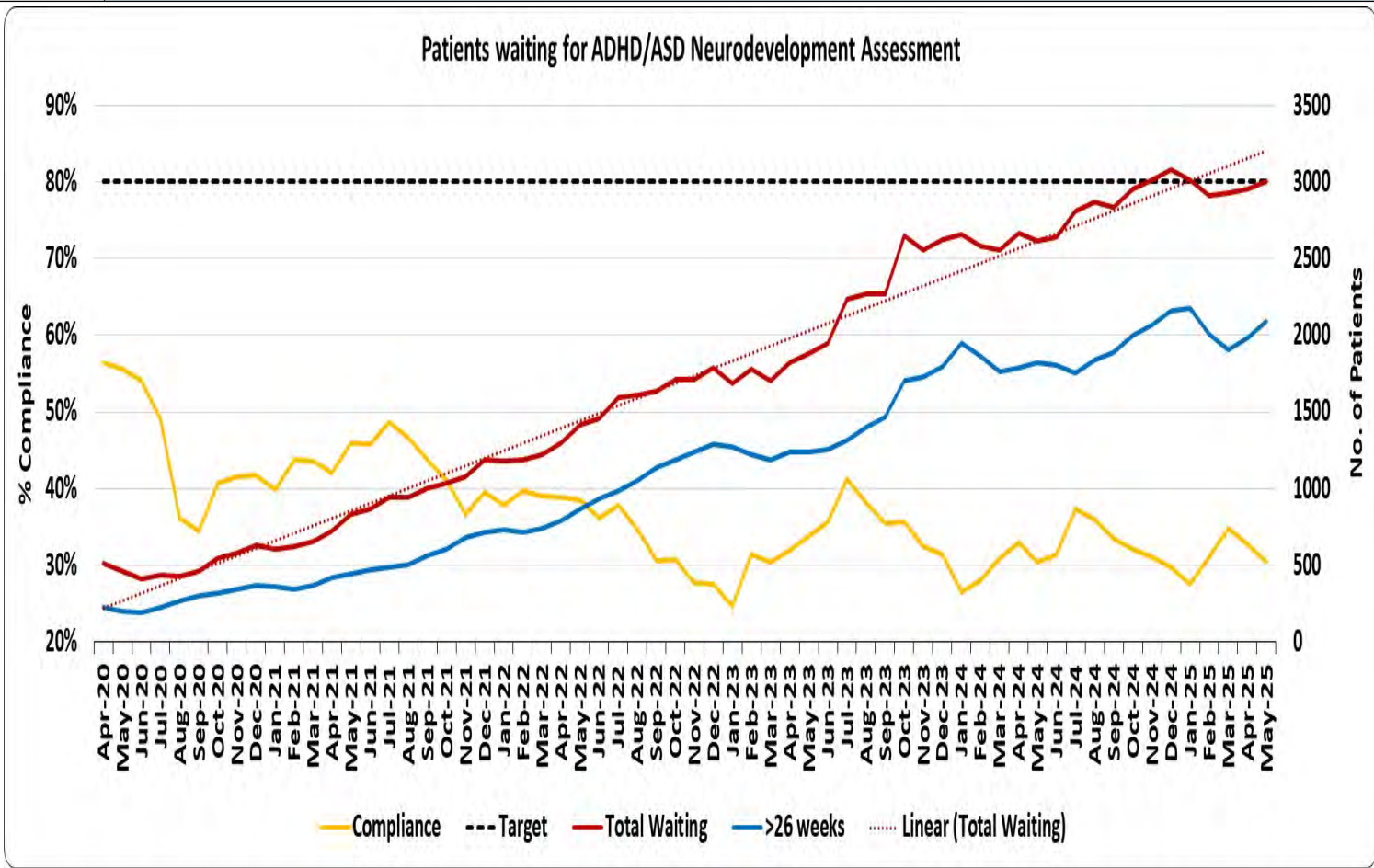
Total number of open pathways per specialty - June 2025 (provisional)

Specialty	All Urgent patients waiting >12 Weeks	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	7	0	0	0	516
Cardiology	1,654	436	892	0	6,438
Clinical Immunology	84	115	115	0	362
Colorectal	464	0	210	0	3,003
Dermatology	684	631	676	0	5,523
Diabetic Medicine	103	5	5	0	581
Diagnostics	0	0	3	0	4,896
Ear, Nose & Throat Service	964	2,787	3,817	0	11,331
Endocrinology	35	86	86	0	1,076
Gastroenterology	946	74	262	0	3,408
General Medicine	66	93	128	0	701
General Surgery	768	142	731	0	4,854
Geriatric Medicine	21	1	5	0	460
Gynaecology	2,008	958	2,001	0	9,102
Haematology (Clinical)	78	63	66	0	507
Nephrology	67	36	38	0	284
Ophthalmology	857	3,430	4,393	0	15,565
Oral Surgery	413	449	639	0	2,920
Orthodontics	97	62	62	0	474
Orthopaedics	2,681	1,543	4,462	524	14,263
Paediatrics	81	2	3	0	2,530
Pain Management	151	347	365	0	1,723
Respiratory Medicine	168	373	441	0	3,009
Restorative Dentistry	25	22	22	0	95
Rheumatology	250	184	301	0	1,915
Sport and Exercise Medicine	0	0	0	0	11
Therapies	0	0	0	0	1,076
Urology	1,743	1,286	2,204	0	8,388
Vascular Surgery	27	319	337	4	1,074
Total	14,442	13,444	22,264	528	106,085

RTT continued on the next page...

	Referral to Treatment Times (RTT) continued - June 2025
What actions are we taking & when is improvement anticipated? <u>Orthopaedics:</u> Ongoing insourcing activity in PCH for long waiting patients. Continual validation of the waiting list & validation of outsourcing trackers to ensure all patients outcomes have been transacted appropriately, ensuring clean waiting lists. Working with Pre-assessment to ensure consistency of process pan CTM and that patients are fit and optimised for surgery. <u>Cardiology:</u> Extensive validation being undertaken. Meeting to discuss pooling of waiting lists held in June and an outline implementation plan agreed. D&C plan completed and additional capacity required to achieve trajectory identified. Awaiting confirmation of insourcing plan for 2025/26 <u>Dermatology:</u> Continue to maintain waits under 104 weeks. Plans in place to achieve 52 weeks by the end of Q4 - WLIs coordinated to ensure this position. Continue to maintain 10-12 days for stage 1 USC across the Health Board. POW – Suitable Lesion referrals redirected to Medical Illustration. Interview taking place to appoint a Paediatric Consultant. POW – flexibility with clinic appointments allowing for overbooking. <u>ENT:</u> As anticipated there are no patients waiting beyond 104 weeks at the end of June. Plan in place to clinically validate all those stage 4 patients waiting over 52 weeks. <u>Gastroenterology & Endoscopy:</u> Ongoing clinical & clerical validation of existing stage 1 Gastro waiting list to ensure that only patients requiring a first appointment remain. Anticipate full validation down to 36 weeks by end of July. Additional weekend and evening clinics to help support the backlog of first appointment to achieve and maintain the 52 week Gastro position. Full Gastro D&C undertaken to understand service constraints – early analysis shows slightly more capacity than demand at stage 1 – however there is a significant backlog to clear before being able to maintain position. Full Endoscopy D&C undertaken to inform the development of a recovery plan. The recovery (subject to approval and funding) is anticipated to run from Aug 25 to Jan 26 to achieve the 8-week diagnostic target. A plan has been developed for structured clinical review of long waiting surveillance patients pan CTM. Weekend Endoscopy lists are being carried out during July and August. Insourcing of a nursing team has been approved for the 3rd theatre at PCH. A procurement process is underway for Insourcing (Nursing and BSW accredited Endoscopist) during August to address the BSW backlog. <u>General Surgery:</u> The merger of the WPAS system in May has allowed for a Pan CTM approach to waiting list management and booking. PCH Theatre refurbishment was completed in May, backfill sessions have been in the highs. The day surgery area has 15 trolleys, with the ratio of staff to manage patients - further investment is required to staff the additional 8 trolleys to maximize capacity, this is likely to be pursued via ACCTTO Directorate. Completion of the POW roofing refurbishment will allow the expansion of theatre sessions, however the RGH upgrade of air ventilation theatre systems in October will impact elective activity with Cancer cases being priority. Vanguard theatres came online in April at RGH - all long waiting cases are under review for suitability for treatment in the Vanguard. Awaiting roll out of e-Vetting to include all sites to improve turnaround time. Cancer referrals are increasing - teams are undertaking additional clinics to support. <u>Gynaecology:</u> Administrative and clinical validation work is ongoing to manage demand into 2025. Clinical validation & re-allocation of long waiting patients into general Gynae clinics to expedite first appointment. Weekly theatre meetings held to ensure capacity is allocated to USC and long waiting patients. Working with theatres to secure all backfill available. Weekend operating commenced at the end of June. Ongoing discussions with theatre teams to secure weekend operating through July and August. Service Improvement Group in development to include outpatient transformation and theatre utilisation. TOR in development. Meeting scheduled with pre-assessment to discuss capacity and pathways. <u>OMFS:</u> As anticipated there are no patients waiting longer than >104 week at the end of June. <u>Ophthalmology:</u> Continue to maintain waits under 104 weeks with plan to reduce to 86 weeks by end of Q2 & continuing to reduce waits for Glaucoma patients. On track to centralise cataracts to POW with start date of 1st September. Coinciding with this, straight to listing for cataract patients also due to be implemented. Regional/Outsourcing continues to take significant numbers of cataract patients - this will continue for the remainder of 2025/26. <u>Respiratory</u> D&C plan agreed and additional activity being coordinated to achieve agreed trajectories in 2025/26. Additional activity being undertaken in RGH by POW Consultant as part of pooling arrangements. <u>Rheumatology</u> D&C plan agreed and additional activity being coordinated to achieve agreed trajectories in 2025/26. Job plan changes have delivered additional SAS Dr sessions in Dewi Sant Health Park. <u>Urology:</u> Validation continues & maintaining zero waits >104 weeks. <i>(n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment)</i>	

	Referral to Treatment Times (RTT) continued - June 2025
What are the main areas of risk?	
<u>Dermatology:</u> Staff burnout. <u>ENT:</u> Difficulties accommodating long waiting inpatients due to clinically urgent and USC demand. <u>Gastroenterology and Endoscopy:</u> Changes required to Gastro vetting process as there are variations across the 3 sites and potentially patients awaiting stage 1 that do not need to be seen. Limited uptake in additional clinics - delaying the service ability to clear backlog and achieve 52 week clearance. Medical workforce gaps at consultant level and difficulty in recruiting replacements. Workforce models are being reviewed, but the current reliance on Locum Consultants providing an unreliable service. Achieving the 8-week diagnostic target for Endoscopy by January 2026 is dependent on funding and approval of the recommended option in the Recovery Plan. Pathology services would need to be able to accommodate any additional activity associated with the recovery plan. Cross site working continues to improve, however there are significant risks associated with resistance to full implementation of a single pan CTM Waiting List. Lack of WLI/backfill uptake from Endoscopists, particularly over the summer. Launch of a new CTM TNE service in POW will enable significant scale up from the current pilot level of provision. This has been delayed due to the need for an OCP and is also dependent on the purchase of a drying cabinet. Inadequate nursing establishment at PCH for 30 sessions as well as sickness and staff turnover rates – resulting in the substantive nursing workforce being highly fragile pan CTM. <u>General Surgery:</u> The reduction of theatres at RGH for an upgrade of air ventilation theatre systems in October will impact urgent and routine patient surgery; with Cancer surgery being the priority. This could result in an increase in emergency admissions and will add to the already long waiting list of patients awaiting surgery. Vanguard theatres RGH – due to the criteria of what can be undertaken in the theatres we are limited with cases we can treat. Any unsuitable cases will require treatment in the main theatre at RGH or PCH, for which there is limited capacity. New NEST system introduced at the end of June has proved problematic due to the initial change over period. The teams are working with the COO Office Staff to improve the processes for turnover of payments. Reliant on interdependencies for the investigations to take place, which can be lengthy in wait due to the USC demand taking priority. Interdependencies will need to provide additional support to meet patient demand in the middle stages of the patient pathway. <u>Gynaecology</u> Inpatient gynae cases remain as a risk due to small number of inpatient beds and not enough capacity on a weekly basis. Equipment currently being shared across POW DSU / PCH / RGH / Vanguard – limitations in the amount of equipment available impacting on allocation of patients. Limited pre-assessment capacity across all sites. <u>Ophthalmology:</u> Regional team untimely returning unsuitable patients. <u>Orthopaedics:</u> PCH insourcing work is depleting pool of ‘fit to proceed’ patients, potentially resulting in underutilised lists for normal activity.	



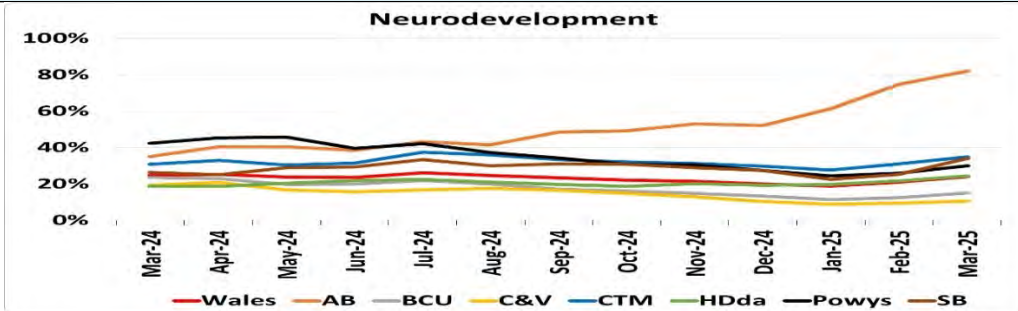
How are we doing?

We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,896 patients (July 25); with the greatest growth, around 40%, occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 177 per month, despite robust triage decisions at the point of referral being made.

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopment continues to remain low at 30.4%.

During the past 12 months compliance has been fluctuating between 27.6% and 37.4%, with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

How do we compare with our peers?



Status as at March 2025		
Health Board	Compliance	Rank
AB	81.9%	1st
CTM	34.8%	2nd
SB	33.9%	3rd
Powys	29.9%	4th
HDda	24.3%	5th
BCU	15.1%	6th
C&V	10.5%	7th

What actions are we taking & when is improvement anticipated?

The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to ND services. Work continues with local authorities, along with AHP posts to support pre/post diagnosis with third sector agencies, as additional funding has been made available. We have been able to recruit 3.0 wte B7 ND Practitioners on a fixed-term basis until March 2026, funded through NDIP, of which 2.2 wte are already in post. We were also able to recruit a 0.4 wte Locum SLT from March 2025 to support with the waiting list, although this post will be discontinued from mid-July because of the lower than expected NDIP funding received from WG for 2025/6. Staff within the core ND team, as well as within other departments, were also willing to continue with additional hours to reduce the backlog, but again this will cease from July because of the lack of funding available.

Pharmacy input supporting post-diagnosis follow-up titration & monitoring helps to release medical colleagues to support the waiting list further. The Pharmacy department have agreed to release an additional 0.2 wte Pharmacist and NDIP funding will support a 0.2 wte Pharmacy technician to assist this work.

The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity is closer to meeting the current demand (if demand remains stable). However, this does not address the backlog of patients nor the ever increasing follow-up caseload of children being prescribed ADHD medication. CNS/AHP staff recruited last year are actively supporting with the new patient and follow-up waiting lists. Improving our website in conjunction with local authorities and third sector has increased our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset and anecdotal feedback suggests that this is already starting to make an impact

Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.

We had anticipated that the waiting list over the coming months would decrease as additional staff commence in post and additional/overtime hours continued. The lower than expected NDIP funding for this year will mean that the waiting list and average waiting times are likely now to increase. As of 1st July, the longest waiting patients have been waiting 102 weeks (2 children), with 43 children waiting over 91 weeks. This position is likely to deteriorate further with the reduction in capacity for new patient appointments Following the ND event held at the end of 2024 with leads from Health, Education, Social Care, 3rd Sector and Parent/Carer Network, WG are supporting CTM's NDAT (ND diagnosis at triage) pilot. 37 children have had a diagnosis of autism confirmed based on referral information received, without the child needing any further assessment. This number will continue to rise over the next few months – focusing on new children being referred to the service as well as children already on the waiting list who have been nominated by their schools.

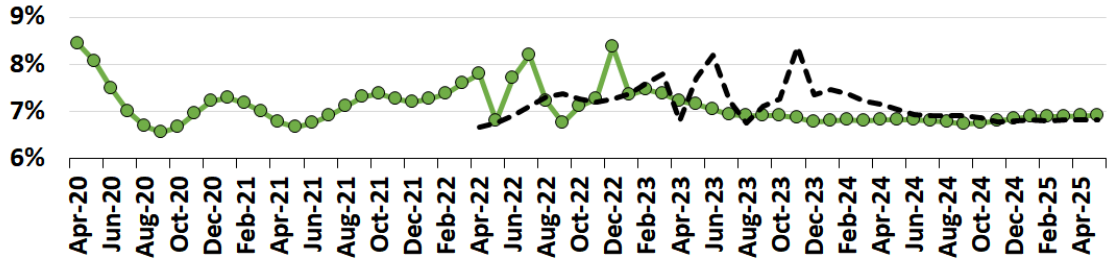
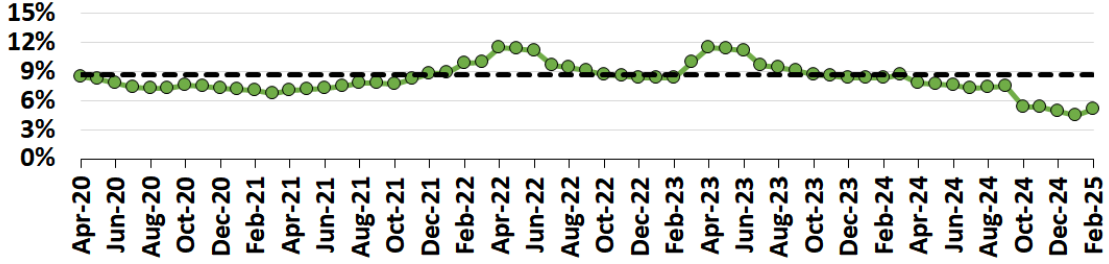
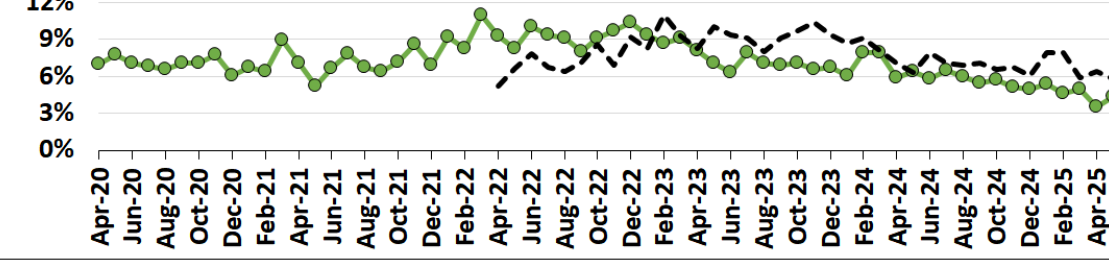
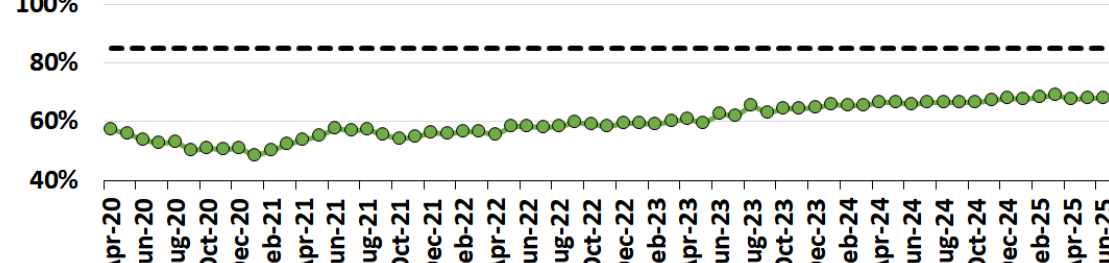
Supporting our regional partners to develop skills in using ND profiling tools either while/before a referral to ND assessment team is being considered.

Revised referral protocols for school-aged children has been launched which we anticipate will start to reduce the number of inappropriate referrals we receive, although we are unlikely to be able to measure the full impact of this until the end of 2025.

What are the main areas of risk?

A reduction in new patient assessment capacity as a result of reduced additional hours/overtime through NDIP will mean that longest and average waiting times start to increase. Prioritisation will need to be given to concluding assessments that have already been started as well as ensuring safe medication management in the ever increasing ADHD follow-up caseload. Unlike other HBs in Wales where this work returns to CAMHS; in CTM this work remains with the ND team.

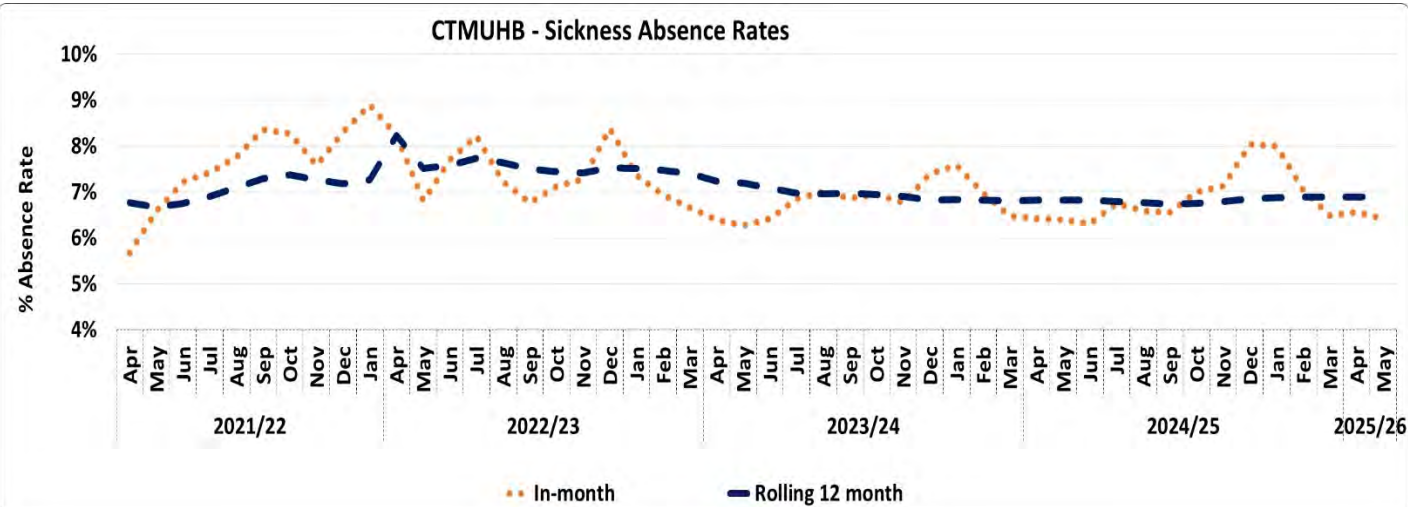
Ongoing risks that demand continues to rise despite the region focusing on a needs-led approach to support and efforts to provide myth busters on new referral paperwork.

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure		Target	Key: Trend Target/Trajectory	Key: Hit Target	Target Failed
				Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.91%	May-25
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2024-25 (Target baseline will change when Apr 25 data received)		5.13%	Feb-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		4.4%	May-25
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		68.0%	June 2025 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Apr to Jun 2025 does not currently include medical staff)

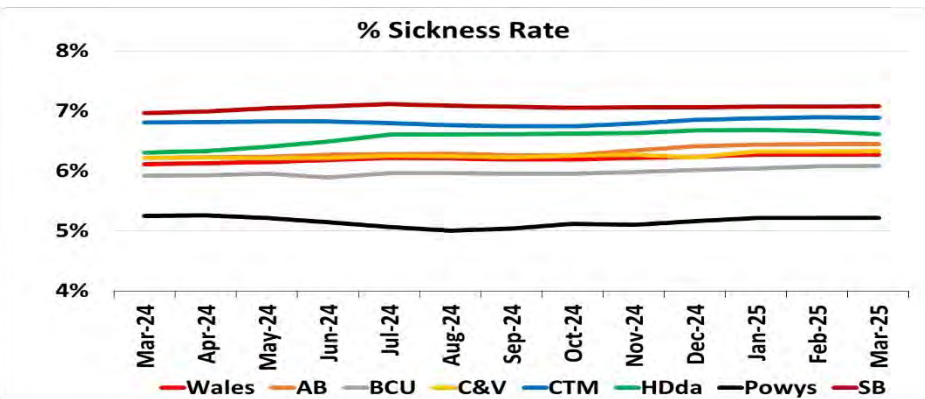


CTMUHB Workforce Metrics

% of sickness absence rate of staff – Target is 12-month reduction trend
May 2025 (6.91 %)



How do we compare with our peers?



Status as at March 2025		
Health Board	Compliance	Rank
Powys	5.22%	1st
BCU	6.09%	2nd
C&V	6.33%	3rd
AB	6.44%	4th
HDda	6.61%	5th
CTM	6.89%	6th
SB	7.08%	7th

What actions are we taking & when is improvement anticipated? What are the risks?

The rolling twelve-month sickness rate to May 2025 is 6.91% and is slightly higher than the equivalent rolling 12 month period of the previous year (6.83%). The in-month sickness rate is 6.42% and is also similar to May 2024 (6.40%), however the rate continues to remain higher than our desired target of 4.5%.

The HB's primary sickness absence reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in approx. 39% of the total days lost. The second highest reason is Other known causes - not elsewhere classified, at around 9% of the days lost.

The staff group with the highest sickness level continues to be Estates & Ancillary, with a rate of 11% during May.

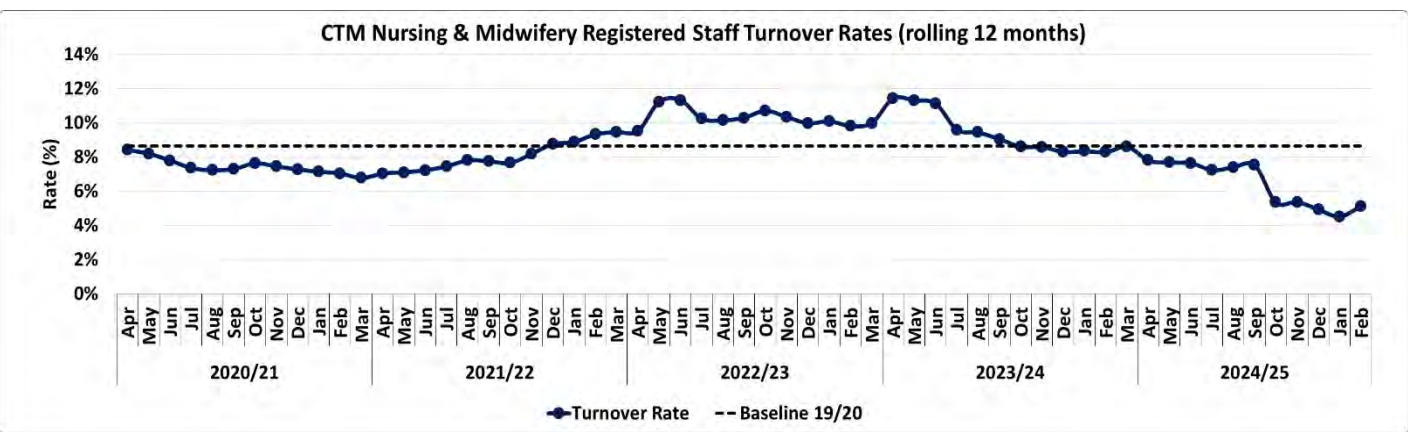
Actions we are taking:

- Improved access points for timely and consistent Attendance and Wellbeing advice/guidance.
- New third stage tracker to reduce formal case management timelines.
- Active participation in the All Wales Working Group to develop the new policy.
- Targeting support for complex, long term absence cases.
- Raising awareness of Reasonable Tailored Adjustment Agreements to support staff back in to work.
- Waiting times for manager referrals to Occupational Health have reduced due to targeted triage – this is now below the All-Wales target time.
- Maternity Services was recently identified as a hot spot and there is currently a review of sickness levels underway.
- The recent launch of the People Plan includes success measures related to absence, wellbeing and Occupational Health services which will help inform and track the impact of the Plan.
- An action plan being developed to address the sickness rates across CTM - and understand better what the data tells us, hot spot areas, root cause analysis and the real term cost of sickness absences.

Risks:

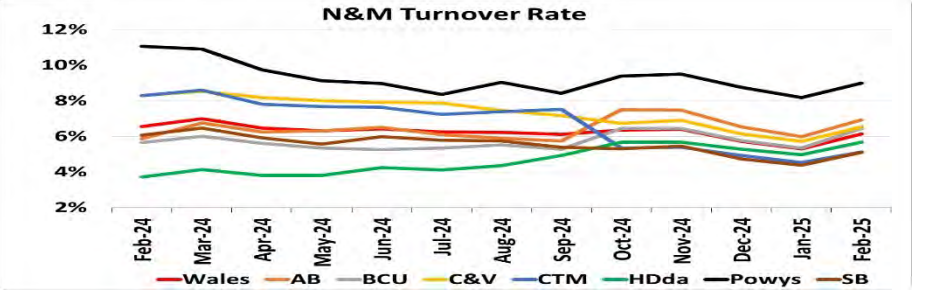
- Failure to reduce sickness rates impacts on health and wellbeing across our workforce and their employee experience, especially if this increases demand/pressure on others to deliver services.
- There is a high risk of increased use of variable pay to fill workforce gaps.
- Impact on staff morale and motivation, productivity and engagement.

Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2024-25



N.B. there is a time lag in reporting due to the inability to locally monitor staff leaving NHS Wales.

How do we compare with our peers?



Status as at February 2025		
Health Board	Compliance	Rank
SB	5.11%	1st
CTM	5.13%	2nd
HDda	5.68%	3rd
BCU	6.44%	4th
C&V	6.52%	5th
AB	6.94%	6th
Powys	8.99%	7th

What actions are we taking & when is improvement anticipated? What are the risks?

The reported position at February 2025, for N&M registered staff leaving NHS Wales, saw a slight increase on the previous 12 month rolling period to 5.13%. The equivalent timespan of the previous year saw rates of 8.29%. (March 2023 to February 2024). The CTM turnover, including those leaving CTM but not necessarily leaving NHS Wales, was 8.25% for the same period (Feb 2025).

The turnover rates continue to be monitored with Care Groups and Professional Groups to ensure there is a continued reduction for improved workforce sustainability.

Actions we are taking:

- The recently appointed Retention Lead will help drive and progress retention initiatives to support a reduction in turnover.
- We are reviewing the Lateral Moves Scheme to ensure stability, resilience and sustainability of the process, as the appetite increases and as we roll out to other staff groups.
- Reviewing N&M shift patterns across the HB, supporting a fair and consistent approach and is fit for the future.
- Reviewing of our Moving On Questionnaire for improved engagement and to better inform the reasons for people leaving CTM.
- Understanding turnover levels and the reasons behind them is one of the success measures from the recently launched People Plan.

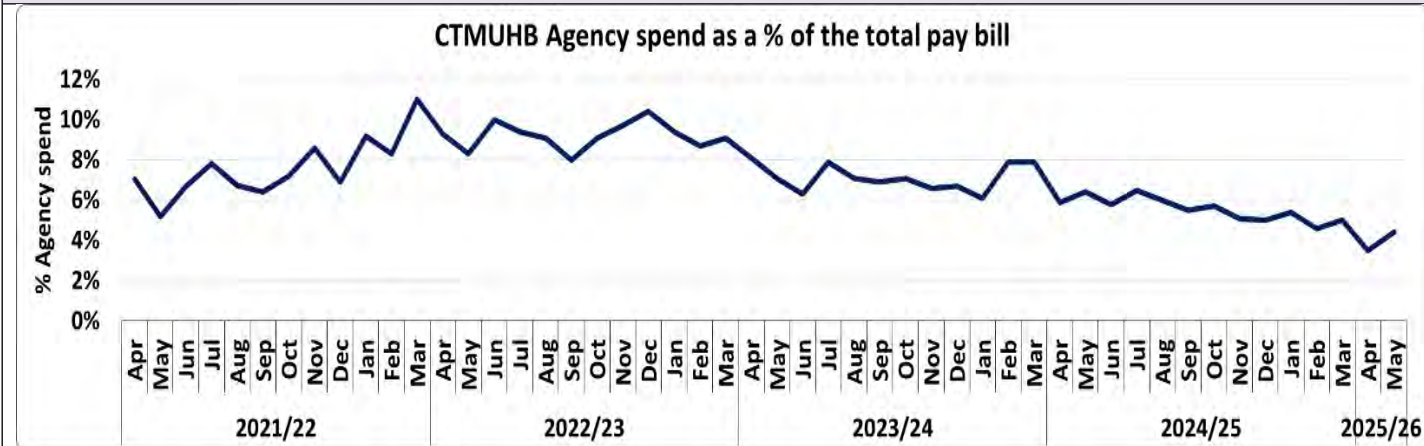
Risks:

- Potential loss of talent, skills & expertise affecting patient care.
- Potential increase of variable pay.
- Potential impact on staff morale and motivation, productivity and staff engagement.
- Increased sickness absence due to the impact of increased vacancies and possible difficulties in filling vacant posts.

