Operational Delivery Committee / Pwyllgor Cyflawni Gweithredol

Tuesday 27 October 2026, 13:00 - 16:30

Via Teams

Agenda

13:00 - 13:10
10 min

1. PRELIMINARY MATTERS / MATERION RHAGARWEINIOL

1.1. Welcome and Introductions

Information *Rachel Rowlands, Committee Chair*

1.2. Apologies for Absence

Information *Rachel Rowlands, Committee Chair*

1.3. Declarations of Interest

Information *Rachel Rowlands, Committee Chair*

1.4. Consent Agenda

Rachel Rowlands, Committee Chair

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

1.5. Action Log

Discussion *Rachel Rowlands, Committee Chair*

1.5 Action Log ODC 27 October 2026.pdf (5 pages)

1.6. Matters Arising not contained within the Action Log

Discussion *Rachel Rowlands, Committee Chair*

13:10 - 13:25
15 min

2. ODC ASSURANCE SUMMARY / CRYNODEB SICRWYDD ODC

2.1. ODC Assurance Framework - to follow

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

What has changed since July? Where is assurance positive, limited or unavailabole? Which risks, controls or actions require focused scrutiny?

2.2. Board Assurance Framework

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

2.2a BAF Cover Report ODC 27 October 2026.pdf (6 pages)
2.2b BAF Summary ODC 27 October 2026.pdf (3 pages)
2.2c BAF - main BAF ODC 27 October 2026.pdf (41 pages)

2.3. Organisational Risk Register

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

2.3a ORR Cover Report ODC 27 october 2026.pdf (14 pages)
2.3b ORR ODC 27 October 2026.pdf (14 pages)

13:25 - 14:00
35 min

3. FINANCIAL SUSTAINABILITY, CAPITAL AND ESTATES DELIVERY / CYNALIADWYEDD ARIANNOL A DARPARU CYFALAF AC YSTADAU

Is the financial forecast credible and supported by deliverable actions? Are capital and estates programmes progressing within risk appetite?

3.1. Month 6 Finance Report

Discussion *Sally May, Executive Director of Finance*

3.1 M6 Finance Report ODC 27 October 2026.pdf (24 pages)

3.2. Month 6 Finance Performance Report

Discussion *Sally May, Executive Director of Finance*

3.2 M6 Finance Performance Report ODC 27 October 2026.pdf (28 pages)

14:00 - 14:45
45 min

4. OPERATIONAL RECOVERY, FLOW AND SERVICE DELIVERY / ADFERIAD GWEITHREDOL, LLIF A DARPARU GWASANAETHAU

Are recovery trajectories credible? Are seasonal plans, ambulance arrangements and service changes reducing harm and improving resilience?Are recovery trajectories credible? Are seasonal plans, ambulance arrangements and service changes reducing harm and improving resilience?

4.1. Integrated Performance Dashboard

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

4.1 Integrated Performance Dashboard ODC 27 October 2026.pdf (24 pages)

4.2. Revised Ambulance Performance Measures - to follow

Discussion *Claire Thompson, Executive Director of Strategy & Transformation / JCC Representative*

4.3. Specialist Palliative Care Services Implementation Update

Discussion *Gethin Hughes, Chief Operating Officer*

4.3 Palliative Care Update on Implementation of SPC transformation ODC 27 Oct 2026.pdf (11 pages)

4.4. Seasonal Planning Update - to follow

Discussion *Gethin Hughes, Chief Operating Officer*

4.5. COMFORT BREAK - 10 MINUTES

14:45 - 15:10
25 min

5. WORKFORCE CAPACITY, CULTURE AND DELIVERY / GALLUOEDD Y GWEITHLU, DIWYLLIANT A DARPARU

Does the workforce position support safe delivery and recovery? What does staff experience indicate about culture and capability?

5.1. Workforce Metrics Report

Discussion *Hywel Daniel, Executive Director for People*

5.1 Workforce Metrics Report ODC 27 October 2026 (2).pdf (15 pages)

5.2. NHS Staff Survey Update

Discussion *Hywel Daniel Executive Director for People*

5.2 Staff Survey Update ODC 27 October 2026.pdf (8 pages)

15:10 - 15:35
25 min

6. TRANSFORMATION, DIGITAL AND IMTP DELIVERY / TRAWSNEWID, DIGIDOL A DARPARU'R IMTP

Are transformation, digital and data programmes enabling measurable operational and financial improvement?

6.1. IMTP Quarter 2 Progress

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

6.1 IMTP Q2 Progress Report 2026-29 ODc 27 October 2026.pdf (14 pages)

6.2. Digital and Data Delivery Update

Discussion *Stuart Morris, Director of Digital*

6.2 Digital and Data Update ODC 27 October 2026.pdf (10 pages)

6.3. Ministerial Advisory Group (MAG) Update - to follow

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

15:35 - 15:40
5 min

7. CONSENT AGENDA / AGENDA CANIATÂD

7.1. Items for Approval

7.1.1. Unconfirmed Minutes of the Meeting held on 28 July 2026

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

7.1.1 Unconfirmed Minutes 28.7.26 ODC 27 October 2026.pdf (16 pages)

7.1.2. Unconfirmed In Committee Minutes of the Meeting held on 28 July 2026

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

7.1.2 Unconfirmed IC Minutes 28.7.26 ODC 27 October 2026.pdf (5 pages)

7.1.3. Welsh Language Standards Annual Performance Report 2025-26

Decision *Hywel Daniel, Executive Director for People*

7.1.3a WL Standards Cover Report ODC 27 October 2026.pdf (7 pages)
7.1.3b WL Standards Annual Performance Report 2025 26 ODC 27 october 2026.pdf (44 pages)
7.1.3c Annex A_ MNG Report CTM UHB 2025 26.pdf (15 pages)
7.1.3d Atodiad A Adroddiad MNG BIP CTM 2025 26.pdf (16 pages)

7.1.4. Equality Annual Report

Decision *Hywel Daniel, Executive Director for People*

7.1.4a AER Cover Paper ODC 27 October 2026.pdf (7 pages)
7.1.4b Annual Equality Report 25-26 ODC 27 October 2026.pdf (26 pages)
7.1.4c Adroddiad Perfformiad Blynyddol Safonau'r Gymraeg 2025 26.pdf (45 pages)

7.1.5. CTM Digital Supplier Management Policy

Decision *Stuart Morris, Director of Digital*

- 7.1.5a Supplier Mmt Policy Cover Report ODC 27 October 2026.pdf (5 pages)
- 7.1.5b Digital Supplier Management Policy 0.2.pdf (15 pages)

7.1.6. Records Management Policy - to follow

Decision

7.1.7. Recruitment and Selection Policy

Decision *Hywel Daniel, Director for People*

- 7.1.7a Recruitment and Selection Policy ODC 27 October 2026.pdf (7 pages)
- 7.1.7b Recruitment and Selection Policy Final.pdf (13 pages)
- 7.1.7c Recruitment and Selection Policy FAQs Final.pdf (12 pages)
- 7.1.7d Guidance on involving those with Lived Experience in Recruitment.pdf (12 pages)

7.1.8. Artificial Intelligence Governance and Safe Use Policy

Decision *Stuart Morris, Director of Digital*

- 7.1.8a CTM AI Policy Cover Report ODC 27 October 2026.pdf (5 pages)
- 7.1.8b CTM_UHB_AI_Policy_Final.pdf (16 pages)
- 7.1.8c CTM_UHB_AI_Assessment_Tool_InHouse_Final.pdf (12 pages)
- 7.1.8d CTM_UHB_AI_Assessment_Tool_Commercial_Final.pdf (12 pages)

7.2. Items for Noting

7.2.1. Months 4, 5 & 6 Monitoring Returns to Welsh Government

Information *Sally May, Executive Director of Finance*

- 7.2.1a M4 Monitoring Returns to WG ODC 27 October 2026.pdf (4 pages)
- 7.2.1b Annex A - Month 04 - CTM ULHB - Monitoring Narrative 2026-27.pdf (27 pages)
- 7.2.1c Annex A - Month 04 - CTM ULHB - Monitoring Tables 2026-27.pdf (5 pages)
- 7.2.1d M5 Monitoring Returns to WG ODC 27 October 2026.pdf (4 pages)
- 7.2.1e Annex A - Month 05 - CTM ULHB - Monitoring Narrative 2026-27.pdf (26 pages)
- 7.2.1f Annex A - Month 05 - CTM ULHB - Monitoring Tables 2026-27.pdf (5 pages)
- 7.2.1g M6 Monitoring Returns to WG ODC 27 October 2026.pdf (4 pages)
- 7.2.1h Annex A - Month 06 - CTM ULHB - Monitoring Narrative 2026-27.pdf (29 pages)
- 7.2.1i Annex A - Month 06 - CTM ULHB - Monitoring Tables 2026-27.pdf (5 pages)

7.2.2. JCC Planning, Performance and Finance Committee Highlight Report

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

- 7.2.3 JCC PPF Highlight Report ODC 27 October 2026.pdf (5 pages)

7.2.3. Annual Cycle of Business

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

- 7.2.3a Annual Cycle of Business ODC 27 October 2026.pdf (3 pages)
- 7.2.3b FINAL CTMUHB ODC Cycle of Business 2026 v8 (2).pdf (7 pages)

7.2.4. Committee Forward Work Plan (non routine business)

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

- 7.2.4 Forward Work Plan ODC 27 October 2026.pdf (3 pages)

15:40 - 15:50
10 min

8. ASSURANCE, CONCLUSIONS AND CLOSE / SICRWYDD, CASGLIADAU A CHAU

What assurance can be reported to the Board? What requires escalation, referral or further evidence?

8.1. Any Other Urgent Business

Discussion *Rachel Rowlands, Committee Chair*

8.2. Committee Highlight Report to Board

Discussion *Rachel Rowlands, Committee Chair*

8.3. How did we do in this Meeting?

Discussion *Rachel Rowlands, Committee Chair*

- Is there anything we could do more or less of?
- Have we managed our time well and allowed open and balanced discussion?
- Have we considered our values and acted in a way that supports embedding our values across CTM
- Have we maintained a strategic focus?
- Have we received sufficient assurance from a range of sources?
- Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

15:50 - 15:55
5 min

9. (CLOSED) IN COMMITTEE SESSION / SESIWN PWYLLGOR PREIFAT

Information *Rachel Rowlands, Committee Chair*

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

- Organisational Risk Register - Business Sensitive Risks

15:55 - 16:00
5 min

10. DATE AND TIME OF NEXT MEETING / DYDDIAD AC AMSER Y CYFARFOD NESAF

21st January 2027 at 13:00 pm

Operational Delivery Committee - Action Log (as at 16.09.2026)

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Date the a origin		Number	em Title / Summary	Org Risk No: (if applicable)	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Operational Delivery Committee - October 2026	3,1	3	Action Log		Arrange attendance from Joint Commissioning Committee (JCC) representative to explain new ambulance performance measures and improvement work.	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	okt-26	**Proposed for Closure**	On Agenda for October 2026 meeting and invite sent to JCC Representative
Operational Delivery Committee - July 2026	3,1	3	Action Log		Recirculate previous explanation regarding smoking cessation performance data.	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	okt-26	**Proposed for Closure**	**Completed** the previous explanation was provided and re-circulated.
Operational Delivery Committee - July 2026	3,1	3	Action Log		Amend action log format so that actions show the committee meeting at which updates will be reported back, rather than only the action? completion date.	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	okt-26	**Proposed for Closure**	Action Log has been updated to reflect suggested changes.
Operational Delivery Committee - July 2026	4,1	4	Organisational Risk Register		Include in the November 2026 Organisational Risk Register report an update on risk scoring, calibration and moderation arrangements, together with assurance mechanisms for significant operational risks managed below Committee level, including escalation routes and alignment with the Organisational Risk Register and Board Assurance Framework.	Interim Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	okt-26	**Open**	Progress with review of risk scoring etc can be proposed for closure as per the recent work summarised in the ORR coversheet. Progress re. assurance on risks managed below committee level is IN PROGRESS and will be covered in the November iteration of ORR.
Operational Delivery Committee - July 2026	4,1	4	Organisational Risk Register		Provide update on legal services sustainability risk including timescales and recruitment progress.	Director of Digital	Director of Digital	okt-26	**Proposed for Closure**	Significant updates to the mitigation of this risk have been included in the September 2026 ORR. This includes confirmation that recruitment remains delayed, with a further update expected in November.
Operational Delivery Committee - July 2026	4,2	6	Draft Annual Report		Correct attendance information within Committee Annual Report	Interim Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	jul-26	**Proposed for Closure**	Completed the report was amended and was presented to the September 2026 Board Meeting for Approval

Explore opportunities to increase Welsh language visibility within Committee meetings and agree any proportionate actions with the Committee Chair and Lead Officers.	4,4	7	Outcome of the Committee Self Effectiveness Survey 2025-26		Explore opportunities to increase Welsh language visibility within Committee meetings and agree any proportionate actions with the Committee Chair and Lead Officers.	Interim Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	okt-26	**Open**	The following approach is suggested across all Committees: Continue to translate formal minutes into Welsh, use Welsh greetings and closing statements; routinely ask guest speakers whether they prefer to present in English or Welsh, and offer interpretation, explore publishing of agendas with part of the content bi-lingual and offer introductory Welsh language training to Board Members.
Operational Delivery Committee - July 2026	4,4	7	Outcome of the Committee Self Effectiveness Survey 2025-26		Review Committee agenda structure, reporting and assurance arrangements to ensure agendas are aligned to strategic priorities, risks, performance and assurance requirements, informed by self-assessment feedback.	Interim Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	okt-26	**Open**	A pilot assurance-led committee model is being tested through ODC, using themed assurance discussions and explicit assurance judgements to strengthen Board assurance and inform potential wider rollout across Committees.
Operational Delivery Committee - July 2026	4,4	7	Outcome of the Committee Self Effectiveness Survey 2025-26		Review Member development and support arrangements relating to effective scrutiny, assurance-based questioning, Independent Member peer support and post-meeting feedback mechanisms.	Interim Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	okt-26	**In Progress**	This is being considered as part of the ongoing Member Development Programme
Operational Delivery Committee - July 2026	6,1	11	Integrated Performance Dashabord		Bring back delayed discharge and pathway performance information for Committee review.	Chief Operating Officer	Chief Operating Officer	okt-26	**Open**	To be updated at meeting.

Operational Delivery Committee - July 2026	6,1	11	Integrated Performance Dashabord		Obtain briefing from Public Health colleagues regarding drop in childhood vaccination uptake and provide response	Chief Operating Officer	Chief Operating Officer	okt-26	**Proposed for Closure**	This information has been circulated to the Committee.
Operational Delivery Committee - July 2026	6,1	11	Integrated Performance Dashabord		Provide update/report on Hospital at Home programme outcomes	Chief Operating Officer	Chief Operating Officer	okt-26	**Proposed for Closure**	This information has been circulated to the Committee.
Operational Delivery Committee - July 2026	6,1	11	Integrated Performance Dashabord		Bring back information regarding productivity improvement programme and linked measures	Chief Operating Officer	Chief Operating Officer	okt-26	**Proposed for Closure**	This information has been circulated to the Committee.
Operational Delivery Committee - July 2026	6,2	13	Digital and Data Delivery Report		Continue to review and reporting of subject access request backlog and ICO correspondence.	Director of Digital	Director of Digital	okt-26	**Proposed for Closure**	This information is provided via the Digital and Data Delivery Report
Operational Delivery Committee - July 2026	6,2	13	Digital and Data Delivery Report		Consider presenting breakdown of subject access requests by category for next meeting.	Director of Digital	Director of Digital	okt-26	**Proposed for Closure**	This information is provided via the Digital and Data Delivery Report

Operational Delivery Committee - July 2026	7,1	14	Health & Wellbeing Action Plan Update		To continue enhanced sickness absence case management programme and monitor impact	Deputy Director for People	Executive Director for People	Onoing	**Proposed for Closure**	Success measures from 4-month enhanced case-management project will be fully evaluated at month 4 (November) and are being reported via EMB on a monthly basis. Month 2 indicators demonstrated a reduction in 12m, 9m and 3-6m cases.
Operational Delivery Committee - July 2026	7,1	14	Health & Wellbeing Action Plan Update		To consider future assurance framework/reporting requirements for sickness absence programme via Agenda Planning sessions.	Deputy Director for People	Executive Director for People	Onoing	**Proposed for Closure**	Going forwards, more detailed updates on sickness absence will be included within the workforce metrics report, with deep-dives scheduled for ODC at key points in the project.
Operational Delivery Committee - April 2026	5,1	5	Integrated Performance Dashabord		Members requested clarity following removal of the previous 65% response-time metric and introduction of new national measures. it was agreed to provide a briefing explaining the changed national ambulance performance measures and what they mean for CTM population outcomes.	Chief Operating Officer	Chief Operating Officer	aug-26	**Proposed for Closure**	NWJCC Colleagues attending the October Meeting of the ODC to provide a full briefing.
Operational Delivery Committee - April 2026	5,3	6	Digital and Data Highlight Report		Improve future reporting by setting Medical Records metrics in clearer context (what good looks like, operational and clinical impact	Director of Digital	Director of Digital	aug-26	Open	**In progress -** target date for completion set for December 2026

Date of meet originated fr			Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Operational Delivery Committee - April 2026	6,1	8	NHS Staff Survey	Present thematic analysis of staff survey free-text comments to Board for transparency	Executive Director for People	Executive Director for People	mai-26	Closed	A paper and verbal update was provided to the Board in May 2026.
Operational Delivery Committee - April 2026	6,4	10	Workforce Metrics Report	Consider targeted analysis and potential focused report on Estates/Facilities workforce issues (sickness, turnover, productivity	Assistant Director Strategic Workforce Planning	Executive Director for People	aug-26	Closed	A report is being presented on People Metrics in Estates and Facilities to the July 2026 meeting.
Operational Delivery Committee - April 2026	4,1	3	Organisational Risk Register - Verbal Update	Circulate the updated Organisational Risk Register (restricted to risks relevant to this committee) to members after ELG consideration.	Interim Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	mai-26	Closed	The ORR is included with the papers for this meeting at Item 4.1
Operational Delivery Committee April 2026	3,1	2	Action Log	Add clearer descriptive detail in the action log column referencing the Organisational Risk Register, so members can easily understand which risk each action relates to.	Corporate Governance Manager	Director of Corporate Governance/Board Secretary	aug-26	Closed	An additional column has been added to the Action Log for risks to be referenced.
Operational Delivery Committee - April 2026	5,1	5	Integrated Performance Dashabord	Highlight the collective concern around 12 waits in ED's about sustained 12 hour ED waits and associated patient safety risk in the escalation section of the Highlight Report to Board.	Chief Operating Officer	Director of Corporate Governance/Board Secretary	mai-26	Closed	This was escalated in the Highlight Report to the May 2026 meeting of the Board.

Version 1 June 2026

Operational Delivery Committee

Board Assurance Framework Report – September 2026

Eitem yr Agenda / Agenda Item	2.2
Dyddiad y Cyfarfod / Date of Meeting:	Tuesday 27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Review
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is asked to: • **NOTE** the risks under its remit*, and confirm that the updates provide adequate assurance and reflect recent discussions. **ODC oversees Risks 1a,1b,2,3,5,6,9*
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	**All Strategic Pillars** This report relates to the Board Assurance Framework as a whole and therefore aligns to all CTMUHB Strategic Pillars.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The Board Assurance Framework supports delivery of the Integrated Medium Term Plan and Annual Delivery Plan by identifying, monitoring and reporting the principal strategic risks that may affect delivery of the Health Board's objectives, priorities and statutory duties.

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

Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Board Assurance Framework (BAF) sets out the Health Board's principal strategic risks and provides a structured view of the controls, assurances, gaps and mitigating actions in place to manage them. ODC has the following role in relation to the BAF, as set out in the Health Board's Risk Strategy: • *Receive and scrutinise risks and provide onwards assurance to the Board in relation to risks assigned to them to provide oversight and scrutiny.* • *Receive updates in terms of actions taken to mitigate the risks and provide feedback and challenge to risk owners on the actions taken and any further action required.* This report presents the BAF risks which are assigned to ODC, namely Risks 1a, 1b, 2, 3, 5, 6, 9. All risks have been reviewed and updated by risk owners and handlers as part of the September 2026 refresh. Particular focus has been placed on improving the articulation of strategic gaps, strengthening the description of mitigating actions, and evidencing the impact of actions taken to date. Changes to the BAF are normally indicated in red text to aid visibility of changes. This has not been applied on this occasion due to the extent of the revisions, which would have significantly reduced the readability of the document. A summary version of the BAF has also been produced for the September reporting round. This summary should be read alongside the full Board Assurance Framework, which provides the detailed risk descriptions, controls, sources of assurance, actions and supporting evidence. **It does not replace the full framework or seek to reproduce all of its content.**

Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The September iteration of the BAF has focused on strengthening the articulation of strategic gaps, risk treatment narratives and evidence of the impact of mitigating actions. In addition, the summary version provides an accessible overview of the Health Board's principal strategic risks and the current level of assurance over how they are being managed. It is intended to support Board and Committee discussion by highlighting the most significant gaps, the progress being made to address them, the factors that continue to limit assurance, and the expected direction of travel.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The Health Board recognises that development of a mature assurance framework is an ongoing process. Next steps for the November 2026 iteration will include exploring how the assurance already contained within the detailed BAF can be summarised more visibly within this summary document, giving Board and Committee members more at-a-glance visibility of the current position, the effectiveness of mitigating actions, areas where assurance remains limited, and the overall direction of travel for each strategic risk. The intention is not to replace the detailed assurance contained within the full BAF, but to make key assurance messages easier to identify and use. Work is also underway to enhance the way the BAF is used within Board and Committee business. The Director of Corporate Governance and Board Secretary is currently leading a pilot within the Operational Delivery Committee (ODC) to test a more assurance-led approach to committee business, using BAF-assigned risks to focus scrutiny, triangulate evidence and support clearer assurance conclusions.

	Subject to evaluation of the pilot, learning may be used to inform future consideration of how assurance committees contribute to oversight of strategic risks and onward assurance to the Board.
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee is asked to: • **NOTE** the risks under its remit*, and confirm that the updates provide adequate assurance and reflect recent discussions. **ODC oversees Risks 1a,1b,2,3,5,6,9.*

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	All Strategic Risks on the BAF This report relates to the Board Assurance Framework as a whole and therefore has relevance to all strategic risks included within the BAF.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	All applicable The Board Assurance Framework supports consideration of the Health Board's strategic risks across all relevant Wellbeing Goals. Individual strategic risk entries identify specific implications where relevant.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All applicable The Board Assurance Framework supports oversight of strategic risks that may affect all Enablers of Quality. The specific relevance of each enabler is reflected within individual strategic risk entries where appropriate.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Applicable This report is an assurance update and does not propose any service change or operational decision. Environmental and sustainability implications are considered within individual strategic risks where relevant.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	No separate Equality & Welsh Language Impact Assessment has been undertaken as this report provides an assurance update and does not propose a new policy, service change or decision. Equality & Welsh Language implications are considered within individual strategic risks where relevant. **Named Executive/Board member sign off for no EWLIA completion:** Executive Sponsor: Director of Corporate Governance / Board Secretary
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	No separate Quality Impact Assessment has been undertaken as this report provides an assurance update rather than proposing a service change or operational decision. Quality implications are reflected within individual strategic risks where relevant.
Cyfreithiol / Legal	Yes (Include further detail below) Legal and regulatory implications are captured within individual strategic risk entries where relevant.
Enw da / Reputational	Yes (include further detail below) The BAF is a key public assurance document. Reputational implications therefore arise from ensuring that the Health Board's principal strategic risks are accurately reflected and appropriately reported.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (include further detail below) This report does not request additional resources. Workforce, financial and other resource implications are considered within individual strategic risks where relevant.

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

Strategic risk owners and risk handlers	Aug-Sept 2026	Updates requested to support the September 2026 BAF refresh, including redrafting of the Gaps section and other elements.
Executive Leadership Group, Board and Committees	Various	Previous iterations of the BAF have been reviewed through the established governance cycle. The document is iterative and continues to respond to Executive, Board and Committee feedback.
Audit Wales feedback / Structured Assessment recommendation	2025/26	BAF template amended to strengthen reporting of the actual impact of mitigating actions, in response to the recommendation that the BAF should more clearly report the impact of actions taken to mitigate strategic risks.
Executive Leadership Group	14/09/2026	Review, moderation and management sign-off for presentation to the Board and committees.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
CTMUHB	Cwm Taf Morgannwg University Health Board
ELG	Executive Leadership Group
IMTP	Integrated Medium Term Plan
P&I	Performance and Improvement

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT – SUMMARY VERSION – SEPTEMBER 2026
(RISKS OVERSEEN BY THE OPERATIONAL DELIVERY COMMITTEE)

This summary provides an accessible overview of the Health Board's principal strategic risks against the four CTM 2030 strategic goals, and the current level of assurance over how they are being managed. It is intended to support Board and Committee discussion by highlighting the most significant gaps, the progress being made to address them, the factors that continue to limit assurance, and the expected direction of travel.

The summary should be read alongside the full Board Assurance Framework, which provides the detailed risk descriptions, controls, sources of assurance, actions and supporting evidence. **It does not replace the full framework or seek to reproduce all of its content.**

The Health Board recognises that development of a mature assurance framework is an ongoing process. The September iteration of the BAF has focused on strengthening the articulation of strategic gaps, risk treatment narratives and evidence of the impact of mitigating actions.

Next steps for the November 2026 iteration will include exploring how the assurance already contained within the detailed BAF can be summarised more visibly within this summary document, giving Board and Committee members more at-a-glance visibility of the current position, the effectiveness of mitigating actions, areas where assurance remains limited, and the overall direction of travel for each strategic risk. The intention is not to replace the detailed assurance contained within the full BAF, but to make key assurance messages easier to identify and use.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
	Creating Health / Creu Iechyd *Reducing health inequalities; Equal focus on mental and physical health; Supporting our communities; Being a healthy organisation*					
None of the seven BAF risks overseen by ODC are assigned to the "Creating Health" objective.						
	Improving Care / Gwella Gofal *Delivering safe and compassionate care; Developing new models of care; Digital transformation for patients and staff; Ensuring timely access to care*					
All seven risks overseen by ODC are assigned to "Improving Care" as well as "Sustaining Our Future", except for 9 which is only assigned to "Sustaining Our Future".						
1a	**Enough capacity to meet elective demand** **Lead:** Chief Operating Officer **Committee:** Quality, Safety & Experience Committee; and Operational Delivery Committee	**Gap 1:** Digital systems supporting planned care pathways are not yet fully developed or integrated. **Gap 2:** Cancer tracking and speciality-specific elective data remain insufficiently robust to support performance oversight and early intervention. **Gap 3:** Elective recovery and service redesign initiatives are not yet fully embedded across all specialties.	16 (C4xL4)	12 (C4xL3)	2030	**September 2026:** The risk is actively managed through planned care recovery, productivity and service transformation programmes. Whilst progress continues across a number of areas, including cancer performance, elective capacity and reductions in long waits, the risk remains elevated due to ongoing workforce, operational and capacity constraints, particularly within Orthopaedics and Neurology. Further sustained improvement is required before elective capacity can consistently meet demand and support a reduction in risk score. **Risk treatment:** Treat with elements tolerated.
1b	**Enough capacity to meet emergency demand** **Lead:** Chief Operating Officer **Committees:** Quality, Safety & Experience Committee; and Operational Delivery Committee	**Gap 1:** Urgent and emergency care improvement actions are not yet fully embedded or delivering sustained improvements in performance	20 (C4xL5)	12 (C4xL3)	2030	**September 2026:** The risk continues to be actively managed through urgent and emergency care improvement programmes and whole-system actions to improve patient flow, discharge and access to care. Whilst progress continues and the overall trajectory is positive, sustained demand, workforce pressures and patient flow challenges continue to constrain emergency care performance. Further improvement is required before sufficient assurance can be obtained that capacity is consistently able to meet emergency demand and support a reduction in risk score. **Risk treatment:** Treat with elements tolerated.
2	**Ability to deliver improvements which transform care and enhance outcomes**	**Gap 1:** Quality intelligence and assurance arrangements are not yet fully integrated to provide a comprehensive and timely organisational view of quality, safety and performance.	16 (C4xL4)	12 (C4xL3)	TBC	**September 2026:** The foundations of the quality management framework are largely in place, with progress made in strengthening governance, oversight and assurance. The remaining challenge is to embed these arrangements consistently across the organisation and

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
	Lead: Executive Director of Nursing / Executive Medical Director **Committees:** Quality, Safety & Experience Committee and Operational Delivery Committee	**Gap 2:** Ward assurance, safeguarding and related quality governance arrangements require further development and consistent embedding to provide reliable assurance across all services and settings. **Gap 3:** Organisational learning, improvement and feedback arrangements are not yet consistently embedded, and the impact of improvement activity is not always systematically measured or demonstrated. **Gap 4:** Concerns, complaints, redress and legal services arrangements require further strengthening to provide timely resolution, organisational learning and sustainable assurance.				demonstrate sustained impact. As this work matures, assurance is expected to strengthen and the risk score to reduce over time. **Risk treatment:** Treat
See also under "Inspiring People" and "Sustaining our Future": Risk 3: Enough workforce to deliver the activity and quality ambitions of the organisation						
5	**Delivery of a digital and information infrastructure to support organisational transformation** **Lead:** Director of Digital **Committees:** Operational Delivery Committee and Strategic Development Committee	**Gap 1:** Digital capability and adoption are not yet sufficiently mature to enable transformation at scale **Gap 2:** Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation **Gap 3:** Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care	16 (C4xL4)	12 (C4xL3)	TBC	**September 2026:** The risk continues to be actively managed through delivery of digital transformation, infrastructure, cyber improvement programmes and regulatory compliance. Whilst progress is being made and the overall trajectory is cautiously positive, the risk remains elevated due to workforce and funding constraints, legacy systems, national dependencies and the evolving cyber threat landscape. Further progress is required before digital capability, capacity and resilience are sufficiently embedded to support a reduction in risk score. **Risk treatment:** Treat with elements tolerated.
6	**Ability to maintain a safe and fit for purpose estate infrastructure** **Lead:** Executive Director of Finance **Committee:** Operational Delivery Committee	**Gap 1:** National Skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions. **Gap 2:** Backlog maintenance requirements continue to exceed available resources and funding. **Gap 3:** Available capital and revenue funding remains insufficient to maintain and improve the existing estate. **Gap 4:** Estate improvement works must be delivered whilst maintaining safe and uninterrupted services.	16 (C4xL4)	12 (C4xL3)	2031	**September 2026:** We continue to actively manage this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited. **Risk treatment:** Treat with elements tolerated.
Inspiring People / Ysbrydoli Pobl *Visible and inspiring leadership; Promoting diversity and inclusion; Embedding our values and behaviours; Encouraging local employment*						
There is one BAF risk overseen by ODC and assigned to "Inspiring People". This risk is also assigned to "Improving Care" and "Sustaining our Future"						
3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)* **Lead:** Executive Director for People **Committees:** Quality, Safety & Experience Committee and Operational Delivery Committee	**Gap 1:** Workforce planning is not yet consistently aligned to future organisational priorities, service transformation programmes and regional workforce requirements, limiting our ability to proactively shape the future workforce. **Gap 2:** Workforce deployment, productivity, digital systems and workforce intelligence capabilities are not yet sufficiently mature to optimise capacity, quality, efficiency and affordability. **Gap 3:** Recruitment, retention and attendance arrangements are not yet consistently delivering a sustainable, resilient and engaged workforce, resulting in workforce supply pressures and variable workforce experience.	16 (C4xL4)	8 (C4xL2)	March 2029	**September 2026:** This risk continues to be treated through targeted action under the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time, but remains constrained by national workforce supply, sickness absence, variable pay, affordability pressures and the pace of service change. **Risk treatment:** Treat with elements tolerated.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
		Gap 4: Organisational values, behaviours and approaches to staff experience are not yet consistently embedded across the Health Board, impacting engagement, wellbeing, leadership culture and organisational performance.				
	Sustaining Our Future / Cynnal Ein Dyfodol *Becoming a green organisation; Ensuring our services' financial sustainability; Embedding value-based healthcare; Ensuring our estate is fit for the future*					
All risks overseen by ODC are assigned to "Improving Care" as well as "Sustaining Our Future", except for 9 which is only assigned to "Sustaining Our Future". Risk 3 is also assigned to "Inspiring People".						
9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)** **Lead:** Executive Director of Finance **Committee:** Operational Delivery Committee	**Gap 1:** Understanding of budgetary control and procurement processes in some services **Gap 2:** A recognised risk of shortfalls in savings delivery	20 (C4xL5)	12 (C4xL3)	TBC	We are actively managing this risk and expect progress through delivery of the IMTP and savings programmes; however, the level of financial challenge and delivery risk remains significant. **Risk treatment:** Treat

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT – SEPTEMBER 2026 - RISKS ASSIGNED TO OPERATIONAL DELIVERY COMMITTEE

Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Target Score	Target Score Date	Risk Treatment /Status Update September 2026
1.	Improving Care, Sustaining our Future Click Here for Risk 1a Click Here for Risk 1b	**a) Enough capacity to meet elective demand**	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	2030	**Treat with elements tolerated.** The risk is actively managed through planned care recovery, productivity and service transformation programmes. Whilst progress continues across a number of areas, including cancer performance, elective capacity and reductions in long waits, the risk remains elevated due to ongoing workforce, operational and capacity constraints, particularly within Orthopaedics and Neurology. Further sustained improvement is required before elective capacity can consistently meet demand and support a reduction in risk score.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	12 (C4xL3)	2030	**Treat with elements tolerated.** The risk is actively managed through urgent and emergency care improvement programmes and whole-system actions to improve patient flow, discharge and access to care. Whilst progress continues and the overall trajectory is positive, sustained demand, workforce pressures and patient flow challenges continue to constrain emergency care performance. Further improvement is required before sufficient assurance can be obtained that capacity is consistently able to meet emergency demand and support a reduction in risk score.
2.	Improving Care, Sustaining our Future Click Here for Risk 2	**Ability to deliver improvements which transform care and enhance outcomes**	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	TBC	**Treat.** The foundations of the quality management framework are largely in place, with progress made in strengthening governance, oversight and assurance. The remaining challenge is to embed these arrangements consistently across the organisation and demonstrate sustained impact. As this work matures, assurance is expected to strengthen and the risk score to reduce over time.
3.	Sustaining our Future, Improving Care and Inspiring People Click Here for Risk 3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	8 (C4XL2)	March 2029	**Treat with elements tolerated.** This risk will continue to be treated through targeted action under the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time, but remains constrained by national workforce supply, sickness absence, variable pay, affordability pressures and the pace of service change.
5.	Improving Care, Sustaining our Future Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4xL4)	12 (C4xL3)	TBC	**Treat with elements tolerated.** The risk is actively managed through delivery of digital transformation, infrastructure, cyber improvement programmes and regulatory compliance. Whilst progress is being made and the overall trajectory is cautiously positive, the risk remains elevated due to workforce and funding constraints, legacy systems, national dependencies and the evolving cyber threat landscape. Further progress is required before digital capability, capacity and resilience are sufficiently embedded to support a reduction in risk score.
6.	Improving Care, Sustaining our Future Click Here for Risk 6	**Ability to maintain a safe and fit for purpose estate infrastructure**	Executive Director of Finance	Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	2031	**Treat with elements tolerated.** We are actively managing this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited

9.	Sustaining our Future Click Here for Risk 9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	12 (C4xL3)	TBC	**Treat.** We are actively managing this risk and expect progress through delivery of the IMTP and savings programmes; however, the level of financial challenge and delivery risk remains significant.

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in ***grey italic***

Consequence						
	5					
	4		***3,***	***1a,1b,2,5,9***	**1a,2,3,5,6**	**1b, 9**
	3				***6***	
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):	Risk score
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care •	**Sustaining Our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	**16**
Strategic Risk: **Enough capacity to meet elective demand - (Risk No.1a)**		
If the Health Board is unable to meet demands for services at all points in the patient journey.	***Then*** its ability to provide high quality and affordable care and to meet access targets will be reduced	***Resulting in*** avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

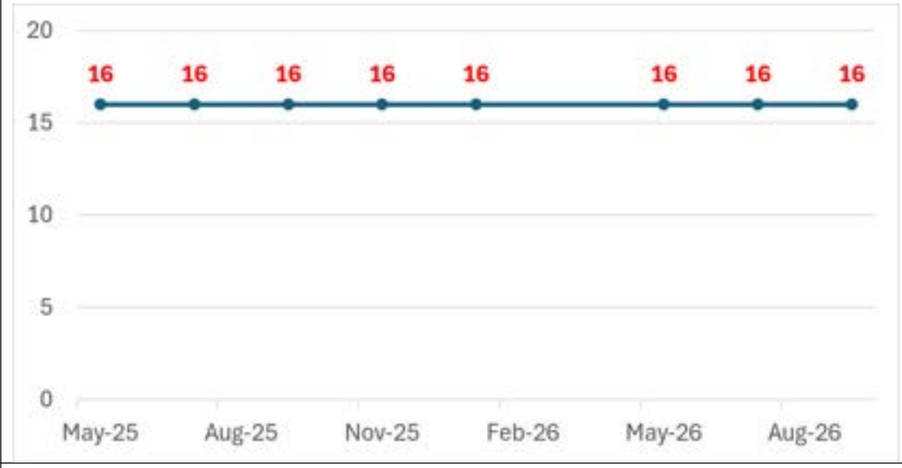
Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score remains unchanged at **16 (C4xL4)**. Positive progress continues across a number of planned care, cancer and productivity improvement programmes, with sustained improvements in performance and capacity management. However, significant operational, workforce and capacity pressures remain, preventing a reduction in the risk score at this stage. **Key progress during this period includes:** • Cancer performance has remained above the 60% Suspected Cancer Pathway (SCP) target, resulting in automatic de-escalation to Level 1 routine monitoring. CTMUHB has maintained the top position in Wales for four consecutive months and an updated trajectory has been submitted. With Junes positing being 64.9% the highest achieved to date.

	• Progress has continued in reducing long waits, with all specialties aiming to maintain waits below 104 weeks, with the exception of Orthopaedics and Neurology. Phased funding is being released to support the 104 delivery by March 2027. CTMUHB are currently working with the region to deliver this. • The Health Board's outpatient improvement programme has achieved zero patients waiting longer than 52 weeks, although Neurology waits transferred from Cardiff and Vale University Health Board continue to influence overall performance. • All theatres are now operational across the three acute hospital sites, supported by a revised theatre timetable introduced in April 2026 based on demand and capacity modelling. • Improvements have been made in theatre start times and in the use of See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) pathways. • The Orthopaedic Elective Unit at Princess of Wales Hospital continues to support dedicated elective activity, while consolidation of cataract surgery within the Princess of Wales Eye Unit has strengthened standardisation and delivery of High Volume Low Complexity (HVLC) pathways. • An increased focus on Ophthalmology productivity to achieve HVLC lists has commenced. • An Endoscopy Recovery Plan has been implemented to maintain recent improvements in performance. With additional weekend capacity commencing in September 2026. • The Productivity, Improvement and Transformation (PIT) Board has been refocussed on delivery of key specialty actions, including further implementation of SOS and PIFU pathways. • Continuous improvement has been demonstrated against elective demand trajectories across a range of services, including Mental Health and Learning Disabilities. **However, the risk remains elevated due to:** • Continued growth in patients waiting over 104 weeks, driven primarily by the recurring gap in Orthopaedics capacity and transfer of Neurology pathways from Cardiff and Vale University Health Board. • Routine operational pressures that continue to constrain elective capacity and reduce resilience during periods of increased demand. • Workforce recruitment challenges and reduced reliance on Additional Hours (ADH) and Waiting List Initiative (WLI) activity as pay arrangements are standardised. • The planned capital programme at Prince Charles Hospital, which will temporarily reduce theatre capacity while mitigation measures are developed. • Dependence on partner organisations, with financial and workforce pressures across local authority and third-sector services impacting the Health Board's ability to maintain capacity and patient flow. • The need to continuously evaluate both the opportunities and challenges arising from regional working arrangements. Whilst progress continues and the overall trajectory remains positive, further sustained improvement is required before the Health Board can demonstrate that elective capacity is sufficient to consistently meet demand and support a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures

1. Strategic Planning and Improvement Programmes

A suite of strategic programmes is in place to increase elective capacity, improve productivity and deliver planned care transformation in line with national policy and organisational priorities.

- Productivity, Improvement and Transformation (PIT) Programme.
- Planned Care Recovery Programme.

- Clinical Services Plan.
- Integrated Medium Term Plan (IMTP).
- National Planned Care Programme.
- Specialty-specific improvement trajectories.

2. Demand and Capacity Management

Processes are in place to manage demand, prioritise patients according to clinical need and optimise the use of available capacity across the organisation.

- Annual Demand and Capacity Plan.
- Waiting list management arrangements.
- Centralised utilisation of available capacity.
- Demand and capacity modelling.
- Interventions Not Normally Undertaken (INNU) application processes.
- Recovery planning and seasonal planning arrangements.

3. Elective Capacity and Service Transformation

A range of service redesign and capacity initiatives support delivery of elective care and reduce waiting times.

- Endoscopy insourcing arrangements.
- Elective surgery reconfiguration.
- Regional Ophthalmology Service arrangements.
- Additional theatre capacity, including the South Theatre at Royal Glamorgan Hospital.
- Theatre optimisation initiatives.
- Llantrisant Health Park development proposals.
- Cross-cutting improvement programmes covering theatres, diagnostics, outpatients, pre-assessment and therapies.

4. Governance and Programme Oversight

Formal governance arrangements oversee delivery of planned care recovery, performance improvement and service transformation.

- Improving Care Board.
- Operational Services Management Board.
- Planned Care Recovery Board / Planned Care Recovery Operations Board.
- Cancer Board.
- Six Goals / Unscheduled Care Board.
- Innovation Board.

5. Regional Partnerships and System Working

Partnership arrangements support integrated planning, pathway redesign and system-wide approaches to improving patient flow and elective performance.

- Regional Partnership Board programmes.
- Partnership Leadership Team.
- Commissioning Group.
- South East regional recovery programmes.
- Regional pathology collaboration.
- Partnership working with local authorities to improve discharge and patient flow.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of routine performance reporting, programme assurance, harm review processes, escalation reports and operational risk monitoring. These arrangements provide oversight of planned care performance, cancer pathways, waiting list management, service pressures and delivery of the planned care recovery programme.

Performance and Delivery Assurance
The Board and relevant Committees receive assurance on planned care delivery through regular performance and recovery reporting, including:

- Integrated Performance Report.
- Assessment Dashboard.
- Referral to Treatment and Cancer trajectories.
- Planned Care Recovery Update Report.
- PIT Programme reports.
- Planning, Performance and Finance monthly report.

Service-Specific Assurance
Additional assurance is provided through focused reports on areas experiencing operational or performance pressure. These reports support scrutiny of high-risk specialties and enable targeted intervention where required.

- Update reports on specific services experiencing pressure, including Ophthalmology and Urology.
- Follow-up reporting on outpatients not booked.
- Service improvement and recovery updates through relevant programme and operational governance routes.

Quality, Safety and Risk Assurance
The impact of planned care pressures on patient safety and experience is monitored through harm review processes, escalation arrangements and risk reporting.

- Harm Reviews.
- Escalation processes, including reporting to the Chief Operating Officer and Quality, Safety and Experience Committee.
- Care Group performance review meetings.
- Organisational Risk Register and Care Group Risk Registers.
- Tactical Intervention meetings.

Overall Assurance Position
Current assurance demonstrates that planned care performance is subject to regular monitoring, escalation and programme oversight. The assurance available indicates progress in a number of areas, including cancer performance, planned care recovery and specialty-level improvement activity. However, the risk remains open because assurance also shows that pressures continue in key pathways, waiting list recovery remains uneven, and further sustained improvement is required before the Health Board can be assured that elective capacity is sufficient to meet demand.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
1. Digital systems supporting planned care pathways are not yet fully developed or integrated.	**Actions already taken** • Digital dictation consolidation and standardisation. • Consultant Connect implementation. • Use of Attend Anywhere to support virtual activity. • Progression of Welsh Patient Referral Service (WPRS) rollout. **Further actions required / in progress** • Digital pre-assessment system. • Theatre system optimisation. • Digital outpatient system implementation. • Continued reduction in manual processes.	• Improved monitoring of speciality utilisation and non-compliance. • Reduced missed opportunities within planned care pathways. • Reduced referral demand through improved pathway management. • Reduced waiting lists. • Reduced cancellations and non-attendance.	Digital developments to date have improved access to virtual activity, strengthened pathway management and increased visibility of speciality utilisation and performance. Improvements in digital processes and system standardisation are beginning to support reductions in missed opportunities and more effective management of referral demand and waiting lists, However, further development of digital outpatient and pre-assessment systems is required before the full benefits can be realised.
2. Cancer tracking and speciality-specific elective data remain	**Controls already in place** • Weekly performance meeting	• Improved performance oversight and earlier identification and escalation of pathway risks.	Improvements in cancer tracking arrangements, performance oversight and staff training have

insufficiently robust to support performance oversight and early intervention.	• Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance **Further actions required / in progress** • Implementation of online escalation process for all patients outside of agreed component waiting times. • CANISC (Cancer Network Information System Cymru) replacement ongoing. • Implementation of Breast, Urology & lower GI datasets	• Improved visibility of pathway performance and waiting list management. • Sustained Suspected Cancer Pathway (SCP) performance above 60%. • Reduction in waiting list backlog across cancer and elective pathways. • Improved consistency, accuracy and robustness of speciality-specific elective data. • Full implementation of new datasets and escalation processes to support timely intervention and decision-making.	strengthened the identification and escalation of pathway risks. Sustained performance against the Suspected Cancer Pathway and increased focus on waiting list management have contributed to reductions in backlog across a number of services. However, further work is required to fully embed new datasets and enhance the reliability of speciality-specific elective data.
3. Elective recovery and service redesign initiatives are not yet fully embedded across all specialties.	**Actions already complete** • Regional Ophthalmology service expansion **Further actions required / in progress** • Trauma service reconfiguration. • Completion of theatre workforce recruitment. • Continued business continuity arrangements (ongoing). • Clinical Services Plan development.	• Increase in activity • Reduced fallow sessions • Reduction in waiting times Reduction in >104 week wait across all specialities except that with a recurring gap.	Elective recovery initiatives have increased activity and supported reductions in waiting times across a number of specialties. Progress has been made in reducing the number of patients waiting over 104 weeks and improving elective capacity through service reconfiguration and additional workforce support. However, improvements remain uneven and are not yet fully embedded across all pathways, particularly where recurring capacity challenges remain.

Linked National Priority Measures
Access to Timely Planned Care • Number of patients waiting more than 104 weeks for treatment; • Number of patients waiting more than 36 weeks for treatment; • Percentage of patients waiting less than 26 weeks for treatment; • Number of patients waiting over 104 weeks for a new outpatient appointment; • Number of patients waiting over 52 weeks for a new outpatient appointment; • Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%; • Number of patients waiting over 8 weeks for a diagnostic endoscopy; and • Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).
Current Performance Highlights
Detailed RTT and elective performance information is reported separately through the Integrated Performance Report and Planned Care Recovery reporting arrangements. Current performance demonstrates ongoing progress in cancer performance, outpatient recovery and elective capacity initiatives; however, challenges remain in reducing long waits and sustaining sufficient capacity across all specialties.
Were there any significant incidents affecting this strategic Risk this period:
None
Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Digital systems supporting planned care pathways are not yet fully developed or integrated		
No directly aligned ORR risks are currently escalated. This gap is being managed through planned care improvement, digital development and pathway modernisation programmes.		
Strategic Gap 2: Cancer tracking and speciality-specific elective data remain insufficiently robust to support performance oversight and early intervention.		
No directly aligned ORR risks are currently escalated. This gap is managed through performance improvement arrangements, cancer tracking processes, data quality initiatives and planned care governance.		
Strategic Gap 3: Elective recovery and service redesign initiatives are not yet fully embedded across all specialties.		
4491	**Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery.** *This risk reflects wider capacity, flow and demand pressures affecting the Health Board's ability to reduce waiting times and sustain planned care recovery.*	**16**
6294	**Insufficient consultant workforce in endoscopy and gastroenterology.** *This risk reflects the challenges associated with maintaining sufficient specialist capacity to support timely diagnosis, treatment and elective recovery*	**20**
6280	**Suspension of the Regional Hepato-Pancreato-Biliary Service Model.** *This risk reflects the impact of regional service dependencies and commissioning arrangements on timely access to specialist planned care pathways.*	**16**
5045	**Insufficient neurology capacity impacting timely access to services.** *This risk reflects the ongoing impact of workforce shortages, diagnostic constraints and inherited waiting list pressures on elective performance and long waits.*	**16**

Strategic Goal(s):		Risk score
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care •	**Sustaining Our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	**20**
Strategic Risk: **Enough capacity to meet emergency demand - (Risk No.1b)**		
If the Health Board is unable to meet demands for services at all points in the patient journey.	***Then*** its ability to provide high quality and affordable care and to meet access targets will be reduced	***Resulting in*** avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

Risk Lead	• Chief Operating Officer	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**5**	**20**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score remains unchanged. Whilst progress continues across a number of urgent and emergency care improvement programmes, significant system pressures remain which continue to constrain patient flow, emergency care performance and service resilience. **Key progress during this period includes:** • Improvements against a number of urgent and emergency care trajectories, including 45-minute ambulance handover performance, 12-hour Emergency Department performance and a reduction in lost ambulance hours. • Continued development of clinical pathways and operational arrangements to support emergency demand and maintain service resilience. • Progress in workforce recruitment and the ongoing development of sustainable staffing models across urgent and emergency care services. • Continued regional collaboration and whole-system working to support patient flow and access to care.

	However, the risk remains elevated due to: • The ongoing impact of temporary changes to stroke service provision and associated effects on capacity across the wider system. • Reconfiguration of bed capacity and continued diversion of emergency admissions between sites, placing additional pressure on operational resilience. • A high number of clinically optimised patients remaining within core bed capacity, impacting patient flow and timely access to care. • Capacity constraints within partner organisations, including local authority and third-sector services, which continue to affect discharge pathways and whole-system flow. • Workforce pressures, alongside a reduction in Additional Hours (ADH) and Waiting List Initiative (WLI) activity associated with pay standardisation arrangements. • Continued financial, workforce and environmental constraints affecting the pace of improvement. Whilst the overall trajectory is positive and improvement continues in a number of key performance measures, further sustained progress in patient flow, capacity management and whole-system working is required before the Health Board can demonstrate that emergency care capacity is sufficient to consistently meet demand and justify a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures

Urgent & Emergency Care Improvement Programme
The Health Board's approach is aligned to the National Urgent and Emergency Care (UEC) Improvement Plan and associated local improvement programmes. Key areas of focus include:

- Strengthening community capacity and alternatives to admission.
- Single Point of Access (SPoA) providing central coordination.
- Improving patient flow and discharge across the UEC pathway.
- Improving patient safety and reducing harm associated with delays.
- Delivering consistent models of care, including front-door and frailty pathways.
- Improving demand and capacity management.
- Supporting workforce development, data utilisation and quality improvement.

Governance and Oversight
A comprehensive governance framework is in place to oversee urgent and emergency care performance and improvement activity, including:

- Improving Care Board.
- Operational Management Board.
- UEC Programme Board / Unscheduled Care Board.
- Urgent and Emergency Care Collaborative (including STAMP).
- Programme Boards for key service areas including Stroke, Diabetes, Frailty and Orthogeriatric services.
- Project Boards including SDEC, UTC, Single Point of Access and FLS.

Operational Performance and Capacity Management
A range of operational controls support the management of urgent and emergency care pressures, including:

- Annual demand and capacity planning.
- Seasonal and winter resilience planning.
- Escalation and business continuity arrangements.
- Centralised management of capacity across the organisation.
- Clinically led prioritisation processes.

- Service recovery planning following periods of operational pressure.
- Interventions Not Normally Undertaken (INNU) arrangements where required.

Regional Working and System Collaboration

The Health Board works with regional partners to support patient flow, discharge and integrated care arrangements, including:

- Partnership Leadership Team arrangements with Local Authority and NHS partners.
- Regional commissioning arrangements.
- Regional programmes supporting patient flow and discharge pathways.
- Development of alternatives to admission and Discharge to Recover then Assess (D2RA) pathways.
- Collaborative work to address delays for patients medically fit for discharge.

Service Improvement and Transformation

A programme of service transformation is in place to improve urgent and emergency care pathways across the Health Board, including:

- Strategic Transformation of Acute Medicine Programme (STAMP).
- Stroke Improvement Programme
- Reduce waiting times for patients in Emergency Departments
- Single Point of Access developments.
- Same Day Emergency Care (SDEC) developments
- Optimise and Frailty programmes.
- Orthogeriatric improvement initiatives.
- Specialty-specific improvement trajectories.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of routine performance monitoring, governance oversight, improvement programme reporting, targeted intervention arrangements and external review. Information is considered through established governance and performance structures, with escalation through executive and committee reporting arrangements where performance, delivery or emerging risks require additional oversight. At the time of reporting, assurance is focused on monitoring the effectiveness of improvement actions and delivery of sustainable improvements in urgent and emergency care performance, patient flow and service resilience.

Internal Assurances

The Board receives assurance through a range of internal performance, governance and improvement reporting arrangements, including:

- Executive Integrated Performance Meetings.
- Directorate Integrated Performance Meetings.
- Integrated Performance Reports.
- Assessment Dashboards and performance monitoring information.
- Planning, Performance and Finance monthly reporting.
- Performance trajectories, including Referral to Treatment (RTT) and Cancer performance.
- Follow-up reporting relating to outpatients not booked.
- Service-specific improvement and performance reports for areas subject to operational pressure, including Neurology and Stroke services.
- UEC Programme Board reporting.
- Same Day Emergency Care (SDEC) Programme reporting.
- Optimise Programme reporting.
- Ambulance Handover and Emergency Department Improvement Plan monitoring.
- Escalation processes, including reporting to the Chief Operating Officer and Quality, Safety and Experience Committee.
- Care Group performance review meetings.
- Organisational Risk Register and Care Group Risk Registers.
- Targeted Intervention (TI) meetings and associated improvement monitoring.

External Assurances

The Board also receives independent assurance through external scrutiny and oversight arrangements, including:

- Audit Wales Urgent and Emergency Care Audit.
- National performance monitoring and trajectory review arrangements.
- Regional oversight through the South-Central Stroke Operational Delivery Group.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
1. Urgent and emergency care improvement actions are not yet fully embedded or delivering sustained improvements in performance	**Completed actions / controls in place** • Urgent Emergency Care Action Plan developed using recommendations from national reviews and guidance. • Unscheduled Care Transformation Programme established, supported by governance through the Single Point of Access Board and wider health board oversight arrangements. • ED Flow Action Cards introduced, including monitoring of patient handovers, triage times, first assessment and reducing 12-hour waits. • Ambulance escalation arrangements implemented and ED 12-hour Action Plan completed. • Urgent Care Summit and whole-system improvement work undertaken to agree priorities for patient flow, discharge and admission avoidance. • Service redesign commenced through STAMP, Same Day Emergency Care development and reconfiguration of emergency care pathways and capacity. **Further actions in progress** • Review and implement the Safe Transfer of Patients Policy and associated actions. • Complete work to reduce the length of stay for patients in Emergency Departments, specifically patients >12hrs. • Progress implementation of Strategic Clinical Services Plan priorities and Pathway 1 redesign. • Further develop Extended Emergency Medicine Ambulatory Care (EEMAC). • Continue whole system work to improve admission avoidance, discharge processes and patient flow. • Embed improvement actions through the Unscheduled Care Transformation Programme and monitor delivery against performance measures.	• Improved urgent and emergency care performance. • Reduction in 12-hour waits and delayed patient handovers. • Improved patient flow across the whole system. • Reduced length of stay in the Emergency Department. • Reduced risk of harm associated with prolonged waiting times. • Improved patient experience and outcomes. • More sustainable emergency care arrangements and capacity management.	As of September 2026, actions completed to date have strengthened governance, coordination and oversight of urgent and emergency care improvement. Improved performance monitoring arrangements are in place through ED Flow Action Cards and escalation processes, with greater organisational focus on patient flow, admission avoidance, discharge planning and emergency care capacity. Service redesign work has commenced across a number of pathways, providing a foundation for sustainable improvement, although performance remains inconsistent and improvements are not yet fully embedded across the health board.

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- Zero patients >45 mins ambulance handover by March 2027
- Continuous improvement of patients waiting >12-hours and not exceed 1000 by March 2027

Access to Timely Planned Care Services in USC

As per Planned Care BAF

Current Performance Highlights

Detailed operational performance information is reported separately through the Integrated Performance Report and specialist programme governance arrangements. The Board Assurance Framework focuses on the strategic implications of current performance and the effectiveness of actions being taken to address the risk.

Current Performance Highlights (September 2026)

- Performance against the continuous improvement trajectory for patients waiting over 12 hours remains below the level required to provide full assurance that the risk is effectively controlled. Prolonged waits within emergency care settings continue to present significant operational, quality and strategic challenges.
- The ambulance handover improvement trajectory for patients waiting over 45 minutes was delivered, providing evidence of progress against one of the key national priority measures.
- Improvement trajectories are in place, and some indicators demonstrate positive progress; however, variation remains across sites and further work is required to fully embed changes and deliver consistent improvement.
- Delivery of urgent and emergency care improvement programmes continues to be monitored through established governance, performance and escalation arrangements.
- Whilst progress has been made in a number of areas, sustained improvement in patient flow, emergency care performance and whole-system resilience remains necessary before the Health Board can demonstrate sufficient assurance that the risk is reducing towards the desired level.

Were there any significant incidents affecting this strategic Risk this period:

September 2026: The intent of the Stroke Service temporary arrangement is to support service resilience, enable more effective use of the available specialist workforce, and maintain access to stroke assessment, treatment and inpatient care while workforce recovery actions continue. Although recruitment progress and return from maternity leave have provided some improvement, the consultant workforce remains fragile, with two substantive consultants currently on restricted duties and further maternity leave in place. As a result, the service continues to operate with limited resilience, and this remains a significant risk to sustainable stroke service delivery.

Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Urgent and emergency care improvement actions are not yet fully embedded or delivering sustained improvements in performance.		
4491	**Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery.** *This risk reflects wider system pressures across urgent, emergency, inpatient and community services, including the impact of discharge delays, workforce constraints and whole-system capacity challenges on patient flow and emergency demand.*	**16**
5045	**Insufficient neurology capacity impacting timely access to services.** *This risk reflects the impact of workforce shortages, diagnostic constraints and long waiting times on service capacity and timely access to care, contributing to wider pressures across the patient pathway.*	**16**
4632	**Inability to deliver timely, high-quality stroke care across CTM.** *This risk reflects continuing challenges associated with providing timely access to specialist stroke assessment, treatment and rehabilitation, including workforce, pathway and system capacity constraints*	**16**
3826	**Emergency Department overcrowding impacting patient safety and quality of care.** *This risk reflects the ongoing impact of patient flow, capacity and discharge pressures on Emergency Department performance, patient experience and delivery of national performance standards.*	**15**

Strategic Goal(s):		Risk score **16**
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care	**Sustaining Our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future.	

Strategic Risk: **Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)**		
If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	***Then*** we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	***Resulting in*** avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

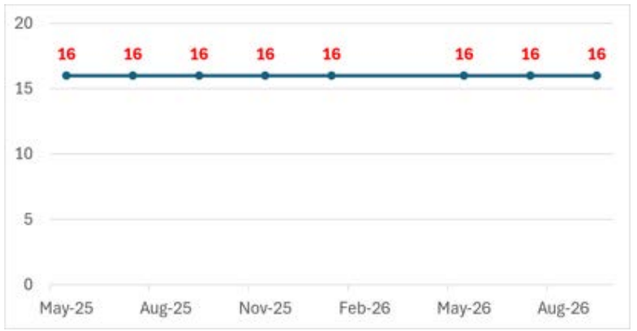
Risk Leads	• Executive Nurse Director • Executive Medical Director	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score remains unchanged at 16. A wide range of quality improvement, patient safety, governance, learning and innovation arrangements remain in place and continue to provide assurance. However, the organisation recognises that further work is required to strengthen the framework, improve outcome-focused measures and ensure that assurance can be demonstrated consistently across all elements of this risk. The current score therefore remains appropriate while this work progresses. Work has taken place this cycle to strengthen the articulation of this risk to provide clearer lines of accountability, more meaningful controls and measurable indicators of improvement against the Duty of Quality. This review includes rationalisation of controls and assurances, clearer identification of gaps,

	and a stronger focus on evidencing how improvement activity contributes to safer, more timely, effective and compassionate care. The Executive Director of Nursing, Midwifery and Patient Care, will be leading a strategic reconfiguration of the Board Assurance Framework for this section to enable more meaningful and measurable objectives that directly influence our ability to reduce the current Duty of Quality risk score to an organisationally tolerated level. This work is essential to ensure that our approach to quality is not only compliant but impactful supporting the delivery of safe, timely, compassionate and effective care. Without this shift, we risk avoidable harm to patients, poor experience, diminished staff morale, increased regulatory scrutiny and erosion of public trust. The revised framework will provide a clearer pathway to improvement, accountability and assurance. Work on the revised framework is ongoing, with progress continuing beyond the original March 2026 deadline to ensure a comprehensive and effective outcome. Upon completion, the framework will provide an enhanced structure for improvement, strengthened accountability, and clearer assurance arrangements
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	CTM is actively treating this risk through established quality, safety, improvement, governance and innovation programmes. The current programme of work is focused on strengthening organisational assurance, embedding continuous improvement and ensuring that quality outcomes can be measured more consistently across the organisation. CTM continues to target a risk score of **12**, representing a level of risk that is considered organisationally tolerable.

Current Control Measures

Our current control measures can be grouped into five main themes:

1. Quality Governance and Strategic Frameworks

- Duty of Quality and Duty of Candour arrangements.
- Clinical Governance Frameworks, policies and Standard Operating Procedures (SOPs).
- Infection Prevention and Control Strategy.
- Safeguarding Strategy.
- Clinical Effectiveness Committee.
- Medicines Management governance arrangements.

2. Quality Assurance and Patient Safety

- Mortality governance arrangements.
- Harm Free Care Programme.
- Ward Assurance Programme.
- RADAR (Risk Assessment, Delivery and Assurance Review) governance arrangements.
- Executive Patient Safety Walkabouts.

3. Learning, Experience and Engagement

- People's Experience Framework.
- Listening and Learning Programme.
- PREMS (Patient Reported Experience Measures) and PROMS (Patient Reported Outcome Measures).
- Citizen Voice (Llais) engagement arrangements.
- Staff Ideas Scheme.

4. Improvement and Innovation

- Improvement Community of Practice.
- Quality Improvement training programme.
- Leading for Patient Safety Programme.
- iCTM Improvement Programme.

- Service Improvement Groups.

5. Supporting Infrastructure

- Learning Academy.
- Research and Development Strategy.
- Workforce Productivity Programmes.
- EPMA (Electronic Prescribing and Medicines Administration) implementation.
- Legal, safeguarding and specialist quality functions.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of external inspection, independent audit, annual statutory and professional reports, routine quality and performance reporting, and specialist governance oversight arrangements. Reports are reviewed through the relevant governance structures, with escalation by exception to the Quality, Safety & Experience Committee (QSEC) and Board where concerns or significant risks are identified. At the time of reporting, no significant assurance concerns have been identified beyond those already being managed through the Organisational Risk Register, Integrated Performance Report and established improvement programmes.

External assurances

The Board receives routine external assurance from a range of organisations and regulatory bodies, providing independent scrutiny of quality, safety, governance and workforce arrangements. Current sources of external assurance include:

- Health Education and Improvement Wales (HEIW) reviews of medical education and training environments for resident doctors.
- General Medical Council National Training Survey feedback.
- Annual undergraduate training reviews.
- Public Services Ombudsman for Wales Annual Letter and associated thematic learning.
- NHS Wales Performance & Improvement oversight of governance, incident management, and maternity and neonatal serious incident closures.
- Bi-annual Nurse Staffing Levels (Wales) Act compliance and assurance reporting to Board and Welsh Government.
- External thematic audits and benchmarking reviews, including pressure ulcer prevalence reviews undertaken in collaboration with external partners.

Recent significant external assurance findings:

- **Healthcare Inspectorate Wales (HIW):** Inspection of Ward 21, Ward 22 and the Psychiatric Intensive Care Unit at Royal Glamorgan Hospital in April 2026 identified a number of concerns with the potential to present an immediate risk to patient safety. Immediate and longer-term improvement plans have been developed and progress is being monitored through established governance arrangements
- **Internal Audit:** Review of People's Experience received a **Substantial Assurance** opinion.
- **Internal Audit:** Falls Audit (June 2026) received a **Reasonable Assurance** opinion.
- **Pressure Ulcer Prevalence Review:** External audit undertaken in collaboration with Arjo Huntleigh in June 2026, examining prevalence across emergency departments. Findings are due to be reported to Quality, Safety & Experience Committee in November 2026.
- External recognition and feedback from partner organisations, including positive feedback received from Public Health Wales regarding bowel screening services

Internal assurances

Annual Reports

Annual reports are reviewed through the appropriate specialist governance arrangements and reported to QSEC and/or Board as required. These include:

- Duty of Quality
- Duty of Candour
- Safeguarding
- Infection Prevention and Control
- Clinical Audit
- Clinical Education
- Medicines Management
- Organ Donation
- Improvement and Innovation

No significant concerns requiring escalation beyond existing governance arrangements have been identified through these reports during the current reporting period.

Routine governance and performance assurance reports
Quality and safety performance is routinely monitored through:

- Quality Dashboard
- Integrated Performance Dashboard
- Quality Governance and Regulatory Review updates
- Care Group Quality Reports
- Mortality reporting
- IPC reporting
- RADAR reporting
- National Clinical Audit and NCEPOD studies
- Improvement Portfolio reporting

No significant concerns requiring escalation beyond existing governance arrangements have been identified through these reports during the current reporting period.

Other internal assurance
A range of other internal assurance processes is in place:
Governance Oversight

- QSEC oversight.
- Executive Patient Safety Walkabouts.
- HIW tracker and improvement monitoring.
- Medicines safety governance.
- Safeguarding governance.

Accreditation and Compliance

- Ward assurance programme.
- Pathology ISO accreditation.
- Echocardiography accreditation.
- Patient Safety Solutions.

Learning and Improvement

- Learning from Events panels.
- Coroner and legal oversight meetings.
- Listening and Learning arrangements.
- Multi-agency safeguarding learning.

Workforce and Culture

- Staff survey.
- Nursing standards.
- Professional standards processes.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Actions underway / still to take	Intended Impact of Mitigating Actions	Actual impact of actions (once completed)
Gap 1: Quality intelligence and assurance arrangements are not yet fully integrated to provide a comprehensive and timely organisational view of quality, safety and performance.	• Mortality Board established and organisation-wide mortality data collection implemented. • CTMUHB representation established on the NHS Wales National Quality and Safety Framework workstream. • Benchmarking arrangements established through the National Quality and Safety Framework and NHS Wales Beacon Dashboard. • Live clinical quality dashboard implemented within maternity and neonatal services.	• Standardise mortality reporting across Care Groups. • Continue development and roll-out of clinical quality dashboards. • Further embed the National Quality and Safety Framework within organisational reporting. • Improve integration of quality, safety, performance and improvement intelligence.	• More comprehensive and timely quality assurance. • Improved visibility of quality and safety risks. • Better integration of intelligence from multiple sources. • Improved benchmarking and identification of variation. • Earlier identification and escalation of concerns requiring intervention.	As at September 2026, mortality oversight, national benchmarking and clinical quality dashboard arrangements have strengthened the availability and visibility of quality and safety information. The live dashboard within maternity and neonatal services has improved access to performance information, while participation in national arrangements has increased CTMUHB's ability to compare quality measures with other NHS Wales organisations. However, information remains held across several systems and

				further work is required to achieve a fully integrated and timely organisational view.
Gap 2: Ward assurance, safeguarding and related quality governance arrangements require further development and consistent embedding to provide reliable assurance across all services and settings.	**Controls already in place / actions completed** • Ward assurance arrangements established, including routine assurance visits, targeted reviews and point prevalence audits. • Ward Accreditation Programme developed and introduced across a number of clinical areas. • Safeguarding Strategy and Framework implemented. • Safeguarding dashboard developed and piloted. • Once for Wales safeguarding module piloted. • Governance and tracking arrangements strengthened for looked-after children's health assessments.	**Further actions required** • Review ward assurance arrangements and support development of a consistent and sustainable all-Wales approach. • Continue targeted assurance visits while future accreditation arrangements are considered. • Further refine and embed safeguarding dashboard and reporting arrangements. • Continue implementation and oversight of the Safeguarding Strategy workplan.	**Intended Impact of Mitigating Actions** • More consistent assessment of quality and safety standards across clinical areas. • Improved triangulation of ward-level assurance information. • More comprehensive and accessible safeguarding information. • Earlier identification and escalation of ward and safeguarding concerns. • Stronger assurance to committees and the Board regarding compliance and quality standards.	**Actual impact of actions (once completed)** As at September 2026, ward assurance activity and targeted visits have improved visibility of standards and areas requiring support. Safeguarding oversight has also strengthened through the strategy, dashboard, tracking systems and revised governance arrangements. These developments provide a stronger foundation for assurance, although further work is required to embed consistent arrangements across all services and settings and to establish the future approach to ward accreditation.
Gap 3: Organisational learning, improvement and feedback arrangements are not yet consistently embedded, and the impact of improvement activity is not always systematically measured or demonstrated.	**Controls already in place / actions completed** • Staff Ideas Scheme implemented. • Improvement into Practice training programme established and delivered. • Permanent funding secured for PREMs, with implementation under way across the Health Board. • Viva Engage launched to support staff communication and engagement. • Arrangements established for capturing patient, staff and community feedback.	**Further actions required** • Continue roll-out and embedding of PREMs across services. • Increase awareness and use of staff and patient feedback mechanisms. • Further develop arrangements for integrating staff, patient, community and partner intelligence. • Continue promotion of improvement methodologies and staff engagement initiatives. • Strengthen measurement and reporting of the outcomes achieved through improvement activity.	**Intended Impact of Mitigating Actions** • Quality improvement increasingly embedded in everyday practice. • Staff have greater skills, confidence and opportunities to identify and implement improvements. • Staff, patient and community feedback is used more systematically to inform service design and improvement. • Better evidence of whether improvement activity is delivering the intended outcomes. • More integrated improvement intelligence to support organisational learning, decision-making and assurance.	**Actual impact of actions (once completed)** As at September 2026, the Staff Ideas Scheme, improvement training, PREMs and Viva Engage have increased opportunities for staff and patients to contribute ideas and feedback. PREMs information is now routinely reported to Care Groups and QSEC, strengthening oversight of patient experience. These developments represent progress towards a more integrated approach to organisational learning and improvement; however, feedback intelligence remains fragmented and the impact of improvement activity is not yet consistently measured or demonstrated.
Gap 4: Concerns, complaints, redress and legal services arrangements require further strengthening to provide timely resolution, organisational learning and sustainable assurance.	**Controls already in place / actions completed:** • Listening to People introduced as the national approach to managing concerns, complaints, incidents and redress. • Strengthened weekly oversight arrangements for concerns and complaints, including escalation and executive assurance. • Legal Services Organisational Change Process completed, with revised structures implemented and a recovery plan in place. • Governance arrangements, operating procedures and external stakeholder engagement strengthened to support more	**Further actions required / in progress:** • Embed the revised Legal Services, Redress and Claims structures and operating arrangements. • Strengthen identification, management and oversight of cases that may qualify for redress. • Improve compliance with performance requirements and reporting across concerns, complaints and redress processes. • Strengthen the identification, dissemination and monitoring of learning arising from concerns, complaints, claims, inquests and redress.	**Intended impact:** • More timely, consistent and person-centred management of concerns, complaints and redress. • Improved compliance with statutory and organisational requirements. • A more sustainable and resilient Legal Services, Redress and Claims function. • Learning from concerns, complaints, claims, inquests and redress translated more consistently into service improvement and organisational assurance.	**Actual impact of actions (following completion):** As at September 2026, Listening to People, the Legal Services Organisational Change Process and strengthened oversight arrangements have improved the organisational framework for managing concerns, complaints, legal activity and potential redress cases. Revised structures, governance arrangements and stakeholder engagement have strengthened oversight and support more consistent escalation and organisational learning. However, recruitment to revised structures is not yet complete and the benefits are not yet fully embedded. Further evidence is required to

	consistent management of legal, concerns and redress activity.			demonstrate sustained improvement in compliance, timeliness and the translation of learning into measurable improvements in care and patient experience.

Linked National Priority Measures

Delivery of this strategic risk contributes to a range of national quality, safety, experience and improvement priorities. Key areas of alignment include:

Quality, Safety and Improvement

- NHS Wales Quality and Safety Framework.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020, including the Duty of Quality and requirements relating to public engagement.
- National Value Based Healthcare Strategy.
- National Patient Experience Framework.
- Patient Safety Solutions Programme.
- NHS Wales national work on Learning and Improving.

These programmes support CTMUHB's approach to quality governance, organisational learning, service improvement, patient experience and assurance.

Infection Prevention and Control

- Six Tier One Infection Prevention and Control targets.
- National Infection Prevention and Control Guidance.
- NHS Wales National Infection Prevention and Control Framework.

These provide the national standards, governance arrangements and assurance mechanisms supporting safe care and infection prevention across all settings.

Safeguarding and Vulnerable People

- National Safeguarding Improvement Plan.
- Welsh Government programme to strengthen Mental Capacity Act implementation and Deprivation of Liberty Safeguards arrangements.
- Independent HIW/CIW review of Regional Safeguarding Board child protection arrangements.

These programmes support CTMUHB's safeguarding governance, assurance and continuous improvement arrangements.

Nursing, Workforce and Professional Leadership

- Chief Nursing Officer's Strategic Vision 2025-2030.
- National Nurse Education Standards.
- Dementia Care Standards.
- Chief Medical Officer priorities relating to clinical leadership and implementation of the Ministerial Advisory Group recommendations.

These programmes support workforce capability, professional leadership and the delivery of safe, high-quality care.

Population Health and Prevention

- Care Closer to Home priorities, including diabetes outcome measures.
- Children's Rights Charter.

These priorities support prevention, early intervention, improved outcomes and person-centred care.

Collectively, these national priorities provide the strategic and regulatory framework within which CTMUHB's quality, safety, experience and improvement programmes operate and against which ongoing assurance is measured.

Current Performance Highlights

Performance associated with this risk is monitored through the Integrated Performance Dashboard and associated quality, safety and experience reporting and governance. Key measures include:

Quality and Safety

- Quality Dashboard

- Maternity and Neonatal Dashboard
- Mortality Indicators
- Tier 1 Infection Prevention and Control Indicators
- Harm Free Care Outcome Measures (including falls, pressure ulcers and medication administration)
- Deteriorating Patient Measures (including Sepsis and NEWS scoring)
- Patient Safety Solutions compliance

Patient Access and Outcomes

- Cancer Standards
- Unscheduled Care
- Urgent and Emergency Care Programme
- Waiting List Delays

Mental Health

- Mental Health Measures

Experience, Learning and Concerns

- Listening to People (LTP) compliance measures (which have replaced Putting Things Right compliance reporting from 1 April 2026).

Collectively, these measures provide the principal sources of performance information used to assess delivery of this strategic objective and support triangulation of risk, performance and assurance.

Were there any significant incidents affecting this strategic Risk this period:

Nationally Reportable incidents (NRI) are managed in according with the Incident Management Framework and reported to the Quality, Safety & Experience Committee.
No Never Events since February 2026

Associated Risks escalated to the Organisational Risk Register		
Strategic Gap 1: Quality intelligence and assurance arrangements are not yet fully integrated to provide a comprehensive and timely organisational view of quality, safety and performance		
4672	Inability to achieve timely, accurate clinical coding and structured data standards.	15
Strategic Gap 2: Ward assurance, safeguarding and related quality governance arrangements require further development and consistent embedding to provide reliable assurance across all services and settings		
5554	Inability to meet Containment Level 3 standards, creating risks to patient and staff safety and statutory compliance.	20
6633	Failure to safely implement Blood Transfusion LIMS 2.0, including legacy data migration, testing and system deployment.	TBC
4632	Inability to deliver timely, high-quality stroke care across CTM.	16
6433	Midwifery workforce staffing.	15
4691	Provision of safe and appropriate estate for Mental Health inpatient services.	15
6766	Security incidents and vulnerabilities across Health Board sites.	16
6629	GMC/HEIW conditions on Prince Charles Hospital Emergency Department.	16
Strategic Gap 3: Organisational learning, improvement and feedback arrangements are not yet consistently embedded, and the impact of improvement activity is not always systematically measured or demonstrated		
There are no risks underpinning this gap on the Organisational Risk Register at present		
Strategic Gap 4: Concerns, complaints, redress and legal services arrangements require further strengthening to provide timely resolution, organisational learning and sustainable assurance.		
6231	Failure to effectively manage concerns.	15
6232	Sustainability of the Legal Services function.	15

Srategic Goal(s):	Risk score **16**

Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care	**Sustaining Our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	**Inspiring People** • Visible and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment	
Strategic Risk: **Enough workforce to deliver the activity and quality ambitions of the organisation** *(including culture, values and behaviours)* **(Risk No. 3)**			
If the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work	***Then*** we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	***Resulting in*** increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.	

Risk Lead	• Executive Director for People	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The workforce risk remains significant due to ongoing recruitment challenges, national supply constraints, sickness absence, variable pay reliance and workforce implications linked to service change. While turnover and sickness are showing improvement, gaps remain in hard to fill roles, job planning compliance and sustainable workforce models. The score remains unchanged at 16 because workforce challenges continues to affect service resilience, staff wellbeing, delivery of planned activity and a reliance on temporary staffing. The rolling 12-month sickness rate to June 2026 was 7.58% and is slightly higher than the equivalent rolling 12-month period of the previous year (7.00%). The in-month June 2026 sickness rate is 7.21% which is higher than June 2025 (6.78%). M&D agency spend for M4 2026/7 was £769k with a year to date spend of £2.741m. For Nursing and Midwifery agency spend, including HCSWs, the position for the year to date at M4 was reported as £3.023m.

	Turnover continues to fall, being 8.16% in July 2026, compared to 9.00% in July 2025. Job Planning compliance as at July 2026 was 47%. There is considerable variation between Care Groups and efforts to increase Job Planning figures continue to be addressed via the Medical Workforce Productivity Programme and new Recruitment Controls linking authorisation of Consultant Recruitment to speciality job planning rates.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being treated through the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time but remains constrained by factors noted above including national workforce supply, sickness absence, temporary spend, affordability pressures and the pace of service model change.

Current Control Measures

Strategic workforce controls

CTM People Plan, Integrated Medium-Term Plan (IMTP), Education & Training Plans (ETPs), national workforce planning frameworks and Welsh Government/NHS P&I drivers (e.g. Enabling Actions) provide the strategic controls for aligning workforce requirements with CTM2030, service change and national workforce priorities.

Recruitment and Resourcing

Job Evaluation, Vacancy Scrutiny Panel, Recruitment delivered via Trac and supported by NWSSP Recruitment Services, Medical Workforce Recruitment Planning, retention programme, lateral moves scheme, flexible working policy, and onboarding/exit insights are used to manage workforce supply, improve fill rates and support retention. Living Wage Employer – ensures fair pay and equity across CTM.

Workforce Productivity and Temporary Staffing

- Nursing & Midwifery Productivity Programme (NMPP) –includes bank and roster optimisation aligned to the Value and Effectiveness Programme.
- Medical Workforce Productivity Programme – includes increased job planning compliance, targeted medical recruitment, bank expansion agency reduction plans.
- HCRG Managed Service Provider for M&D Bank and Agency service (and AHP, PST and HCS agency requirements) - Live from July 2026.
- Rate Cards (Consultant and Non-Consultant) – ensure consistency and cost control.
- Bank KPIs and Agency Spend Tracker – phase 1 has been built and available in the nurse dashboard. Further work to develop the next phase remains under development with a specification to be agreed. This will support targeted improvement and oversight.
- Increased scrutiny and control in relation to both Worked WTE and temporary staffing use, led by the principles of P&I

Culture, Values and Behaviours (CVB)

- Organisational Values
- Leadership Development Programmes
- Staff Engagement and Recognition –and focus groups.
- Equality, Diversity and Inclusion Strategy
- Speaking Up Safely Guardians and anonymous reporting platform Work in Confidence (WiC) – strengthen psychological safety.
- Care Group Culture and Behaviour Plans – local responses to Staff Survey results embedded in delivery plans.

Sources of Assurance (Internal and External)

Workforce Data and Analytics

Internal assurance

- People/Workforce Metrics Report (staff-in-post, turnover, sickness (including RTW compliance), PDR, statutory and mandatory, age, bank and agency spend, WTE worked, gender pay gap and staff engagement index) to Operational Delivery Committee (ODC) and Local Partnership Forum (LPF); included in the Integrated Performance Report (IPR) to Board
- Workforce data included in in Values & Effectiveness Board/ Nursing Productivity Programme Board/ Medical Workforce Productivity Programme Board.
- Workforce data included in Care Group Integrated Performance Meeting data packs
- People Dashboard

External assurance

- Quarterly vacancy returns submitted to Welsh Government for NHS vacancy statistics.

- Enabling Actions return

Medical Workforce Productivity Programme Board
Internal Assurance
- Medical Workforce Productivity Programme
- Patchwork/HCRG Dashboards
- Job planning compliance
- Audit Updates
- Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (updated for July 2026)
- Majority of actions are incorporated into the FCP and SOP draft submitted to ARAC in February 2026. These are being updated to reflect HCRG being in post, the M&D bank and agency provider
- Final report of Medical Job planning Re-Audit circulated with outcomes of the audit will be presented at the Audit, Risk and Assurance committee meeting in August 2026
- Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.
- Medical & Dental Sickness Audit –management response July 2026
- M&D Job Planning Re-Audit, final report June 2026 and refreshed action plan
- SAS doctors regrading process in place.
- Resident Doctor contract changes CTM Implementation Group in place, alongside CTM membership at both NWSSP and NHS Employers led All Wales groups.

Nursing and Midwifery Productivity Programme Board
Internal Assurance
- Nurse Productivity Programme Board with associated data set updates, actions and targets.

Workforce Planning
Internal assurance
- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-26) to HEIW and regular updates relating to Student Streamlining (currently recruiting the September 2026 graduates)
- Audit Tracker oversight of actions.
- Strategic Workforce Planning update provided to SDC August 2026

External assurance
- HEIW feedback on Education Training Plan (ETP) submission (on receipt).
- HEIW Workforce Supply Oversight Group (WSOG) from February 2026 focussed currently on nursing/midwifery student streamlining vacancies for CTMs allocated graduating students for September 2026
- LHP Workforce Planning and OD section – LHP FBC currently with Welsh Government for scruitiny
- Welsh Audit Office – CTM Agency Usage and Workforce Planning follow up – self assessment August 2026

Culture, Values and Behaviours
Internal assurance
- NHS Staff Survey results reported to Board and CTM committees, local action plans in Care Groups and progress reported in integrated performance meetings. Staff attending survey briefings agreed (87%) with our corporate priority areas to tackle.
- Partnership forums: LPF and LNC listening and engagement reviews.

External assurance
All-Wales NHS Staff Survey benchmarks: response rate in 2024 was 26.8% (CTM) vs 21.8% (Wales), local target for improvement 40%; Employee Index 70.4% (CTM) vs 72% (Wales). Our focus on the NHS Wales Staff Survey has achieved a sustained improvement in response rates, from 18.1% in 2023, to 26.8% in 2024 to 35.6% in 2025, against a national average of 30%. This represents an additional 1,407 respondents in 2025. Our staff engagement index score increased to 70.5%, up marginally from 70.4%, but note one of only three NHS Wales organisations to improve at all.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Actions still in progress	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
Gap 1: Workforce planning is not yet consistently aligned to future	**Actions already completed** • Workforce planning has been incorporated into CTM2030, IMTP and Education and Training Plan arrangements.	**Actions still to do** • Complete and embed local workforce plans across Care Groups and corporate directorates.	**Intended impact of mitigating actions** • A sustainable, skilled, modernised and affordable workforce capable of delivering CTM2030 and IMTP priorities.	**Actual impact of actions taken to date** Workforce planning has become more closely aligned to organisational priorities and major transformation programmes. In particular, the work undertaken for

organisational priorities, service transformation programmes and regional workforce requirements, limiting our ability to proactively shape the future workforce. .	• Workforce requirements have been considered within priority service and transformation programmes, including Regional Orthopaedics and the Llantrisant Health Park Full Business Case. • Workshops have supported workforce planning for priority areas, including Perinatal, Ophthalmology and Theatres. • The Education and Training Plan commissioning submission was approved by the Executive Leadership Group and submitted to HEIW. • Student streamlining arrangements have supported recruitment of the September 2026 nursing and midwifery graduate cohort, with the Health Board meeting the majority of its commitments. • A Strategic Workforce Planning update was provided to the Strategic Development Committee in August 2026. • Governance arrangements have been developed for new and extended roles, including Physician Associates, Advanced Clinical Practitioners and Registered Nursing Associates.	• Strengthen the alignment between workforce, service, transformation and financial planning. • Continue to develop coordinated regional and service-specific workforce plans, building on the work undertaken for priority programmes. • Ensure workforce plans clearly identify future staffing and skills requirements, supply risks, assumptions and affordability implications. • Embed consistent governance and evaluation arrangements for new and extended roles. • Monitor whether workforce plans and new workforce models are delivering the capacity and skills required. Respond to any further findings arising from the Audit Wales follow-up review of agency usage and workforce planning.	• Better alignment between workforce planning, service redesign, regional programmes and financial planning. • Earlier identification and management of future workforce requirements, skills gaps, supply constraints and affordability risks. • Appropriate and effective use of new and extended roles to improve skill mix and workforce resilience.	Llantrisant Health Park, Regional Orthopaedics and other priority services has improved the articulation of future workforce requirements, staffing models and associated risks. Governance arrangements for new and extended roles have also been strengthened. However, local and regional workforce planning is not yet consistently developed or embedded across all services. Further work is needed before the Health Board can be assured that future workforce requirements, affordability and delivery risks are being identified and managed consistently across the organisation.
Gap 2: Workforce deployment, productivity, digital systems and workforce intelligence capabilities are not yet sufficiently mature to optimise capacity, quality, efficiency and affordability.	**Actions already completed** • Medical and Nursing and Midwifery Workforce Productivity Programmes have been established, incorporating job planning, roster and bank optimisation, temporary staffing and agency reduction. • Scrutiny and control of worked whole-time equivalent capacity and temporary staffing use have been strengthened. • The Agency by Exception process has been introduced for nursing agency use. • A new managed service provider for Medical and Dental bank and agency staffing, and specified wider agency requirements, went live in July 2026. • Consultant and non-consultant rate cards have been introduced to support consistency and cost control.	**Actions still to do** • Continue delivery of the Medical and Nursing and Midwifery Workforce Productivity Programmes and evaluate their impact. • Improve Medical Job Planning compliance and reduce variation between Care Groups. • Complete the next phase of the Bank KPI and Agency Spend Tracker. • Agree and implement a consistent Health Board-wide approach to establishment reporting and control. • Continue to improve workforce data quality, dashboards and analytical capability. • Improve interoperability between workforce systems and reduce reliance on manual processes. • Continue implementation of ESR Go and prepare for the Future Workforce Solution.	**Intended impact of mitigating actions** • Improved deployment and utilisation of the substantive workforce. • More effective rostering and increased use of appropriately skilled bank workers. • Reduced reliance on agency staffing and improved control of variable pay. • Improved Medical Job Planning compliance and reduced variation between services. • Consistent establishment control and a clearer understanding of funded, worked and available workforce capacity. • More accurate and timely workforce intelligence to support strategic and operational decision-making. • Better-integrated workforce systems and reduced reliance on manual processes.	**Actual impact of actions taken to date** Governance, reporting and oversight of workforce utilisation, productivity and temporary staffing have strengthened. The Agency by Exception process has supported early reductions in nursing agency use, and the new Medical and Dental bank and agency provider has been operational since July 2026. Establishment reporting, workforce dashboards and the inclusion of workforce information within Care Group performance arrangements have also improved organisational visibility. The Resident Doctor contract was implemented on 1 August 2026, with continuing actions now monitored through the Medical Workforce Productivity Programme. However, it is too early to assess its full impact or that of the new managed service arrangements.

	• Phase one of the Bank KPI and Agency Spend Tracker is available through the nursing dashboard. • Nursing and Midwifery establishment reports have been developed, and workforce information is increasingly included in Care Group performance arrangements and corporate reporting. • Medical Job Planning and Medical and Dental Sickness audits have been undertaken, with improvement actions identified. • The People Systems Group has been established and implementation of ESR Go has commenced. • The new Resident Doctor contract was implemented on 1 August 2026, with continuing actions incorporated into the Medical Workforce Productivity Programme.	• Complete outstanding actions arising from workforce audits and implementation of the Resident Doctor contract. • Demonstrate sustainable improvement in workforce utilisation, agency use and expenditure, bank utilisation and affordability		Establishment control, workforce analytics and system interoperability are not yet consistently mature across the organisation. Medical Job Planning compliance remains at 47%, with variation between Care Groups. Further evidence is required to demonstrate that the strengthened arrangements are delivering sustained improvements in workforce capacity, productivity and affordability.
Gap 3: Recruitment, retention and attendance arrangements are not yet consistently delivering a sustainable, resilient and engaged workforce, resulting in workforce supply pressures and variable workforce experience.	**Actions already completed** • Recruitment and resourcing controls are in place, including vacancy scrutiny, job evaluation, recruitment through Trac and support from NWSSP Recruitment Services. • Recruitment training, guidance and SharePoint resources have been developed, supported by attraction and employer-branding activity. • Flexible working and lateral moves arrangements have been introduced. • The Moving On process was reviewed and relaunched in July 2026. • The Retention Steering Group has been re-established, supported by developing retention dashboards and exit information. • Sickness absence reporting and analysis have been expanded, including reporting to the Executive Management Board. • An organisation-wide approach to sickness absence has been developed, supported by a short-term Enhanced Case Management Support project within acute and community wards.	**Actions still to do** • Finalise and approve the Recruitment and Retention Plan. • Complete and implement the revised Recruitment and Selection Policy and supporting procedures. • Continue targeted recruitment and attraction activity for hard-to-fill roles, workforce groups and specialties. • Complete the review of consultant job descriptions. • Embed the lateral moves and Moving On processes consistently across services. • Improve the quality and use of exit and retention information to support targeted interventions. • Continue delivery of the organisation-wide sickness absence action plan. • Evaluate the impact of the Enhanced Case Management Support project and use the findings to inform the longer-term approach. • Deliver and evidence progress towards the planned reduction in sickness absence during 2026/27. • Demonstrate sustained improvement in vacancies, recruitment, turnover,	**Intended impact of mitigating actions** • Improved workforce availability, stability and organisational resilience. • More consistent and timely recruitment processes. • Improved recruitment and retention in hard-to-fill roles and priority services. • Better use of retention and exit intelligence to target interventions. • Reduced voluntary turnover and avoidable loss of experienced staff. • Reduced sickness absence and earlier, more effective support for staff. • Reduced workforce gaps and reliance on temporary staffing.	**Actual impact of actions taken to date** Recruitment guidance, workforce attraction activity and retention intelligence have been strengthened. The Moving On process has been relaunched and the Retention Steering Group re-established, providing a stronger basis for understanding and responding to retention concerns. Turnover was 8.16% in July 2026, compared with 9.00% in July 2025. This indicates improvement in the reported turnover position, although recruitment challenges remain within a number of hard-to-fill roles and specialties. Sickness absence reporting and case management arrangements have also been strengthened. However, the rolling 12-month sickness rate to June 2026 was 7.58%, compared with 7.00% for the equivalent period in the previous year. The Enhanced Case Management Support project was launched in August 2026 and its impact is still being assessed. Sickness absence therefore continues to affect workforce availability, and it is too early to determine whether the new

	• The Enhanced Case Management Support project has increased the volume of case reviews, with measures established to assess its impact. • The Health Board has maintained Living Wage Employer status. •	attendance and reliance on temporary staffing.		arrangements will deliver sustained improvement
Gap 4: Organisational values, behaviours and approaches to staff experience are not yet consistently embedded across the Health Board, impacting engagement, wellbeing, leadership culture and organisational performance	**Actions already completed** • Organisational values and culture, values and behaviours measures have been incorporated into the CTM People Plan. • Leadership development, staff engagement, recognition and focus-group arrangements are in place. • The Equality, Diversity and Inclusion Strategy supports the wider approach to staff experience. • Speaking Up Safely Guardians and the Work in Confidence anonymous reporting platform have been established. • Care Group culture and behaviour plans have been developed in response to Staff Survey findings. • Staff Survey results are reported to the Board and relevant Committees, with local actions monitored through Care Group delivery and Integrated Performance Meeting arrangements. • Divisional Staff Survey information is shared to support local action and leadership accountability. • Staff Survey briefings have supported development of corporate priorities, with 87% of attendees agreeing with the priority areas identified. • Planning for the 2026 NHS Staff Survey has commenced and the Survey Leads Group has been re-established**.**	**Actions still to do** • Continue to embed local ownership of organisational values and expected behaviours across Care Groups, directorates and services. • Strengthen leadership accountability for delivery and evaluation of local culture and behaviour plans. • Continue leadership development, engagement, recognition and speaking-up activity. • Use Staff Survey and local workforce information to identify variation and target support. • Deliver the 2026 Staff Survey and use the findings to assess progress and determine further priorities. • Evaluate whether local culture, leadership and engagement activity is improving staff experience and reducing variation. • Strengthen assurance to the Board and Committees concerning the impact of local culture and behaviour plans**.**	**Intended impact of mitigating actions** • Greater local ownership of organisational values and expected behaviours. • Improved and more consistent staff experience across the Health Board. • Increased confidence among staff to speak up, raise concerns and contribute ideas. • Stronger local leadership and accountability for organisational culture. • Improved staff engagement and reduced variation in experience between services. • Clear evidence that culture and behaviour plans are producing sustained change.	**Actual impact of actions taken to date** Staff Survey participation increased from 18.1% in 2023 to 26.8% in 2024 and 35.6% in 2025. The staff engagement index also increased slightly from 70.4% to 70.5%. Staff Survey findings are being used to inform corporate priorities and local Care Group action plans, supported by divisional information, Integrated Performance Meetings and established speaking-up arrangements. This provides evidence of increased participation and a stronger organisational focus on culture and staff experience. However, the current evidence does not yet demonstrate that improvements in staff experience, values and behaviours are consistent across all services or that local interventions have delivered sustained organisational impact.

Linked National Priority Measures

Workforce

- 23. Agency spend as a percentage of the total pay bill
- 27. Percentage sickness rate of staff

Current Performance Highlights

Key Progress Highlights:

- Workforce Planning: LHP Phase 2 workforce section and workforce demand numbers- FBC submitted August 2026
- LHP OBC/FBC is to be finalised in June for sharing with HB Board Meetings in July 2026

- Productivity & Agency Reduction: Launch of new Managed Service provision for M&D bank and M&D/AHP agency staff contract July 2026
- AFC Bank: 800 Bank only workers identified, bank only workers following the Band 2-3 changes to ensure a viable, appropriately skilled and available bank workforce and on track to meet the deadline of July 2026.
- Recruitment: work progressing to update the Recruitment & Selection policy and associated SOPs, Consultant job description review underway. international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed, with two specialist grade psychiatrist started. An ITU doctor has been offered via NWSSP's overseas campaign and joined in June 2026.
- Able to meet majority of commitments to Student Streamlining numbers for Summer 2026 recruitment
- Staff survey launch for 2026 agreed (October 6th 2026) survey leads group reestablished for programme development w.c. 30 Aug 2026

Were there any significant incidents affecting this strategic Risk this period:		
None identified.		
Associated Risks escalated to the Organisational Risk Register		
Gap 1: Workforce planning is not yet consistently aligned to future organisational, service transformation and regional workforce requirements		
6294	Insufficient consultant workforce in Endoscopy and Gastroenterology.	**20**
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	**16**
Gap 2: Workforce deployment, productivity, systems and workforce intelligence are not yet sufficiently mature to optimise workforce capacity and affordability		
6629	GMC/HEIW Conditions on Prince Charles Hospital Emergency Department. Workforce, medical staffing and training arrangements are a key contributing factor to this risk. New escalation during the period.	**16**
Gap 3: Recruitment, retention and attendance arrangements are not yet consistently delivering a sustainable and resilient workforce		
6294	Insufficient consultant workforce in Endoscopy and Gastroenterology	**20**
5753	Inadequate Special School Nurse Provision. ***Sept 2026:*** *Risk score reduced to 16. Whilst the risk cannot be fully eliminated, staffing is currently at establishment. Longer-term work is required with Local Authority partners to review the future model of care and determine the Health Board's ongoing management of the residual risk.*	~~**20**~~ **16**
6475	Patient safety and service delivery risks arising from industrial action impacting Health Visiting services	**16**
6232	Stability of the Legal Services Function.	**15**
5877*	**DEESCALATED:** Impact of new GP Out of Hours contract on service capacity and rota fill. *Score reduced; will not appear in future ORR reports.*	~~**16**~~ **9**
6397*	**DEESCALATED:** Shortage of GPs impacting urgent primary care service delivery. *Score reduced; will not appear in future ORR reports.*	~~**16**~~ **12**
6318*	**DEESCALATED:** SHED Team service capacity and resilience. *Score reduced; will not appear in future ORR reports.*	~~**16**~~ **12**
Gap 4: Organisational values, behaviours and approaches to staff experience are not yet consistently embedded across the Health Board		
There are no risks currently escalated to the Organisational Risk Register under this strategic gap.		

* For the September 2026 reporting cycle, some operational risks have reduced in score following organisational moderation and triangulation, reflecting a more consistent alignment between current risk scores, available evidence and the Health Board's risk policy and scoring matrix.

Strategic Goal(s):		Risk score **16**
Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care	**Sustaining our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	

Strategic Risk: **Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)**

If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	***Then*** We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	***Resulting in*** Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients' experiences, and continue to constrain our ability to work seamlessly across our region.

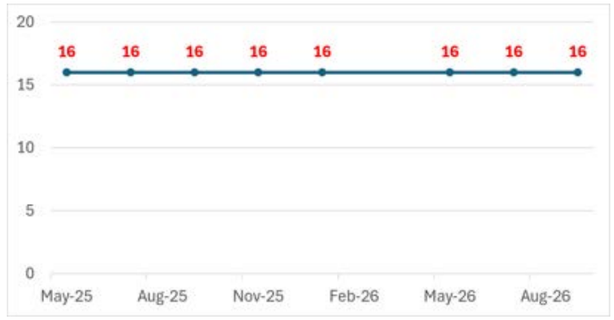
Risk Lead	Director of Digital	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score:
Including where risk score remains unchanged and for any changes

September 2026: The risk score remains unchanged at **16 (C4xL4)**. Whilst progress continues across a number of digital transformation, infrastructure and cyber security programmes, significant strategic vulnerabilities remain which prevent a reduction in the likelihood score at this stage.

Key progress during this period includes:

- Continued implementation of the Digital, Data and AI Strategy, Cyber Improvement Plan and Information Security Policy.
- Strengthening of governance arrangements for artificial intelligence, supplier management and digital inclusion.
- Ongoing improvements to digital infrastructure, cyber monitoring capabilities and clinical system standardisation.
- Progress with key enabling programmes including digitisation of medical records, electronic prescribing medicines administration, shared care records and patient-centred contact services.

	However, the risk remains elevated due to: • The evolving cyber threat landscape and continuing exposure to cyber attack. • Ongoing capital, revenue and workforce constraints affecting the pace of digital transformation. • Continued reliance on legacy systems and a relatively low level of digital maturity compared to recognised benchmarks. • Dependencies on national programmes, suppliers and wider NHS Wales digital developments. Whilst the overall trajectory is considered cautiously positive, further progress is required before the Health Board can demonstrate that digital capability, capacity and resilience are sufficiently embedded to support organisational transformation and justify a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Current Control Measures

Strategic Direction and Governance
The Health Board has established strategic and operational arrangements to support digital transformation, prioritisation and delivery of digital investment and improvement programmes. For example:

- Population Health Strategy.
- Digital & Data Delivery Programme.
- Project Portfolio Board.
- Digital Investment Fund.
- Digital Maturity Benchmarking.

Cyber Security and Information Governance
A range of governance, policy and assurance arrangements are in place to support cyber resilience, information governance and the safe use of digital technologies. For example:

- Cyber Improvement Plan (Aligned to the NIS Directive)
- Cyber Resilience & Availability Group.
- Cyber Incident Response Arrangements (including testing and exercising).
- Information Security, Records Management and Information Governance Frameworks.
- AI Governance Framework.
- Non-Corporate Communication Channels Policy.

Digital Transformation and Infrastructure
Programmes are in place to strengthen digital infrastructure, modernise clinical systems and support the delivery of digitally enabled services. For example:

- IT Infrastructure Review.
- Electronic Prescribing Medicines Administration Programme.
- Shared Care Record arrangements.
- Patient-Centred Contact Programme.
- Bridgend Clinical Systems Consolidation.

Digital Inclusion and Adoption
Workstreams are in place to support workforce adoption of digital technologies and equitable access to digital services. For example:

- Digital Inclusion and Accessibility Workstreams.

Workforce digital capability and business change initiatives.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of programme governance, internal and external audit activity, information governance reviews, cyber assurance arrangements and routine reporting on delivery of the Digital & Data agenda. Collectively, these provide oversight of digital transformation programmes, information governance, cyber resilience, compliance and progress against strategic digital priorities.

Recent assurance activity indicates continued progress in a number of areas, including delivery of digital transformation programmes, strengthening governance arrangements and ongoing improvements to digital infrastructure and cyber resilience.

Internal Assurance
The Board receives assurance through a range of governance and reporting arrangements, including:

- Digital Programme Assurance Reports covering delivery of Digital & Data priorities within the IMTP.
- Medical Records Assurance Reports.
- Progress reporting against the Population Health Strategy.
- Clinical Safety reporting.
- Planning, Performance and Finance reporting.
- Reporting through Operational Delivery Committee and associated governance arrangements.

External Assurance
Independent assurance is obtained through external review, audit and compliance frameworks, including:

- Audit Wales reviews.
- Internal Audit reviews.
- All-Wales Information Governance Toolkit assessments and ICO reviews.
- NIS-D Cyber Assessment Framework and associated Cyber Resilience Unit (CRU) improvement monitoring.

Recent assurance highlights

- **Review of Digital Transformation** (May 2026) which has made nine recommendations:
  - Strengthening the digital strategy with clearer milestones and alignment to wider plans.
  - Improving digital performance reporting with clearer measures and risks.
  - Developing a costed infrastructure plan with timelines and asset data.
  - Introducing formal AI governance for oversight of all AI use.
  - Building digital workforce capability through skills assessment and training.
  - Strengthening user engagement and digital inclusion.
  - Clarifying long-term digital investment needs and decision points.
  - Coordinating oversight of digital projects.
  - Embedding a benefits framework to show whether digital investments deliver value.

Overall Assurance Position
Current assurance provides evidence that key governance, cyber security, information governance and digital transformation arrangements are operating effectively. Whilst assurance activity demonstrates progress across a number of programmes and control areas, it also highlights the continuing need to address workforce, resource, infrastructure and digital maturity challenges before full assurance can be obtained that the strategic risk is adequately controlled.

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Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (following implementation)
Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale *Whilst significant investment has been made in digital technology, governance and infrastructure, digital literacy, skills and adoption are not yet consistently embedded across the workforce. This limits the Health Board's ability to fully realise the benefits of digital transformation, maximise the value of existing systems, and support*	**Controls in Place / Actions Already Taken** • Digital literacy and workforce capability have been identified as key priorities within Digital and Data planning and Integrated Medium-Term Plan (IMTP) proposals. • Existing digital learning resources and support materials are available and continue to be promoted across the organisation. • Digital and business change capability is being developed through a range of transformation programmes, including national and local digital initiatives. • Work is underway to develop a more structured organisational approach to digital and data literacy and clinical digital skills.	• Increased workforce confidence and capability in the use of digital and data tools. • Improved adoption and utilisation of digital systems. • Greater consistency in digital ways of working. • Improved ability to deliver service redesign and transformation enabled by digital technology. • Increased return on investment from digital programmes and infrastructure.	Work completed to date has increased organisational focus on digital literacy, digital inclusion and workforce capability as critical enablers of transformation. Digital skills development is increasingly being incorporated within major change programmes, helping to build awareness and readiness for new ways of working. However, a consistent organisational approach is not yet fully embedded, and further work is required before digital capability is sufficiently mature to support transformation at scale.

organisational change at the pace required.	• Digital inclusion and accessibility workstreams are supporting wider adoption of digital services by staff, patients and communities. • Continued cyber awareness campaigns and targeted engagement. **Further Actions Required** • Develop a Digital and Data Literacy Strategy. • Develop a structured approach to workforce digital capability and clinical digital skills development. • Establish measures to monitor digital confidence, capability and adoption across the organisation. • Work with key stakeholders including nursing, medical leadership, CTM Education and Training and HEIW.		
Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation *The scale of the Health Board's digital transformation ambition continues to exceed the available workforce, revenue and capital resources available to deliver it. Whilst progress is being made across a number of programmes, staffing constraints, specialist skills shortages, short-term funding arrangements and competing organisational priorities continue to limit the pace at which digital transformation can be delivered and embedded.*	**Controls in Place / Actions Already Taken** • Digital and Data workforce requirements are identified through the Integrated Medium-Term Plan and Digital & Data planning processes. • Available capital and revenue funding is prioritised towards the highest-risk areas and strategic priorities. • The 2025/26 Digital & Data capital programme was delivered on time and within budget, supporting investment in digital infrastructure, cyber resilience and digital enablement. • Additional funding opportunities continue to be pursued through national and local programmes. • Recruitment to priority posts is being progressed and specialist contract support utilised where required. • Workforce requirements continue to be reviewed through programme, portfolio and IMTP planning arrangements. **Further Actions Required** • Develop a sustainable workforce plan for Digital & Data services. • Continue recruitment to priority roles and reduce reliance on temporary arrangements where possible. • Improve alignment between organisational demand, workforce capacity and available funding. • Secure recurrent funding to support critical digital and transformation functions. Maintain a clear prioritisation framework where demand exceeds available resources.	• Improved capacity to deliver digital transformation programmes. • Reduced reliance on contractors and short-term workforce solutions. • Increased resilience across Digital & Data services. • Improved delivery timescales for digital projects and programmes. • Greater ability to support service transformation and organisational priorities.	Investment in digital infrastructure, cyber resilience and transformation programmes has strengthened the Health Board's digital capability and enabled progress across a number of strategic initiatives. Workforce planning and targeted recruitment have also improved understanding of resource requirements. However, workforce, funding and capacity constraints remain significant and continue to affect the speed at which digital transformation can be delivered and sustained.
Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care *Whilst significant progress has been made in the development of digital systems, infrastructure and governance arrangements, the Health Board's overall digital maturity remains below the level required to fully support integrated care,*	**Controls in Place / Actions Already Taken** • A range of digital transformation programmes are underway to support the development of integrated digital services and clinical systems. • Electronic Prescribing and Medicines Administration implementation is progressing across the Health Board. • Shared care record arrangements are in place to support information sharing. • Patient-centred contact programme development is underway.	• Improved access to timely, accurate and integrated information. • Better support for clinical decision making and service redesign. • Reduced reliance on paper-based and manual processes. • Improved patient and staff experience through digitally enabled services. • Increased organisational productivity and efficiency.	Progress has been made in modernising digital services, strengthening governance arrangements and advancing key transformation programmes, including Electronic Prescribing and Medicines Administration, patient-centred contact services and wider digital enablement initiatives. These developments have improved the foundations for future transformation;

service transformation and data-driven decision making. Continued reliance on legacy systems, fragmented digital records and national system dependencies limits the pace at which the organisation can realise the full benefits of digital transformation. A number of associated operational and programme risks are managed through the Organisational Risk Register.	• Digital maturity benchmarking is used to inform future planning and capability development. • Digital and data priorities are incorporated within the Digital & Data Strategy and Integrated Medium-Term Plan. • Ongoing engagement with Welsh Government, Digital Health and Care Wales and wider NHS Wales digital programmes supports alignment with national developments. **Further Actions Required** • Continue implementation of digital transformation priorities and enabling programmes. • Progress development of integrated digital records and digitally enabled patient services. • Improve the availability, quality and use of structured digital information. • Strengthen interoperability and integration across clinical and corporate systems. Continue to influence and align with national digital developments and architecture.	• Improved digital maturity and readiness for future transformation.	however, the Health Board remains at an early stage of digital maturity and further progress is required before the full benefits of integrated, data-driven and digitally enabled care can be realised.

Linked National Priority Measures

Digital and Technology
National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)
Value Based Health and Care
Coding standards

Current Performance Highlights

Detailed programme, operational and technical updates are reported separately through Digital & Data governance arrangements, programme boards and routine performance reporting. The Board Assurance Framework focuses on the strategic implications of delivery against the Health Board's digital transformation ambition.

Current Position (September 2026)

- Progress continues across several strategic digital transformation programmes, including Electronic Prescribing and Medicines Administration go-live at RGH , Transition to BAU for Digital Maternity solution (BadgerNet), Ophthalmology referrals system Phase 1 – go live (OperaI) Patient-Centred Contact Transformation Programme services – go-live Intouch Flow Manager (Patient Check-in, Patient Calling and electronic outcomes) across PCH, RGH, YCC, YCR and DS , digital infrastructure modernisation and wider digital enablement initiatives.
- Adoption of digital services continues to increase, supported by ongoing developments in patient-facing technologies and digital clinical systems.
- Improvements have been made to digital infrastructure resilience, the core network switches have been replaced at PoW, RGH, KHHP and Dewi Sant.
- Automation of cyber incident alerting and handling.
- Progress is also being made in the development of digital and data capabilities to support innovation, artificial intelligence and future service transformation.
- National programme dependencies, workforce capacity constraints and funding pressures continue to affect the pace and sequencing of some digital transformation initiatives.
- Whilst the overall trajectory remains positive, the Health Board's digital maturity remains below the level required to provide full assurance that digital capabilities are sufficiently embedded to support organisational transformation at the desired pace.

Were there any significant incidents affecting this strategic Risk this period:

Critical incidents under NIS-D: - There were no incidents reported to the CRU during this period. However, a small number of high-impact incidents did occur at both local and national level.

Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale		
4672	Inability to achieve timely, accurate clinical coding and structured data standards.	**15**
Strategic Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation		
4664	Cyber attack resulting in loss of critical services, data and potential extortion (including specialist cyber capacity and capability challenges).	**20**

4671	Ageing digital infrastructure impacting service resilience (including workforce and funding constraints affecting infrastructure renewal).	**16**
Strategic Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care		
5276	Delay to LIMS 2.0 implementation impacting pathology service continuity	**20**
5761	Cross Health Board Data Sharing	**16**
3337	Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS.	**15**
5040	Digital system integration dependencies.	**15**
4672	Inability to achieve timely, accurate clinical coding and structured data standards..	**15**

Strategic Goal(s)		Risk score
Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care	**Sustaining our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	16

Strategic Risk: **Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)**

If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose 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 wellbeing for now and the future.	***Resulting in:*** • An inability to deliver its services efficiently and effectively. • Poor environment and experience for patients and staff • Infrastructure problems • Unable to replace failing/ageing equipment. • Business continuity problems • Poor Estate compliance • Regulatory Compliance issues • Lack of digitally enabled facilities • High carbon footprint • Loss of services and productivity • Increased backlog maintenance

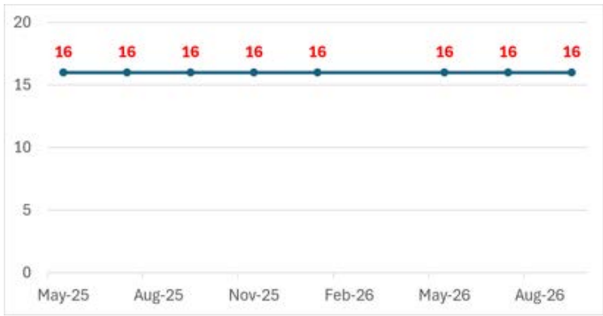
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	4	16
Current	**4**	**4**	**16**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)* **July 2026:** Target risk score reviewed and revised to 12 to reflect a more realistic and deliverable position. We are actively managing this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.

	Risk reviewed in April 2026 - due to this period in the financial year it is recognised that currently there is limited movement in available capital and therefore additional improvements and investments in infrastructure is limited. However, in November 2025 CTMUHB Board approved the Prince Charles Hospital (PCH) Refurbishment Project Finalised Phase 3 Full Business Case for submission to Welsh Government for capital funding – approval is awaited. In recognising the above position and recent data available from the Estates, Facilities, Performance Management System, which reports a figure of £95m, risk adjusted to £76m, for backlog maintenance the risk score remains unchanged.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to **Treat** this risk; however, pace of change is not at the desired rate and there are elements where the risk will need to be **Tolerated**.

Current Control Measures

- Prioritisation of Estate Activity based on risk-based decision making.
- Pursue all capital funding options from Welsh Government to address backlog maintenance and statutory compliance such as:
  - Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.
  - Applications to the All-Wales Capital Programme on an annual basis.
  - Discretionary Capital
- Maximise current revenue allocations, optimised for statutory compliance and risk priorities.
- Maintenance Programme established managed via the Planet 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.
- CTMUHB has the highest capital allocation in 2025-2026 than any other Health Board in NHS Wales. However, this still does not mitigate all the gaps in controls and the resulting impact of this risk.

Sources of Assurance (Internal and External)

Internal
- Regular monitoring through CTMUHB'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 risks through the Capital and Estates Risk Escalation Group.
- Comprehensive internal audit programme.

External
- NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES) have collected Estates and Performance Monitoring system data (EFPMS) on behalf of Welsh Government.
- ISO 14001 Certification – Environmental Management achieved.
- Regular reporting and monitoring with Welsh Government.
- Comprehensive external audit programme.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Gap 1: National Skills shortage in Estates Roles *(Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.*	**Actions already taken:** • The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. • Concerns have been raised at a national level. **Further actions needed / in progress:** • Ongoing activity continues with the support of the People Directorate to explore routes	Improved recruitment and retention across Estates roles, increasing capacity to deliver core maintenance and compliance activity and supporting a more stable and sustainable estates function.	Recruitment and workforce planning activity has strengthened understanding of the challenges affecting Estates recruitment and retention. Ongoing attraction initiatives are helping to maintain workforce capacity; however, national workforce shortages and competition from the private sector continue to affect recruitment to key Estates roles.

	to further promote and attract candidates to roles advertised particularly around the Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.		
Gap 2: Backlog maintenance requirements continue to exceed available resources and funding.	**Actions already taken:** • Secured Targeted Estates Funding (TEF) • Proactive in securing additional funding from Welsh Government when available.	Reduction in backlog maintenance and estate-related risks through delivery of prioritised schemes, resulting in a safer, more compliant estate and an improved environment for patients and staff.	Funding secured through Targeted Estates Funding (TEF) and other sources has enabled progress on a number of high-priority maintenance schemes and reduced risk in targeted areas. However, backlog maintenance continues to exceed available resources and remains a significant challenge.
Gap 3: Available capital and revenue funding remains insufficient to maintain and improve the existing estate.	**Further actions needed / in progress:** • Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	Securing capital investment to modernise infrastructure, reduce backlog maintenance and address statutory compliance risks.	Progress has been made in developing business cases and capital investment proposals for priority estate schemes. Whilst this has improved readiness to deliver future investment, delivery remains dependent on securing sufficient capital funding.
Gap 4: Deliver schemes within a live environment Estate improvement works must be delivered whilst maintaining safe and uninterrupted services.	**Actions already taken:** • Dialogue with service leads. • Secure decant where appropriate. **Further actions needed / in progress:** • Continue to maintain dialogue with service leads and secure decant where appropriate.	Safe delivery of capital works with minimal disruption to services, ensuring continuity of care and operational resilience during construction activity.	Estate improvement schemes continue to be delivered whilst maintaining operational services. Close collaboration with clinical and operational teams has supported safe project delivery; however, delivering works within a live healthcare environment continues to present operational and programme risks.

Linked National Priority Measures
Energy and Environmental Targets as listed in the CTMUHB Decarbonisation Action Plan (DAP). Deliver the Capital programme within the agreed Capital Resource Limit (CRL).
Current Performance Highlights
Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: 29 April 2025 - Cwm Taf Morgannwg University Health Board The next submission will be shared with the Operational Delivery Committee on 30th April 2026.
Were there any significant incidents affecting this strategic Risk this period:

Associated Risks escalated to the Organisational Risk Register		
6235	Insufficient funding to address backlog maintenance across the estate.	16
6766	NEW: Security incidents and vulnerabilities across Health Board sites	16

Strategic Goal(s)	Risk score
Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	**20**

Strategic Risk: **Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)**

If the Health Board fails to deliver and sustain an approved Integrated Medium-Term Plan and manage its revenue resources within the 'Revenue Resource limits' set by WG.	***Then*** we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period)	***Resulting in*** Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact).

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**5**	**20**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	As part of the 2026-2029 IMTP, the Health Board has submitted a balanced financial plan for 26/27 for both Capital & Revenue resource. Both of these plans include risks, particularly the Revenue Plan which includes the delivery of £31.3m of savings together with £38.6m of risks and an assumption that WG will support the £18.4m Welsh Risk Pool pressure if the HB delivers a break-even financial position. The HB awaits the formal response of the submitted IMTP and if the plan is approvable, development of robust savings plans will be critical to provide WG with confidence upon the deliverability of the IMTP financial plan. The financial outlook for 2027/2028 and beyond looks very challenging and there is a significant risk to achieving a recurrent balanced financial plan. The month 2 year to date position is reporting a £5.2m deficit with a savings shortfall of £4.4m. Further cost pressures of £1.2m have been partially offset by £0.3m of unplanned additional income relating to the EPMA programme.

	The recurrent position will be reviewed following month 3 reporting.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	The financial plan highlights a high level of risk for in year achievement but with a far more significant level of risk for 2027/2028 and beyond. This risk will therefore be ***treated*** until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures

Financial Management

- Financial Accountability letters to be issued by CEO.
- Budget setting process and Budgetary control framework paper to be presented to EMB for approval.
- Standing Financial Instructions
- Scheme of Reservation & Delegation
- Local Counter-Fraud Service
- Monthly financial performance reviews for Care Groups and corporate directorates

Sources of Assurance (Internal and External)

Financial Management

- Annual Report and Accounts
- Monthly Finance Reports
- Monitoring Returns to Welsh Government
- Internal Audit Programme
- External Audit Programme
- Losses and Special Payments Report to Audit & Risk Committee

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	• Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2026/2027.* • Deliver procurement training to departments where compliance with procurement processes is low - *Ongoing throughout 2026/2027.*	Budget holders, through regular training, will be better informed in terms of process and best practice. Greater focus on compliance. Informed decision making through confidence gained through training and experience.	Improved Budget Management. Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability.
2. A recognised risk of shortfalls in savings delivery	• Develop a more streamlined programmatic approach to planning and delivery of efficiency savings schemes, with a focus on cost reductions and managing expenditure within allocated budgets for 26/27 as well as identifying pipeline schemes in delivery for 27/28. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.