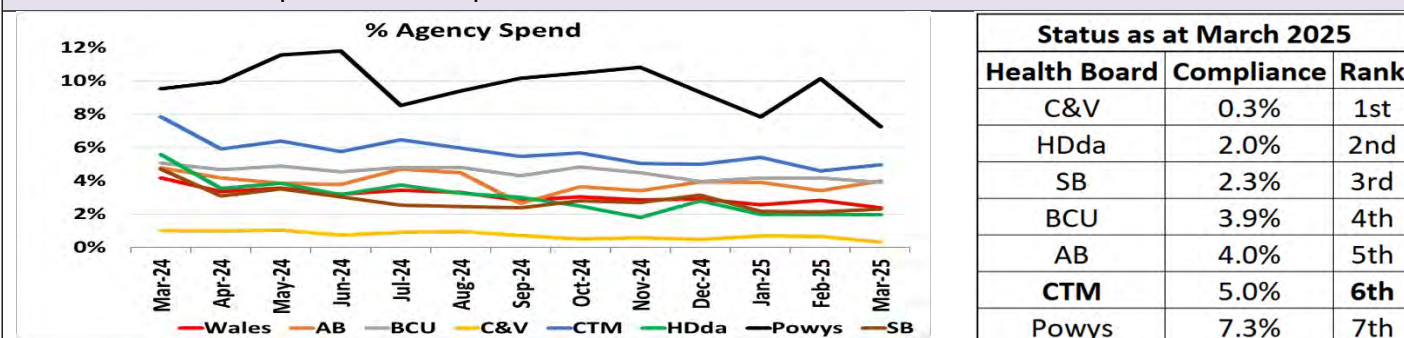


CTMUHB Workforce Metrics

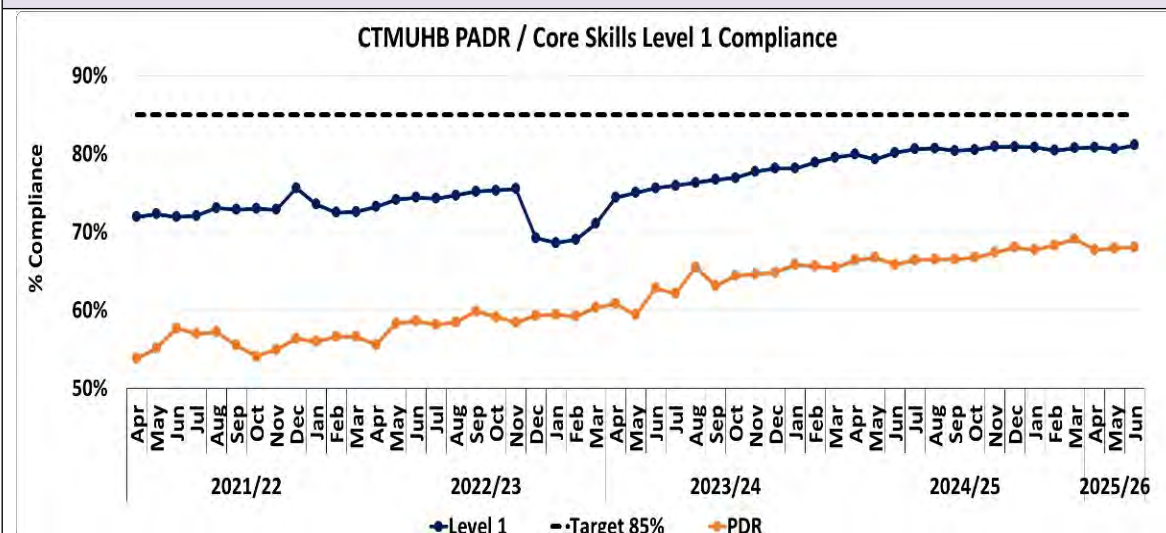
Agency spend as a percentage of the total pay bill – Target 12 month reduction trend
May 2025 – 4.4 %



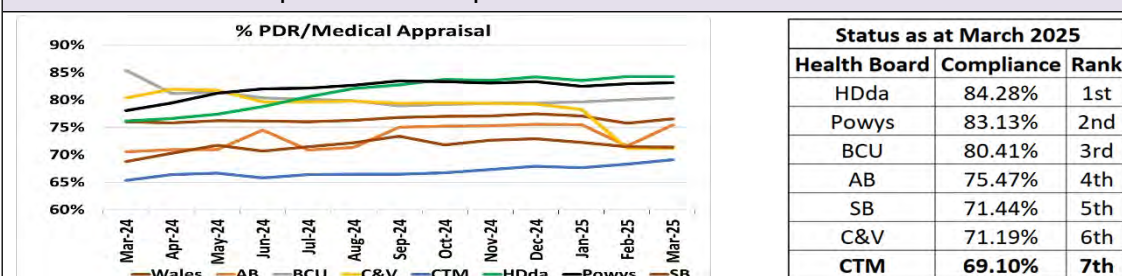
How do we compare to our peers?



% headcount by organisation who have had a PADR / medical appraisal in the previous 12 months (excluding M&D in training) – Target 85 %



How do we compare to our peers?



What actions are we taking & when is improvement anticipated? What are the risks?

As at May 2025 the CTM agency spend as a percentage of the total pay bill was 4.4%, as seen in the chart to the left, with the overall agency spend for 2025/26 (YTD) totalling 3.9%.

Actions we are taking:

Assessing agency to bank conversion for N&M and M&D, with further scoping for bank to substantive conversion.
Continuing work to improve workforce controls to mitigate the use of high-cost agencies.
Work ongoing to reduce the medical enhanced rate from 10% to 5%.
Nursing Agency reduction or conversion to bank is underway.
Roster improvement, utilisation and optimisation plan is in development.
M&D Bank and Agency provider changed in June on a six-month direct award, with a full procurement exercise running alongside.

Full implementation of the new Locum Provider has introduced a robust system that supports long-term savings delivery plans and efficiencies of high-cost premium temporary staffing spend. Since the launch for the M&D Bank, we have received a number of requests to join and recruitment is underway. This presents an opportunity to develop clear exit strategy for long term agency usage and to develop an effective recruitment plan to fill established vacancy gaps with permanent solutions. CTM has also identified potential opportunities of temporary spend savings of AHPs/HSS.

Risks:

Failure to reduce variable pay within 2025/26 to meet the UHB savings target, resulting in an inability to invest in service transformation.
Lack of sustainable and affordable workforce solutions to meet workforce gaps.
Current system provision does not meet the correct functionality to support the work of the savings delivery programme and future transformational work. Actions are underway to mitigate (as identified above; the roster improvement, utilisation and optimisation plan is in development).

What actions are we taking & when is improvement anticipated? What are the risks?

Overall, PADR compliance is improving slowly, currently standing at 68.0%. Compliance for the past year has ranged between 66.4% and 69.1%, recognising that this remains below the WG target of 85%. For Medical Appraisals, the overall CTM position at the end of 2024/25 was 96%. This gives a combined PDR/appraisal rate of 70.7%.

Actions we are taking:

Following receipt of the final Internal Audit report with an overall 'reasonable' assurance rating, CTM is actioning the recommendations which focused on reporting and on monitoring the effectiveness of PDRs. Work is now underway to produce comprehensive bi-annual reports for Care Group leadership teams to target areas with historically low compliance and staff who have never had a PDR.

Risks:

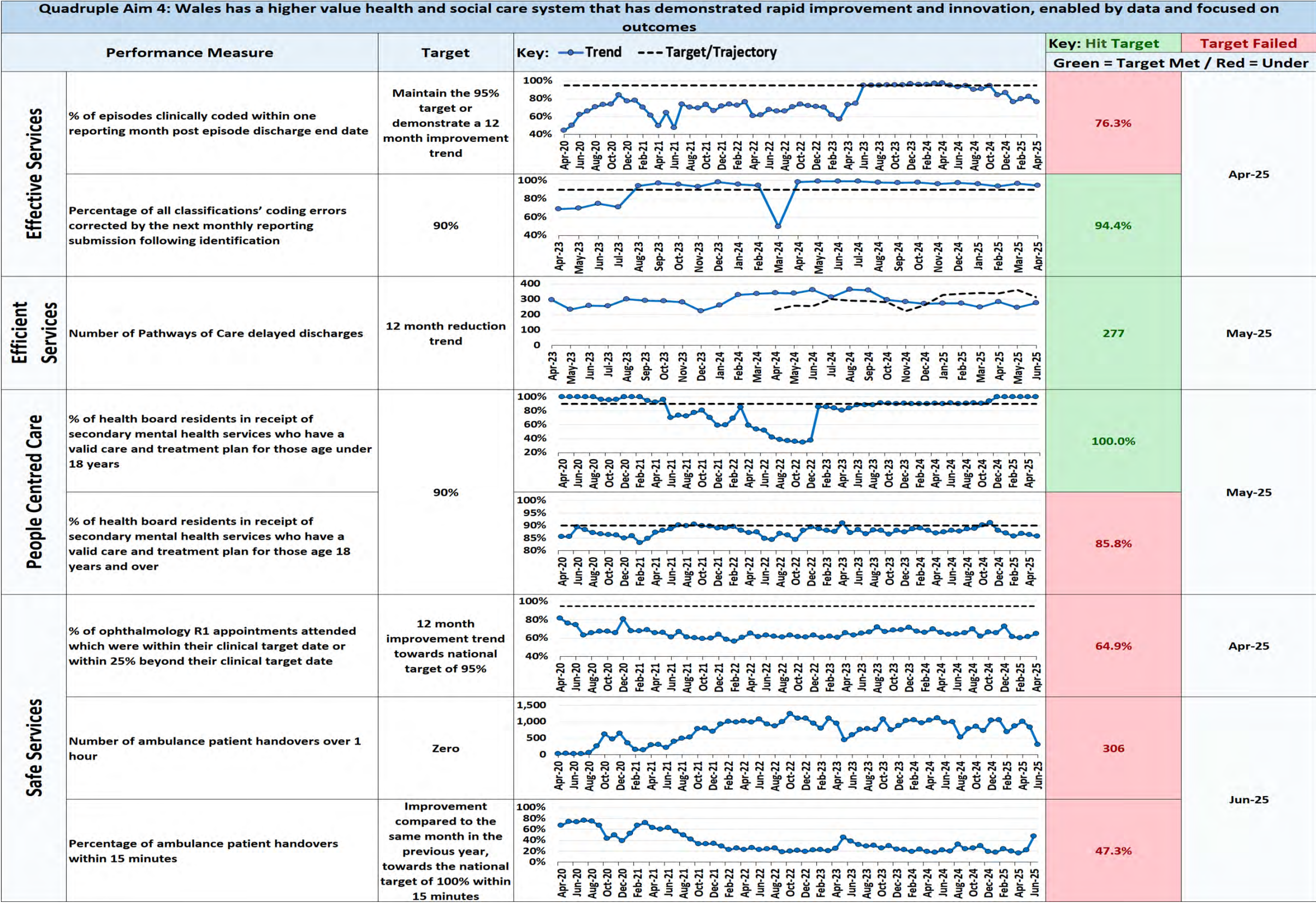
Lack of objectives aligning to CTM strategic ambitions.
Impact on morale, motivation, and employee experience
Loss of dedicated time for a conversation for individual and manager to discuss work performance and provide two-way feedback, development opportunities and career aspirations.
Impact on the pay progression process and individual receipt of timely increments.

Core Learning:

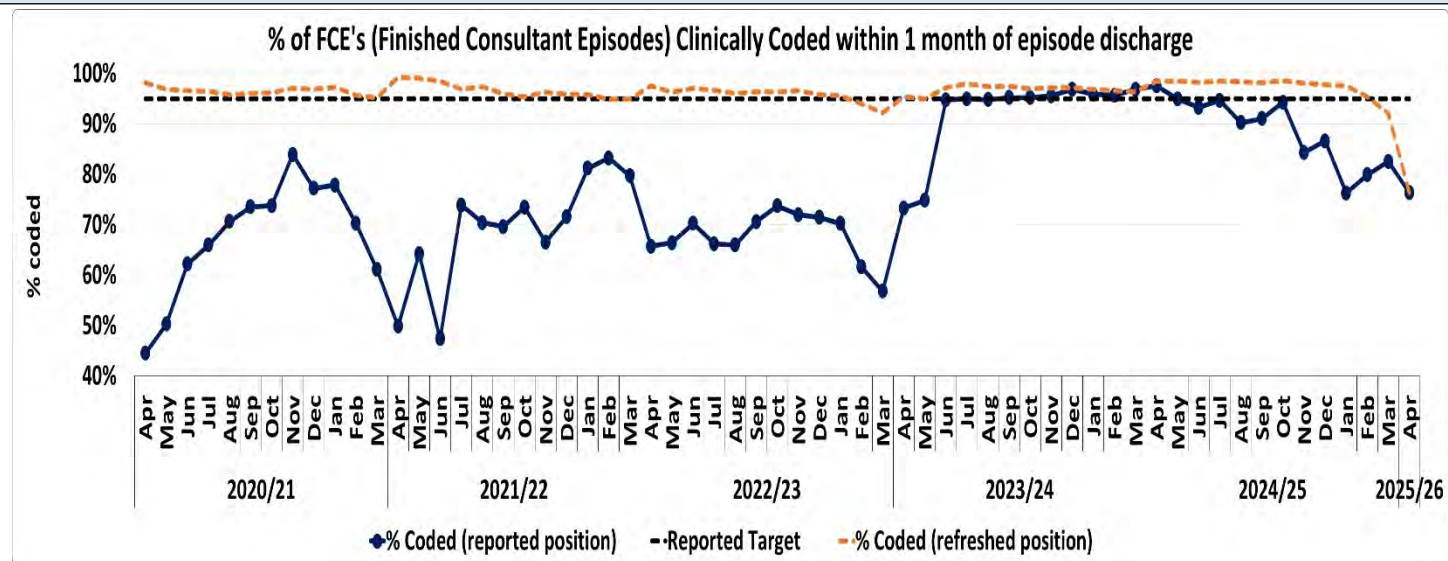
Overall Health Board compliance for Level 1 remains buoyant at 81.1% at end of June 2025, with compliance for all levels of training at 74.0%.

CTM Level 1 Core Mandatory Training Compliance June 2025	
Health, Safety and Welfare	86.6%
Equality, Diversity & Human Rights	86.4%
Safeguarding Adults	85.0%
Moving & Handling	84.6%
Safeguarding Children	83.9%
Information Governance	82.0%
Violence & Aggression	79.9%
Fire Training	79.2%
Infection Prevention and Control	78.1%
Resuscitation	64.4%
HB Overall Compliance	81.1%

2.5 Welsh Government Performance Indicators: Quadruple Aim 4 - Improvement & Innovation enabled by data & focused outcomes



% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95 % target or demonstrate a 12 month improvement trend – April 2025 – 76.3 %



Current Coded Position as at 3rd March 2025				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,615	11,535	80	99.3%
May-24	11,876	11,812	64	99.5%
Jun-24	10,938	10,861	77	99.3%
Jul-24	11,952	11,850	102	99.1%
Aug-24	10,583	10,506	77	99.3%
Sep-24	10,647	10,477	170	98.4%
Oct-24	11,499	11,370	129	98.9%
Nov-24	10,891	10,715	176	98.4%
Dec-24	10,403	10,220	183	98.2%
Jan-25	10,632	10,435	197	98.1%
Feb-25	9,934	9,600	334	96.6%
Mar-25	11,240	10,477	763	93.2%
Total	132,210	129,858	2,352	98.2%
2025/26	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-25	10,992	8,980	2,012	81.7%
May-25	11,471	7,548	3,923	65.8%
Total	22,463	16,528	5,935	73.6%
Uncoded 2025/26 (April to May 2025)		5,935	26.4%	

How are we doing?

The Health Board pleasingly achieved over 98% compliance for the financial year 2024/25.

As a result of focussing our efforts to clinically code as many FCE'S (Finished Consultant Episodes) as possible for 2024/25 prior to the year end submission in July, the reported position for April saw a fall in performance to 76.3% and is below the in month WG target of 95%.

At the start of July the overall coded position for April to May 2025, currently stands at 73.6%

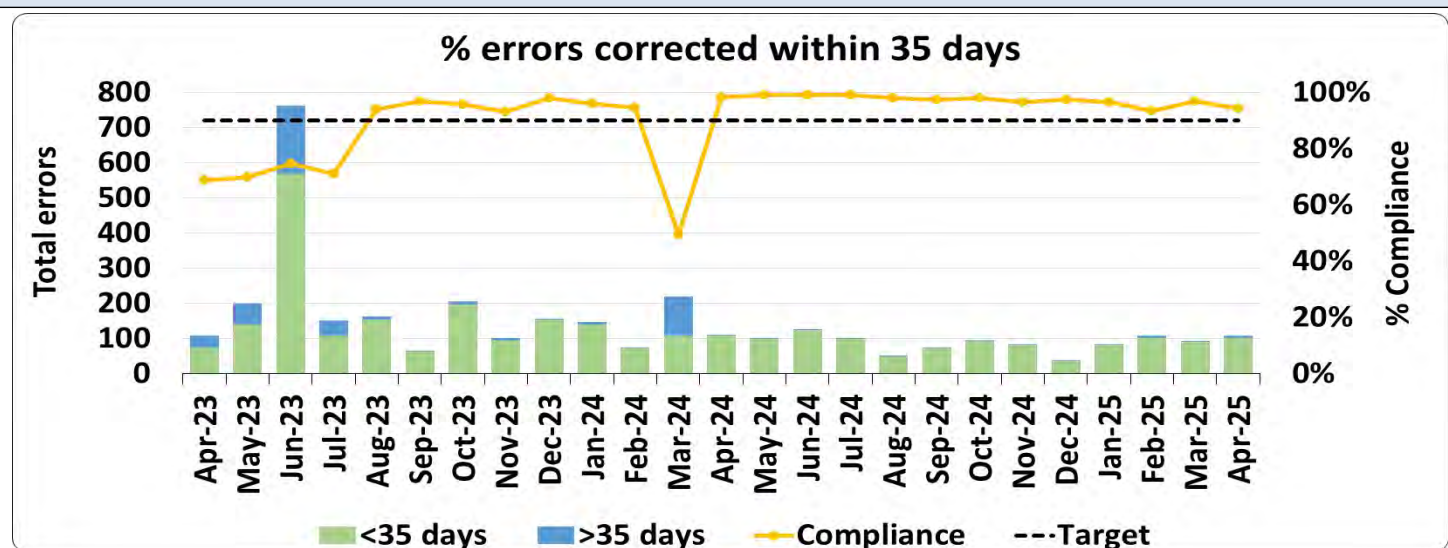
Compliance for the correction of errors within 35 days was 94.4% during April with 101 of the 107 errors corrected within the requisite timescale.

What actions are we taking & when is improvement anticipated? What are the main areas of risk?

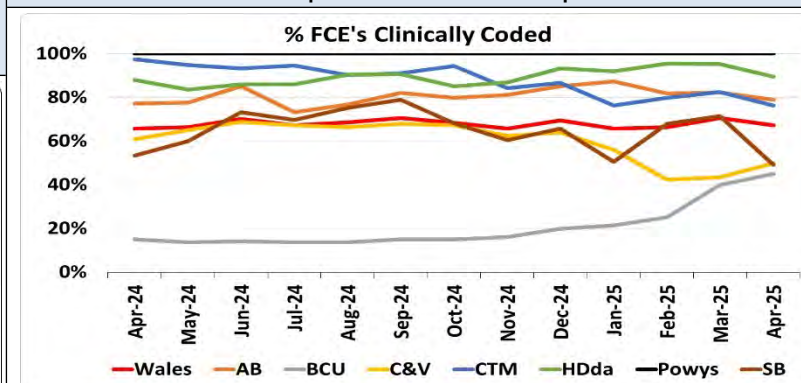
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding capacity and processes to be re-appraised. Positively, we are seeing improvements in the quality of data following the move, as colleagues observe at first hand the benefit of accurate data being recorded.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records, with the pathology improvement board having recently given approval for the autocoder to use pathology data within its algorithms.

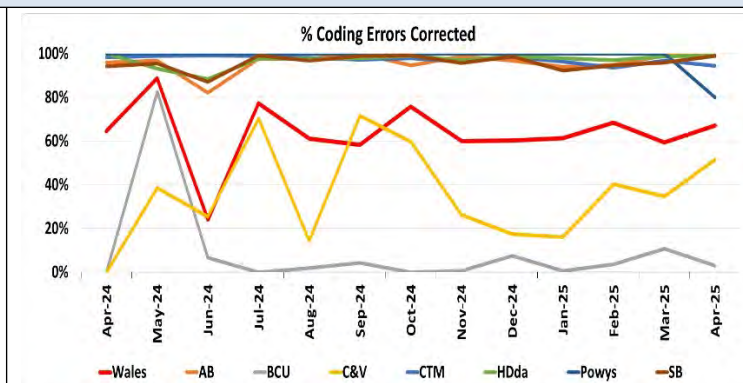
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90 % - April 2025 – 94.4 %



How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	89.6%	2nd
AB	78.9%	3rd
CTM	76.3%	4th
C&V	49.8%	5th
SB	49.1%	6th
BCU	45.0%	7th



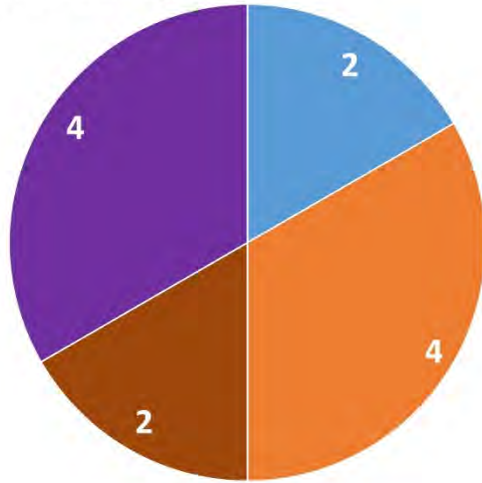
Status as at April 2025		
Health Board	Compliance	Rank
AB	100.0%	1st
HDda	99.2%	2nd
SB	98.9%	3rd
CTM	94.4%	4th
Powys	80.0%	5th
C&V	51.4%	6th
BCU	3.0%	7th

Efficient Services – Pathways of Care Delayed Discharges - census date 16th June 2025

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 12 / Non Mental Health Delays = 265

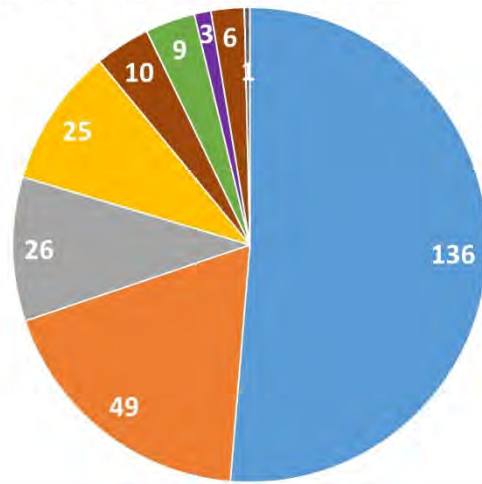
Mental Health - Reasons for Patient Pathway of Care Delays June 2025

- Assessment Issues
- Care Home placement arrangements
- Housing related Issues
- Funding Issues



Non-Mental Health - Reasons for Patient Pathway of Care Delays June 2025

- Assessment Issues
- Care Home placement arrangements
- Disagreements/Legislation
- Home care related issues
- Housing related Issues
- Step down to recover and assess
- Funding Issues
- Home adaptation/equipment issues
- Transfer related issues



How are we doing?

277 Pathways of Care Delayed Discharges were reported in the June snapshot census. This is 14 (4.7%) delayed patients lower than the 12 month average of 291.

During the past 12 months, assessment issues account for the majority of delays; 39.6%, averaging 118 patients per month, as detailed in the table below:

Reason for Delay	Jun-25	12 month average	Assessment Delay Flag - June 2025	
Assessment Issues	138	115 39.6%	Awaiting completion of assessment Nursing	39
Care Home placement arrangements	53	57 19.4%	Awaiting joint assessment	28
Home care related issues	25	43 14.9%	Awaiting completion of assessment by social care	24
Transfer related issues	1	18 6.2%	Awaiting completion of AHP Allied Health Professional Assessment	20
Disagreements/Legislation	26	22 7.7%	Awaiting Continuing Healthcare (CHC) Assessment	11
Step down to recover and assess	9	13 4.6%	Awaiting completion of best interest decision	7
Housing Related Issues	12	8 2.9%	Awaiting Social worker allocation	6
NHS Bed related issues	0	2 0.8%	Awaiting completion of assessment Medical	2
Funding Issues	7	6 2.2%	Mental Capacity Assessment Delays	1
Home adaptation/equipment issues	6	5 1.7%		
Total	277	291	Total Assessment Issues	138

What actions are we taking & when is improvement anticipated?

Focus is on reducing assessment delays and actions are as follows:

- Focus on supporting Bridgend LA as delays in Bridgend represent the sharpest increase (mainly as a result of out of area patients due to changes in POW as a result of the critical incident in October 2024).
- Increase in delays for AHP assessments due to staffing gaps and sickness absence.
- Revision of nursing needs assessment process with a digitalised version launched from Electronic White Boards (EWB) is in progress.

Outcomes related to the national audit of PoCD completed by NHS exec:

- Inconsistent model across sites
- Senior consistent oversight of PoCD process required
- Variation in operational processes across three LA's (Merthyr, RCT & Bridgend).
- Validation process is limited due to small group of staff – no resilience in the system.

An action plan addressing these issues is being prepared for OMB sitting in August.

National PoCD improvement plan due for completion 23rd July; identifying 5 key areas for action is being prepared by the Integrated Discharge Board.

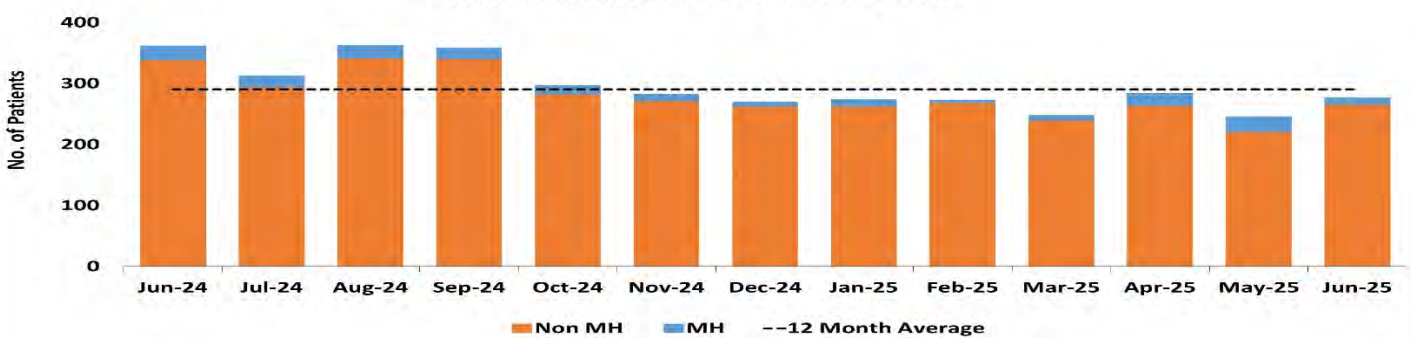
What are the main areas of risk?

Care home capacity for patients, especially EMI nursing beds.
Inconsistent discharge model and lack of discharge lead.
Development of the Integrated Discharge Team has been delayed.
Workforce challenges, including clarity of roles and responsibilities exist.

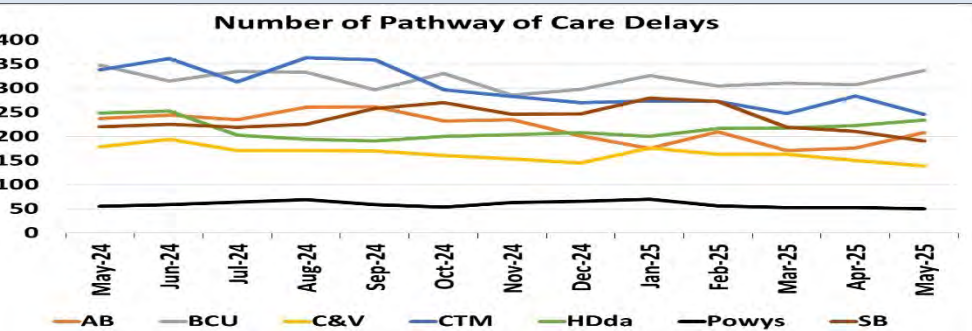
Delays by Local Authority - June 2025

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Swansea	Total
PCH	1		2	6		1	7			17
POW		39			3		1	3		46
RGH		11	1	3	2		44		1	62
YCC		1	1	27			38	1		68
YCR		3					31			34
YGT		18		1			16	1		36
Glanrhyd		10					1			11
Pinewood House							3			3
Grand Total	1	82	4	37	5	1	141	5	1	277

CTMUHB Patient Pathway of Care Delays



How do we compare with our peers?



Status as at May 2025		
Health Board	Compliance	Rank
Powys	50	1st
C&V	139	2nd
SB	191	3rd
AB	208	4th
HDda	234	5th
CTM	246	6th
BCU	337	7th



Finance Update – Month 03

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

3. Key Risks /Matters for Escalation

3.1 The key risks for the Performance quadrant 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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
		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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

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



9.2		29/07/25	Operational Delivery Committee	Update on Urgent Care Performance & CTM Ambition on Waiting Times		
				Impact Assessment:		
FOI Status:	Open (Public)			Indicate the Quality / Safety / Patient Experience Implications:	Quality, Safety and Patient experience	
If closed please indicate reason:				Related Health and Care Standard	Governance, Leadership & Accountability	
Prepared By:	Sarah Follows – Unscheduled Care Service Director			Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No – the update is an update on existing operational delivery & performance	
Presented By:	Sarah Follows - Unscheduled Care Service Director			Are there any Legal Implications /Impact.	No	
Approving Executive Sponsor:	Gethin Hughes – Chief Operating Officer			Are there any resource (capital/Revenue/Workforce Implications / Impact?	No	
Report Purpose	Please Select: For Noting			Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health	
Engagement undertaken to date:	N/A					

1

MAE EIN GWERTHOEDD YN EIN HELPU NI LLOSGIAT EIN GORAU

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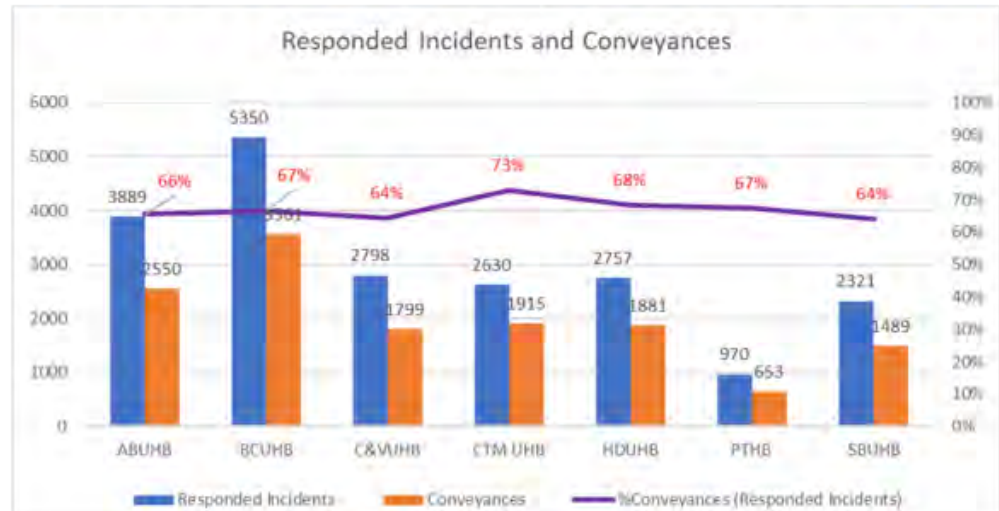
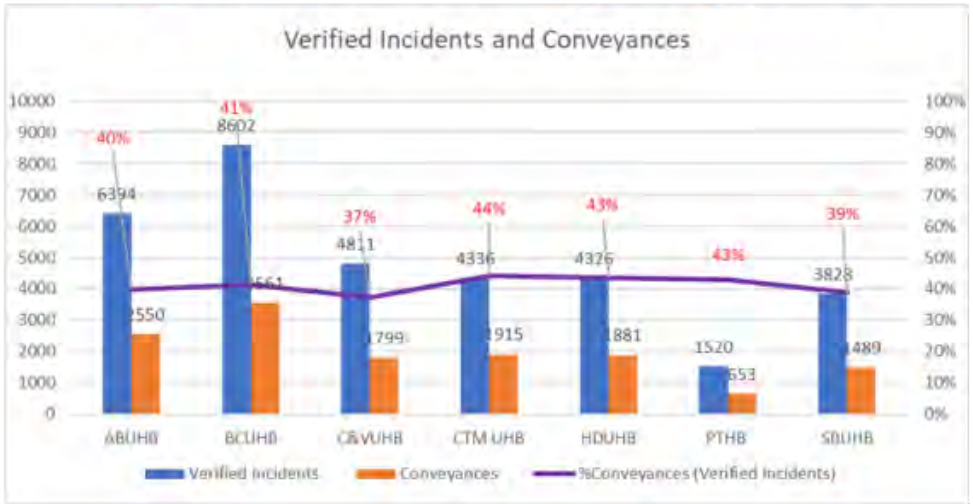