Linked National Priority Measures

1. YTD position 2. Savings plan position		
Current Performance Highlights		
• The M2 YTD position is reporting a £5.2m deficit against plan. • Latest savings plans have only identified £14.5m of the £31.3m savings plan required. • There is a high risk to delivering a balanced financial plan for 2026/27		
Were there any significant incidents affecting this strategic Risk this period:		
Non delivery of savings remain the most significant cause for the year to date deficit and the forecast remains significantly below the planned level.		
Associated Risks escalated to the Organisational Risk Register		
6596	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27	20
6597	Failure to achieve the planned break-even position in 2026/2027	20

Operational Delivery Committee

Organisational Risk Register – September 2026

Eitem yr Agenda / Agenda Item	**2.3**
Dyddiad y Cyfarfod / Date of Meeting:	Tuesday 27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Review
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is asked to: - **Review** the risks escalated to the Organisational Risk Register at Appendix 1. - **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Applies across all areas
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Supports delivery in general

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

Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This report presents the September 2026 position of the Organisational Risk Register. It reflects the latest available position following review by Care Groups, directorates and Executive leads. This report contains all ORR risks overseen by ODC. The September review has focused on improving the consistency and evidence base of organisational risk assessments. This has included greater challenge of risk scores, clearer articulation of controls and mitigating actions, and increased use of organisational intelligence to inform the assessment of current risk exposure. The Operational Management Board has continued to develop its collective oversight of the full register. This complements the accountability of individual Executive leads and supports more consistent moderation and triangulation across the organisation. Three risks are currently identified as business sensitive, and will be reported to the private session of this committee.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The overall organisational risk profile remains broadly stable but challenged. Most risks remain unchanged, including several risks rated at 20, reflecting continuing pressures relating to workforce, service capacity and demand, infrastructure, finance, digital resilience and statutory compliance. The September register includes three new overarching or cross-cutting risks relating to Hydroxychloroquine retinal screening, security across Health Board sites and data protection compliance. It also includes the escalation of a midwifery workforce risk following an increase in score from 12 to 15. Three risks have reduced in score but remain on the Organisational Risk Register. A further five risks have reduced below the organisational reporting threshold and have been de-escalated for continued management through local governance arrangements. Two risks have been closed on the Organisational Risk Register, including one whose scope and outstanding actions have transferred into a new overarching organisational risk. The reductions should not necessarily be interpreted as equivalent improvements in the underlying operating

	environment. In several cases, they reflect more consistent application of the Health Board's risk methodology following moderation and triangulation, informed by the controls in place and available evidence about how risks are materialising.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	This is a standing report – the Organisational Risk Register is refreshed every two months.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee is asked to: - **Review** the risks escalated to the Organisational Risk Register at Appendix 1. - **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

1. Background / Context

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

1.2 The register includes risks rated 15 and above that require organisational oversight because of their potential impact or cross-organisational significance. It is supported by local risk registers, through which risks below the organisational threshold continue to be managed and monitored.

Review and Moderation

1.3 Care Groups and central directorates continue to review and update their assigned risks, including the current scores, controls, gaps, mitigating actions and review dates.

1.4 Individual Executive leads remain accountable for approving the content and escalation of risks within their areas of responsibility. Escalation of Care Group risks to the Organisational Risk Register is considered through the

Operational Management Board and approved by the Chief Operating Officer.

1.5 For the July and September 2026 iterations, the Operational Management Board has strengthened its collective review of the full register. This has supported greater consistency in the application of the Health Board's risk methodology and increased challenge and triangulation of risk assessments against available organisational intelligence.

1.6 The Executive Leadership Group (ELG) provides the final collective executive review before the register is submitted to the relevant Board Committees.

Risk Training

1.7 Monthly risk-management training and bespoke team sessions continue to support improved risk identification, articulation, scoring and management across the organisation.

1.8 Feedback following the September session was uniformly positive. Participants from the July and September sessions also expressed interest in more advanced risk-management training. This will be considered as part of the future development of the training offer.

1.9 Bespoke team sessions on Risk are also available by arrangement.

2. Strategic Insights

2.1 The September review indicates that the overall organisational risk profile remains broadly stable but under sustained pressure. A number of the highest-rated risks are long-standing and relate to workforce capacity, service demand, finance, infrastructure, digital resilience, statutory compliance and reliance on services or decisions outside the Health Board's direct control.

2.2 Several risks remain dependent on future recruitment, investment, national programmes, external funding or delivery by partner organisations. While local mitigations and strengthened oversight provide some assurance, they do not always address the underlying causes of the risk.

2.3 A number of risks have reduced in score. Some of these reductions reflect improved controls or preparedness, while others reflect organisational moderation and triangulation and a more consistent alignment between the evidence available and the score applied.

3. Risks and Opportunities

3 NEW RISKS AND NEW ESCALATIONS

DTPS Care Group

- As new organisational risk has been escalated to reflect the significance of the planned implementation programme and the potential impact of delays, system failure, data migration issues or inadequate testing on pathology service continuity, patient safety and regulatory compliance.
  The risk is jointly owned by the Care Group, the Executive Director of Therapy and Health Science (strategic lead); and the Director of Digital.
  → **Risk ID 6633 - Failure to safely implement Blood Transfusion LIMS 2.0 including legacy data migration, testing, and system deployment.**

Cross-Cutting Risks (affecting multiple care groups)

- The following new overarching / cross-cutting risk draws together and provide oversight for multiple risks relating to Hydroxychloroquine retinal screening which have been identified across care groups.
  → **Risk ID 6767: Hydroxychloroquine (HCQ) Retinal Screening Capacity and Pathway Delivery**

- The following new overarching / cross-cutting risk draws together and provide oversight for multiple risks relating to safety and security which have been identified across care groups. It will incorporate and replace the current ORR 4417 (access control and site security)
  → **Risk ID 6766: Security incidents and vulnerabilities across Health Board sites**

Digital Directorate

- The following new overarching risk draws together and provides strategic oversight for a number of operational risks, which also remain open on Datix for ongoing monitoring in their own right:
  → **RISK ID TBC: Failure to comply with data protection legislation**

3 CHANGES TO RISKS

Risk Score Increased and added to ORR

Children and Families Care Group

- The following risk has increased in score from 12 to 15, and been escalated to the ORR. The articulation of this risk and its mitigations on Datix is currently being reviewed:
  → **Risk ID 6433: Insufficient Community Midwifery Staffing Capacity to Sustain Safe Maternity Services**

Risk Score Decreased but Remaining on ORR

For the September report, the Care Groups, through the Operational Management Board (OMB), have focused on strengthening the quality and consistency of risk assessment across the organisation. This has included greater challenge of risk

scores, improved articulation of controls and mitigating actions, and increased use of organisational intelligence to inform risk assessments.

As a result of this review, a number of risk scores have been reduced. This should not necessarily be interpreted as a reduction in the underlying risk. Rather, it reflects a more evidence-based and consistent application of the Health Board's risk scoring methodology, informed by a clearer understanding of existing controls, mitigations and the extent to which risks are materialising in practice.

Children and Families Care Group

- Risk ID5753 - *Inadequate Special School Nurse Provision.* Risk score reduced from 20 to 16. While the risk cannot be fully eliminated, staffing is currently at establishment. Longer-term work is required with Local Authority partners to review the future model of care and determine the Health Board's ongoing management of the residual risk.

DTPS Care Group

- Risk ID3567 - *Patient safety and service delivery risk due to insufficient Cellular Pathology space.* Work is underway to create additional sample preparation space at RGH as a short-term measure to support the phased disaggregation and repatriation of SBU services from November 2026. This planned approach has improved our preparedness and reduced the level of risk, resulting in the risk score being reduced to 16, albeit it remains on ORR.

Cross-Cutting Risks (affect multiple care groups)

- Risk ID4491 - *Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery.* A range of flow and capacity management measures continue to be progressed across urgent, emergency and planned care, including improvements to SDEC, Acute Medicine, ED flow and discharge arrangements. Enhanced executive oversight and routine performance management are supporting closer monitoring of patient pathway demand and capacity. In light of these controls and ongoing operational oversight, the risk score has been reduced to 16 (4x4), as agreed by the COO, DCOO, Planned Care and Urgent & Scheduled Care teams on 28.08.26.

Risk Score Decreased and deescalated from the ORR

DTPS Care Group

- Risk ID6498 - *Risk to patient safety from insufficient availability of compliant dynamic mattress systems.* Risk score reduced from 16 to 12 by the Care Group, and deescalated from ORR. A phased mattress replacement programme is underway, with patient risk assessments and mitigating actions in place. No Datix incidents or reportable patient safety events have been identified. Target score confirmed as 9.

Mental Health and Learning Disabilities Care Group

- Risk ID 6318 - *Tier 3 SHED (Severe and High-Impact Eating Disorders) Team Service Capacity and Resilience.* Care Group SLT has agreed to reduce the score for this risk. this reflects the appointment of a locum Psychiatrist

servicing the SHED ED team. Risk remains open and managed by the care group but current score reduced to 12 and risk deescalated from the ORR

Primary and Community Care Group

- Risk ID5877 - *Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill.* Contract still being negotiated, feedback from national negotiations indicates that there will be a number of options for GPs to take for engagement in OOH - reassessment of risk undertaken. Risk remains open and monitored by care group, but current score reduced to 9.

- Risk ID6397 - *Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery.* Review of rota performance indicates that GP staffing gaps are primarily associated with bank holiday periods and are not a persistent issue during routine weekday operations. As a result, the risk score has been reduced to 12. The risk will continue to be monitored through Care Group governance arrangements to ensure this position is maintained.

Facilities Directorate

- Risk ID6052 - Inadequate patient hydration and nutrition due to failure of beverage trolley infrastructure. Risk likelihood and consequence have been reviewed and reduced based on the number and type of incidents in the previous 6 months; the current score is therefore reduced from 20 to 12. Risk remains open and monitored by the care group but will no longer appear on ORR.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Facilities Directorate

- Risk ID 4417 - *Inadequate access control and site security across Health Board premises.* Risk closed on the ORR because its scope has been incorporated into new overarching organisational risk 6766. The underlying issues and outstanding actions will continue to be managed through that risk.

DTPS Care Group

- Risk ID 6429 - *Risk to patient safety from an unfit Physiotherapy MSK self-referral system.*
  This risk has been closed following implementation of the new MS Forms self-referral system. No further Datix incidents/clinical risk have been identified since the launch. Staff have reported improved level of information to inform clinical triage. Time to Triage has improved. The Quality Improvement (QI) work will be written up and learning shared across therapies as other services move to MS forms for self-referral.

Emerging Risks Identified for possible future escalation

The following risks have been identified through recent Care Group and Directorate reviews as requiring further monitoring, development or consideration for future escalation. They are included for awareness but are not currently escalated to the Organisational Risk Register.

Planned Care Group

- Risk 4152: *Backlog for Imaging in all Modalities.* The Care Group has identified a potential re-emergence of risk associated with imaging backlog and capacity. The position remains under review following recent performance discussions.

DTPS Care Group

- *Positive Patient Identification.* An increase in incidents relating to patient mis-identification has been noted during the last 12 months. Further work is underway to understand underlying causes, assess the extent of the risk and determine whether organisational escalation is required.

- *Point of Care Testing (POCT).* An increase in incidents relating to patient identification and result attribution within POCT devices has been identified. The Care Group is reviewing controls, incident themes and mitigation arrangements.

Primary and Community Care Group

- Risk ID6743: Community Lymphoedema Service Capacity and Demand. The Care Group has identified an emerging risk relating to sustained capacity and demand pressures within the Community Lymphoedema Service. Further work is underway to review the articulation of the risk, controls and mitigating actions.

Facilities Directorate

- Risk 6181: *RGH Car Parking Pressures.* Work continues to explore options to address parking pressures. The position remains under review pending implementation of planned mitigations and further assessment of residual risk.

People Directorate

- *Shift Pattern Alignment and Potential Industrial Action.* An emerging workforce risk has been identified relating to proposed shift pattern changes affecting nursing, midwifery and healthcare support workers. The position remains under active review by the Executive Director of People and Executive Nurse Director.

Other for awareness

Risk 6768: Multitone System Paging Issue

A risk relating to the reliability of the Multitone paging system has been identified and is currently being managed through local arrangements. Switchboard contingency measures are in place and the current risk score remains below the threshold for escalation to the Organisational Risk Register.

4. Compliance and Governance

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

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

5. Benchmarks

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

6. Conclusion

6.1 The September 2026 ORR reflects the outcomes of a comprehensive review of all risks with risk handlers and owners.

6.2 Feedback on this report is invited, ahead of its publication on the Health Board's website and presentation to relevant committees during September and October 2026.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	All BAF risks are supported by related ORR risks, and these links are made explicit in the BAF report.

	A Resilient Wales

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	The Organisational Risk Register supports long-term organisational resilience by identifying risks which may impact the sustainability of services, workforce, infrastructure and system working, and by supporting mitigation and continuous improvement.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research The ORR strengthens organisational learning and continuous improvement by: • identifying areas of risk and vulnerability • supporting structured action planning • enabling oversight of risk management arrangements across the organisation

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

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	**Outcome for Equality: NEUTRAL** The ORR is a governance and oversight document and does not directly impact on individuals or groups. Individual risks within the ORR may have equality implications, which are considered separately where relevant. **Outcome for Welsh Language: NEUTRAL** The ORR itself does not directly impact Welsh language provision. Any impacts relating to specific services or risks are considered within the relevant service or policy context.
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome**	**Quality Impact Assessment Outcome not required for the ORR as a whole.** The ORR does not introduce service change but provides oversight of risks which may affect quality. Individual risks may be subject to Quality Impact Assessment where relevant.

(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	
Cyfreithiol / Legal	**Yes (Include further detail below)** Legal implications are inherent within a number of risks included in the ORR (e.g. statutory compliance, regulatory requirements and duty of care). These are captured and managed at individual risk level.
Enw da / Reputational	**Yes (include further detail below)** Failure to manage identified risks may result in: • adverse patient outcomes • regulatory or audit findings • loss of stakeholder confidence The ORR supports mitigation of reputational risk through structured identification, monitoring and escalation of organisational risks.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** The risks within the ORR reflect pressures and dependencies relating to: • workforce capacity and capability • financial sustainability • infrastructure and service delivery resources The ORR supports visibility and management of these resource impacts at organisational level.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Comprehensive review of risks at care group and directorate team meetings	August and September 2026	

Acronyms / Glossary of Terms	

Appendix: Organisational Risk Register (ORR) – Summary Version – September 2026

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

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

1. CARE GROUP-LED RISKS

Datix ID	Strategic Risk Owner	Risk Title	Rating July 26	Rating Sept 26	Trend
Planned Care Group					
6294	COO	Insufficient consultant workforce in endoscopy and gastroenterology	20	20	↔
6451	COO	Orthoplastics pathway *(Business sensitive risk)*	15	15	↔
4152	COO	Backlog for Imaging in all modalities	12	12	↔
Unscheduled Care Group					
3826	COO	Emergency Department overcrowding impacting patient safety and quality of care	20	15	↓
5045	COO	Insufficient neurology capacity impacting timely access to services	16	16	↔
4632	ED T&HS	Inability to deliver timely, high-quality stroke care across CTM	16	16	↔
Children and Families Care Group					
5753	END	Inadequate Special School Nurse Provision	20	16	↓
6475	COO and END	Patient safety and service delivery risks arising from industrial action impacting Health Visiting services	16	16	↔
6433	tbc	**NEW:** Insufficient Community Midwifery Staffing Capacity to Sustain Safe Maternity Services	---	15	---
Diagnostics, Therapies, Pharmacy & Specialties Care Group					
5554	DTPS	Inability to meet containment level 3 (CL3) standards creating risks to patient safety and statutory compliance	20	20	↔
6633	ED H&TS	**NEW:** Failure to safely implement Blood Transfusion LIMS 2.0 including legacy data migration, testing, and system deployment *(Jointly owned risk with Executive Director of Therapy and Health Science; and Director of Digital)*	---	20	---
~~3567~~	~~DTPS~~	**DE-ESCALATED:** ~~Patient safety and service delivery risk due to insufficient Cellular Pathology space~~	20	16	↓
5579	ED PH	Insufficient provision of children's weight management services	16	16	↔
~~6429~~	~~ED H&TS~~	**CLOSED:** ~~Risk to patient safety from an unfit Physiotherapy MSK self-referral system~~	16	---	---
~~6498~~	~~COO~~	**DE-ESCALATED:** ~~Risk to patient safety from insufficient availability of compliant dynamic mattress systems~~	~~16~~	~~12~~	↓
Mental Health and Learning Disabilities Care Group					
~~6318~~	~~COO~~	**DE-ESCALATED:** ~~Tier 3 SHED (Severe and High-Impact Eating Disorders) Team Service capacity and resilience~~	16	12	↔
3337	COO & Director of Digital	Lack of a Single Electronic Patient Record in Mental Health Services inc CAMHS	15	15	↔
4691	COO	Provision of safe and appropriate estate for Mental Health inpatient services	15	15	↔
4973	COO	Clinical Medical Cover within CTM Adult Mental Health Services.	12	12	↔

Datix ID	Strategic Risk Owner	Risk Title	Rating July 26	Rating Sept 26	Trend
Primary and Community Care Group					
No risks currently escalated under this Care Group					
~~5877~~	~~COO~~	**DE-ESCALATED:** ~~Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill~~	16	9	↓
~~6397~~	~~COO~~	**DE-ESCALATED:** ~~Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery~~	16	12	↓
Cross-Cutting Risks (affecting multiple care groups)					
4491	COO	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery	20	16	↓
6767	COO	**NEW**: Hydroxychloroquine (HCQ) Retinal Screening Capacity and Pathway Delivery	---	16	---
Facilities Directorate					
~~4417~~	~~COO~~	**CLOSED:** ~~Inadequate access control and site security across Health Board premises~~	16	---	---
~~6052~~	~~COO~~	**DE-ESCALATED:** ~~Inadequate patient hydration and nutrition due to failure of beverage trolley infrastructure~~	20	12	↓
6181	COO	RGH car parking pressures	12	12	---
6766	See below under Executive Director of People - *Security across Acute & Community sites*				

2. Summary of Directorate-Led Risks

Datix ID	Risk Title	Rating July 26	Rating May 26	Trend
ED of Strategy & Transformation				
6280	*See below under Executive Medical Director* - Regional Hepato-Pancreato-Biliary Service (Jointly owned risk)			
5821	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB)	20	20	↔
5374	Fulfilling our environmental and social duties	16	16	↔
Executive Director of Finance				
6596	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27	20	20	↔
6597	Failure to achieve the planned break-even position in 2026/27.	20	20	↔
6235	Insufficient funding to address backlog maintenance across the estate.	16	16	↔
Executive Director of Public Health				
6179	High and increasing prevalence of overweight and obesity in children and adults.	20	20	↔
5579	*See above under DTPS Care Group* - Rising childhood obesity rates			
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding	12	12	↔
Director of Digital				
4664	Cyber attack resulting in loss of critical services, data and potential extortion *(Business sensitive risk)*	20	20	↔
5276	Delay to LIMS 2.0 implementation impacting pathology service continuity (Jointly owned with Executive Director of Therapies and Health Sciences)	20	20	↔
6633	**NEW:** *See under DTPS Care Group and Director of Digital (jointly owned risk)* - Failure to safely implement Blood Transfusion LIMS 2.0 including legacy data migration, testing, and system deployment			
4671	Ageing digital infrastructure impacting service resilience	16	16	↔

Datix ID	Risk Title	Rating July 26	Rating May 26	Trend
	(Business sensitive risk)			
TBC	**NEW:** Failure to comply with data protection legislation	---	16	---
6424	Mental Health Subject Access Requests (SARs) (IG/15)	16	16	↔
4672	Inability to achieve timely, accurate clinical coding and structured data standards	15	15	↔
5040	Digital system integration dependencies	15	15	↔
3337	See above under MH Care Group - Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS			
Executive Nurse Director				
5753	*See above under Children & Family Care Group* - Inadequate Special School Nurse Provision			
6231	Failure to effectively manage patient concerns	16	16	↔
6232	Sustainability of the Legal Services Function	15	15	↔
Executive Director of Therapies and Health Sciences.				
4632	*See above under Unscheduled Care Group* - Inability to deliver timely, high-quality stroke care across CTM			
5276	*See above under Director of Digital (jointly owned risk)* - Delay to LIMS 2.0 implementation impacting pathology service continuity			
6633	**NEW:** *See above under DTPS Care Group and Director of Digital (jointly owned risk)* - Failure to safely implement Blood Transfusion LIMS 2.0 including legacy data migration, testing, and system deployment			
Director of Corporate Governance / Board Secretary				
4885	Failure to deliver and sustain effective Policy Management System and Process	16	16	↔
Executive Medical Director				
5761	Cross Health Board Data Sharing	16	16	↔
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model	16	16	↔
6629	GMC/HEIW Conditions on PCH Emergency Department	16	16	---
Executive Director for People				
6766	**NEW:** Security incidents and vulnerabilities across Health Board sites	---	16	NEW
NOTE: Please see also Risk ID6475 (above): *Industrial action of SCPHN Health Visiting staff members of the UNITE union*. The risk to service delivery sits with the Care Groups, but the industrial relations element sits with the People Directorate.				
An emerging risk has been noted around shift pattern alignment, including the potential for industrial action, noting that the proposals impact a large proportion of our nursing/ midwifery and HCSW (over 3,000 staff). This is a shared risk owned by the Executive Director of People and the Executive Nursing Director.				

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
Planned Care Group						
6294 **Risk Owner:** COO **Risk Handler:** Directorate Manager for General Surgery and Gastrointestinal Services **Risk Domain:** Workforce / Organisational Development / Staffing / Competence	**Insufficient consultant workforce in endoscopy and gastroenterology** **IF** the Health Board is unable to recruit and retain sufficient consultant workforce in endoscopy and gastroenterology **THEN** services may be unable to sustain safe and timely provision **RESULTING IN** delays in diagnosis and treatment, increased waiting times, service disruption and risks to patient safety	• Consultant recruitment campaign underway, with posts currently out to advert • Interim service continuation plans implemented ~~in development~~ • Ongoing Care Group and executive oversight following escalation • Daily review of service provision. • Incident and Datix monitoring in place	• Critically low consultant workforce, particularly following departure of locum staff • Limited or no agency interest to provide interim cover • ~~Service provision was fragile, particularly at Princess of Wales Hospital~~ • Mitigations are limited and largely dependent on successful recruitment • ~~No sustainable short-term solution in place to stabilise the service~~	• Progress recruitment to substantive consultant posts • ~~Develop and implement plans to sustain service provision during recruitment period~~ • Continue to review and strengthen mitigations ~~as requested by COO~~ • Continue escalation and oversight through governance structures	**September 2026:** Risk reviewed by care group and continues to reflect position, with continued oversight and monitoring in place by care group. Further review in one month	**20** ↔ C4 X L5 **Target Score: 9** **Opened:** 07/08/2025 **Last Updated:** 01/09/2026
6451 **Risk Owner**: COO	**Orthoplastic pathway**	*Due to business sensitivities, the details of this risk are captured in the confidential risk register*				**15** ↔
Unscheduled Care Group						
3826 **Risk Owner:** COO **Risk Handler:** Deputy Clinical Service Group Manager - Acute Medicine and ED **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Emergency Department overcrowding impacting patient safety and quality of care** **IF** the Health Board is unable to maintain patient flow across urgent, emergency, inpatient and community services **THEN** Emergency Departments will remain overcrowded **RESULTING IN** delays in treatment, increased risk of harm, poor patient experience and failure to meet national performance standards	• Urgent and Emergency Care improvement plans in place, aligned to national guidance (e.g. GIRFT, MAG, ED quality standards) • ED flow and performance action plans in place (including 12-hour wait reduction and ambulance handover improvements) • Urgent and Emergency Care Programme (UEC) / TRUE / UNITE programmes driving system-wide flow and demand management • Acute medicine transformation in place (e.g. AMU/SDEC models, early senior review, 72-hour model) • Discharge and flow improvements in place (including increased discharge rates and admission avoidance) • Workforce investment and recruitment underway to strengthen acute medical cover • Single Point of Access (SPOA) and integrated working with community services • Routine monitoring through dashboards, escalation processes and operational meetings • Review of Emergency Department footprint and capacity requirements underway across all three hospital sites.	• Sustained system pressure continues to drive ED overcrowding • Flow remains constrained by inpatient capacity and discharge delays • Performance deterioration in 12-hour waits despite improvement actions • Whole-system dependency limits pace of improvement (e.g. community and partner capacity) • Improvements are not yet delivering consistent reduction in overcrowding • Workforce and demand pressures continue to challenge sustainability	• Progress ED 12-hour improvement plan and Safe Transfer of Patient policy • Deliver Urgent and Emergency Care action plan aligned to national recommendations • Continue development of long-wait reduction plans and ED performance improvement actions • Further embed acute medicine transformation and SDEC models • Continue recruitment to strengthen 7/7 acute medical workforce • Maintain system-wide focus on patient flow, discharge and admission avoidance Engage with national UEC programmes and improvement forums	**September 2026:** In July 2026 a review was undertaken using 'The Community Emergency Department Overcrowding Scale (CEDOCS)' and the risk score was reduced to 15. This risk currently remains at 15 but is dynamic and linked to Risk ID4491 ("Failure to meet demand across the patient pathways...).	**15** ↔ C3 X L5 **Target Score: 12** **Opened:** 24/09/2019 **Last Updated:** 01/09/2026
4632 **Risk Owner:** ED Therapies and Health Sciences **Risk Handler:** Senior Nurse - Merthyr & Cynon ILG - Quality & Patient Safety ~~Senior Quality & Safety Manager - Unscheduled Care~~ **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Inability to deliver timely, high-quality stroke care across CTM** **IF** stroke prevention, urgent assessment, acute treatment and rehabilitation pathways are not consistently delivered across CTM **THEN** patients may experience delays in access to specialist assessment, treatment and rehabilitation **RESULTING IN** poorer outcomes, increased disability, longer lengths of stay, poorer patient/carer experience and failure to meet stroke quality standards	• Executive-led stroke governance and oversight arrangements in place • Designated senior operational lead for stroke performance and improvement. • Routine reporting to Board, Quality and Safety Committee and Performance, Planning and Finance Committee. • Temporary stroke service model at RGH agreed to continue to 31 March 2027 • Stroke improvement programme in place, with focus on key quality measures and targeted improvement actions. • Daily multidisciplinary huddles reviewing stroke presentations, breaches and actions • SOPs, escalation arrangements and medical clerking pathways in place • CNS presence in ED and routine daily/weekly performance reporting • Regional and national stroke programme engagement continuing, including preparations for revised thrombectomy arrangements and updated clinical guidance. • PDN now in post and supporting stroke specific competencies • Fixed term post in place to cover maternity leave	• Stroke performance has declined and key quality measures are not consistently met • Temporary service model remains in place pending development of a sustainable future model • Delays remain in the early pathway, particularly time to CT and access to the Stroke Unit • Workforce fragility remains across aspects of the pathway • Flow, capacity and estate constraints continue to impact timely stroke care • Psychology support and full pathway rehabilitation provision remain areas of concern	• Deliver the launched stroke improvement plan, with immediate focus on the first 30 days • Develop trajectories for all stroke quality improvement measures, prioritising the first four hours of the pathway • Progress 3-month pilot for 7-day stroke service delivery from July 2026 • Use multidisciplinary stroke teams to support development of the future service model • Continue recruitment and workforce actions to support improvement work • Roll out improvement approach across PCH and POWH, informed by baseline data • Stroke Service Redesign review in place with all key stakeholders: Task is to develop and implement targeted task-and-finish arrangements through the Stroke Strategy Group to address key pathway performance issues.	**September 2026:** Risk reviewed and controls updated to reflect improvement plan now in place, and Executive Team acknowledgement of improvements made. No changes to scoring at this stage but will keep under review.	**16** ↔ C4 X L4 **Target Score: 12** Opened: 11/05/21 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
5045 **Risk Owner:** COO **Risk Handler:** Directorate Manager Specialty Unscheduled Care **Risk Domain**: Safety & Well-being - Patients / Staff / Public	**Insufficient neurology capacity impacting timely access to services** **IF** the Health Board does not have sufficient neurology workforce and diagnostic capacity **THEN** patients may experience delays in access to neurology assessment and treatment **RESULTING IN** delays in diagnosis and care, deterioration in patient condition, longer waiting times and increased risk of harm	• Recruitment to Consultant Neurologist posts underway, with one substantive appointment confirmed (May 2026 start) • Locum consultant in place supporting inpatient care and outpatient clinics Plans in place to establish a neurology liaison model within CTM • Ongoing engagement with Cardiff and Vale regarding commissioned service capacity • Transfer of neurology waiting list reporting for PCH and RGH to CTM completed	• Neurology workforce remains below required establishment, with a second consultant post still vacant • Ongoing reliance on locum provision to maintain service delivery • Significant outpatient backlog and long waits remain • Limited access to neurophysiology diagnostics impacting pathway timeliness • Uncertainty regarding long-term sustainable service model and commissioned capacity • Delivery of a proportion of neurology activity remains dependent on CV UHB meeting its commissioned obligations	• Complete recruitment to remaining Consultant Neurologist post • Continue development and implementation of CTM neurology liaison service • Work with Cardiff and Vale to confirm delivery of commissioned activity • Monitor and reduce outpatient backlog and long waits • Review risk score following full implementation of additional consultant capacity	**No changes to controls or scoring.** A neurology recovery programme is underway, including waiting list validation, backlog reduction and escalation of commissioning concerns. Opportunities to reduce demand on specialist services have been identified, alongside plans to strengthen local provision.	**16** ↔ **C4 X L4** **Target Score: 8** Opened: 09/03/2022 Last Updated: 01/09/2026
Children and Families Care Group						
5753 **Risk Owner:** Executive Director of Nursing **Risk Handler**: Senior Nurse Community Children's Nursing Services **Risk Domain:** Workforce / Organisational Development / Staffing / Competence	**Risk to patient safety and children's access to education due to Inadequate Special School Nurse Provision** **IF** the Health Board is unable to provide sufficient Special School Nursing capacity and a clear service model aligned with Local Authority responsibilities **THEN** the service will be unable to meet requirements across special schools **RESULTING IN** inequitable provision, risks to children and young people, and failure to meet national standards and partnership expectations	• All funded Special School Nursing posts are currently filled • Ongoing engagement with Local Authorities and education partners • Executive and Care Group oversight in place with escalation through governance routes • Welsh Government guidance now issued clarifying Health Board and Local Authority responsibilities • Active review of the service model and workforce arrangements underway	• No agreed, sustainable service model across Health Board and Local Authorities • SLA with Local Authorities not yet finalised • Service resilience remains fragile despite posts being filled • Lack of long-term clarity on roles, responsibilities and funding arrangements • Risk of inequitable provision across special schools	• Redraft and agree SLA with Local Authorities • Update service model in line with Welsh Government expectations • Continue engagement with stakeholders to agree responsibilities and funding • Develop updated paper for internal decision-making and next steps • Maintain escalation through governance routes pending resolution	**September 2026:** Risk score reduced to 16. Whilst the risk cannot be fully eliminated, staffing is currently at establishment. Longer-term work is required with Local Authority partners to review the future model of care and determine the Health Board's ongoing management of the residual risk.	~~20~~ **16** ↓ **C4 X L4** **Target Score: 8** Opened: 16/04/2024 Last Updated: 01/09/2026
6475 **Risk Owner:** COO **and** Executive Director of Nursing **Risk Handler:** Head of Nursing CYP **Risk Domain:** Service / Business Interruption	**Patient safety and service delivery risks arising from industrial action impacting Health Visiting services** **IF** industrial action reduces the capacity of Health Visiting services to deliver the full programme of care, **THEN** the Health Board may be unable to provide the expected level of universal and targeted support to children and families, **RESULTING IN** reduced contact with vulnerable families, risks to early identification of need and safeguarding, and potential gaps in delivery of statutory and national programme requirements.	• High-risk families are prioritised for service delivery and support. • Daily "strike action cell" in place, led by senior leaders, to review staffing levels and reallocate available capacity. • Additional review meetings (cells) arranged as required to respond to changes in service demand and staffing. • Formal communications issued to Local Authorities and supported through corporate communications arrangements. • Use of FAQs and guidance to support staff understanding of roles and responsibilities during industrial action. • Agreed mitigation plan and ongoing dynamic risk assessment in place through senior oversight.	• Reduced workforce capacity due to ongoing industrial action limits service delivery. • Inability to deliver the full Health Visiting service offer across all families. • Reliance on prioritisation means lower-risk families may not receive routine contacts. • Sustained disruption to preventative and early intervention work. • Continued need for dynamic reallocation of staff to maintain safe service delivery.	• Continue prioritisation of high-risk families to maintain safeguarding and essential service delivery. • Maintain daily operational oversight through "strike action cell" and adjust deployment of staff as required. • Continue engagement and communication with Local Authorities and stakeholders. • Maintain dynamic risk assessment and escalation through governance arrangements. • Keep the risk under review as industrial action continues and service capacity changes.	**September 2026:** Risk remains unchanged and continues under review. Industrial action continues to impact Health Visiting capacity, with daily operational oversight and prioritisation in place to maintain support for high-risk families.	**16** ↔ **C4XL4** **Target Score: 12** Opened: 21/01/2026 Last Updated: 01/09/2026
6433 **NEW ESCALATION** **Risk Owner:** tbc **Risk Handler:** Directorate Support Manager - Children & Young People **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Midwifery workforce staffing** ***Current risk description - under review:*** Birth rate plus workforce review has been completed in November 2025 which has identified a significant midwifery establishment shortfall which the greatest risk in the maternity unit in PoW. Current funded establishment is 57.59 WTE - Birth rate plus 2025 report has identified a deficit of 18.99 WTE midwives = 34.2% WTE deficit in providing clinical care. (required establishment 76.58)	***Current Datix entry - under review:*** Birth-rate acuity app to monitor and support of flow across acute sites Escalation Policy (includes movement of staff to areas of highest risk inc community to acute Senior midwifery manager on call for MatNeo Senior Midwifery manager On call joins SMOC Weekly senior management operational meetings discussing staffing (based on BR+ 2023 recommendations for Mat Neo Electronic IOL diary for overnight weekly MDT meetings for planned surgical lists. Datix reporting for unsafe staffing PoW operational leads attend daily safe to start Non- clinical midwifery staff support clinical activity in periods of escalation In periods of escalation planed work is rescheduled and on occasions home birth service is stepped down when community midwives are unable to support.	*Risk entry under review*	*Risk entry under review*	*Risk entry under review*	~~12~~ **15** ↑ **C3 X L5** **Target Score: 6** **Opened: 26/11/2025** **Last Updated: 01/09/26**
Diagnostics, Therapies, Pharmacy & Specialties Care Group						

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
5554 **Risk Owner:** Chief Operating Officer **Risk Handler:** Clinical and Laboratory Haematology Service Manager **Risk Domain:** Statutory Duty, Regulation, Mandatory Requirements	**Inability to meet containment level 3 (CL3) standards creating risks to patient staff safety and meeting statutory compliance** **IF** the CL3 laboratory does not meet required sealability and containment standards, **THEN** the Health Board may be unable to safely process hazard group 3 or hazard group 4 organisms **RESULTING IN** risks to patient safety due to delays to critical diagnostic services, and potential regulatory enforcement action.	• Where clinical details indicate potential high risk organisms, specimens are not processed on-site and referred to Public Health Wales laboratories (Singleton Hospital). • Advice sought and aligned with Public Health Wales and HSE-supported approaches. • Escalation through organisational governance, including review at senior leadership level. • Refurbishment programme initiated to address laboratory compliance issues. • Engagement with estates and procurement teams to progress required works. • August 2026: New architects appointed, with site and follow-up planning meetings completed to confirm CL3 requirements and validate the equipment specification. Design work is now in progress.	• CL3 laboratory remains non compliant with sealability requirements. • Fumigation is not currently possible in the existing environment. • Interim mitigations reduce but do not eliminate compliance and safety risks. • Refurbishment project delayed due to procurement issues and need to re tender. • Full compliance with HSE/COSHH standards not yet achieved.	• Progress detailed design, procurement and delivery of the CL3 laboratory refurbishment project. • Continue to implement and monitor interim mitigation measures to support safe operation. • Maintain engagement with HSE/Public Health Wales guidance to ensure mitigations remain appropriate. • Escalate funding and delivery requirements through governance routes to support timely resolution. • Review risk score in light of mitigations and progress, as requested by COO.	**September 2026:** Risk reviewed and mitigations updated. The score remains at 20 pending confirmation of the refurbishment programme. **Context:** The Health Board has previously been served with an improvement notice from the HSE for the management of the CL3 (containment level 3) facility. Currently the CL3 laboratory does not meet sealability requirements as advised with relation to COSHH.	**20** ↔ C4XL5 **Target Score: 4** Opened: 19/09/2023 Last Updated: 01/07/26
6633 **Risk Owner:** Executive Director of Public Health **Risk Handler**: Interim Head of Dietetics **Risk Domain:** Quality / Complaints / Assurance / Patient Outcomes	**Failure to safely implement Blood Transfusion LIMS 2.0 including legacy data migration, testing, and system deployment** Current Datix entry - under review: **RISK DESCRIPTION:** Blood Transfusion remains the highest risk area within the LIMS 2.0 Programme due to unresolved legacy data migration issues, delayed testing, and system immaturity, resulting in significant risks to patient safety, regulatory compliance, service continuity, and financial stability. IF: the LIMS 2.0 Programme is unable to deliver a safe and fully functional Blood Transfusion system, including successful migration and validation of legacy patient data from Telepath to TCLE, and completion of User Acceptance Testing (UAT), validation, and regulatory sign-off within required timelines THEN the Health Board will be unable to safely transition Blood Transfusion services to the new LIMS and will be required to continue reliance on the existing Telepath system beyond its contracted and supported lifes RESULTING IN: • Risk of serious patient harm due to inaccurate or incomplete transfusion data • Loss of traceability of blood products • Breach of MHRA regulatory requirements with risk to licence to operate • Failure or disruption of Blood Transfusion services impacting urgent and elective care • Continued reliance on an end-of-life system with increasing risk of system failure • Significant financial impact due to contract extensions, dual running, and programme delays	Current Datix entry - under review: **CONTROLS IN PLACE:** - National LIMS 2.0 Programme governance in place with oversight via Programme Board and executive reporting - Risk escalated to Organisational Risk Register (5276) - Adoption of discipline-based deployment approach to prioritise safe delivery Legacy data controls: - Multiple iterations of data migration, testing, and defect resolution - Side App and Legacy Data Repository (LDR) in place for migration and validation - Nationally coordinated data testing and validation processes Testing controls: - UAT framework in place - National test scripts and peer review approach - Defect logging and change control processes Business continuity controls: - Exploration of Telepath contract extension under negotiation to ensure service continuity - Consideration of Dedalus DLIMS system implementation as a last resort. Governance controls: - Regular reporting to Programme Board, LDP, and Executive teams Formal escalation of BT risks to senior stakeholders			
5579 **Risk Owner:** Executive Director of Public Health **Risk Handler**: Interim Head of Dietetics **Risk Domain:** Quality / Complaints / Assurance / Patient Outcomes	**Insufficient provision of children's weight management services** **IF** the Health Board is unable to provide appropriate children's weight management services across all levels of need **THEN** children and young people will not receive timely access to appropriate support **RESULTING IN** worsening health outcomes, reduced opportunity for early intervention and increased demand on secondary and specialist services	• Level 1 service (PIPYN) in place in parts of CTM, with Health Board-wide rollout funded and underway • First-line advice and guidance available to referrers, families and carers • Stakeholder engagement in place to develop future service model • Business case under development for phased model across Levels 1–3 • Internal governance oversight and monitoring in place	• No established Level 3 service, with significant unmet need • Limited Level 2 provision and unclear full pathway • Service delivery remains dependent on future investment • True scale of demand and incidents likely under-reported • Current model does not provide a comprehensive, sustainable pathway	• Complete rollout of Level 1 PIPYN service across the Health Board • Develop and progress business case for Level 3 service provision • Map and formalise full pathway from prevention through to specialist services • Continue stakeholder engagement to agree sustainable service model • Identify and secure funding to support phased implementation	**Sept 2026:** Risk reviewed; score and mitigations remain the same. Currently analysing related incident reports on Datix; deep dive underway to establish impact and learning.	**16** ↔ C4 X L4 **Target Score: 8** Opened: 13/10/2023 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
3567 **Risk Owner:** Chief Operating Officer **Risk Handler**: Cellular Pathology Operations Manager **Risk Domain:** Quality / Complaints / Assurance / Patient Outcomes	**Patient safety and service delivery risk due to insufficient Cellular Pathology space** **IF** there is insufficient laboratory and office space for Cellular Pathology to safely manage current and increasing workload, including service disaggregation and future Health Board requirements, **THEN** the service may be unable to operate safely, efficiently and in line with required quality, infection prevention, health and safety, and accreditation standards, **RESULTING IN** risk of diagnostic delay or error, poorer cancer performance, staff safety and wellbeing concerns, increased outsourcing costs, and inability to support service repatriation, digital pathology and regional service developments.	• SOPs in place to standardise practice and reduce variation caused by environmental constraints. • Local workflows adapted to maximise use of limited space. • Reception and dissection areas managed to reduce use as a thoroughfare, including signage and demarcation. • Block and slide filing removed from laboratory areas where possible. • Checking processes in place within dissection to reduce risk of error. • IPC, health and safety, fire safety and UKAS findings reviewed to inform ongoing mitigation. ~~• Office moves have created additional reporting space.~~ ~~• Fire build form submitted to scope potential laboratory expansion.~~ • Regional and local estate options being explored, including short-term improvements and medium-term solutions. Work underway to create sample preparation space to enable phased approach of SBU repatriation from November 2026 onwards (This is the short term option)	• Existing laboratory and office space remains insufficient for current and anticipated workload. • Current mitigations do not resolve the underlying estate constraint, but the estates work underway will further mitigate space issues in the short to medium term. ~~• Increased workload from service disaggregation and repatriation cannot be safely accommodated within the current footprint.~~ • Limited space restricts ability to increase internal capacity, support additional staffing, introduce equipment, or reduce outsourcing. • Environmental constraints continue to present daily operational, patient safety, staff safety and accreditation risks. • Long-term regional or local estate solution has not yet been agreed or implemented.	• Complete costing of Phase 1 "make safe" arrangements for Statement of Need submission. • Progress scoping of laboratory expansion following submission of the fire build form. • Continue to develop local short-term estate options to improve safety and capacity. • Progress regional estate options through financial assessment. • Continue to maintain under review the risk score and escalation ~~following director review, including whether this should remain separate from Risk 5554.~~ • Continue monitoring IPC, health and safety, fire safety, UKAS and operational impacts while estate options are progressed.	**Sept 2026**: Work is underway to create additional sample preparation space at RGH as a short-term measure to support the phased disaggregation and repatriation of SBU services from November 2026. This planned approach has improved our preparedness and reduced the level of risk, resulting in the **risk score being reduced to 16, albeit it remains on ORR.**	~~20~~ 16 ↔ C4 X L4 Target Score: 6 Opened: 28/05/2019 Last Updated: 01/09/2026
Mental Health and Learning Disabilities Care Group						
3337 **Risk Owner**: COO **and** Director of Digital **Risk Handler**: Service Director, Mental Health and Learning Disability **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Lack of a Single Electronic Patient Record in Mental Health Services inc CAMHS** **IF** Mental Health services do not have a single integrated electronic patient record system, **THEN** clinical staff may not have access to complete and consistent patient information, **RESULTING IN** risks to patient safety, including potential for clinical decisions to be made on incomplete information and avoidable harm.	• Dedicated programme in place to procure and implement a single electronic patient record system. • Procurement process underway, with supplier engagement and contract negotiation planned/ongoing. • Programme governance arrangements in place, including Programme Board oversight. • Key programme roles (e.g. project and programme management) recruited to support delivery. • Workshops undertaken to review current systems, processes and information requirements. • Interim measures in place to support information sharing across existing systems (e.g. defined access and recording arrangements).	• No single integrated electronic patient record currently in place across Mental Health services. • Dependence on multiple systems and interim arrangements to access patient information. • Programme remains in procurement/delivery phase, with full implementation not yet confirmed. • Continued reliance on manual or workaround processes to access and share information. • Benefits of a fully integrated digital record not yet realised.	• Progress procurement, contract award and mobilisation of the new electronic patient record system. • Undertake detailed implementation planning with the selected supplier. • Continue programme governance and oversight to support delivery to planned milestones. • Maintain and refine interim arrangements to support safe information sharing until implementation. • Keep the risk under review as the programme progresses through procurement and into delivery.	**August 2026:** Risk reviewed, no changes at present. Project team awaiting recommencement of MHSCR Programme Board. Contract negotiations are likely to take the whole of August and so it is hoped that we will achieve contract sign off by the end of August.	15 ↔ C5 X L3 Target Score: 6 Opened: 07/11/2018 Last Updated: 08/2026
4691 **Risk Owner**: COO **Risk Handler**: Service Director, Mental Health and Learning Disability **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Provision of safe and appropriate estate for Mental Health inpatient services** **IF** Mental Health inpatient environments do not meet required design, safety and quality standards, **THEN** care delivery may be constrained and the ability to provide safe, therapeutic and effective inpatient care may be compromised, **RESULTING IN** increased risks to patient and staff safety, reduced quality of care, and negative impact on patient experience and clinical outcomes.	• Inpatient Improvement Programme in place, including a workstream focused on safe and therapeutic environments. • Review and remodelling of adult inpatient services underway, with oversight through MHLD governance structures. • Feasibility work progressing to assess Mental Health inpatient estate requirements. • Engagement with Capital Team to support development of estate solutions. • Routine environmental and safety assessments undertaken, including ligature risk identification and mitigation. • Additional staffing measures implemented where environmental risks require enhanced observation or supervision. • Ongoing programme of service and workforce redesign supporting improvements in inpatient care delivery.	• Current inpatient estate does not fully meet required standards across all areas. • Long-term estate solution not yet agreed or implemented. • Reliance on interim mitigation (e.g. staffing adjustments) to manage environmental risks. • Feasibility and capital planning work not yet translated into a deliverable programme of change. • Environmental constraints continue to impact service delivery and patient experience.	• Progress feasibility work and develop options for improving Mental Health inpatient estate. • Work with Capital Team to develop and secure approval for estate solutions. • Continue inpatient service review and remodelling to align with future estate requirements. • Maintain environmental risk assessments and implement interim mitigations where required. • Ensure recent incident review is complete and learning is shared operationally to enact improvements or mitigating actions • Keep the risk under review as estate planning and service redesign work progresses. • Progress with action plan following HIW published report following inspection.	**September 2026:** No change in risk position, with estate limitations continuing to impact inpatient environments while feasibility and capital planning work progresses, however, further actions noted following inspection at RGH and recent incident.	15 ↔ C3 X L5 Target Rating: 6 Opened: 15/06/2021 Last Updated: 01/09/2026
Primary and Community Care Group						
No risks are currently escalated by this Care Group						
Cross-Cutting Risks (affect multiple care groups)						

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
4491 **Risk Owner:** COO **Risk Handler:** Deputy COO **Care Group:** Business Manager for Chief Operating Office **Domain:** Safety & Well-being - Patients / Staff / Public	**Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery** **IF** the Health Board is unable to meet demand across the full patient pathway (urgent, emergency, inpatient and planned care) **THEN** timely access to care and patient flow will be compromised **RESULTING IN** increased risk of harm, delays in treatment, poor patient experience and sustained operational and performance pressures	• Whole-system improvement approach in place across urgent, emergency and planned care • Urgent and Emergency Care programme (UEC) and UEC action plans in place (including ED flow and ambulance handover improvements) • Planned Care Recovery and PIT programmes supporting demand and capacity management • Integrated discharge arrangements in place (e.g. D2RA, Hospital at Home, community services) • Admission avoidance and integrated front door models in operation • Targeted pathway interventions in high-pressure areas (e.g. ophthalmology) Routine performance monitoring and escalation through governance structures	• Capacity constraints remain across the system, particularly impacting flow and emergency demand • Dependency on whole-system delivery (including partners and community capacity) limits pace of improvement • Persistent discharge delays continue to impact bed availability and flow • Workforce and estate constraints continue to limit sustainable capacity • Performance remains fragile in high-pressure areas despite improvement actions • Actions are extensive but not yet delivering consistent system-wide impact	• Continue delivery of urgent and emergency care improvement plans, including ambulance handover and ED flow targets • Progress Six Goals programme actions across admission avoidance, flow and discharge • Further develop integrated discharge models and community alternatives to admission • Continue elective recovery and demand management initiatives across specialties • Target high-pressure pathways (e.g. ophthalmology) for stabilisation and improvement • Maintain enhanced performance oversight and escalation arrangements ~~Review and refine risk through Care Group-level review (as requested by COO)~~	**Sept 2026:** A range of flow and capacity management measures continue to be progressed across urgent, emergency and planned care, including improvements to SDEC, Acute Medicine, ED flow and discharge arrangements. Enhanced executive oversight and routine performance management are supporting closer monitoring of patient pathway demand and capacity. In light of these controls and ongoing operational oversight, the risk score has been reduced to 16 (4x4), as agreed by the COO, DCOO, Planned Care and Urgent & Scheduled Care teams on 28.08.26.	~~20~~ 16 ↔ C4 x L4 **Target Score: 12** Opened: 11/01/21 Last Reviewed: 01/07/26
6767 **NEW RISK** **Risk Owner:** COO **Risk Handler**: Business Manager - COO Directorate **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Hydroxychloroquine (HCQ) Retinal Screening Capacity and Pathway Delivery** **IF** the Health Board is unable to provide timely and sustainable retinal screening for patients prescribed Hydroxychloroquine (HCQ), due to insufficient capacity and delays in fully implementing the agreed screening pathway, **THEN** patients may experience delays in monitoring and the identification of retinal toxicity, **RESULTING IN** avoidable patient harm, including potential sight loss, increased incidents and complaints, and reduced assurance regarding the safety and effectiveness of the HCQ screening pathway.	• A pan-CTMUHB HCQ retinal screening pathway has been agreed and is being implemented through a WGOS-aligned community optometry model, with virtual consultant oversight and defined escalation routes to secondary care. • Rollout of OpenEyes, community optometry training and supporting governance arrangements is underway. • A phased approach is being taken to review and manage patients previously held on secondary care waiting lists. • Datix incidents are reviewed, with high-risk patients identified and managed accordingly. • An agreed referral proforma is used for patients prescribed HCQ, enabling Ophthalmology to risk-stratify and prioritise referrals. • Welsh Government support is available through funding and development of the WGOS community-based model. • Patient safety considerations form a key component of pathway planning and implementation.	• Full implementation of the HCQ retinal screening pathway remains dependent on successful embedding of the community optometry model. • Capacity and sustainability of the pathway continue to be monitored as implementation progresses. • Feedback and assurance from the Eye Care Collaborative Group is awaited. • Assurance regarding the effectiveness of the pathway and the clearance of historical backlog arrangements is still developing.	• Continue implementation of the HCQ retinal screening pathway and associated community optometry model. • Monitor delivery, capacity and patient safety outcomes through operational governance arrangements, including the Eye Care Collaborative Group and Improving Care Board. • Continue the phased review and management of patients affected by historical delays in screening. • Escalate any barriers to implementation through the appropriate governance and operational forums. • Seek and respond to feedback from the Eye Care Collaborative Group to inform further pathway development and assurance.	**September 2026:** New risk opened to reflect multiple risks relating to Hydroxychloroquine retinal screening, which have been identified across care groups, reflecting backlog, capacity constraints and early implementation of a new community-based pathway. A pan CTM approach has been agreed; however, delivery remains at an early stage.	16 ↔ C4 X L4 **Target Score: 8** Opened: 20/08/2026 Last Updated: 01/09/2026
Facilities Directorate Risks						
Please see below under Executive Director of People: Risk ID6766: Security incidents and vulnerabilities across Health Board sites. (Jointly owned risk)						
ED of Strategy & Transformation						
5821 **Risk Handler:** Assistant Director of Transformation **Risk Domain:** Service / Business Interruption	**Lack of sustainable commissioned provision for secondary care immunology services** **IF** a sustainable commissioning solution for secondary care immunology services is not secured, **THEN** CTM residents may lack timely access to appropriate specialist assessment and treatment, **RESULTING IN** in delays in diagnosis and management, increased clinical risk, and poor patient experience.	• Organisational working group in place and meeting regularly to oversee the risk and identify solutions • Allergy Working Group refreshed, with updated Terms of Reference and chaired by the Assistant Medical Director for Quality and Governance • Review underway of Welsh Government immunology recommendations (2025) to inform future service model • Ongoing engagement with Welsh Government and regional partners on longer-term options • Referral management arrangements in place, including oversight of patients requiring onward management (where possible)	• No confirmed, sustainable commissioned provider for secondary care immunology services • Limited capacity from external providers, with previous arrangements not currently deliverable • Lack of consistent pathway for both urgent and routine referrals • Ongoing uncertainty pending outcome of national (Welsh Government) service model decisions	• Continue discussions with North Bristol Trust regarding potential commissioning of adult secondary care immunology services ~~• Executive discussion to confirm preferred commissioning approach and next steps (June 2026)~~ ~~• Explore potential commissioning options with North Bristol Trust (scoping meeting July 2026)~~ • Use Welsh Government review findings to inform development of a sustainable service model • Continue regional and national discussions to secure a longer-term solution	**September 2026:** The Allergy Working Group has been refreshed, with updated Terms of Reference and a new Chair appointed. Discussions continue with North Bristol Trust regarding potential commissioning arrangements, while work progresses to secure a sustainable long-term solution for secondary care immunology services.	20 ↔ C4 X L5 **Target Rating: 4** Opened: 11/07/2024 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
5374 **Risk Handler:** Executive Director of Strategy & Transformation (temporary until Deputy Director role is filled) **Risk Domain:** Environmental / Estate / Infrastructure	**Fulfilling environmental and social duties** **IF** the Health Board's decision-making does not consistently reflect its values or consider long-term environmental and social impact, **THEN** it may fail to meet its socio-economic duty, Wellbeing of Future Generations objectives and value-based healthcare principles, **RESULTING IN** negative environmental and social outcomes and a loss of stakeholder trust and confidence.	• Integrated Medium Term Planning aligned to Welsh wellbeing goals and ways of working • 'CTM 2030' programme supporting community, employment and local procurement objectives • Climate Action Plan and Environmental Sustainability governance arrangements in place • Environmental Sustainability Group and wider governance structures supporting delivery and oversight • Environmental impact considerations incorporated into Board and Committee cover papers • Established range of environmental initiatives (e.g. emissions reduction, procurement, waste management, infrastructure improvements) • Progress underway to raise the profile of sustainability beyond 'sustainability' projects		• Develop and implement a Health Board–wide climate adaptation approach, including an organisational plan to inform service change decisions (Action ID 7483) • Strengthen understanding and assessment of environmental impacts across all projects and programmes, including those not explicitly defined as sustainability initiatives (Action ID 7283) • Embed environmental, social and adaptation considerations consistently into decision-making processes and supporting documentation • Implement actions in the Climate Action Plan, including actions to address identified adaptation risks (Action ID 7483 evidence) • Establish arrangements to identify and analyse recurring climate-related risks and incidents across the Health Board to inform organisational adaptation actions	**September 2026:** Several new operational risks relating to excessive heat have been reported across clinical and support services during summer 2026, highlighting the impact of extreme weather events on infrastructure, staff wellbeing and service delivery. This reinforces the need to develop and embed the Health Board's climate adaptation approach.	**16** ↔ C4 X L4 **Target Rating: 8** Opened: 21/02/2023 Last Updated: 01/09/2026
Executive Director of Finance						
6597 **Risk Handler:** Executive Assistant, Corporate/Finance **Risk Domain:** Adverse Publicity or Reputation	**Failure to achieve the planned break-even position in 2026/27.** **IF** The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2026/27. **THEN** The Health Board will not be able to deliver the planned break-even financial position for 2026/27. **RESULTING IN :** • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • Withdrawal of recurrent funding support for Welsh Risk Pool risk of £18.4m. • Failure to deliver the financial plan for 26/27. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 26/27. • Potential cash shortfalls in the latter months of 26/27	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board		The following actions are to support savings plan identification, development and delivery: • Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 27/28 as well as schemes in delivery for 26/27. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. • Reinforce the requirements to remain within delegated budgets and to control expenditure and commitments. • Maximise opportunities and non recurrent benefits.	**September 2026:** Risk reviewed; no change to scoring or controls	**20** ↔ C4 X L5 **Target Rating: 8** Opened: 01/04/2026 Last Updated: 01/09/2026
6596 **Risk Handler:** Executive Assistant, Corporate/Finance **Risk Domain:** Financial Stability & Impact of Litigation	**Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27** IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding confirmed for 2026/27. THEN: The Health Board may not be able to deliver a break-even financial position for 2026/27 & beyond. RESULTING IN : • The Health Board not being able to support increase demands within services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WG not supporting the Health Board's plan for 27/28 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 27/28. • Potential cash shortfalls in 27/28.	• Financial Accountability letters from CEO to Executive Leadership Group to be issued. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board		The main actions are to : • Manage establishments and recruitment within the context of the underlying deficit included in the Financial Plan for 2026/27 • Manage cost pressures and demands within the scope of the resources identified in the Financial Plan for 2026/27. • Critically review and challenge prior commitments to ensure they remain relevant, robust and deliver value. • Develop a more streamlined programmatic approach to planning and delivery of efficiency savings schemes, with a focus on cost reductions and managing expenditure within allocated budgets for 26/27 as well as identifying pipeline schemes in delivery for 27/28. • Maintain an investment free plan throughout 2026/27.	**September 2026:** Risk reviewed; no change to scoring or controls	**20** ↔ C4 X L5 **Target Rating: 8** Opened: 01/04/2026 Last Updated: 01/07/2026

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Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
6235 **Risk Handler:** Head of Governance Estates **Risk Domain:** Environmental / Estate / Infrastructure	**Insufficient funding to address backlog maintenance across the estate.** **If** the Health Board is unable to secure sufficient funding to address backlog maintenance across the estate, **THEN** it may be unable to maintain estate infrastructure to a safe and compliant standard, **RESULTING IN** increased risk of infrastructure failure, inability to replace ageing assets, non-compliance with statutory requirements, deterioration of the care environment, service disruption, and continued growth in backlog maintenance.	•Risk-based prioritisation of estates activity •Planned and reactive maintenance programme managed through the Planet Facilities Management System •Digitisation of estates operations (mobile working) to support real-time management and maintain performance •Applications to Welsh Government funding streams (Targeted Estates Funding (TEF), All Wales Capital Programme) •Use of discretionary capital funding and maximisation of available revenue funding for statutory compliance and high-risk issues •Oversight via Executive Capital Management Group and Capital Scheme Delivery Programme •Routine monitoring and reporting to Estates and Capital Governance Board and Estates Operational Management Team •Annual Estates and Energy Performance Report to Committee •Risk escalation through the Capital and Estates Risk Escalation Group •Internal and external audit programmes •External data submission (EFPMS) and ongoing reporting to Welsh Government •ISO14001 environmental management certification	• Available capital and revenue funding is insufficient to address the scale of backlog maintenance across the estate • Current funding streams (including TEF and discretionary capital) only address a small proportion of high-risk backlog items • Continued reliance on external funding opportunities limits the Health Board's ability to deliver a sustained, planned reduction in backlog • Inability to fully replace ageing infrastructure and equipment at end of life • Even where additional funding is secured, there are inherent delivery constraints (e.g. planning, procurement and physical works) which mean backlog maintenance can only be addressed over an extended timeframe	• Continue to pursue all available Welsh Government funding opportunities, including TEF and capital allocations • Target available funding towards highest-risk backlog maintenance and statutory compliance issues • Progress approved capital schemes (e.g. major refurbishment programmes) to reduce backlog at priority sites • Continue to use maintenance and interim interventions to extend the life of critical assets where replacement is not yet possible	**September 2026:** Risk reviewed; no change to scoring or controls	**16** ↔ **C4 X L4** **Target Rating: 9** Opened: 04/07/2025 Last Updated: 01/09/2026
Executive Director of Public Health						
6179 **Risk Handler:** Assistant Director Public Health **Risk Domain**: Quality / Complaints / Assurance / Patient Outcomes	**High prevalence of overweight and obesity leading to increased demand and complexity of care** **IF** preventative actions are insufficient to reduce overweight and obesity, **THEN** prevalence will remain high, **RESULTING IN** increased demand, complexity and clinical risk, poorer outcomes, and ongoing financial and operational pressures, including challenges in safely managing patients with extreme body mass index (BMI).	• Whole-system healthy weight programme to influence population behaviours and environments • Weight management services in place, including Level 1 services for children supported through confirmed funding (e.g. Pipyn) • Healthy settings work (e.g. schools) to promote healthier environments • National policy framework in place, including Healthy Weight: Healthy Wales and forthcoming regulations	• Significant gap in Level 3 weight management provision, particularly for children and young people • Overall scale of services insufficient to deliver population-level impact • Limited capacity across the full weight management pathway	• Further development of services in line with the All-Wales Weight Management Pathway, including Level 3 provision • Implementation of refreshed national healthy weight action plan • Continued system-wide work to strengthen prevention and delivery at scale	**September 2026:** This risk has been reviewed by the Public Health Strategic Group in August 2026; the controls and scoring remain unchanged.	**20** ↔ **C4 X L5** **Target Rating: 9** Opened: 06/05/2025 Last Updated: 01/09/2026
5820 **Risk Handler**: Assistant Director Public Health **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Insufficient Health Protection resource to deliver vaccination, immunisation and wider health protection priorities** **IF** as a result of reduced Welsh government funding, Health Protection resources are insufficient, **THEN** the Health Board may be unable to deliver vaccination and immunisation programmes and fully respond to infectious disease and environmental hazards, **RESULTING IN** avoidable harm to patients and the public, health inequalities, and reputational risk.	• Health Protection governance arrangements established, including a Health Protection Board • Workforce structure approved, with recruitment underway to strengthen capacity • Collaborative planning with partners to develop a Health Protection strategy and optimise available resources • Ongoing engagement with Welsh Government regarding funding allocation	• Funding allocation remains insufficient to deliver the Health Protection strategic plan • Resource gap impacting ability to deliver vaccination/immunisation and wider health protection functions • Lack of parity in Health Protection funding across Wales	• Complete recruitment to agreed workforce structure and reassess remaining gaps • Continue work with partners to develop a deliverable Health Protection plan aligned to available resources • Ongoing discussions with Welsh Government to address funding gap and future allocations	**September 2026:** This risk has been reviewed by the Public Health Strategic Group in August 2026; the controls and scoring remain unchanged. For review in October	**12** ↔ **C4 X L3** **Target Rating: 8** Opened: 10/07/2024 Last Updated: 01/09/2026
Director of Digital						
4664 **(Business Sensitive Risk)**	**CYBER: Ransomware/Exfiltration Resulting in Loss of Critical Services/Data and Possible Extortion**	*Due to business sensitivities, the details of this risk are captured in the confidential risk register*				**20** ↔

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
5276 **Joint Risk Owners:** Director of Digital **AND** ED Therapies and Health Science. **Risk Handler:** Pathology Quality Manager **Risk Domain:** Service / Business Interruption	**Delay to LIMS 2.0 implementation impacting pathology service continuity** **IF** the LIMS 2.0 programme is not delivered within required timescales **THEN** pathology services may need to rely on unsupported or interim legacy systems **RESULTING IN** risks to service continuity, patient safety, regulatory compliance, financial sustainability and delivery of Blood Transfusion and laboratory services.	• Programme governance in place through LIMS Programme Board, Chief Executive Group and local Health Board oversight. • Regular executive updates and escalation routes in place for emerging operational, clinical and financial risks. • CTM working with DHCW, supplier and partner organisations on revised deployment sequencing. • Business continuity options being explored, including continued use or extension of legacy systems. • Expert review / stocktake completed and used to inform programme next steps. • Dedicated Pathology IT resource in place, although capacity remains limited. • Linked risks being developed for key themes including Blood Transfusion, staffing, finance and legacy data.	• Low confidence in delivery of the full programme within required timescales. • Revised deployment sequencing may be clinically or operationally difficult to deliver safely. • Blood Transfusion remains a significant concern due to system dependency and regulatory requirements. • Legacy system reliance creates operational, compliance and traceability risks. • Financial exposure remains unresolved, including additional programme delay costs and legacy support costs. • Programme delivery remains dependent on DHCW, supplier performance and all-Wales decisions outside CTM's direct control.	• Continue formal engagement with DHCW and partners to confirm safe and deliverable implementation plans. • Seek formal assurances on revised deployment sequencing, particularly for Blood Transfusion and Blood Sciences. • Complete assessment of the implications of bringing Tranche 4 ahead of Tranche 3. • Maintain executive escalation of clinical, operational and financial risks. • Progress business continuity planning for legacy system support beyond current timelines. • Develop and link supporting Datix risks for staff resource, finance, legacy data / compliance and Blood Transfusion.	**September 2026:** Microbiology (Tranche 3) went live across Wales on 24 August 2026 following a previously delayed implementation. This represents a significant milestone in the national LIMS 2.0 programme and provides further information to inform planning for subsequent deployment phases. However, the overall programme risk remains unchanged, with concerns continuing regarding delivery timescales, implementation sequencing, legacy system support, financial implications and the successful deployment of the remaining tranches, particularly Blood Sciences.	**20** ↔ C5 X L4 **Target Rating: 5** Opened: 03/05/2021 Last Updated: 01/09/2026
4671 **(Business Sensitive Risk)**	**Ageing digital infrastructure impacting service resilience**	*Due to business sensitivities, the details of this risk are captured in the confidential risk register*				**16** ↔
6424 **Risk Owner:** TBC (currently Director of Digital) **Risk Handler**: Head of IG **Risk Domain:** Statutory Duty, Regulation, Mandatory Requirements	**Mental Health Subject Access Requests (SARs) (IG/15)** IF… SARs in the Mental Health Team are not processed efficiently due to lack of staff and resources, THEN…we may not be compliant with the law, RESULTING IN… enforcement action from the regulator (ICO), plus increased complaints from requesters and affected parties, adverse press and loss of faith in the organisation to uphold data subjects' rights	• Mental Health Subject Access Request processes are established and in operation. • Executive leads and senior managers have been made aware of the backlog and staffing pressures affecting the service.	• Insufficient staffing and resources to process requests efficiently. • Backlogs have developed due to workforce capacity constraints. • Limited capacity to undertake the required review and redaction of records within statutory timescales.	• Escalate backlog and staffing pressures through appropriate management arrangements. • Support consideration of additional recruitment to increase capacity for request processing, redaction and review. • Monitor compliance with statutory timescales.	**September 2026:** Risk reviewed; no change to current scoring or controls. Target score has been reviewed and revised to 12 in line with the CTMUHB Risk Policy, as it was the same as the current score at 16.	**16** ↔ C4 X L4 **Target Score: ~~16~~ 12** Opened: 20/11/2025 Last Updated: 01/09/2026
NEW - Datix ID tbc	**Failure to comply with data protection legislation** IF the Health Board does not comply with statutory requirements **THEN** the Information Commissioner's Office (ICO) holds broad statutory powers to enforce compliance with Subject Access Requests (SARs) under the UK GDPR and the Data Protection Act 2018. For failure to respond within the statutory timeframes or for improper handling. **RESULTING IN** regulatory action, data breaches, complaints, reputational damage, loss of public confidence, and potential impacts on patient care, service delivery and organisational performance.	*The controls and actions for this risk are being developed as this is a new risk.* *For context, the ICO can issue the following:* *• Warnings & Reprimands: Formal written warnings or public reprimands for non-compliance, which can damage an organisation's reputation.* *• Information & Assessment Notices: Legally binding orders to compel organisations to provide specific information or allow the ICO to enter premises and audit procedures.* *• Enforcement Notices: Direct, legally binding orders that mandate an organisation to take specific steps (like clearing a backlog of requests) or cease processing certain data until compliance is met.* *• Monetary Penalty Notices: Fines of up to £17.5 million or 4% of global annual turnover, whichever is higher, though these are typically reserved for severe or systemic breaches.*				**TBC**
4672 **Risk Handler**: Head of Information **Risk Domain:** Business objectives or Projects	**Inability to achieve timely, accurate clinical coding and structured data standards** **IF** clinical information is not recorded, coded and structured consistently and accurately, **THEN** the data used to support clinical, operational and strategic decision-making may be incomplete or unreliable, **RESULTING IN** reduced service effectiveness, poorer decision-making, failure to meet national standards, and delays in delivering digital transformation and organisational objectives	• Coding performance, productivity and backlog are monitored through key performance indicators. • Clinical coding quality is subject to national audit and supported by an ongoing coding improvement programme • Automated coding tools are in place to support coding accuracy and efficiency. • Day-forward scanning is maintained within a 48-hour turnaround target to support timely access to records. • Digital developments are underway to improve structured data capture, including e-forms, integrated care records and digitisation programmes. • Strategic digital and data planning is underway through the Tektology partnership and alignment to IMTP priorities.	• Workforce capacity and specialist skills remain insufficient to fully support coding and data quality requirements. • Data quality, completeness and consistency remain variable across some services. • Reliance on paper records and scanning processes continues in parts of the organisation. • Use of structured and standardised clinical data remains limited in some systems and processes. • Access to and sharing of clinical data across organisational boundaries remains constrained.	• Continue delivery of the clinical coding improvement programme. • Progress digitisation and structured data capture through e-forms, integrated records and future EPR developments. • Develop workforce capacity and capability to support coding quality and data management. • Reduce reliance on paper records through ongoing digitisation and scanning programmes. • Continue improvement of data sharing, interoperability and access to clinical data • Maintain active management of coding performance, backlog and data quality.	**September 2026:** Risk reviewed; no change to scoring or controls	**15** ↔ C3 X L5 **Target Rating: 9** Opened: 05/06/2021 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
5040 **Risk Handler**: Assistant Director for Digital Delivery **Risk Domain:** Business objectives or Projects	**Digital system integration dependencies** **IF** the Health Board is unable to integrate new digital systems into its existing architecture in a timely manner, **THEN** services may need to rely on disconnected systems or manual workarounds, **RESULTING IN** delays to patient care, reduced efficiency, delays to digital programmes, and increased information governance risks.	• National digital programmes led by DHCW and supported by Welsh Government funding. • Strategic oversight through national CEO and Digital Director groups. • Service agreements in place between DHCW and NHS Wales organisations. • Approved Digital and Data IMTP and strategic partner (Tektology) supporting development of the digital roadmap. • Progress being made in priority programmes, including ePMA integration and deployment activity.	• No single governance structure to prioritise and oversee digital developments across NHS Wales. • National priorities do not always align with local Health Board requirements. • Significant delays before digital developments can commence. • Current architecture and integration arrangements limit connectivity between systems. • Internal capacity to deliver and support digital change remains constrained.	• Work with Welsh Government and DHCW to influence future digital strategy, architecture and funding. • Continue development of the Health Board's digital roadmap and future electronic patient record approach. • Support development of more open and interoperable digital architecture. • Continue delivery of integration-dependent programmes, including ePMA. • Ensure local requirements are represented through national governance arrangements.	**September 2026:** Risk reviewed; no change to scoring or controls	**15** ↔ **C3 X L5** **Target Rating: 9** Opened: 07/02/2022 Last Updated: 01/09/2026
Executive Nurse Director						
6232 **Risk Handler:** Deputy Executive Director of Nursing **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Sustainability of the Legal Services function** **IF:** the Health Board does not sufficiently resource and support the Legal Services function **THEN:** it may not have the capacity, resilience or capability to meet its statutory and operational responsibilities **RESULTING IN:** increased staff turnover, reduced wellbeing and morale, and an increased risk of failing to meet legal obligations, with consequent reputational impact.	• Revised Legal Services structure implemented following completion of the Organisational Change Process (OCP). • Organisational Change Process (implemented May 2026), including additional approved posts, recruitment currently delayed through recruitment approval process ~~with the aim of achieving full recruitment to the revised establishment by 31 July 2026.~~ • Lead for Legal Services in post, providing operational leadership and oversight of the service. • Claims & Redress Manager post recruited to (August 2026) • Temporary workforce and redeployment arrangements utilised where required to support continuity of service delivery.☐ • Routine monitoring of workload, demand, inquests, claims, redress cases and statutory response requirements. • Established governance, performance and risk reporting arrangements with executive oversight. (new) • Development and implementation of standard operating procedures and process documentation across Legal Services functions. (new) • Health Board wide Listening to People (LTP) process implemented from April 2026.	• Recruitment to the full approved establishment remains incomplete, resulting in ongoing capacity and resilience pressures within the service. • Benefits arising from the revised structure and recovery programme are not yet fully embedded. • Continued reliance on interim arrangements to support some aspects of service delivery. • Ongoing workforce pressures present a risk to staff wellbeing, retention and long-term service stability. • Demand for legal services activity, including claims, redress, inquests and statutory processes, remains variable and may exceed available capacity. ☐	• Complete recruitment to vacant posts within the approved establishment. • Continue implementation and embedding of OCP and LTP changes. • Continue monitoring demand, activity and performance, aligning workforce capacity where possible. • Review and strengthen workforce resilience and succession planning arrangements. • Continued review and updating of SOPs, process documentation and governance arrangements across the service.	**September 2026:** The risk to remain at its current level until above recruitment (RE: OCP) is concluded and the revised staffing arrangements for the Legal Team are fully in place. Progress will continue to be monitored through routine governance and risk reporting. Although progress is being made, additional elements are required to reduce the likelihood. This will be reviewed again in November 2026.	**15** ↔ **C3 X L5** **Target Rating: 6** Risk opened: 03/07/2025 Last updated: 01/09/2026
6231 **Risk Handler:** Deputy Executive Director of Nursing **Risk Domain**: Statutory Duty, Regulation, Mandatory Requirements	**Failure to effectively manage concerns** **IF** the Health Board does not comply with, or effectively manage, concerns under the former Putting Things Right arrangements and the transition to the new Listening to People framework **THEN** it may not manage concerns in a timely, consistent and person-centred way **RESULTING IN** delays in learning and improving patient safety and experience, missed opportunities for early resolution, increased likelihood of cases progressing to litigation with associated costs, and reputational impact, as well as reduced confidence that concerns are handled openly and effectively.	• Putting Things Right (PTR) procedures in place - legal matters still in process and potentially will be for a number of years • Engagement with Legal & Risk Services • Concerns Handlers in post • Claims & Redress Manager post recruited to (August 2026) • Legal Services Recovery Plan in place to improve capacity, processes and systems • Organisational Control Process (implemented May 2026), including additional approved posts - recruitment currently delayed through recruitment approval process ~~(recruitment underway)~~ • Health Board wide Listening to People (LTP) process implemented from April 2026 • Head of Concerns, Clinical Audit and Compliance role established • PALS staff (4.0 WTE) have been integrated within the Concerns Team to support early resolution under LTP • Routine performance monitoring of response and acknowledgement standards with executive oversight • Ongoing review of demand, caseloads and statutory requirements across complaints, redress, claims and inquests • Development and implementation of standard operating procedures and process documentation across Legal Services functions	• Capacity and resilience constraints within the Redress and Claims Team pending completion of recruitment • Improvements arising from Organisational Change Process (OCP) and LTP changes not yet fully embedded • Continued reliance on interim arrangements pending full establishment of the approved staffing model	• Continue implementation and embedding of OCP and LTP changes • Strengthen performance against response and acknowledgement standards through ongoing monitoring and oversight • Continued review and updating of SOPs, process documentation and governance arrangements across the service	**September 2026:** The risk to remain at its current level until the recruitment associated with the OCP is concluded and the revised staffing arrangements for the Redress & Claims Team is in place, including full recruitment to the posts. Progress will continue to be monitored through routine governance and risk reporting	**15** ↔ **C3 X L5** **Target Rating: 8** Opened: 03/07/2025 Last Updated: 01/09/2026
Director of Corporate Governance / Board Secretary						

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
4885 **Risk Handler:** Head of Quality Assurance and Compliance **Risk Domain:** Quality / Complaints / Assurance / Patient Outcomes	**Failure to implement and sustain an effective policy management system and governance process** **IF** the Health Board is unable to maintain a clear and effective system and governance framework for managing policies (including review cycles, approval routes, version control and accessibility), **THEN** staff may not have access to current and appropriately approved guidance, **RESULTING IN** inconsistent practice, unclear accountability risk of non-compliance with legislation and standards, and potential exposure to legal or regulatory challenge.	• Policy on Policies and supporting guidance in place • Centralised SharePoint policy library (non-clinical) with controlled access • Master policy register and supporting archive arrangements maintained • Ongoing Directorate engagement to improve baseline position and compliance • Templates, guidance and governance support available • Oversight via Executive Management Board • Training and user support in place • Initial work underway to develop a clearer policy categorisation and approval framework	• Reliance on manual processes and workarounds • No clearly defined or consistently applied framework for policy approval routes, leading to reliance on judgement and precedent • Ambiguity in delegation between Board, committees and executive groups • Variable user understanding and engagement • Baseline policy position not yet fully confirmed; some policies overdue review • Clinical policies not yet fully aligned within the system • Capacity constraints continue to impact pace and sustainability	• Finalise baseline policy position • Develop and implement a clear policy categorisation and approval framework (via the Scheme of Delegation) • Provide targeted Directorate support to improve policy review compliance from baseline position	**September 2026:** Risk reviewed - no change to controls or scoring	**16** ↔ C4 X L4 **Target Rating: 8** Opened: 26/10/2021 01/09/2026
Executive Director for People						
6766 **Risk Handler:** Assistant Director of Health, Safety & Fire **Risk Domain:** Safety & Well-being - Patients / Staff / Public **NEW RISK**	**Security incidents across Health Board sites** **IF** there is a lack of robust and consistent security arrangements across Health Board sites, **THEN** the Health Board may be unable to respond appropriately to security incidents, see an increase in incidents, including violence and aggression, unauthorised access and absconding, **RESULTING IN** harm to patients, staff and visitors, disruption to services, and regulatory, legal and organisational consequences.	• Security Vulnerability Risk Assessments (SVRAs) undertaken across sites. • Existing security measures, incident reporting and escalation arrangements in place. • Departmental Violence and Aggression Risk Assessments completed and reviewed. • Statutory and mandatory training provided to support staff in managing violence and aggression incidents. • Preparatory work underway to support compliance with Martyn's Law requirements.	• Rising levels of violence and aggression continue to test existing arrangements. • Security provision, escalation processes and staff preparedness are not consistently applied across sites. • Compliance with required security, violence and aggression training is inconsistent. • Accountability for site security, particularly out of hours, requires clarification. • Community and shared-occupancy sites present additional security vulnerabilities. • Current controls do not provide consistent assurance across all Health Board locations • The effectiveness of current controls is limited, with significant reliance on planned future mitigations to address identified risks.	• Review security governance arrangements and accountability, including consideration of a Senior Responsible Officer model. • Strengthen compliance with mandatory? security, violence and aggression training requirements. • Develop a consistent Health Board-wide approach to security incident management, escalation and response. • Strengthen security arrangements for community and shared-occupancy sites. • Progress Martyn's Law preparedness and associated compliance requirements. • Monitor incident trends and review the effectiveness of controls through established governance arrangements.	**September 2026:** New organisational risk established to provide a broader assessment of security risks across Health Board sites, including violence and aggression, site security, emergency response arrangements and compliance requirements. This risk incorporates and supersedes Risk 4417 (Inadequate access control and site security across Health Board premises).	**16** ↔ C4 X L4 **Target Rating: 12** Opened: 20/08/2026 Last Updated: 01/09/2026
Executive Medical Director						
5761 **Risk Handler:** Medical Directorate Manager, YMH **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Cross Health Board Data Sharing** **IF** digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts **THEN** clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data **RESULTING IN** potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	• The Health Board has escalated this as a significant patient safety issue since 2024 and continues to press Digital Health and Care Wales (DHCW) for resolution. • The specific system issues and requirements have been clearly articulated. • The matter is regularly raised through national forums, including the All-Wales Medical Directors' meetings, to maintain visibility and support collective escalation.	• Resolution is dependent on DHCW and wider national agreement on provider status and data sharing arrangements. • The Health Board does not have direct control over system changes or delivery timescales, and no confirmed implementation date has been provided.	• Ongoing escalation and monitoring through national forums, with continued engagement with DHCW to seek progress updates, clarity on delivery timelines, and exploration of potential alternative solutions.	**September 2026:** The risk remains unchanged, with ongoing reliance on national partners (DHCW) to resolve system and data sharing issues, and no confirmed delivery timescales.	**16** ↔ C4 X L4 **Target Rating: 8** Opened: 26/04/2024 Last Updated: 01/09/2026
6280 **Risk Handler**: Directorate Manager for General Surgery and Gastrointestinal Services **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Suspension of the Regional Hepato-Pancreato-Biliary service model** **IF** the commissioning of this service is not prioritised as part of the regional commissioning arrangements **THEN** there will be no Regional service for Severe Acute Pancreatitis **RESULTING IN** suboptimal care for this group of acutely unwell patients	• The risk has been formally recognised and escalated within the Health Board, with executive ownership assigned to the Executive Director of Strategy, Transformation and Planning and the Executive Medical Director. • Individual patient cases are reviewed on a case-by-case basis with neighbouring Health Boards to enable access to specialist input where possible. • The issue is subject to internal discussion through Planned Care forums and has been identified for escalation through regional commissioning	• There is currently no commissioned regional service model in place for Severe Acute Pancreatitis. • The interim case-by-case arrangements are not a formalised pathway and may introduce delays to time-critical care. • Resolution is dependent on regional commissioning decisions and ongoing funding through the Joint Commissioning Committee, which is outside the direct control of the Health Board.	• Ongoing engagement with regional partners and the Joint Commissioning Committee to seek agreement on a sustainable commissioned service model and associated funding. • Continued internal escalation through Planned Care and executive oversight to support regional resolution.	**September 2026:** Interim case-by-case arrangements remain in place following suspension of the regional service model, with resolution dependent on regional commissioning decisions and associated funding.	**16** ↔ C4 X L4 **Target Rating: 9** Opened: 06/08/2025 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL OPEN RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
6629 **Risk Handler**: Medical directorate manager, YMH **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**GMC/HEIW Conditions on PCH Emergency Department** **IF** the recommendations from the General Medical Council (GMC) and Health Education and Improvement Wales (HEIW) following the targeted review of Prince Charles Hospital Emergency Department are not implemented, **THEN** there is a risk that clinical supervision, workforce capacity and training environments will not be sufficiently robust, **RESULTING IN** potential impacts on the safety, quality and timeliness of care for patients attending the Emergency Department.	• Following the Health Education and Improvement Wales (HEIW) targeted visit to Prince Charles Hospital (PCH) Emergency Department in March 2026, a comprehensive action plan has been developed by the ED Clinical Lead, ED Leadership Team and the Unscheduled Care Group. • This addresses key areas including clinical supervision, training opportunities, rota sustainability, recruitment, leadership engagement and patient flow. • Progress is being monitored through established governance arrangements, with ongoing engagement with HEIW. • Strengthened consultant supervision, rota redesign, protected educational time, weekly teaching provision, and enhanced educational governance arrangements. • Governance and oversight arrangements are now established and enhanced escalation pathways for trainees and educators have been made.	• The effectiveness of the action plan is dependent on sustained delivery of improvements across workforce, supervision and patient flow. • Until these improvements are embedded and evidenced, there remains a risk of continued scrutiny from HEIW and the General Medical Council (GMC), and potential impact on trainee experience and retention.	• Implementation and ongoing monitoring of the HEIW action plan, with regular review through governance structures and continued engagement with HEIW to demonstrate progress and address any further concerns.	**September 2026:** Residual risk remains in relation to workforce resilience, completion of outstanding job planning, sustaining protected educational time, and delivery of the planned cultural and behavioural improvement programme. Continued executive oversight is in place to ensure delivery of remaining actions and provide evidence of sustained compliance before GMC conditions can be considered fully addressed.	**16** ↔ **C4 X L4** **Target Rating: 9** Opened: 06/08/2025 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL DEESCALATED RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
Diagnostics, Therapies, Pharmacy & Specialties Care Group						
6498 **RISK DEESCALATED** **Risk Owner:** COO **Risk Handler:** Care Group Service Director - DTPS & Children and Family **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Risk to patient safety from insufficient availability of compliant dynamic mattress systems** **IF** there are insufficient compliant dynamic mattress systems available across the Health Board, **THEN** the delivery of appropriate pressure area care may be compromised, **RESULTING IN** avoidable patient harm, including increased incidence of pressure damage, extended lengths of stay, and reduced assurance of safe and effective care.	• Phased replacement programme in place to increase availability of dynamic mattress systems. • Ongoing monitoring of incidents and reporting related to pressure care. • Clinical teams alerted to shortages to support enhanced observation and clinical decision-making. • Individual patient risk assessments undertaken to prioritise high-risk patients. • Patient care plans in place to manage pressure care needs. • Contract with current provider under review ahead of expiry. • Escalation and governance processes in place to monitor and manage the risk. • A phased mattress replacement programme is underway	• Current supply of compliant dynamic mattresses remains insufficient to meet demand. • Replacement programme not yet complete and insufficient to fully mitigate the risk. • Continued reliance on prioritisation and workarounds to manage shortages. • Risk of ongoing incidents and harm while full compliance is not achieved, however current Datix incident reporting does not indicate that this risk has materialised. • Contract renewal and long-term supply arrangements not yet secured.	• Continue phased replacement programme to increase the number of compliant mattress systems. • Progress review and renewal of supplier contract to ensure sustainable provision. • Maintain close monitoring of incidents and pressure care outcomes. • Ensure continued prioritisation of high-risk patients through clinical assessment and care planning. • Escalate through governance routes to secure a clear plan and actions to address the risk.	**Sept 2026:** Risk score reduced from 16 to 12 by the Care Group, and deescalated from ORR. A phased mattress replacement programme is underway, with patient risk assessments and mitigating actions in place. No Datix incidents or reportable patient safety events have been identified. Target score confirmed as 9. **Will not appear on future ORR reports.**	~~16~~ 12 ↔ C4 X L4 **Target Score: 9** **Opened: 11/02/2026** **Last Reviewed: 01/09/2026**
Mental Health and Learning Disabilities Care Group						
6318 **RISK DEESCALATED** **Risk Owner:** Chief Operating Officer **Risk Handler:** Directorate Manager - CAMHS and Specialist Services (Mental Health and Learning Disabilities) **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Tier 3 SHED (Severe and High Impact Eating Disorders) Team Service Capacity and Resilience** **IF** the Health Board and partner organisations are unable to provide sufficient workforce capacity and sustainable arrangements for the Tier 3 SHED service **THEN** the service may not be able to deliver safe, effective and consistent care **RESULTING IN** risks to patient safety and outcomes, reduced service effectiveness and increased operational and organisational pressure	• Regular joint working with Cardiff and Vale UHB, including established monthly oversight meetings • Improved governance, communication and escalation arrangements between organisations • Temporary service mitigations in place (e.g. nurse practitioner support, drop-in clinics, physical health monitoring) • Staff training and service development actions underway • Ongoing monitoring through Care Group and executive governance structures	• Workforce capacity challenges remain unresolved • Service sustainability remains dependent on partner organisation capacity • Temporary mitigations do not provide a long-term solution • Continued pressures on service delivery and effectiveness • Underlying structural issues not yet addressed	• Continue joint working with CAVUHB to develop sustainable service arrangements • Maintain regular oversight and monitoring through established governance routes • Progress workforce and service model improvements • Continue implementation of agreed actions arising from joint reviews and reports	**September 2026:** Care Group SLT has agreed to reduce the score for this risk. This reflects the appointment of a locum Psychiatrist servicing the SHED ED team. Risk remains open and managed by the care group but current score **reduced to 12 and risk deescalated from the ORR**	~~16~~ 12 ↔ C4 X L4 **Target Score: 6** Opened: 29/08/2025 Last Updated: 01/09/2026
Primary and Community Care Group						
5877 **RISK DEESCALATED** **Risk Owner**: COO **Risk Handler:** Development Manager - Out of Hours **Risk Domain:** Service / Business Interruption	**Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill** **IF** changes associated with the new GP Out of Hours (OOH) contract and Working Time Regulations reduce GP availability for OOH shifts, **THEN** rota gaps will increase, particularly for weekday evening cover, **RESULTING IN** reduced OOH service capacity and potential increased pressure on ambulance services, Emergency Departments, and timely patient access to urgent care.	• Regular oversight of the GP OOH rota. • Liaison with the GP pool to fill additional shifts where possible. • Alternative recruitment routes have been explored, including locum platforms. • Additional GP recruitment remains a key mitigation. • Procurement team engaged to progress local procurement of the Adastra clinical system, following advice that Health Boards should procure locally.	• NHS Employers and BMA negotiations remain unresolved, creating uncertainty about the final contract position and local impact. • Current recruitment routes are not sufficiently agile or flexible for how GPs book OOH shifts, often at short notice. • Additional GP recruitment remains critical to sustaining the service. • Weekday evening cover is expected to be particularly affected where GPs are unable to work late OOH shifts and then work in practice the following morning. • The Adastra contract ends in December 2026, with limited alternative providers available and local procurement still to be completed.	• Continue to monitor the outcome of NHS Employers and BMA negotiations and assess the local implications for GP OOH rota cover. • Maintain regular oversight of the GP rota and continue liaison with the GP pool to fill shifts where possible. • Continue to explore alternative recruitment and engagement routes for GPs. • Progress local procurement for Adastra to support continuity of the GP OOH and Navigation Hub clinical system. • Keep the risk under review as the contract position, rota impact and procurement position become clearer.	**Sept 2026:** contract still being negotiated, feedback from national negotiations indicates that there will be a number of options for GPs to take for engagement in OOH - reassessment of risk undertaken. **Risk remains open and monitored by care group, but current score reduced to 9; will not appear on future ORR reports.**	~~16~~ 9 ↓ C4 X L4 **Target Score: 8** Opened: 07/08/2024 Last Updated: 01/09/2026
6397 **RISK DEESCALATED** **Risk Owner:** COO **Risk Handler:** Development Manager - Out of Hours **Risk Domain:** Service / Business Interruption	**Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery** **IF** there is an ongoing shortage of GPs to deliver urgent primary care services, **THEN** rota gaps will persist, particularly for home visiting and out of hours shifts, **RESULTING IN** unfilled shifts and increased conveyance of patients (including palliative and end of life) to Emergency Departments.	• All GPs on holding lists have been contacted to maximise available workforce. • Recruitment adverts placed via bank routes to encourage GP applications. • Shift cover maintained through senior GP leadership where required (e.g. over peak periods such as winter). • Risk remains under close monitoring by the care group, with ongoing review of position and mitigation.	• Bank recruitment processes are not aligned to how GPs prefer to work (lack flexibility and do not support short-notice shift fill). • Persistent shortage of GPs available for urgent primary care roles. • Ongoing challenges in filling specific shift types, particularly home visiting. • Reliance on senior clinical staff to cover gaps is not sustainable. • No substantive change in control effectiveness since previous reviews.	• Continue to promote recruitment through existing bank and holding list routes. • Maintain active monitoring of shift fill rates and escalation through care group governance. • Develop revised mitigation proposals for Executive consideration (as identified by the care group review process). • Keep the risk under review and update mitigation as workforce position changes.	**September 2026:** Review of rota performance indicates that GP staffing gaps are primarily associated with bank holiday periods and are not a persistent issue during routine weekday operations. As a result, the risk score has been reduced to 12. The risk will continue to be monitored through Care Group governance arrangements to ensure this position is maintained.	~~16~~ 12 ↔ C4 X L4 **Target Score: 12** Opened: 31/10/2025 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL DEESCALATED RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
Facilities Directorate Risks						
6052 **RISK DEESCALATED** **Risk Owner:** COO **Risk Handler:** Assistant Director OSS (Facilities) **Risk Domain**: Statutory Duty, Regulation, Mandatory Requirements	**Inadequate patient hydration and nutrition due to failure of beverage trolley infrastructure** IF the Health Board is unable to maintain or replace ageing beverage trolleys THEN patient meal and beverage services may be disrupted RESULTING IN risks to patient hydration and nutrition, alongside non-compliance with safety, IPC and quality standards	• Reactive repair arrangements in place to maintain existing trolley fleet • Partial replacement programme underway, with funding secured for a limited number of new trolleys • Procurement of additional trolleys in progress, with delivery expected end June 2026 • Use of decommissioned trolleys for spare parts to extend life of remaining fleet • Investment bid submitted through IMTP to support wider replacement programme • Estates condition assessments commissioned to understand current fleet risks • Operational prioritisation in place where trolley availability is constrained	• Ageing fleet (10+ years) no longer compliant with maintenance contracts • Insufficient funding to replace the fleet at the required scale • Current capacity below service standard (not one trolley per ward) • Ongoing risk to food safety, infection prevention and staff safety due to equipment condition • Interim repair approach is not sustainable and does not address underlying risk • Procurement delays mean benefits of replacement not yet realised	• Complete delivery and deployment of procured trolleys (June 2026) • Progress phased replacement programme through revenue and IMTP funding routes • Develop and implement a sustainable long term replacement plan • Review risk score following operationalisation of newly delivered trolleys • Continue condition assessments to support prioritisation of further replacements • Explore additional funding options to accelerate fleet renewal	**September 2026:** Risk likelihood and consequence have been reviewed and reduced based on the number and type of incidents in the previous 6 months. Risk remains open and monitored by the care group but will no longer appear on ORR.	~~20~~ **12** ↔ **C4 X L5** **Target Rating: 8** Opened: 15/01/2025 Last Updated: 01/09/2026

Organisational Risk Register (Risks Graded 15 and Above) - Review as at September 2026 - ALL CLOSED RISKS

Datix ID and details	Risk Title / Risk Description	Current controls in place	Gaps in controls	Action Plan	September 2026 Status	Rating (current) and details
Diagnostics, Therapies, Pharmacy & Specialties Care Group						
6429 **RISK CLOSED** **Risk Owner:** ED Therapies and Health Sciences. **Risk Handler:** Physiotherapy Manager for Rehabilitation **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Risk to patient safety from an unfit Physiotherapy MSK self referral system** **IF** the Physiotherapy MSK self referral system does not safely triage patients or identify those requiring urgent medical assessment, **THEN** patients may remain within the physiotherapy pathway when they should seek urgent or alternative care, **RESULTING IN** delays in appropriate clinical intervention and potential patient harm.	• Existing self referral form remains in use to provide access to physiotherapy services. • Attempts made to improve the form, including development of enhanced triage and safety netting functionality. • Engagement with digital colleagues to develop a replacement MS Forms solution with improved functionality. • Approval in principle obtained to proceed with updated digital form. • Welsh language and DPIA requirements being progressed to support implementation. • Ongoing monitoring of incidents related to the self referral process via Datix reporting.	• Current self referral form is not fit for purpose and does not reliably support safe triage. • Increased demand has exceeded triage capacity, leading to delays in assessment. • Patients requiring urgent medical care may not be appropriately identified at point of referral. • Safer digital solution not yet implemented due to system and approval dependencies. • Continued reliance on an unsafe or suboptimal process while alternative solution is in development	• Progress implementation of the revised MS Forms self referral system. • Secure final approvals required for digital solution and publish on Physiotherapy internet page. • Review performance and safety of the new system once live, including impact on incidents and triage timeliness. • Continue monitoring Datix incidents and adjust controls as required. • Keep the risk under review until a safe and sustainable referral system is established.	**Sept 2026:** No further datix incidents/clinical risk identified since new MS Forms launched. Staff reported improved level of information to inform clinical triage. Time to Triage improved. QI work will be written up and learning shared across therapies as other services move to MS forms for self-referral. **Will not appear on future ORR reports.**	~~16~~ **closed** ↓ C4 x L4 **Target Score: 1** Opened: 24/11/2025 Last Reviewed: 01/09/2026
Cross-Cutting Risks (affect multiple care groups)						
4417 **RISK CLOSED** **Risk Owner:** COO **Risk Handler**: Assistant Director of Operations MH and LD **Risk Domain:** Safety & Well-being - Patients / Staff / Public	**Inadequate access control and site security across Health Board premises** **IF** access control systems and site security arrangements across Health Board premises are not consistently implemented and maintained **THEN** there is an increased risk of unauthorised access, absconding and inability to safely manage patients and visitors **RESULTING IN** risks to patient and staff safety, breaches of security protocols and potential harm and reputational impact	• Access control assessments completed across acute sites, with wider programme of work established • Phase 1 security improvement works underway at Princess of Wales Hospital • Capital funding approved for initial works at POW and PCH • Programme of works overseen through Operational Capital Group • Incident monitoring and review in place to inform risk assessment • Standard operating procedures and action plans in place for high-risk areas	• Inconsistent access control systems across sites, with known vulnerabilities (particularly historically at POW) • Programme of works not yet completed across all sites (phase 2 pending) • Reliance on capital funding and prioritisation processes to progress improvements • Ongoing incidents indicating that risks are not fully mitigated • Full impact and effectiveness of improvements not yet evaluated	• Complete Phase 1 works at Princess of Wales Hospital • Scope and deliver Phase 2 programme across remaining sites • Develop further capital bids to support wider rollout • Maintain an analysis of incidents to inform risk scoring and prioritisation • Keep under review and consider alignment with overall Health Board risk relating to security	**Sept 2026:** Risk closed on the ORR because its scope has been incorporated into new overarching organisational risk 6766. The underlying issues and outstanding actions will continue to be managed through that risk.	**16** ↔ C4 X L4 **Target Score: 8** Opened: 30/09/2020 Last Updated: 01/07/2026

2026-27 Finance Report

Month 6

Summary

Situation	Background
This Finance report outlines our financial performance for Month 6 (i.e. the period to 30th September 2026). This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 6 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 26/27 was submitted to Welsh Government (WG) at the end of March 2026. This plan showed a breakeven position with a net risk to the plan of £38.6m which has subsequently been approved by WG. As the Health Board has achieved a breakeven position over the last 2 financial years (2024/25 & 2025/26) and has an approved plan, delivering the breakeven plan in 2026/27 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Overall revenue position - 2026/27: • The M6 position reported a breakeven position in month and a year-to-date deficit of £9.7m against our plan. • The current year forecast break-even position has been maintained at M06. • The risks to the breakeven forecast have been assessed at £20.7m. **Recurrent revenue position:** • The submitted IMTP for 2026/27 planned for an underlying recurrent surplus of £0.3m by the end of 2026/27. • As at M06 we are deteriorating the forecast underlying surplus at the end of 2026/27 to a deficit of £11.5m. **Cashflow:** • In M6 the cash balance was £6.1m, comprising £3.9m revenue and capital of £2.2m. **Capital position:** • An updated 2026-27 Capital Resource Limit of £149.431m was issued on 5th October 2026. • Expenditure to 30th September 2026 amounted to £38.085m. • The forecast outturn capital position is breakeven.	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 30st September 2026.

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Executive Summary

Overall Revenue Position	• The M06 position reported a breakeven position in month, giving a £9.7m year to date deficit. • The forecast current year break-even position has been maintained at M06. • The forecast recurrent position has been changed to a £11.5m deficit at M06. • The net opportunities/risks to the forecast break even position at M06 is £20.7m (M05: £27.0m) which are summarised on Page 20.
Savings Position	• Actual savings in M06 was £3.1m with year to date savings of £9.9m, which was £5.7m below the year to date target of £15.6m. • The M06 forecast in year savings is £29.0m, which is £2.3m below the £31.3m target. • The M06 forecast recurrent savings is £30.0m, which is £1.3m below the £31.3m target
Cash	• In M06 the cash balance was £6.1m, comprising £3.9m revenue and capital of £2.2m. This cash position is within planned levels.
Capital	• An updated 2026-27 Capital Resource Limit of £149.431m was issued on 5th October 2026. • Expenditure to 30th September 2026 amounted to £38.085m. • The forecast outturn capital position is breakeven.

Summary
Income & Expenditure Account

	M6 Actual	M6 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(133.7)	(785.8)	(1,659.9)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.2)
03. Welsh NHS Local Health Boards & Trusts Income	(5.9)	(35.3)	(70.6)
04. WHSSC Income	(1.1)	(7.6)	(15.2)
05. Welsh Government Income (Non RRL)	(0.4)	(2.6)	(4.3)
06. Other Income	(5.4)	(29.2)	(58.0)
Total Allocations & Income	**(146.4)**	**(860.5)**	**(1,808.2)**
08. Primary Care Contractor	14.8	89.1	180.2
09. Primary Care - Drugs & Appliances	9.9	55.3	111.9
10. Provided Services - Pay	65.7	398.4	793.7
11. Provider Services - Non-Pay	10.8	61.6	121.4
12. Secondary Care - Drugs	5.5	29.6	59.3
13. Healthcare Services Provided by Other NHS Bodies	26.0	157.4	314.8
14. Non-Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.6	41.7	87.0
16. Other Private & Voluntary Sector	0.8	5.3	16.9
17. Joint Financing and Other	1.6	9.0	17.2
18. Losses Special Payments and Irrecoverable Debts	0.2	2.1	3.5
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.4	20.7	41.3
23. AME Donated Depreciation\Impairments	0.0	0.0	61.2
25. Profit\Loss Disposal of Assets	(0.0)	(0.1)	(0.1)
Total Expenditure	**146.4**	**870.2**	**1,808.2**
Grand total	**0.0**	**(9.7)**	**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 M06 year to date position is reporting a deficit of £9.7m.
- We are currently forecasting a year end break-even position.
- The main drivers of pressure in achieving the forecast break even position are:
  - Savings shortfall currently £5.7m
  - Clinical Negligence cost pressures – At M06 the position is reporting over £1.0m more than plan.
  - Continuing Health Care cost pressures – At M06 the position is reporting £2.5m over plan.
  - Provider LTA Income shortfall – At M06 the position is reporting £1.4m shortfall against plan.
  - Activity driven non pay growth

Year-to-Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0
Month 2	3.8	5.2	0.0
Month 3	2.2	7.4	0.0
Month 4	1.8	9.1	0.0
Month 5	0.6	9.7	0.0
Month 6	0.0	9.7	0.0

Key Points:

- The M06 YTD overspend of £9.7m includes a £5.7m shortfall in savings.
- The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that £1.9m funding will be provided by DHCW for 2026/27; this has resulted in a £0.8m improvement in M06.
- 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 M06 Year-to-Date £m	M06 Forecast £m	Recurrent Forecast £m	IMTP £m
Savings Shortfall	6.0	(0.3)	5.7	2.3	1.3	0.0
Operational Variances	9.7	(4.8)	4.9	3.6	10.5	0.0
Plan Phasing Adjustments	0.0	4.1	4.1	0.0	0.00	0.0
Financial Plan Improvements	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	(4.0)	(4.0)	(4.0)	0.0	0.0
Additional Financial Allocation	0.0	(1.0)	(1.0)	(1.9)	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	**15.7**	**(6.0)**	**9.7**	**0.0**	**11.5**	**0.0**

Key Points:

- The M06 position is reporting a £9.7m deficit (overspend) against the plan, of which £15.7m relates to delegated budgets.
- The main driver of the deficit position is the £5.7m shortfall in savings delivery.
- Operational variances continue within the delegated positions, with demand and activity being the main driver
- Additional Financial Allocations of £1.9m (£1.0m YTD) has been confirmed for EPMA programme.
- Accountancy Gains of £4.0m have been recognised in M06.
- 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 6 (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 @ M06 £m	Non-Delegated Recurrent @ M06 £m	Total Recurrent @ M06 £m	Total Recurrent @ Prev Mth £m
Initial Financial Plan	**(0.3)**	**0.0**	**(0.3)**	**(0.3)**	**(0.3)**
Savings Variances	0.0	2.0	(0.7)	1.3	3.8
Operational Variances	0.0	13.4	(2.9)	10.5	(3.8)
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	0.0
Grand Total	**(0.3)**	**15.4**	**(3.9)**	**11.5**	**(0.3)**

Key Points:

- The B/fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2026/27 planned for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27. The latest assessment has deteriorated to a £11.5m underlying surplus.
- The latest savings returns have indicated recurrent savings of £29.0m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £2.3m.
- The latest review has indicated several growing cost pressures that are no longer anticipated to recover on a recurrent basis, these include Prescribing growth, Clinical Negligence claims, CHC growth, HMRC rates for travel expenses and activity driven non pay.

Non-Delegated Reserves

Reserves	Plan £m	Issued @ M06 £m	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
IMTP Demand & Cost Pressures	4.3	1.6	2.7	1.6	(1.1)	0.0
IMTP Non-Recurrent Plans	0.5	0.0	0.5	0.0	(0.5)	0.0
Local Planned Care Reserves	1.4	0.0	1.4	0.0	(1.4)	0.0
Pre-committed business cases	2.0	0.0	2.0	0.0	(2.0)	0.0
Grand Total	8.2	0.9	6.6	1.6	(5.0)	0.0

Key Points:

- The approved plan identified £8.2m of reserves yet to be issued to delegated budgets.
- As at M06, £6.6m remains within the non delegated budgets.
- The latest forecast assumes that £5.0m of the reserves will not be required and will be released to support the balanced financial plan. This is anticipated to be a non recurrent benefit only.
- Further detail of the pre-committed business cases is provided on the next page.

IMTP Prior Committed Plans

Investment Plans	Plan £m	Issued @ M06	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
EMPA Business Case	1.9	(0.0)	1.9	0	(1.9)	0
Digital Cellular Pathology Bus Case	0.1	0	0.1	0.0	(0.1)	0
Grand Total	**2.0**	**(0.0)**	**2.0**	**0.0**	**(2.0)**	**0.0**

Key Points:

- The approved plan identified £2.0m of prior approved business case commitments, as at M06, £0.0m has been confirmed and issued.
- Following confirmation from DHCW that the EPMA costs in 2026/27 will be funded, the initial planning requirement of £2.0m can be released to support delivery of the break-even financial plan.

Pay Expenditure Trends

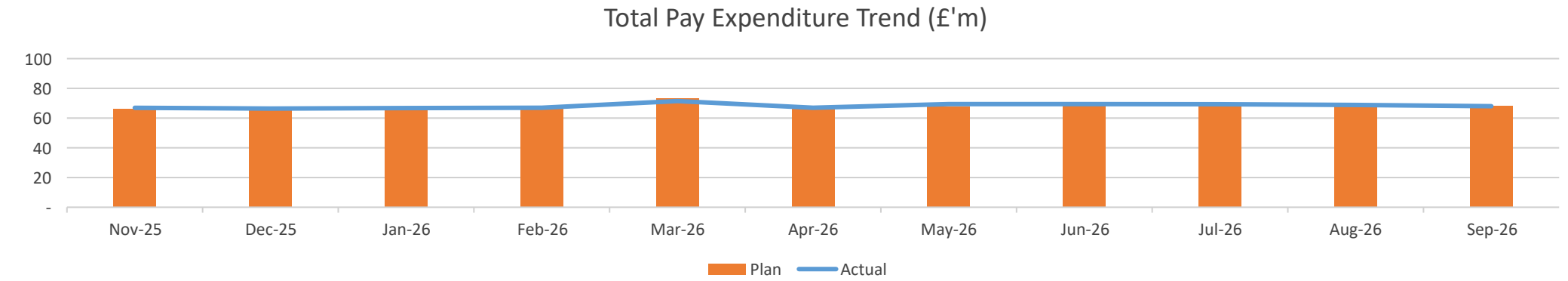
Staff Group	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m	Sep-26 £'m	Qtr2 Ave £'m
Administrative & Clerical	9.1	9.2	9.1	9.0	9.1
Medical And Dental	18.4	18.3	18.6	18.6	18.5
Nursing And Midwifery Registered	20.9	21.0	20.8	20.4	20.7
Add Prof Scientific And Technical	2.2	2.2	2.2	2.2	2.2
Additional Clinical Services	8.7	9.4	9.0	8.6	9.0
Allied Health Professionals	4.2	4.3	4.2	4.3	4.3
Healthcare Scientists	1.2	1.2	1.2	1.2	1.2
Estates And Ancillary	3.8	3.8	3.8	3.6	3.7
Students	0.0	0.0	.0	.0	.0
Grand Total	**68.6**	**69.3**	**68.8**	**68.0**	**68.7**

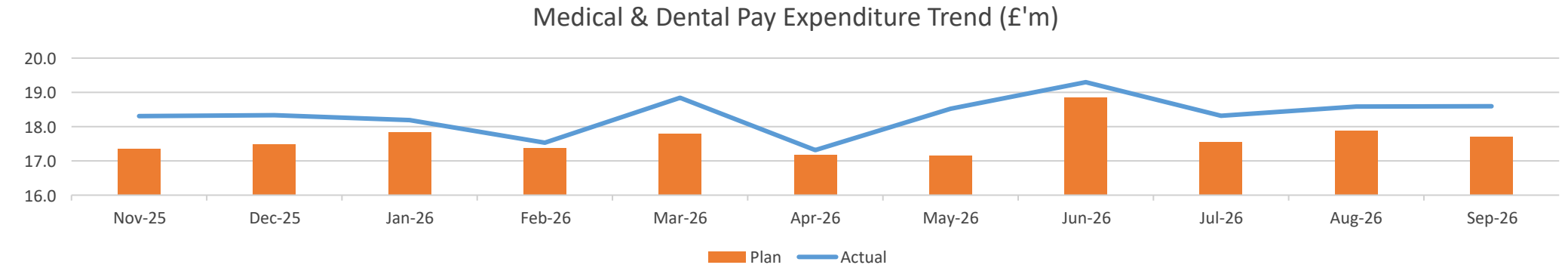
Spend category	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m	Sep-26 £'m	Qtr2 Ave £'m
Core	61.8	62.5	61.8	61.5	61.8
Agency	1.6	1.6	1.5	1.3	1.6
Overtime	1.5	1.6	1.6	1.3	1.5
ADH	1.7	1.7	1.7	1.9	1.7
Bank	1.7	1.7	1.9	1.9	1.7
WLI	0.3	0.2	0.2	0.0	0.3
Grand Total	**68.6**	**69.3**	**68.8**	**68.0**	**68.6**

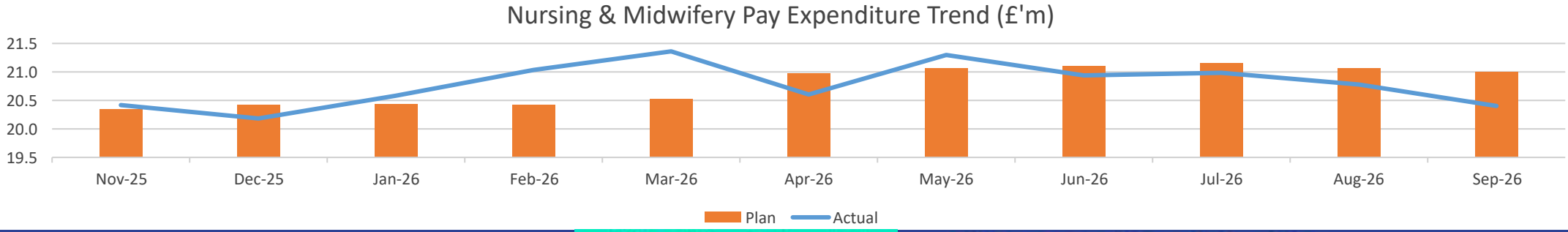
Key Points:

- Total pay expenditure in M06 was £68.0m.
- When compared with the M05 actual, the following variable pay movements occurred:
  - Decrease in Core costs of £0.3m
  - Decrease in Agency of £0.2m
  - Decrease in Overtime of £0.3m
  - Increase in ADH of £0.2m
  - No movement in Bank
  - Decrease in WLI of £0.2m

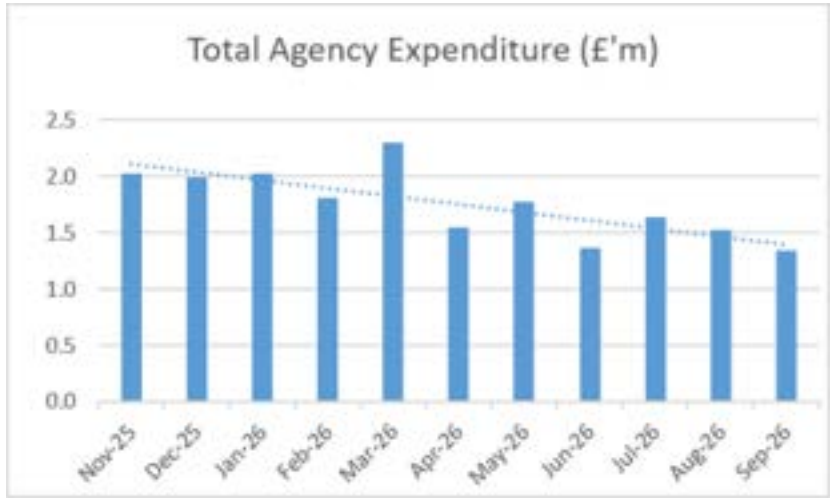
Pay Expenditure Trends

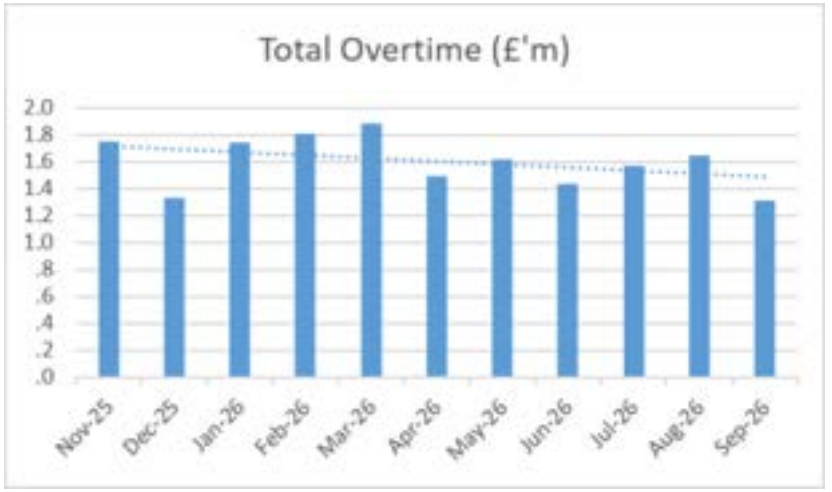


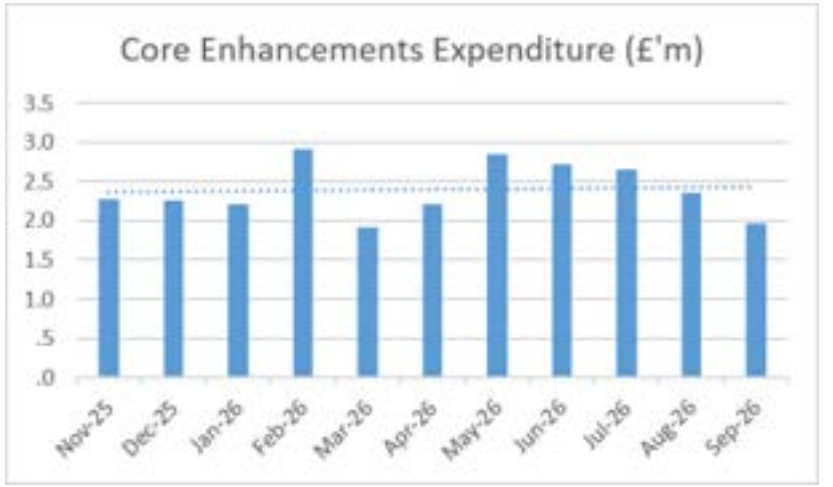


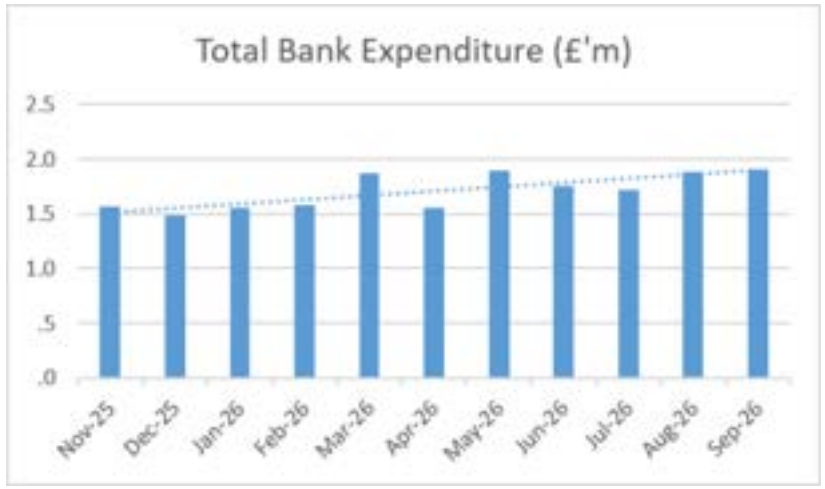


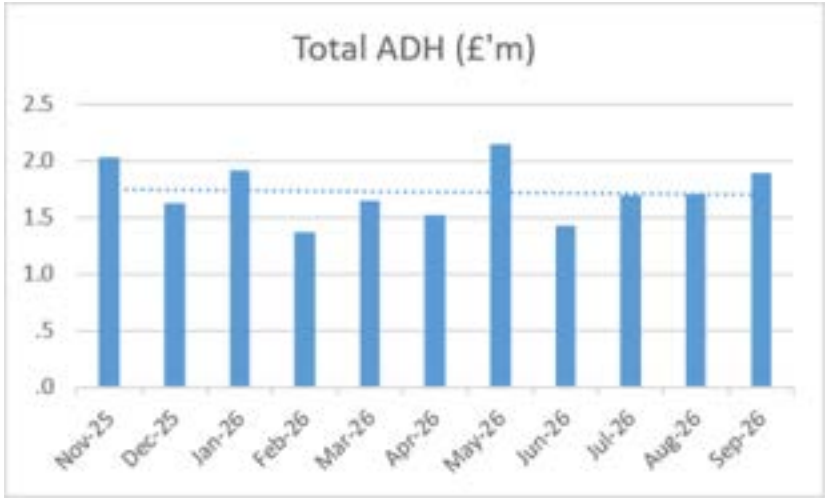
Variable Pay Expenditure Trends











Key Points :

- Agency spend – has decreased by £0.2m and overall, a downward trend.
- Overtime – has decreased by £0.3m when compared to M05, but overall, a decreasing trend.
- Core enhancements – has decrease by £0.4m when compared to M05, with a flat trend.
- Bank – has remained static in M06 compared to M05, with an upward trend.
- ADH spend – has increased by £0.2m when compared to M05, with a flat trend.

Non Pay Expenditure Trends

Non Pay Group	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m	Sep-26 £'m	Qtr2 Ave £'m
Primary Care Contractors	14.0	14.2	14.0	14.1	14.1
Primary Care Drugs	9.3	8.8	8.6	9.9	9.1
Provider Non Pay	9.9	10.8	10.3	10.8	10.6
Secondary Care Drugs	4.9	4.6	4.8	5.5	5.0
Healthcare Commissioning	26.2	25.8	27.0	26.0	26.3
CHC & FNC	8.0	4.2	8.6	8.1	7.0
Other	5.6	8.6	6.1	6.0	6.9
Total Expenditure	**77.9**	**76.9**	**79.5**	**80.5**	**78.9**

Key Points:

- The total spend in M06 of £80.5m was £1.0m higher than M05. The main movements were:
- Increase in Primary Care Drugs by £1.3m. This is primarily July PAR data that has deteriorated from plan resulting in a revised growth assumption.
- Increase in Provider Non Pay by £0.5m. This is due to an increased of non-pay across all services.
- Increase in Secondary Drugs by £0.7m. This increase is being driven by an increase in NICE drug issues, mainly correcting recent months lower than anticipated levels of growth.
- Decrease in Healthcare Commissioning of £1.0m. This is primarily because of an improvement in SLA activity across health boards.
- Decrease in CHC & FNC by £0.5m, as placements had reduced with discharges having a greater impact than new admissions.

Income Trends

Income Group	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m	Sep-26 £'m	Qtr2 Ave £'m
Welsh NHS Income	5.9	6.0	5.8	5.9	5.9
JCC Income	1.2	1.5	1.4	1.1	1.3
Primary Care Contractor Income	1.2	1.5	1.2	1.3	1.3
CHC Income	0.8	0.8	0.8	0.8	0.8
Other Income	4.6	5.4	5.1	5.6	5.4
Total Income	**13.6**	**15.1**	**14.4**	**14.6**	**14.7**

Key Points:

- The total income in M06 of £14.6m is £0.2m higher than M05.
- The main movements were:
  - JCC Income – decrease of £0.3m. This is due to income related to ICD devices being recognised in M06, and a reduction of actual activity in month.
  - Other Income - £0.5m increase. This is mainly due to an increase in ICRS, and overseas patient income.

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,391.2	32.2	27.8	99.6	1,550.8
Anticipated Allocations:					
Capital	67.0				(67.0)
Welsh Risk Pool	(5.3)				(5.3)
Payaward 26/27	21.9				21.9
M&D Pay Award 26/27	7.1				7.1
Discovering a Digital Solution	0.8				0.8
ESR Recharges	1.5				1.5
GP IM&T Refresh Programme				1.4	1.4
AHW Prevention & Early Years	0.9				0.9
Planned Care Recovery	11.0				11.0
Other	2.3			0.4	2.7
Total Allocations	**1,498.6**	**32.2**	**27.8**	**101.3**	**1,659.9**

Key Points:

- As at M06 the confirmed Revenue Resource Limit (RRL) allocation was £1,550.8m.
- We are anticipating a further £109.1m of funding.