Urgent and Emergency Care – Zero tolerance > 45 mins October 2025

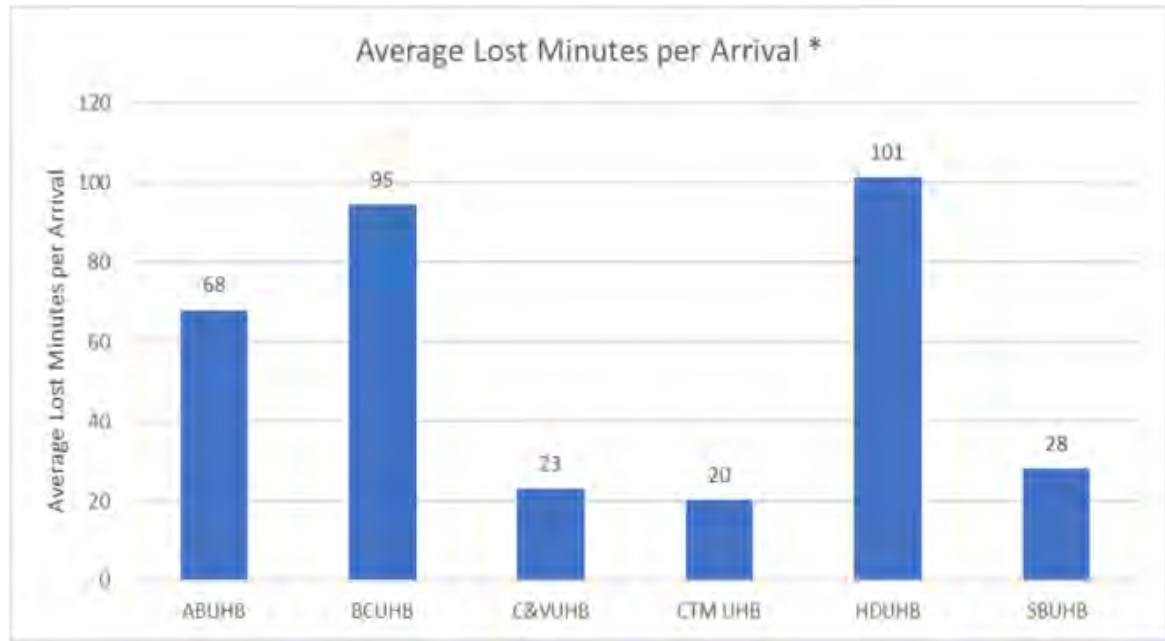
Actions Undertaken:

- CTM UHB Development of Urgent & Emergency Care Rapid Improvement Plan (45-minute ambulance handover and 90-day ED performance)
- 45 min action cards developed, review by SBLT week commencing. Planned soft launch 21st July 2025
- Review and sign off COO/TRUE and OMB. Planned soft launch 21st July 2025
- 12hr action cards in development
- TRUE Rapid Improvement Plan through 6 Goals Programme – SRO - Deputy Exec Med Director and Deputy COO
- USC CG 30/60/90-day improvement plan, launched July 2025
- Directorate Weekly performance meetings established
- Acute Medicine Transformation Programme (STAMP) – POW – 2 workshops complete – 2 further planned July 2025
- Targeted recruitment currently underway for additional consultant posts
- Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established. Clinical pathway workstream meeting planned

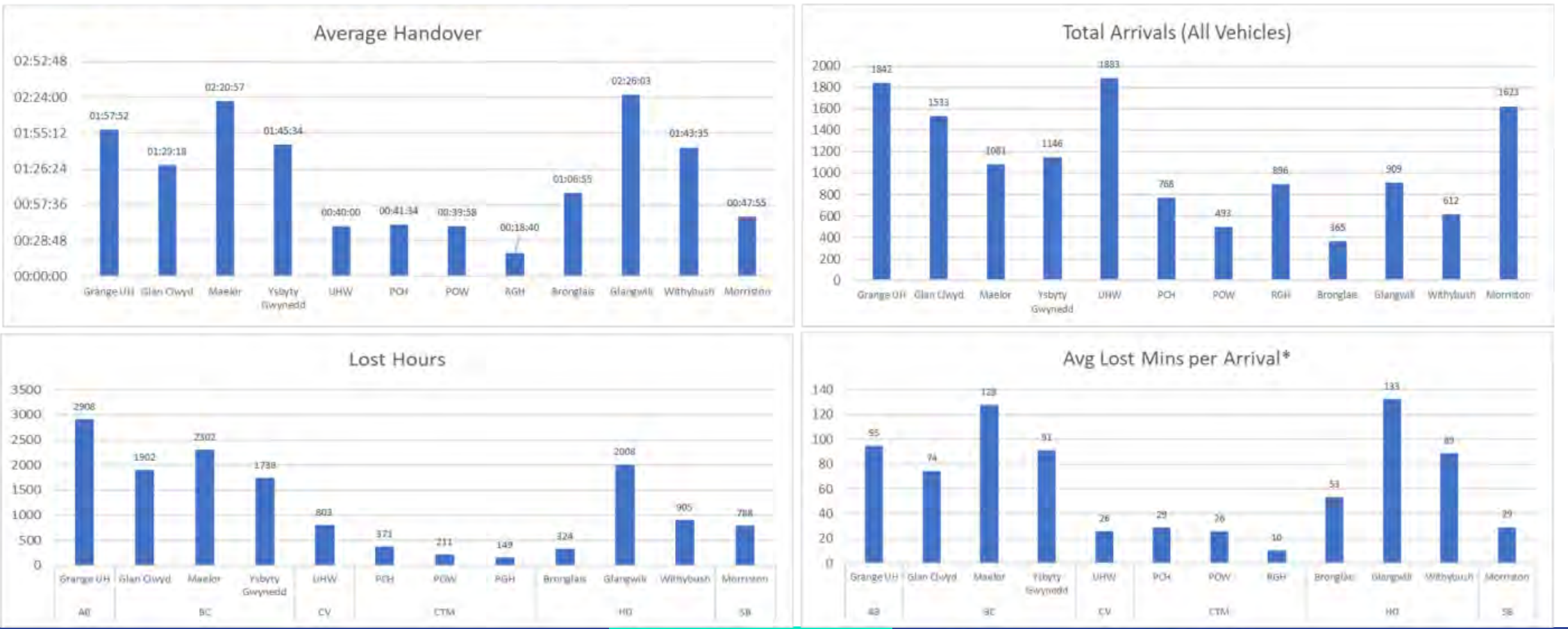
Urgent and Emergency Care – Zero Tolerance > 45 mins October 2025



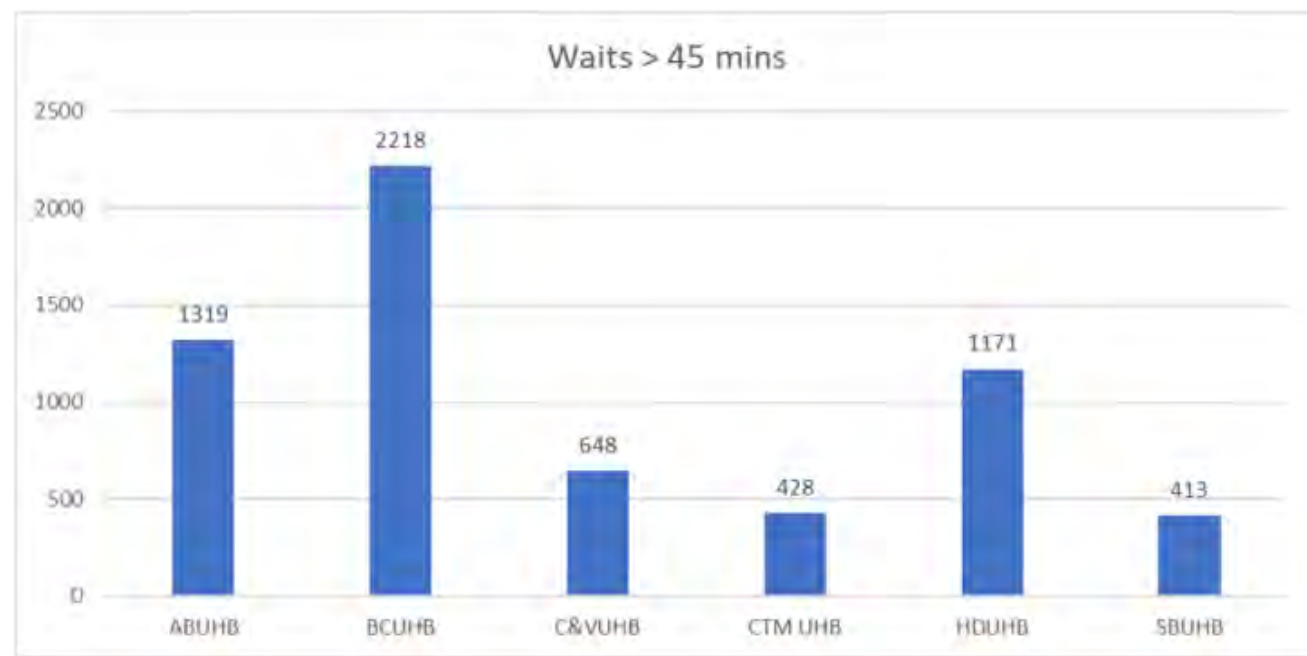
Urgent and Emergency Care – Zero Tolerance > 45 mins October 2025



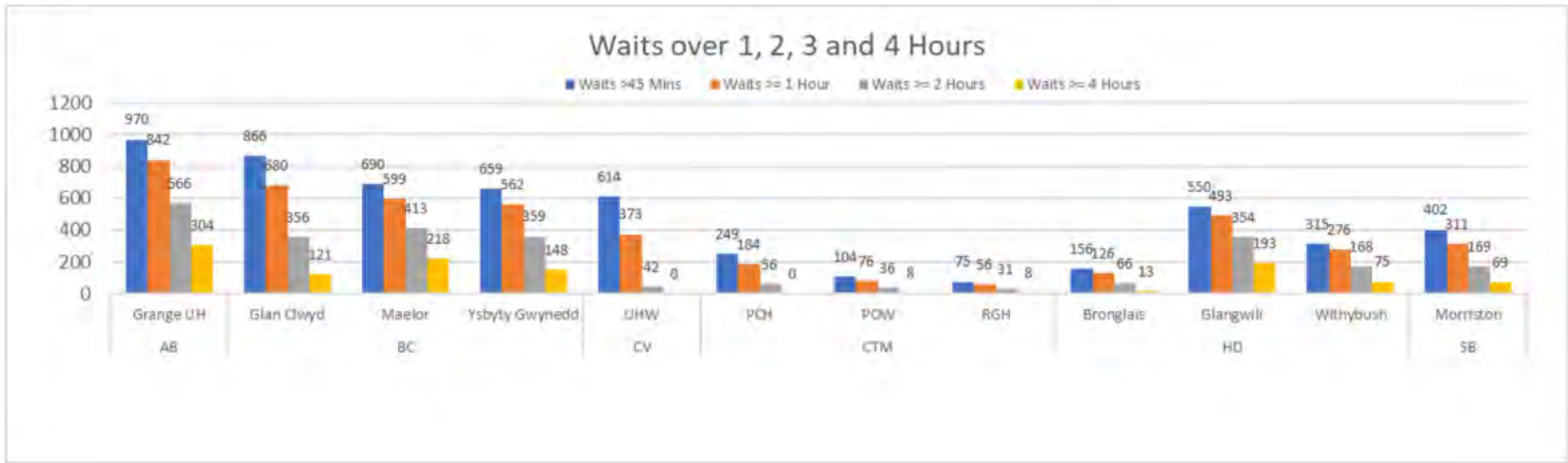
Urgent and Emergency Care – Zero Tolerance > 45 mins October 2025



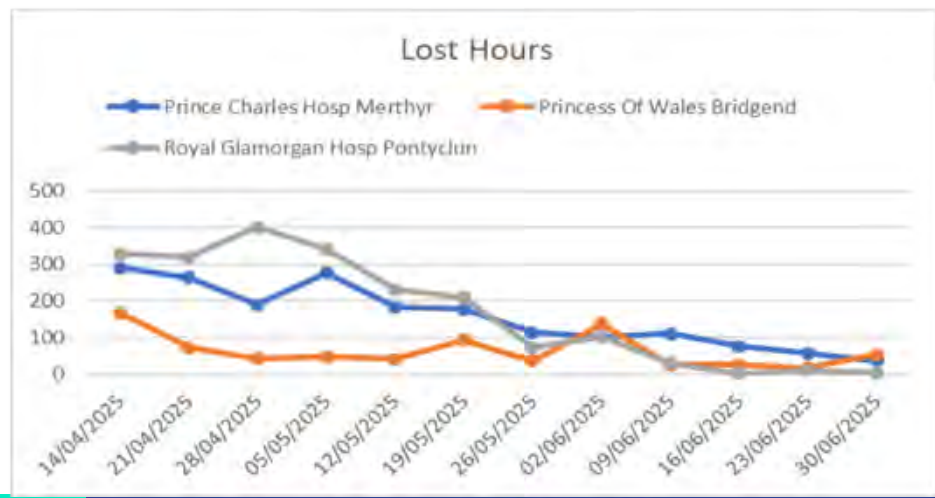
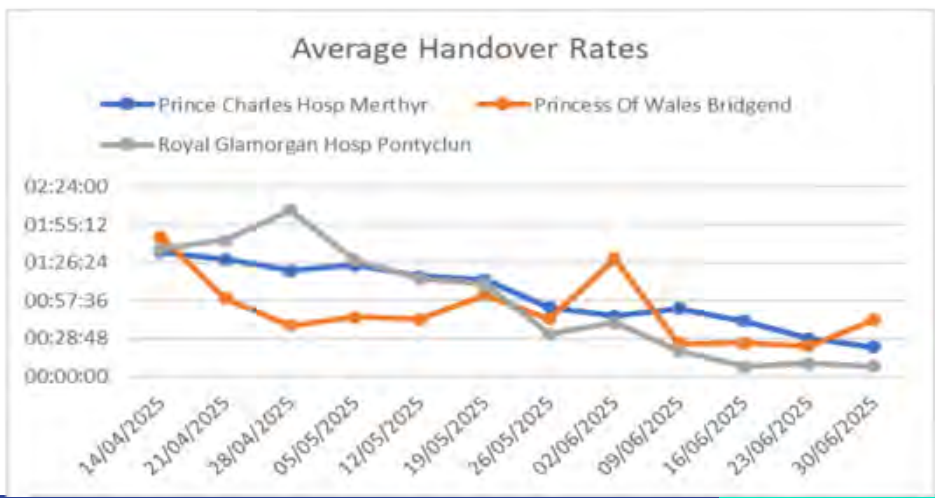
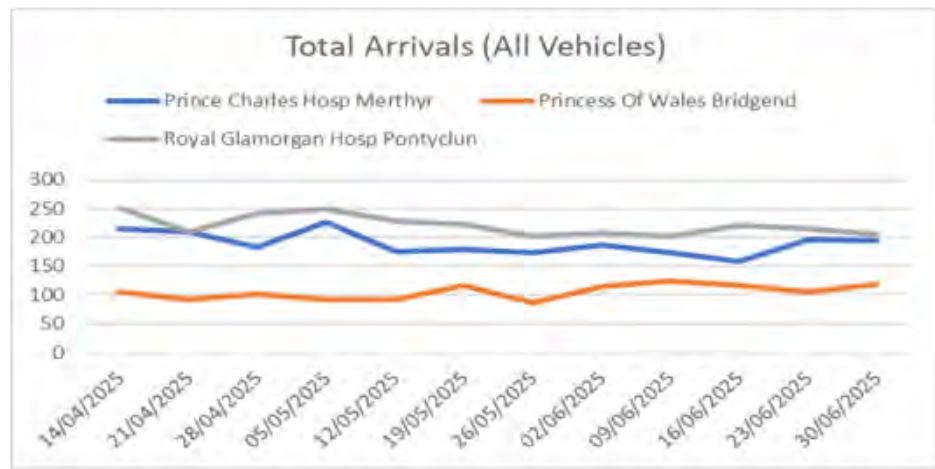
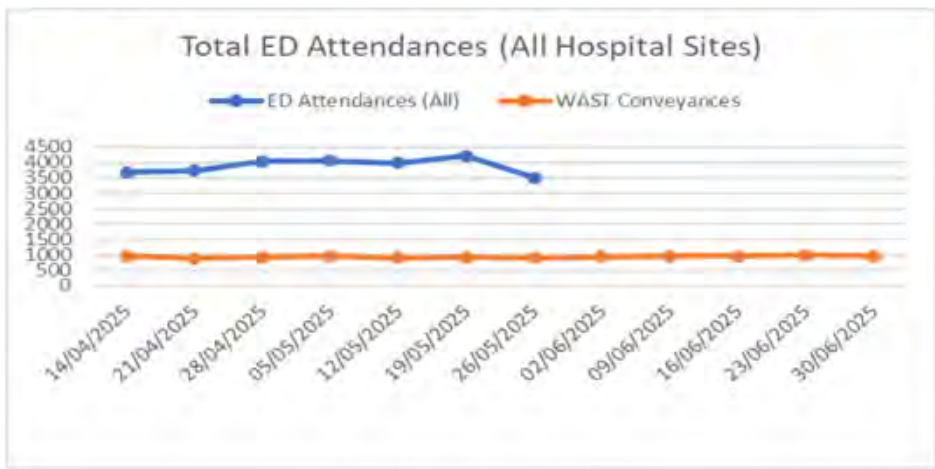
Urgent and Emergency Care – Zero Tolerance > 45 mins October 2025



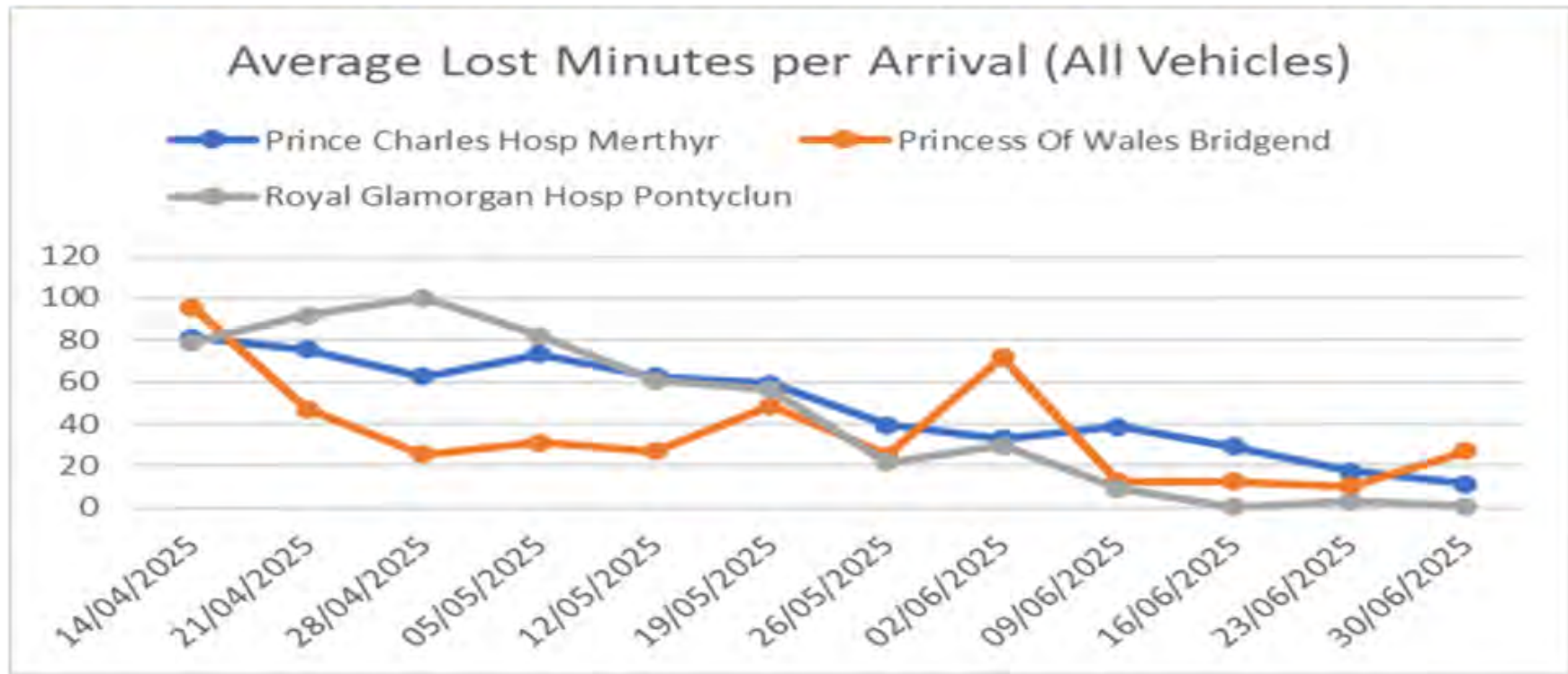
Urgent and Emergency Care – Zero Tolerance > 45 mins October 2025



Urgent and Emergency Care – Zero Tolerance > 45 mins October 2025



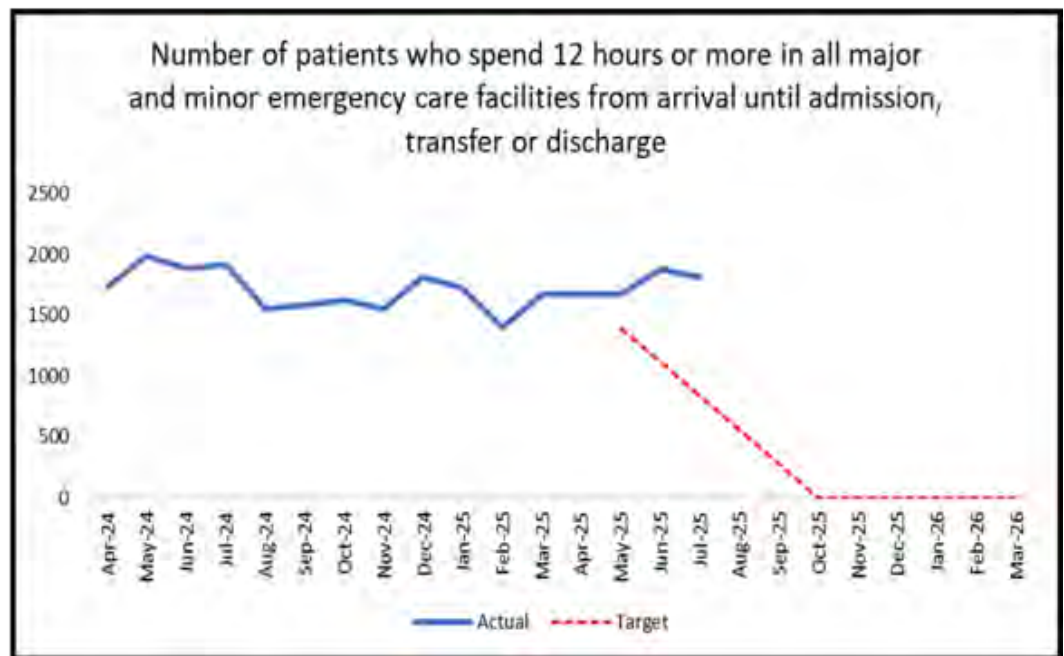
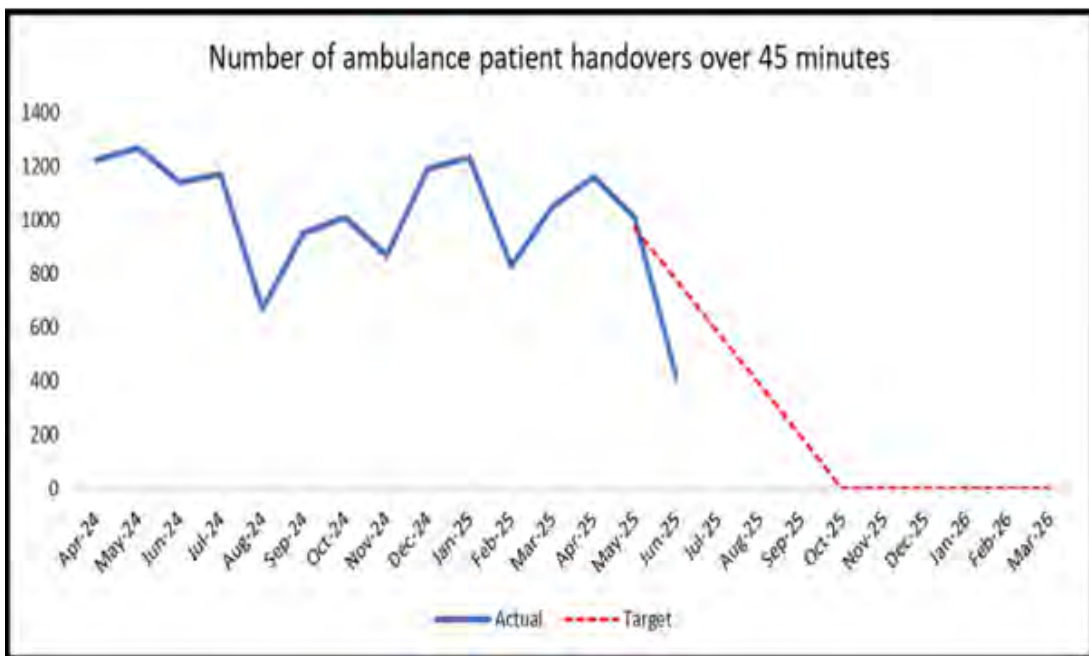
Urgent and Emergency Care - Zero Tolerance > 45 mins October 2025





Improvement Trajectories 25/26

MEASURE		2024/25 ACTUAL PERFORMANCE												2025/26 PERFORMANCE											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Number of ambulance patient handovers over 45 minutes	Actual	1226	1269	1141	1169	669	950	1010	868	1189	1232	827	1050	1163	1011	416									
	Target														969	775	582	388	194	-	-	-	-	-	-
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Actual	1732	1987	1888	1914	1550	1584	1618	1549	1816	1722	1398	1672	1669	1669	1871	1810								
	Target														1,391	1,113	835	556	278	-	-	-	-	-	-



Urgent and Emergency Care

30-day key deliverables

Operational delivery:

- Sign off Internal Professional Standards
- Define band 7 Directorate Support Managers roles and responsibilities to support delivery of performance
- Confirmation of referral and DTA criteria
- Definition of fit to sit criteria and processes
- Reinforce redirection policies
- Explore direct referrals to specialties (Gynae, SAU, T&O etc)
- EWB updated twice daily
- All patient to have EDD confirmed
- Ensure timely access to diagnostics for AMU to support discharge
- Review of existing PCF functionality
- Draft business case for Patient Flow Coordinators
- DSM to support training for clinical teams with live ED breach tracking to improve data quality and reporting
- Review ED template to understand opportunities to flex capacity based on demand (flat space verse chairs)
- Review and sign off ED internal action cards
- Establish weekly ED performance reporting mechanism
- Establish monthly ED performance meeting
- Undertaken 2-week audit of transfer times out of ED once a bed has been allocated
- Understand factors influencing NEPTS hand backs

Transformational delivery:

- Site flow and discharge proposal drafted and signed off
- Discharge profile for 48/72 hours in Acute and 5/ 7 days in community
- Care home admission avoidance protocol created and agreed with WAST including improvement trajectories
- Criteria led discharge policy drafted and signed off
- STAMP workshop in POW

Outcome targets:

- Zero tolerance to bed waits in ED >48 hours
- Zero tolerance to chair stays >48 hours
- 30% of total discharges discharged by 12pm
- EDALs completed by 4pm
- Patients transferred from ED following bed allocation within 45 minutes



Urgent and Emergency Care

60-day key deliverables

Operational delivery:

- Creation of ward targets around predicted admission by specialty
- Transfer protocols for POW patients for all specialties
- Definition of clinical admission criteria
- Confirmation of criteria for acceptance by specialty to prevent delayed transfer from ED
- Explore further admission avoidance and referral pathways with WAST
- Explore opportunities for discharge lounge on every site

Transformational delivery:

- Criteria led discharge implementation
- SOP for palliative patients returning home with immediate discharge and community support
- STAMP POW reset
- Create capacity around diagnostics (based on findings from the delay analysis)

Outcome targets:

- Zero tolerance to bed waits in ED >36 hours
- Zero tolerance to chair stays >36 hours
- Patients transfer from ED following bed allocation within 30 minutes
- Bay 1 in AMU with no patients > 24 hours
- AMU no patients > 72 hours
- 50% of total discharges discharged by 12pm
- Discharge lounge and SDEC shut by 10pm on every site
- Care home admission reduction (%) *trajectory to be confirmed*



Urgent and Emergency Care

90 day key deliverables

Operational delivery:

- Implementation of ward targets re: predicted admission
- Definition of clinical admission
- Protocol and standards around clinical admission definition#
- Confirmation of criteria for acceptance by specialty to prevent delayed transfer from ED
- Explore further opportunities to increase SDEC referrals (ED/ WAST)
- Compliance with live ED breach tracking to improve data quality and reporting
- Recruitment of Patient Flow Coordinators

Transformational delivery:

- Implementation of diagnostics capacity
- Explore Nav Hub opportunities through TRUE Programme

Outcome targets:

- 80% of patients will not wait >45 mins to be handed over
- **100% of patients will be handed over in <4 hours???**
- Zero tolerance of 12-hour waits
- Zero tolerance to bed waits in ED >12 hours
- Zero tolerance to chair stays >4 hours
- 30% of total discharges discharged by 12pm 80%
- Patients transfer from ED following bed allocation within 20 minutes
- Bay 1 patients none >24 hours
- Decision to discharge within 24 hours for all palliative patients
- Care home admission further reduction (trajectory to be confirmed)
- All patients with a planned discharge not discharged by 10am to go to the discharge lounge



Urgent and Emergency Care

- Trajectories based on Rapid Improvement Action Plan to achieve:
 - off ambulance handover by October 2025
 - 50% reduction in 12hr ED waits by July 2025
 - Zero tolerance for any ED wait over 12 hours by October 2025
- The above trajectories have been set against the following assumptions:
 - Single Point of Access (scheduling unscheduled care) – November 2025
 - All GP / 111 / NHSDW calls to be triaged by the Nav Hub
 - Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025
 - Clinical Consultation before Conveyance (CCBC) (previously known as 'Ticket to ride') for all WAST non-red Care Home attendances – implementation aligned with national work
 - Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care
 - 30 additional bds from August 2025
 - 60 additional beds from November 2025
 - 60-minute specialty in reach – August 2025
 - Sign off Internal Professional Standards

Recommendation:

The Board or Committee are asked to:

Example:

The Committee are asked to:

- To note and share comments on the update
- Consider whether the Committee can seek assurance from the update that all that can be done is being done to improve performance and meet trajectories.



Agenda Item 9.3		29 th July 2025	Operational Delivery Committee	Integrated Performance Management	
Report Details:			Impact Assessment:		
FOI Status:	Open (Public)		Indicate the Quality / Safety / Patient Experience Implications:	Quality, Safety and patient experience	
If closed please indicate reason:	Not applicable		Related Health and Care Standard	Achieving effective, efficient, equitable, person centred, timely and safe care.	
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Tarek Allouni: Planned Care Service Director		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No: The presentation is to provide an update on existing service delivery	
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gethin Hughes: Chief Operating Officer		Are there any Legal Implications /Impact.	No	
Approving Executive Sponsor:	Gethin Hughes: Chief Operating Officer		Are there any resource (capital/Revenue/Workforce Implications / Impact?	No – the presentation is to provide an update of service delivery against IMTP targets	
Report Purpose	For Noting		Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health	
Engagement undertaken to date:			 EVERY BODY HAS A VOICE WE HEAR EVERYONE WITH VOICES  EVERY BODY ON THE GROWTH ROAD WE ALL WORK TOGETHER AS ONE TEAM  STARTING WELL  GROWING WELL  LIVING WELL  AGEING WELL  DYING WELL cwmtafmorgannwg.wales330/		

Our vision is the delivery of high quality, robust and sustainable Planned Care services. Our priorities are:

- Continued delivery of the elective recovery plan and re-establish a full theatre template @ POW
- Work to achieve in-year ministerial targets/enablers
- Increase our Outpatient productivity, creating greater capacity through Patient Initiated Follow Up (PIFU) and See on Symptom (SOS) utilisation
- Align demand & capacity modelling with service delivery and future workforce planning
- Continue to drive standardisation of practices across all Theatre, Pre-Assessment and Anaesthetic teams
- Identify further opportunities for improved service-level performance through the Productivity, Improvement and Transformation programme
- Establishing a protected and fully utilised elective bed base aligned to elective demand
- Develop a longer term, sustainable workforce plan with consideration to alternative models of delivery

Workforce enablers:

- Sustainable workforce planning inc. succession
- Aligning clinical job plans to service demand
- Scoping options for alternative roles/delivery models

Digital enablers:

- Full Welsh Patient Record System (WPRS) rollout, digital WL development
- WPAS merger, Automated Audiology
- POA digital screening. Skin Analytics

Estates enablers:

- Llantrisant Health Park

Key actions in year one (2025-2026)

- Delivery of 2025/26 commissioning work programme
- Explore alternative service models (Chronic Pain; Critical Care; routine elective surgery)
- Further development of Trauma rehab pathways
- Implement high volume elective delivery with optimal discharge pathways (Arthroplasty; Cataract; Hernia; Gallbladders)
- Scope further options for one-stop, centralised treatment centres (Cataract)
- Evolve Surgical Same Day Emergency Care (SDEC) model across all sites
- Develop/scope further Hub & Spoke models (Dermatology; Colorectal)
- Reduce variability through standardisation and merging of waiting lists pan-CTM
- Work towards the models for Llantrisant Health Park

Key actions in years two and three:

- Continued development of Llantrisant Health Park and service level planning
- Acute clinical services plan for CTM
- Reconfiguration of Critical Care services

Value based healthcare:

VBHC principles will underpin all action plans and the PIT Programme provides a focus on effectiveness, efficiency and transformation

Research, development and innovation:

- Glaucoma diagnostic hubs
- Developing HoLEP laser service
- Exploring digital solutions for POA screening

Future services blueprint and patient outcomes:

- Reconfigure and centralise services to improve productivity, drive efficiency and increase capacity
- Standardise practice and procedures pan-CTM including clinical job planning aligned to future demand
- Drive digital efficiencies and solutions where possible and increase productivity
- Continue improving delivery performance and trajectory for RTT waiting times and suspected cancer pathways

Patient outcomes:

- Improved patient outcomes
- Improved patient experience
- Develop PROMS and PREMS across all services.