Income Assumptions - NHS

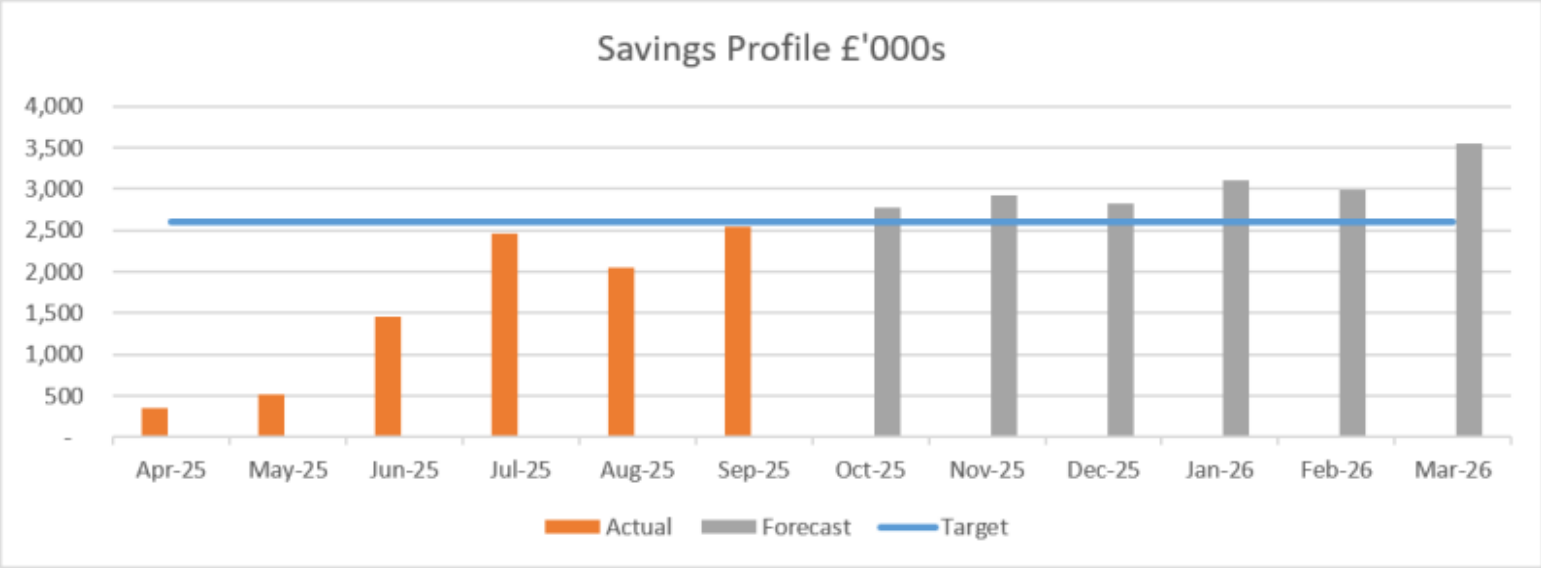
	Contracted Income	Non Contracted Income	Total Income
	£m	£m	£m
Swansea Bay University	25.0	0.0	25.0
Aneurin Bevan University	18.0	1.3	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	20.1	1.6	21.6
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.4	0.9
Powys	8.2	0.1	8.2
Public Health Wales	1.2	3.9	5.1
Velindre	0.0	11.5	11.5
DHCW	4.2	0.2	4.4
Wales Ambulance Services	0.0	0.1	0.1
JCC	14.0	0.9	14.8
HEIW	0.0	20.4	20.4
NHS Wales Executive	0.0	0.0	0.0
Total	**91.2**	**40.7**	**132.0**

Key Points :

- All LTA documents have now been submitted and signed.

Savings

	Month 6			Month 5		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M6	15.6	31.3	31.3	13.0	31.3	31.3
Actual and Forecast Savings	(9.9)	(29.0)	(30.0)	(6.8)	(27.6)	(27.5)
Total	5.7	2.3	1.3	6.2	3.7	3.8



Key Points:

- The M06 YTD savings is reporting £9.9m of identified savings, which is £5.7m below the YTD target of £15.6m.
- The forecast in year savings of £29.0m is £2.3m below the £31.3m target.
- The M06 forecast recurrent savings of £30.0m is £1.3m below the £31.3m target.

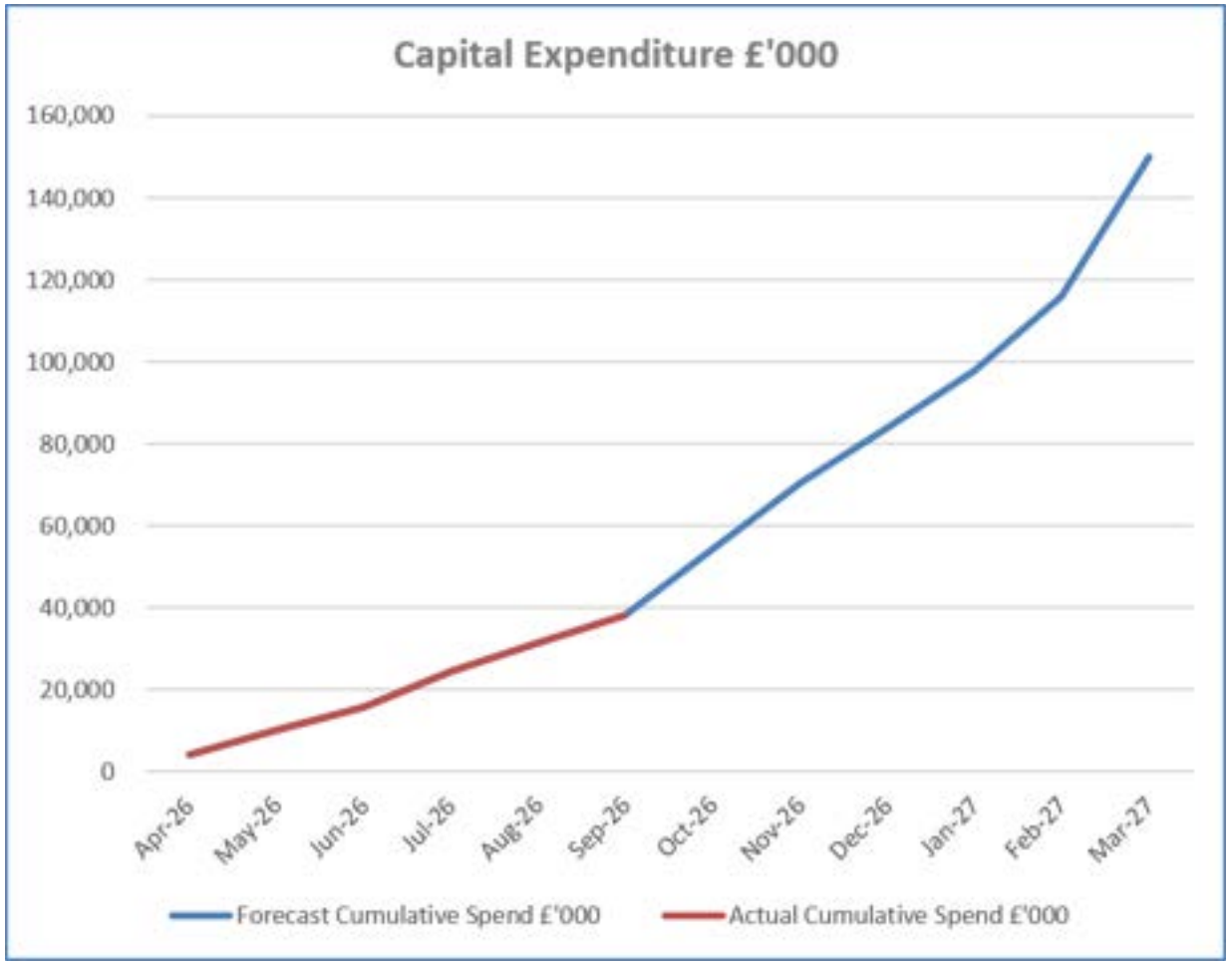
Risks & Opportunities

	Risk Level L/M/H	M6 £m	M5 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27 as per our anticipated allocation. Yet to be confirmed by WG.
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27. Awaiting further details from HEIW before being able to assess impact. WG Yet to confirm funding position for 2026/27.
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	13.8	18.4	Reflects latest forecast from NWSSP. See note 1 below
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.3	0.3	Table C3
Delegated Risk Assessments	H	3.7	3.7	Risk adjusted cost pressures
Health Visitors Band 6 Dispute	H	0.8	0.8	
LTA Disputes	H	0.5	Tbc	LTAs have been signed. However, ABUHB disputed the LTA in 2025/26 resulting in a partial settlement to resolve without arbitration.
Primary Care Prescribing NCSO	M	0.6	1.8	NCSO Now reflected in forecast, further Q4 price adjustments remain a risk.
CHC Growth above Plan	M	1	1	M6 Forecast updated, risk of further deterioration.
Retention of Dental Underspend	L	0	1	See note 2 below
Total Risks		**20.7**	**27.0**	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		**(Tbc)**	**(Tbc)**	
Net Risk		**20.7**	**27.0**	

Key Points:

- As at M06 we have identified risks to the forecast, amounting to £20.7m.
- There is a small number of potential opportunities that could help mitigate the identified risks which have yet to be confirmed.

Capital Expenditure



Key Points:

- The Capital Resource Limit for 2026-27 of £149.431m was issued on 5th October 2026.
- This is supplemented by a forecast of £0.170m of donated funds and £0.378m NBV of assets disposed of in this financial year giving an overall programme of £149.979m.
- Expenditure to 30th September 2026 amounted to £38.085M.
- The forecast outturn capital position is breakeven.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2026) £'000	Closing Balance as at M6 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	796,175	813,584	796,175
Intangible Assets	2,927	2,927	2,927
Trade and Other Receivables	104,127	104,127	104,127
Total Non-Current Assets	**903,229**	**920,638**	**903,229**
Current Assets			
Inventories	8,048	7,874	7,874
Trade and Other Receivables	117,362	126,512	99,590
Cash and Cash Equivalents	4,880	6,135	317
Non Current Assets Classified as Held for Sale			
Total Current Assets	**130,290**	**140,521**	**107,781**
Current Liabilities			
Trade and Other Payables	213,179	176,971	206,850
Provisions	52,860	52,860	39,977
Total Current Liabilities	**266,039**	**229,831**	**246,827**
Non-Current Liabilities			
Trade and Other Payables	16,750	16,750	16,750
Provisions	103,749	99,647	109,651
Total Non-Current Liabilities	**120,499**	**116,397**	**126,401**
TOTAL ASSETS EMPLOYED	**646,981**	**714,931**	**637,782**
Financed By:			
General Fund	507,326	575,276	498,127
Revaluation Reserve	139,655	139,655	139,655
TOTAL	**646,981**	**714,931**	**637,782**

Key Points :

The main changes in the balance sheet figures from opening balance to M06 include the following:

- Provisions have decreased by £6.8m, this is mainly due to a decrease in value of the clinical negligence provision of £6.1m.
- Trade and other receivables have decreased by £3.4m, this is due to a decrease in the amount due from the Welsh Risk Pool for Clinical Negligence cases of £4.2m as detailed above.

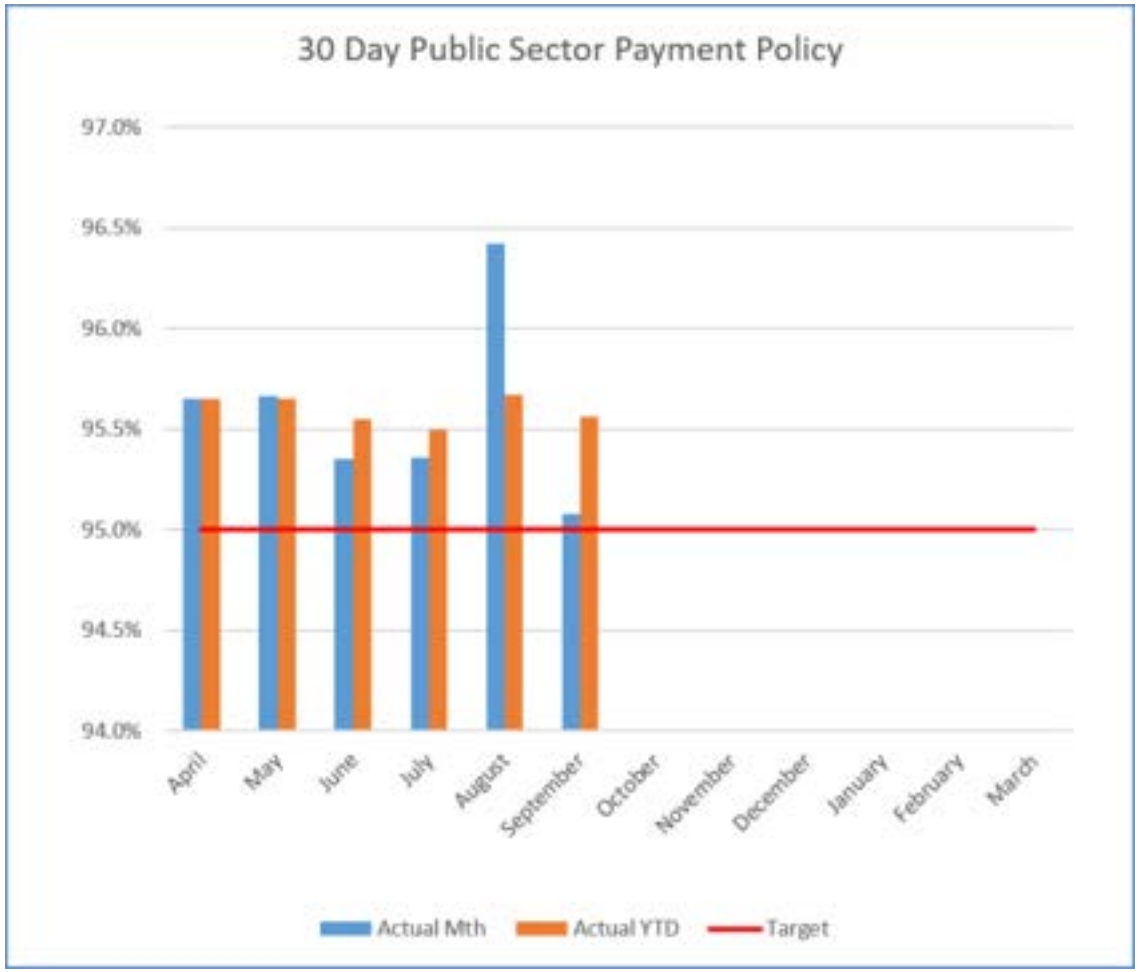
Cash Flow Forecast

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	134,206	132,083	129,883	154,221	129,335	137,501	138,400	115,817	133,900	117,300	124,800	120,692	1,568,138
WG Capital Funding	14,000	12,500	1,400	6,900	9,200	8,400	8,500	9,500	15,900	16,700	16,800	32,193	151,993
Sale of Assets	84	1	0	51	0	21	0	0	0	0	0	0	157
Welsh NHS Org'ns	14,146	10,225	13,448	9,822	11,341	10,996	16,000	11,000	14,000	12,000	12,000	17,000	151,978
Other	3,375	6,769	5,840	2,841	6,215	2,826	3,000	8,000	9,000	6,000	6,000	12,000	71,866
Total Receipts	**165,811**	**161,578**	**150,571**	**173,835**	**156,091**	**159,744**	**165,900**	**144,317**	**172,800**	**152,000**	**159,600**	**181,885**	**1,944,132**
Payments													
Primary Care Services	21,258	21,156	24,602	31,865	9,378	22,676	31,566	9,809	33,186	10,281	20,784	23,348	259,909
Salaries and Wages	68,227	68,151	68,908	73,235	70,895	68,353	68,500	68,500	68,500	68,500	68,500	68,500	828,769
Non Pay Expenditure	62,165	62,059	54,650	63,434	67,760	57,055	61,000	55,000	55,000	56,000	54,000	59,511	707,634
Capital Payments	13,029	5,559	6,734	9,634	9,350	6,242	8,002	12,252	15,902	16,686	16,788	32,205	152,383
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	**164,679**	**156,925**	**154,894**	**178,168**	**157,383**	**154,326**	**169,068**	**145,561**	**172,588**	**151,467**	**160,072**	**183,564**	**1,948,695**
Net Cash In/Out	1,132	4,653	(4,323)	(4,333)	(1,292)	5,418	(3,168)	(1,244)	212	533	(472)	(1,679)	
Balance B/F	4,880	6,012	10,665	6,342	2,009	717	6,135	2,967	1,723	1,935	2,468	1,996	
Balance C/F	6,012	10,665	6,342	2,009	717	6,135	2,967	1,723	1,935	2,468	1,996	317	

Key Points within the Cash Flow Forecast :

- In M06 the cash balance was £6.1m, comprising £3.9m revenue and capital of £2.2m.
- At this stage, no drawdown of working balances or strategic cash is expected. The current accounts receivable balance includes a significant amount relating to Welsh Risk Pool reimbursements, which is expected to reduce materially by year-end. This supports the assessment that working cash balances will not be required.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30-day target in September was 95.1%.
- The cumulative percentage year to date is 95.6%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

2026-27 Finance Performance Report

Month 6

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 M6 (i.e. the **delegated** budget position). This Finance Performance report is discussed at the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings. Where required, ODC may request further information or a 'deep dive' on the financial performance of an individual care group or directorate. A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M06. The overall financial position report is discussed at the Board, ODC and EMB.	Over the previous 2 financial years, the delegated baseline budgets have increased by £44.2m (24/25) and a further £33.8m (25/26) to reflect assessed underlying deficits. However, the latest outturn for 2025/26 is indicating a further £15.2m underlying deficit. Continuation of this scale of underlying deficit deterioration is not sustainable whilst striving to achieve a balanced financial position. For 2026/27, the approved recurrent budgets from 2025/26 will be the baseline initial budgets for 2026/27 with no additional funding for underlying deficits. However, the financial plan for 2026/27 made provision for a £42.7m recurrent investment in Care Groups and directorates to cover the anticipated impacts of inflation, recognised cost pressures and approved investments. **All care groups and directorates are therefore expected to deliver a £31.3m savings target by managing costs within their approved budgets and deliver a breakeven position in 2026/27. All care groups and directorates will receive Budgetary Accountability letters which confirms this expectation.**

Summary

Assessment	Recommendation
The delegated position reported an adverse variance of £1.3m in M6, giving a year to date variance of a £16.0m deficit compared to plan. The M6 variance of £1.3m is £1.3m lower than the financial challenge assessment of £2.6m per month. The year to date variance of £16.0m is £0.5m worse than the initial financial challenge assessment. The overall savings plans (Delegated & Non Delegated) has identified savings achievement in M6 of £3.1m compared to the target of £2.6m. The forecast savings achievement (excluding Red schemes) is £29.0m. This represents a forecast shortfall of £2.3m compared to the £31.3m annual savings target. The latest delegated forecast position is indicating a deficit of £28.1m compared to the approved plan. A breakdown of the delegated position by care group/directorate is provided on page 6.	The Executive Management Board (EMB) and the Operational Delivery Committee (ODC) are asked to **DISCUSS** and **NOTE** the financial performance of individual care groups and directorates for the period to 30th September 2026.

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22-28	Annex B - Operating Variance Analysis

Executive Summary

Delegated Position	• The delegated position reported a deficit of £1.3m in month, giving a year to date deficit of £16.0m. • This represents a £0.5m YTD deterioration compared to the initial financial challenge assessment of £2.6m per month. • The delegated forecast position is £28.1m deficit, which is £2.9m improvement upon the initial financial challenge of £31.0m. • This forecast position includes £17.4m of savings offset by £14.5m of unplanned cost pressures.
Savings Plan Analysis	• The current year savings forecast has identified £29.0m compared to the current target of £31.3m, giving a shortfall of £2.3m. • The recurrent forecast is £30.0m, which is £1.3m below the target of £31.3m. • Within the £29.0m current year forecast, there is £7.8m identified against the Value & Effectiveness programme areas, compared with an initial target of £17m.
Operating Variance Analysis	• The year-to-date delegated operating variance is £9.7m overspent at M06. • Pay is £2.2m overspent, with the most significant adverse YTD pay variances being Medical & Dental £4.2m (where Planned Care is £2.2m & Unscheduled Care is £1.1m adverse) • Non-pay is £4.8m overspent, with the most significant spend being in Clinical Services & Supplies at £2.4m. • Income is £2.7m adverse, with Welsh NHS Income being at £1.7m adverse.

Summary Performance M6

	Annual Budget	M6 Breakeven Target	M6 Current Variance	M6 Movement from Underlying Challenge	M6 Current Savings	M6 Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Planned Care	216,964	605	920	315	(160)	**475**
Unscheduled Care	176,257	335	219	(116)	(270)	**154**
Primary & Community Care	244,073	110	(539)	(649)	(71)	(578)
Mental Health & Learning Disabilities	140,802	353	714	361	(103)	**464**
Children & Families	93,370	151	141	(10)	(32)	**22**
Diagnostics, Therapies & Specialties (Med Mgt)	288,074	479	(220)	(699)	(846)	**147**
Corporate Directorates	136,230	259	29	(230)	(134)	(96)
Facilities	48,230	120	109	(11)	0	(11)
Contracting & Commissioning	195,974	174	(120)	(294)	(294)	0
Total Delegated Budgets	**1,539,973**	**2,585**	**1,254**	**(1,333)**	**(1,910)**	**577**

Key Points:

- The M06 Breakeven target is £2.6m; this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current month variance is £1.3m adverse compared to plan, which was in line with the initial financial challenge assessment.
- However, current savings only identified £1.9m in M06, leaving a further adverse contribution to the financial position of £0.6m.
- Four Care Groups, have delivered a positive contribution to the in-month financial challenge. The Care Groups that have created a contribution in M06 are:
  - Primary & Community Care – (£580k)
  - DTPS – (£366k)
  - Corporates Directorate – (£104k)
  - Facilities – (£11k)

Summary Performance M6 YTD

	Annual Budget	M6 YTD Breakeven Target	M6 YTD Current Variance	M6 YTD Movement from Underlying Challenge	M6 YTD Current Savings	M6 YTD Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Planned Care	216,964	3,630	5,872	2,242	(821)	**3,603**
Unscheduled Care	176,257	2,010	2,609	599	(739)	**1,338**
Primary & Community Care	244,073	660	(815)	(1,475)	(382)	(1,093)
Mental Health & Learning Disabilities	140,802	2,118	4,012	1,894	(454)	**2,348**
Children & Families	93,370	906	1,249	343	(122)	**465**
Diagnostics, Therapies & Specialties (Med Mgt)	288,074	2,874	741	(2,133)	(2,313)	**180**
Corporate Directorates	136,230	1,554	1,472	(82)	(376)	**294**
Facilities	48,230	720	1,020	300	(1)	**301**
Contracting & Commissioning	195,974	1,044	(112)	(1,156)	(1,156)	0
Total Delegated Budgets	**1,539,973**	**15,510**	**16,048**	**532**	**(6,364)**	**7,436**

Key Points:

- The M06 YTD Breakeven target is £15.5m; this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current YTD variance is £16.0m adverse compared to plan.
- A deterioration of £0.5m has been reported in YTD from the initial underlying challenge of £15.5m. However, current savings only identified £6.4m YTD, leaving a further adverse contribution to the financial position of £7.4m.
- Only one Care Group has delivered a positive contribution to the YTD financial challenge:
  - Primary & Community Care – (£1,093k)
- Contracting & Commissioning is reporting a breakeven position.

Summary Performance M6 Forecast

	Annual Budget	Breakeven Target	Forecast Variance	Forecast Movement from Underlying Challenge	Forecast Savings	Forecast Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Planned Care	216,964	7,255	9,780	2,525	(2,863)	**5,388**
Unscheduled Care	176,257	4,015	2,838	(1,177)	(4,004)	**2,827**
Primary & Community Care	244,073	1,325	(497)	(1,822)	(1,238)	(584)
Mental Health & Learning Disabilities	140,802	4,233	6,926	2,693	(1,615)	**4,308**
Children & Families	93,370	1,808	2,569	761	(279)	**1,040**
Diagnostics, Therapies & Specialties (Med Mgt)	288,074	5,745	1,753	(3,992)	(4,987)	**995**
Corporate Directorates	136,230	3,107	1,879	(1,228)	(976)	(252)
Facilities	48,230	1,442	1,987	545	(57)	**602**
Contracting & Commissioning	195,974	2,088	900	(1,188)	(1,387)	**199**
Total Delegated Budgets	**1,539,973**	**31,018**	**28,136**	**(2,883)**	**(17,417)**	**14,523**

Key Points:

- The Delegated Forecast Breakeven savings target is £31.0m, this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The Forecast variance is £28.1m adverse compared to plan.
- An improvement of £2.9m has been forecast from the initial underlying challenge of £31.0m. However, current forecast savings have identified £17.4m, leaving a further adverse net operating variance to the forecast financial position of £14.5m.
- Two Care Groups has forecast to deliver a positive contribution to the financial challenge. Corporate budgets are forecast to deliver a positive contribution at the aggregate level:
  - Primary Care– (£584k)
  - Corporates– (£252k).

Summary Performance – Corporates Directorates M6

	Annual Budget	M6 Breakeven Target	M6 Current Variance	M6 Movement from Underlying Challenge	M6 Current Savings	M6 Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Patient Care & Safety	15,549	70	(26)	(96)	(1)	(95)
Corporate Governance	772	1	4	3	0	**3**
Chief Executive	3,950	8	(1)	(9)	(1)	(8)
Finance	5,230	10	(20)	(30)	(2)	(28)
Public Health	4,954	8	(27)	(35)	(19)	(16)
Digital	27,883	51	47	(4)	(2)	(2)
Medical Director	814	1	6	(5)	(8)	**3**
National Imaging Academy	1,762	0	0	0	0	0
Strategy & Transformation	21,673	10	(48)	(58)	(43)	(15)
Research & Development	1,445	0	4	4	0	**4**
Estates	30,536	50	73	23	(32)	**9**
Therapies & Healthcare Sciences	107	3	(2)	(5)	0	(5)
People Services	12,064	31	29	(2)	(25)	**23**
COO Management	9,492	15	(10)	(25)	(1)	(24)
Total Delegated Budgets	**136,230**	**259**	**29**	**(230)**	**(134)**	**(96)**

Key Points:

- The M06 Breakeven target is £259k; this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current month variance is £29k adverse compared to plan.
- An improvement of £29k has been reported in M06 from the initial underlying challenge of £259k. However, current savings only identified £137k in M06, leaving a further favourable contribution to the financial position of £151k.
- Eight corporate directorates have delivered a positive in month contribution. The five directorates that have created an additional pressure in M06 are:
  - Corporate Governance - £3k
  - Medical Director - £3k
  - Research & Development - £4k
  - Estates- £9k
  - People Services - £23k

Summary Performance – Corporates Directorates M6 YTD

	Annual Budget	M6 YTD Breakeven Target	M6 YTD Current Variance	M6 YTD Movement from Underlying Challenge	M6 YTD Current Savings	M6 YTD Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Patient Care & Safety	15,549	420	961	541	(7)	**548**
Corporate Governance	772	6	5	(1)	0	(1)
Chief Executive	3,950	48	24	(24)	(5)	(19)
Finance	5,230	60	8	(52)	(9)	(43)
Public Health	4,954	48	(113)	(161)	(21)	(140)
Digital	27,883	306	401	95	(11)	**106**
Medical Director	814	6	(36)	(42)	(9)	(33)
National Imaging Academy	1,762	0	0	0	0	0
Strategy & Transformation	21,673	60	(202)	(262)	(45)	(217)
Research & Development	1,445	0	47	47	0	**47**
Estates	30,536	300	297	(3)	(193)	**190**
Therapies & Healthcare Sciences	107	18	(10)	(28)	0	(28)
People Services	12,064	186	(2)	(188)	(69)	(119)
COO Management	9,492	90	94	4	(7)	**11**
Total Delegated Budgets	**136,230**	**1,554**	**1,472**	**(82)**	**(376)**	**294**

Key Points:

- The M06 YTD Breakeven target is £1,554k; this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current YTD variance is £1,472k adverse compared to plan.
- An improvement of £82k has been reported YTD from the initial underlying challenge of £1,554k. However, current savings only identified £376k YTD, leaving a further adverse contribution to the financial position of £294k.
- All corporate directorates, excepting five, have delivered a positive YTD contribution. The five directorates that have created an additional YTD pressure to M06 are:
  - Patient Care & Safety - £548k
  - Digital - £106k
  - Research & Development - £47k
  - Estates - £190k
  - COO Management - £11k

Summary Performance – Corporates Directorates M6 Forecast

	Annual Budget	Breakeven Target	Forecast Variance	Forecast Movement from Underlying Challenge	Forecast Savings	Forecast Pressures/ (Contributions)
	£'000	£'000	£'000	£'000	£'000	£'000
Delegated Budgets						
Patient Care & Safety	15,549	840	1,316	476	(13)	**489**
Corporate Governance	772	12	73	61	0	**61**
Chief Executive	3,950	96	106	10	(12)	**22**
Finance	5,230	120	9	(111)	(19)	(92)
Public Health	4,954	96	(113)	(209)	(95)	(114)
Digital	27,883	612	620	8	(21)	**29**
Medical Director	814	12	(8)	(20)	(18)	(2)
National Imaging Academy	1,762	0	0	0	0	(0)
Strategy & Transformation	21,673	120	(343)	(463)	(118)	(345)
Research & Development	1,445	0	0	0	0	0
Estates	30,536	600	0	(600)	(411)	(189)
Therapies & Healthcare Sciences	107	36	0	(36)	0	(36)
People Services	12,064	372	265	(107)	(218)	**111**
COO Management	9,492	180	(46)	(226)	(51)	(175)
Total Delegated Budgets	**136,230**	**3,107**	**1,879**	**(1,228)**	**(976)**	**(252)**

Key Points:

- The Forecast Breakeven target is £3,108k; this is the level of savings required to achieve a break-even position given the initial assessment of the underlying deficit of delegated budgets and savings targets required.
- The current forecast variance is £1,876k adverse compared to plan.
- An improvement of £1,217k has been forecast from the initial underlying challenge of £3,108k. However, current forecast savings have identified £976k, leaving a further favourable contribution to the financial position of £241k.
- Five directorates that are forecasted to create an adverse pressure:
  - Patient Care & Safety - £489k
  - Corporate Governance - £61k
  - Chief Exec - £22k
  - Digital - £29k
  - People Services - £111k

  It is essential that corporate directorates do not deteriorate their Month 6 YTD position and that action is taken by overspending directorates to recover their positions.

Annex A
Savings Performance

Month 6

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Executive Summary Month 6

In Month Savings	• The M06 savings was £3.1m. This represents an overachievement of £0.5m compared to the monthly savings target of £2.6m.
Year to Date Savings	• The M06 YTD savings was only £10.0m. This represents a shortfall of £5.7m compared to the M06 YTD savings target of £15.7m.
Current Year Forecast Savings	• The forecast in year savings is £29.0m, which is £2.3m below the target of £31.3m. • Within the £29.0m current year forecast, there is £7.8m identified against the Value & Effectiveness programme, compared with an initial target of £17m. • The savings forecast of £29.0m is classified as £28.0m of Green schemes and £1.0m of Amber schemes. • A further £2.4m of savings plans have been assessed as Red schemes.
Recurrent Savings	• The M06 forecast recurrent savings achievement is £30.m. This represents a forecast shortfall of £1.3m compared to the recurrent savings target of £31.3m. • The recurrent savings forecast of £30.0m is classified as £28.0m Green schemes and £2.0m Amber schemes. • A further £4.0m of savings plans have been assessed as Red schemes.

In Month Savings – Month 6

DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 6 Savings £'000	Month 6 Variance from Target £'000
Planned Care	7,255	605	160	445
Unscheduled Care	4,015	335	270	65
Primary Care & Community	1,325	110	71	39
Mental Health & LD	4,233	353	103	249
Children & Families	1,808	151	32	119
Diagnostics, Therapies, Pathology & Specialties	5,745	479	846	(367)
Corporate Executives	3,107	259	134	125
Facilities	1,442	120	0	120
Contracting & Commissioning	2,088	174	294	(120)
Central Target	282	24	1,207	(1,184)
TOTAL	**31,300**	**2,608**	**3,117**	**(509)**

Key Points:

- The M06 savings figure is £3.1m.
- This represents a £0.5m surplus against the monthly savings target of £2.6m.

YTD Savings – Month 6

	Year to Date Variance (M6-26)			
DELEGATED BUDGETS	Annual Savings Targets £'000	YTD Savings Targets £'000	Month 6 YTD Savings £'000	Month 6 Variance from Target £'000
Planned Care	7,255	3,628	821	2,807
Unscheduled Care	4,015	2,008	739	1,268
Primary Care & Community	1,325	663	382	281
Mental Health & LD	4,233	2,117	454	1,662
Children & Families	1,808	904	122	782
Diagnostics, Therapies, Pathology & Specialties	5,745	2,873	2,313	560
Corporate Executives	3,107	1,554	376	1,177
Facilities	1,442	721	1	720
Contracting & Commissioning	2,088	1,044	1,156	(112)
Central	282	141	3,591	(3,450)
TOTAL	**31,300**	**15,650**	**9,955**	**5,695**

Key Points:

- The M06 YTD savings position is reporting total of £10.0m, which is circa 64% of the M06 YTD target of £15.7m.
- This represents an adverse variance of £5.7 against the M06 YTD savings target of £15.7m.

Forecast Savings – Month 6

DELEGATED BUDGETS	Annual Savings Targets £'000	Savings £'000	Savings %	Variance £'000	Recurrent Forecast Savings £'000	Recurrent Forecast Variance £'000
Planned Care	7,255	2,863	39.46%	4,392	3,185	4,070
Unscheduled Care	4,015	4,004	99.73%	11	7,767	(3,752)
Primary Care & Community	1,325	1,238	93.43%	87	1,248	77
Mental Health & LD	4,233	1,615	38.15%	2,618	2,130	2,103
Children & Families	1,808	279	15.43%	1,529	173	1,635
Diagnostics, Therapies, Pathology & Specialties	5,745	4,987	86.81%	758	5,436	309
Corporate Executives	3,107	976	31.41%	2,131	692	2,415
Facilities	1,442	57	3.95%	1,385	55	1,387
Contracting & Commissioning	2,088	1,397	66.91%	691	100	1,988
Central	282	11,600	4,113.48%	(11,318)	9,200	(8,918)
TOTAL DELEGATED BUDGETS	**31,300**	**29,017**	**92.71%**	**2,283**	**29,987**	**1,313**

Key Points:

- The forecast savings achievement (excluding Red schemes) is £29.0m. This represents a forecast shortfall of £2.3m compared to the £31.3m annual savings target.
- The forecast savings of £29.0m is only 92.71% of the annual target.
- The forecast recurrent savings achievement is £30.0m which represents a recurrent adverse variance of £1.3m.

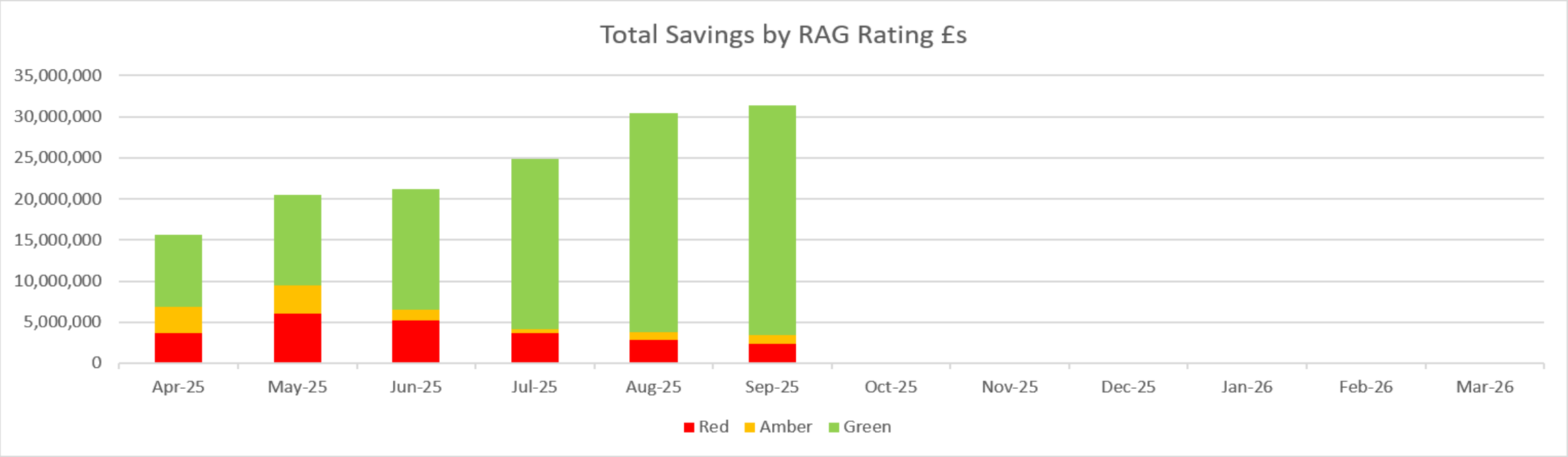
Forecast Savings RAG ratings - Month 6

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	7,255	2,863	0	0	4,392	3,185	0	0	4,070
Unscheduled Care	4,015	3,556	448	660	11	6,656	1,112	805	(3,752)
Primary Care & Community	1,325	1,189	49	51	87	1,101	147	102	77
Mental Health & LD	4,233	1,575	40	139	2,618	1,970	160	556	2,103
Children & Families	1,808	279	0	70	1,529	173	0	120	1,635
Diagnostics, Therapies, Pathology & Specialties	5,745	4,968	19	137	758	5,359	78	285	309
Corporate Executives	3,107	976	0	1,189	2,131	692	0	1,511	2,415
Facilities	1,442	57	0	35	1,385	55	0	70	1,387
Contracting & Commissioning	2,088	1,387	0	120	391	100	0	480	1,988
Central	282	11,130	470	0	(11,318)	8,730	470	0	(8,918)
TOTAL DELEGATED BUDGETS	**31,300**	**27,990**	**1,026**	**2,402**	**2,283**	**28,021**	**1,966**	**3,930**	**1,313**

Key Points:

- As at M06, the forecast savings of £29.0m is made up of £28.0m Green schemes and £1.0m Amber schemes. It's important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.

Forecast Savings Health Board Trend Line - Month 6



Key Points:

- As at M06, the forecast savings of £29.0m includes £28.0m of Green schemes and £1.0m Amber schemes.

Forecast Savings – Month 6

DELEGATED BUDGETS	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000
Children & Families	314	274	272	272	272	279
Mental Health & LD	1,035	1,446	1,872	1,750	1,619	1,615
Planned Care	1,950	3,413	3,336	3,329	3,110	2,863
Diagnostics, Therapies, Pathology & Specialties	3,407	3,495	3,509	3,896	3,931	4,987
Unscheduled Care	1,152	1,212	2,001	3,348	3,505	4,004
Primary Care & Community	569	895	1,350	1,346	1,256	1,238
Facilities	57	57	57	57	57	57
Corporate Executives	759	937	886	939	935	976
Contracting & Commissioning	100	100	90	1,100	1,387	1,397
Central	2,604	2,604	2,604	5,204	11,534	11,600
TOTAL	**11,947**	**14,433**	**15,978**	**21,242**	**27,606**	**29,017**

Key Points:

- A further £1.4m of forecast savings were identified and included in the plans for M06.
- The M06 forecast is reporting savings plans of £29.0m (excluding Red schemes).

Forecast Savings Executive Led Programmes

Executive Led Value & Effectiveness Programmes	Plan £'000	Month 6 Forecast £'000	Variance £'000
Medical Workforce Productivity	3,816	2,410	(1,406)
Nursing Workforce Productivity	4,658	3,454	(1,204)
Patient Centred Contact	1,000	0	(1,000)
Procurement	4,800	1,851	(2,949)
Individual Commissioned Patient Care	150	113	(38)
Community Pathways Optimisation	2,544	472	(2,072)
VALUE & EFFECTIVENESS PROGRAMME SAVINGS	**16,968**	**7,830**	**(9,138)**
Other	14,332	20,718	6,386
TOTAL IDENTIFIED SAVINGS	**31,300**	**29,017**	**(2,283)**

Key Points:

- The M06 forecast is reporting plans of £7.8m (excluding Red schemes) against the Value & Effectiveness programme areas.
- This is a £9.6m variance on the Value & Effectiveness Programmes compared to the £17m initial target.

Annex B
Operating Variance Analysis

Month 6

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25	Year to Date Pay Variances
26	Year to Date Non Pay Variances
27	Year to Date Income Variances

Executive Summary Month 6

Operating Variance	• The M06 operating variance is a £0.7m overspend.

Pay Variance	• The year to date pay variance reported an overspend of £2.2m; the most significant YTD pay variances are:
	  • Medical & Dental £4.2m (where Planned Care is £2.2m, Unscheduled Care is £1.1m and Mental Health & Learning Disabilities is £0.8m adverse)
	  • Additional Clinical Services £0.8m
	  • Allied Health Professionals £0.6m
	  • Estates & Ancillary is £0.2m

Non Pay Variance	• The M06 overspend is £4.8m.
	• The most significant YTD variance is:
	  • Clinical Support Services £2.4m
	  • Primary & secondary Care £2.0m

Income Variance	• The M06 income is £2.7m adverse.
	• The most significant variances are within:
	  • Other Income £1.3m
	  • Welsh NHS Income £1.7m

M6 Operating Variances

	Month 6					Year to Date			
	Pay	Non Pay	Income	Total		Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Planned Care	503	121	36	660		3,517	808	132	4,457
Unscheduled Care	(42)	185	(30)	113		964	1,026	(34)	1,956
Primary & Community Care	(369)	(457)	267	(559)		(1,406)	(114)	602	(918)
Mental Health & Learning Disabilities	165	391	32	589		1,048	2,034	121	3,203
Children & Families	(257)	118	145	6		(964)	363	983	381
Diagnostics, Therapies & Specialities	152	363	(407)	108		39	688	(786)	(59)
Corporate Directorates	(217)	160	(90)	(146)		(806)	1,025	(41)	125
Facilities	(48)	31	70	53		(173)	433	367	680
Contracting & Commissioning	0	(522)	402	(120)		0	(1,505)	1,392	(112)
Grand total	**(113)**	**390**	**425**	**702**		**2,218**	**4,759**	**2,735**	**9,712**

Key Issues:

- The M06 outturn overspend of £0.7m is a concern, given the savings target and requirement for care groups to reduce spend and achieve breakeven.
- A detailed analysis of the M06 outturn pay, non-pay and income overspends is provided on the following pages.

M6 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	(67)	(112)	257	348	47	3	2,239	747	55	3,517
Unscheduled Care	(24)	513	(79)	28	0	1	1,051	(527)	0	964
Primary & Community Care	(130)	(179)	(590)	(320)	7	(0)	(10)	(183)	0	(1,406)
Mental Health & Learning Disabilities	(91)	458	(68)	(104)	0	0	827	25	0	1,048
Children & Families	(4)	67	10	(32)	22	0	124	(1,150)	(0)	(964)
Diagnostics, Therapies & Specialities	(212)	(73)	(172)	694	6	(422)	(17)	(46)	280	39
Corporates	(19)	72	(889)	21	24	48	17	(149)	16	(859)
Facilities	0	(1)	(202)	(1)	52	0	0	0	31	(120)
Grand total	**(546)**	**745**	**(1,733)**	**634**	**159**	**(371)**	**4,231**	**(1,283)**	**382**	**2,218**

Key Issues:

- At a bottom line level, the most concerning overspends are Medical & Dental £4,231k, Additional Clinical Services £745k, Allied Health Professionals £634k and Estates & Ancillary £159k.
- At a care group/directorate level, the more significant overspends are highlighted in RED.
- The underspend in Children & Family Nursing is partly due to the ongoing industrial action by Health Visitors, This is partly offset by a reduction in income related to services provided to Local Authorities by Health Visitors.
- Care groups and directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly performance review meetings with the care groups/directorates.

M6 YTD Non Pay Variances

	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	821	(27)	0	14	808
Unscheduled Care	1,055	(61)	0	32	1,026
Primary & Community Care	310	90	(595)	81	(114)
Mental Health & Learning Disabilities	96	150	1,747	41	2,034
Children & Families	570	(27)	49	(229)	363
Diagnostics, Therapies & Specialities	(343)	129	734	168	686
Corporates	(123)	132	(48)	1,064	1,025
Facilities	(4)	195	0	242	433
Contracting & Commissioning	0	0	78	(1,582)	(1,505)
Grand total	**2,383**	**581**	**1,965**	**(169)**	**4,759**

Key Issues:

- At a bottom line level, Clinical Services & Supplies was overspent by £2.4m YTD. Primary & Secondary Care is overspent by £2.0m YTD.
- At a care group/directorate level, the more significant overspends are highlighted in RED.
- Care groups and directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the care groups/directorates.
- The adverse impact of clinical negligence claims of £913k within patient care & safety directorate is included in the £1,064k overspend within Corporates – Other category.

M6 YTD Income Variances

	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(33)	0	0	165	132
Unscheduled Care	4	0	0	(38)	(34)
Primary & Community Care	(81)	0	(175)	858	602
Mental Health & Learning Disabilities	8	(1)	0	115	121
Children & Families	22	0	1	959	983
Diagnostics, Therapies & Specialities	(51)	(10)	(13)	(711)	(786)
Corporates	(31)	(19)	(3)	12	(41)
Facilities	20	0	0	347	367
Contracting & Commissioning	1,793	12	0	(413)	1,392
Grand total	**1,651**	**(18)**	**(191)**	**1,293**	**2,735**

Key Issues:

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£1.3m) and Welsh NHS Income (£1.7m)
- At a care group/directorate level, the more significant income shortfalls are highlighted in RED.
- The under achievement of Children & Families income is partly due to the ongoing industrial action by Health Visitors, this is offset by a reduction in pay costs related to Health Visitors.
- Care groups and directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly performance review meetings with the care groups/directorates.

Operational Delivery Committee

Integrated Performance Dashboard

Eitem yr Agenda / Agenda Item	4.1
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation & responsible Executive Directors
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee is asked to **NOTE** the Integrated Performance Dashboard.

1. Situation/Background

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

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

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

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

2. Specific Matters for Consideration - Key Performance Highlights:

- **Planned Care:** RTT recovery continues with a 62% reduction in patients waiting over 26 weeks for a first outpatient appointment compared with the same period last year. However, at the end of September, 518 patients remain waiting over 104 weeks for RTT against the national target of zero (primarily in Orthopaedics).

  Whilst recovery programmes continue to support gradual reductions in long waits, performance remains constrained by demand exceeding available capacity, particularly within Orthopaedics and Neurology. Recovery actions continue to focus on additional capacity, workforce recruitment, theatre productivity and waiting list validation.

- **Diagnostics:** Diagnostic performance remains under significant pressure, with 4,121 patients waiting beyond the eight-week target. Demand continues to exceed available capacity across key diagnostic pathways, particularly within Radiology, where workforce shortages, equipment reliability issues and ongoing system implementation impacts continue to affect recovery. Actions are focused on workforce expansion, capacity optimisation, additional sessions and service redesign.

- **Cancer:** Suspected Cancer Pathway (SCP) performance remains below the target of 75%; achieving 66.2% in August 2026. Performance continues to be impacted by diagnostic and treatment pathway constraints, including endoscopy capacity, pathology turnaround times and tertiary provider dependencies. However, strengthened operational oversight, additional diagnostic capacity and targeted pathway recovery actions are supporting continued improvement.

- **Urgent & Emergency Care:** Sustained demand and patient flow pressures continue to impact performance. September saw deterioration in ambulance handover performance, with compliance against the 15-minute standard reducing to 58.2% and 197 handovers exceeding 45 minutes.

  Emergency Department performance remained stable at 62.3%, however, 2,291 patients waited longer than 12 hours during the month. Continued focus remains on patient flow, escalation processes, Same Day Emergency Care and discharge improvement programmes.

- **Delayed Discharges & Patient Flow:** A total of 247 delayed discharges were recorded across Mental Health, Acute and Community services during September. Complex discharge pathways, social care availability and the increasing complexity of patient needs continue to impact patient flow and bed capacity. Joint working with partner organisations remains focused on reducing delays and improving discharge coordination.

- **Mental Health:** CAMHS continues to deliver robust performance across key access and treatment measures, consistently exceeding national standards. Adult Mental Health services have demonstrated gradual improvement in assessment and treatment performance, although sustained demand, workforce pressures and waiting times continue to present recovery challenges. Improvement actions remain focused on pathway efficiency, workforce recruitment and capacity management.

- **Population Health:** Smoking cessation services continue to demonstrate positive outcomes, with combined quit rates indicating sustained benefit from prevention programmes. However, childhood vaccination uptake remains below the 95% national target at 90.8%. Targeted outreach and vaccination improvement programmes continue across the Health Board.

- **Workforce:** Workforce performance shows improving trends in attendance management and compliance, with return-to-work compliance increasing to 72.5%, PDR compliance to 75.7% and Core Learning Level 1 compliance to 81.8%.

  Workforce stability remains strong across key staff groups; however, sickness absence remains higher than desired at 7.64%, driven predominantly by long-term absence requiring continued management focus.

Key Statistics

Planned Care	Period	Total Open Pathways	Waiting <26 wks for New OPA (Stage 1)	Waiting >26 wks for New OPA (Stage 1)	% Waiting >26 wks for New OPA	Waiting >104 wks for RTT
	Sep-26	87,013	38,104	11,123	29.2%	518

Diagnostics	Sep-26	Total Patients Waiting for Diagnostic Test	Patients Waiting <8 wks	Patient Waiting >8 wks	% Waiting >8 wks
		15,796	11,675	4,121	26.1%

Cancer Services	Aug-26	Total Patients Treated	Total Patients Treated within 62 days (SCP)	% Patients Treated within 62 days (SCP)	Number of patients waiting over 62 days from point of suspicion at month end (Aug 26)
		314	208	66.2%	477

Unscheduled Care	Sep-26	Total Ambulance Handovers	Total Handovers within 15 mins	% Handovers within 15 mins	Total Handovers over 45 mins	% Handovers over 45 mins
		1,940	1,130	58.2%	197	10.2%
		ED Attendances	Patients seen within 4 hrs	% seen within 4 hrs	Patients waiting >12 hrs	% waiting >12 hrs
	Major	15,701	9,059	57.7%	2,291	14.6%
	Minor	1,940	1,927	99.3%	0	0.0%
	Total	17,641	10,986	62.3%	2,291	13.0%

Delayed Discharges	Census Date	Acute	Mental Health	Community	Total
	16th Sep 26	91	21	135	247

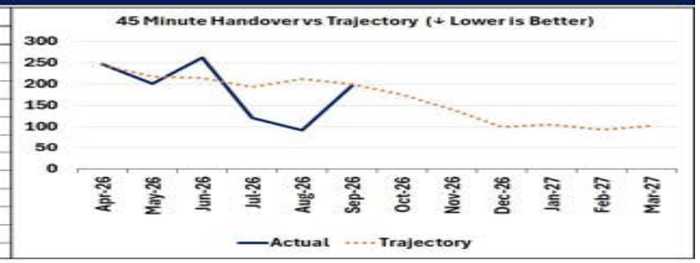
Mental Health		Part 1a			Part 1b		
	Aug-26	Number of Assessments	Assessments within 28 days	% within 28 days	Number of Interventions	Interventions within 28 days	% within 28 days
	CAMHS	131	124	94.7%	89	77	86.5%
	Adults	552	393	71.2%	90	46	51.1%
		Part 2			Psychological Therapies within 26 wks		
	Aug-26	Total patients currently in receipt of secondary Mental Health services	Total patients who have a valid CTP at the end of the month	% with a valid CTP	Total patients waiting for PT	Patients waiting <26 wks	% waiting <26 wks
	CAMHS	148	145	98.0%	N/A		
	Adults	1,929	1,717	89.0%	1,847	1,057	57.2%

Population Health	Qtr 1 2026/27	Estimated number of Smokers	Number of Smokers treated by Smoking Cessation Service	% of Smokers treated by Smoking Cessation Service	Predicted % of Smokers treated by Smoking Cessation Service during 2026/27 (based on Qtr 1 extrapolation)
		45,800	638	1.4%	5.6%
		Eligible Children aged 5 for scheduled vaccination	Uptake of the Eligible Children	% Uptake	
		1,105	1003	90.8%	

Unscheduled Care Performance against Health Board Trajectory 2026/27

Number of ambulance patient handovers over 45 minutes (National Target is Zero)

Period	Prince Charles Hospital		Royal Glamorgan Hospital		Princess of Wales Hospital		CTMUHB	
	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory
Apr-26	45	89	124	102	78	54	247	245
May-26	22	76	42	90	137	52	201	218
Jun-26	70	75	71	91	121	48	262	214
Jul-26	32	68	31	80	58	45	121	193
Aug-26	29	75	33	91	30	46	92	212
Sep-26	40	69	104	86	53	45	197	200
Oct-26		63		72		41		176
Nov-26		50		59		32		141
Dec-26		35		42		23		100
Jan-27		37		46		23		106
Feb-27		33		38		22		93
Mar-27		35		44		23		102

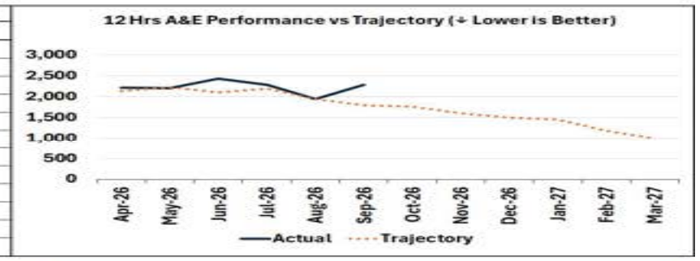


% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge (National target is 95%)

Period	Prince Charles Hospital		Royal Glamorgan Hospital		Princess of Wales Hospital		CTMUHB (including MIU's)	
	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory
Apr-26	55.5%	56.6%	54.8%	50.4%	48.5%	49.2%	57.9%	57.4%
May-26	54.5%	57.2%	54.4%	51.1%	50.1%	50.0%	57.5%	58.0%
Jun-26	51.6%	57.2%	48.1%	51.2%	44.4%	50.0%	54.1%	58.0%
Jul-26	53.6%	56.7%	56.4%	50.5%	45.7%	49.3%	57.6%	57.4%
Aug-26	56.9%	57.7%	66.3%	51.7%	51.9%	50.5%	62.4%	58.4%
Sep-26	55.3%	59.3%	65.3%	53.5%	52.4%	52.4%	62.3%	60.0%
Oct-26		60.1%		54.4%		53.4%		60.8%
Nov-26		62.7%		57.4%		56.4%		63.4%
Dec-26		61.8%		56.4%		55.4%		62.5%
Jan-27		62.9%		57.6%		56.7%		63.6%
Feb-27		64.1%		59.0%		58.1%		64.8%
Mar-27		64.4%		59.3%		58.4%		65.0%

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 (National target is Zero)

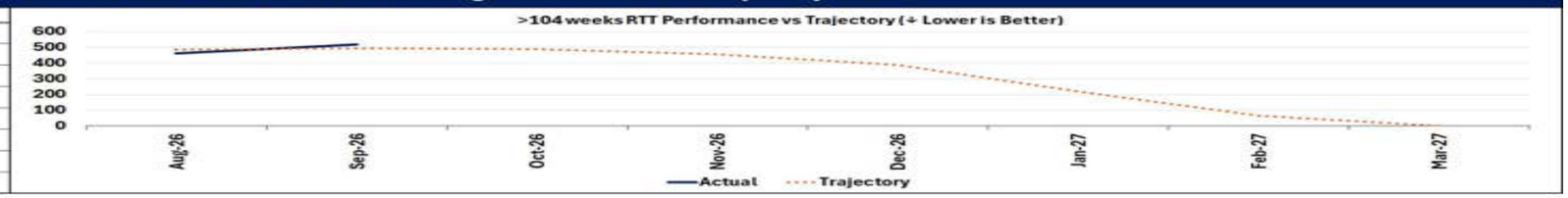
Period	Prince Charles Hospital		Royal Glamorgan Hospital		Princess of Wales Hospital		CTMUHB (including MIU's)	
	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory
Apr-26	762	729	683	655	773	754	2,218	2,138
May-26	729	771	712	694	769	762	2,210	2,227
Jun-26	874	747	794	637	767	716	2,435	2,100
Jul-26	831	812	677	677	776	706	2,284	2,195
Aug-26	639	714	620	600	682	632	1,941	1,946
Sep-26	728	641	769	562	794	597	2,291	1,800
Oct-26		635		558		572		1,765
Nov-26		568		513		525		1,606
Dec-26		525		485		490		1,500
Jan-27		501		487		466		1,454
Feb-27		403		389		388		1,180
Mar-27		342		333		325		1,000



Planned Care & Cancer Performance against Health Board Trajectory 2026/27

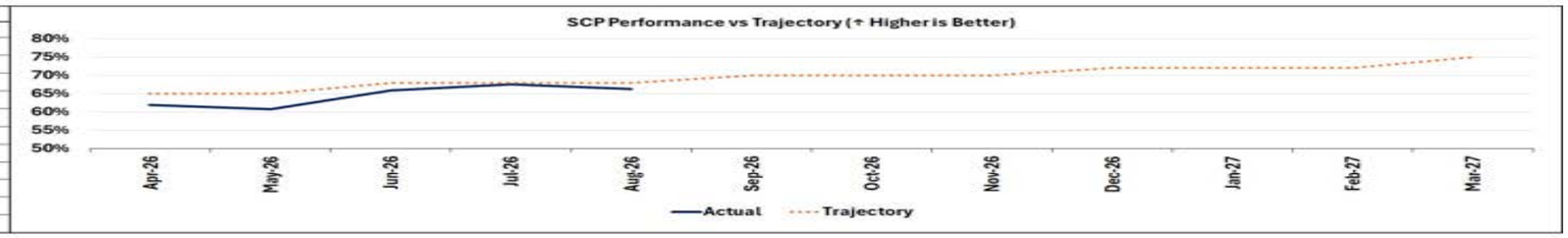
Number pf patients waiting more than 104 weeks for Referral to Treatment (RTT)

Period	Actual	Trajectory
Aug-26	462	485
Sep-26	518	495
Oct-26		490
Nov-26		457
Dec-26		388
Jan-27		218
Feb-27		66
Mar-27		0



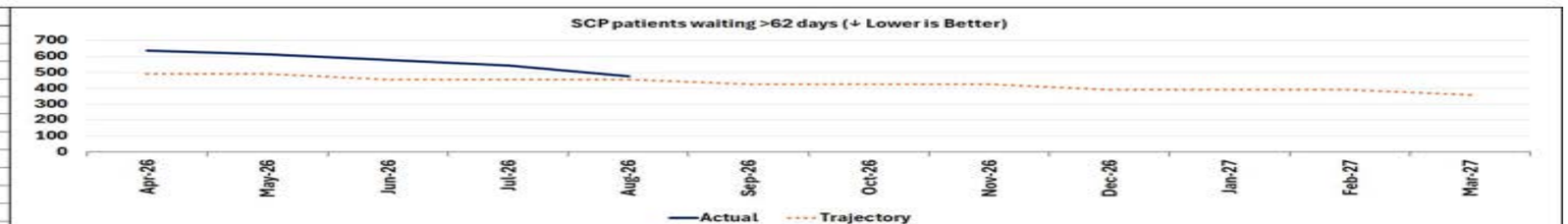
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Period	Actual	Trajectory
Apr-26	62.0%	65.0%
May-26	60.7%	65.0%
Jun-26	65.9%	68.0%
Jul-26	67.5%	68.0%
Aug-26	66.2%	68.0%
Sep-26		70.0%
Oct-26		70.0%
Nov-26		70.0%
Dec-26		72.0%
Jan-27		72.0%
Feb-27		72.0%
Mar-27		75.0%



Number of cancer patients waiting >62 days to start treatment at the end of the month

Period	Actual	Trajectory
Apr-26	638	492
May-26	614	492
Jun-26	577	457
Jul-26	542	457
Aug-26	477	457
Sep-26		427
Oct-26		427
Nov-26		427
Dec-26		392
Jan-27		392
Feb-27		392
Mar-27		359



Key		
Worse than Plan	Within 5% of Reaching Plan	On/Better than Plan

2.1 The Cabinet Secretary's Key Delivery Expectations

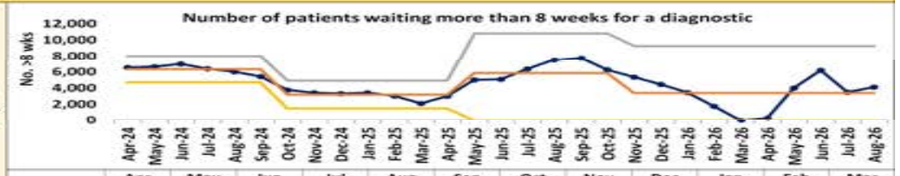
Key Delivery Expectations

Timely Access to Care

Ensure no ambulance handover waits over 45 minutes

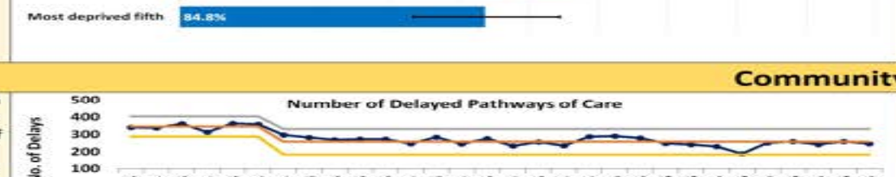
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	245	200	262	121	92	197						
2025/26	1,163	1,011	416	302	335	355	116	122	214	494	225	261
2024/25	1,226	1,269	1,141	1,169	669	946	1,010	866	1,184	1,228	827	1,043

Ensure maximum wait for diagnostics does not exceed 8 weeks



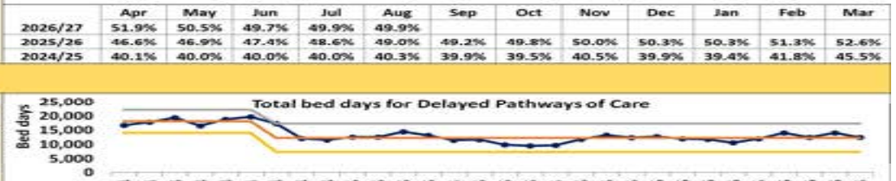
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	275	4,022	6,176	3,475	4,112	4,121						
2024/25	1,693	1,850	1,799	2,099	2,053	2,050	2,030	2,022	2,193	2,367	1,882	2,384
2023/24	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,414	3,329	3,426	3,037	2,113

Ensure no patient spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge



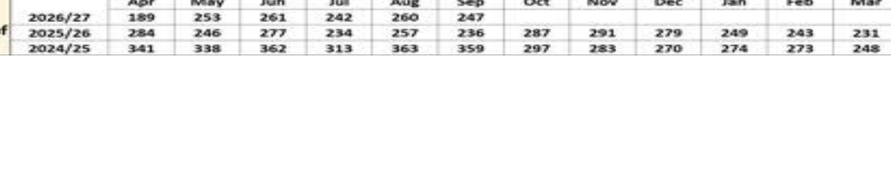
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	2,226	2,230	2,432	2,284	1,941	2,291						
2025/26	1,693	1,850	1,799	2,099	2,053	2,050	2,030	2,022	2,193	2,367	1,882	2,384
2024/25	1,745	2,015	1,914	1,928	1,569	1,610	1,642	1,566	1,832	1,745	1,420	1,691

Achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	62.0%	60.7%	65.9%	67.5%	66.2%							
2025/26	60.5%	57.8%	59.2%	57.9%	60.3%	60.3%	61.3%	62.0%	61.3%	64.3%	66.0%	65.8%
2024/25	50.0%	56.2%	53.4%	51.4%	56.7%	56.8%	61.3%	61.4%	63.1%	61.8%	60.7%	59.8%

No patients waiting more than 104 weeks for referral to treatment



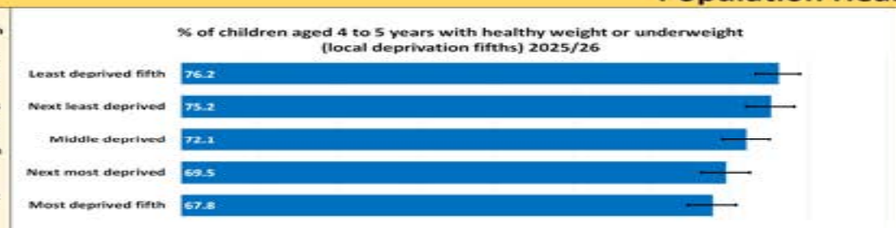
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	390	399	451	430	462	518						
2025/26	1,168	1,177	463	615	794	496	699	830	369	348	388	98
2024/25	2,435	2,680	2,738	2,956	3,226	3,277	3,516	3,736	3,643	3,189	2,277	856

Achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027

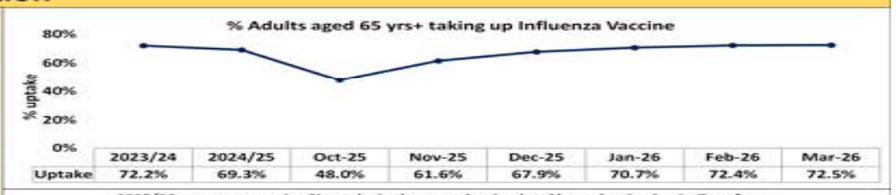
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	638	614	577	542	477							
2025/26	519	550	539	513	472	417	466	425	428	539	481	535
2024/25	444	494	493	420	457	418	415	399	465	474	426	452

Population Health & Prevention

Increase the proportion of children who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged



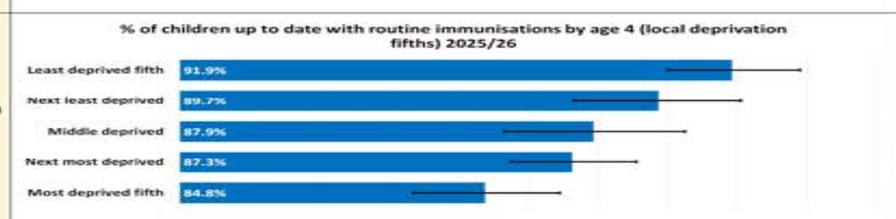
% uptake of the influenza vaccination amongst adults aged 65 years & over (Target 75%)



	2023/24	2024/25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Uptake	72.2%	69.3%	48.0%	61.6%	67.9%	70.7%	72.4%	72.5%

2025/26 season comparing % uptake in the most deprived and least deprived quintiles of areas		
Least deprived uptake %	78.3%	Inequalities gap is 10.2
Most deprived uptake %	68.1%	

% of children who are up to date with routine immunisations by age 4



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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	51.9%	50.5%	49.7%	49.9%	49.9%							
2025/26	46.6%	46.9%	47.4%	48.6%	49.0%	49.2%	49.8%	50.0%	50.3%	50.3%	51.3%	52.6%
2024/25	40.1%	40.0%	40.0%	40.0%	40.3%	39.9%	39.5%	40.5%	39.9%	39.4%	41.8%	45.5%

Community by Design

Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	189	253	261	242	260	247						
2025/26	284	246	277	234	257	236	287	291	279	249	243	231
2024/25	341	338	362	313	363	359	297	283	270	274	273	248

Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard

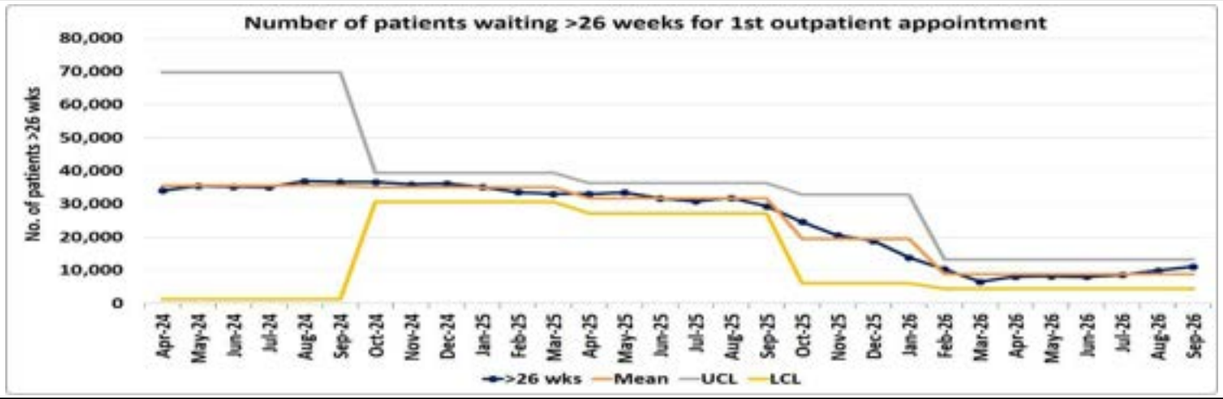
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	10,668	12,042	14,075	12,569	14,124	12,499						
2025/26	13,181	11,531	11,725	9,948	9,620	9,805	11,871	13,295	12,399	12,783	12,042	11,799
2024/25	16,721	17,807	19,407	16,598	18,786	19,719	17,317	12,100	11,648	12,656	12,657	14,488

CTMUHB Planned Care Group

Referral to Treatment Times (RTT)

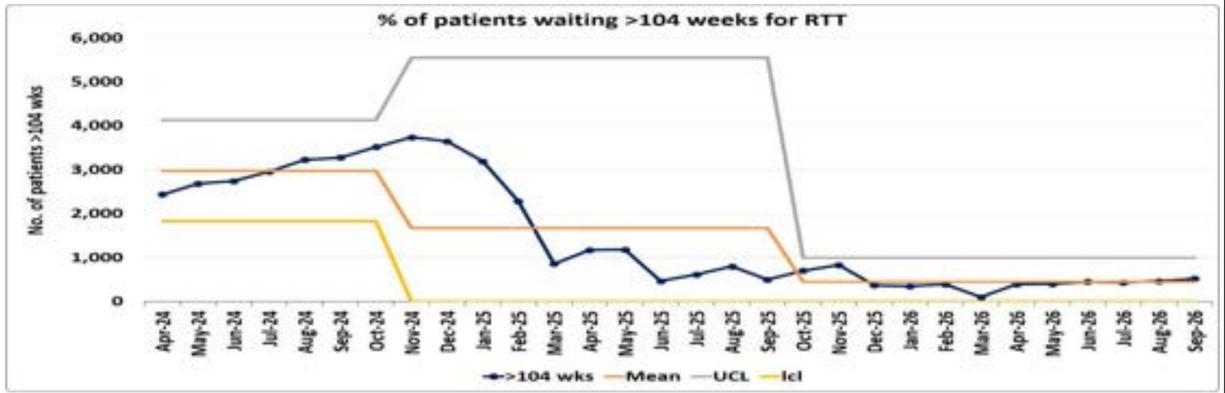
Number of patients waiting more than 26 weeks for a new outpatient appointment

Target - Zero	Sep 2026 – 11,123 (provisional)



Number of patients waiting more than 104 weeks for Referral to Treatment (RTT)

Target - Zero	Sep 2026 – 518 (provisional)



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

Specialty	Patients waiting >26 Weeks for 1st OPA	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Breast Surgery	0	254	0	650
Cardiology	1,010	215	0	5,015
Colorectal Surgery	106	0	0	3,479
Dermatology	754	0	0	5,325
Diabetes Service/Medicine	72	13	0	540
Diagnostics	0	0	0	5,123
Ear Nose and Throat Service	1,988	73	0	8,500
Endocrinology	136	46	0	971
Gastroenterology	284	0	0	3,184
General Medicine	30	461	0	650
General Surgery	126	3	0	4,527
Geriatric Medicine	3	0	0	372
Gynaecology	214	0	0	6,236
Haematology (Clinical)	48	1	0	265
Nephrology	0	1,043	0	168
Neurology	939	80	33	2,015
Ophthalmology	1,493	0	0	9,934
Oral Surgery	365	0	0	2,687
Orthodontics	142	906	0	405
Orthopaedics	1,365	471	485	12,204
Paediatric Neurology	1	0	0	2
Paediatrics	328	0	0	2,143
Pain Management	497	0	0	1,839
Respiratory Medicine	102	0	0	1,261
Restorative Dentistry	10	708	0	53
Rheumatology	276	3,345	0	1,369
Sport and Exercise Medicine	0	641	0	37
Therapies	0	0	0	1,528
Urology	775	331	0	6,024
Vascular Surgery	60	30	0	507
	11,124	8,621	518	87,013

How are we doing and what are our key concerns?

Planned Care performance remains significantly challenged, with 11,123 patients waiting more than 26 weeks for a first outpatient appointment, 9,139 patients waiting over 52 weeks for Referral to Treatment, of which 518 patients are waiting over 104 weeks against a national target of zero. Whilst recovery initiatives continue to deliver gradual reductions in long waits, performance remains constrained by demand exceeding available capacity across a number of specialties.

The most significant concern remains Orthopaedics, which accounts for the majority of patients waiting over 104 weeks. with Neurology also continuing to present challenges due to workforce and capacity constraints.

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

Orthopaedic recovery actions include focused waiting-list validation, increased outpatient and theatre capacity, productivity improvements, recruitment activity and utilisation of external support where appropriate.

RTT actions also include regional planning for 104-week backlog clearance, additional clinical capacity, recruitment to vacant posts, specialist support arrangements and continued waiting list validation.

Progressive improvement is expected throughout the remainder of 2026/27 as additional capacity becomes embedded and recovery programmes mature. However, achievement of national RTT expectations remains dependent on sustained workforce availability, elective capacity and diagnostic performance.

What are the key risks and mitigations?

The principal risks remain the concentration of long waits within Orthopaedics and Neurology, workforce shortages, theatre and clinic capacity constraints, increasing referral demand and diagnostic bottlenecks.

Mitigating actions include targeted recruitment, additional outpatient and theatre sessions, pathway redesign, productivity improvements, external support arrangements and continual monitoring through specialty recovery plans.

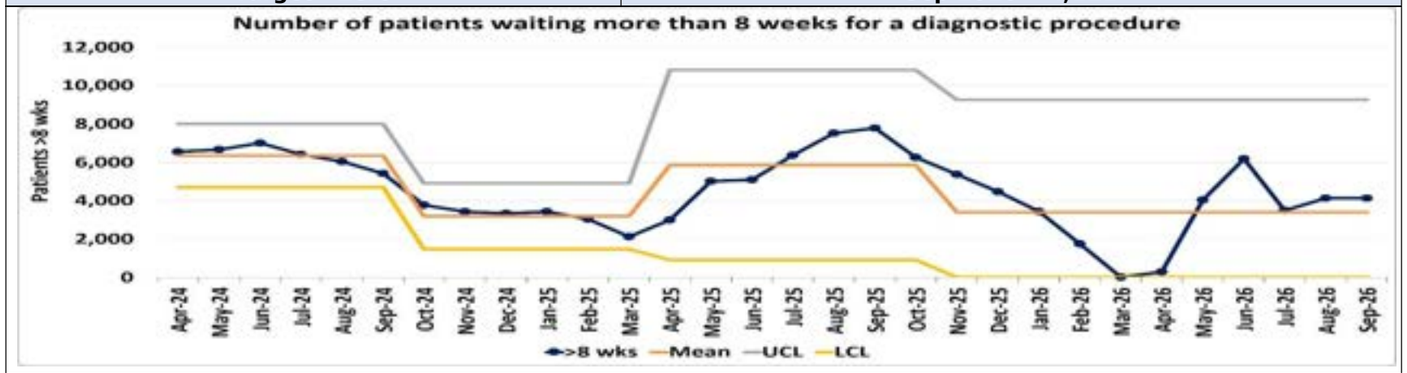
The concentration of 104-week waits within Orthopaedics remains the greatest risk to achieving national recovery expectations during 2026/27.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics

Number of patients waiting 8 weeks for a specified diagnostic

Target - Zero	Sep 2026 – 4,121



Number of Patients waiting >8 Weeks for a Diagnostic Test		Aug-26	Sep-26	Difference from last period
Cardiology Services	Echo Cardiogram	955	1,030	75
	Cardiac CT	70	75	5
	Cardiac MRI	5	20	15
	Diagnostic Angiography	40	43	3
	Stress Test	8	9	1
	DSE	12	12	0
	TOE	2	0	-2
	Heart Rhythm Recording	27	3	-24
	B.P. Monitoring	3	0	-3
Bronchoscopy		0	0	0
Colonoscopy		16	13	-3
Gastroscopy		17	12	-5
Cystoscopy		24	4	-20
Flexi Sig		3	5	2
Radiology	Non-Cardiac CT	8	6	-2
	Non-Cardiac MRI	243	115	-128
	NOUS	2,417	2,485	68
	Non-Cardiac Nuclear Medicine	2	2	0
Imaging	Fluoroscopy	25	9	-16
Physiological Measurement	Urodynamics	25	48	23
Neurophysiology	EMG	143	156	13
	NCS	67	74	7
Total		4,112	4,121	9

Radiology:

How are we doing and what are our key concerns?

Radiology services continue to experience significant pressure against the eight week diagnostic target, with demand across Urgent Suspected Cancer (USC) and Referral to Treatment (RTT) pathways continuing to exceed available capacity.

Performance has also been impacted by the implementation of the Radiology Information System (RiS) earlier this year, resulting in a temporary reduction in productivity alongside additional data validation and assurance requirements. Equipment reliability issues and MRI downtime have further constrained capacity, increasing reliance on insourced activity.

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

The priority is to maximise existing capacity while developing a sustainable workforce model to meet future demand.

Key actions include:

- Optimisation of CT and MRI templates.
- Introduction of additional weekend MRI sessions.
- Deployment of locum sonographers and expansion of senior clinical support to stabilise ultrasound services.
- Introduction of additional NOUS weekend sessions.
- Procurement exercise underway to insource additional NOUS capacity.
- Workforce and template reviews are also underway to inform demand and capacity modelling and support future service redesign.
- Recruitment to vacant posts continues alongside investment in the sonographer training pipeline, with additional trainees expected to reach independent practice over the next 12 to 18 months.
- In parallel, RiS data validation remains a key focus, supported by full implementation of partial booking processes and participation in national programmes to improve booking, reporting and RTT pathway management.

What are the key risks and mitigations?

<u>The principal risks relate to:</u>

- Sustained demand growth.
- Insufficient recurrent capacity.
- Continued reliance on non-recurrent funding and outsourced activity.
- The ongoing impact of RiS data validation requirements.

<u>Mitigating actions include:</u>

- Robust data quality assurance processes.
- Targeted recruitment, workforce development and capacity optimisation through template redesign and service transformation.
- Continued engagement with national improvement programmes to support the delivery of more efficient and sustainable diagnostic pathways.

Endoscopy:

How are we doing and what are our key concerns?

Endoscopy services continue to demonstrate comparatively robust performance, with capacity currently sufficient to manage USC, routine and surveillance demand. CTM maintains a favourable position nationally for patients waiting beyond six weeks for complex endoscopy procedures. Notwithstanding this performance, the service continues to face significant challenges in addressing the historical surveillance backlog while accommodating new surveillance demands. Infrastructure constraints, particularly at POW, continue to limit productivity and reduce operational flexibility. Whilst current performance remains stable, maintaining this position will require sustained investment in workforce, capacity and estate resilience.

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

- Insourcing contracts for BSW and non-BSW activity started 12/09/26.
- Planning continues for Phase 2 Endoscopy to develop a sustainable service model aligned to National Endoscopy Programme recommendations.
- Planned care recovery funding plan has been approved for additional insourcing to support with 8-week diagnostic target, USC performance & surveillance with an anticipated October/November 2026 start date.
- Further work is underway to address surveillance backlog requirements, including clinical validation and capacity planning. Longest waiting patients have undergone clinical validation with significant reductions and partial booking letters being sent.
- Planning is aligned to JAG accreditation requirements and future health park developments.

What are the key risks and mitigations?

<u>Risks:</u>

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

<u>Mitigations:</u>

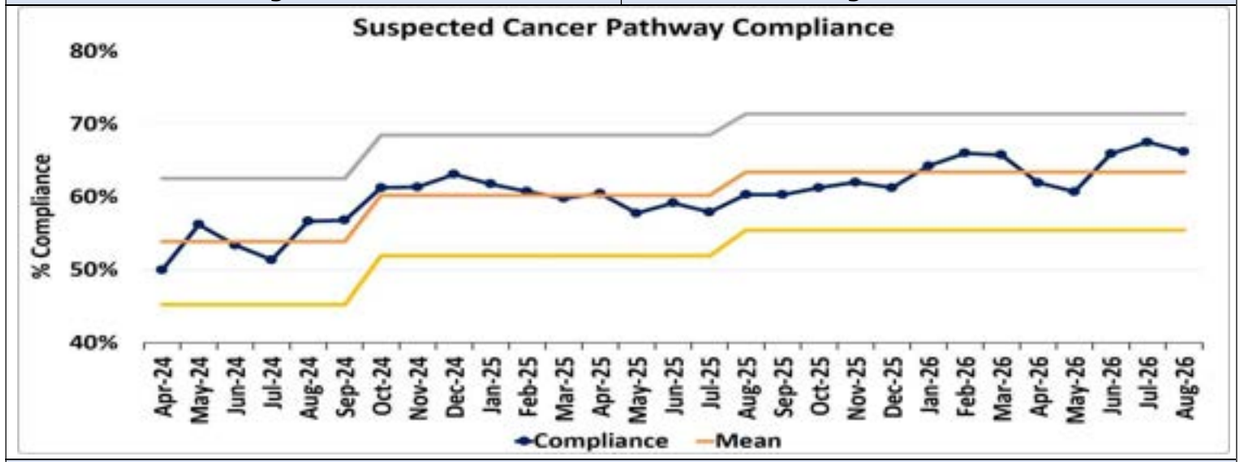
- Additional targeted endoscopy lists and workforce optimisation.
- Robust escalation processes and collaboration with Estates.
- Development of centralised HSDU (planned late 2026).
- Expansion of Clinical Endoscopist roles.

CTMUHB Planned Care Group

Suspected Cancer Pathway (SCP)

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

Target – 75%	Aug 2026 – 66.2%

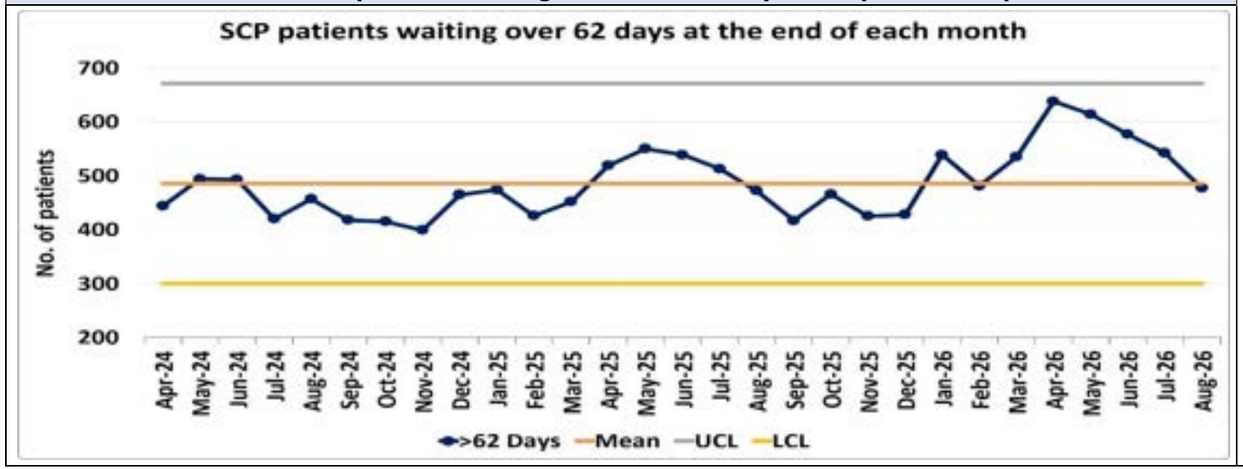


% SCP patients treated without suspensions per tumour site

CTMUHB - SCP % Treated Without Suspensions - August 2026

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 75%
Head and neck	8	6	14	57.1%
Upper GI	14	6	20	70.0%
Lower GI	11	18	29	37.9%
Lung	29	9	38	76.3%
Sarcoma	1	0	1	100.0%
Skin (exc BCC)	74	7	81	91.4%
Brain/CNS	4	0	4	100.0%
Breast	30	4	34	88.2%
Gynaecological	10	12	22	45.5%
Urological	20	39	59	33.9%
Haematological	4	5	9	44.4%
Other	3	0	3	100.0%
Total	208	106	314	66.2%

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



How are we doing and what are our key concerns?

Suspected Cancer Pathway (SCP) performance for August 2026 was 66.2%, remaining below the Welsh Government target of 75%. Whilst performance remains below the required standard, a number of recovery initiatives are demonstrating positive impact across several tumour pathways.

Performance continues to be adversely affected by diagnostic and treatment delays associated with endoscopy capacity constraints, pathology turnaround times, tertiary provider dependencies and increasing pathway complexity. These factors continue to impact the timely progression of patients through the pathway.

Notwithstanding these challenges, strengthened operational oversight, improved pathway management arrangements and robust escalation processes have supported sustained improvement and greater control of pathway performance. CTM Cancer Services remain at Level 1 (Routine Arrangements) following de-escalation in February 2026, reflecting continued improvement in governance and operational delivery.

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

A comprehensive programme of recovery and sustainability actions continues to be implemented, including:

- Additional Urgent Suspected Cancer (USC) Endoscopy capacity to address diagnostic demand and reduce delays.
- Expansion of Breast and Dermatology outpatient capacity to improve access and reduce pathway waits.
- Recruitment of a substantive Urology Consultant to strengthen biopsy capacity and improve pathway resilience.
- Continued utilisation of digital vetting, pathway tracking and weekly performance reviews to identify and address delays at the earliest opportunity.
- Enhanced tumour-specific pathway analysis to target the longest waiting components and support focused improvement activity.
- Continued engagement with tertiary providers to improve pathway coordination, escalation and treatment timeliness.

Subject to improvements in diagnostic capacity and external provider performance, further recovery is anticipated during Quarters 3 and 4 of 2026/27.

What are the key risks and mitigations?

Performance remains vulnerable to ongoing diagnostic and treatment pathway constraints:

- Endoscopy capacity continues to present a significant risk to timely diagnosis and treatment, although additional Urgent Suspected Cancer capacity has been implemented to improve pathway flow and reduce delays.

- Reliance on tertiary providers for diagnostic and treatment interventions remains a key challenge, with delays outside of Health Board control impacting pathway performance. Regular escalation processes with strengthened regional working arrangements and enhanced pathway tracking are in place to minimise the impact on patients.

- Pathology reporting turnaround times and increasing requirements for genomic testing continue to contribute to pathway delays within specific tumour sites. Performance is monitored through routine operational reviews, with focused escalation where delays are identified.

- Workforce pressures across diagnostic and clinical services remain a risk to sustainable recovery. Recruitment activity, capacity reviews and ongoing performance management arrangements are supporting service resilience and reducing the impact of workforce constraints.

Whilst these risks remain significant, strengthened governance arrangements, enhanced operational oversight and continued recovery actions are providing improved control of pathway performance and supporting continued progress towards the national standard.

CTMUHB Unscheduled Care & Acute Medicine Group

Ambulance Patient Handover & Emergency Department Waits

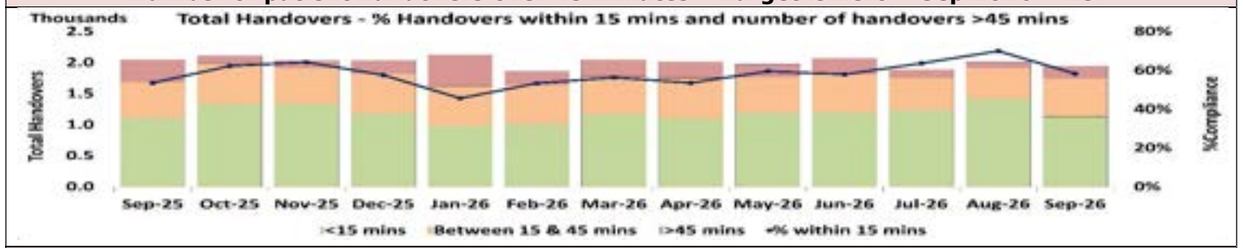
Median emergency ambulance response time to purple (arrest) & red (emergency) category calls

Target – each measure 6-8 minutes median | **Sep 2026 – Purple = 09:26 / Red = 10:24**

	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
Period	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response
Sep-25	08:54	08:33	09:29	09:13	07:22	08:16	08:55	08:43
Oct-25	04:02	05:58	08:16	09:38	09:31	10:09	07:45	08:56
Nov-25	04:25	07:40	07:35	09:52	07:35	08:48	07:05	09:07
Dec-25	05:35	09:20	08:45	10:59	08:40	10:38	08:14	10:40
Jan-26	05:52	10:30	08:49	10:20	08:11	10:19	08:33	10:20
Feb-26	05:57	07:57	07:09	09:58	08:07	11:09	07:16	09:54
Mar-26	06:15	08:24	07:32	11:02	08:28	11:03	07:44	10:34
Apr-26	07:07	09:04	08:15	11:26	07:05	11:28	07:54	10:56
May-26	05:06	07:57	08:25	11:31	09:01	11:18	08:14	10:55
Jun-26	06:13	09:24	09:43	11:52	07:46	10:48	08:39	11:07
Jul-26	05:50	09:02	06:47	10:40	05:57	09:36	06:21	09:51
Aug-26	05:34	07:39	07:46	11:40	06:32	09:33	06:55	10:00
Sep-26	05:39	09:17	10:13	11:13	09:24	09:43	09:26	10:24

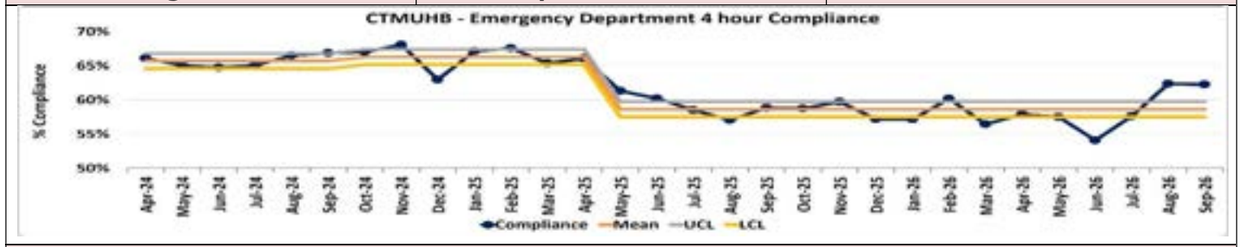
% patient handovers within 15 minutes Target – 80% - Sep 2026 = 58.2%

Number of patient handovers over 45 minutes – Target is Zero – Sep 2026 = 197



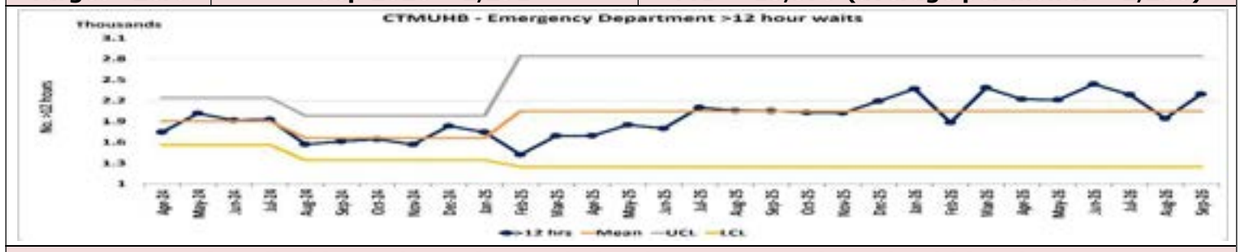
% patients spending <4 hours in A&E

Target – 95%	Sep 2026 – 62.3%	YTD = 58.6%



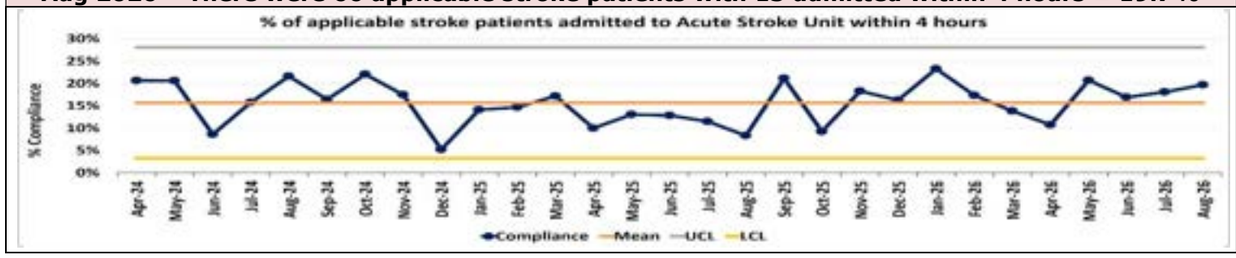
Number of patients spending >12 hours in A&E

Target - Zero	Sep 2026 – 2,291	YTD = 13,379 (average per month = 2,230)



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

Aug 2026 – There were 66 applicable stroke patients with 13 admitted within 4 hours = 19.7%



How are we doing and what are our key concerns?

Ambulance Patient Handover: Performance against ambulance handover standards deteriorated during September, reflecting continuing pressure across the urgent and emergency care pathway. The number of ambulance patient handovers exceeding 45 minutes increased to 197 compared with 92 in August, whilst compliance with the 15-minute standard reduced from 70.8% to 58.2%.

Despite ongoing operational interventions, constrained patient flow and sustained levels of attendances continue to impact front door capacity. Delayed handovers remain a significant operational and patient safety concern, contributing to extended ambulance turnaround times and reduced ambulance availability across the system.

Emergency Department Waits: Performance against the four-hour emergency care target remained stable at 62.3% in September; however, performance remains well below the national target of 95%.

The number of patients waiting over 12 hours increased to 2,291 during the month, highlighting continued challenges in maintaining timely patient flow through Emergency Departments and specialty pathways. While improvements have been observed within specific operational processes, the scale of demand and bed occupancy continues to adversely affect overall performance.

Stroke Unit Admissions: Performance against the four-hour admission to Acute Stroke Unit measure remains significantly below expected levels at 19.7%. Challenges continue to be driven by ED congestion, delays in access to diagnostics and the requirement to transfer patients from other acute sites to RGH stroke centre. Performance remains variable week-to-week and requires sustained improvement to reduce delays to specialist stroke care and optimise patient outcomes.

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

Ambulance Handover: ED Flow Action Cards have been implemented, supported by dedicated triage nursing and senior clinical assessment at the front door. Ambulatory capacity and clinical space have been expanded, alongside improvements in patient movement through specialty assessment services and associated transformation programmes, including STAMP and OPTIMISE.

12-Hour Waits: The Directorate continues to deliver targeted unscheduled care action plans supported by the 12-Hour ED Improvement Programme. Workstreams include development of an SDEC-first approach for GP referrals, implementation of an Extended Emergency Medicine Ambulatory Care unit (EEMAC), strengthened management of longest waiting patients through demand and capacity modelling and improvements in data capture and reporting quality.

Stroke Pathway: Daily multidisciplinary breach huddles remain in place with strong clinical engagement across all sites. Increased focus has been placed on early identification and transfer of stroke patients, supported by a dedicated Stroke Service Improvement Manager. Pre-Hospital Video Triage has been introduced early October and transformation activity continues to focus on reducing delays to CT imaging and admission to specialist stroke care.

What are the key risks and mitigations?

Risks: Prolonged waits for frail and elderly patients continue to increase the risk of deterioration, pressure damage and poor patient experience. Operational pressures are further compounded by infection prevention challenges, increasingly complex patient presentations and workforce fatigue. Delays within the stroke pathway also risk adverse patient outcomes.

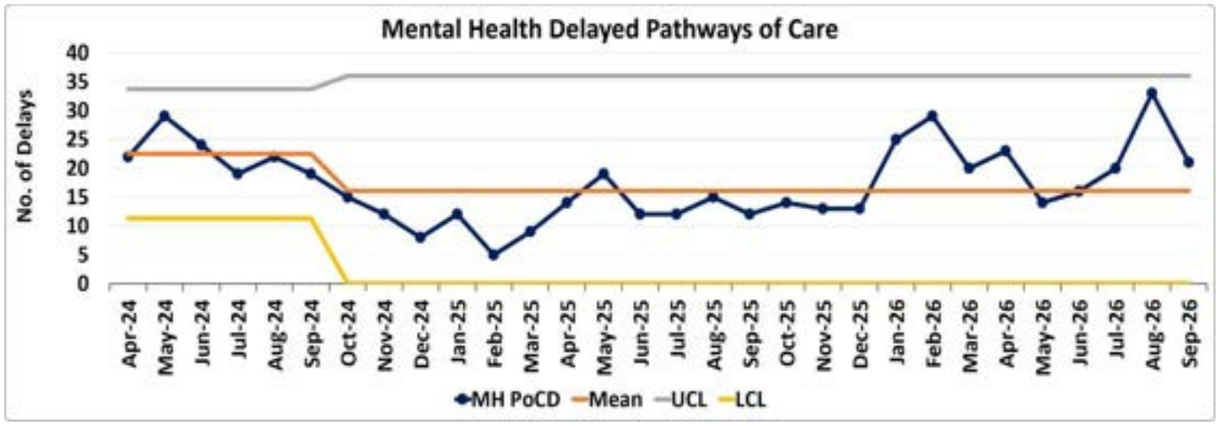
Mitigations: Existing escalation frameworks for ambulance handovers and wider system pressures remain in operation. Partnership working with WAST continues to support improved pre-arrival information and planning. Enhanced pressure ulcer prevention measures, daily multidisciplinary reviews and strengthened escalation processes are in place to reduce risk and support safer, more timely care delivery.

CTMUHB Efficient Services

Pathways of Care Delayed Discharges (POCD)

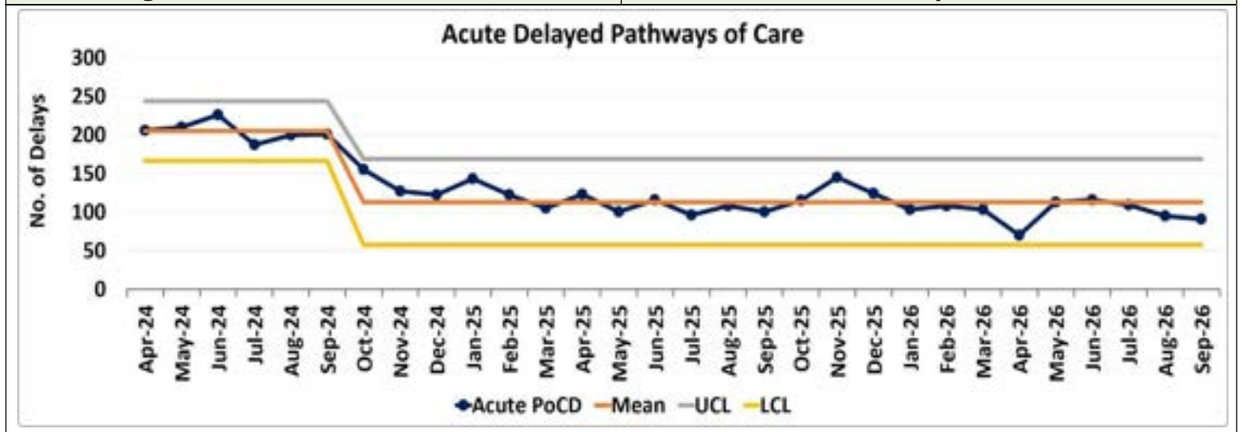
Number of Pathways of Care delayed discharges – Mental Health

Target – 12 month reduction trend	Census date 16th September 2026 - 21



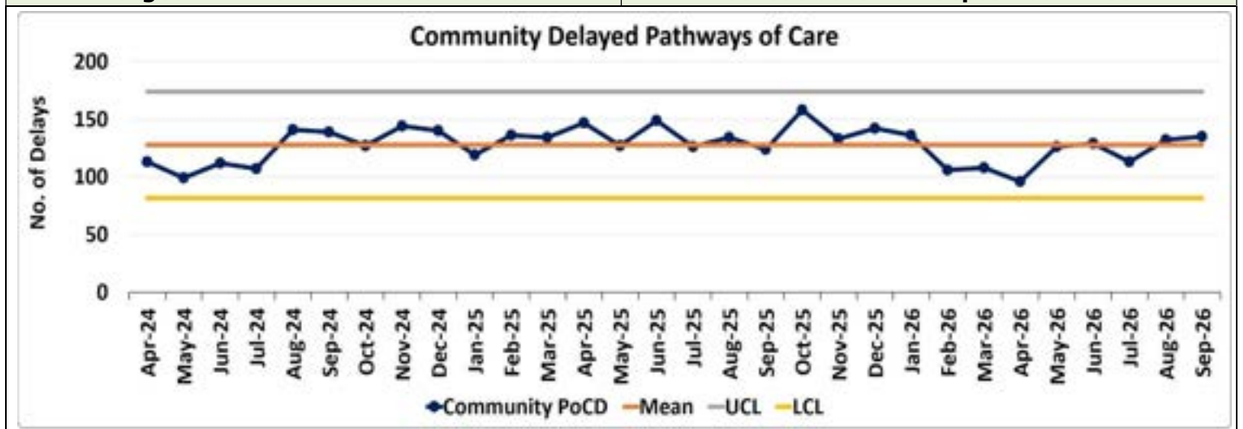
Number of Pathways of Care delayed discharges – Acute

Target – 12 month reduction trend	Census date 16th September 2026 - 91



Number of Pathways of Care delayed discharges – Community

Target – 12 month reduction trend	Census date 16th September - 135



How are we doing and what are our key concerns?

The September 2026 snapshot census recorded 247 Pathways of Care Delayed Discharges across Mental Health, Acute and Community services. This represents a small decrease of 6 patients (2.2%) compared with the 12 month rolling average.

Performance remains challenged by the increasing complexity of patients awaiting discharge, particularly where care arrangements involve multi-agency assessment, statutory processes, specialist placements or complex decision-making pathways. These cohorts typically experience longer lengths of stay and continue to place pressure on patient flow across the system.

Work is ongoing with partners to strengthen oversight of complex cases and support timely progression through discharge pathways.

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

Risk 1: Deterioration in delayed discharge performance

Increased patient complexity, demand within Pathway 3 services, discharge assessment requirements and availability of community support remain key factors that may impact delayed discharge performance and patient flow.

Mitigations/Actions:

- Continue implementation of the EToC (Proportionate Trusted Assessment) improvement programme.
- Embed Home First principles through multidisciplinary review and challenge.
- Maintain strengthened oversight of long-stay and complex discharge cohorts.

Risk 2: Increased delays for complex discharge pathways

Patients requiring complex multi-agency arrangements remain vulnerable to extended discharge times. Ongoing monitoring indicates these pathways continue to require enhanced coordination and escalation to minimise unnecessary delays and maintain inpatient capacity.

Mitigations/Actions:

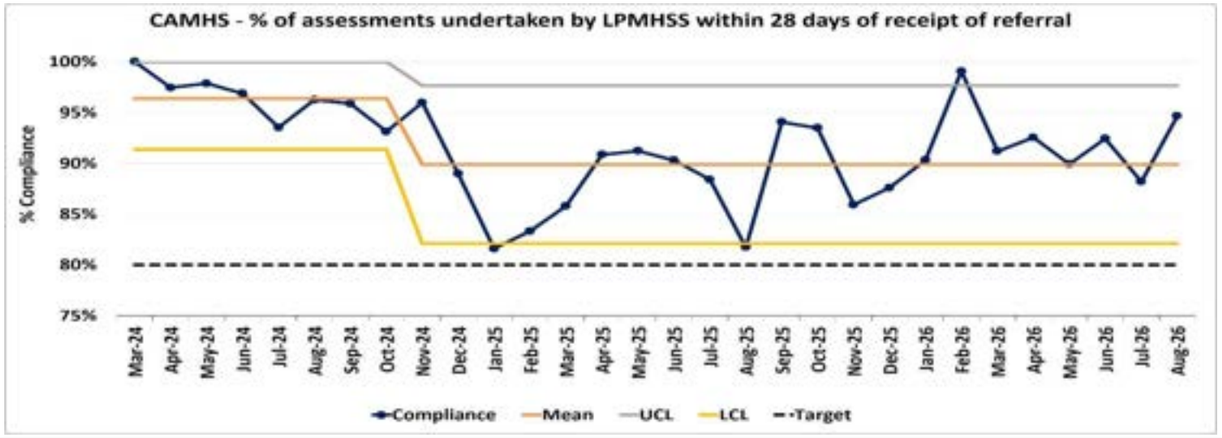
- Continue close partnership working with local authorities and wider system partners.
- Maintain oversight and monitoring of complex discharge pathways.
- Review assessment-related delays and implement improvement actions where required.
- Prioritise patients experiencing the longest delays through established escalation processes.

CTMUHB Mental Health & Learning Disabilities Care Group

Child and Adolescent Mental Health Services (CAMHS)

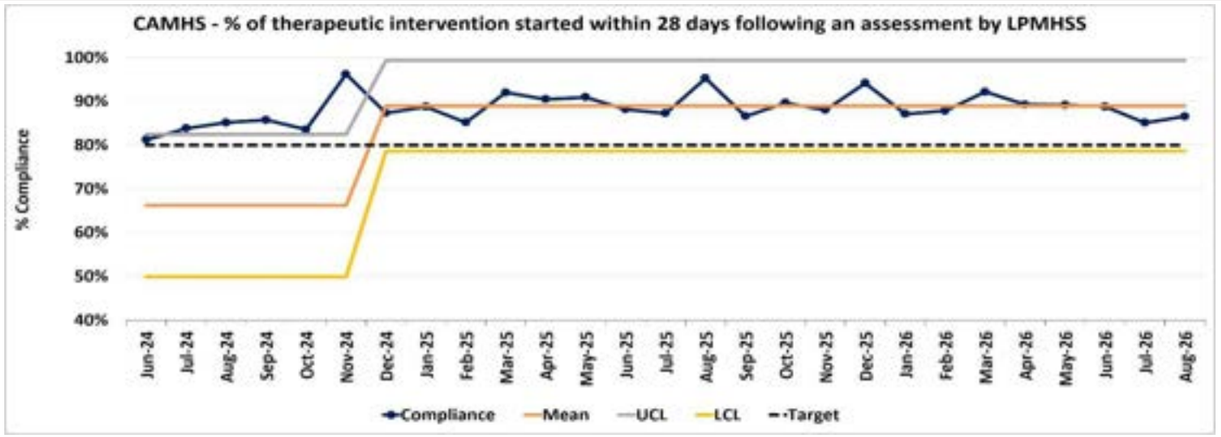
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	August 2026 – 94.7%



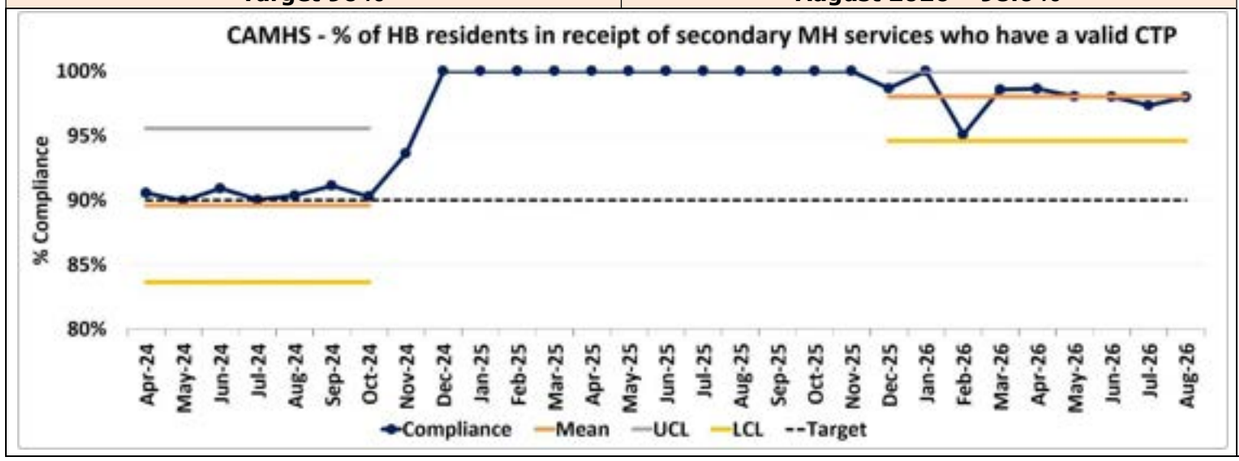
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	August 2026 – 86.5%



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

Target 90%	August 2026 – 98.0%



How are we doing and what are our key concerns?

CAMHS continues to deliver strong performance against Welsh Government Mental Health Measure standards, with compliance remaining above target across Assessment, Intervention and Care and Treatment Plan measures. Performance has remained stable despite fluctuations in demand.

Assessment performance (Part 1a.) remains strong, with 94.7% of patients assessed within 28 days, exceeding the 80% target. Activity levels remain well managed, with assessments completed broadly matching referral demand.

Therapeutic intervention performance (Part 1b.) remains above target, with 86.5% of patients commencing treatment within 28 days of assessment. Care and Treatment Plan (Part 2) compliance is 98%, significantly above the 90% target, reflecting continued focus on high-quality care planning.

Overall, CAMHS continues to demonstrate sustained delivery, effective demand management and strong compliance across all key measures.

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

The focus has shifted from performance recovery to sustaining high levels of delivery and ensuring service resilience.

Key actions include:

- Continued delivery of the CAMHS improvement plan, development of therapeutic group capacity, strengthened partnership working with third-sector providers and the use of real-time performance monitoring to identify pressures early.
- Flexible workforce deployment and regular operational reviews support effective management of demand and capacity, helping maintain performance within target.

What are the key risks and mitigations?

The principal risks relate to fluctuations in referral demand, increasing complexity of presentations and potential workforce pressures during periods of reduced staffing availability.

Mitigations include daily performance monitoring, proactive demand and capacity management, flexible use of staff resources and strong governance arrangements. Stable staffing levels and low sickness absence continue to provide resilience across the service.

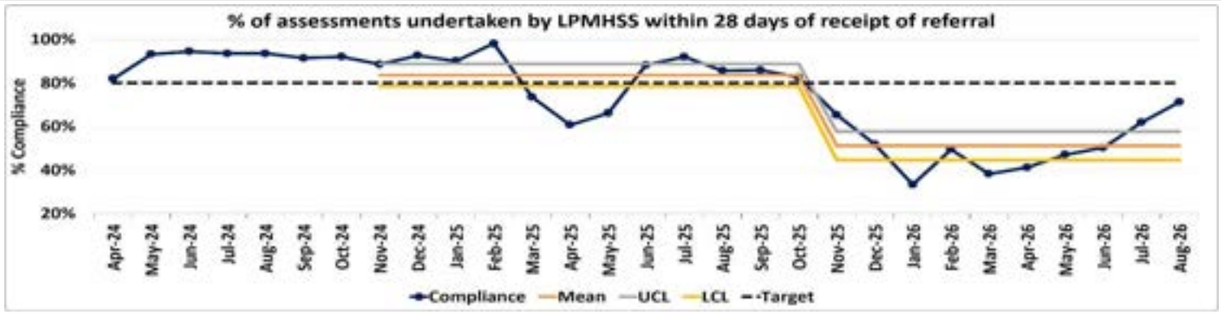
These controls provide assurance that CAMHS is well positioned to maintain current performance levels whilst responding effectively to future demand pressures.

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services

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

Target 80%	August 2026 – 71.2%

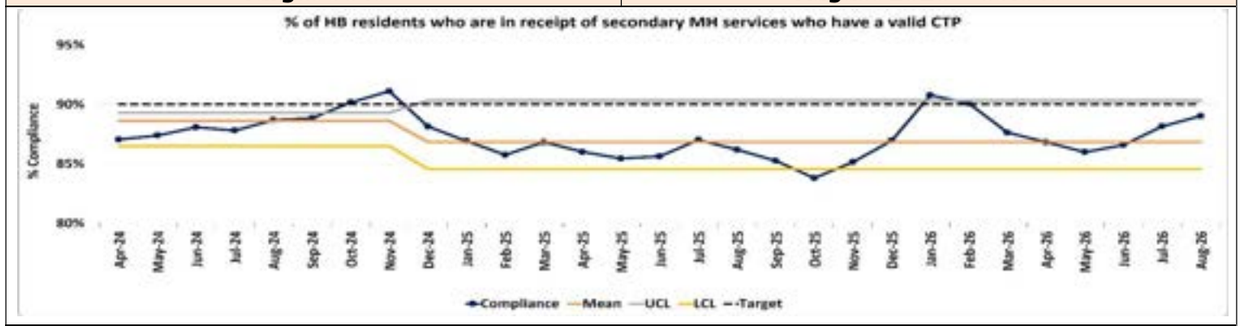


% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	August 2026 – 51.1%

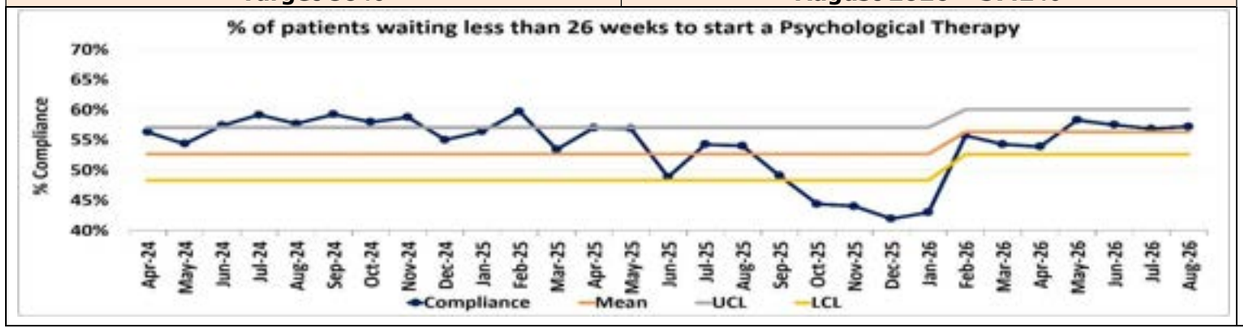
% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%	August 2026 – 89.0%



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

Target 80%	August 2026 – 57.2%



How are we doing and what are our key concerns?

Performance remains below target across key Mental Health measures; however, gradual improvement has been observed in recent months. Part 1a improved to 71.2% in August, whilst Part 1b increased to 51.1% but remained significantly below the 80% target.

Care and Treatment Plan compliance was 89.0%, marginally below target. Psychological Therapies remain challenged at 57.2% due to sustained demand and workforce pressures.

Overall, demand continues to exceed available capacity across several services, resulting in ongoing pressures on assessment and treatment waiting times.

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

A comprehensive improvement programme remains in place across Adult Mental Health Services to increase capacity, improve patient flow and reduce waiting times.

For assessment services (Part 1a), actions are focused on sustaining recent improvements through strengthened demand and capacity management, implementation of self-opt-in processes, optimisation of clinical workforce utilisation and continued recruitment to vacant posts. Local performance reviews are being undertaken to identify and address variation across localities.

For treatment services (Part 1b), work continues to improve pathway efficiency through enhanced waiting list management, standardised clinical scheduling arrangements and increased use of group-based interventions where clinically appropriate. Services are also reviewing the current therapeutic offer to ensure available capacity is aligned to levels of demand.

Within Psychological Therapies, a targeted recovery plan is underway, including strengthened waiting list validation, routine review of long-waiting patients, improved activity monitoring and optimisation of available clinical capacity. Additional management oversight has been introduced to support delivery against recovery trajectories.

Performance is reviewed through established operational and performance governance arrangements, with a focus on delivery against agreed trajectories and early identification of emerging risks. Whilst demand remains high, these actions are expected to support continued improvement during the second half of 2026/27, with gradual reductions in waiting times anticipated across key pathways.

What are the key risks and mitigations?

The principal risks are:

- Increasing demand
- Workforce shortages
- Sickness absence
- Growing waiting list pressures.

Mitigations include:

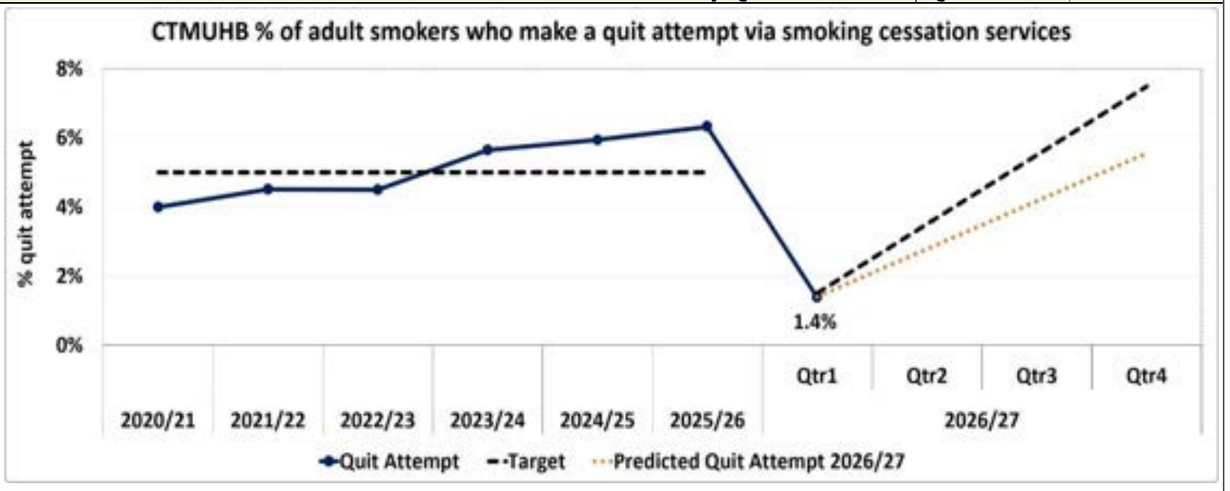
- Ongoing recruitment
- Demand and capacity reviews
- Strengthened performance management arrangements
- Tighter waiting list controls.

Winter pressures and sustained demand may limit the pace of recovery, particularly within Psychological Therapies and Primary Mental Health Services.

CTMUHB Improving Population Health & Wellbeing

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

Target		Performance	
7.5% Annual Target for 2026/27:	1.5% by Quarter 1	Quarter 1	1.4%
	3.5% by Quarter 2	Quarter 2	
	5.5% by Quarter 3	Quarter 3	
	7.5% by Quarter 4	Quarter 4	



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

Target 2026/27– 40% Each Quarter	Quarter 1 = 7.2%

2026/27		
Estimated number of smokers	*Estimated % of CTMUHB population who are smokers*	*Estimated number of smokers needing to access smoking cessation to reach 7.5% of smokers during 2026/27*
45,800	**12.4%**	**3,435**
Number of smokers treated by the smoking cessation service during Quarter 1	*Number of smokers needed to have been treated to reach Quarter 1 milestone*	*Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter*
638	**687**	**46**
1.4%	**1.5%**	**7.2%**

How are we doing and what are our key concerns?

- At Quarter 1 for 2026/27, Health Board Help Me Quit (HMQ) services treated 1.4% of smokers, falling just short of the 1.5% set milestone target for the period.

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

- Meeting the CO-validated quit target remains challenging due to the high proportion of virtual appointments, where CO readings cannot be taken. Our own client insight work indicates that approximately 90% of clients prefer telephone appointments and this flexibility increases engagement with the service. This pattern is consistent across the other health boards in Wales.

- All clients are followed up at 4 weeks to assess their quit status and this is recorded as 'self-reported' if CO validation cannot be undertaken. When combined, self-reported and CO-validated quit rates for Quarter 1 2026/27 stand at 47%.

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

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

- A proposed change to the national HMQ Community Pharmacy specification is expected to support improved CO validation.

- Face-to-face and mixed-model delivery approaches are continually being offered by the HMQ community service, although uptake is low. Scaling this delivery to a level sufficient to meet the CO-validated target is unlikely.

What are the key risks and mitigations?