How we will measure success:

- PROMS / PREMS
- Ministerial measures – trajectories
- NHS Wales Performance Framework
- Activity and efficiency
- Balanced & sustainable financial outcomes
- Staff survey
- Staff retention

DIR.	SERVICE	KEY PRIORITY	PROGRESS	RAG
ACCTTO	Anaesthetics/Pain	Complete disaggregation of SBUHB SLA	IN PROGRESS	
	Anaesthetics/Pain	Maintain cross-cover model and standardisation	IN PROGRESS	
	Anaesthetics/Pain	Explore alternative models of care for Chronic Pain service	IN PROGRESS	
	Critical Care	Develop Advanced Clinical Practitioner (ACP) role	YTC/REMOVED/RISK	
	Pre-Assessment	Rollout digital system across all sites	IN PROGRESS	
	Pre-Assessment	Standardisation of patient pathway	IN PROGRESS	
	Theatres	Full theatre kit rationalisation across all theatres	IN PROGRESS	
	Theatres	Scope alternative delivery model	IN PROGRESS	
	Trauma & Orthopaedics	Maintain two-site Trauma model	COMPLETE	
	Trauma & Orthopaedics	Develop pathways re trauma rehab and Orthogeriatric service	IN PROGRESS	
	Trauma & Orthopaedics	Implement 'perfect month' (HV) model for elective Orthopaedics	IN PROGRESS	
	HSDU	Enact workforce OCP		

DIR.	SERVICE	KEY PRIORITY	PROGRESS	RAG
Specialist Services	Dermatology	Pilot and subsequent implementation of CASIO camera for USC	COMPLETE	
	Dermatology	Rollout virtual platform for Acne clinics		
	Dermatology	Develop Hub and Spoke model @ YCR	IN PROGRESS	
	Dermatology	Explore options for LES services for low risk skin surgeries		
	Dermatology	Biologics business case	IN PROGRESS	
	Ear, Nose & Throat	Centralise MG on-call rota	IN PROGRESS	
	Ear, Nose & Throat	Explore further opportunities for nurse-led services	IN PROGRESS	
	Ophthalmology	Establish central Cataract treatment centre inc. direct S4 listing	IN PROGRESS	
	Ophthalmology	Develop the Glaucoma model inc. diagnostics hub @ YCC	COMPLETE	
	Ophthalmology	Rollout WGOS programme	IN PROGRESS	
	Oral Maxillofacial	Complete disaggregation of SBUHB SLA	IN PROGRESS	
	Oral Maxillofacial	Increase OPP capacity at RGH	IN PROGRESS	
	Oral Maxillofacial	Centralise MG on-call rota		
	Restorative Dentistry	Develop a sustainable workforce plan post service review	COMPLETE	
	Restorative Dentistry	Complete disaggregation of SBUHB SLA	IN PROGRESS	
	Urology	Implement HoLEP laser service	COMPLETE	
	Urology	Deliver 1:10 rota through workforce planning	COMPLETE	

DIR.	SERVICE	KEY PRIORITY	PROGRESS RAG
GSGI	Breast Surgery	Rollout Pintuition across OP services	IN PROGRESS
	Colorectal	Exploration of one-stop Colorectal clinics	
	Endoscopy	Complete JAG accreditation for RGH and PCH sites	YTC/REMOVED/RISK
	Endoscopy	Develop capsule endoscopy Business Case	IN PROGRESS
	Endoscopy	Rollout of SpyGlass service	COMPLETE
	Endoscopy	Endoscopy phase 2 (inc. TNE manometry services)	IN PROGRESS
	GSGI (all)	Standardisation, centralise WL	IN PROGRESS
	Gastroenterology	Merge consultant rota @ PCH (bleed & GI)	IN PROGRESS
	General Surgery	Co-located SDEC/SAU model across PCH & RGH	IN PROGRESS
	Vascular	Develop a sustainable workforce plan	IN PROGRESS

Recommendation

The Committee are asked to:

- Consider whether the Committee can seek assurance from the update that all that can be done is being done to progress with in year delivery and performance.

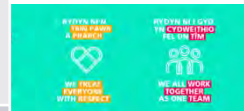
Next Steps

To progress with the IMTP, with a focus on the priorities as set out in the slides.



Agenda Item 9.5	29 th July 2025	Operational Delivery Committee	Delivery Against IMTP for Primary Care and Community

Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	The quality/safety and patient experience implications are detailed in the report
If closed please indicate reason:	Not applicable	Related Health and Care Standard	Achieving effective, efficient, equitable, person centred, timely and safe care.
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sarah Bradley: Service Director for Primary Care & Community Services	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No: Equality and Welsh Language will be considered at each and every part of the respective programmes of delivery
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gethin Hughes: Chief Operating Officer	Are there any Legal Implications / Impact.	No
Approving Executive Sponsor:	Gethin Hughes: Chief Operating Officer	Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes A number of the schemes involve redesign of our services. Workforce and capital and revenue issues are detailed in the report
Report Purpose	For Noting	Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health



DELIVERY AGAINST IMTP PLAN & IN YEAR PERFORMANCE AND DELIVERY

PRIMARY CARE AND COMMUNITY

Acronyms

IMTP:	Integrated Medium Term Plan
PCC:	Primary Care and Community
PEoLC:	Palliative and End of Life Care
GMS:	General Medical Services
LTPoC:	Long Term Plan of care
SPOA:	Single Point of Access
RCT:	Rhondda Cynon Taf
WAST:	Welsh Ambulance Services NHS Trust
HCSW:	Healthcare Support Worker
APPs:	Advanced Paramedic Practitioners
SDEC:	Same Day Emergency

IMTP Priority 1:

Establish a Primary Care Transformation Programme

Primary Care and Community Listening Exercise: Listening Exercise carried out – to collate a narrative view of current challenges and opportunities facing these services. Almost 80 stakeholders contributed, and eight summary themes extracted:

Theme 1: The status quo is not sustainable

Theme 2: There is excellent work already happening

Theme 3: A clearer, more granular vision and ambition is needed

Theme 4: Co-production and meaningful engagement is critical

Theme 5: Outcomes are more important than a prescriptive model

Theme 6: Clearer system governance should act as an enabler

Theme 7: "Investing left" needs a long-term financial perspective

Theme 8: Protected time and headspace will support innovation

Primary Care and Community Transformation workstreams:

10 workstreams have been identified to address the themes to deliver a cohesive programme initiatives (some already underway as well as new workstreams)

Primary Care and Community care model:

A: Overall PCC vision & ambition

B: Primary Care and Community care model development & alignment

C: Workforce transformation

D: Frontline staff support

Governance & Leadership

E: Outcomes & success measures

F: Leadership & system governance

Enabling activities:

G. Digital, data & information systems

H. Primary Care and Community medium term financial strategy

I. Primary Care and Community estates transformation

J. Primary Care and Community comms & engagement strategy

General Practitioner Transformation Leads

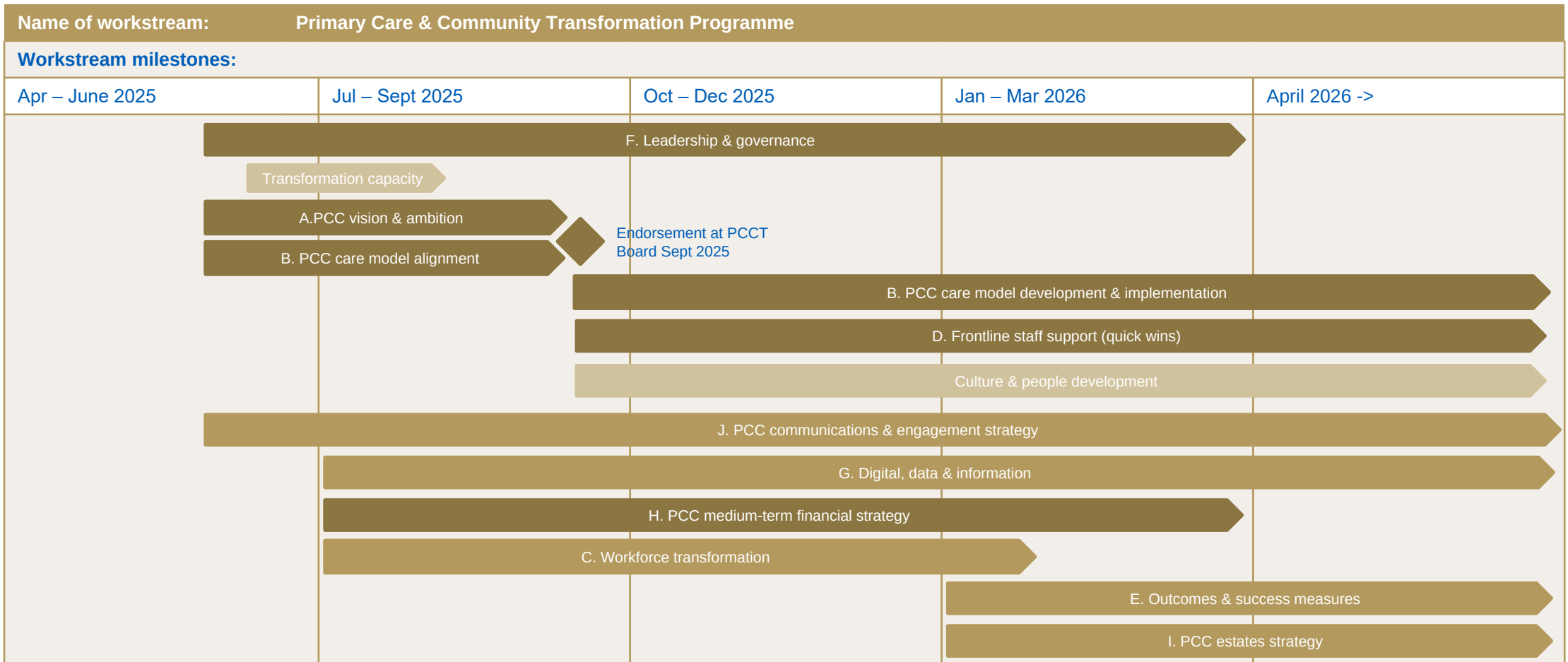
- Appointed 3 General Practitioner Transformation Leads –2 sessions per week, One from each Locality:
 - Woodlands Surgery, Caerau – Bridgend
 - Rhos House Surgery, Mountain Ash – Merthyr
 - Ashgrove Surgery, Pontypridd – Rhondda Cynon Taf
- Their role:
 - Providing guidance and advice to the Health Board in the development of primary and community care services / processes across Cwm Taf Morgannwg.
 - Further strengthening communication and engagement with general practices on the transformation of primary and community care: listening to practices and sharing their ideas and concerns with the Health Board and communicating the ambition and priorities of the Primary Care and Community Transformation programme with practices.
 - Bringing leadership and a primary care perspective to the implementation of specific and agreed changes to improve primary and community care through the Primary Care and Community Transformation programme.

Priority Workstreams and Sub-Set Activities:

Priority workstream

Enabling workstream

Sub-set activity



IMTP Priority 2: Full Implementation of Hospital@Home



1) Amalgamation of separate teams to create to two pathways of care (Urgent and Population Health Management): Locality Based



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Proposed Service	Included in Scope
Clinical Navigation Hub	Out of Hours Primary Care Out of Hours Community Nursing Clinical Navigation Hub Discharge Hub Discharge Navigators
Intermediate Care	Community Hospitals @Home Community Health and Wellbeing Team @Home Your Meds @ Home Your Medication Support @ Home Discharge Support: Complex Care Liason Nurses (DLN) Trusted Assessors Community Resource Team (Bridgend) Specialist Palliative/ Palliative and End Life Care (PEoLC)
Community Network Care	District Nursing Specialist Nursing Services CHC/FNC Nurse Assessors WISE Integrated Network Team (Bridgend)



Define and Deliver Enhanced Community Care levels 1 and 2 for Effective **Population Health Management**

Aim: To manage the prevent, reduce and delay the impact of illness or disability. Regular or routine support. Often a uni-professional/ service approach delivered through a place-based community network.

Services included: GMS, District Nursing, LTPoC, Prevention services, Chronic Disease Management

Define and Deliver Enhanced Community Care levels 3 and 4 for **Intermediate Care - Priority Focus for Programme of redesign (to include Hospice@Home)**

Aim: A time limited service to support recover and rehabilitation. community network.

Crisis Response: often described as a 'virtual ward' or 'hospital at home' to provide rapid multi-disciplinary response to patients needing urgent support to avoid admission or support discharge.

Home based: a registrant led multi-disciplinary programme of support to promote recovery, rehabilitation and stabilise need.

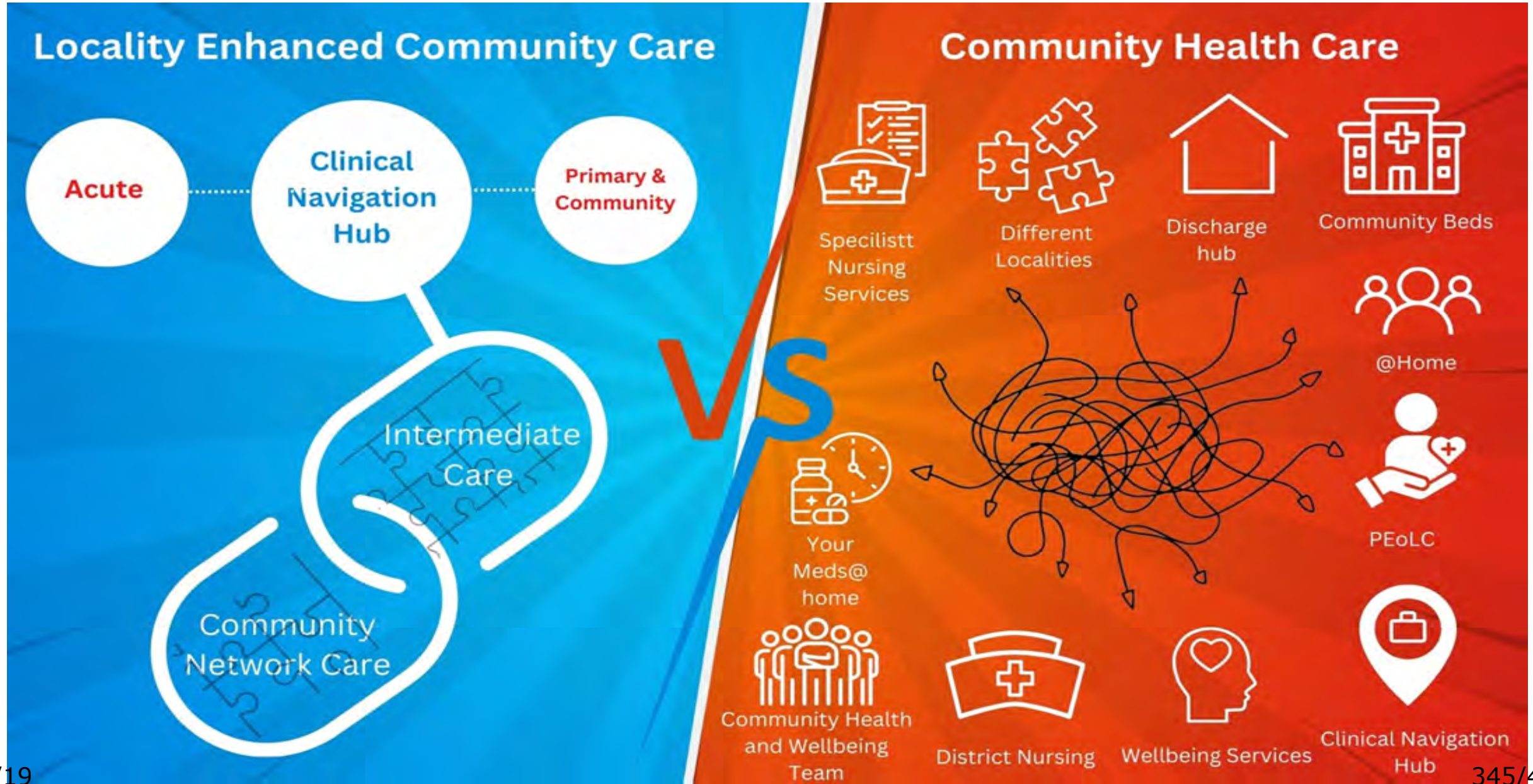
Bed based: 24/7 time limited support for rehabilitation, recovery and assessment for the next stage of care.

Reablement: daily support with activities of daily living to promote independence, with a focus on right sizing or reducing the need for long term care and support.

Through a SINGLE POINT OF ACCESS – Navigation Hub



What does good look like?



- 1) Amalgamation of separate teams to create two interconnected locality based pathways of care.
- 2) A consistent intermediate care service delivered across the region, with the introduction of Crisis Response (Hospital @ Home).
- 3) Realigned discharge team to create a proactive community based 'home first' approach to intermediate care.
- 4) A single point of 24/7 access for urgent primary and enhanced community care through the Clinical Navigation Hub.
- 5) A revised model of care for community bed based services.
- 6) Developments in cluster based community network care to ensure an effective use of resources for the 24/7 model.
- 7) Introduction of enhanced community care services for Palliative and End of Life Care with a revised operating model for Specialist Palliative Care.

Achievement to date: Current Services - ACT, @Home & Marie Curie (Discharge)

- Sourcing 1,680 care hours per week
- Additional care capacity in the independent sector
- 3 cohorts of recruitment for HCSW B3 completed – 45 offers to date
- Extended operating hours
- 15% increase in Marie Curie hours and revised operating model (Fast Tracks)
- Recruitment of 2 Complex Care Liason Nurses for PEO LC
- Voluntary support workers for PEO LC in process of being engaged
- Recruitment of AHP lead
- Civica contract in progress for MDT scheduling
- SOP and clinical escalation process agreed



Phase 1: Discharge Jan - July

Co-ordinated through the discharge hub.

Links with discharge team.

Patients who are clinically optimised for discharge.

Delivery of 'bridging' care.

Support within 2 hrs for PoCD patients waiting D2RA Pathway 1 or LT PoC.

Phase 2: Early Discharge July – Oct

Co-ordinated through the discharge hub.

Links with discharge team and PEO LC.

Patients who need ongoing clinical treatment and oversight but not in an acute hospital.

Phase 3: Admission Avoidance Nov →

Merging of clinical navigation and discharge hub to create SPOA.

2 hr response for hospital@home service (including falls)

Clinical oversight and treatment of patients who can be safely managed in the community as well as step up to community hospitals.

IMTP Priority 3 – Implementation of Single Point of Access – Navigation Hub

Top 2-3 areas of focus ahead of delivery of a SPoA by September 2025:



7-day working model
– non-recurrent
funding provision for
2025/2026 to support
extension of service
provision to
weekends



Alignment of Hospital @
Home service
supporting discharge
and urgent care
response in community
via SPoA as central
point of care
coordination: admission
avoidance and care
closer to home,
including falls response



Wider support for
care homes – create
admission avoidance
protocol with WAST
to ensure direct
contact from care
home via SPoA
before 999 – ‘call
before convey’

Achievements of the Navigation Hub in 2025:

- **Care Home Support** – Maintaining average of 87% successful intervention into Nursing Homes for admission avoidance where appropriate. Roll out of monitoring devices to RCT LA Residential Homes to enable the team to expand offer to all care homes.
- **Continued collaboration with WAST** – Paramedic model for the Nav Hub - converting to triage. New approach due to commence June 2025 once all APPs are trained on ECNS triage system. Go live date imminent
- **DOCCLA virtual ward** – Launched in May 25 - is taking cases from SDEC. Those who can be discharged using wearable tech for monitoring at home will be identified and the aim is to reduce bed days. now increased to 10 beds. Project is progressing well.
- **Respiratory Virtual ward** – Recommenced in February 2025 – initially 25 patients – benefits are enhanced monitoring and management of those patients at risk of frequent exacerbations and conveyance to hospital. Patients have direct telephone number to expert clinical advice 24 hours a day in conjunction with Nav Hub GPS and specialist respiratory nurses.
- **Falls** – Working collaboratively with RCT Falls Response Service. Successful rollout to 3 localities of Rhondda, Taff and Cynon since 27th May. Reciprocally the responders are able to link directly with Navigation Hub for any patients who are unwell and at risk of conveyance and the patient's own GP cannot be contacted.
- **District Nursing** – Unified the single point of access for call handling in Bridgend into the HUB this month. Consistent delivery across the CTM footprint now achieved.

Taff Vale Closure

The practice is prioritising establishing a Patient Participating Group with the support of the County Borough Councillor for Ynysybwl Ward agreeing to Chair the group.

No significant issues to report since closure of the two sites at Cilfynydd and Ynysybwl– To note: there are now more appointments and for a longer amount of time but there is still a small amount of anecdotal evidence that some patients are finding it difficult to book an appointment that suits them. The practice has recognized this and committed to evaluate the feedback and adjust the appointment scheduling as needed.

As part of their broader GMS Contractual responsibility, the practice will be proactively inviting all registered patients to take part in a Patient Survey which will feed into an overall evaluation and reflective exercise.

Cluster Year Book

A Cluster Yearbook is currently still being developed by the Strategic Programme for Primary Care to highlight the identity, achievements, and future plans of Clusters across Wales. This year's edition, titled "Cluster Working", will feature contributions from each Cluster, Joint Planning Board, and Professional Collaborative, offering a comprehensive overview of collaborative efforts and progress.

Cwm Taf Morgannwg's (CTM) submission was completed and submitted by the end of March 2024. We are now awaiting the publication of the final document, which will serve as a valuable resource for sharing best practices and strategic developments across the region and will be shared at a future meeting .

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Specific Matters for Consideration:

- The implementation of the Hospital@Home model has been complex, as it involves not only the recruitment of additional roles and staff but significant engagement with existing staffing groups and a range of stakeholders to ensure the appropriate reporting and governance structure is appropriately considered and put in place to ensure the safe delivery of care. We are at a critical milestone and that is the commencement of the OCP, due to start the 21st June and will end after 30 days.
- An important component of the Hospital@Home model is the redesign of Palliative, End of Life Care Services in CTM. This will form Hospice@Home and will also be an essential aspect of the delivery of the level 3 and 4 services. An engagement plan is in the process of being finalised and the Palliative, End of Life Implementation Steering Group reconvened recently and a range of workstreams will be set up to take the work forward.

Key Risks / Matters for Escalation:

- There are no major risks to report in respect of the delivery against the plan. There are matters for escalation:
 1. The recruitment to the Hospital@Home model in respect of the HCSW has been much slower than anticipated and this is due to a range of issues, e.g. high number of overseas applicants, use of AI, home office rules to salary thresholds for visas etc, but issues are being worked through with People Services support.
 2. The Navigation Hub is central to the delivery of Care Navigation across the whole system and to date it has been successful in taking on adopting additional pathways but to realise its full potential to a full 24/7 service which navigates across the whole system or urgent care (in the first instance) it will require investment into infrastructure, and this includes digital and accommodation. Support is being sourced to describe and quantify what this would be.

Recommendation

The Committee are asked to:

- Note and consider the progress being made against the Primary and Community Care Group's IMTP priorities and performance.

Next Steps

Unapproved Minutes of the Operational Delivery Committee

Date and Time of Meeting	Tuesday 29 th April 2025 13:30 pm
Venue	Virtual via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member/ Chair of Committee
	Ian Wells	Independent Member
	Patsy Roseblade	Independent Member
	Dilys Jouvenat	Independent Member
	Neil Mesher	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Stuart Morris	Director of Digital (in-part)
	Hayleigh Jones	Deputy Director for People
	Greg Padmore-Dix	Executive Director of Nursing/Deputy Chief Executive
	Julie Denley	Deputy Chief Operating Officer Primary Community, MH & LD
	Sarah James	Deputy Chief Operating Officer
	Sali Curtis	Head of speech & Language Therapy (in part)
	Nicola Evans	Interim Assistant Director of Strategic Workforce Planning
	Dale Stolzenberg	Assistant Director of Transformation
	Anthony Gibson	Deputy Medical Director Acute Services (in-part)
	Charlotte Clarke	Head of People Services (in-part)
	Cally Hamblyn	Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager
Observing	No observers on this occasion	



Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted. 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
	Gareth Watts, Director of Corporate Governance/Board Secretary Victoria Oxley, Interim Director of Strategy & Transformation Hywel Daniel, Executive Director for People
1.3	Declarations of Interest
	N. Mesher declared an interest in Agenda Item 5.1 Digital and Data Delivery Report in his capacity as an Advisor to IBEX AI which has an interest in digital pathology plans.
2.	CONSENT AGENDA BUSINESS
2.1	The Committee Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 10) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none.
3.	COMMITTEE GOVERNANCE ARRANGEMENTS
3.1	Action Log
	The Action log was received with the following key matters discussed: Action Log – Row 17 – Updates on the Dental Waiting Lists - The Chair advised that an update would be provided under Agenda Item 9.5 Primary Care and Community Services Update. Action Log – Row 12 – Outpatients Activity - G. Hughes confirmed that J. Denley would provide an update on the Outpatients work under Agenda Item 9.5 Primary Care and Community Services Update. G. Hughes highlighted to the Committee that the launch of the External Ministerial Advisory Group (MAG) Report on NHS Wales Performance and Productivity was held that morning (29 April 2025) and the feedback from the Cabinet Secretary which would require some adjustments to the



	approach to patient management which will be addressed as part of the ongoing programme going forward.
Resolution:	The Action Log was NOTED.
Action:	No action was identified.
3.2	Matters Arising Not Captured on the Action Log
	There were no matters arising.
3.3	Forward Work Plan C. Hamblyn presented the report for consideration by the Committee. The Chair advised that the previous Planning, Performance & Finance Committee had received an update on the Taff Vale Practice closure and it had been agreed that this Committee would receive a further update on the patient flow activity and any impact the closure had on existing patients at the practice, therefore the Chair suggested that this be added to the Forward Work Plan.. J. Denley confirmed that an update will be shared with the Committee aligned to the Primary Care and Community Services report. In recognising, the interest the full Board may have on this item, C. Hamblyn confirmed that it could also be brought to the Board's attention under the Committee Highlight Report. J. Denley advised that the Committee Cycle of Business had been reviewed and had agreed the frequency of the Primary Care and Community Services report at each meeting of the Committee. The Chair referred to the success of the 'Hospital at Home' programme and requested that a detailed update be received at a future meeting. G. Hughes suggested that this also be aligned to the Primary Care and Community Services Report update. G. Hughes also suggested an additional two other items to be added to the forward plan: Gap analysis of the Ministerial Advisory Group (MAG) Report and the 29 recommendations. G. Hughes suggested that he would circulate the 29 enabling actions to the Committee outside of the meeting. Additional Funds linked to Planned Care Activity to understand the position relating to the Cabinet Secretary's enabling actions.
Resolution:	The Forward Work Plan was NOTED
Action:	To add the following items to the Primary Care and Community Services report for a future meeting – Taff Vale Practice Closure Update, & 'Hospital at Home' Programme.
Action:	To circulate the 29 enabling actions relating to the MAG to the Committee outside of the meeting and an update to be added to the forward work plan on the gap analysis of the 29 recommendations to the Planned Care Update for the next meeting.



4.	PEOPLE ACTIVITY
4.1	Spotlight Presentation – Diagnostics, Therapies, Pharmacies & Sciences Care Group Staff Survey Journey (2024)
	S. Curtis provided a presentation to the Committee on the engagement that had been undertaken in Therapies in relation to the NHS 2024 Staff Survey and the Committee noted the beneficial impact as a result of the support provided to staff. D. Jouvenat congratulated the team on the positive work that had been undertaken and particularly the approach to the “you said we did” as a mechanism for staff involvement. She also recognised the wellbeing hour sessions that staff could attend which provided them with a break from their role, however, led to increased productivity in the longer term. D Jouvenat further recognised that the learning also provided lots of ideas for the ongoing development of the People Plan. S. Curtis advised that they were now rolling the approach out for all Therapy teams. P. Roseblade referred to slide 6 and the outcome of the therapies deep dive and the options of intermittent working from home to free up space and improve clinical hours of cover, and queried how that would increase clinical non-activity supporting professional activity (SPA) cover. S. Curtis advised that a number of staff undertook SPA time in the mornings and due to limited accommodation in Physio and Occupational Therapy this could impact on productivity. However, this intermittent approach allowed staff to have more clinical time on days that were very busy in order to free up space. P. Roseblade suggested that it would be helpful for N. Mesher, as a new Member of the Committee to understand the acronyms contained within the presentation. S. Curtis advised that she add these into the presentation and would share this with the Committee following the meeting. The Chair thanked S. Curtis for an interesting presentation that really showcased what good engagement looked like and advised that they did discuss the outcome of the staff survey at the last Board meeting about finding those real nuggets of excellent practice and replicating those where we can and that the work undertaken by the Therapies team should be undertaken by other Groups and Directorates within the health board.
Resolution	The presentation was NOTED.
Action:	An explanation of the acronyms to be added to presentation and circulated to Members.
4.2	Employee Relations (ER) Report
	C. Clarke presented the report that summarised the data analysis at Quarter 4 and contextual narrative of the 2024 Annual Case Review. N. Mesher referred to the reduction of outstanding cases and with all the metrics reducing, sought to understand whether it was due to fewer cases being received



or faster resolution. He also queried whether there were any specific targets. C. Clarke explained that understanding the data is key in terms of identifying the rationale for reductions and that it can vary between new access points, contacts, cases concluding at the same time, faster resolution etc.

C. Clarke advised that in terms of targets, the team would be looking at what resolution timeframes would be reasonable whilst being mindful that there were complexities in each case which influence how expectations on those timeframes are set.

N. Mesher queried whether there were any external benchmarks and sought to understand what good looks like in relation to this activity. C. Clarke advised that she did not have that information readily available, however, there was an element of benchmarking with Welsh Government, however, this needed to be balanced with variants depending on the organisation.

I Wells welcomed the data driven analysis which provided a rich source of information. It was recognised that due to the limited data currently available the team are cautious in drawing conclusions / comparisons until a wider data field is available for analysis. In response to a query from I Wells as to why the data was not available for previous quarters, C Clarke explained that due to changes in the tracker system the information whilst not available for this meeting would be available in future reports.

G. Padmore-Dix commented that it was positive to see the work that the team had undertaken over the last few years to reduce the formal processes. G. Padmore-Dix advised that in previous iterations of the Employee Relations report the number of referrals to professional bodies was reported and suggested that for assurance purposes it might be helpful to capture this in future. C. Clarke, in response, confirmed that they could provide the figures outside of the meeting to the Committee and ensure that they were included in future iterations of the report.

G. Padmore-Dix also suggested that the Committee should continue to receive a target number of referrals within the report.

In concluding the item, the Chair commended the report. She recognised that it is often helpful to understand the circumstances that led to faster resolutions being reached. C. Clarke recognised this suggestion as an important factor for consideration.

P. Roseblade received an explanation from A Gibson and G Padmore-Dix as to the process for staff when referred to their professional body.