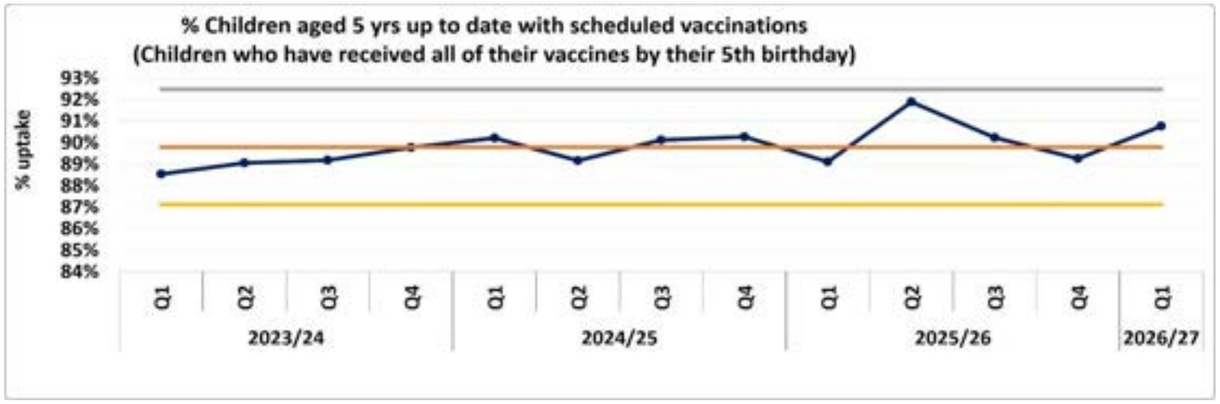
- The main risk facing Help Me Quit services is capacity to increase the number of smokers treated. Achieving the Welsh Government ambition of reducing smoking prevalence to 5% by 2030 will require a reduction from 46,000 to 18,000 smokers within 4 years, requiring significant further resource. However, smoking remains a major driver of harm in CTM, with 11% of deaths and 4% of admissions attributable to smoking annually. Reaching 5% prevalence would yield significant improvements in population health with resultant reductions in healthcare activity.

- Welsh Government have raised the target for % of adult smokers who make a quit attempt from 5% to 7.5% in 2026/27 (target milestones set for each quarter), meaning HMQ services in CTM will need to support an additional 1,000 smokers per year. While this will be difficult without further resource, we are implementing an ongoing programme of work to maximise referrals in secondary care, promote the service and develop a stakeholder network to support this.

CTMUHB Improving Population Health & Wellbeing

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

Target – 95%	Quarter 1 2026/27 – 90.8%

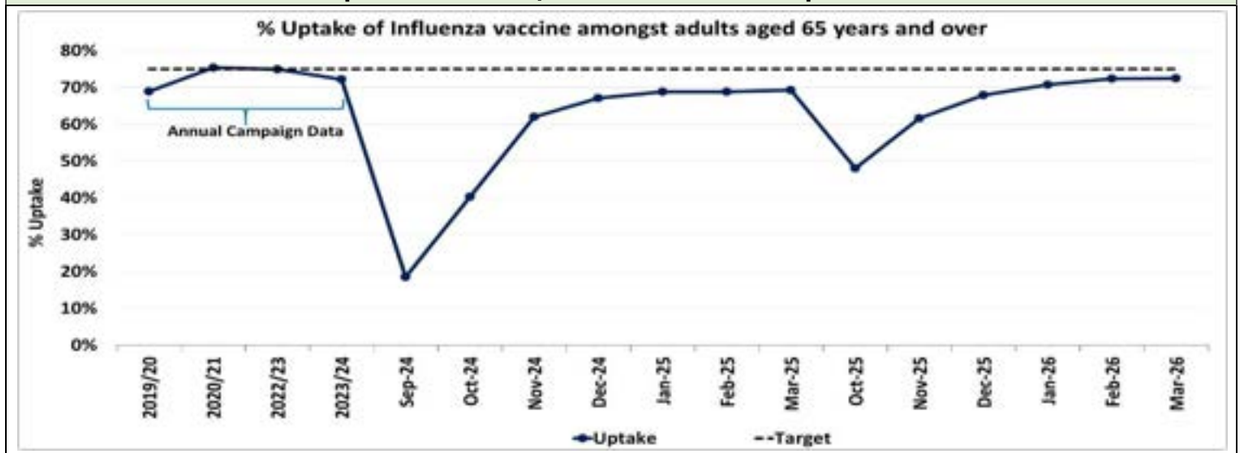


Quarter 1 2026/27 vaccine uptake by Local Authority	
Merthyr Tydfil	88.5%
RCT	91.2%
Bridgend	91.1%
CTMUHB	90.8%

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

Target – 75%	Mar 2026 – 72.5%

Flu vaccination updates for 2026/27 season are not expected until late autumn



The main delivery of the 2026/27 Influenza Immunisation Programme is from Sep 26 to Feb 27, with adult vaccinations primarily starting in October.

How are we doing and what are our key concerns?

Performance against the childhood vaccination measure remains below the 95% national target although Quarter 1 2026/27 performance improved marginally to 90.8%. MMR uptake at age two has increased to 94.5%, demonstrating positive progress; however, maintaining and improving uptake remains a priority following the introduction of the MMRV vaccine, which has increased demand and appointment pressures across some primary care settings.

Overall vaccination performance has improved slightly, but coverage remains below the level required to maximise population protection. Particular focus continues on childhood immunisations and MMR uptake to reduce the risk of vaccine-preventable disease outbreaks.

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

Primary Care and Child Health teams continue targeted support for GP practices with vaccination waiting lists exceeding fifty children, including additional clinics and increased appointment capacity.

Through Primary Care setting a targeted MMRV catch-up programme will commence in November 2026.

The meningococcal B vaccination campaign for university entrants and eligible 17 to 18 year olds continues to progress well.

Seasonal influenza programmes are underway across staff, schools, primary care, community pharmacy and health protection teams, with targeted catch-up arrangements in areas of low uptake and enhanced support for special schools.

Influenza Vaccination Uptake (65 Years and Over) - the most recent reported uptake for adults aged 65 years and over was 72.5% in March 2026, below the 75% target.

Delivery of the 2026/27 influenza immunisation programme commenced during September and October, with performance updates expected later in the vaccination season.

What are the key risks and mitigations?

Suboptimal vaccination coverage increases the risk of outbreaks of vaccine-preventable diseases, particularly measles, where 95% coverage is required to maintain effective population protection.

Mitigation includes close monitoring of clinic capacity, management of vaccination waiting lists and targeted catch-up activity.

There is also a risk that eligible adults and clinical risk groups do not receive influenza vaccination. This is being mitigated through targeted communications, improved access routes and ongoing uptake analysis to inform focused interventions.

People Metrics Dashboard: October 2026 ODC

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Please note that reporting is based on the previous month's data. Exceptions include sickness data, which is reported two months in arrears, and annual census datasets such as the Staff Survey and Gender Pay Gap metrics.

GETTING THE BASICS RIGHT

CTM employs **13,607** staff in post (SIP), equal to **11,824.03** whole time equivalent (WTE) September 26. This is an increase of **0.21%** compared to the previous month (Aug 26). We have grown by **1.3%** (Sept 25 to Sept 26)

The biggest % increase in WTE is in Medical & Dental Staff Group and by **3.6%** (Sept 25 to Sept 26)

Average age is **44 years**

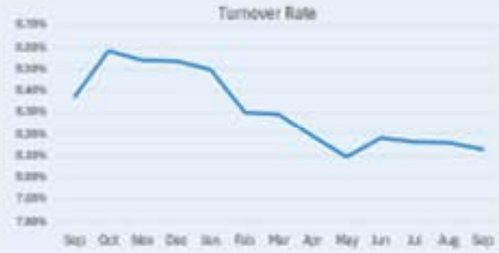
26% of the workforce are aged 55 & over (Sept 26)

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

MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover

Rolling 12-month turnover has reduced from **8.37%** (Sept 25) to **8.13%** (Sept 26)



Area with the highest turnover: **Estates & Ancillary (11.57%)**

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

Bank & Agency Spend

Bank & Agency spend (Sept 26):
M&D was **£2.38m**
NMR was **£2.42m**

Lateral Moves Scheme 434 eligible requests & 151 successful moves since launch (Feb 2024)

GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **75.74%** (Sept 26)

The target for PDR Compliance is 85%

Return to Work compliance is **72.5%** (Sept 26) which has increased from **56.3%** (Sept25)

Statutory and Mandatory Training Compliance in Sept 26 for Level 1 is **81.8%**, and ALL Levels of Training is **75.5%**

The target for all Statutory and Mandatory Compliance is 85%

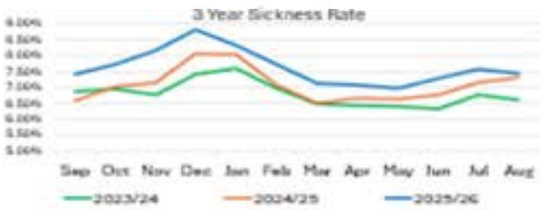
Improved Performance Static Performance Decreased Performance

AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **7.44%** (Aug 26) which is **878** WTE lost in month. This is compared to **7.32%** (Aug 25). Rolling 12-month is **7.64%** Aug 26 compared to **7.09%** Aug 25.

42.3% of sickness (Aug 26 in mth) due to **Anxiety/Stress/ Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Estates and Ancillary (10.85%)**



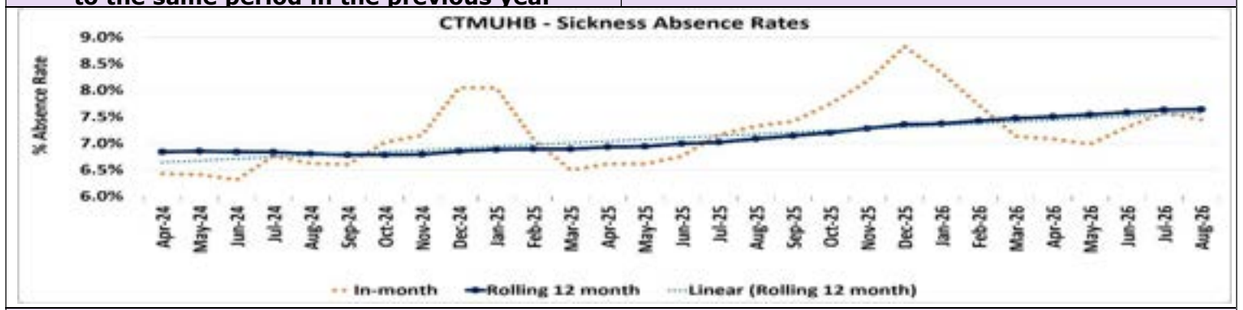
Gender Pay Gap 2026/27
Median Hourly Pay Gap is **9.7%**, a decrease from last year
Mean Hourly Pay Gap is **27.21%**, a slight decrease from last year

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

CTMUHB Workforce Metrics

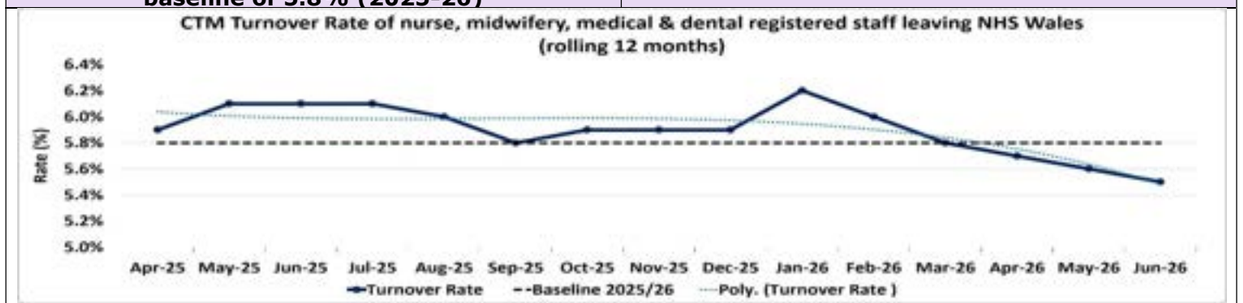
% of sickness absence rate of staff (rolling 12 months)

Target – Rolling 12 month reduction compared to the same period in the previous year	Aug 2026 – 7.64%



Turnover rate of nurse, midwifery, medical & dental registered staff leaving NHS Wales

Target – Rolling 12 month reduction against a baseline of 5.8% (2025-26)	Jul 2025 to Jun 2026 - 5.5%

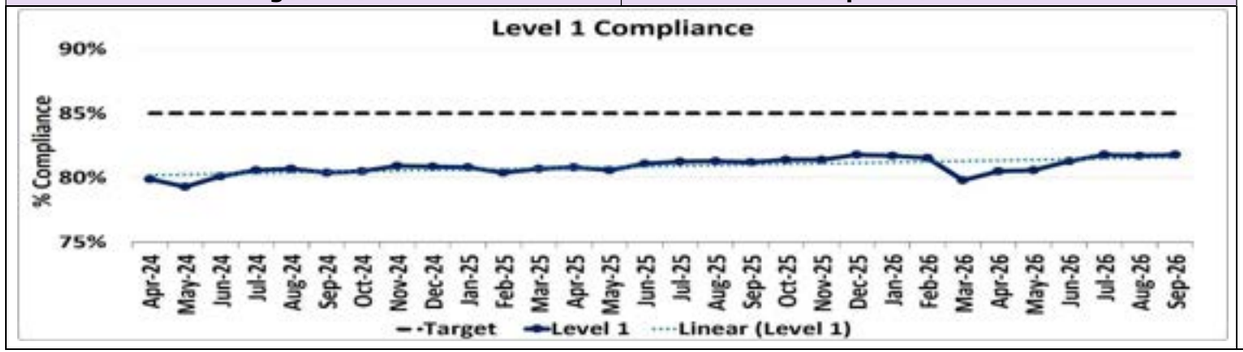


% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months

Target – 85%	Sep 2026 – 75.7%

% headcount who have completed Statutory & Mandatory Level 1 competencies

Target – 85%	Sep 2026 – 81.8%



<u>Sickness Absence</u> – How are we doing and what are our key concerns?

The rolling 12-month sickness absence rate remains significantly above the Health Board improvement trajectory at **7.64%**, although there has been a marginal month-on-month improvement, with the in-month position reducing to **7.44%**. Performance also remains above the equivalent period of last year (**7.09%**). Long-term absence continues to be the principal driver of performance, particularly within Nursing & Midwifery and Additional Clinical Services. Encouragingly, return-to-work compliance has increased to **72.5%**, its highest level in the past three years, demonstrating improved management compliance and oversight.

Key Actions: Delivery of the CTM Health and Wellbeing Plan continues, with a focus on reducing long-term absence, strengthening management accountability, improving case management and targeting support to areas with the highest levels of absence.

Key Risk: Failure to accelerate improvement will continue to impact workforce capacity, operational resilience and financial performance through increased reliance on temporary staffing. Targeted improvement plans and enhanced performance oversight remain in place.

<u>Turnover Rate</u> – How are we doing and what are our key concerns?

Overall turnover remains stable with the latest HEIW data recording a **5.5%** rate to June 2026, remaining lower than the 5.8% baseline, supporting workforce stability across most staff groups. The rolling 12-month turnover for Nursing & Midwifery staff remains relatively low at **6.1%**, whilst Medical & Dental turnover remains higher at **8.7%** and continues to present a recruitment and retention challenge. Workforce stability remains strong, with **93.8%** of Nursing & Midwifery staff and **89.4%** of Medical & Dental staff remaining in employment over the reporting period.

Key Actions: Retention initiatives remain focused on workforce wellbeing, career development, succession planning and support for newly qualified staff. Enhanced workforce monitoring is being used to identify and respond to emerging retention risks at an earlier stage.

Key Risk: Continued turnover within key professional groups could affect service sustainability, increase vacancy levels and drive greater reliance on temporary staffing. Targeted retention and workforce planning actions remain in place to mitigate these risks.

<u>PDR & Core Learning</u> – How are we doing and what are our key concerns?

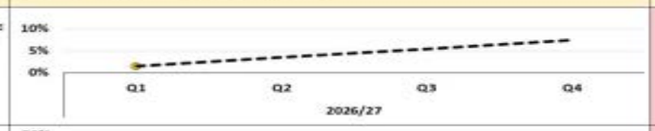
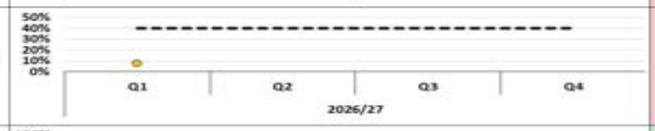
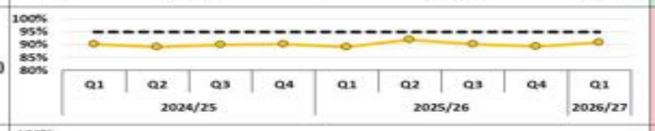
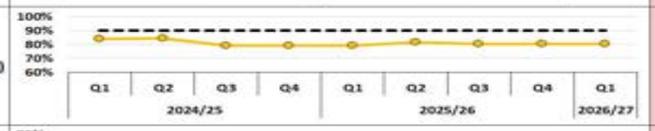
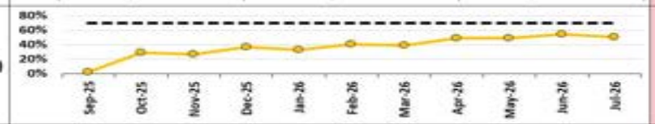
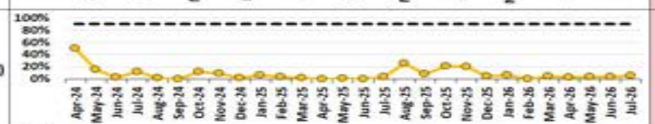
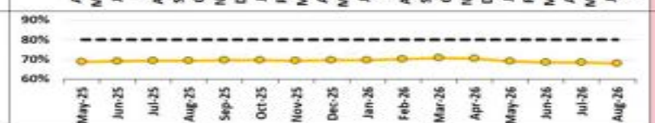
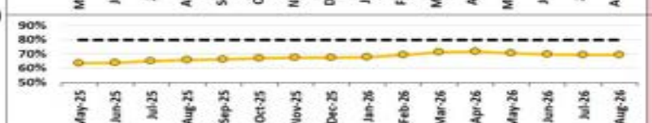
Performance against both PDR and Core Learning measures continues to improve but remains below the Health Board target of **85%**. PDR compliance has increased to **75.7%**, an improvement of approximately five percentage points compared with the same period last year. Core Learning compliance stands at **81.8%** for Level 1 training and **75.5%** across all learning levels.

Whilst the direction of travel is positive, performance remains below the level required to provide assurance that appraisal, development and mandatory training requirements are being consistently achieved across all staff groups.

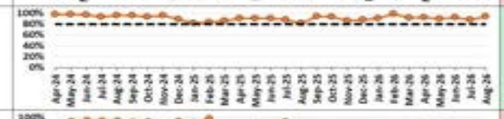
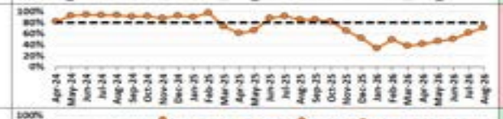
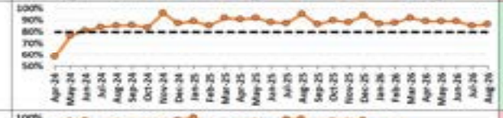
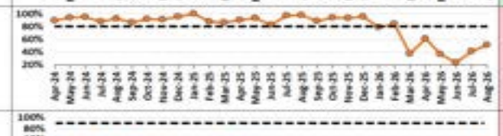
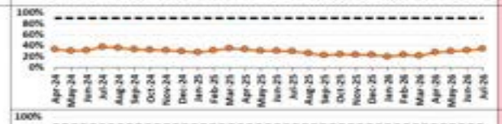
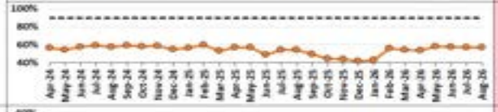
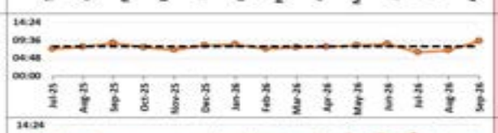
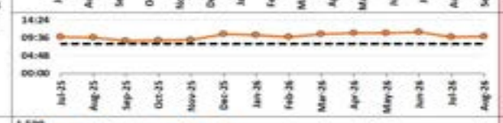
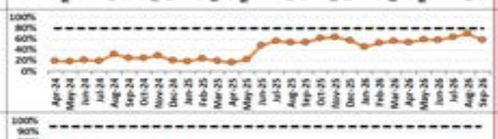
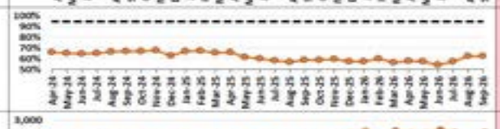
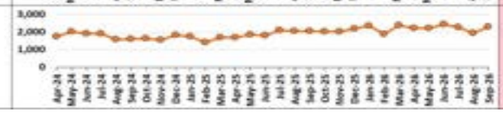
Key Actions: Targeted improvement plans remain in place for underperforming areas, supported by compliance clinics, strengthened management accountability and focused interventions within staff groups where compliance remains below target.

Key Risk: Failure to achieve compliance targets may reduce assurance regarding workforce capability, statutory training requirements and staff development. Enhanced governance arrangements and targeted recovery plans continue to support improvement.

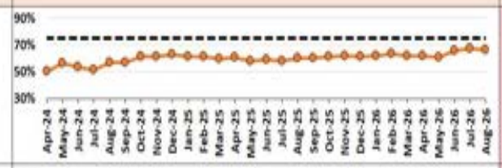
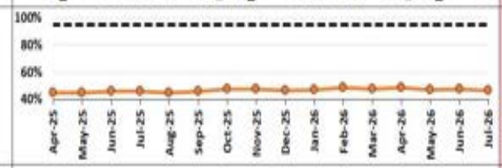
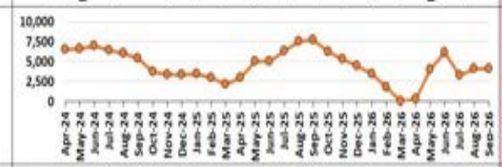
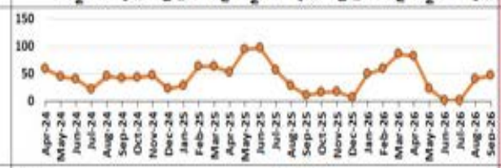
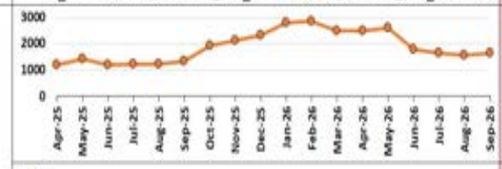
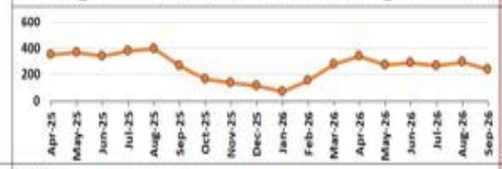
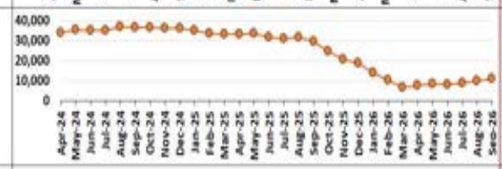
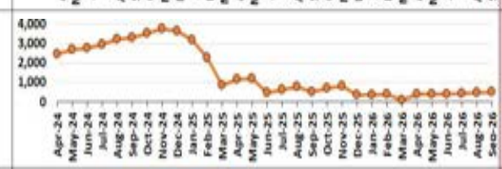
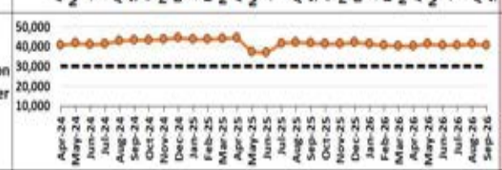
2.2 Appendix 1. Welsh Government Performance Framework Indicators - Quadruple Aim

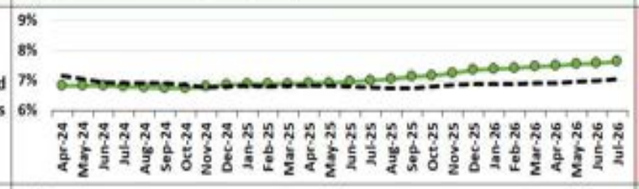
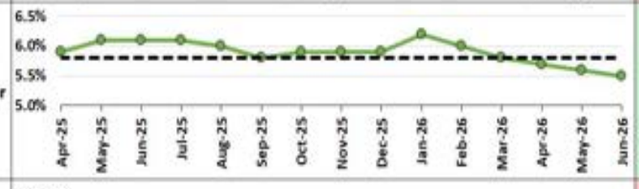
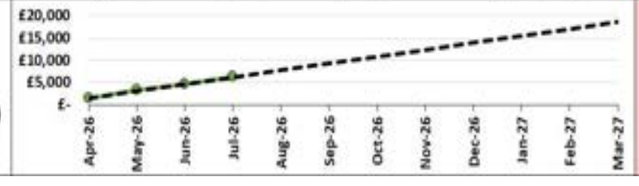
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management				
Performance Measure	**Target**	**Key:** Trend --- Target/Trajectory	**Key: Target Met**	**Target Failed**
			Latest Position	
Percentage of adult smokers who make a quit attempt via smoking cessation services	7.5% Annual Target: (Higher is good) 1.5% by Q1 3.5% by Q2 5.5% by Q3 7.5% by Q4		1.4%	Qtr 1 2026/27
Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% each quarter: (Higher is good)		7.21%	
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80% (Higher is good)		86.1%	Q1 2026/27
Percentage of children who are up to date with the scheduled vaccinations by age 5	95% (Higher is good)		90.8%	Q1 2026/27
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90% (Higher is good)		80.6%	
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75% (Higher is good)		72.5%	Next update expected Nov 2026
Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years of age	70% (Higher is good)		51.0%	Jul-26
Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90% (Higher is good)		5.5%	Jul-26
Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months	80% (Higher is good)		68.4%	Aug-26
Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months			69.3%	
Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)	Improvement compared to the same period in the previous year (Higher is good)		48.9%	Q4 2025/26
Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)			55.2%	

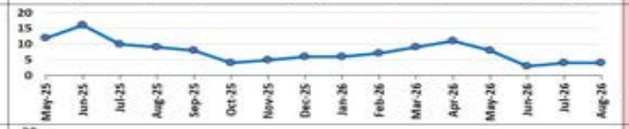
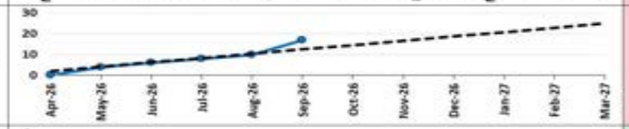
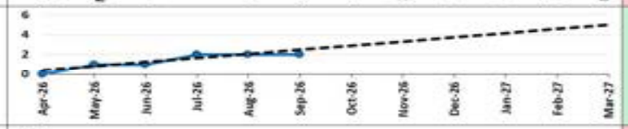
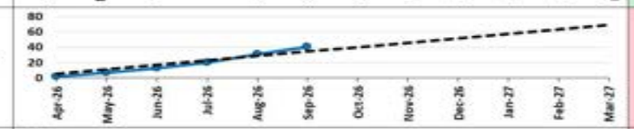
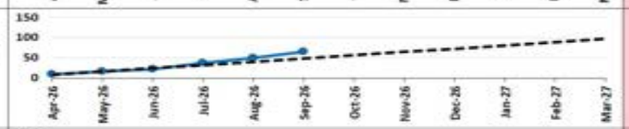
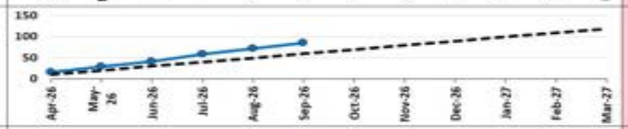
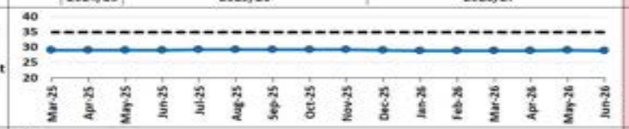
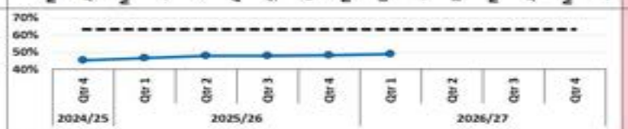
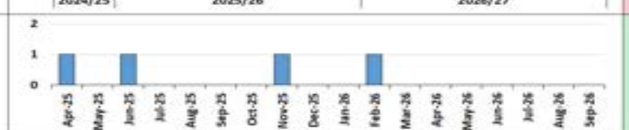
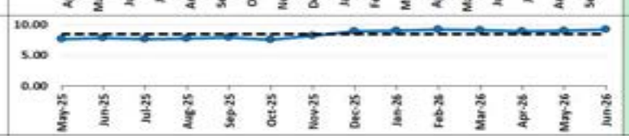
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Met	Target Failed
			Latest Position	
Percentage of community pharmacies providing Pharmacist Independent Prescribing Service (PIPS)	70% or an increase of at least 20 percentage points on the March 2026 baseline (40.9%) towards 70% (Higher is good)		49.5%	Jul-26
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80% (Higher is good)		94.7%	Aug-26
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80% (Higher is good)		71.2%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% (Higher is good)		86.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% (Higher is good)		51.1%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80% (Higher is good)		33.9%	Jul-26
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			57.2%	Aug-26
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	End of quarter on end quarter improvement (Higher is good)		14.3%	Aug-26
Median emergency response time to Purple: arrest category calls	Expected target range 6-8 minutes (Lower is good)		06:55	Sep-26
Median emergency response time to Red: emergency category calls			10:00	
Number of ambulance patient handovers over 45 minutes	Zero (Lower is good)		197	
Percentage of ambulance patient handovers within 15 minutes	80% (Higher is good)		58.2%	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95% (Higher is good)		62.3%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero (Lower is good)		2,291	

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: Target Met	Target Failed
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75% (Higher is good)		66.2%	Aug-26
Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95% (Higher is good)		46.5%	Jul-26
Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)		4,121	
Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero (Lower is good)		48	
Number of adults waiting more than waiting more than 14 weeks for all audiology pathways (to include new & existing pathways for hearing aids, tinnitus & balance)	Zero (Lower is good)		1,624	Sep-26
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			241	
Number of patients waiting more than 26 weeks for new outpatient appointment	Zero (Lower is good)		11,123	
Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)		518	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction of at least 25% on March 2026 baseline (Lower is good)		40,556	

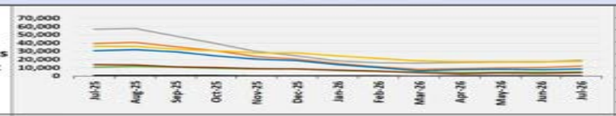
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable				
Performance Measure	**Target**	**Key:** Trend --- Target/Trajectory	**Key: Target Met**	**Target Failed**
			Latest Position	
Percentage of sickness absence rate of staff	Rolling 12 month reduction compared to the same period in the previous year (Lower is good)		7.63%	Jul-26
Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 5.8% for 2025-26 (Lower is good)		5.5%	Jun-26
Agency spend	30% reduction in 2026-27 from 2025-26 outturn (£26,555 less 30% = £18,589)		£6325 (Numbers in £000's)	Jul-26

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes				
Performance Measure	**Target**	**Key:** Trend / Target/Trajectory	**Key: Target Met** / Green = Target Met / Red = Under	**Target Failed**
% of episodes clinically coded within one reporting month post episode discharge end date	95%		79.2%	Jul-26
National Reportable incidents open over 12 months	Zero		4	Jul-26
Cumulative number of hospital onset Klebsiella spp BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		17	Apr - Sep 2026
Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		2	
Cumulative number of hospital onset E.coli BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		41	
Cumulative number of MSSA BSI cases (bloodstream infections)	20% reduction on the 2024-25 baseline (Lower is good)		65	
Cumulative number of C.difficile infection cases	25% reduction on the 2024-25 baseline (Lower is good)		85	
Gabapentin and pregabalin DDDs per 1,000 patients	10% reduction compared to same period in the previous year (Lower is good)		1996.25	Q12026/27
Average quantity per item prescribed from start period for the reference basket of medicines	Prescribing interval of 35 days or where average is >=35 days in March 2026, an increase of at least 10% on March 2026 baseline of 28.9 (Higher is good)		28.84	Jun-26
Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	80% or an increase of at least 15 percentage points on the March 2026 baseline of 48.2% towards 80% (Higher is good)		48.9%	Q1 2026/27
Number of never events	Zero (Lower is good)		Zero	Sep-26
Overall HB patient experience score	8.5 (out of 10)		9.2	Jun-26

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

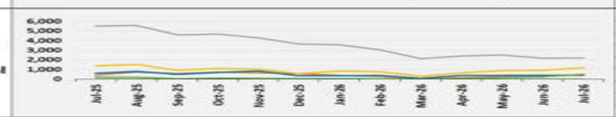
Planned Care & Cancer

Number of patients waiting over 26 weeks for a new outpatient appointment



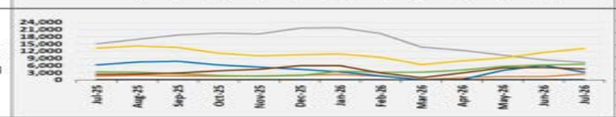
July 2026		
Health Board	Compliance	Rank
Powys	222	1st
SB	3,995	2nd
HDda	5,035	3rd
CTM	**8,612**	**4th**
AB	11,956	5th
C&V	17,944	6th
BCU	19,052	7th

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



July 2026		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
AB	388	3rd
CTM	**430**	**4th**
HDda	504	5th
C&V	1,179	6th
BCU	2,230	7th

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



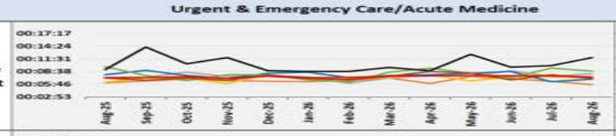
July 2026		
Health Board	Compliance	Rank
Powys	41	1st
AB	2,465	2nd
CTM	**3,263**	**3rd**
SB	4,615	4th
HDda	6,651	5th
BCU	7,322	6th
C&V	13,110	7th

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

July 2026		
Health Board	Compliance	Rank
CTM	**67.5%**	**1st**
C&V	64.4%	2nd
HDda	61.2%	3rd
AB	60.2%	4th
BCU	57.1%	5th
SB	44.7%	6th

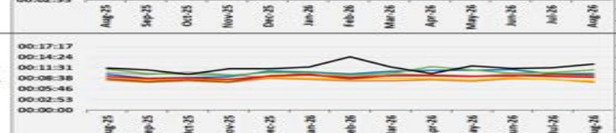
Urgent & Emergency Care/Acute Medicine

Median emergency ambulance response time to purple: arrest category calls



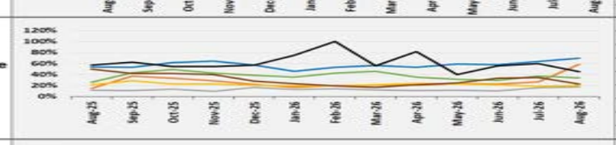
August 2026		
Health Board	Compliance	Rank
AB	05:40	1st
CTM	**06:55**	**2nd**
SB	07:07	3rd
C&V	07:10	4th
BCU	08:13	5th
HDda	08:45	6th
Powys	11:48	7th

Median emergency ambulance response time to red: arrest category calls



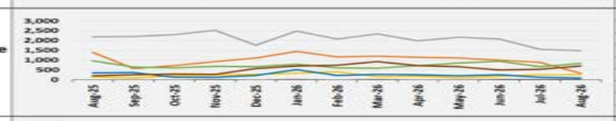
August 2026		
Health Board	Compliance	Rank
AB	07:35	1st
C&V	08:03	2nd
BCU	08:58	3rd
SB	09:29	4th
CTM	**10:00**	**5th**
HDda	10:59	6th
Powys	12:34	7th

Number of ambulance patient handovers within 15 minutes



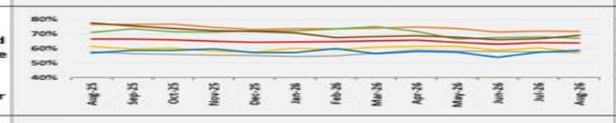
August 2026		
Health Board	Compliance	Rank
CTM	**69.9%**	**1st**
AB	58.2%	2nd
Powys	45.5%	3rd
HDda	34.1%	4th
SB	22.9%	5th
C&V	20.0%	6th
BCU	17.3%	7th

Number of ambulance patient handovers over 45 minutes



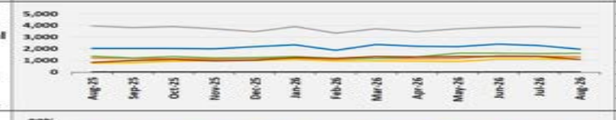
August 2026		
Health Board	Compliance	Rank
Powys	1	1st
CTM	**93**	**2nd**
C&V	249	3rd
AB	337	4th
SB	699	5th
HDda	833	6th
BCU	1,481	7th

% 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



August 2026		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	71.9%	2nd
SB	69.1%	3rd
HDda	67.1%	4th
CTM	**58.7%**	**5th**
C&V	57.5%	6th
BCU	57.2%	7th

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



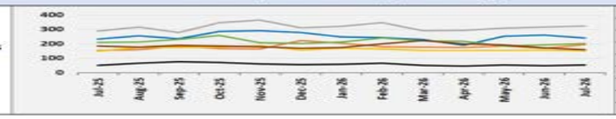
August 2026		
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,101	2nd
SB	1,117	3rd
AB	1,312	4th
HDda	1,621	5th
CTM	**1,978**	**6th**
BCU	3,848	7th

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

July 2026		
Health Board	Compliance	Rank
HDda	59.7%	1st
BCU	48.1%	2nd
C&V	45.9%	3rd
SB	40.5%	4th
AB	35.7%	5th
CTM	**18.7%**	**6th**

Pathways of Care Delayed Discharges

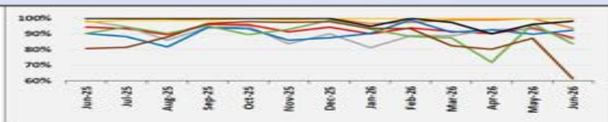
Number of Pathways of Care Delayed Discharges



July 2026		
Health Board	Compliance	Rank
SB	53	1st
C&V	152	2nd
Powys	159	3rd
AB	196	4th
HDda	204	5th
CTM	**242**	**6th**
BCU	325	7th

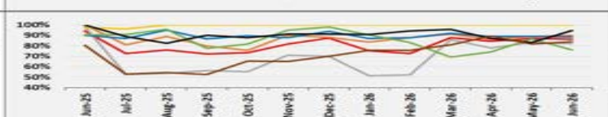
Mental Health Services

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



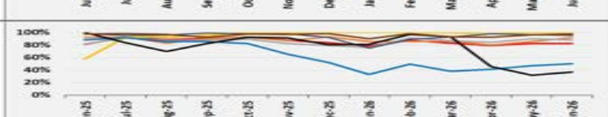
July 2026		
Health Board	Compliance	Rank
C&V	98.3%	1st
AB	96.9%	2nd
CTM	**88.2%**	**3rd**
Powys	87.9%	4th
BCU	87.4%	5th
SB	85.0%	6th
HDda	80.5%	7th

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



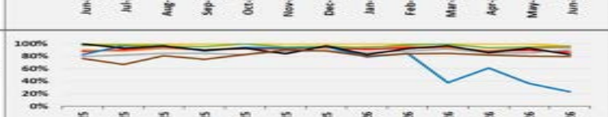
July 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
BCU	90.2%	2nd
SB	85.1%	3rd
CTM	**85.1%**	**3rd**
AB	84.1%	5th
Powys	84.1%	5th
HDda	81.4%	7th

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



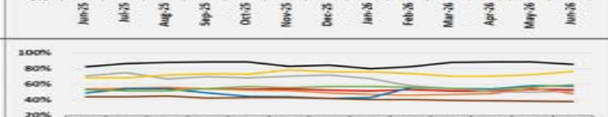
July 2026		
Health Board	Compliance	Rank
C&V	99.4%	1st
HDda	99.3%	2nd
Powys	94.1%	3rd
BCU	91.1%	4th
AB	88.4%	5th
CTM	**61.8%**	**6th**
SB	24.7%	7th

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



July 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
AB	96.7%	2nd
HDda	96.0%	3rd
SB	93.1%	4th
BCU	86.9%	5th
Powys	80.3%	6th
CTM	**41.4%**	**7th**

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



July 2026		
Health Board	Compliance	Rank
SB	91.3%	1st
C&V	75.7%	2nd
CTM	**56.9%**	**3rd**
HDda	56.6%	4th
BCU	55.1%	5th
AB	52.5%	6th
Powys	37.5%	7th

Population Health

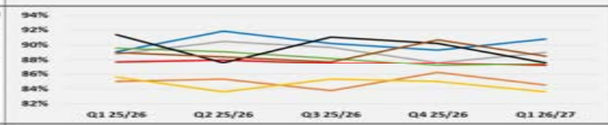
Percentage of adult smokers who make a quit attempt via smoking cessation services

2025/26		
Health Board	Compliance	Rank
HDda	10.5%	1st
Powys	9.0%	2nd
BCU	8.0%	3rd
CTM	**6.3%**	**4th**
SB	4.8%	5th
AB	3.9%	6th
C&V	3.4%	7th

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

Qtr 4 2025/26		
Health Board	Compliance	Rank
SB	45.1%	1st
C&V	32.1%	2nd
HDda	24.7%	3rd
BCU	23.7%	4th
AB	21.8%	5th
Powys	16.1%	6th
CTM	**9.8%**	**7th**

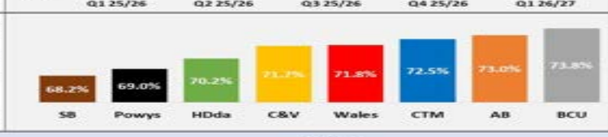
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR



Qtr 1 2026/27		
Health Board	Compliance	Rank
CTM	**90.8%**	**1st**
BCU	89.0%	2nd
SB	88.5%	3rd
Powys	87.6%	4th
HDda	87.4%	5th
AB	84.5%	6th
C&V	83.6%	7th

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

(2025/26 Flu season)



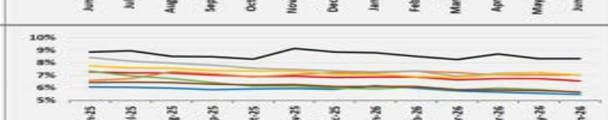
March 2026		
Health Board	Compliance	Rank
SB	68.2%	1st
Powys	69.0%	2nd
HDda	70.2%	3rd
C&V	71.7%	4th
CTM	**72.5%**	**5th**
AB	73.0%	6th
BCU	73.8%	7th

Workforce

% of sickness absence rate of staff

June 2026		
Health Board	Compliance	Rank
Powys	5.4%	1st
BCU	6.2%	2nd
C&V	6.4%	3rd
AB	6.7%	4th
HDda	6.8%	5th
SB	7.4%	6th
CTM	**7.6%**	**7th**

Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales



June 2026		
Health Board	Compliance	Rank
CTM	**5.5%**	**1st**
HDda	5.6%	2nd
SB	5.7%	3rd
C&V	7.0%	4th
AB	7.0%	4th
BCU	7.0%	4th
Powys	8.3%	7th

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

3. Key Risks/Matters for Escalation

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

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 1a
	If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Data to Knowledge
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.	
Cyfreithiol / Legal	**Yes (Include further detail below)** Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	

Enw da / Reputational	**Yes (include further detail below)** Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Claire Thompson	19/10/2026	Endorsed for Approval

5. Glossary of terms

Acronyms/Glossary of Terms		Definition or Context
A&E/ED	Accident & Emergency/Emergency Department	Emergency department for urgent care
CAMHS	Child and Adolescent Mental Health Services	Services for children and young people with mental health needs
CO-validated quit	Carbon Monoxide validated quit attempt	Carbon monoxide test confirming smoking cessation
COO	Chief Operating Officer	Accountable for day-to-day operational performance
CTP	Care and Treatment Plan	Statutory plan for patients receiving secondary mental health services
EEMAC	Extended Emergency Medicine Ambulatory Care	Same-day emergency care service for patients requiring further assessment and treatment without hospital admission
HMQ	Help Me Quit	Smoking cessation service in Wales
LPMHSS	Local Primary Mental Health Support Services	Community-based mental health support
N&M	Nursing & Midwifery	Workforce category for nurses and midwives
NIAW	National Imaging Academy Wales	A training and capacity-building initiative for imaging professionals
NOUS	Non-Obstetric Ultrasound	Ultrasound scans excluding obstetric cases
PADR	Personal Appraisal Development Review	Annual staff appraisal process
RIS	Radiology Information System	System for managing radiology workflows
RTT	Referral to Treatment Times	Time from referral to the start of treatment
SCP	Suspected Cancer Pathway	National standard measuring time from suspicion to first definitive cancer treatment
SDEC	Same Day Emergency Care	Assessment, treatment and discharge of patients on the same day, avoiding unnecessary hospital admission.
STAMP / OPTIMISE	STAMP / OPTIMISE	Flow improvement programmes aimed at reducing delays in emergency
WAST	Welsh Ambulance Services NHS Trust	Provides ambulance and patient transport services
Welsh Health Boards		
ABUHB	Aneurin Bevan University Health Board	
BCUHB	Betsi Cadwaladr University Health Board	
C&VUHB	Cardiff & Vale University Health Board	
CTMUHB	Cwm Taf Morgannwg University Health Board	
HDUHB	Hywel Dda University Health Board	
Powys THB	Powys Teaching Health Board	
SBUHB	Swansea Bay University Health Board	

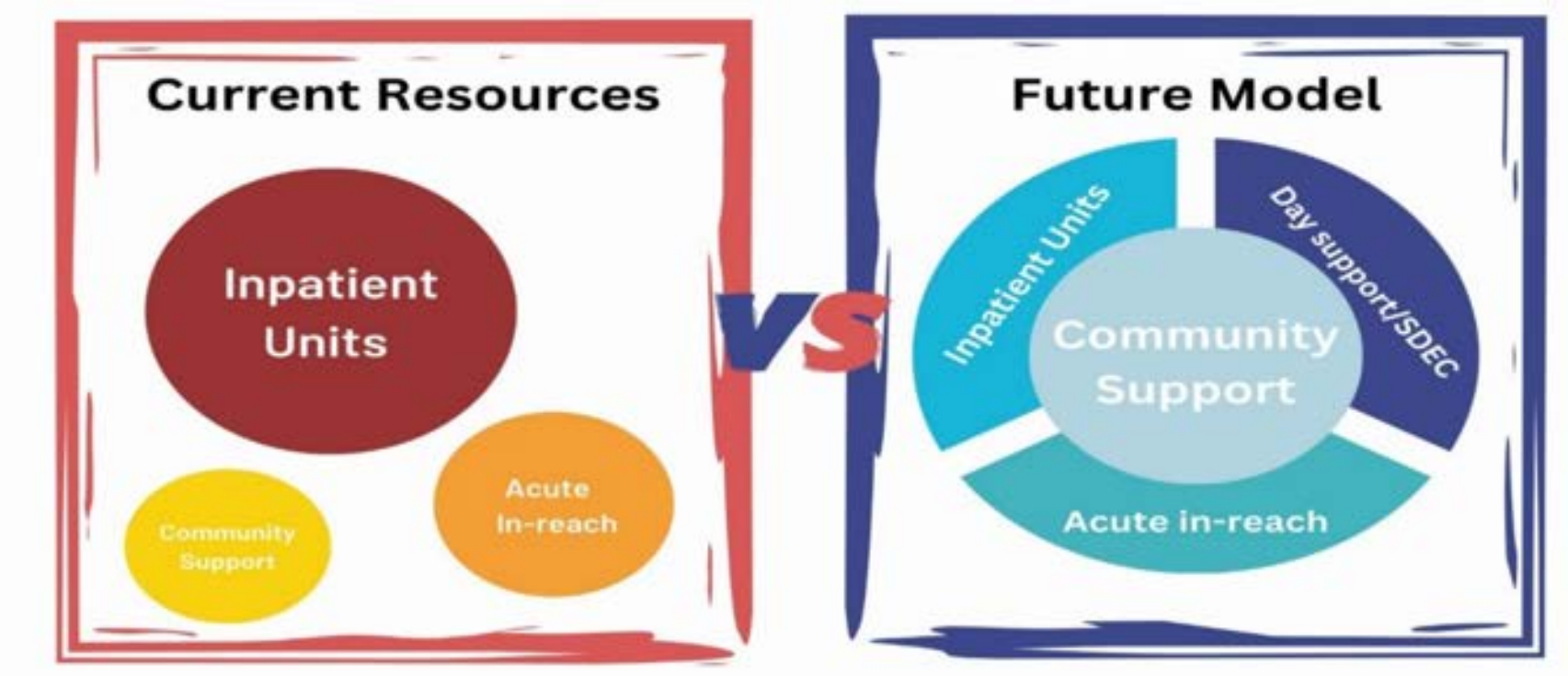
Meeting Name:	
Report Title:	Specialist Palliative Care Implementation Update
Agenda Item:	4.3
Date of Meeting:	27 October 2026
Publication Status:	Public
Report Prepared by:	Kelly Parfit – Operational Service Manager for SPC and WISE
Report Presenter:	Gethin Hughes – Chief Operating Officer
Report Executive Sponsor	Gethin Hughes – Chief Operating Officer
Report Purpose:	To update
Action / Decision Required:	Noting
Strategic Context: **This report aligns to the following Strategic Pillars**	This programme of work aligns to improving care
Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan (Reference relevant priority)	This programme of work is a key priority for the Primary and Community Care Group and reflects patient focused services being delivered closer to home.

Executive Summary of what the report is describing: Start by <u>summarising briefly</u> the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
What (summary of current position / issue & why it matters and evidence to support that position etc)	Following extensive patient and stakeholder engagement around a new model of care The Board agreed on the 21st May for a programme of transformation to be progressed and implemented.
So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)	The engagement revealed that there was not a clear understanding of the difference between palliative care, endo of life and Specialist Palliative Care. The new mode of delivery is aligned to making a more joined up service between the different elements and is in line with not only the Strategic direction of the Health Board to deliver more services in the community, but it also reflects the priories identified in the National Palliative, End of Life Care National Framework.
What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made)	The report describes the key milestones achieved to date, the model of delivery and next steps in the implementation. Provide assurance that quality, safety, workforce sustainability, equity of access and service outcomes will be monitored throughout implementation and reported through appropriate governance structures.

Recommendation (Linked to the "What Next" section above).	**What is it you are asking the Board / Committee to do – APPROVE, ENDORSE, NOTE**
	To NOTE
Link to Strategic Risk(s) on the Board Assurance Framework **(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)**	**STRATEGIC RISK(s) 1a / 1b/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10/ 11**
	If more than one applies, please list:
Link to Wellbeing of Future Generations Act – Wellbeing Goals	**Not Applicable / A Prosperous Wales / A Resilient Wales / A Healthier Wales / A More Equal Wales / A Wales of Cohesive Communities / A Wales of Vibrant Culture & Thriving Welsh Language / A Globally Responsible Wales**
	A Wales of Cohesive Communities
Environmental Sustainability Impact (5Rs)	**Reuse / Refine / Reduce / Repurpose / Recycle / Not Applicable**
	Not applicable
Link to Enablers of Quality	**Not Applicable / Culture & Valuing People / Data to Knowledge / Leadership/ Learning, Improvement & Research / Whole-System Perspective**
	Culture & Valuing People and Whole System Perspective
IMPACT ASSESMENT	
Equality & Welsh Language Impact Assessment Outcome **(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)**	All correspondence sounding the transformation has taken into consideration equality and Welsh Language and will continue to be.
Quality Impact Assessment Outcome **(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)**	A QIAO was undertaken and doing nothing was not deemed to provide patient care. The changes will significantly improve patient care.
Cyfreithiol / Legal	
Enw da / Reputational	
Resource Impact **(People / Financial)**	

New Service Model – Hospice@Home

Hospital Bed Based to Community Focused



Core Components of Hospice@Home

- Retain workforce and resources in Merthyr & Cynon Localities
- Provide responsive, person-centred care for patients in the last phase of their life and those requiring Specialist Palliative Care when needs have escalated.
- Short term interventions that promote comfort, independence and quality of life in coordinated manner.
- Delivered in close collaboration with GP, Hospital@Home, Marie Curie, District Nursing and wider community MDT
- Bed based options – delivered through 2 SPC facilities in RGH and POW or to enhanced end of life beds in a community hospital – for direct admission

- Expert assessment and management of complex symptoms
- Support decision making for patients and rapidly changing acuity needs
- Lead future care planning and discussions around goals
- Office clinical advice and support to ward based teams and wider community services
- Ensure alignment with Specialist Palliative Care standards and best practice
- Current workforce will transition from 12-hour shifts to 7 day a week service.

Key Milestones Achieved to Date:

- Implementation Group, Steering Group and Task and Finish Groups in place
- Organisational Change Process (OCP) for staff on Ward 6 concluded - 2nd August
- Nurse Leadership structure changed to ensure robust experienced and dedicated leadership for implementation
- Co-design of the delivery model with existing specialist palliative care workforce from YCC Ward 6
- Development and circulation of FAQs for staff impacted and transition statement for wider stakeholders

Key Milestones Achieved to Date Cont'd

- Closure of Ward 6 in YCC – achieved on Friday 2nd October
- Development of the Direct Admission Pathway into community hospitals for 'Enhanced End of Life Care – 2 beds located in YCC - avoiding unnecessary emergency department attendance.
- Revised JDs for Consultant and Specialty Grade Doctor for new service
- Specialist Palliative Care staff commenced shadowing with District Nursing Teams

Next Steps

By end of October

- Final hand over of Ward 6
- Advert live on TRAC for 8 session Consultant and Speciality Grade Doctor dedicated for new community service
- Finalise structured workforce transition and bespoke 12-week induction and training plan for Specialist Palliative Care workforce based on training needs and competence assessment.
- Undertake series of visits to other community-based Specialist Palliative Care Models

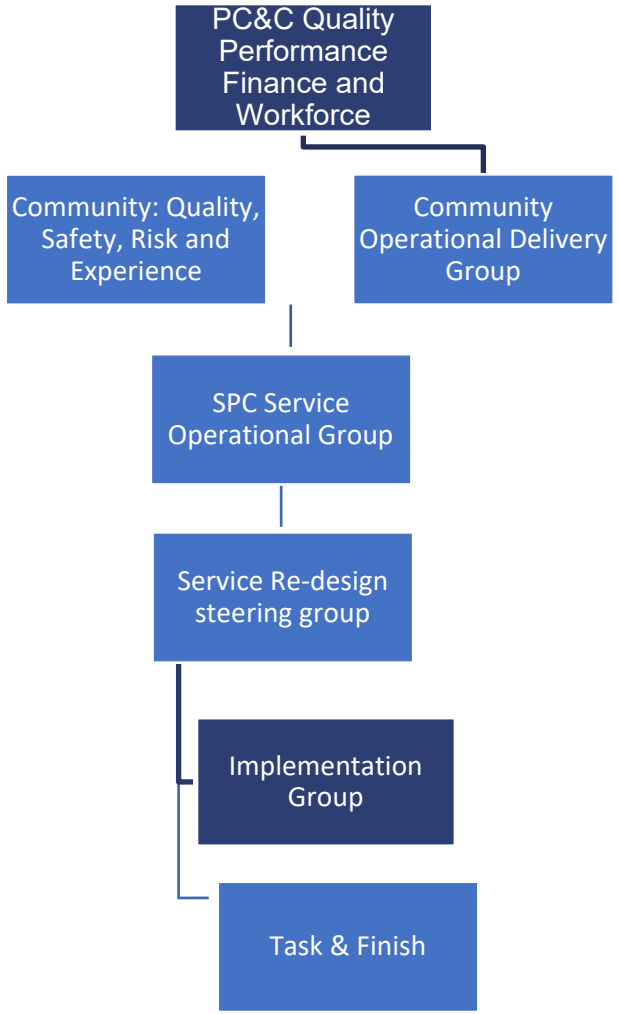
By end of December

- Develop PREMS & PROMS and FREMS
- Finalise engagement sessions focused on socialising of new model and gain feedback
- Completion of training and induction

January

- Commence new delivery of Hospice@Home

Governance Structure



Risks and Mitigations

Risks	Mitigations
Sustainability of core SPC Services whilst changes implemented	Dedicated governance arrangements & ongoing monitoring of implementation
Clarity around roles and accountability	Development of agreed detailed referral criteria/defined roles/escalation pathways
Medical leadership and recruitment challenges may still exist	Redesign of Job Descriptions to reflect new exciting model of delivery. Revised clinical model and structure.
Equity of access for community services	New model provides an opportunity to test proof of concept for new way of delivery. Regular reporting through governance structure. Evidence will be gathered to inform future delivery.
Scope and understanding of Hospice@Home and limitations in early stages	Clear communication strategy with defined pathways and future consideration will be given to 24/7 service.
Workforce transition - Staff may face uncertainty regarding new roles and responsibilities creating risk to service confidence.	Training needs analysis for all staff impacted. 12 week development programme. Clinical supervision and mentorship and phased implementation.
Community Hospital End of Life Care Beds experiencing operational pressures.	Development of clear admission criteria and pathways. Clinical oversight and community hospital involvement in the redesign

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Operational Delivery Committee

Workforce Metrics Report

Eitem yr Agenda / Agenda Item	**5.1**
Dyddiad y Cyfarfod / Date of Meeting:	27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager Emma Powell, Head of People Analytics
Cyflwynydd yr Adroddiad / Report Presenter:	Natalie Price, Assistant Director, Strategic Workforce Planning.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Committee is asked to NOTE the report.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Inspiring People If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	This report provides oversight of key workforce indicators, enabling the organisation to monitor workforce capacity, resource availability and the delivery risks that may affect strategic objectives, safe and effective services and financial sustainability.

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

Executive Summary of what the report is describing: Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Staff in post numbers have continued to grow when compared to the same period last year however there has been a slight reduction month on month since April 2026. Turnover has reduced reflecting improved retention across most staff groups, although Estates and Ancillary staff group continue to experience high turnover. Sickness absence remains a challenge with anxiety, stress and depression remaining the leading cause of absence. There has been an improvement in PDR compliance and Statutory and Mandatory Training but both remain below targets. Bank and agency expenditure continues to decrease.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The report provides assurance that progress is being made in strengthening workforce sustainability through workforce growth, reduced turnover and reduced reliance on temporary staffing. However, some workforce risks remain. The ageing profile within Estates and Ancillary staff group, where 44% of staff are aged 55 and over and retirement is a significant contributor to turnover, creates ongoing workforce supply challenges. Sickness absence remains above the Health Board's improvement trajectory and continues to present a risk to workforce availability and service resilience.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*	Work is ongoing to review the Health Board's people data and metrics to ensure that we produce quality, accessible metrics that inform and drive the delivery of the ambitions articulated within our People Plan. Further updates will be provided as this work progresses.

What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	
Argymhelliad (Wedi'i gysylltu â'r adran "Beth Nesaf" uchod). **Recommendation (Linked to the "What Next" section above).**	For noting

People Metrics Dashboard: October 2026 ODC

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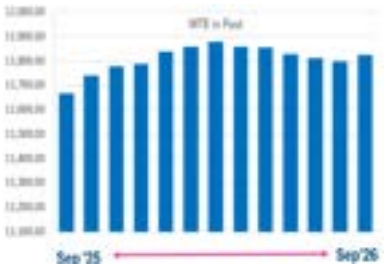
Please note that reporting is based on the previous month's data. Exceptions include sickness data, which is reported two months in arrears, and annual census datasets such as the Staff Survey and Gender Pay Gap metrics.