Resolution:	The Committee: NOTED the report To generate improved insight based discussion on Employee Relation case work at Operational Delivery Committee, and ENDORSED the use of a new Employee Relations Dashboard reported on a bi- annual basis from October 2025 to include clearer analysis of longer term casework trends as well as early indicators from live cases. The dashboard design is based on the points noted earlier in the report. Inclusion of these data points will therefore allow the People Services Team to build trend analysis, rather than only identify short term spikes, track progress on positive case management indicators such as increased use of information resolution options and decreased case resolution time and turn such insights into line manager capability interventions.
Action:	To share the detail on referrals to professional bodies outside of the meeting and include the suggestions referred to in the discussion in further iterations of the report moving forward.
5.	DIGITAL AND DATA ACTIVITY
5.1	Digital & Data Delivery Report
	S. Morris presented the report that provided an update on the Digital and Data programme of work. S. Morris referred to the points made earlier on in the meeting around the use of acronyms and advised that the Digital and Data team had a matrix in relation to acronyms in their area that he would provide for future meetings. S. Morris highlighted the following key areas: Disaggregation of the Bridgend Patient Administration System (PAS) and transfer to the Welsh Patient Administration System (WPAS) – the ‘dry- run’ for the transfer had been held on the weekend of the 25th to the 28th April 2025 and had gone really well. The ‘go live’ weekend was planned for Friday 16th to the 19th May 2025 with anticipated disruption to digital systems, however noted that controls were in place to mitigate any risks. Pathology and Radiology – The Digital team were working closely with Digital Health Care Wales on the replacement of the departmental systems in Pathology and Radiology. Both system replacements have challenging timescales with Pathology due to be completed by end of December 2025 and Radiology completed by end of March 2026. The ‘BadgerNet’ system for maternity had now been procured. I Wells commented that the positive outcome of the ‘dry run’ had provided him with assurance as to the success of the ‘go live’ weekend. I. Wells queried whether the integration could affect other parts of the health board. S. Morris provided assurance that there was no impact to other areas of the health board or to Swansea Bay University Health Board, however,



	recognised that there is a clear an overlap with the staff training familiarisation which has been an area of focus for the Programme Team. I Wells queried whether a paper-based system was one of the contingencies to support the continuation of service and S. Morris confirmed that this was the case. In recognition of this being I. Wells last Committee meeting, he asked the Committee to record that he would wish his successor, as the Independent Member Digital, along with the Board, to be mindful of the risks associated with the lack of support from Microsoft for Windows 10 as well as the significant volume of paper based medical records within the health Board. In response, the Chair thanked I. Wells for his support, insight, advice and guidance in the digital space and wished him well for the future. P. Roseblade referred to Windows 10 and queried how much it would cost approximately for the additional cover for Windows 10. S. Morris confirmed that it was in the low £1000's, and advised that end of year monies were used to secure devices to support the activity, however, recognised the challenges of rolling this out across the health board. P. Roseblade queried the impact of reducing concurrent users for Citrix down from 3,000 to 18,000, noting that some Independent Members still logged in via Citrix. S. Morris advised that the prices for Citrix had increased significantly over the last few years, and that they were replacing most of the iGel devices with PCs. S. Morris suggested that he explore outside the Committee an alternative method for Independent Members to access the CTM network. P. Roseblade further referred to the misfiling of patient records and queried whether a harm assessment had been undertaken and if so, what was the outcome. S. Morris advised that he was working with the Executive Director of Nursing and the Medical Director in relation to this and would seek an update that will be shared outside the meeting. In concluding this discussion, Members wished the Digital and Data Team a successful and smooth 'go live' for the Bridgend Disaggregation Programme. S. Morris paid tribute to I Wells and extended his thanks for his support and the role that he had played in the promotion of the digital and data programme at Board level and wished him well for the future.
Resolution:	The report was NOTED
Action:	To query the harm assessment in relation to misfiling of patient records with the team and share outside of the meeting.
Action:	To provide a matrix of digital & data acronyms to the Committee at future meetings.
6.	RISK MANAGEMENT
6.1	Organisational Risk Register



	C. Hamblyn presented the report and highlighted some key points to the Committee: The May iteration of the Organisational Risk Register is at drafting stage and therefore it was recognised that Members may have already reviewed the March iteration at other Committees. With regard to a query raised at the Quality, Safety & Experience Committee it was noted that the Adult Weight Management service risk had reduced at an operational level however, a new risk is being developed by the Executive Director of Public Health around the prevention programme. P. Roseblade referred to Ophthalmology and the recent discussion held at Quality, Safety and Experience Committee with regard to follow ups not booked (FUNB) appointments and queried whether all of those patients on the FUNB list had now either been discharged or have had their follow up appointment. G. Hughes advised that the vast majority of those patients now have a follow up appointment. There was a cohort of patients that did not clinically require a follow up and this was ongoing as part of the patient transformation work, working through the backlog on how those patients are removed from the list. P. Roseblade, in response, advised that for purposes of assurance and transparency it would be helpful to receive an update on the FUNB list. G. Hughes confirmed that he would ask the team to provide an update outside of the meeting. I Wells informed the Committee that he had received positive feedback from his local the community with regard to the Ophthalmology services and it was pleasing to see this work moving forward at pace. D. Jouvenat referred to the risk training and queried whether it would be appropriate for Independent Members to attend the training. C. Hamblyn confirmed that she would be more than happy for members to attend, the training was on Teams and was held on a monthly basis and she would share the details outside the meeting. The Chair advised that she had attended the risk training which had been very beneficial for her as part of her induction to the health board
Resolution:	The Committee REVIEWED and CONSIDERED the Organisational Risk Register
Action:	To provide an update on FUNB appointments outside of the meeting.
Action:	To extend an invite out to all Independent Members to the risk management training



7. FINANCIAL MANAGEMENT / PERFORMANCE	
7.1	Month 12 Finance Report S. May presented the report and provided a background to the two reports for the benefit of N. Mesher as a new member of the Committee. S. May highlighted the following key matters for the Committee: The brought forward recurrent deficit was impacting the current financial year, with an underlying position of £19.4 million deficit instead of the intended £2.1 million. There had been a slight underspend in capital of £63k. The closing cash balance at month 12 was £5.2m. S. May provided assurance to the Committee that all areas of overspend were monitored via monthly performance reviews with herself and the Chief Operating Officer to address the challenging positions. N. Mesher queried whether as part of his induction he could have the opportunity to go through this report in detail with a member of the Finance Team to understand the financial governance and reporting processes within the health Board S. May confirmed that she would ensure a meeting be established.
Resolution:	The report was NOTED.
Action:	To provide N Mesher with detail as to the financial governance and reporting processes within the Health Board as part of his induction.
7.2	Month 12 Finance Performance Report S. May presented the report highlighting that the main areas of overspend could be attributed in the main to the Care Groups and Facilities Directorate. The largest being the Diagnostics Therapies & Physiotherapy Services which included primary care prescribing which had a significant overspend as a result of the challenges faced by national reimbursement prices.
Resolution:	The report was NOTED.
Action:	No action identified
8. PLANNING FRAMEWORK	
8.1	Integrated Medium Term Plan Quarterly Update E. Beadle presented the report. E. Beadle advised that there was a new suite of requirements for this year which was attached as additional annex to the plan enabling actions and noted that she and the team were exploring how best to present the information to the Committee whilst avoiding any duplication with other reports. N. Mesher advised that as a new Member he had a number of questions and would link in with E. Beadle offline.



Resolution:	The Committee NOTED the progress of the IMTP actions and performance as set out in the report and the appended documents and NOTED the completion of the 2025-2028 IMTP and the plan to provide quarterly updates.
Action:	No action identified.
9.	INTEGRATED PERFORMANCE MANAGEMENT
9.1	Integrated Performance Dashboard G. Hughes presented the Report and highlighted the following key areas: Urgent Care remained stable in terms of 4- and 12-hour handovers. Referral to Treatment (RTT) – the original aim was to achieve zero waiting over 104 weeks however, the Princess of Wales Hospital (PoW) roof incident had increased with the actual number remaining at 856. The focus now was to get the remainder completed by end of Quarter 1. Endoscopy – two endoscopy rooms had been lost for a significant period of time. However, the waiting time was now reducing and it is hoped it would reach under 8 weeks waiting for this year with the numbers below 2,000 which was a huge reduction in comparison to 15,000 in April 2023. Mental Health performance remained positive. Single Cancer Pathway remained stable and above 60%. P. Roseblade referred to the percentage of Covid vaccination uptake which was at 44.98% and given the anecdotal information that people are now choosing not to have the booster expressed concern over reaching the target of 75%. She queried if there is a reluctance now of people wishing to have the vaccination.. In response, A. Gibson advised that it was concerning that the statistics were more in the 'at risk' groups who were not taking up the Covid and Flu vaccines and that there was multi-factored vaccine fatigue within the community with some people having to have three vaccines and also that people's perception as to the risk of flu had lessened which was concerning as it is still a serious illness. A Gibson also added that access was also a problem, especially if an individual had to make three trips. He noted that the age limitations around access to vaccines for clinical teams was also challenging. A. Gibson added that social media also has an impact and they were hoping that the new GP contract would incentivise vaccine uptake as a focus. The Chair advised that she recently attended the CTM 2030 Leaders Network where the focus had been on vaccine uptake and what third sector organisations could do within the community to support in a similar way as they did with the pensions credits issues. She expressed that she hoped this will achieve a similar outcome. P. Roseblade referred to Colonoscopy and that the target had decreased to 6.1% and queried if that was due to the issues at Princess of Wales Hospital. G. Hughes advised that this was due to a shortage of screening practitioners for



	patients with bowel issues within the service and this was causing capacity constraints. G. Hughes advised that additional capacity was now helping and he advised that he would ask the team for an improvement trajectory to circulate to the Committee for information.
Resolution:	The Committee DISCUSSED and NOTED the report.
Action:	Circulate an improvement trajectory to the Committee for Colonoscopy.
9.1.1	Workforce Metrics Report N. Evans presented the report for the period February - March 2025, with historic trends identified as appropriate. The Chair thanked N. Evans for her report and advised that recruitment and retention remained challenging and it was important for the Committee to remain aware of the challenges in this area. The Chair asked Members to provide feedback to N. Evans outside the meeting as to any suggestions on the future content and appearance of the report. G. Padmore-Dix sought assurance as to how the team would identify 'hot spot' areas where there is fluctuation in nurse staffing in terms of sickness. N. Evans advised that work is ongoing in this area in terms of reviewing the available data with a focus on challenging areas. The Chair advised that it would be helpful for the Committee to receive that data for a future meeting and queried if they wanted to schedule something specific such as aggregate figures or particular circumstances such as culture and suggested that N. Evans discussed with the Governance Team in slotting some specific items in further down the line. N. Evans confirmed that they have a meeting coming up to discuss a heat map but would also be happy to discuss with the Governance Team on specific topics for the Committee.
Resolution	The Committee NOTED the report and associated metrics
Action:	To discuss specific topics with the Governance Team to report to the Committee at future meetings.
9.2	Estates Performance Report S. May presented the report to the Committee summarising the key areas. I Wells advised that it was good to see the health board generating more power and queried what the strategy was in regard to storing energy. S. May advised that the Re:Fit Welsh Government backed energy performance contracting framework supported public bodies wishing to implement energy efficiency and decarbonisation measures across the estate. G. Hughes drew specific attention to the risk relating to the significant value of backlog maintenance across sites, recognising the adverse impact on staff and patients.



	The Chair referred to the IMTP and the dependencies on what the health board would be able to achieve in terms of the poor condition of buildings and closing down large sections of a hospital for work, and queried how this impacted on the plans for change and whether there was a clear connection between some of the plans and the backlog maintenance for the Committee to understand. In response, advised that her intention is that this would be a focus of a future Board Development Session to outline the risks i risks in terms of the estates and the limited funds available to address the estates backlog position which was presenting huge challenges, along with the fact that the organisation could not exceed their capital resource limit. G. Hughes stressed the importance of the Committee recognising the significant frailty of the CTMUHB Estate.
Resolution	The Committee NOTED the report.
9.3	Urgent & Emergency Care six Goals Programme Update
	A Gibson presented the report and key highlights The Chair thanked A. Gibson for the report and commented that it was good to hear that those patients going through the Discharge to Recover and Assess Programme (D2RA) were getting home as quickly as possible and advised that there was a significant amount of third sector involvement in the D2RA and it would be useful for the Committee to understand some of the other funding streams for this via the Regional Integration Fund (RIF). A Gibson provided the Committee with the performance context in relation to the improvement in unscheduled care despite the reduction of 75 beds due to the critical incident at the Princess of Wales Hospital Site. The Committee were pleased to note the key achievements highlighted in the update and were apprised of the priorities for the forthcoming year, recognising the associated risks and challenges. P. Roseblade referred to the new GPs recruited into the navigation hub and queried whether they were community GPs or locums. A. Gibson advised that there had been a sharp reduction in locum shifts in primary care for non-partnered GPs with some looking for portfolio practices. J. Denley confirmed that there were less than five vacancies across primary care services and a waiting list of 20 GPs to work in the navigation hub.
Resolution	The Committee NOTED the highlights contained within Section 3 of the report.
Action	No action identified.
9.4	Outpatients Programme Activity Update
	S. James provided a presentation.

	The presentation demonstrated the work that the team will be undertaking to increase outcomes, decrease did not attend (DNA) rates by 5%, reduce waiting lists through validation, reduce waiting lists by moving patients to Patient Initiated Follow Up (PIFU) and manage follow ups. The Chair advised that there had been a lot of detail to cover in a short space of time and that she would be interested in having an offline discussion in regard to the DNA numbers and particularly in relation to older people. G. Hughes referred to the follow up work and advised that the service saw a number of follow ups that upon reviewing they did not necessarily need to see and that as part of this programme they are committed to reviewing this activity as 'follow up with purpose'.
Resolution	The Committee NOTED the presentation.
Action	No action identified.
9.5	Primary Care & Community Service Update J. Denley presented the following key points: That the Paediatric Dental General Anaesthetic (GA) Service was currently on the organisational risk register with a risk score of 20. This was due to the significant backlog of children waiting for assessment to have dental treatment under GA, with limited theatre list availability to manage demand. There are 721 children on the waiting list waiting for assessment as of April 2025, and if conversion at 75% is applied 541 will go on to be needing a GA. Children can only be assessed for GA if treatment is provided within a 9-10 week window, children will need a repeat assessment if treatment falls outside of this timeframe. The service only had 2 regular theatre lists in the Royal Glamorgan Hospital (RGH) per week, where a maximum of 11 patients can be seen. Therefore, the number of lists would insufficient for the number of children waiting for treatment as the service has received an average of 51 referrals per month. Only one regular theatre list in Prince Charles Hospital (PCH) which is due to start in May 2025, between 6 and 7 patients will be seen in each session depending on complexity. In an attempt to reduce the backlog and increase the number of lists available, the salaried dental service has been accessing ad hoc lists via the 6-4-2 process. This process enabled a few ad-hoc lists per month but did not impact the waiting list. Additional assessment sessions are already in place with Paediatric Specialists to ascertain if other treatment options can be considered for these patients such as sedation, local anaesthesia or if treatment needs have changed and children can be referred back to their regular dentist for treatment. The ad hoc lists allocated under the 6-4-2 process were supporting the service to have access to additional theatre lists, but this has not been



	without its challenges and is also not providing sufficient additional lists to have an impact on the backlog. The Care Group has considered temporary outsourcing to a private provider, Parkway, as this is the arrangement for Swansea Bay patients, however due to the concerns around quality of care provided and risks of off-site provision this has been discounted. In addition to this we now have the opportunity to use the Vanguard theatre sessions. Use of the Vanguards will be made but will be dependent on costs and availability of the associated additional expenses. The estates issue in Princess of Wales Hospital has exacerbated the situation, which has resulted in the ad hoc paediatric lists in POW being cancelled plus the 2 regular lists in RGH. The waiting times for children to be treated under GA is a growing risk and concern, with the oral health of these children worsening as a result. Availability of staff (CDS and theatres/wards) on a weekend is likely going to be the biggest challenge. Discussions continue with planned care around reinstating theatre sessions in RGH. The Chair thanked J. Denley for the level of detail provided in the verbal update which outlined a very challenging situation to get back to the pre-Covid position even with outsourcing. The Chair advised that J. Denley would send a briefing around to members following the meeting.
Resolution:	The Committee NOTED the verbal update.
Action:	Briefing to be sent around to the Committee following the meeting.
10.	CONSENT AGENDA
10.1	Items for Approval
10.1.1	Minutes of the Meeting held on 28 January 2025 were APPROVED.
10.1.2	Minutes of the In Committee Meeting held on 28 January 2025 were APPROVED.
10.1.3	Ratification of Chairs Urgent Action – Approval of the Annual Equality Plan 2023-24 The Annual Equality Plan was APPROVED.
10.1.3	Ratification of Chairs Urgent Action – Approval of the Charter for Families Bereaved by Public Tragedy The Charter was APPROVED.
10.2	Items for Noting
10.2.1	Months 10 & 11 Monitoring Returns to Welsh Government The Monitoring Returns were NOTED.
10.2.2	JCC PPF Committee Highlight Report The report was NOTED.
10.2.3	Committee Annual Cycle of Business 2025 was NOTED.



11.	OTHER MATTERS
11.1	Any Other Urgent Business The Chair advised that an Extra Ordinary Meeting would be held on the 19th May to discuss 'Shift Patterns – Nursing Workforce' prior to it being presented to the Board on the 29th May 2025.
11.2	Committee Highlight Report to Board The Committee Chair noted that the Assistant 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.
11.3	Meeting Feedback The Chair invited members to provide feedback in the meeting or outside if that was preferable.
12.	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 Capital Quarterly Update
13.	CLOSE OF MEETING/DATE AND TIME OF NEXT MEETING
	29 th July at 9:30 am



Unapproved Minutes of the In Committee Operational Delivery Committee

Date and Time of Meeting	Tuesday 29 th April 2025 at 12:30 pm
Venue	Virtually via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member (Committee Chair)
	Ian Wells	Independent Member
	Patsy Roseblade	Independent Member
	Neil Mesher	Independent member (in-part)
	Dilys Jouvenat	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Greg Padmore-Dix	Executive Director of Nursing/Deputy CEO
	Dale Stolzenberg	Assistant Director of Transformation
	Julie Denley	Deputy COO/Director of Primary, Community, MH & LD
	Carolyn Blockley	
	Cally Hamblyn	Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager (meeting secretariat)
Meeting Observers		

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: Gareth Watts, Director of Corporate Governance/Board Secretary Victoria Oxley, Interim Director of Strategy & Transformation Stuart Morris, Director of Digital Hywel Daniel, Executive Director for People Hayleigh Jones, Deputy Director for People

1.3	Declarations of Interest
	There were no interests declared.
2.	MAIN AGENDA
2.1	Organisational Risk Register – Cyber / Business Sensitive Risks C. Hamblyn presented the report for the Committee to review and discuss the business sensitive risks on the organisational risk register and consider whether the assigned risks have been appropriately assessed.
Resolution:	The Committee: REVIEWED the business sensitive risks escalated to the Organisational Risk Register at appendix 1. And; CONSIDERED that they could seek assurance that all was being done to mitigate the risks.
Action:	No action was identified.
2.2	Capital Quarterly Update C. Blockley presented the report and highlighted the following key areas: 2024-25 Capital Funding Position - £33m increase since the previously report position at the end of October 2024. Discretionary Capital – Increase from £10m to £12m with additional £23.6m Targeted Estates Fund (TEF). Capital Resource Limit (CRL) - £88m for 2025-26 which is a significant proportion of the All Wales Capital Programme. Discretionary Programme – Approved at Executive Capital Management Group (ECMG) in March 2025 with total funding available to be allocated of £9.404m with a TEF funding contribution of £3.196m plus an additional £2m of slippage. Major Capital Schemes Update – including Prince Charles Hospital Ground and First Floor Phase 2, Bridgend Health & Wellbeing Centre. The Committee noted that the already approved CRL for 2025/26 including the Targeted Estates Funding (TEF) and increased Discretionary allocation mean that there will be significant investment in the Health Board estate over the next two years. This will reduce estate related risks but will be challenging to deliver both from a Capital and Estates perspective. There will also be inevitable service disruption in some areas when delivering schemes. Plans will be agreed early with the service leads, Care Groups and Chief Operating Officer to minimise the impact on service delivery as far as is practicable. There is limited capacity to deliver any further works schemes to those already approved/identified. Additional funding will continue to be bid for from Welsh Government; however, this will mainly be for Digital and Equipment replacements where the impact on capacity is less acute. S. May extended her thanks to C. Blockley and the team for the huge amount of work that had been undertaken and was ongoing.



	G. Hughes reiterated S. May's comments and also extended his thanks to C. Blockley and the team and advised that the efforts they have gone through have been extraordinary and that they were extremely grateful for their support in helping to finalise the plan for next year.
Resolution:	The Committee: NOTED the closing 2024/25 capital funding and expenditure position NOTED the update from Welsh Government (WG) regarding the NHS All Wales Prioritisation exercise and impact for CTM schemes NOTED the approved WG allocations for 2025/26 included approved Targeted Estates Funding NOTED the ECMG approved Discretionary plan for 2025/26 including 17.5 % initial overcommitment and detailed ICT, Backlog and Statutory Compliance plans approved NOTED the potential for temporary service disruption in delivering significant investment across the estate and challenges re delivery in the financial year.
Action:	No action was identified.
3	ANY OTHER BUSINESS
3.1	There was no business to report.
4.	DATE AND TIME OF NEXT IN COMMITTEE SESSION – 29 July 2025 AT 13:30 PM

Unapproved Minutes of the Extra Ordinary (CLOSED) In Committee Operational Delivery Committee

Date and Time of Meeting	Monday 19 th May 2025 at 12:00pm
Venue	Virtually via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member (Committee Chair)
	Neil Mesher	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Greg Padmore-Dix	Executive Director of Nursing/Deputy CEO
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director for People
	Hayleigh Jones	Deputy Director for People
	Richard Hughes	Deputy Director of Nursing & Midwifery
	Victoria Oxley	Interim Director of Strategy & Transformation
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager (meeting secretariat)
Meeting Observers	Emma Walters	Head of Corporate Governance & Board Business

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: Dilys Jouvenat – Independent Member Stuart Morris – Director of Digital



	Julie Denley – Director of Primary, Community, Mental Health & LD/Deputy Chief Operating Officer Sarah James – Deputy Chief Operating Officer
1.3	Declarations of Interest There were no interests declared.
2.	MAIN AGENDA
2.1	IMPROVING CARE / SUSTAINING OUR FUTURE
2.1.1	Nursing Shift Patterns R. Hughes and H. Jones presented the report which presents options to standardise the Nursing, Midwifery, Registrants (NMR) and Health Care Support Workers (HCSW) shift patterns and breaks across CTMUHB. The changes relate specifically to discrepancies in the number of breaks and frequency of shifts between CTM sites, for our NMR and HCSW communities who work 12.5-hour shifts. H. Daniel provided a brief background for Independent Members. R. Hughes highlighted key matters to the Committee which were as follows: staffing challenges and increased handovers, evidence suggests that this shift pattern could positively influence patient safety and care quality. A literature review was undertaken to critically assess the available evidence on 12.5-hour shifts in nursing. H. Jones provided a summary and outlined the key results from the staff questionnaire which had been developed in partnership with trade union and professional body colleagues. This questionnaire had been issued to staff via Share Point and cascaded through Care Groups. R. Hughes advised that there are discrepancies in the number of breaks and frequency of make-up shifts between CTM sites. In light of the work undertaken a number of options have been put forward for our NMR and HCSW communities who work 12.5-hour shifts as below: Option 1 - Do nothing Option 2 - 12.5 Hours, unpaid 60-minute break (2 x 30 minute) consistent with the current POW shift pattern Option 3 - 12.5 Hours, unpaid 30-minute break, consistent with the current former CT shift pattern Option 4 - Early Shift 8 Hours, unpaid 30-minute break. Late shift 8 hours, unpaid 30-minute break, night shift 10 hours, unpaid 30-minute break. Option 5: 12.5 Hours, Unpaid 45-minute break



	R. Hughes advised that, on balance the recommended Option would be Option 2 which would provide the right balance of rest time during a clinical shift for Nurses and Healthcare Support Workers who work long shifts. It was noted that the evidence around an optimum shift pattern and break structure is complex. Therefore, this recommendation is a judgement-call, based on the best available evidence across a number of factors. The Chair queried what communications were planned with staff and the wider public. H. Daniel advised that they were developing a clear communication strategy to manage internal and external messaging about any proposed changes. N. Mesher commented that this was the right thing to do, however, we need to be mindful about unintended consequences and risks. The Chair asked the Committee if they were happy to endorse option 2. This was unanimously agreed.
Resolution:	The Committee: ENDORSED FOR BOARD APPROVAL Option 2, which is to standardise the NMR and HCSW shift patterns and breaks across CTMUHB. This decision is subject to Board approval in principle and will then be subject to staff consultation. The rationale for this recommendation is that it is considered to be the most efficient shift pattern from an operational and financial perspective and it ensures parity across our sites. Furthermore, we have a duty of care to ensure sufficient rest periods for all staff. It was noted that Option 2 provides staff with additional rest periods on long shifts, which is critical for staff wellbeing, and that it enables additional workforce availability in order to ensure all staff are able to take the breaks they are entitled to. This option for 2 x 30 minute breaks may also have a positive impact on staff wellbeing and patient care, as research has indicated that regular short breaks may be more effective than longer, less frequent ones. However, it was recognised that this will be a big change with the potential to impact on a large section of our workforce and that communications, engagement and staff consultation will be critical.
Action:	Final report to be published in the public domain in readiness for the Public Board meeting to be held on the 29 th May 2025.
3	ANY OTHER BUSINESS
3.1	There was no business to report.
4.	DATE AND TIME OF NEXT IN COMMITTEE SESSION – 29 July 2025 AT 13:30 PM



Operational Delivery Committee

AMENDMENT TO STANDING ORDERS – SCHEDULE 3.4

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

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

Acronyms / Glossary of Terms	



1. Situation / Background

1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

1.2 All Health Board Members and Officers must be made aware of these Standing Orders, and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

2.1 Standing Orders – Schedule 3.4 Operational Delivery Committee Terms of Reference. The Terms of Reference are included at Appendix 1. Proposed changes are identified in red. The Committee is asked to Endorse for Board Approval.

3. Key Risks / Matters for Escalation

3.1 If Endorsed, the Standing Orders will be presented to the Board for Approval at their meeting to be held on 25 September 2025.

4.

5. 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 applicable
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb 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 applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

6. Recommendation

6.1 The Committee is asked to ENDORSE for Board Approval:

6.2 The amendments to the Health Board's Standing Orders as outlined
in section 2 of this report.

7. Next Steps

Amendment to the
Standing Orders – Revised
Terms of Reference

Page 3 of 4

Operational Delivery
Committee
29/07/2025

- 7.1 Standing Orders to be received by the Board for Approval on the 25 September 2025.



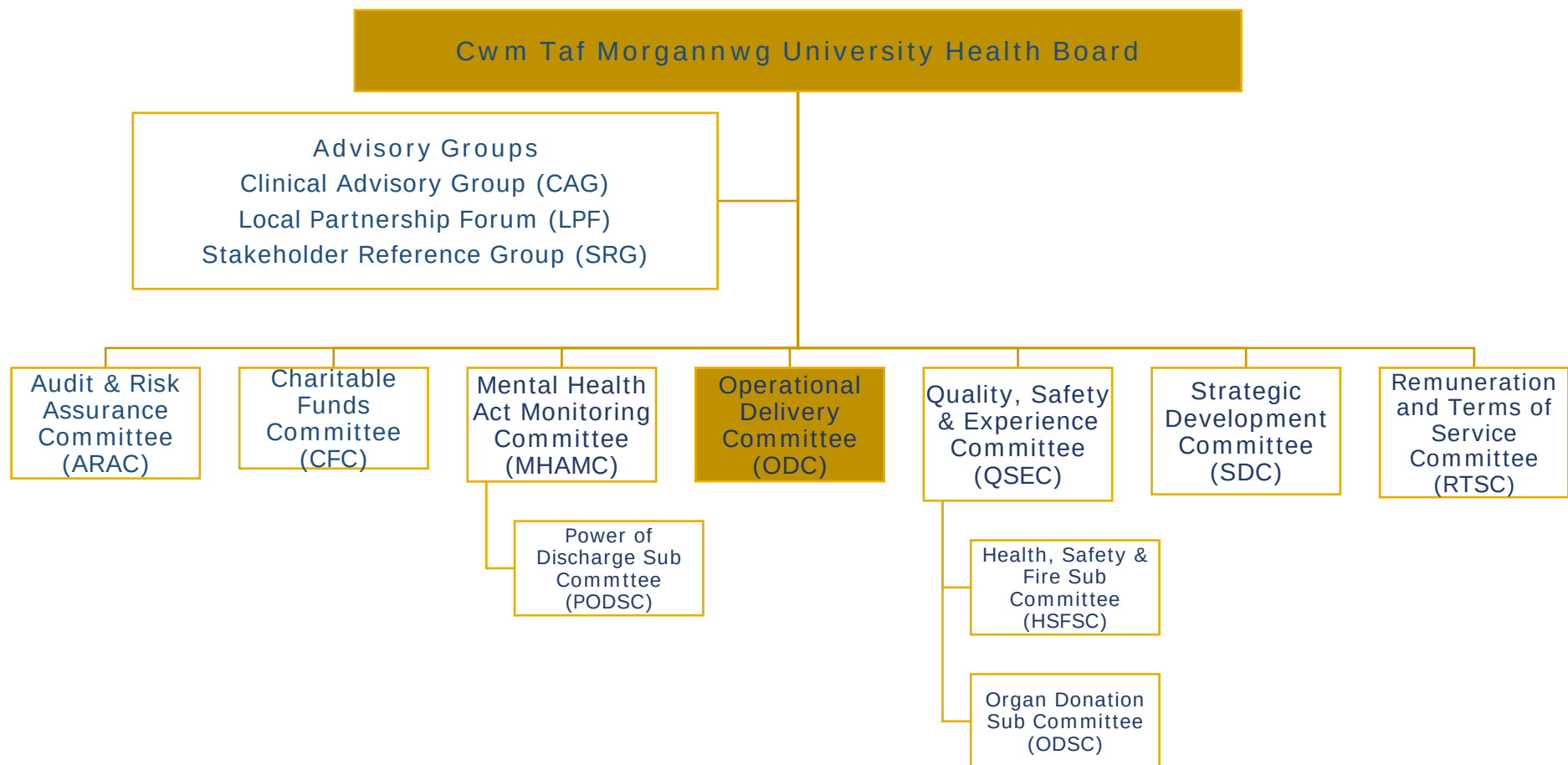
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

OPERATIONAL DELIVERY COMMITTEE (ODC)

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

Last Approved: Health Board Meeting 26th September 2024
CTM_Corporate_Governance@wales.nhs.uk



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Version Control

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

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

1. Introduction & Constitution

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

2. Purpose

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

3. Scope and Duties

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

Assurance on key risks to the delivery of the People Plan.

Promote staff engagement and partnership working. Oversee the coherence and comprehensiveness of the ways in which CTMUHB engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.

Seek assurance that CTMUHB adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed. Ensure that the arrangements to support the Speaking up Safely Framework are robust.

Scrutinise plans for ensuring the development of leadership and management capacity, including CTMUHB's approach to succession planning.

Ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including: Equality & Diversity Legislation, Welsh Language Standards.

3.3.2 Digital & Data

Seek assurance that the arrangements for *Information Governance* are sufficient, effective and robust. This could include, however, is not exhaustive of;

- o application of legislation and regulation;
- o the arrangements to protect the integrity of data and information;
- o recommendations arising from national and local audits; and/or
- o self-assessments and the monitoring of arrangements to support the continued development of business intelligence and capacity.

Seek assurance through:

Monitoring the Cyber Improvement Plan and associated actions.
the effectiveness and impact of the CTMUHB's Digital Transformation Plans and Projects being delivered by Digital and Data (Digital and Data Assurance Report)

The performance and delivery of the rollout of the local and core national IT systems which could have significant impact on CTMUHB's operational services and escalate to the Board as appropriate.

Management of Patient Medical Records (Medical Records Assurance Report)

the response and management of critical incidents.

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

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

3.3.3 Planning Framework

Monitor the process for the delivery of the expectations set out in the Integrated Medium Term Plan.

Monitor and scrutinise the efficient prioritisation of capital schemes. Scrutinise and seek assurance that there is monitoring processes in place to ensure Capital Plans and Business Cases are managed in accordance with the Scheme of Delegation.

Monitor the delivery of the Capital Programme.

Escalation framework

3.3.4 Integrated Performance Dashboard

Seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:

- o the ongoing implementation of the Board's Integrated Performance Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- o the effectiveness of current performance management arrangements.
- o the monitoring and delivery of activity on Long Term Agreements with neighbouring Health Board.

3.3.5 Financial Management / Performance

Seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust, including:

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

3.3.6 Risk

Scrutinise risks on the Organisational Risk Register that fall within the remit and control of the Committee.

The business of the Committee will be driven by the strategic risks facing the organisation as captured in the Board Assurance Framework.

4. Membership

Members

4.1 The membership of the Committee shall be determined by the Board, based on the recommendation of CTMUHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

4.2 The membership of the ODC Committee will be reviewed annually.

4.3 The Membership of the ODC is as follows:

Members

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

In Attendance

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

By Invitation:

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

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

5 Quorum & Attendance

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

6 Meeting Secretariat

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

7 Frequency of Meetings

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

8 Withdrawal of Individuals in Attendance

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

9 Circulation of Papers

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

10 Access

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

11 Accountability, Responsibility & Authority

- 11.1 The ODC Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 11.2 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 11.3 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 11.4 The Committee shall embed CTMUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 11.5 The Committee is authorised by the Board to:

Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the CTMUHB. It may seek relevant information from any:

- o Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- o Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.

obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;

By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.

Approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

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

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

12 Reporting

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

13 Applicability of Standing Orders to Committee Business

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

14 Chair's Action on Urgent Matters

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

15 In Committee (Private Meeting)

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

16 Review

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



Operational Delivery Committee

MONTH 1 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
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 M1 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
M1 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 M1 Financial Monitoring returns is summarised in Section 1.2 of the M1 Narrative report at Annex A. This information is consistent with the M1 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 <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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 ODC is asked to NOTE the contents of the M1 Monitoring Returns submitted to Welsh Government for 2025/26.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – APRIL 2025

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 April 2025.

The tables attached to this commentary do not include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2024	7.9	0	7.9
Income changes	(21.1)	0.7	(20.4)
Cost Pressures & Investments:	42.8	1.0	43.8
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	(1.7)	1.7	(0.0)

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2025-26 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0

The M1 position is reporting a £1.7m deficit. The key components of the YTD position and the year-end forecast are summarised below:

	M1 YTD	M1 Year-end forecast	IMTP
	£ m	£ m	£'m
Savings Shortfall	2.0	14.0	0
Operational Variances	(0.3)	(0.3)	0
Financial Plan Improvements	0	0	0
Additional Financial Allocation	0	0	0
Accountancy Gains	0	0	0
Other Mitigating Actions	0	(13.7)	0
Grand Total	1.7	0	0

The main driver for the overspend in M1 is the £2.0m shortfall in savings delivery compared to the straight-line savings target of £2.6m per month.

Savings Shortfall:	M1 YTD	M1 Year-end forecast	IMTP
	£ m	£ m	£'m
Variance v £21.7m Delegated target	1.7	9.2	0
Variance v £2.4m Non delegated target – CAT M savings	(0.2)	(2.4)	0
Variance v £7.2m Central Executive led programmes	0.5	7.2	0
Grand Total	2.0	14.0	0

The year to date savings shortfall of £2.0m has been partly offset by operational improvements compared to plan of £0.3m.

POW Roof temporary arrangements - Following the critical incident in 2024/25, the temporary arrangements to support service provision whilst work to replace the roof at POW continues remain in place. The month 1 forecast and year to date position assume that funding will be provided by WG to cover the costs incurred:

- o Vanguard Theatres at RGH – Estimated £5.4m for the period April 2025 – March 2026.
- o On going temporary arrangements to support service provision £4.6m for the period April 2025 to September 2025.

We are aware of the Healthcare Support Worker banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all-Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this

should be treated in 25/26.

Further details of the remaining risks and opportunities to the M1 forecast break even position is included in Section 3.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

Commentary on movements to be provided from M2 onwards.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

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.

Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays

Provider Non-Pay – M12 reflects the IFRS 16 adjustment

Primary Care Prescribing will be updated following receipt of the March 25 PAR reports.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

Provider Services Pay

- o M1 reported a £703k reduction in pay expenditure compared to the IMTP, this is due to better than anticipated Agency and variable pay.

There were no other material variances in M1 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further adverse variance of £389k was reported in M1 relating to under achievement of Income.

1.5 Pay Expenditure (Table B3)

The M1 Pay expenditure was £63.3m and the monthly trend is summarised below.

	M1	Q4* Average	Q3* Average	Q2* Average	Q1* Average
	£'m	£'m	£'m	£'m	£'m
A&C	8.5	8.1	8.1	8.0	8.0
Medical	16.6	17.2	16.8	16.7	16.8
Nursing	19.5	20.0	19.3	19.1	19.1
ACS	7.9	8.0	7.7	7.8	7.7
Other	10.8	10.5	10.2	10.3	10.2
Total	63.3	63.8	62.1	61.9	61.7

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods.*

The Key issues to highlight are as follows:

The Overall pay expenditure is reporting £63.3m which includes the impact of the change in national insurance contributions which are estimated to be £1.2m per month. It is assumed this increase in National Insurance contributions will be fully funded by WG. The M1 expenditure is therefore consistent with Q3 average costs and has reduced by £1.6m compared to Q4 average.

Nursing is reporting a £0.5m improvement compared to the Q4 average. After allowing for the £0.4m impact of the National Insurance changes, the M1 position is consistent with Q1 through to Q3 levels of expenditure.

Medical is reporting a £0.6m improvement compared to the Q4 average. After allowing for the £0.2m impact of the National Insurance changes, the M1 position is lower than the averages between Q1 through to Q3 levels of expenditure.

Administrative and Clerical pay expenditure increased by £0.4m compared to Q4 average, £0.2m of this relates to changes in National insurance leaving a further £0.2m of additional costs.

Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M1 agency expenditure was £2.2m and the monthly trend (excluding accountancy gains) is summarised below:

	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m
Medical	0.6	0.7	0.6	0.9	0.9
Nursing	1.3	1.7	1.8	1.9	1.9
Other	0.4	0.7	0.6	0.7	0.6
Total	2.2	3.0	2.9	3.4	3.4

The Key issues to highlight are as follows:

The Nursing agency pressures experienced during M11 & M12 appear to have eased in M1, with Nursing agency costs returning to previous levels and benefiting from improved contract rates following the new framework agreement.

Medical and Other Agency costs have also continued to improve in M1.

The M1 variable pay expenditure was £4.6m and the monthly trend (excluding accountancy gains) is summarised below.

	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m
Medical	1.7	2.0	2.1	2.1	2.0
Nursing	0.8	1.2	0.9	0.9	1.1
ACS	1.2	1.4	1.2	1.2	1.3
Other	0.9	0.6	0.6	0.6	0.7
Total	4.6	5.2	4.8	4.8	5.0

The Key issues to highlight are as follows:

Nursing Bank & Overtime reduced by £0.4m in M1 compared with Q4.

Additional Clinical Services improved by £0.2m.

Medical Staff ADH expenditure improved by £0.3m.

1.6 Covid analysis (Table B)

	M1	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and PPE	0.1	0.1	2.5	2.5	0
Vaccination	0.4	0.4	4.6	4.6	0
Adferiad	0.1	0.1	1.1	1.1	0
Total	0.5	0.5	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 M1.

1.7 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
RIF Reserve	16.9	16.9	0	16.9	0
NICE/HCD Reserve	26.4	24.4	2.0	26.4	0
CHC Inflation	4.8	0	4.8	4.8	0
Non Pay Recovery	1.6	0	1.6	1.6	0
25/26 IMTP Cost Pressures	2.8	0	2.8	2.8	0
25/26 IMTP Investment Plans	5.2	1.6	3.6	5.2	0
Planned Care	14.9	14.9	0	14.9	0
POW Roof Impact	8.7	8.7	0	8.7	0
Total	81.4	66.5	14.8	81.4	0

As at M1 there are £81.4m of committed reserves held for actual and anticipated cost pressures and investment plans. As at M1 there is £14.8m pending plans including £4.8m for CHC inflation yet to be confirmed pending agreement of the all Wales NI position for FNC. It is anticipated that these plans will be fully committed by year end.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for a in recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26.

	£ m
Forecast In year position 25 / 26	0
Balance sheet write backs	0
Other non recurrent costs/income loss in 25/26	(2.0)
Other non recurrent benefits in 25/26	0.3
Forecast Recurrent position at the end of 25 / 26	(1.7)

As at M1 we are reporting a forecast Underlying surplus at the end of 2025/26 of £(1.7)m. This is consistent with the IMTP submitted on the 31st of March 2025 and will be reviewed at the end of Q1.

Underlying Position	2025 / 26 Forecast	Recurrent	Movement
	£ m	£'m	£'m
Initial Financial Plan	0	(1.7)	(1.7)
Savings Variances	0	0	0
Operational Variances	0	0	0
Financial Plan Variances	0	0	0
Additional Financial Allocations	0	0	0
Accountancy Gains	0	0	0
Grand Total	(0)	(1.7)	(1.7)

3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

	Month 1 £ m	IMTP £ m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2024/25 pay awards	3.0	3.0	Further clarification needed on funding assumptions for 24/25
Risk of the 2025/26 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 25/26.
Risk of 2025/26 Employers NIC increase not being fully funded	Tbc	Tbc	
WG recurrent allocation for RLW on Social Care not being fully funded	0.8	0.8	
Risk of POW Critical Incident – Vanguard costs not supported by WG funding	5.4	5.4	
POW Critical Incident – On going impact of temporary arrangements	4.6	4.6	
Other risks:			
Delivery Risk on Identified Savings Plans	2.6	2.6	Table C3
Delivery Risk on Savings plans yet to be identified	14.0	18.0	
Delegated Risk Assessments – High Risk	2.9	2.9	
Delegated Risk Assessments – Medium Risk	4.5	4.5	
Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	37.8	41.8	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Retrospective vat recoveries – Microsoft contract	(2.9)	Tbc	
WG Funding Opportunities	Tbc	Tbc	
Total opportunities	(2.9)	(Tbc)	
Net risk	34.9	41.8	

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O will be completed Quarterly from M3

Table P will be completed monthly from M3 onwards.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

	Month 1		
	YTD	25 / 26	Rec
	£m	£m	£m
Savings target as at M1	2.6	31.3	31.3
Actual and Forecast Savings	(0.6)	(17.3)	(18.6)
Total	2.0	14.0	12.7

Further work is ongoing to develop robust plans to close the forecast gap of £14.0m In year and £12.7m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M1 £'m	YTD £'m	25 / 26 £'m	Rec £'m
Savings	16.5	0.5	0.5	16.5	17.8
Income Generation	0.8	0.0	0.0	0.8	0.9
To be identified	14.0	0.0	0.0	14.0	12.7
Total Savings	31.3	0.6	0.6	31.3	31.3
Accountancy Gains	0.0	0.0	0.0	0.0	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 M1 position. The table below summaries the more material items:

Description	M1	Comments
	£k	
2024/25 Pay award	50,139	24/25 funding less £3.2m N/R
2025/26 RLW Pay award	2,264	Pending 25/26 pay award
2025/26 NIC Increase	14,800	1.97% impact upon total pay
Substance Misuse Funding	4,091	
Emergency/Urgent Care	2,744	
RLW Social Care	2,600	24/25 funding less £0.8m
Dementia Action Plan	1,342	
AHW – Prevention & Early Years	936	
CAMHS In reach	700	
Memory Assessment Service	461	
VBHC Projects	655	
WG Funded Trainees	1,894	
DPIF	3,319	
25/26 Q1 Planned Care	3,000	
IFRS 16 Adjustment	(2,401)	
WRP Recovery	(5,099)	
GP Pay Uplift 23/24	2,988	
GP Contract Agreement 24/25	3,747	
Dental Contract Agreement 24/25	1,499	
POW Vanguard Support	5,400	
POW Temporary Impacts	4,600	
Other Allocations	1,966	
Total Anticipated Allocations	101,645	

9. Health Care agreements

Following agreement of the financial values for the 2025/26 LTAs, Draft documents for the 2025/26 LTAs have been submitted to all providers and commissioners for signature.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Documentation submitted awaiting response.	Documentation submitted awaiting response.
C&V UHB	Documentation submitted awaiting response.	Documentation submitted awaiting response.
HDda UHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
Powys TUHB	Documentation submitted awaiting response.	Documentation submitted awaiting response.
SBUHB	Documentation submitted awaiting response.	Documentation submitted awaiting response.
JCC	Documentation submitted awaiting response.	ICP approved at JCC.
Velindre NHST	Not Applicable	Documentation Signed by Both Organisations
PHW	Documentation submitted awaiting response.	Not Applicable

CTMUHB is working to agree all LTA documents by the 14th of June 2025.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

Table F will be completed monthly from M3 onwards.

10.2 Details of any aged receivables / payables (over 11 weeks old) and disputed invoice information

There are three NHS invoices due over 11 weeks at the end of M1, 2 invoices for Public Health Wales NHS Trust and 1 invoice for the NHS Wales Joint Commissioning Committee. We do not anticipate any issues with the invoices being paid as they have been agreed through the agreement of balances process and are being followed up through usual debtor procedures.

11. Cash Flow Forecast (Table G)

Table G will be completed monthly from M2 onwards.

12. Public Sector Payment Compliance (Table H)

Table H will be completed quarterly from M3 onwards.

13. Capital Schemes and Other Developments (Tables I, J &K)

These tables will be completed monthly from M2 onwards.

14. IFRS 16 and CAME (Table Q)

Table Q will be completed monthly from M3 onwards.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M1 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

For 2025/26 the deputies who have been approved to sign off the Monthly Monitoring Return in the absence of the Director of Finance and/or Chief Executive are:

Andrew Jones, Acting Deputy Director of Finance.

Greg Dix, Deputy Chief Executive/Executive Nurse Director.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 14 May 2025

Action Points arising from Month 12 Response

There were no action points within the M12 WG response letter/e-mail.

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	16,511	989	15,522	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	13,951	1,293	12,658	12,658
12 Opening IMTP / Annual Operating Plan	0	1,282	-1,282	1,700
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-13,951	-1,293	-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	0	0	0	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
17 Additional In Year Identified Savings - Forecast	0	0	0	0
18 Variance to Planned RRL	0	0		
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0		
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	924	2	922	922
22 Unplanned Cost Pressures	-292	0	-292	-292
23 Planned Mitigations Yet To Be Finalised	13,708	1,680	12,028	12,028
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	0	0	0	0
26	0	0		
27 Unplanned Income Shortfalls	-389	-389		
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	1,282	-1,282	1,700

	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	-658	-658
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	-3,650
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	1,700
4													0
5													0
6	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	543
7	19	96	72	72	72	72	72	72	72	72	72	72	19
8													0
9													0
10													0
11	2,047	1,150	1,055	1,327	1,040	860	1,137	1,075	1,091	1,074	1,043	1,052	2,047
12	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,047	-1,150	-1,055	-1,327	-1,040	-860	-1,137	-1,075	-1,091	-1,074	-1,043	-1,052	-2,047
14													0
15	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0	0	0	0
18	114	-96	-191	81	-206	-386	-109	167	183	166	135	144	114
19													0
20	0	0	0	0	0	0	0	0	0	0	0	0	0
21	924	0	0	0	0	0	0	0	0	0	0	0	924
22	-292	0	0	0	0	0	0	0	0	0	0	0	-292
23	0	1,246	1,246	1,246	1,246	1,246	1,246	1,246	1,246	1,246	1,246	1,246	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													0
27	-389												-389
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	-1,690	0	0	0	0	0	0	338	338	338	338	338	-1,690

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

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 £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	Pay	Budget/Plan	96	789	572	627	624	635	693	721	742	762	763	770	96	7,794		0	2,395			
2		Actual/F'cast	96	789	572	627	624	635	693	721	742	762	763	770	96	7,794	1.24%	5,379	2,415	466	7,328	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	5,379	20			8,678
4	Non-Pay	Budget/Plan	46	173	148	166	168	236	202	202	198	196	192	209	46	2,136		965	1,171			
5		Actual/F'cast	46	173	148	166	168	236	202	202	198	196	192	209	46	2,136	2.16%	965	1,171	523	1,614	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			2,093
7	Primary Care - Drugs & Appliances	Budget/Plan	400	400	400	400	687	457	457	457	457	457	457	457	400	5,486		4,800	686			
8		Actual/F'cast	400	400	400	400	687	457	457	457	457	457	457	457	400	5,486	7.29%	4,800	686	0	5,486	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			5,488
10	Secondary Care Drugs	Budget/Plan	0	0	336	9	9	339	39	39	39	39	39	39	0	925		730	195			
11		Actual/F'cast	0	0	336	9	9	339	39	39	39	39	39	39	0	925	0.00%	730	195	0	925	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			1,295
13	CHCIFNC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	0	70		0	70			
14		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	0	70	0.00%	0	70	0	70	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			120
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
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	0	100		0	100			
20		Actual/F'cast	0	0	25	8	8	9	8	8	9	8	8	9	0	100	0.00%	0	100	0	100	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	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
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
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	543	16,511		6,495	100			
35		Actual/F'cast	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	543	16,511	0.00%	11,874	4,637	989	15,522	0
36		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		5,379	4,537			

37	Variance in month	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
38	In month achievement against FY forecast	3.29%	8.25%	8.97%	7.32%	9.06%	10.15%	8.47%	8.85%	8.75%	8.86%	9.04%	8.99%		

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	
1	Pay - General & Substantive	Budget/Plan	62	273	231	261	254	267	323	323	323	323	327	327	328	62	3,299	0	1,615			
2		Actual/F'cast	62	273	231	261	254	267	323	323	323	323	327	327	328	62	3,299	1,683	1,615	466	2,832	3,448
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1683.349	0			
4	Pay - Variable	Budget/Plan	0	128	128	147	147	147	147	147	167	177	177	177	183	0	1,695	0	570			
5		Actual/F'cast	0	128	128	147	147	147	147	147	167	177	177	177	183	0	1,695	1,124	570	0	1,695	2,126
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,124	0			
7	Pay - Agency	Budget/Plan	35	388	213	219	223	222	223	250	252	259	259	259	259	35	2,801	0	210			
8		Actual/F'cast	35	388	213	219	223	222	223	250	252	259	259	259	259	35	2,801	2,572	230	0	2,801	3,103
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,572	20			
10	Total	Budget/Plan	96	789	572	627	624	635	693	721	742	742	762	763	770	96	7,794	0	2,395			
11		Actual/F'cast	96	789	572	627	624	635	693	721	742	742	762	763	770	96	7,794	5,379	2,415	466	7,328	8,678
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,379	20			

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 £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Budget/Plan	103	800	580	635	633	644	698	725	746	767	767	774	103	7,871
2	Workforce	103	800	580	635	633	644	698	725	746	767	767	774	103	7,871
3	Actual/F'cast	103	800	580	635	633	644	698	725	746	767	767	774	103	7,871
4	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Budget/Plan	400	438	755	428	715	815	515	515	515	515	515	515	400	6,641
6	Medicines Management	400	438	755	428	715	815	515	515	515	515	515	515	400	6,641
7	Actual/F'cast	400	438	755	428	715	815	515	515	515	515	515	515	400	6,641
8	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Budget/Plan	35	102	108	112	124	192	158	158	154	152	148	165	35	1,608
10	Procurement & Non-pay	35	102	108	112	124	192	158	158	154	152	148	165	35	1,608
11	Actual/F'cast	35	102	108	112	124	192	158	158	154	152	148	165	35	1,608
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	24
14	CHC	0	0	0	0	0	0	4	4	4	4	4	4	0	24
15	Actual/F'cast	0	0	0	0	0	0	4	4	4	4	4	4	0	24
16	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Budget/Plan	4	22	38	21	21	22	21	21	22	21	21	22	4	258
18	Other - Commissioning	4	22	38	21	21	22	21	21	22	21	21	22	4	258
19	Actual/F'cast	4	22	38	21	21	22	21	21	22	21	21	22	4	258
20	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table C3 - Tracker

£000		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FY16 Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	560	1,362	1,461	1,200	1,488	1,610	1,300	1,461	1,440	1,455	1,480	1,480	560	16,511	000	10,500	2,250	17,761
	Month 1 - Actual/Forecast	560	1,362	1,461	1,200	1,488	1,610	1,300	1,461	1,440	1,455	1,480	1,480	560	16,511	000	10,500	2,250	17,761
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	560	1,362	1,461	1,200	1,488	1,610	1,300	1,461	1,440	1,455	1,480	1,480	560	16,511	000	10,500	2,250	17,761
	Total Actual/Forecast	560	1,362	1,461	1,200	1,488	1,610	1,300	1,461	1,440	1,455	1,480	1,480	560	16,511	000	10,500	2,250	17,761
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Final Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	16	86	74	72	72	72	72	72	72	72	72	72	16	858	0	86	30	868
	Month 1 - Actual/Forecast	16	86	74	72	72	72	72	72	72	72	72	72	16	858	0	86	30	868
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	16	86	74	72	72	72	72	72	72	72	72	72	16	858	0	86	30	868
	Total Actual/Forecast	16	86	74	72	72	72	72	72	72	72	72	72	16	858	0	86	30	868
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Final Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	By Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	560	1,448	1,535	1,272	1,560	1,682	1,372	1,533	1,512	1,527	1,552	1,552	560	17,369	000	10,530	2,280	18,639
	Month 1 - Actual/Forecast	560	1,448	1,535	1,272	1,560	1,682	1,372	1,533	1,512	1,527	1,552	1,552	560	17,369	000	10,530	2,280	18,639
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	By Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	560	1,448	1,535	1,272	1,560	1,682	1,372	1,533	1,512	1,527	1,552	1,552	560	17,369	000	10,530	2,280	18,639
	Total Actual/Forecast	560	1,448	1,535	1,272	1,560	1,682	1,372	1,533	1,512	1,527	1,552	1,552	560	17,369	000	10,530	2,280	18,639
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Final Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Operational Delivery Committee

MONTH 2 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
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 M2 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
M2 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 M2 Financial Monitoring returns is summarised in Section 1.2 of the M2 Narrative report at Annex A. This information is consistent with the M2 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 <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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 ODC is asked to NOTE the contents of the M2 Monitoring Returns submitted to Welsh Government for 2025/26.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – MAY 2025

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 May 2025.

The tables attached to this commentary do not include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2024	7.9	0	7.9
Income changes	(21.1)	0.7	(20.4)
Cost Pressures & Investments:	42.8	1.0	43.8
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	(1.7)	1.7	(0.0)

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2025-26 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0

The M2 position is reporting a £2.0m deficit for the period with a year to date deficit of £3.7m. The key components of the YTD position and the year-end forecast compared to the original IMTP are summarised below:

	M2 YTD	M2 Year-end forecast	M1 Year-end forecast	IMTP
	£m	£m	£m	£'m
Savings Shortfall	3.7	13.9	14.0	0
Operating Variances	(1.3)	(1.3)	(0.3)	0
Plan Phasing adjustments	1.3	0		0
Financial Plan Improvements	0	0		0
Additional Financial Allocation	0	0		0
Accountancy Gains	0	0		0
Other Mitigating Actions	0	(12.6)	(13.7)	0
Grand Total	3.7	0	0	0

The main driver for the year to date overspend in M2 is the £3.7m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £5.2m (£2.6m per month).

Savings Shortfall:	M2 YTD	M2 Year-end forecast	M1 Year-end forecast	IMTP
	£m	£m	£m	£'m
Variance v £21.7m Delegated target	3.0	9.1	9.2	0
Variance v £2.4m Non delegated target – CAT M savings	(0.4)	(2.4)	(2.4)	0
Variance v £7.2m Central Executive led programmes	1.2	7.2	7.2	0
Grand Total	3.7	13.9	14.0	0

As at M2 we have identified £1.3m of favourable operating variances against the original plan, it remains uncertain if these favourable variances will be maintained as delegated positions continue to report minimal operating variances at M2. The phasing of our resources reflects this delegated assessment with a £1.3m adverse phasing adjustment. Section 1.4 expands upon the most significant operating variances.

Other key issues include:

POW Roof temporary arrangements - Following the critical incident in 2024/25, the temporary arrangements to support service provision whilst work to replace the roof at POW continues remain in place. The month 2 forecast and year to date position assume that funding will be provided by WG to cover the costs incurred:

- o Vanguard Theatres at RGH – Estimated £5.4m for the period April 2025 – March 2026.
- o On going temporary arrangements to support service provision £4.6m for the period April 2025 to September 2025.

We are aware of the Healthcare Support Worker banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all-Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this should be treated in 25/26.

Further details of the remaining risks and opportunities to the M2 forecast break even position is included in Section 3.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	May			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M2 £'000	M1 £'000	Movement £'000
RRL	124,203	125,962	(1,759)	1,498,509	1,495,110	3,399
Donation/Grants	0	0	0	0	0	0
Welsh HBs & NHST	5,528	5,944	(416)	70,849	71,348	(499)
WHSSC	1,107	1,034	73	12,514	12,441	73
WG Income	4	0	4	123	119	4
Other Income	4,337	3,972	365	47,992	47,627	365
Income Total	135,179	136,912	(1,733)	1,629,987	1,626,645	3,342
PC Contractor	13,620	14,212	(592)	169,480	169,982	(502)
PC - Drugs	9,143	9,206	(63)	110,349	110,412	(63)
Pay	62,157	61,130	1,027	735,776	733,997	1,779
Non Pay	9,903	10,417	(514)	116,692	118,659	(1,967)
SC - Drugs	5,210	5,152	58	62,603	61,825	778
H/C Other NHS	24,959	24,140	819	285,610	284,791	819
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,685	6,376	309	81,147	80,838	309
Private & Vol	1,025	1,908	(883)	13,866	13,889	(23)
Joint & Other	1,349	1,629	(280)	19,124	19,404	(280)
Losses, Spec Payments	209	214	(5)	2,507	2,512	(5)
DEL	2,941	2,518	423	32,711	30,216	2,495
AME	10	10	0	122	120	2
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	0	0	0
Cost - Total	137,211	136,912	299	1,629,987	1,626,645	3,342

Actual expenditure for M2 was £0.3m (0.2%) greater than the £136.9m forecast. The most significant current month movements between the forecast and actuals were as follows:

PC Contractors - £592k Favourable – Decrease in Non-Cash Limited expenditure of £400k together with lower than anticipated Ophthalmic services.

Provider Pay - £1,027k Adverse – Increase in Agency £0.6m mainly related to Medical Staff together with increased variable pay £0.5m.

Provider Non-Pay - £514 Favourable – M2 continues to report lower than anticipated Non Pay mainly relating to Clinical Supplies & Services.

Healthcare NHS - £819k Adverse – Increase in LTA contract performance at NHS Wales Providers, mainly relating to SBU, Velindre and NWJCC.

Private & Voluntary - £833k Favourable – lower than forecast levels of outsourcing activity undertaken in M2, this has been reprofiled into M3.

The year-end forecast expenditure at M2 has increased by £3.3m to £1,630m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M1 are as follows:

PC Contractors - £502k Favourable – As per current period variance decrease in Non-Cash Limited expenditure of £400k together with lower than anticipated Ophthalmic services. Offset by increased allocation for GMS £86k.

Provider Pay - £1,779k Adverse – As per current period variance, increase in Agency £0.5m mainly related to Medical Staff together with increased variable pay. Together with new allocations of £378k and revised forecast update of £374k increase.

Provider Non-Pay - £1,967k Favourable – As per current periods, M2 continues to report lower than anticipated Non Pay mainly relating to Clinical Supplies & Services. In addition a further £172k of IFRS16 adjustment has been recognised, new WG allocations of £152k, £490k of additional WRP contribution and revised forecast update of £943k reduction.

Secondary Care Drugs - £778k Adverse – Mainly reflects additional WG allocation for shingles.

Healthcare NHS - £819k Adverse – Increase in LTA contract performance at NHS Wales Providers, mainly relating to SBU, Velindre and NWJCC.

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.

Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays

Provider Non-Pay – M12 reflects the IFRS 16 adjustment

M4 CHC reflects the anticipated payment of arrears for revised 2025/26 FNC and CHC rates.

Pay award 2025/26 – Following the recent publication of pay circulars for both Agenda for Change staff and Medical & Dental staff, the impact of these pay awards have not been incorporated into the forecasts at M2.

1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £1.6m net operating surplus to M2, the most significant expenditure variances from original IMTP plans are noted below:

Primary Care Contractors

- o M2 has reported a £588k favourable operating variance, giving a year to date variance of £525k favourable. This variance is mainly attributed to non cash limited expenditure reporting lower than plan.

Provider Services Pay

- o M2 has reported a £141k favourable operating variance, giving a year to date variance of £844k favourable. This improved agency expenditure and variable expenditure compared to the original plan.

Provider Services Non Pay

- o M2 has reported a £918k favourable operating variance, giving a year to date variance of £797k favourable. This variance reflects lower than anticipated non pay expenditure in M1 & M2.

Healthcare Service NHS

- o M2 has reported a £819k adverse operating variance, giving a year to date variance of £694k adverse. April contract monitoring has indicated higher than anticipated levels of activity particularly within SBU and Velindre.

CHC/FNC

- o M2 has reported a £309k adverse operating variance, giving a year to date variance of £417k adverse. This variance reflects higher than anticipated levels of new placements within Mental Health settings.

There were no other material variances in M2 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further favourable variance of £46k was reported in M2 giving a year to date adverse variance of £346k relating to under achievement of Income.

1.5 Pay Expenditure (Table B3)

The M2 Pay expenditure was £64.3m and the monthly trend is summarised below.

	M2	M1	Q4* Average	Q3* Average	Q2* Average	Q1* Average
	£'m	£'m	£'m	£'m	£'m	£'m
A&C	8.4	8.5	8.1	8.1	8.0	8.0
Medical	17.2	16.6	17.2	16.8	16.7	16.8
Nursing	19.7	19.5	20.0	19.3	19.1	19.1
ACS	8.4	7.9	8.0	7.7	7.8	7.7
Other	10.7	10.8	10.5	10.2	10.3	10.2
Total	64.3	63.3	63.8	62.1	61.9	61.7

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods.*

The Key issues to highlight are as follows:

The Overall pay expenditure has increased by £1.0m from M1, and is now reporting £64.3m, which is an increase of £0.6m agency, £0.2m ADH's & £0.2m Bank (please refer to agency and variable tables below).

The M2 position includes the impact of the change in national insurance contributions which are estimated to be £1.2m per month. It is assumed this increase in National Insurance contributions will be fully funded by WG. The M2 expenditure is therefore higher than the Q3 average costs and has reduced by £0.7m compared to Q4 average.

Nursing is reporting a £0.3m improvement compared to the Q4 average. After allowing for the £0.4m impact of the National Insurance changes, the M1 & M2 position is consistent with Q1 through to Q3 levels of expenditure.

Medical has increased by £0.6m when compared to M1, primarily the result of Agency and ADH's. After allowing for the £0.2m impact of the National Insurance changes, the M2 position is higher than the averages between Q1 through to Q3 levels of expenditure, but lower than the Q4 average expenditure.

Administrative and Clerical pay expenditure decreased by £0.1m compared to M1 but is still £0.3m higher than the Q4 average, £0.2m of this relates to changes in National insurance leaving a further £0.1m of additional costs.

Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M2 agency expenditure was £2.8m and the monthly trend (excluding accountancy gains) is summarised below:

	M2	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.9	0.6	0.7	0.6	0.9	0.9
Nursing	1.4	1.3	1.7	1.8	1.9	1.9
Other	0.5	0.4	0.7	0.6	0.7	0.6
Total	2.8	2.2	3.0	2.9	3.4	3.4

The Key issues to highlight are as follows:

The Nursing agency pressures experienced during M11 & M12 appear to have eased in M1 & M2, with Nursing agency costs returning to previous levels and benefiting from improved contract rates following the new framework agreement.

Medical has increased by £0.3m compared to M1, and £0.2m compared to the Q4 average. This increase has mainly been reported within planned Care service areas.

Other Agency costs continue to report improvements in M1 & M2 compared to the Q4 average.

The M2 variable pay expenditure was £5.1m and the monthly trend (excluding accountancy gains) is summarised below.

	M2	M1	Q4 Average	Q3 Average	Q2 Average	Q1 Average
	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.9	1.7	2.0	2.1	2.1	2.0
Nursing	1.1	0.8	1.2	0.9	0.9	1.1
ACS	1.5	1.2	1.4	1.2	1.2	1.3
Other	0.6	0.9	0.6	0.6	0.6	0.7
Total	5.1	4.6	5.2	4.8	4.8	5.0

The Key issues to highlight are as follows:

Nursing Bank & Overtime increased in M2 by £0.2m compared to M1, but improved by £0.2m compared with Q4.

Additional Clinical Services deteriorated by £0.3m compared to M1. £0.3m of this is the result of increased bank usage primarily within Mental Health Services.

Medical Staff ADH expenditure deteriorated by £0.2m compared to M1, but improved by £0.1m compared to Q4.

1.6 Covid analysis (Table B)

	M2	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and PPE	0.1	0.2	2.6	2.6	0
Vaccination	0.4	0.7	4.6	4.6	0
Adferiad	0.1	0.2	1.1	1.1	0
Total	0.5	1.1	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 M2.

1.7 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
RIF Reserve	15.4	15.4	0	15.4	0
NICE/HCD Reserve	24.2	22.2	2.0	24.2	0
CHC Inflation	4.3	0	4.3	4.3	0
Non Pay Recovery	1.2	0	1.2	1.2	0
25/26 IMTP Cost Pressures	2.7	0	2.7	2.7	0
25/26 IMTP Investment Plans	4.5	0.9	3.6	4.5	0
Planned Care	13.1	13.1	0	13.1	0
POW Roof Impact	7.4	7.4	0	7.4	0
Total	72.8	59.0	13.8	72.8	0

As at M2 there are £72.8 of committed reserves held for actual and

anticipated cost pressures and investment plans. As at M2 there is £13.8m pending plans including £4.3m for CHC inflation yet to be confirmed pending agreement of the all Wales NI position for FNC. It is anticipated that these plans will be fully committed by year end.

2. Underlying position (Table A1)

The B’fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26.

	£’m
Forecast In year position 25 / 26	0
Balance sheet write backs	0
Other non recurrent costs/income loss in 25/26	(2.0)
Other non recurrent benefits in 25/26	0.3
Forecast Recurrent position at the end of 25 / 26	(1.7)

As at M2 we are continuing to report a forecast Underlying surplus at the end of 2025/26 of £(1.7)m. This is consistent with the IMTP submitted on the 31st of March 2025 and will be reviewed at the end of Q1.

Underlying Position	2025 / 26 Forecast	Recurrent	Movement
	£’m	£’m	£’m
Initial Financial Plan	0	(1.7)	(1.7)
Savings Variances	0	0	0
Operational Variances	0	0	0
Financial Plan Variances	0	0	0
Additional Financial Allocations	0	0	0
Accountancy Gains	0	0	0
Grand Total	(0)	(1.7)	(1.7)

3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

	Month 2 £ m	Month 1 £ m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2024/25 pay awards	3.0	3.0	Awaiting Confirmed Allocation
Risk of the 2025/26 pay award not being fully funded – WG funding principles risk	1.5	TBC	Further clarification needed on funding assumptions for 25/26. Awaiting Confirmed Allocation.
Risk of the 2025/26 pay award not being fully funded – New pay award greater than originally planned.	6.0	TBC	
Risk of 2025/26 Employers NIC increase not being fully funded	1.0	Tbc	
WG recurrent allocation for RLW on Social Care not being fully funded	0.8	0.8	Awaiting Confirmed Allocation
Risk of POW Critical Incident – Vanguard costs not supported by WG funding	5.4	5.4	Further clarification needed on funding assumptions for 25/26
POW Critical Incident – On going impact of temporary arrangements not supported by WG funding	4.6	4.6	
Other risks:			
Delivery Risk on Identified Savings Plans	2.5	2.6	Table C3
Delivery Risk on Mitigating Actions yet to be identified	12.6	14.0	
Delegated Risk Assessments – High Risk	2.9	2.9	
Delegated Risk Assessments – Medium Risk	4.5	4.5	
Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	44.8	37.8	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Retrospective vat recoveries – Microsoft contract	(2.9)	(2.9)	
WG Funding Opportunities	Tbc	Tbc	
Total opportunities	(2.9)	(2.9)	
Net risk	41.9	34.9	

It remains the Health Boards assumption that pay awards and the impact

of National Insurance changes will be fully funded by WG.
Following publication of the NHS Wales Financial Position Summary for M1, the funding risk identified in Page 15 for CTM of £9.2m appears to be £4.6m less than that included in our M1 returns. With a corresponding £4.6m increase to the operational risks. It is critical that clarity is provided on the IMTP assumptions for funding support in respect to the management of the POW critical incident during 2025/26.

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O will be completed Quarterly from M3

Table P will be completed monthly from M3 onwards.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2025/26 includes a £31.3m recurring savings target.

	Month 2			Month 1		
	YTD	25 / 26	Rec	YTD	25 / 26	Rec
	£'m	£'m	£'m	£'m	£'m	£'m
Savings target as at M2	5.2	31.3	31.3	2.6	31.3	31.3
Actual and Forecast Savings	(1.5)	(17.4)	(19.6)	(0.6)	(17.3)	(18.6)
Variance	3.7	13.9	11.7	2.0	14.0	12.7

Further work is ongoing to develop robust plans to close the forecast gap of £13.9m In year and £11.7m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M2 £'m	YTD £'m	25 / 26 £'m	Rec £'m
Savings	16.5	0.9	1.5	16.6	18.7
Income Generation	0.8	0.0	0.0	0.8	0.9
To be identified	14.0	0.0	0.0	13.9	11.7
Total Savings	31.3	0.6	0.6	31.3	31.3
Accountancy Gains	0.0	0.0	0.0	0.0	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 M2 position. The table below summaries the more material items:

Description	M2	M1	Comments
	£'m	£'m	
2024/25 Pay award	50.1	50.1	24/25 funding less £3.2m N/R
2025/26 RLW Pay award	2.3	2.3	Pending 25/26 pay award
2025/26 NIC Increase	14.8	14.8	1.97% impact upon total pay
Substance Misuse Funding	4.1	4.1	
Emergency/Urgent Care	2.7	2.7	
RLW Social Care	2.6	2.6	24/25 funding less £0.8m
Dementia Action Plan	1.3	1.3	
AHW – Prevention & Early Years	0.9	0.9	
CAMHS In reach	0	0.7	Allocation confirmed M2
Memory Assessment Service	0.5	0.5	
VBHC Projects	0.7	0.7	
WG Funded Trainees	1.9	1.9	
DPIF	3.3	3.3	
25/26 Q1 Planned Care	3.0	3.0	
IFRS 16 Adjustment	(2.6)	(2.4)	Reflects latest forecast
WRP Recovery	(5.6)	(5.1)	Reflects latest NWSSP estimate
GP Pay Uplift 23/24	0	3.0	Allocation confirmed M2
GP Contract Agreement 24/25	0	3.7	Allocation confirmed M2
Dental Contract Agreement 24/25	1.5	1.5	
POW Vanguard Support	5.4	5.4	
POW Temporary Impacts	4.6	4.6	
Capital Charges	2.7	0	Reflects latest forecast
Other Allocations	2.2	2.0	
Total Anticipated Allocations	96.4	101.6	

9. Health Care agreements

Following agreement of the financial values for the 2025/26 LTAs, Draft documents for the 2025/26 LTAs have been submitted to all providers and commissioners for signature.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Agreed & Signed	Agreed & Signed
C&V UHB	Agreed & Signed	Agreed & Signed
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Documentation agreed, signed by CTM awaiting Powys to return.	Agreed & Signed
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed & Signed
PHW	Agreed & Signed	Not Applicable

CTMUHB has agreed all of the LTA documentation with both providers and commissioners, the only document awaiting signature to be returned are with Powys TUHB, there has been email confirmation of this agreement.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

Table F will be completed monthly from M3 onwards.

10.2 Details of any aged receivables / payables (over 11 weeks old) and disputed invoice information

There is one NHS invoice due over 11 weeks at the end of M2 for Swansea Bay ULHB. We do not anticipate any issues with the invoice being paid, as it has been agreed through the Agreement of Balances process and is being followed up through usual debtor procedures.

11. Cash Flow Forecast (Table G)

The M2 cash balance was £5.7m which is in line with the target balance to hold.

We are currently projecting a breakeven position at year end. The cash forecasts are not currently included in either the funding or expenditure and will be brought on in future months in time for the payment.

12. Public Sector Payment Compliance (Table H)

Table H will be completed quarterly from M3 onwards.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M2 CRL is £78.597m, issued on the 19th May 2025. As at M2, £10.23m 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
LHP	High – In year overspend	The current funding allocation is fully committed and is anticipated to be spent by the end of June. Further commitments above the current allocation have been made and hence a £1m overspend position is reported. This is currently being offset by a scheme that has been put on hold in discretionary capital to manage the position and avoid a forecast overspend against the CRL. The OBC due to be submitted to WG will contain an application for between £5.5m - £6m (awaiting confirmed revised figures) for RIBA 4 fees.
POW Roof	Medium	Only 2 months remaining however there is still some risk around scope creep for this scheme whilst managing the remaining contingency and VAT reclaim to maximise the targeted improvement within the allocation.
PCH GFF	Medium - underspend	Latest cashflows projecting a £1.5m underspend against the current CRL. Will continue to monitor closely.
Discretionary Estates	- Medium-underspend	Scheme on hold to balance position as noted in LHP narrative above.

All above risks will be managed across the programme and hence the forecast shows a balanced position against the current CRL.

Disposals

Approval has been provided by the Board and WG to dispose of Pontypridd Health Centre. It was advertised on the open market in May 2025 and disposal is considered likely in 2025/26. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q will be completed monthly from M3 onwards.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M2 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

16. Authorisation

G Dix
Deputy Chief Executive

S May
Director of Finance

Date: 12 June 2025

Action Points arising from Month 1 Response

Action Point	WG Comment	CTM Response
	TABLE A	
1.1	The narrative confirms the outturn position for April was assisted by reduced pay expenditure of c. £0.700m due to Agency and Variable Pay being lower than planned. Please provide an explanation for the lower levels of spend not being forecast to continue (Table B3). (Action Point 1.1)	Month 1 can be volatile and with 2 bank holidays there was caution that the improvement may be due to delays in submitting payroll documents. M2 have shown a recovery with a £1m increase in pay costs compare to M1. The forecasts are continually reviewed on a monthly basis and updated as deemed appropriate.
1.2	Please provide further details of the unplanned non-recurring income shortfall of £0.389m reported in Month 1. (Action Point 1.2)	Other Income has recovered in M2, however LTA income is below planned levels with April activity below expected levels. This is being monitored and the forecast will be updated if activity trends continue.
1.3	Please provide further details of the relatively minor items being reported on line 18 'variance to Planned RRL' which are impacting on your actual/forecast monthly outturns. (Action Point 1.3)	The plan reflects our best estimates of how expenditure will be reported for each period, there are many factors that cause variance too numerous to note in the return, where there are material impacts we attempt to provide a narrative context in the return.
	TABLE A2 – Risks & Opportunities	
1.4	In respect of the 'Delegated Risk Assessments' risks totalling £7.400m, please be more explicit as to what these actually relate to	Delegated budget holders are required to submit monthly assessments of the risks

	and provide details of the assumptions which support the quantified medium/high risk values. (Action Point 1.4)	to the financial forecast. These risks are assessed for their likelihood to materialising. The £7.4m risks reflect 59 individual risks totalling almost £13.9m: Low Risk £2.1m Med Risk £8.9m High Risk £2.9m These risks will be reviewed at the next Finance review meetings with Care Groups & Directorates and any updates reflected in the M3 return.
1.5	In future narrative submissions, please provide the methodology which supports the savings delivery risk value being reported, as currently the £14.0m value is higher than the £13.7m (100%) savings gap reported via Table A. (Action Point 1.5)	Table A savings gap was £13.951m at M1 (Line 11 Table A), this is the savings gap being referred to in the risk table. The £13.7m (Table A line 23) is the mitigating actions required. Future returns will note the mitigating action risk rather than the savings gap.
1.6	It is noted that you have a £2.6m risk to delivery of Amber schemes, it is therefore important that these move to a Green assessment as soon as possible. Please review the start dates and Go Green dates as a number of the Amber schemes have 2026 dates which is not acceptable. (Action Point 1.6)	Noted
1.7	Please provide details of your assumptions that support the inclusion of 'WG funding' as an opportunity or consider removing this item. (Action Point 1.7)	Noted, this has now been removed.
1.8	The value included as the potential opportunity from the MS VAT is higher than expected, therefore please provide a supporting calculation, as it is perhaps related to the protected claim element and not just the 'provision' value. (Action Point 1.8)	The MS VAT opportunity includes the retrospective element plus the in year benefit if VAT is deemed recoverable, the

		following was provided to CTM by Mark Cox of DHCW: Protected Claim £0.512m Recharge VAT to 2024/25 £1.820m Reduced Recharge 2025/26 £0.603m Total Impact £2.935m
	TABLE B – Monthly Positions	
1.9	Please clarify the funding source that is covering the PCR Investment Plan spend (Section E Line 77) post quarter 1. (Action Point 1.9)	Line 77 reflects the £3m, Q1 planned care funding as per Nick Woods letter, the remaining elements reflect the core £18.4m planned care funding which has been used to support non recurrent plans.
1.10	The Revenue Resource Limit at month 1 is under phased by c£5.000m; from the detail provided in Section E, it is clear an element relates to planned care (£0.300m) and CHC inflation (£0.400m) supported by a step up in spend in future months. Please clarify the other key spend areas where spend is forecast to increase in future months compared to April, to support the RRL phasing. (Action Point 1.10)	I don't recognise the £5m under phased, it would appear to be a simplistic 1/12 th of the Resource Limit, Table B clearly illustrates the profile of our plans, which would indicate a much lower level of under phasing £1.7m at M1. This phasing reflects the significant level of risk that has to be managed by the Health Board to deliver its planned break even position including material unconfirmed anticipated allocations. As the year progresses, these risks will either materialise or be mitigated and the level of uncertainty will improve leading to a more aligned phasing of the resource limit.
1.11	Please ensure the 'Allocation' column within Section F (Covid-19) is completed from Month 2. (Action Point 1.11)	Noted

	TABLE B2 – Pay Expenditure	
1.12	Please consider the following for Month 2 (Action Point 1.12): The 'Annual Plan (plus finalised savings identified at month 1) lines on Table B2 should reflect the values as per the MDS adjusted for finalised savings. Please review and amend the values in the next submission, a simple reconciliation in the narrative at M2 would assist and reduce any further queries. In addition to the non-recurring pay movements referenced (Agency and Other Variable Pay) in this Annex, please consider if any other April Only movements from the MDS (e.g. non pay unplanned spend reduction of £0.121m), could continue into future months.	Annual Plan has been updated, note there will be a reconciliation adjustment of £4.913m within section F that reflects a correction between LTA Income and LTA Expenditure, this allows for validation on line 160 to report zero as discussed with WG finance team. Operating variance will be continuously reviewed to recognise any potential recurring impacts. As noted in section 2 of the narrative the recurring position will be updated at the end of Q1.
	Table C – C3 – Savings	
1.13	It is important that any process does not create barriers to the declaration of savings by Divisions; but also, prevents new unaffordable spend being progressed by Divisions when there is still a budget reduction expected as part of the IMTP. Please ensure that your approach complies with the WHC which states the monitoring return savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. (Action point 1.13)	As outlined in 2024/25 responses, the principles of reporting savings are in accordance with the WHC and support the identification of genuine savings rather than overstating underlying deficits or cost pressures.
1.14	Within the Tracker (Table C3), there are schemes where the 'Go Green Date' has 'TBC' and dates which exceed the three-month deadline as set out in the WHC. Please update the 'Date scheme expected to go Green' column of the Tracker for Month 2 ensuring the timeframes are compliant with the WHC. (Action Point 1.14)	Noted
	TABLE M – Aged Debtors	

1.15	Please note that fully 'Agreed' and 'Agreed for Accounting Purposes' invoices relating to 2024/25, must be fully paid/cancelled within 4 weeks of the AOB exercise, or sooner if they exceed 17 weeks. The 4-week deadline was set as the 23 May 2025. (Action Point 1.15)	Noted

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	16,511	989	15,522	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	13,951	1,293	12,658	12,658
12 Opening IMTP / Annual Operating Plan	0	1,282	-1,282	1,700
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-13,951	-1,293	-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	-7	0	-7	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-234	-193	-41	560
17 Additional In Year Identified Savings - Forecast	315	18	297	414
18 Variance to Planned RRL	0	0		
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0		
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	3,088	3,012	76	76
22 Unplanned Cost Pressures	-1,490	-379	-1,111	-1,111
23 Planned Mitigations Yet To Be Finalised	12,625	0	12,625	12,719
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	0	0	0	0
26	0	0		
27 Unplanned Income Shortfalls	-346	-346		
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	2,102	-2,102	1,700

	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	-658	-1,317
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	-7,300
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	3,400
4													0
5													0
6	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	1,905
7	19	96	72	72	72	72	72	72	72	72	72	72	115
8													0
9													0
10													0
11	2,047	1,150	1,055	1,327	1,040	860	1,137	1,075	1,091	1,074	1,043	1,052	3,197
12	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,047	-1,150	-1,055	-1,327	-1,040	-860	-1,137	-1,075	-1,091	-1,074	-1,043	-1,052	-3,197
14													0
15	0	-75	61	-4	10	0	0	0	0	0	0	0	-75
16	0	-485	145	-49	4	-28	30	30	30	30	30	30	-485
17	0	39	12	12	12	35	35	35	35	35	35	35	39
18	114	-1,371	-2,722	-194	-285	-456	-179	987	1,004	986	956	1,161	-1,256
19													0
20	0	0	0	0	0	0	0	0	0	0	0	0	0
21	1,017	2,071	0	0	0	0	0	0	0	0	0	0	3,088
22	-385	-1,105	0	0	0	0	0	0	0	0	0	0	-1,490
23	0	0	1,157	1,352	1,300	1,309	1,252	1,252	1,251	1,251	1,250	1,250	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	1,050	-1,050	0	0	0	0	0	0	0	0	0
26													0
27	-389	43											-346
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	-1,690	-2,032	-1,352	-1,260	0	0	0	1,228	1,228	1,227	1,227	1,424	-3,721

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

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 £'000	
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000		
1	Pay	Budget/Plan	96	789	572	627	624	635	693	721	742	762	763	770	886	7,794		0	2,093				
2		Actual/F'cast	96	421	677	591	631	633	749	776	797	818	818	825	517	7,832	6.60%	5,410	2,422	281	7,551	0	9,558
3		Variance	0	(369)	105	(36)	7	(2)	55	55	55	55	55	55	(369)	38	(41.62%)	5,410	329				
4	Non-Pay	Budget/Plan	46	173	148	166	168	236	202	202	198	196	192	209	219	2,136		1,144	992				
5		Actual/F'cast	46	96	200	164	177	244	211	210	207	205	201	218	142	2,180	6.52%	1,238	941	533	1,646	0	2,187
6		Variance	0	(77)	52	(1)	9	9	9	9	9	9	9	9	(77)	43	(35.20%)	94	-51				
7	Primary Care - Drugs & Appliances	Budget/Plan	400	400	400	400	687	457	457	457	457	457	457	457	800	5,486		4,800	686				
8		Actual/F'cast	400	400	400	400	687	457	457	457	457	457	457	457	800	5,486	14.58%	4,800	686	0	5,486	0	5,488
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	336	9	9	339	39	39	39	39	39	39	0	925		730	195				
11		Actual/F'cast	0	0	336	9	9	339	39	39	39	39	39	39	0	925	0.00%	730	195	0	925	0	1,295
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	CHCIFNC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	0	70		0	70				
14		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	0	70	0.00%	0	70	0	70	0	120
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	25	8	8	9	8	8	9	8	8	9	0	100		0	100				
20		Actual/F'cast	0	0	25	8	8	9	8	8	9	8	8	9	0	100	0.00%	0	100	0	100	0	100
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/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	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	1,905	16,511		6,674	100				
35		Actual/F'cast	543	917	1,638	1,172	1,512	1,682	1,463	1,525	1,509	1,526	1,557	1,548	1,459	16,593	0.00%	12,178	4,415	815	15,778	0	18,748
36		Variance	0	(446)	157	(37)	15	7	64	64	64	64	64	64	(446)	81		5,504	4,315				

37	Variance in month	0.00%	(32.72%)	10.60%	(3.06%)	1.02%	0.40%	4.58%	4.39%	4.44%	4.38%	4.29%	4.34%	(23.40%)
38	In month achievement against FY forecast	3.27%	5.52%	9.87%	7.06%	9.11%	10.14%	8.82%	9.19%	9.09%	9.20%	9.39%	9.33%	

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	62	273	231	261	254	267	323	323	323	327	327	328	335	3,299	0	1,464				
2		Actual/F'cast	62	98	299	224	260	264	378	378	378	381	381	382	160	3,485	1,711	1,774	281	3,204	4,319	
3		Variance	0	(175)	68	(37)	6	(3)	55	55	55	55	55	55	(175)	187	1711.373	309				
4	Pay - Variable	Budget/Plan	0	128	128	147	147	147	147	147	167	177	177	183	128	1,695	0	419				
5		Actual/F'cast	0	62	165	147	147	147	147	147	167	177	177	183	62	1,665	1,246	419	0	1,665	2,126	
6		Variance	0	(66)	37	0	0	0	0	0	0	0	0	0	(66)	(29)	1,246	0				
7	Pay - Agency	Budget/Plan	35	388	213	219	223	222	223	250	252	259	259	259	423	2,801	0	210				
8		Actual/F'cast	35	261	214	220	224	222	223	251	252	260	260	260	296	2,682	2,452	230	0	2,682	3,112	
9		Variance	0	(127)	1	1	1	1	1	1	1	1	1	1	(127)	(119)	2,452	20				
10	Total	Budget/Plan	96	789	572	627	624	635	693	721	742	762	763	770	886	7,794	0	2,093				
11		Actual/F'cast	96	421	677	591	631	633	749	776	797	818	818	825	517	7,832	5,410	2,422	281	7,551	9,558	
12		Variance	0	(369)	105	(36)	7	(2)	55	55	55	55	55	55	(369)	38	5,410	329				

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 £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Budget/Plan	103	800	580	635	633	644	698	725	746	767	767	774	903	7,871
2	Workforce	103	427	689	599	639	642	753	780	802	822	822	830	530	7,908
3	Variance	0	(373)	108	(36)	7	(2)	55	55	55	55	55	55	(373)	37
4	Budget/Plan	400	438	755	428	715	815	515	515	515	515	515	515	838	6,641
5	Medicines Management	400	410	758	430	712	817	517	517	517	517	517	517	810	6,637
6	Variance	0	(28)	3	3	3	3	3	3	3	3	3	3	(28)	(3)
7	Budget/Plan	35	102	108	112	124	192	158	158	154	152	148	105	137	1,608
8	Procurement & Non-pay	35	67	149	117	130	197	164	163	159	158	153	170	102	1,662
9	Variance	0	(35)	42	5	5	5	5	5	5	5	5	5	(35)	54
10	Budget/Plan	0	0	0	0	0	0	35	0	0	35	0	0	0	70
11	CHC	0	0	0	0	0	0	35	0	0	35	0	0	0	70
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	24
14	Pathway	0	0	0	0	0	0	4	4	4	4	4	4	0	24
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Budget/Plan	4	22	38	21	21	22	21	21	22	21	21	22	26	258
17	Other - Commissioning	4	4	38	21	21	22	21	21	22	21	21	22	9	241
18	Variance	0	(16)	0	0	0	0	0	0	0	0	0	0	(16)	(18)

Table C3 - Tracker

£000		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full year forecast	Non Recurring	Recurring	FY16 Adjustment	Full year Effect	
Savings (Cash Releasing & Cost Reduction)	Month 1 - Plan	560	1,362	1,463	1,293	1,488	1,610	1,320	1,461	1,440	1,455	1,480	1,484	1,602	16,511	0	0	15,509	2,251	17,712
	Month 1 - Actual/Forecast	560	873	1,362	1,395	1,399	1,599	1,425	1,399	1,480	1,455	1,480	1,484	1,602	16,511	0	0	15,461	2,251	17,712
	Actuals		1,080	1,074	889	4	120	30	10	30	30	30	30	10,034	2,516	1,000	1,000	882	882	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
Net Income Generation	Month 1 - Plan	560	1,405	1,494	1,293	1,498	1,738	1,440	1,494	1,465	1,479	1,504	1,508	1,626	16,855	0	0	16,855	2,286	19,141
	Month 1 - Actual/Forecast	560	881	1,405	1,372	1,498	1,688	1,440	1,494	1,479	1,504	1,508	1,508	1,626	16,855	0	0	16,774	2,286	18,746
	Actuals		1,080	1,074	889	4	120	30	10	30	30	30	30	10,034	2,516	1,000	1,000	882	882	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
Accommodation Gains	Month 1 - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Month 1 - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
Total	Month 1 - Plan	593	1,438	1,527	1,326	1,531	1,771	1,473	1,527	1,500	1,512	1,537	1,541	1,668	17,345	0	0	16,765	2,367	19,141
	Month 1 - Actual/Forecast	593	914	1,438	1,293	1,498	1,721	1,473	1,527	1,494	1,504	1,508	1,508	1,668	17,105	0	0	16,714	2,367	18,862
	Actuals		1,113	1,107	922	4	153	30	10	30	30	30	30	10,430	2,546	1,000	1,000	882	882	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Actual/Forecast	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	Actuals		33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	
	6x Year - Plan	33	33	33	33	33	33	33	33	33	33	33	33	396	396	0	396	0	396	



Operational Delivery Committee

MONTH 3 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
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 M3 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
M3 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 M3 Financial Monitoring returns is summarised in Section 1.2 of the M3 Narrative report at Annex A. This information is consistent with the M3 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 <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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 ODC is asked to NOTE the contents of the M3 Monitoring Returns submitted to Welsh Government for 2025/26.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – JUNE 2025

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 June 2025.

The tables attached to this commentary do not include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2025/26

The Financial plan submitted to WG at the end of March 2025 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2024	7.9	0	7.9
Income changes	(21.1)	0.7	(20.4)
Cost Pressures & Investments:	42.8	1.0	43.8
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	(1.7)	1.7	(0.0)

The Financial plan also identified a net risk to the planned break-even position of £41.8m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2025-26 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0
Month 3	1.1	4.8	0.0

The M3 position is reporting a £1.1m (£2.0m M2) deficit for the period with a year to date deficit of £4.8m (£3.7m M2). The key components of the

YTD position and the year-end forecast compared to the original IMTP are summarised below:

	M3 YTD	M3 Year-end forecast	M2 Year-end forecast	IMTP
	£m	£m	£m	£'m
Savings Shortfall	4.8	13.4	13.9	0
Operating Variances	(4.9)	(3.1)	(1.3)	0
Plan Phasing adjustments	4.9	0	0	0
Financial Plan Improvements	0	0	0	0
Additional Financial Allocation	0	0	0	0
Accountancy Gains	0	0	0	0
Other Mitigating Actions	0	(10.3)	(12.6)	0
Grand Total	4.8	0	0	0

The main driver for the year to date overspend in M3 is the £4.8m shortfall in savings delivery. The table below breaks down the overall savings delivery compared to the straight-line savings target of £7.8m (£2.6m per month).

Savings Shortfall:	M3 YTD	M3 Year-end forecast	M2 Year-end forecast	IMTP
	£m	£m	£m	£'m
Variance v £21.7m Delegated target	4.2	8.6	9.1	0
Variance v £2.4m Non delegated target – CAT M savings	(0.6)	(2.4)	(2.4)	0
Variance v £7.2m Central Executive led programmes	1.2	7.2	7.2	0
Grand Total	4.8	13.4	13.9	0

As at M3 we have identified £4.9m of favourable operating variances against the original plan, it remains uncertain if these favourable variances will be maintained as delegated positions continue to report minimal operating variances at M3. The phasing of our resources reflects this delegated assessment with a £4.9m adverse phasing adjustment. Section 1.4 expands upon the most significant operating variances.

Other key issues include:

POW Roof temporary arrangements - Following the critical incident in 2024/25, the temporary arrangements to support service provision whilst work to replace the roof at POW continues remain in place. The month 3 forecast and year to date position assume that funding will

be provided by WG to cover the costs incurred:

- o Vanguard Theatres at RGH – Estimated £5.4m for the period April 2025 – March 2026. A full review of the Q1 actual costs and forecast will be undertaken and shared with WG prior to M4.
- o On going temporary arrangements to support service provision £4.6m for the period April 2025 to September 2025. A full review of the Q1 actual costs and forecast will be undertaken and shared with WG prior to M4.

We are aware of the Healthcare Support Worker banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all-Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this should be treated in 25/26.

Further details of the remaining risks and opportunities to the M3 forecast break even position is included in Section 3.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	June			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M3 £'000	M2 £'000	Movement £'000
RRL	127,965	126,675	1,290	1,507,779	1,498,509	9,270
Donation/Grants	0	0	0	0	0	0
Welsh HBs & NHST	5,995	5,936	59	70,908	70,849	59
WHSSC	1,209	1,034	175	12,689	12,514	175
WG Income	44	0	44	167	123	44
Other Income	4,204	3,972	232	48,224	47,992	232
Income Total	139,417	137,617	1,800	1,639,767	1,629,987	9,780
PC Contractor	13,997	14,218	(221)	169,259	169,480	(221)
PC - Drugs	8,788	9,206	(418)	109,931	110,349	(418)
Pay	62,263	61,504	759	738,990	735,776	3,214
Non Pay	10,579	10,289	290	117,058	116,692	366
SC - Drugs	5,081	5,224	(143)	62,460	62,603	(143)
H/C Other NHS	24,081	23,806	275	288,270	285,610	2,660
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,550	6,376	174	83,144	81,147	1,997
Private & Vol	1,967	3,768	(1,801)	12,065	13,866	(1,801)
Joint & Other	1,340	1,629	(289)	17,035	19,124	(2,089)
Losses, Spec Payments	139	214	(75)	2,432	2,507	(75)

DEL	5,635	2,725	2,910	38,643	32,711	5,932
AME	113	10	103	535	122	413
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(55)	0	(55)	(55)	0	(55)
Cost - Total	140,478	138,969	1,509	1,639,767	1,629,987	9,780

Actual expenditure for M3 was £1.5m (1.1%) greater than the £139m forecast. The most significant current month movements between the forecast and actuals were as follows:

Primary Care Drugs - £418k Favourable – Improved Prescribing data for April PAR.

Provider Pay - £759k Adverse – Increase in Agency £0.15m mainly related to Medical Staff together with increased variable pay £0.8m mainly related to planned care activity not achieved through Outsourcing.

Private & Voluntary - £1801k Favourable – lower than anticipated levels of outsourcing activity undertaken in Q1, this has been reflected with increased in house delivery impacting pay & non pay costs.

The year-end forecast expenditure at M3 has increased by £9.8m to £1,640m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M2 are as follows:

Provider Pay - £3,214k Adverse – As per current period variance, increase in Agency £0.15m mainly related to Medical Staff together with increased variable pay of £0.8m. Together with new allocations of £2.0m and revised forecast update of £0.2m increase.

Healthcare NHS - £2,660k Adverse – Increase in LTA contract performance at NHS Wales Providers, mainly relating to SBU, Velindre and NWJCC together with new JCC allocation £0.8m.

CHC/FNC - £1,997k Adverse – Revised forecast to reflect higher than anticipated Q1 placements.

Private Providers - £1,801k Favourable – Revised forecast to reflect lower than anticipated Q1 activity, displace to in house solutions.

Joint & Other - £2,089k Favourable – Revised forecast to reflect latest plans.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

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.

Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays

Provider Non-Pay – M12 reflects the IFRS 16 adjustment

M5 CHC reflects the anticipated payment of arrears for revised 2025/26 FNC and CHC rates.

Pay award 2025/26 – Following the recent publication of pay circulars for both Agenda for Change staff and Medical & Dental staff, the impact of these pay awards have not been incorporated into the forecasts at M3.

1.4 Expenditure Movements from Plan (Table B2)

Table B2 is reporting a £4.6m net operating surplus to M3, the most significant expenditure variances from original IMTP plans are noted below:

Primary Care Contractors

- o M3 has reported a £221k favourable operating variance, giving a year to date variance of £746k favourable. This variance is mainly attributed to non cash limited expenditure reporting lower than plan.

Primary Care – Drugs & Appliances

- o M3 has reported a £418k favourable operating variance, giving a year to date variance of £494k favourable. This is due to better than anticipated April PAR growth.

Provider Services Pay

- o The current forecast includes a revision of £1.1m for Orthopaedic planned care recovery which was originally planned for outsourcing via Private Providers. M3 has reported a £1,362k favourable operating variance, giving a year to date variance of £2,206k favourable. This is mainly an improvement upon Variable Pay and agency after allowing for new allocations since the IMTP.

Provider Services Non Pay

- o M3 has reported a £860k favourable operating variance, giving a year to date variance of £1,657k favourable. This variance reflects lower than anticipated non pay expenditure in Q1.

Healthcare Service NHS

- o M3 has reported a £81k adverse operating variance, giving a year to date variance of £775k adverse. April & May contract monitoring has indicated higher than anticipated levels of activity particularly within SBU and Velindre.

CHC/FNC

- o M3 has reported a £174k adverse operating variance, giving a year to date variance of £591k adverse. This 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 has now been delayed and not expected until M5, this has been recognised in Other (Line 118).

Other Private & Voluntary Sector

- o The current forecast includes a revision of £1.8m for Orthopaedic planned care recovery which was originally planned for outsourcing via Private Providers, which has been displaced with insourcing and in house provision see Pay and Non Pay sections.

There were no other material variances in M3 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further favourable variance of £634k was reported in M3 giving a year to date favourable variance of £288k relating to Income.

1.5 Pay Expenditure (Table B3)

The M3 Pay expenditure was £64.5m and the monthly trend is summarised below.

	M3	M2	M1	Q4* Average	Q3* Average	Q2* Average
	£'m	£'m	£'m	£'m	£'m	£'m
A&C	8.3	8.4	8.5	8.1	8.1	8.0
Medical	17.4	17.2	16.6	17.2	16.8	16.7
Nursing	19.7	19.7	19.5	20.0	19.3	19.1
ACS	8.3	8.4	7.9	8.0	7.7	7.8
Other	10.8	10.7	10.8	10.5	10.2	10.3
Total	64.5	64.3	63.3	63.8	62.1	61.9

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods.*

The Key issues to highlight are as follows:

The Overall pay expenditure has remained consistent with M2, and is now reporting £64.5m.

The M3 position includes the impact of the change in national insurance contributions which are estimated to be £1.3m per month. It is assumed this increase in National Insurance contributions will be fully funded by WG. The M3 expenditure is therefore higher than the Q3 average costs and has reduced by £0.6m compared to Q4 average.

Nursing, Medical and ACS expenditure in M2 and M3 reflect increased

levels of planned care sessions to support waiting times, some of which were anticipated to be outsourced to private providers.

Administrative and Clerical pay expenditure continues to report a decrease of £0.1m compared to M1.

Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M3 agency expenditure was £2.5m and the monthly trend (excluding accountancy gains) is summarised below:

	M3	M2	M1	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.8	0.9	0.6	0.7	0.6	0.9
Nursing	1.2	1.4	1.3	1.7	1.8	1.9
Other	0.4	0.5	0.4	0.7	0.6	0.7
Total	2.5	2.8	2.2	3.0	2.9	3.4

The Key issues to highlight are as follows:

The Nursing agency pressures experienced during M11 & M12 appear to have eased in Q3, with Nursing agency costs returning to previous levels and benefiting from improved contract rates following the new framework agreement.

Medical has increased by £0.3m compared to M1, and £0.1m compared to the Q4 average. This increase has mainly been reported within planned Care service areas.

Other Agency costs continue to report improvements in Q1 compared to the Q4 average.

The M3 variable pay expenditure was £5.4m and the monthly trend (excluding accountancy gains) is summarised below.

	M3	M2	M1	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.2	1.9	1.7	2.0	2.1	2.1
Nursing	1.1	1.1	0.8	1.2	0.9	0.9
ACS	1.5	1.5	1.2	1.4	1.2	1.2
Other	0.7	0.6	0.9	0.6	0.6	0.6
Total	5.4	5.1	4.6	5.2	4.8	4.8

The Key issues to highlight are as follows:

Nursing Bank & Overtime increased in M2 & M3 by £0.2m compared to M1, but improved by £0.2m compared with Q4. This increase is mainly attributed to additional planned care sessions to support Q1 waiting times.

Additional Clinical Services continues to report a deterioration of £0.3m compared to M1. £0.3m of this is the result of increased bank usage primarily within Mental Health Services.

Medical Staff ADH expenditure deteriorated further in M3, against this is mainly attributed to additional planned care sessions to support Q1 waiting times.

1.6 Covid analysis (Table B)

	M3	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and PPE	0.1	0.3	2.6	2.6	0
Vaccination	0.4	1.1	4.6	4.6	0
Adferiad	0.1	0.2	1.1	1.1	0
Total	0.5	1.6	8.3	8.3	0

The 2025/26 initial allocation letter included an additional £1.1m for health protection. The plan for this additional resource has been included in the table above.

There are no key issues to highlight at M3.

1.7 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
RIF Reserve	13.8	13.8	0	13.8	0
NICE/HCD Reserve	21.9	19.9	2.0	21.9	0
CHC Inflation	4.3	0	4.3	4.3	0
Non Pay Recovery	1.2	0	1.2	1.2	0
25/26 IMTP Cost Pressures	2.6	0	2.6	2.6	0
25/26 IMTP Investment Plans	4.4	1.6	2.8	4.4	0
Planned Care	5.8	5.8	0	5.8	0
POW Roof Impact	3.9	3.9	0	3.9	0
Total	57.4	44.5	12.9	57.4	0

As at M3 there are £57.4 of committed reserves held for actual and anticipated cost pressures and investment plans. As at M3 there is £12.9m pending plans including £4.3m for CHC inflation yet to be confirmed pending agreement of the all Wales NI position for FNC. It is anticipated that these plans will be fully committed by year end.

2. Underlying position (Table A1)

The B’fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26.

	£’m
Forecast In year position 25 / 26	0
Balance sheet write backs	0
Other non recurrent costs/income loss in 25/26	(2.0)
Other non recurrent benefits in 25/26	0.3
Forecast Recurrent position at the end of 25 / 26	(1.7)

As at M3 we are continuing to report a forecast Underlying surplus at the end of 2025/26 of £(1.7)m. This is consistent with the IMTP submitted on the 31st of March 2025 and will be reviewed at the end of Q1.

Underlying Position	2025 / 26 Forecast	Recurrent	Movement
	£’m	£’m	£’m
Initial Financial Plan	0	(1.7)	(1.7)
Savings Variances	0	0	0
Operational Variances	0	0	0
Financial Plan Variances	0	0	0
Additional Financial Allocations	0	0	0
Accountancy Gains	0	0	0
Grand Total	(0)	(1.7)	(1.7)

3. Risk Management (Table A2)

The key financial risks and opportunities for 2025/26 are noted in Table A2 and are summarised below:

	Month 3 £ m	Month 2 £ m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2024/25 pay awards	1.6	3.0	Indicative allocation is £1.6m less than anticipated. Awaiting Confirmed Allocation
Risk of the 2025/26 pay award not being fully funded – WG funding principles risk	1.5	1.5	Further clarification needed on funding assumptions for 25/26. Awaiting Confirmed Allocation.
Risk of the 2025/26 pay award not being fully funded – New pay award greater than originally planned.	0	6.0	
Risk of 2025/26 Employers NIC increase not being fully funded	1.5	1.0	Indicative allocation is £1.5m less than anticipated. Awaiting Confirmed Allocation
WG recurrent allocation for RLW on Social Care not being fully funded	0.8	0.8	Awaiting Confirmed Allocation
Risk of POW Critical Incident – Vanguard costs not supported by WG funding	5.4	5.4	Further clarification needed on funding assumptions for 25/26
POW Critical Incident – On going impact of temporary arrangements not supported by WG funding	4.6	4.6	
Other risks:			
Delivery Risk on Identified Savings Plans	0.3	2.5	Table C3
Delivery Risk on Mitigating Actions yet to be identified	10.3	12.6	
Delegated Risk Assessments – High Risk	1.3	2.9	
Delegated Risk Assessments – Medium Risk	2.0	4.5	
WRP Forecast Risk Share	6.5	0.0	WRP Forecast of £42m @ 15.5% risk share
Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	35.8	44.8	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Retrospective vat recoveries – Microsoft contract	(2.9)	(2.9)	
Total opportunities	(2.9)	(2.9)	
Net risk	32.9	41.9	

Initial funding assumptions from WG are indicating that 2024/25 pay awards and National Insurance changes in 2025/26 will not be fully funded. At M3 the forecast assumes that pay awards and the impact of National Insurance changes will be fully funded by WG, with the risk table highlighting the risk pending confirmed allocations. This assumption also applies to the 2025/26 pay settlement funding.

It is critical that clarity is provided on the IMTP assumptions for funding support in respect to the management of the POW critical incident during 2025/26.

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O have been completed for General Medical Services (GMS) and General Dental services (GDS) for M3.

GMS forecast against allocation is reporting a £3.9m overspend mainly attributed to Out of Hours provision and Dispensing. The forecast movement from plan increased by £848k from an underspend of (£263k) at M12 last year to a forecast overspend of £585k 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 current forecast overspend of £179k against the allocation is mainly attributed to patient charge income being lower than target by £2m.

The forecast contract performance remains £1.2m under plan despite the service re-commissioning additional activity of £1m in 25-26 in recognition of under-performance in 2024/25.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Learning Disabilities	N/A	N/A	
Mental Health Services	118.77	118.77	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.2	2.2	
Critical Care	2.4	2.4	
Planned Care Recovery	7.3	7.3	
Planned & Unscheduled Care	18.4	21.7	
Value Based Recovery	2.1	2.1	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.7	
Planned Care	0.6	0.6	
VBHC	0.7	0.7	
Q1 Waiting Times	3.0	3.0	
Outpatient Waiting Times	1.4	1.4	

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.

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 3			Month 2		
	YTD	25 / 26	Rec	YTD	25 / 26	Rec
	£'m	£'m	£'m	£'m	£'m	£'m
Savings target as at M3	7.8	31.3	31.3	5.2	31.3	31.3
Actual and Forecast Savings	(3.0)	(17.9)	(21.5)	(1.5)	(17.4)	(19.6)
Variance	4.8	13.4	9.8	3.7	13.9	11.7

Further work is ongoing to develop robust plans to close the forecast gap of £13.4m In year and £9.8 recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	M3 £'m	YTD £'m	25 / 26 £'m	Rec £'m
Savings	16.5	1.5	3.0	17.1	20.5
Income Generation	0.8	0.0	0.0	0.8	1.0
To be identified	14.0	0.0	0.0	13.4	9.8
Total Savings	31.3	1.5	3.0	31.3	31.3
Accountancy Gains	0.0	0.0	0.0	0.0	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 M3 position. The table below summaries the more material items:

Description	M3	M2	Comments
	£'m	£'m	
2024/25 Pay award	50.1	50.1	24/25 funding less £3.2m N/R
2025/26 RLW Pay award	2.3	2.3	Pending 25/26 pay award
2025/26 NIC Increase	14.8	14.8	1.97% impact upon total pay
Substance Misuse Funding	0	4.1	Allocation confirmed
Emergency/Urgent Care	2.7	2.7	
RLW Social Care	2.6	2.6	24/25 funding less £0.8m
Dementia Action Plan	1.3	1.3	
AHW – Prevention & Early Years	0.9	0.9	
Memory Assessment Service	0.5	0.5	
VBHC Projects	0	0.7	Allocation confirmed
WG Funded Trainees	1.9	1.9	
DPIF	1.1	3.3	
25/26 Q1 Planned Care	3.0	3.0	
25/26 Outpatient Waiting Times	1.4	0	
IFRS 16 Adjustment	(2.6)	(2.6)	Reflects latest forecast
WRP Recovery	(5.6)	(5.6)	Reflects latest NWSSP estimate
Dental Contract Agreement 24/25	0	1.5	Allocation confirmed
POW Vanguard Support	5.4	5.4	
POW Temporary Impacts	4.6	4.6	
Capital Charges	6.4	2.7	Reflects latest forecast
Other Allocations	3.3	2.2	
Total Anticipated Allocations	94.2	96.4	

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

This is the first update on balance sheet movements, there is only once significant movement between the opening balance at the start of April 2025 to M3:

Fixed Assets have increased by £7.4m due to expenditure on the POW roof scheme.

10.2 Details of any aged receivables / payables (over 11 weeks old) and disputed invoice information

There are two NHS invoices which are due over 11 weeks, 1 invoice for Aneurin Bevan ULHB and 1 for Powys LHB. We do not anticipate any issues with the invoices and are following up through our usual debtor procedures.

11. Cash Flow Forecast (Table G)

The M3 cash balance was £2.5m which is in line with the target balance to hold.

We are currently projecting a breakeven position at year end. The cash forecasts are not currently included in either the funding or expenditure and will be brought on in future months in line with the payment.

12. Public Sector Payment Compliance (Table H)

The Non-NHS PSPP target percentage was met for payments by number at 96.0% but was below target by value at 94.0%.

For NHS invoices the target of 95% was met for payments by value at 95%. The percentage by number was below target at 82.5%, however this has increased from 81.7% at the end of 2024/25.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M3 CRL is £83.1m, issued on the 30th June 2025. As at M3, £18.69m 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
LHP	High – In year overspend	The current funding allocation is fully committed and is anticipated to be spent by the end of July. Further commitments above the current allocation have been made and hence a £1m overspend position is reported. This is currently being offset by a scheme that has been put on hold in discretionary capital to manage the position and avoid a forecast overspend against the CRL. A submission has been made to WG to cover fees funding for the OBC of the Community Diagnostic Hub and we await approval of this.
POW Roof	Medium - overspend	Only 2 months remaining however there is still some risk around scope creep for this scheme whilst managing the remaining contingency and VAT reclaim to maximise the targeted improvement within the allocation.
PCH GFF	Medium - underspend	Latest cashflows projecting a £1.5m underspend against the current CRL. Will continue to monitor closely.
BHWC	Medium – underspend	SCP has recently notified of another 13 week delay to 13/4/2026 which would mean the full CRL would not be spent in this financial year. We are working with the SCP to try to mitigate this and complete the scheme in year.
Maesteg	Medium – overspend	Bid has been submitted for additional funds to complete SOC/OBC. An additional £569,000 has been requested in 2526
Discretionary Estates	- Medium-underspend	Scheme on hold to balance position as noted in LHP narrative above.

All above risks will be managed across the programme and hence the forecast shows a balanced position against the current CRL.

Disposals

Approval has been provided by the Board and WG to dispose of Pontypridd Health Centre. It was advertised on the open market in May 2025 and disposal is considered likely in 2025/26. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q has been completed.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M3 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 11 July 2025

Action Points arising from Month 2 Response

Action Point	WG Comment	CTM Response
	TABLE A	
1.3	The response to Action Point 1.3 indicates Line 18 'Variance to Planned RRL' is being used to report expenditure movements from the Plan – this may be a terminology issue and perhaps they relate to the income movements that also have a correlating impact on expenditure (which should be shown in Table B2). There are material monthly variances on this line which are directly impacting on the actual/forecast monthly outturns, which suggests the income has no associated expenditure (if matched to reduced expenditure it would be on the same profile and not impact the monthly bottom lines). Items included on lines 18 and 19 should be explained in the narrative. Please review this for Month 3. (c/f Action Point 1.3)	As discussed with colleagues from WG, the profiling reflects local care group plans in line with forecasts.
2.1	With reference to line 27, please report the 'unplanned income' shortfalls on either Line 18 or 19 (as applicable depending on the source of the funding) in future returns. (Action Point 2.1)	Noted – Movements upon income have been moved to line 19.
	TABLE A2 – Risks & Opportunities	
1.4	We trust that the finance review meetings being held with Care Groups and Directorates will enable mitigating actions to be established to significantly reduce, if not fully eliminate the current 'Delegated Risk Assessments' risk totalling £7.400m. (c/f Action Point 1.4)	Revised risk assessment updated
1.6	All 'Month 1' Amber schemes must turn Green in the Month 3 submission as planned, and in line with the WHC expectations – a Go Green date of the '1st July' for example rather than '30 June' would not preclude the Health Board from showing these as Green if they meet the criteria at the time you compile the Month 3 MMR next month. Once these 'Month 1' schemes are converted, we would also	Noted

	expect the risk to delivery (£2.462m) to be removed from Table A2. (c/f Action Point 1.6)	
1.7	In response to Action Point 1.7, you confirm the 'WG funding' opportunity has been removed from Table A2. As this opportunity is still being highlighted in Table A2 and your narrative, I trust it will be removed at Month 3. (c/f Action Point 1.7)	Noted.
	TABLE B – Monthly Positions	
1.10	Compared to straight twelves, the year to date Revenue Resource Limit is again under phased by c. £5.000m; please clarify the corresponding key expenditure areas (e.g. CHC inflation) where spend is forecast to increase in future months which will be offset by the phasing of increased RRL. (c/f Action Point 1.10)	As discussed with colleagues from WG, the profiling reflects local care group plans in line with forecasts. The profile reflects winter plans, outpatient waiting time
	TABLE B1 – SoCNE movements	
	The narrative confirms the Month 2 Pay expenditure is c.£1.000m higher than forecast last month due to non recurrent variable (including agency) pay pressures. However, the Pay section of Table B2 does not show a £1.000m unplanned cost pressures in Month 2. Please clarify how you have reported the £1.000m increase in B2 Pay and clarify if it relates to a change in income. (Action Point 2.2)	The Narrative reflects changes from previous periods not variance from plan. Table B2 reflects the variance from the original plan.
	TABLE B2 – Expenditure Movements	
1.12	Your colleague, Andrew Jones, helpfully provided a supplementary reconciliation between the spend values reported in the MDS and those reported in the 'Annual Plan (plus finalised savings identified at month 1) - Fixed after month' lines of Table B2. The only adjustments should relate to the savings, yet the reconciliation includes a £4.913m reduction in Non pay compared to the MDS figure. The response to	The £4.913m adjustment between LTA Expenditure & LTA income is correctly noted against Healthcare services provided by other NHS not Non Pay.

	Action Point 1.12 confirms this relates to a reduced LTA spend value and corresponding income. Please clarify why this was categorised fully against Non-pay (c/f AP 1.12 a). Please also reverse the £4.913m adjustment in Table B2 line 46. This movement should then be explained as an unplanned cost reduction which is offset by the corresponding reduced income assumption within Table A (Line 19). (c/f AP 1.12b)	Following discussion with WG colleagues no changes are required.
2.3	Table B2 does not appear to have been analysed for the full year, as all unplanned cost pressures and reductions incurred to date are being reported as non recurrent. Please note that the profiles on the 'Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)' lines should now be fixed, and that only positive values are expected to be recorded on the Additional Spend Associated with In Year Funding / Income above plan (Positive Value)' lines. (Action Point 2.3)	As noted in our narrative the recurrent position will be reviewed following Q1. A full review will be presented for the M4 returns.
2.4	Following the annual spend forecast reducing by c. £2.000m within Non-pay this month, which is broadly described as relating to an element of spend reductions £0.918m and virements to other categories. Please provide details of the spend reductions items reported on Line 52 which are not forecast to continue into future months. (Action Point 2.4)	The £918k in month improvement to plan is a combination of many areas of reductions including M&S supplies, some of which are anticipated to be timing differences. Although improvements have been reported on line 53 for year to date benefits, the future improvements are combined within the further mitigations line 56 until the benefits can be materialised or included in savings plans.
2.5	Please provide a supporting explanation for the favourable CHC (Line 118) spend movement of £1.050m reported in June, which is then offset by a corresponding pressure in Month 4. Also, please note that explanations should be provided for any spend items reported on the 'Other' lines of Table B2. (Action Point 2.5)	As discussed with WG colleagues and noted in the narrative, this phasing adjustment reflects the timing of inflation arrears originally anticipated to be processed in M3 which were then delayed to M4 and has subsequently been delayed further to M5 in our latest forecast.

2.6	It is noted that several minor amendments have been made to the April values at Month 1 which have an overall net impact of nil. Please ensure you only use the current and future month periods to make adjustments unless agreed with the NHSFM Team. (Action Point 2.6)	Noted
2.7	The 'Error' message in cell R21 is due to formulas being entered in free text lines which are causing rounding differences. In future months, please ensure only whole numbers of entered within all free text lines of Table B2. (Action Point 2.7)	Noted
	Table B3 – Pay Expenditure	
2.8	Whilst a positive position, please provide a supporting explanation for the current assumption that the additional (c.£0.250m) Medical and Dental Agency spend incurred in Month 2 will not continue into future months. (Action Point 2.8)	The main pressures were anticipated to be temporary arrangements, with mitigating actions planned to recover future positions.
2.9	Please provide details of the actions being taken to deliver the below Cabinet Secretary workforce enabling actions (Action Point 2.9): Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure. Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	The Health Board has established executive led central programmes to improve the savings position including reducing agency expenditure. The Nursing Workforce Productivity work stream have been working on Nursing and Health Care support worker utilisation and establishment controls to further reduce the use of agency. The Medical Workforce productivity work stream has progressed work on establishment controls and aims to further reduce agency expenditure. The current forecast is indication a 25% reduction in agency expenditure for

		2025/26, with further improvements being planned by the work streams.
	Table C – C3 – Savings	
C/F 24/25 11.10	The narrative confirms the continued adopted approach that all savings must be recorded in the ledger and a budget must be reduced before a saving can be reported in the monitoring return saving templates. This indicates that perhaps reported savings are understated (as savings could be generated in areas where spend is above budget and that spend is part of your Annual Plan values which drives the Savings Plan requirement value). Clarity is sought on whether budgets have been issued gross of the savings requirements with the savings gap being held centrally (for the budget to be removed once a scheme is identified) or Divisions are holding a negative reserve pending identification of the saving, at which point it is re-aligned against the applicable budget line once the savings is included in the MMR. Please describe the approach taken, in your Month 3 narrative. (c/f 24/25 AP 11.10)	Noted – Discussions have been held with WG Colleagues to explain our process.
	TABLE D – Income/Expenditure	
2.10	Please confirm in the Month 3 narrative, that the Provider LTA has now been signed off by both parties – the WHC deadline was the 12 June 25. (Action Point 2.10)	All LTAs/SLA have now been fully signed by all parties.
	TABLE E – Resource Limits	
2.11	Please ensure anticipated RLW for care homes staff is reported against the designated line (14) in Table E, as this helps with our all-Wales consolidation. (Action Point 2.11)	Noted
2.12	The reported confirmed Revenue Drawing Limit value of £1,363,292,000 is £8,633,000 lower than the corresponding line 1	Noted

	referenced drawing allocations total of £1,371,925,000. Please review this value for Month 3. (Action Point 2.12)	
	TABLE G – Cash Flow	
2.13	Please review the reported WG Revenue Drawing Limit amounts shown in April and May as they currently include the Capital Drawing Limit amounts which are also reported on Line 4. (Action Point 2.13)	There was a formula error on the WP, this has now been corrected and updated.
2.14	A forecast cash shortfall of c.£3.000m is reported in March. Given that the Health Board is forecasting breakeven and the need for working balances will be anticipated in Table E, please review this forecast and provide an explanation if this is still reported at Month 3. (Action Point 2.14)	We are anticipating break even and the shortfall will be removed for month 3.
	TABLE K – Capital Disposals	
2.15	Please consider if the planned disposal of Pontypridd Health Centre should be reported in the current year section of Table K – the narrative refers to a likely sale in 25/26. If you believe the deed of transfer will not take place until 26/27, then please update your narrative. (Action Point 2.15)	The sale is expected in 25-26 so moved to the current year on table K. We cannot move the comment however as the template is protected.

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	16,511	989	15,522	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	13,951	1,293	12,658	12,658
12 Opening IMTP / Annual Operating Plan	0	1,282	-1,282	1,700
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-13,951	-1,293	-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	-55	0	-55	85
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,395	-241	-1,154	-877
17 Additional In Year Identified Savings - Forecast	1,964	163	1,801	3,639
18 Variance to Planned RRL	0	0		
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	288	288		
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	8,182	8,182	0	0
22 Unplanned Cost Pressures	-5,368	-5,368	0	0
23 Planned Mitigations Yet To Be Finalised	10,335	524	9,811	9,811
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	0	0	0	0
26	0	0		
27	0	0		
28	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35 Forecast Outturn (- Deficit / + Surplus)	0	3,537	-3,537	1,700

	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	-658	-1,975
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	-10,950
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	5,100
4													0
5													0
6	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	3,386
7	19	96	72	72	72	72	72	72	72	72	72	72	187
8													0
9													0
10													0
11	2,047	1,150	1,055	1,327	1,040	860	1,137	1,075	1,091	1,074	1,043	1,052	4,252
12	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,047	-1,150	-1,055	-1,327	-1,040	-860	-1,137	-1,075	-1,091	-1,074	-1,043	-1,052	-4,252
14													0
15	0	-75	-62	27	5	7	7	7	7	7	7	7	-137
16	0	-485	-85	-117	-80	-108	-59	-87	-87	-97	-97	-95	-569
17	0	39	134	57	105	154	162	206	206	290	305	305	173
18	114	-1,371	-4,717	-1,230	714	-663	13	1,279	1,296	1,279	1,249	2,036	-5,973
19	-389	43	634										288
20	0	0	0	0	0	0	0	0	0	0	0	0	0
21	1,017	2,071	3,294	200	200	200	200	200	200	200	200	200	6,382
22	-385	-1,105	-255	-423	-400	-400	-400	-400	-400	-400	-400	-400	-1,745
23	0	0	0	1,312	1,227	1,206	1,150	1,134	1,132	1,058	1,042	1,072	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	1,050	381	-1,431	0	0	0	0	0	0	0	1,050
26													0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	-1,690	-2,032	-1,061	-1,120	-699	-464	-64	1,264	1,264	1,264	1,264	2,073	-4,782

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

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 £'000	
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000		
1	Pay	Budget/Plan	96	789	572	627	624	635	693	721	742	762	763	770	1,458	7,794		0	26				
2		Actual/F'cast	96	421	517	559	650	670	777	820	841	925	940	947	1,034	8,163	12.67%	7,791	371	232	7,931	0	11,106
3		Variance	0	(369)	(55)	(68)	25	35	83	99	99	162	178	178	(424)	369	(29.06%)	7,791	345				
4	Non-Pay	Budget/Plan	46	173	148	166	168	236	202	202	198	196	192	209	368	2,136		2,123	13				
5		Actual/F'cast	46	96	253	174	168	247	222	221	218	227	223	242	395	2,336	16.91%	2,252	84	678	1,658	0	2,427
6		Variance	0	(77)	105	8	(0)	11	19	19	20	31	31	32	27	200	7.44%	129	71				
7	Primary Care - Drugs & Appliances	Budget/Plan	400	400	400	400	687	457	457	457	457	457	457	457	1,200	5,486		5,486	0				
8		Actual/F'cast	400	400	400	400	687	457	457	457	457	457	457	457	1,200	5,486	21.87%	5,486	0	0	5,486	0	5,488
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	336	9	9	339	39	39	39	39	39	39	336	925		925	0				
11		Actual/F'cast	0	0	336	9	9	339	39	39	39	39	39	39	336	925	36.35%	925	0	0	925	0	1,295
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.07%	0	0				
13	CHCIFNC	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	0	70		70	0				
14		Actual/F'cast	0	0	0	0	0	0	0	35	0	0	35	0	0	70	0.00%	70	0	0	70	0	120
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	25	8	8	9	8	8	9	8	8	9	25	100		0	100				
20		Actual/F'cast	0	0	25	8	8	9	8	8	9	8	8	9	25	100	25.00%	0	100	0	100	0	100
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/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	543	1,362	1,481	1,209	1,496	1,676	1,399	1,461	1,445	1,462	1,493	1,484	3,386	16,511		8,604	100				
35		Actual/F'cast	543	917	1,531	1,149	1,521	1,722	1,502	1,580	1,564	1,656	1,702	1,694	2,990	17,080	25.00%	16,525	556	910	16,170	0	20,536
36		Variance	0	(446)	50	(60)	25	46	103	119	119	193	209	210	(396)	569	0.00%	7,921	456				

37	Variance in month	0.00%	(32.72%)	3.37%	(4.95%)	1.68%	2.74%	7.35%	8.13%	8.26%	13.23%	13.99%	14.17%	(11.69%)
38	In month achievement against FY forecast	3.18%	5.37%	8.96%	6.73%	8.91%	10.08%	8.79%	9.25%	9.16%	9.69%	9.97%	9.92%	

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 £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			Green £'000	Amber £'000	non recurring £'000	recurring £'000		
1	Pay - General & Substantive	Budget/Plan	62	273	231	261	254	267	323	323	323	327	327	328	566	3,299		0	0			
2		Actual/F'cast	62	98	182	191	243	242	353	379	379	439	454	455	341	3,475		3,130	345	232	3,243	5,274
3		Variance	0	(175)	(49)	(69)	(11)	(25)	29	55	55	112	127	127	(224)	177		3129.992	345			
4	Pay - Variable	Budget/Plan	0	128	128	147	147	147	147	147	167	177	177	183	256	1,695		0	26			
5		Actual/F'cast	0	62	121	145	160	162	162	162	182	217	217	223	183	1,814		1,788	26	0	1,814	2,612
6		Variance	0	(66)	(6)	(2)	13	15	15	15	15	40	40	40	(73)	120		1,788	0			
7	Pay - Agency	Budget/Plan	35	388	213	219	223	222	223	250	252	259	259	259	636	2,801		0	0			
8		Actual/F'cast	35	261	214	222	247	266	262	279	281	269	269	269	509	2,873		2,873	0	0	2,873	3,221
9		Variance	0	(127)	1	3	23	44	39	29	29	10	10	10	(126)	72		2,873	0			
10	Total	Budget/Plan	96	789	572	627	624	635	693	721	742	762	763	770	1,458	7,794		0	26			0
11		Actual/F'cast	96	421	517	559	650	670	777	820	841	925	940	947	1,034	8,163		7,791	371	232	7,931	11,106
12		Variance	0	(369)	(55)	(68)	25	35	83	99	99	162	178	178	(424)	369		7,791	345			

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 £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Budget/Plan	103	800	580	635	633	644	698	725	746	767	767	774	1,483	7,871
2	Workforce	103	427	524	576	659	679	786	829	851	934	949	957	1,054	8,274
3	Variance	0	(373)	(57)	(59)	26	36	88	104	104	167	183	183	(430)	403
4	Budget/Plan	400	438	755	428	715	815	515	515	515	515	515	515	1,594	6,641
5	Medicines Management	400	410	757	434	721	821	521	521	521	521	521	521	1,567	6,672
6	Variance	0	(28)	2	6	6	6	6	6	6	6	6	6	(26)	31
7	Budget/Plan	35	102	108	112	124	192	158	158	154	152	148	105	245	1,608
8	Procurement & Non-pay	35	67	217	122	124	195	170	169	166	175	171	189	319	1,799
9	Variance	0	(35)	109	10	0	3	11	11	12	23	23	24	74	191
10	Budget/Plan	0	0	0	0	0	0	0	35	0	0	35	0	0	70
11	CHC	0	0	0	0	0	0	0	35	0	0	35	0	0	70
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	24
14	Pathway	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Variance	0	0	0	0	0	0	(4)	(4)	(4)	(4)	(4)	(4)	0	(24)
16	Budget/Plan	4	22	38	21	21	22	21	21	22	21	21	22	65	258
17	Other - Commissioning	4	4	29	12	12	22	21	21	22	21	21	22	38	215
18	Variance	0	(16)	(9)	(9)	(9)	0	0	0	0	0	0	0	(26)	(44)

Table C3 - Tracker

£000		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYVE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Reduction)	Month 1 - Plan	545	1,362	1,461	1,220	1,480	1,610	1,500	1,461	1,440	1,455	1,480	1,480	15,511	0	0	15,511	2,251	17,762
	Month 1 - Actual/Forecast	545	871	1,362	1,090	1,410	1,590	1,450	1,374	1,390	1,390	1,390	1,390	13,111	0	0	15,511	1,500	17,011
	Actuals		1,080	1,000	1,117	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	10,000	0	0	11,000	0	11,000
	to Date - Plan	0	0	1,100	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	11,117	0	0	11,117	1,117	12,234
	to Date - Actual/Forecast	0	0	1,100	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	11,117	0	0	11,117	1,117	12,234
	Forecast	0	0	1,100	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	11,117	0	0	11,117	1,117	12,234
	Total Plan	545	1,362	1,461	1,220	1,480	1,610	1,500	1,461	1,440	1,455	1,480	1,480	15,511	0	0	15,511	2,251	17,762
	Total Actual/Forecast	545	1,362	1,461	1,220	1,480	1,610	1,500	1,461	1,440	1,455	1,480	1,480	15,511	0	0	15,511	2,251	17,762
	Forecast	0	0	1,100	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	1,117	11,117	0	0	11,117	1,117	12,234
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	10	20	20	20	20	20	20	20	20	20	20	20	200	0	0	200	0	200
	Month 1 - Actual/Forecast	10	20	20	20	20	20	20	20	20	20	20	20	200	0	0	200	0	200
	Actuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	to Date - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	to Date - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	10	20	20	20	20	20	20	20	20	20	20	20	200	0	0	200	0	200
	Total Actual/Forecast	10	20	20	20	20	20	20	20	20	20	20	20	200	0	0	200	0	200
	Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accruals/Gains	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	to Date - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	to Date - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	555	1,402	1,501	1,240	1,500	1,630	1,500	1,481	1,460	1,475	1,500	1,500	15,711	0	0	15,711	2,251	17,962
	Month 1 - Actual/Forecast	555	1,402	1,481	1,240	1,490	1,630	1,490	1,461	1,460	1,475	1,480	1,480	15,711	0	0	15,711	2,251	17,962
	Actuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	to Date - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	to Date - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	555	1,402	1,501	1,240	1,500	1,630	1,500	1,481	1,460	1,475	1,500	1,500	15,711	0	0	15,711	2,251	17,962
	Total Actual/Forecast	555	1,402	1,481	1,240	1,490	1,630	1,490	1,461	1,460	1,475	1,480	1,480	15,711	0	0	15,711	2,251	17,962
	Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Agenda Item

6.2.2

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

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

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

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance (PPF) sub-committee at its meeting on 8 April 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

RAG Rating	Highlights
Alert / Escalate	There were no items to be deferred or escalated on this occasion.
Advise	- An implementation plan for the 2025/26 Foundation Plan, signed off by the JCC on 18 March 2025 is being developed, with senior responsible officers identified across the programme as enablers for the plan. Members noted that discussions are underway with Health Board (HB) colleagues who have offered to collaborate on elements of the implementation plan. - Members were advised of the changing operating model for ambulance services from Welsh Government (WG) which introduces an additional purple category for cardiac arrest and an updated red category. The JCC will need to review the size, scale and type of ambulance resources that the JCC commissions against any service changes which are proposed in response. - Risk 03 - Plastic Surgery Delays was highlighted. Members were reminded of the additional funding received from WG towards the end of 2024/25 to support the delivery of waiting time targets. Additional funding would need to continue in 2025/26 but the timeliness of confirmation will be critical to ensure better value in delivering the activity plans.
Assure	- Members were informed that a Q4 position against the extant plans inherited from the three predecessor bodies would be brought to the meeting in June 2025 for assurance on their delivery. - The associated risks for services that sit below the line in the Foundation Plan for 2025/26 will be wrapped into the forward work programme moving forward. - High-level milestones for the 2026/29 three-year IMTP will be reviewed by the JCC Senior Leadership Team (SLT) and brought to the PPF sub-committee for assurance. - Members received the first report on the assignment of risks from the overarching JCC risk register to each subcommittee for monitoring and scrutiny, with 14 risks scored 15 and above. Seven of these risks have been

	assigned to the PPF subcommittee for review and assurance. • The Month 11 Financial Performance Report was received noting: ◦ £6.9 million deficit at year end which was in line with the forecast. ◦ Non-recurrent funding of £8.9 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk. ◦ The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. Engagement with both NHS Wales and English providers will be key, with a specific focus on referral management for providers in England. • The JCC Performance Report for December 2024 was received. It was noted that this report had been presented to the previous PPF sub-committee at its meeting in February due to the timing of the meeting and publication of the report being slightly out of sync. Alignment of the meeting dates was being reviewed. • The report was taken as read with the following points highlighted: ◦ An update on services in escalation, including the de-escalation of plastics and the escalation of bariatrics at Salford to Level 3. ◦ The challenges with medium secure mental health services, including the impact of the fire incident and the need for modernisation of facilities. • The PPF Highlight Report was received for information and assurance noting that the report is shared with HB board secretaries for consideration and inclusion on their respective planning, performance and finance sub-committees. The same is done for the Quality, Safety and Outcomes sub-committee for the respective HB quality and patient safety committees.
Inform	• Members noted the Cabinet Secretary's announcement and the potential role of the JCC in commissioning parts of the independent sector provision at a national level to support HBs with planned care waiting times. • The Forward Plan of Business for the next twelve months was presented for information, noting that it would feature as a specific report to the JCC in May

	2025 as part of the committee's overarching forward plan of business. It was agreed that the development of a long-term strategy for the JCC would be included within the forward plan.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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) /	Yes - Refine
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: N/A
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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	Choose an item.	

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.



Agenda Item

10.2.3

Operational Delivery Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	29/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The 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 2025 to 31 December 2025.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.
- 2.2 The Cycle of Business is currently being revisited in relation to areas of activity from the Chief Operating Office and it is anticipated that the cycle will change ahead of the next meeting.

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 (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Safe
	If more than one applies please list below:



Link to Domains of Quality (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 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 2025 to the 31st December 2025)

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

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

The Operational Delivery Committee meets at least 4 times per annum.

Committee Chair: Rachel Rowlands, IM Community	Committee Vice Chair Ian Wells, Independent Member - Digital	Executive Leads for Agenda Planning Gethin Hughes, Chief Operating Officer

CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R Except for the annual review in January	R Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				R									X	R
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually				R			R To be received in 2026						X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements CONTD																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				R			R						X	R
People Activity																
8. Wellbeing Survey and Staff Survey – Delivery Action Plans	Executive Director of People	All Regular Meetings	R			R			R			R			X	R
9. Employee Relations Report	Executive Director of People	Twice Per Annum				R						R				
10. Welsh Language Annual Report	Executive Director of People	Annually							R Defer to Oct 25			R				R
Digital & Data Activity																
11. Digital & Data Delivery Report (<i>encompassing IG, Cyber, Medical Records, critical incidents</i>)	Director of Digital	All Regular Meetings	R			R			R			R			X	R
12. Information Governance Toolkit	Director of Digital	Annually										R			X	R
Risk Management																
13. Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			X	R
Planning Framework																
14. IMTP Quarterly Updates	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings	R			R			R			R			R	X
15. Capital Plans and Business Cases (in accordance with SoD)	Executive Director of Finance (And other Executive Leads where appropriate)	All Regular Meetings	R			R			R			R			X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Planning Framework Contd.																
16. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually							R						X	R
17. Value Based Health Care Steering Group Highlight Report	Executive Director of Finance	Annually							R						X	R
Integrated Performance Management																
18. Integrated Performance Dashboard To include People Metrics Report (to include Employee Relations updates as appropriate)	All Executive Directors	All Regular Meetings	R			R			R			R			X	R
19. Estates Performance Report (Against KPI's)	Executive Director of Finance	Twice Per Annum	R						R Defer to Jan 2026						X	R
20. Estates and Facilities Performance Management System - Annual Report	Chief Operating Officer & Executive Director of Finance	Annually							R Defer to Jan 2026						X	R
21. Workforce Efficiency & Productivity Including Resourcing and Retention	Executive Director of People	Twice Per Annum				R						R				R
22. Care Group in Year Performance & Delivery (the report can also include key area of focus as agreed by COO, ensuring a streamlined approach to updates)	Chief Operating Officer	Care Groups assigned to All Regular Meetings	R PC&C PC Facilities			R MH&LD C&F, DTPS USC			R PC&C PC Facilities			R MH&LD C&F, DTPS USC				
Financial Management / Performance																
23. Monthly Finance Reports	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R

24. Monthly Finance Performance Reports	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
25. Monthly Monitoring Returns	Executive Director of Finance	All Regular Meetings	R			R			R			R			R	X
26. Capital Delivery Programme Monitoring Report	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
27. Annual allocation of budget setting	Executive Director of Finance	Annually	R												X	R
28. Investment Activity decisions outside of the IMTP (TBC)	Executive Portfolio Led.	As and when required.	TBC													