GETTING THE BASICS RIGHT

CTM employs **13,607** staff in post (SIP), equal to **11,824.03** whole time equivalent (WTE) September 26. This is an increase of **0.21%** compared to the previous month (Aug 26). We have grown by **1.3%** (Sept 25 to Sept 26)



The biggest % increase in WTE is in Medical & Dental Staff Group and by **3.6%** (Sept 25 to Sept 26)

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

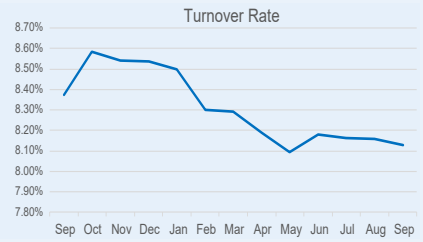
44% of Estates & Ancillary Staff Group are aged 55 & over (Sept 26)

Average age is **44 years**

MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover

Rolling 12-month turnover has reduced from **8.37%** (Sept 25) to **8.13%** (Sept 26)



Area with the highest turnover: **Estates & Ancillary (11.57%)**

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

Bank & Agency Spend

Bank & Agency spend (Sept 26):
M&D was **£2.38m**
NMR was **£2.42m**

Lateral Moves Scheme **434** eligible requests & **151** successful moves since launch (Feb 2024)

GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **75.74%** (Sept 26)

The target for PDR Compliance is 85%

Return to Work compliance is **72.5%** (Sept 26) which has increased from **56.3%** (Sept25)

Statutory and Mandatory Training Compliance in Sept 26 for Level 1 is **81.8%**, and ALL Levels of Training is **75.5%**

The target for all Statutory and Mandatory Compliance is 85%

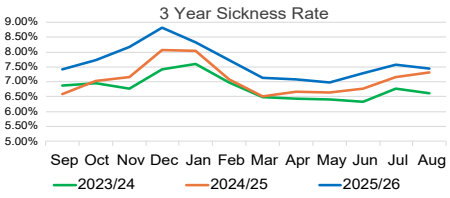
Improved Performance | Static Performance | Decreased Performance

AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **7.44%** (Aug 26) which is **878** WTE lost in month. This is compared to **7.32%** (Aug 25). Rolling 12-month is **7.64%** Aug 26 compared to **7.09%** Aug 25.

42.3% of sickness (Aug 26 in mth) due to **Anxiety/Stress/ Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Estates and Ancillary (10.85%)**



Gender Pay Gap 2026/27
Median Hourly Pay Gap is **9.7%**, a decrease from last year
Mean Hourly Pay Gap is **27.21%**, a slight decrease from last year

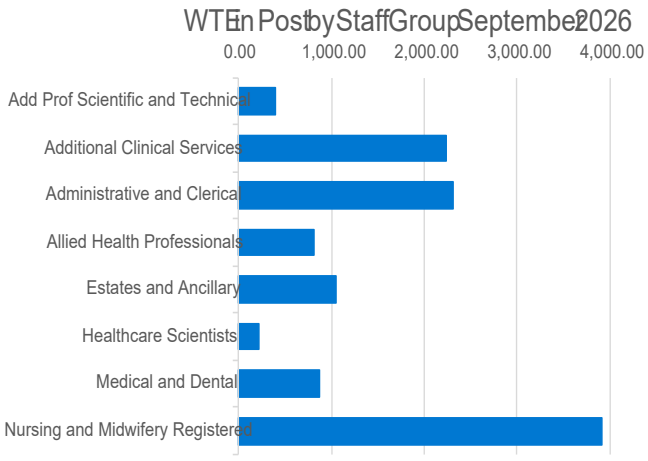
Staff Engagement 2025
Response rate was **35.6%**

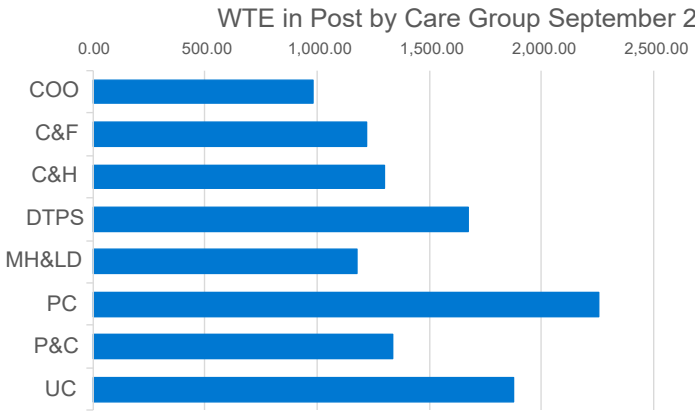
Staff in Post

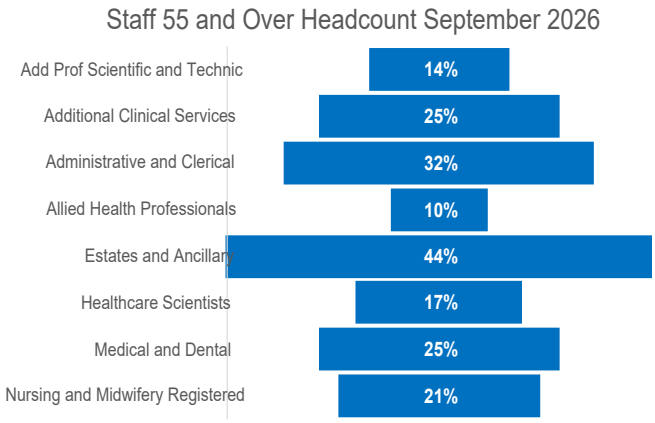
The Health Board's WTE has increased by 1.3% since September 2025 (11,668.09 WTE) to 11,824.03 WTE at the end of September 2026. The headcount position shows an 181 increase when comparing the same period (13,426 in September 2025 to 13,607 as of September 2026). Increases have been seen in most clinical and administrative staff groups across the Health Board. The FTE and Headcount had been decreasing slightly month by month since April 2026, however they have both increased slightly by 0.21% from August 2026 (FTE 11,799.37 and Headcount 13,580).

Nursing and Midwifery (2.8%), Medical & Dental (3.6%) and Add Prof Scientific and Technical (3.2%) showed the largest increase when compared to September 2025, due to a mixture of student streamlining intake and successful traditional recruitment. Nursing and Midwifery increased in September 2026 by 0.38% (3,918.29) compared to August 2026 (3,903.35) and Medical and Dental have increased in September 2026 by 0.94% (877.91) compared to August 2026 (869.70).

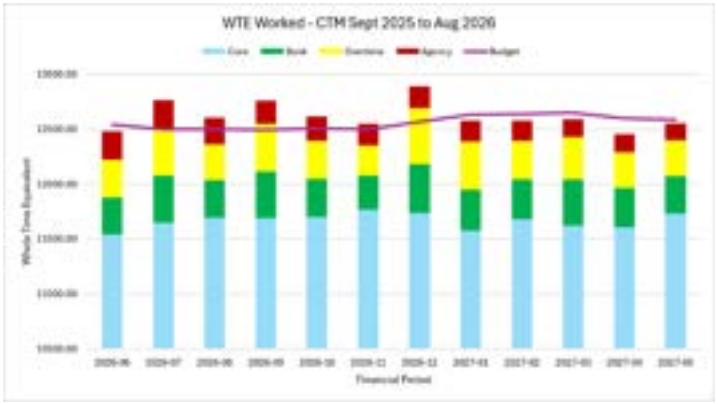
The CTM age profile, as shown in the graph, shows that Estates and Ancillary have the highest proportion of their staff over the age of 55yrs (44%). Administrative and Clerical have the second highest proportion, followed by Additional Clinical Services, and Medical and Dental.







Whole Time Equivalent Worked



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

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

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

	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
WTE Budget from the Ledger	12539.36	12502.21	12500.60	12495.71	12503.04	12498.41	12567.48	12634.04	12638.59	12650.43	12598.06	12588.35
Core paid WTE	11540.12	11649.07	11697.51	11693.46	11701.26	11768.80	11738.82	11578.07	11681.69	11622.28	11610.08	11734.94
Bank paid WTE	336.94	430.35	339.76	421.92	345.83	308.59	441.66	373.45	360.53	422.18	354.73	339.90
Overtime paid WTE	344.50	415.54	325.95	435.10	348.24	276.58	512.16	438.81	352.50	387.69	326.30	323.94
Agency worked WTE	262.95	272.96	241.15	208.44	221.86	193.88	199.69	192.54	183.53	160.82	162.83	155.53
Difference between budget and just Core WTE paid	999.24	853.14	803.09	802.25	801.78	729.61	828.66	1055.97	956.90	1028.15	987.98	853.41
Difference between budget and all paid/worked WTE	54.85	-265.71	-103.77	-263.21	-114.15	-49.44	-324.85	51.17	60.34	57.46	144.12	34.04

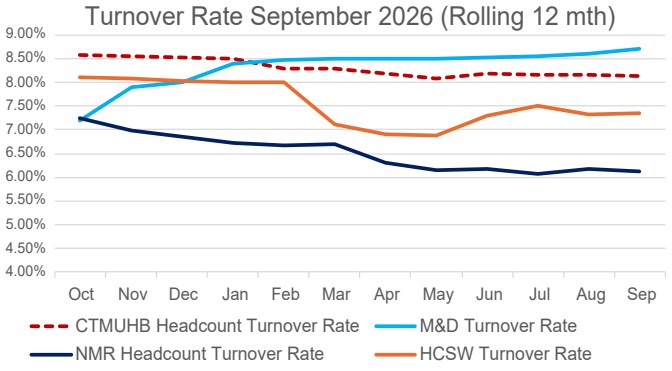
Staff Turnover

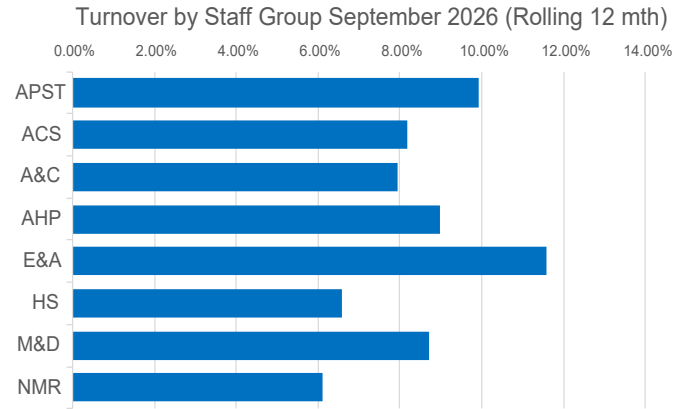
The 12-month rolling turnover has continued to reduce from 8.37% at the end of September 2025 to 8.13% at the end of September 2026, this has reduced by 0.3% when compared to August 2026 (8.16%). The downward trend is reflected in the Nursing and Midwifery Registered staff group (7.30% September 25 to 6.11% September 26), but the Medical and Dental turnover has increased from 6.31% September 25 to 8.70% September 26. Healthcare Support Worker (HCSW) turnover has reduced to 7.35% in September 2026 (compared to 8.43% in September 25).

The staff group with the highest turnover is currently Estates and Ancillary with 11.57%. This is a decrease from 12.79% in September 2025.

30% of the leavers for all staff groups in the report period (October 2025 to September 2026) were due to retirement. As noted above, 44% of Estates and Ancillary are aged 55 and over and 43% of leavers within this staff group were due to retirement.

Workforce planning within Estates service group remains a key priority following the Audit Wales recommendation. We are continuing to support the service to develop and embed a sustainable Workforce Plan, providing greater visibility of current and future workforce risks and the actions required to address them.





Sickness Absence

Sickness levels remain challenging. While improvements have been achieved in-month, gains remain fragile and will require continued management attention.

August 2026 in-month sickness was 7.44% (878 WTE lost). Encouragingly, this represents a reduction from the previous month (7.58% in July). Nonetheless, rolling year sickness absence has increased, albeit marginally, from 7.63% in July to 7.64% in August. This is because sickness levels in 2026 are higher overall compared to the equivalent rolling 12-month period of the previous year.

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

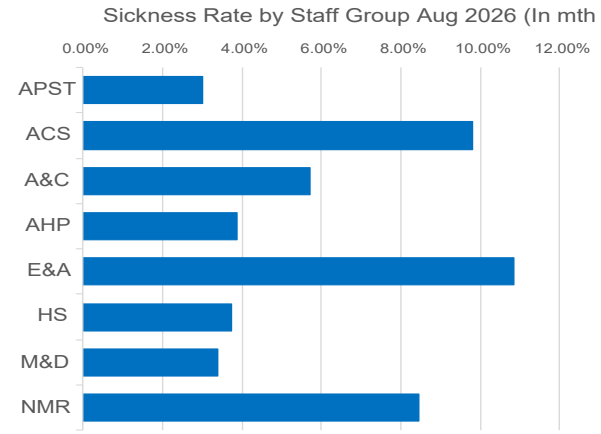
To support this target, our Health and Wellbeing action plan continues to evolve with new workstreams added. From July 2026, a 4-month targeted intervention was established, concentrating on supporting absence management in our acute and community hospitals. Other workstreams have focused on systems and reporting, governance and management tools, training and education (192 managers trained over a 6-month period), targeted case management support, audit and assurance, partnership working with Trade Union colleagues and Executive Management Board oversight.

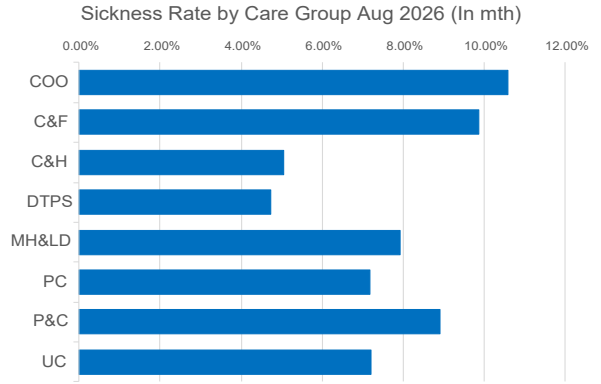
The Health Board's primary sickness reason remains Anxiety/Stress/Depression/other/ psychiatric illness, resulting in 42.3% of the total days lost to sick absence in August 2026. The second highest reason is 'Other known causes' at 8% of the days lost.

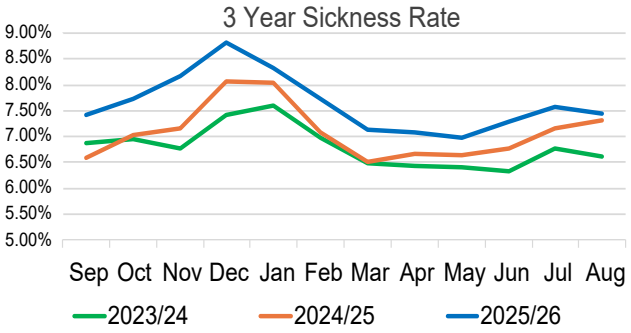
The staff group with the highest sickness level in August 2026 is Estates and Ancillary, followed by Additional Clinical Services and Nursing and Midwifery. Estates and Ancillary sickness for August 2026 was 10.85%, which is a decrease on the last reported position of 10.97% at the end of July 2026 and down from 11.46% in August 2025 following the targeted support in place.

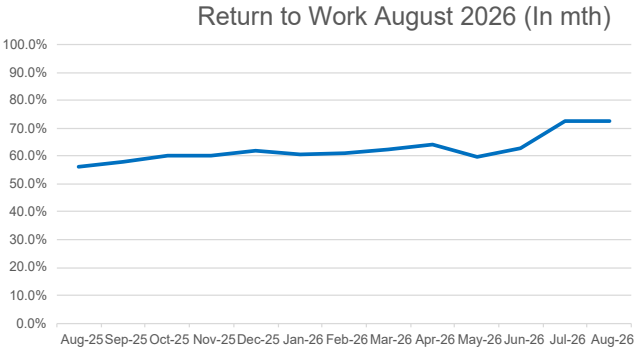
Overall Return to Work compliance was 72.5% for August 2026 which is a significant increase from 56.3% for August 2025 but is a minimal decrease from 72.6% in July 2026. This is as a result of sustained focus on the importance of RTW activity within the action plan.

From July 2026, for a period of 4 months, an enhanced attendance management function across Acute and Community hospital sites was established, reallocating 4.32 FTE from people services to provide dedicated management support and assurance for Nursing, Midwifery and Healthcare Support Worker absence. This short-term and targeted intervention is due to conclude at end October 2026. To date, the intervention has delivered a reduction in caseload (from 571 open sick absences cases at the baseline position, to 533 open sick absence cases as at 20 September.) The reduction is due to an increase in the number of cases closed, alongside a corresponding decrease in the number of new sickness cases. Further detailed analysis of outcomes and next steps will be provided in the next update.









PDR – Your Conversation

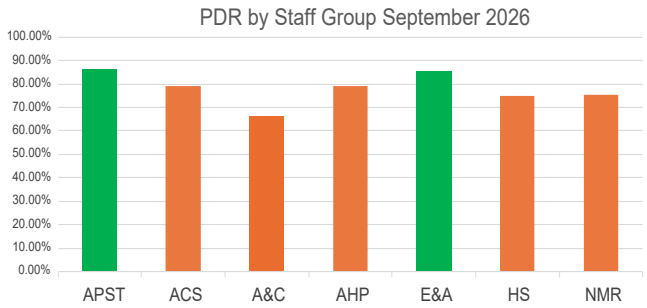
PDR compliance continues to improve, hitting 75.74% for September 2026 and is a 0.61% increase month on month and a peak for the year, although this remains below the 85% target.

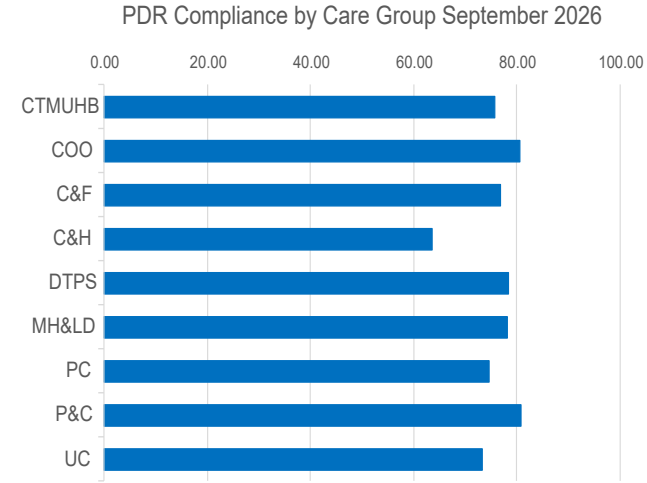
With compliance continually improving, the main concern regarding PDR is the quality of development conversations – as ratified by the Annual Staff Survey data.

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

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

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





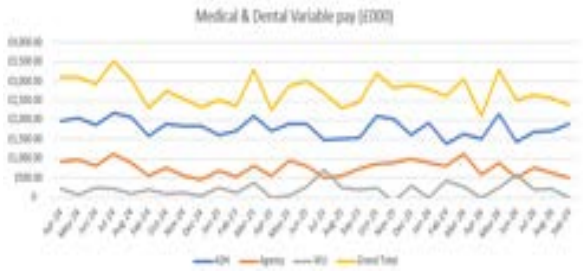
M&D Bank and Agency Spend

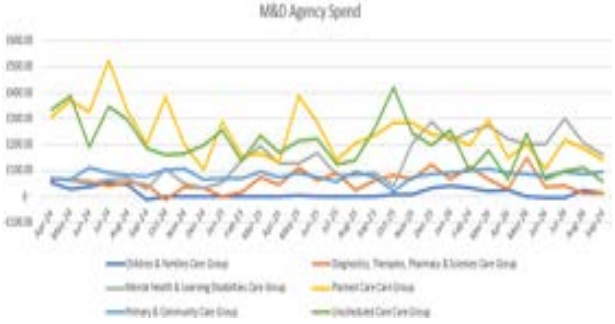
Medical Spend (Bank and Agency) was at £2.38m in September 2026 (compared to £2.46m in September 2025 and £2.57m Aug 2026).

Linked to the Value & Effectiveness programme, significant work is underway to improve data and reporting via our workforce systems. HCRG launched in the Health Board on the 6 July 2026 as the managed service for M&D bank and agency.

Other key areas of work for the programme:

- The expansion of Variable Pay Controls – from 12th October 2026 all ADH and Agency shifts will require Care Group Director approval within the Patchwork system prior to booking.
- Achievement of the 30% target reduction for Agency Spend and 10% reduction in ADH spend.
- Developing effective recruitment plans/campaigns to fill established vacancy gaps and reduce temporary staffing spend.
- Continuation of oversight and exit plans for high-cost agency locums.
- Reduce inappropriate use of bank, WLI and rate-card breaches.
- Achieve 90% job planning compliance by year-end.
- Align SPA / DCC allocation to actual service demand.





Job Planning

The Job Planning compliance rate (based on Signed in Date) was 54% in September 2026, representing an improvement from 38% in September 2025 and 49% in August 2026. Whilst compliance has continued to improve, performance remains below target (90% by year end, ambition was to have achieved 70% by the end of quarter 1).

Children and Families recorded the highest compliance rate at 76%. The most significant improvements were seen within Primary and Community Care, which increased to 56% (14% September 2025) and Planned Care, which increased to 56% (21% in September 2025).

Variation in compliance rates across Care Groups remains evident, highlighting differing levels of challenge in achieving and sustaining timely completion of job plans. Further work is required to ensure a consistent approach, address outstanding job plans, and maintain improvements across all service areas.

Targeted work has been undertaken to improve the quality of data held within the job planning system, supported by regular reviews and audits.

Ongoing monitoring, data quality assurance processes, and targeted support continue to be implemented to improve compliance and ensure that all medical staff have current, agreed job plans in place.

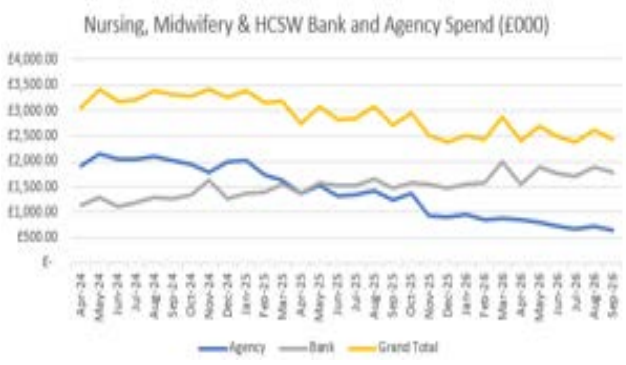
Nursing and Midwifery Bank and Agency Spend

Nursing and Midwifery (bank and agency) which includes Health Care Support Workers is at £2.42m in September 2026 (compared to £2.7m in September 2025 and £2.6 August 26).

There continues to be no use of off contract/premium rate agencies. The 'agency by exception' model was introduced on 1 December 2025 to reduce agency usage/spend further and the Health Board is on track to achieve the year end target of 30% reduction in N&M registered agency spend.

While agency use continues to reduce, further work is underway to strengthen controls across variable pay. This includes reducing overtime, strengthening Staff Bank as the preferred temporary staffing route where appropriate, and ensuring recurring staffing requirements are addressed through sustainable workforce solutions rather than reliance on variable pay.

Work on HealthRoster continues to strengthen roster management, workforce productivity and reporting. Key areas include: improving roster compliance through KPIs and RAG reporting, strengthening roster planning, approval and finalisation, improving management of time balances and Working Time compliance, and using workforce and variable pay data to identify areas requiring targeted action and longer-term workforce solutions.



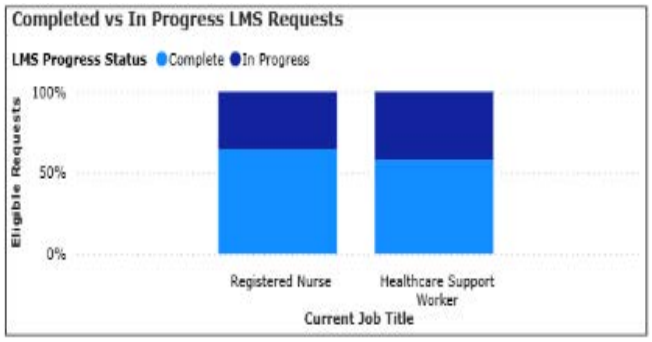
Lateral Moves Scheme

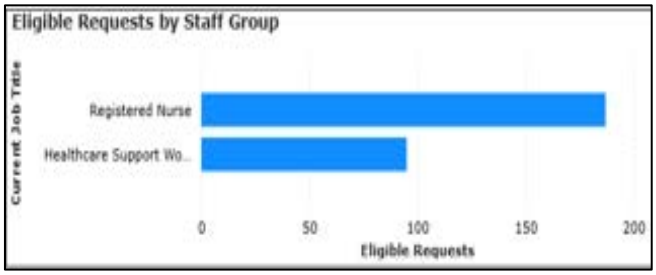
As of the end of September 2026, the Lateral Moves Scheme has received 595 applications since its launch in February 2024, with 434 eligible requests recorded. Registered Nurses and Healthcare Support Workers continue to account for the highest proportion of requests.

To date, 151 staff have successfully transferred through the Scheme, with a further 90 requests currently live and in progress. The Scheme continues to provide an important retention route for staff seeking alternative opportunities within CTM while enabling colleagues to remain within the Health Board.

Average time-to-hire remains at 60 days, continuing to demonstrate a streamlined approach to internal movement and supporting the Scheme's aim of reducing recruitment times.

Work to further develop and expand the Scheme will continue during 2026/27, including planned expansion to Band 3 Therapies Support roles and ongoing discussions with Allied Health Professional groups. Guidance, resources and processes will also continue to be reviewed to ensure the Scheme remains effective and responsive to workforce needs.





Recruitment

The recruitment time to hire (vacancy creation to unconditional offer) for September 2026 was 80.8 days against a national target of 71 days – the year-to-date position is 78.7 days. This is a combined position for all substantive Agenda for Change and Medical and Dental recruitment. There remains a focus for improvement in the time taken to shortlist posts. Various options are being considered as root causes for posts can be different. It also includes time to authorize which is increased due to the additional scrutiny across all stages of approval. Care Group focused performance reports are in place and shared monthly.

In addition, the following recruitment related work is underway:

- The Recruitment and Selection policy has been revised and has been supplemented with a practical FAQ's document for recruiting managers.
- The Recruitment HUB (SharePoint) is being redesigned to supplement the Policy and FAQ's.
- As part of the launch of the policy, there will be a virtual briefing for recruiting managers
- In addition to this, a full CTMUHB Recruitment and Selection training package is being designed for launch in 2027. Local training sessions continue to take place.
- Recruitment and workforce planning are now embedded in to the Ignite Management programme induction, and the wider training package will be available here
- The band 8a-9 leadership recruitment toolkit is in the final stages of development, once finalised, further toolkits will be developed for different areas of the organisation
- The new Internal Jobs and Opportunities share point page has had 5700 unique views since its launch in May 2026, with 892 staff viewing the resources in the 'Careers and Pastoral support' section.
- 1189 staff are now members of the Viva Engage channel 'CTM Jobs, learning and development opportunities'. With engagement to the site gradually increasing.
- Ongoing collaboration continues with local employability teams, 12 events have been attended so far this year and over 200 prospective employees have been supported with setting up Trac accounts.
- An alternative role-focused application form has been used on 155 A4c roles and 25 medical and Dental roles since January 2026. Positive feedback has been received relating to shortlisting.
- The Health board has recruited 135 student nurses/ODP's from the Autumn cohort of student streamlining, work is underway to prepare for the spring cohort. In addition, we have 25 flex/OU route students transitioning from HCSW roles in to RN posts.

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

Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA completion: A full EWLIA has not been undertaken as this is a monitoring and assurance report and does not propose any service, policy or operational change with a direct equality or Welsh language impact.
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	A quality impact assessment has not been undertaken as this is a monitoring and assurance report and does not propose a service change or operational decision. The report supports quality oversight by identifying workforce risks that may affect safe staffing, service resilience and the delivery of effective care.	
Cyfreithiol / Legal	**Yes (Include further detail below)**	
	Workforce-related risks may have legal implications if employment policies, workforce processes or contractual requirements are not followed appropriately. Ongoing oversight supports early identification and management of workforce risks in line with relevant legislation, organisational policies and governance arrangements.	
	Yes (include further detail below)	

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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Not applicable	22/08/2026 Not applicable	Not applicable

Acronyms / Glossary of Terms	
A&C	Administrative and Clerical Staff Group
ACS	Additional Clinical Services Staff Group
AHP	Allied Health Professionals Staff Group
APST	Additional Professional, Scientific, and Technical Staff Group
COO	Chief Operating Officer
C&F	Children and Families Care Group
C&H	Corporate and Hosted
CTMUHB	Cwm Taf Morgannwg University Health Board
DTPS	Diagnostics, Therapies, Pharmacy and Sciences
FCG	Facilities Care Group (this has been combined with COO)
E&A	Estates and Ancillary Staff Group
HCSW	Healthcare Support Worker
HS	Healthcare Scientists Staff Group
M&D	Medical and Dental staff group
MH&LD	Mental Health and Learning Disabilities Care Group
NMR	Nursing and Midwifery Registered staff group
P&C	Primary Care and Community Care Group
PC	Planned Care Group
PDR	Personal Development Review
PST	People Services Team
ST	Students Staff Group
UC	Unscheduled Care Group

WTE	Whole Time Equivalent

Operational Delivery Committee

NHS Wales Staff Survey 2026

Eitem yr Agenda / Agenda Item	**5.2**
Dyddiad y Cyfarfod / Date of Meeting:	27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Lisa Whiteman-Pearce, Head of Organisation Development and Culture
Cyflwynydd yr Adroddiad / Report Presenter:	Hywel Daniel, Deputy CEO/Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	None
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	All Strategic Pillars Apply If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	This work directly supports delivery of the Health Board's people and culture ambitions within the Integrated Medium-Term Plan (IMTP) by strengthening employee experience, improving staff wellbeing, increasing workforce engagement and supporting great management and leadership. The actions arising from the NHS Wales Staff Survey have informed the refresh of the People Plan and are aligned to priorities relating to staff safety and wellbeing and improved conversations with our people.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This paper provides an update on action taken in response to the 2025 NHS Wales Staff Survey and preparations for the 2026 survey. Work has focused on two priorities: reducing mistreatment of staff, including violence, aggression and sexual harassment; and improving staff experience through better communication, involvement, management conversations and wellbeing support. The Health Board is also aiming to increase participation in the 2026 survey, with an ambition of a 50% response rate.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	There has been a deliberate shift from predominantly organisation-wide actions towards greater local ownership through Care Groups and Directorates, supported by reporting through Integrated Performance Meetings. This strengthens accountability, although the issues identified through the survey are long-term cultural challenges requiring sustained action. The 2026 survey will provide an important measure of progress.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being*	The Health Board will continue delivery and monitoring of 2025 actions while supporting participation in the 2026 survey through site engagement, targeted communications, survey leads and response-rate monitoring. Once the 2026 results are available, priorities will be reviewed at organisational, Care Group and Directorate level.

made)	

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	Committee are asked to receive and note the update.

1. Background / Context

1.1 The NHS Wales Staff Survey remains a key mechanism for understanding employee experience, informing organisational priorities and supporting delivery of the Health Board's People Plan 2025-2030. Following the 2025 survey results, CTM identified two priority areas for action:

- Reducing the mistreatment of staff by patients and members of the public, including sexual harassment.
- Improving staff experience of involvement, communication and change through better quality conversations, effective engagement, performance development reviews, conflict resolution and wellbeing support.

1.2 Recognising that these are long-term cultural and organisational challenges rather than issues that can be resolved through short-term interventions, the Health Board has continued to invest in both organisation-wide and locally led improvement activity, as well as using survey findings to inform the refresh of the People Plan.

1.3 The NHS Wales Staff Survey 2026 will be open from 5 October to 30 November 2026, with results expected from February/March 2027 onwards, subject to confirmation by HEIW.

2. Progress since the 2025 Staff Survey

2.1 Significant work has been undertaken during 2026 to respond to staff feedback from the last survey and create sustainable improvements in employee experience.

2.2 Organisation-wide action:

- Reviewed violence and aggression training requirements across all roles, resulting in enhanced training expectations for a wider range of staff groups, including colleagues with patient-facing responsibilities in clinical and non-clinical roles.
- Delivered bespoke risk-based training programmes, including specialist interventions for specific teams and work settings.

- Expanded development opportunities for managers through the Ignite Essentials and Manager Induction programmes, with more than 770 participants attending key learning interventions focused on performance conversations, attendance management and leadership responsibilities since October 2025.
- Led and contributed to national work on anti-sexual harassment resources and is developing further guidance to support managers in having proactive wellbeing conversations with colleagues.

2.3 Local action and accountability:

2.3..1 A notable shift this year has been the stronger emphasis on local ownership. Staff survey priorities, actions and progress updates are now routinely reported through IPMs increasing accountability and visibility at Care Group and Directorate level.

2.3..2 Examples of local action include:

- Flexible working reviews in Children and Families and Primary Care and Community
- New engagement forums within Mental Health and Learning Disabilities
- Wellbeing planning and workload escalation processes within Primary Care and Community.
- Enhanced communication, staff recognition and engagement arrangements within Facilities.
- Increased team communications, newsletters and learning opportunities within Radiology.
- Care Group wide newsletter with 'you said, together we' examples Unscheduled Care Group.

2.4 Preparing for the 2026 survey:

2.4..1 Preparations for the 2026 Staff Survey are well advanced. This includes refreshed Staff Survey Lead arrangements, improved communications, broader digital access, senior leader engagement and targeted site visits.

2.4..2 Exec has set an ambition for at least 50% of colleagues to participate, with response rates monitored throughout the survey period to support targeted engagement where required.

3. Risks and Opportunities

3.1 *Risk:* Lower-than-desired participation in the 2026 Staff Survey
Mitigation: Targeted communications and site engagement, supported by Staff Survey Leads and senior leaders, with weekly monitoring of response rates to identify where additional engagement is required.

3.2 *Risk:* Variability in how Staff Survey priorities are implemented locally
Mitigation: Staff Survey priorities and progress are routinely considered through Care Group and Directorate Integrated Performance Meetings, strengthening local ownership, visibility and accountability.

3.3 *Risk:* Limitations in demographic analysis available through the national survey arrangements
Mitigation: Continued engagement with HEIW and national survey leads to influence future reporting arrangements, alongside triangulation with other available workforce data to strengthen organisational insight.

3.4 *Risk:* Complex cultural issues require sustained action over time
Mitigation: Continued organisation-wide and locally led action on staff safety, leadership, communication, involvement and wellbeing, with progress reviewed through established performance and governance arrangements.

3.5 The main opportunity is to build on increased local ownership and use the Staff Survey Lead network to support a broader approach to employee experience beyond the annual survey cycle.

4. Compliance and Governance

4.1 Governance arrangements have been strengthened through the integration of Staff Survey priorities into existing performance and accountability structures. Key governance measures include:

- Inclusion of survey priorities and progress updates within Care Group and Directorate IPMs.
- Ongoing monitoring through Executive reporting arrangements and Staff Survey Lead networks.
- Regular engagement with HEIW and national survey leads to influence future survey development and reporting structures (including sight of the demographic data provided to Welsh Government for inclusion in the Workforce Equality Standard).
- Improved reporting and triangulation with other workforce data sources to support evidence-based decision-making.

- Planned weekly monitoring of response rates during the live survey period, with updates provided to Executive colleagues, survey leads and staff.

5. Benchmarks

5.1 The Health Board has set an internal ambition for at least 50% of colleagues to participate in the 2026 NHS Wales Staff Survey. Achievement of this level of participation would strengthen confidence in the findings and provide a more robust evidence base for future improvement activity.

Benchmarking activities also include:

- Collaboration with HEIW and NHS Wales survey leads to share learning and influence survey improvements.
- Identification and dissemination of good practice between Care Groups, Directorates and survey lead networks.
- Comparison of year-on-year trends through improved reporting structures processes.

While some comparative and demographic reporting remains limited by the national survey framework, opportunities continue to be identified to improve organisational insight and benchmarking capability.

6. Conclusion

6.1 The Health Board has maintained momentum in responding to the themes identified through the 2025 NHS Wales Staff Survey. Progress is evident both through organisation-wide initiatives and through increasingly visible local ownership of employee experience priorities. Actions relating to staff safety, leadership capability, communication, engagement and wellbeing continue to be implemented and developed.

6.2 Preparations for and activity supporting the 2026 survey are advanced and under way, supported by strengthened governance arrangements, refreshed engagement networks, targeted communications and planned site-based activity. The clear organisational ambition is to maximise participation and ensure colleagues can see how their feedback informs action and improvement.

6.3 Whilst challenges remain, particularly around long-term cultural change and sustaining engagement, the survey continues to provide a valuable source of workforce intelligence and an important driver for learning and improvement.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 3 Workforce Capacity & Culture If more than one applies please list below: Culture and experience can affect performance, wellbeing and retention.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	All Wellbeing Goals Apply If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Culture & Valuing People If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): Outcome for Welsh Language (delete as appropriate):	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion: Hywel Daniel
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*	Not undertaken – NHS Wales Staff Survey 2026 is a national initiative managed within HEIW. This paper serves as an update on 2025 corporate actions and the approach for 2026.	

Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was 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**

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Local Partnership Forum	22/09/2026	Noted
Local Negotiating Committee	01/10/2026	Noted
People Directorate leadership team	05/10/2026	Agreed

Acronyms / Glossary of Terms	
HEIW	Health Education and Improvement Wales
IPM	Integrated Performance Meeting

Operational Delivery Committee

Integrated Medium Term Plan Quarter Two Progress Report 2026-27

Eitem yr Agenda / Agenda Item	**6.1**
Dyddiad y Cyfarfod / Date of Meeting:	27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below: All strategic pillars apply
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	This is a summary report of quarter two progress of the integrated medium term plan actions for 2026-2027.

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

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This report provides the current quarter two position for delivery of the IMTP, with a particular focus on the progress towards delivery of the ministerial requirements and enabling actions set out in the NHS Wales Planning Framework 2026-27.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The quarter two updates demonstrate progress in a number of areas, but material delivery risks remain, noting that the approved IMTP was not forecast to deliver across all measures, due to time and resource dependencies, with some measures requiring multi-year progress to completion. Diabetes performance has deteriorated to 49.4% at the end of August and is below trajectory, but with further work ongoing is anticipated to improve and will continue to be monitored. Clinical coding performance has also deteriorated significantly during quarter two and remains below the 95% requirement, although correction of identified coding errors remains fully compliant. A small number of enabling-action quarter two returns are still being finalised, limiting the completeness of the quarter-end assurance position. Further assurance will be provided for these areas.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The report provides assurance on the structures for delivery, monitoring and reporting of IMTP requirements. This report will be further developed to enhance the focus on delivery of care group plans as set out in the IMTP. Reports will continue to be provided during the year at quarterly intervals to provide assurance on progress. Intervention for areas off plan and requiring improvement is managed via the established integrated performance monitoring structure.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*	The Operational Delivery Committee is requested to:

Recommendation (Linked to the "What Next" section above).	1. Note the contents of this report, taking account of positive progress made and the risks to delivery of some requirements. 2. Receive further updates during the year. 3. Provide feedback on the reporting structure and any enhancements required.

1. Background / Context

1.1 The Health Board's integrated medium term plan (IMTP) has been developed in accordance with the statutory duty for all Welsh health boards to set out their plans to meet the needs of their population. This sits alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014). The plan is also informed by the requirements of the Quality and Engagement Act (2020).

1.2 The board approved the 2026-2029 draft plan for submission to Welsh Government on 26th March 2026. The health board is awaiting formal feedback from Welsh Government on the IMTP.

1.3 The 2026-2027 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process, including the significant savings requirement to deliver a break-even position.

2. Strategic Insights

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

Reporting Framework

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

2.3 The delivery of the IMTP is covered in part, in the integrated performance report (IPR), which provides coverage of the requirements of the NHS Wales Performance Framework. The detail of the IPR is not replicated here. The secondary measure of progress is in delivery of the actions as set out in the IMTP. Each care group and corporate team has developed high level plans

on a page, supported by more detailed service plans. Our IMTP provides the structure for the delivery of our strategic initiatives and corporate programmes through the medium-term lens:

Strategic Initiatives

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

Corporate programmes

- Urgent and Emergency Care Improvement
- Value and Effectiveness Programme
- Environmental sustainability
- Productivity Improvement and Transformation (Planned Care)
- Diabetes Programme

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

Creating Health

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

Population Health - Diabetes

2.6 The Welsh Government requirement is to increase the percentage of patients aged 12 years and over with diabetes who receive all eight NICE recommended care processes. The Health Board's year-end trajectory is 55%. For over-18s, performance peaked at 52.6% at the end of March 2026 but had deteriorated to 49.4% by the end of August, the most recent validated position available. The Health Board is therefore off trajectory. Actions include more frequent and robust assurance, proactive monthly intervention with lower-performing practices, targeted foot-check support through the WISE service and targeted practice visits where required.

This represents 6 months of non improvement and consequently the position is currently off trajectory, but with the further work of the

programme and increased assurance processes, it is anticipated that there will be further progress.

Population Health - Improving healthy weight in children

2.8 The measurement for this ministerial requirement remains under review. In the interim, progress is monitored through delivery of agreed actions.

Confirmed quarter two progress is set out below.

- The Healthy Weight Strategic Plan, based on Healthy Weight: Healthy Wales, was adopted by the Board in July 2026.
- The Public Services Board has prioritised the food environment; the Regional Joint Action Plan is underway and is a priority area for the Wellbeing Assessment.
- Food and Fun participation increased during the quarter; final participation figures are awaited.
- CTM Pipyn implementation is reported as on track.
- Implementation of the maternal weight management review is on hold while the Level 3 adult weight management review is underway.

Population Health - Vaccinations

2.9 During quarter two, progress has been made, with the GP incentive programme for vaccination of 2-23 years olds (fluenz) being commissioned. This commenced in September 2026 and data will be available from quarter three.

Population Health – Frailty

2.10 The requirement is for at least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with agreed care plans. A confirmed quarter two update has not yet been received. The latest reported position is that 13 primary care practices had signed up, one had withdrawn and three were actively claiming for activity.

The previously reported position was that national Audit Plus Frailty Tool outcomes data were expected from June 2026, however data is not yet available.

Improving Care

2.11 The ministerial measures with associated access requirements are tabulated below. Month three validated data is awaited, in line with the monthly validated-data submission timetable. However, a partial submission is supplied.

Ministerial Priority	Definition	Q2 Position
1.1 Timely access to care – Ambulance handover	*Ensure no ambulance patient handover waits over 45 minutes*	Q2 saw further improvement with ambulance handover delays reducing. July 26:121 Aug:26:92 Sep 26: Not yet available
1.2 Timely access to care – emergency department	*Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.*	After a continually elevated position since performance on handover times improved in 2025, the average daily number of 12 hour breaches has reduced for the first time. July 26: 2292 Aug 26: 1943 Sep 26: Not yet available
1.3 Timely access to care – planned care	*No patients waiting more than 104 weeks for referral to treatment*.	Waits over 104 weeks remain broadly stable, with a slight increase in quarter. July 26: 430 Aug 26: 462 Sep 26: Not yet available
1.4 Timely access to care – diagnostics	*No patients waiting more than 8 weeks for referral to treatment*.	Following growth in Q1, the volumes have fluctuated in Q2. In-year work is progressing. July 26: 3475 breaches Aug 26: 4112 breaches Sep 26: Not yet available

1.5 Timely Access to Care - cancer	*Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways with 62 days, while reducing the backlog of patients waiting more than 62 days by end of March 2027.*	Improvement in compliance was recorded in June and into Q2. % of SCP patients receiving first definitive treatment within 62 days July 26: 67.5 % Aug 26: Not yet available Sep 26: Not yet available
3.1 Community by Design	Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.	The number of delayed pathways of care has remained stable in quarter. Number in Delayed Pathways of Care July 26: 242 Aug 26: 260 Sep 26: Not yet available Total bed days for Delayed Pathways of Care July 26: 12,569 Aug 26:14.,124 Sep 26:Not yet available
3.2 Community by Design	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.	The 67% has been maintained during quarter two. Q1: 67% achieved . Overarching outcome measures/ metrics: the Health Board has maintained the level of weekend cover but it has had a negative impact on sickness rates.

Mental Health

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

Ministerial Priority	Definition	Q2 Position
4.1 Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.	The CTM 111#2 and CTM Mind Open Access demonstrator has transitioned from implementation planning into live delivery: Further detail is available in the supporting ministerial priority update document.
4.2 Mental Health Access	Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.	Implementation of PROMPTLY has enabled the transition of ReQol data collection from paper and spreadsheet-based processes to a digital reporting platform. PREMs surveys are now live across the majority of Mental Health and Learning Disabilities services, providing a mechanism for the routine collection of patient feedback. However, following implementation, operational teams have identified a range of system and reporting issues that have affected confidence in the accuracy and completeness of the data currently available. As a result, formal reporting has pause temporarily while system checks are completed. The revised implementation milestone is December 2026.
4.3 Mental Health Access	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027	MH cases continue to be presented as part of the wider CTM Mortality Review process. All referrals that are received from the Medical Examiner Service are currently screened at a Central Screening panel, however we are currently moving towards specific Care Group screening panels. The Mortality Dashboard Quarterly report to Quality & Safety Committee of: • Themes of concerns raised by Medical Examiners • HMR & Senior Stage 3 Panels and the associated outcomes • To reflect on common issues that have arisen both within a specific service or site, and across multiple services or sites Discussion re ongoing about the requirement for MH&LD specific Mortality Review Group.

Women's Health

2.13 The Integrated Women's Health Hub pathfinder opened in February 2026. The quality and performance dashboard is now live and a total of 624 referrals have been received since March 2026, with care for 338 women provided by the integrated hub. There is currently a waiting list of 286 people and a wait time of 18 weeks. Additional capacity is being developed to offer six further patient-facing sessions to start to address the waiting list and wait times.

The integrated women's health hub continues to generate significant attention from external stakeholders and a number of visits have been facilitated.

Maternity Services

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

2.15 Across the workstreams work continues to progress. Key highlights to report for quarter two include:

- The completion of a review of workforce.
- The perinatal loss form is now well established, with engagement from the multi-disciplinary team and external representation from neighbouring NHS organisations ensuring a robust approach. The organisation is fully compliant with requirements and up to date with CTMUHB cases.
- A Midwife Sonography Superintendent is in post, and providing sonography training and establishing/strengthening governance arrangements for ultrasound services for Maternity.
- A **Blood team has been established (Vulnerable families workstream). This has commenced with piloting in Bridgend. Further work is planned across the CTMUHB footprint. A lead midwife has been appointed to progress this work.**
- Exception reportable births process is well established and now functions within core business.

Quality and Safety

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

Ministerial Priority	**Definition**	Q2 Position
6.1 Quality & Safety	Downward trend in 12-month rolling average crude	Crude hospital mortality reduced slightly between

	mortality while maintaining a flat 7-day readmission rate	April and June and remained stable in July. April 2026: 2.33% May 2026: 2.30% June 2026: 2.29% July 2026: 2.29% August and September data pending. 7-day re-admission rate: Rolling 12 months: April: 26: 5.23% May 2026: 5.40% June 2026: 5.40% July 2026: 5.25%
6.2 Quality & Safety	Days of safe care delivered since the last never event, monitored using SPC T-Chart	No never events reported in July, August or September 2026. Last never event was reported in February 2026 following the administration of a blood product to the wrong patient due to failures in the transfusion identification and checking process. During Quarter 2, the Health Board reported 6,323 patient safety incidents and closed 6,161 incidents, demonstrating sustained incident management activity and continued focus on the timely investigation, review and closure of patient safety events. Of the incidents closed, 6,072 (98.6%) were categorised as no harm or low harm, reflecting the overall low-harm profile of reported incidents and the effectiveness of local management and resolution processes.
6.3 Quality & Safety	Percentage proportion of complaints dealt with via	Acknowledgement of both early resolution and formal

	early resolution - target 40% by March 2027	concern cases are achieving around 95% compliance. Formal complaint compliance is sitting around the national target of 85%. Work continues with Care Groups to support the implementation of Listening to People with clear evidence that the early resolution process is proving successful in the majority of cases.
6.4 Quality & Safety	The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.	Q2 confirmed update: Clinical coding completion was 79.8% in July, 58.5% in August and 11.6% in September at the point of reporting, giving a reported Q2 baseline of 50.9%, compared with 96.1% in Q1. Performance is below the 95% requirement. Data-quality errors continued to be corrected within 35 days at 100% compliance. Capacity has been affected by maternity and other staff absence, recruitment constraints and the lengthy training period for clinical coders. The service estimates that current capacity is mismatched to approximately 150,000 FCEs per year; mitigations include recruitment, consideration of overtime and reintroduction/development of autocoding capability.

2.17 The Health Board is required to deliver and report progress on a series of enabling actions.

2.18 Between quarters one and two the composite actions have been disaggregated to provide individual RAG ratings. This now means there are 27 actions. A small number of RAG ratings are due to be confirmed but the remainder of the updates are set out below.

Despite ongoing work in this area, the diabetes pathway action has moved from light green to amber; progress will continue to be monitored.

Priority Area	No. of actions	RAG ratings Q1	RAG ratings Q2
Mental Health	1	Light green	Light green
Productivity	1	Amber	Expected amber
Timely Care (Planned)	5 (Expanded to individual RAG in Q2) now 7	1 red 2 amber 2 green	2 red 3 amber 1 green
Timely Care (U&EC)	5	4 amber 1 green	4 amber 1 green
Workforce	5	1 red 2 amber 2 light green	1 red 2 amber 2 light green
Value	4	4 amber	1 amber 3 TBC
Population health	4	2 amber 1 light green 1 green	3 amber 1 green

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

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

3. Risks and Opportunities

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

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

4. Compliance and Governance

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

6. Conclusion

6.1 The Operational Delivery Committee is requested to:

1. Note the contents of this report, taking account of positive progress made and the risks to delivery of some requirements.

2. Receive further updates during the year.

3. Provide feedback on the reporting structure and any enhancements required.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item. If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below: The IMTP includes the Health Board's actions on sustainability.
Asesiad Effaith Impact Assessment	

Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad All services changes within the IMTP will be impact assessed individually. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	All service changes in the IMTP will be subject to quality impact assessment.	
Cyfreithiol / Legal	**Yes (Include further detail below)**	
Enw da / Reputational	**Yes (include further detail below)**	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)**	

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

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
AWDDP	All Wales Diabetes Delivery Plan
LTP	Listening to People

Operational Delivery Committee

Digital & Data Highlight Report

Eitem yr Agenda / Agenda Item	**6.2**
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
Statws Cyhoeddi / Publication Status:	Open/Public Not Applicable
Adroddiad wedi'i baratoi gan / Report Prepared by:	Steve Macdonald Assistant Director of Digital Delivery
Cyflwynydd yr Adroddiad / Report Presenter:	Stuart Morris Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	N/A
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Digital Transformation

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

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Digital & Data continues to deliver a substantial portfolio of operational and transformational activity supporting CTMUHB's strategic objectives. During the last period, further progress has been made across major clinical programmes, including the successful deployment and transition of Electronic Prescribing and Medicines Administration at Royal Glamorgan Hospital, including Mental Health into business-as-usual support, alongside continued delivery of the ophthalmology programme. In addition, the new Intouch Flow Manager System was implemented across 5 hospital sites. This included Patient Self-Check- in, Patient Calling and Electronic outcomes. The national Laboratory Information Management System (LIMS 2.0) Tranche 3 implementation went live across Wales on 24 August 2026, supporting the continued modernisation of pathology services. The core network replacement at Royal Glamorgan Hospital was also completed, reducing the infrastructure risk associated with the previous end-of-life equipment and strengthening network resilience. Wider infrastructure modernisation continues through investment in network, server, wireless, firewall and end-user technologies, while work is progressing to strengthen service management, digital governance, benefits realisation and the Digital & Data Delivery Plan. The directorate is also supporting the mobilisation of the Llantrisant Health Park digital workstream and the development of future clinical and operational capabilities. This report focuses on material delivery progress, key operational risks and areas requiring continued management attention.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate*	Digital & Data services are increasingly integral to clinical operations and organisational performance. Whilst significant progress has been made in strengthening infrastructure, deploying clinical systems and improving governance, risks remain relating to operational resilience, cyber security, workforce capacity, dependency on national services and partners, and the sustainability of future funding. As the organisation becomes more reliant on digital services, continued investment in resilience, service management, workforce capability

implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)	and organisational digital maturity will be essential to support future transformation and mitigate risk.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Over the next reporting period, activity will focus on delivering the 2026/27 capital programme, progressing the deployment of Electronic Prescribing and Medicines Administration (ePMA) at Prince Charles Hospital, and embedding recently deployed clinical and infrastructure solutions into business-as-usual operations. Priority will also be given to completing major infrastructure modernisation activities, including server, network and resilience improvements, while strengthening digital governance, service management and organisational resilience. Continued attention will be given to delivery of the Digital & Data Delivery Plan, audit recommendations, strategic risk management, benefits realisation and workforce planning to ensure the organisation is well positioned to support future digital transformation.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	For Noting

1. Background / Context

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

2. Strategic Insights

2.1 Digital Delivery and Transformation

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

2.2 Progress Against Key Milestones

Clinical Systems

- Radiology system implemented in March 2026. Residual issues continue to be managed through established governance arrangements.
- ePMA planning underway for rollout in Prince Charles Hospital. Lessons learnt feedback is informing wider deployment planning.
- Badgernet has been deployed successfully across maternity services.
- Welsh Patient Referral System (WPRS) is now 92% across CTMUHB.

Infrastructure and Resilience

- Following the network and paging incidents reported in April 2026, core network replacement activity is now underway as part of the wider infrastructure modernisation programme. The core switches at Princess of Wales were replaced in May 2026, and Royal Glamorgan were replaced in August 2026. Planning has now started for the core replacement in Prince Charles Hospital.
- The Digital & Data capital programme continues to support the improvement of organisational resilience. During the reporting period, the directorate secured a £2 million Welsh Government capital uplift, enabling further investment in priority infrastructure replacement and resilience activities. This includes significant investment in the replacement of the ageing VxRail server estate, with approximately £2 million being directed towards server, storage and associated infrastructure upgrades required to maintain core digital services and reduce operational risk.
- Planning is also underway for the anticipated year-end capital slippage process. A prioritised pipeline of infrastructure, resilience and end-user technology investments has been developed to ensure any additional funding made available can be deployed rapidly against mature and deliverable schemes that support organisational resilience, cyber security and service sustainability.
- The Emergency Alerting (Multitone) Platform has experienced a number of service incidents and reliability concerns during the reporting period, including intermittent outages, infrastructure-related issues and coverage deficiencies affecting the delivery of critical alerts. Digital & Data is working closely with the supplier, Switchboard, Facilities and operational teams to investigate root causes, implement mitigations and strengthen monitoring arrangements. A supplier-supported platform upgrade is now being progressed to address identified architectural weaknesses and improve resilience, whilst further work is underway to resolve residual coverage issues and enhance alerting and support processes. The service remains operational; however, confidence in the platform has been impacted by the frequency of incidents and a longer-term review of replacement and modernisation options is being undertaken to reduce operational and patient safety risk associated with the current solution. Given the critical role the platform plays in

supporting cardiac arrest, fire, security, major incident and other emergency response processes, this remains an area of active management and oversight within Digital & Data.

End User Computing (EUC)

- The Health Board is now operating a predominantly Windows 11 estate, improving user experience, cyber resilience and device supportability. Efforts are focused on completing the final phase of Windows 10 replacement activity, reducing future support costs and ensuring the organisation remains aligned to national security and technology standards.
- The End User Computing team has continued to improve the user experience associated with routine Windows security patching and maintenance activities. Enhanced communication, engagement and scheduling arrangements have been introduced to provide staff with greater visibility of planned updates, minimise disruption to clinical and operational services, and improve user awareness of the importance of maintaining secure and compliant devices.

Transformation and Service Improvement

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

3. Risks and Opportunities

3.1 Strategic Risks

The primary strategic risks facing Digital & Data relate to:

- Digital operational resilience, including ageing infrastructure and service availability.
- Cyber security threats and increasing organisational reliance on digital services.
- Workforce capacity and capability required to support both operational services and transformation activity.
- Reliance on national partners and suppliers for critical systems and future programme delivery.
- Long-term sustainability of revenue and capital funding.
- Organisational digital maturity and readiness for future transformation programmes.
- Capacity to meet increasing demand on data and informatics requests.

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

3.2 Opportunities

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

4. Compliance and Governance

4.1 Audit and Assurance

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

4.2 Information Governance

Members will be aware at the last meeting, a report was presented noting that the Information Commissioner's Office have assessed complaints they have received over the past 12 months in relation to subject access requests (SAR).

From the information we provided, the ICO responded confirming the position that the SAR backlog sits within the Mental Health team (178 overdue SARs) and the Medical Records team (218 overdue SARs).

They noted the challenges the UHB is facing and steps it is taking to address the backlogs. They also noted that it was difficult to provide an estimated recovery date, although that we expect improvements to the Mental Health SAR backlog over the next 12 months. Concerning the Medical Records team SAR backlog, we outlined that without further resource allocation, significant improvements are unlikely due to increasing demand.

The ICO aims to be a proportionate regulator and recognises the financial pressures some organisations are under; however, backlogs cannot continue indefinitely and that they expect CTMUHB's backlog to be managed effectively.

They have stated that decision makers should be mindful that CTMUHB is in breach of legislation when requests are responded to outside of the legal timeframe. Where the ICO receives multiple complaints from individuals about ongoing issues, they may choose to investigate further, which could open the organisation up to additional scrutiny. Furthermore, it may result

in further regulatory action by the ICO or independent litigation by individuals.

The ICO plans to monitor CTMUHB's SAR compliance as it recovers from its backlog and have requested an update in November 2026. At that stage, the ICO expects CTMUHB to have a robust plan of action in place to eliminate its backlog, and projected dates for recovery for both the Mental Health and Medical Records teams.

In the meantime, any complaints that the ICO handle about the SAR backlog will be recorded in their system. In most cases, they will not inform CTMUHB about each SAR backlog complaint recorded at the time of assessment. However, in every case, they will provide the individual with an outcome to their complaint at the time of assessment, informing them of their court rights.

The ICO will provide CTMUHB with the number of SAR backlog complaints received when they contact us again in November 2026.

We have, as suggested by the ICO, clearly and promptly informed all requesters that we have a backlog and provided some indication of when they are going to receive a full response to their request.

5. Benchmarks

Nothing to report

6. Conclusion

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

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 5 Digital & Information Infrastructure If more than one applies please list below: N/A

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (include further detail below)
	Staff, Revenue & Capital required to deliver the full ambition of the digital programme

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

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

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

Agenda Item	7.1.1

Unconfirmed Minutes of the Operational Delivery Committee

Date and Time of Meeting	28th July 2026 - 13.30 pm – 16.30 pm
Venue	Virtual via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member/ Chair of Committee
	Patsy Roseblade	Independent Member
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member
	Kathy Mason	Independent Member
In Attendance	Sally May	Executive Director of Finance
	Gethin Hughes	Chief Operating Officer
	Claire Thompson	Executive Director of Strategy and Transformation
	Stuart Morris	Director of Digital
	Dom Hurford	Executive Medical Director
	Richard Hughes	Executive Director of Nursing
	Hayleigh Jones	Deputy Director for People
	Emma Powell	Head of People Analytics (in-part)
	Stephen Gardner	Facilities Service Director (in-part)
	Gillian Goss	Deputy Head of People (in-part)
	Louise Stait	Interim Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager (Minutes)
	Sharon Edwards	Corporate Governance Officer
	Gareth Watts (Item 7.2 only)	Director of Governance and Board Secretary
Observing	Hannah Jones	Audit Wales
	Kath Palmer	Vice Chair

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	The Committee Chair welcomed everyone to the meeting, including those observing the meeting. The format of the proceedings in its virtual form were also noted.

	Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed. S. May advised that it should be noted that Agenda Item 6.1.2 People Metrics is solely for the Facilities Department and not for Estates.
1.2	**Apologies for Absence**
	• Dily Jouvenat, Independent Member • Neil Mesher, Independent Member • Gareth Watts – Director of Corporate Governance • Hywel Daniel, Executive Director for People (Hayleigh Jones deputising) • Philip Daniels – Executive Director of Public Health •
1.3	**Declarations of Interest**
	• No declarations were declared
2.	**CONSENT AGENDA BUSINESS**
2.1	R. Rowlands reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none.
3.	**PRELIMINARY BOARD MATTERS**
3.1	**Action Log**
	The Action log was received with the following key matters discussed: • Action Ref No: 8 - Special School Nursing – R. Rowlands queried the action was shown as due for completion in August. It was confirmed that the update would come back to the October meeting of the Committee. • Action Ref No: 11 – Ambulance Performance – C. Thompson confirmed that the Committee would receive an update on the new ambulance standards and information on work being undertaken to improve response times at the October meeting of the Committee with attendance from an appropriate representative from the Joint Commissioning Committee. • Action Ref No: 13 – Diabetes Data – H. Lentle referred to a previous action regarding missing diabetes information within the Integrated Performance Dashboard and advised that the action had been marked for closure. She sought assurance that the Committee would continue to receive updates on the data. C. Thompson advised that the data would continue to appear in the quarterly Integrated Medium Term Plan (IMTP) report and remains a key metric that was monitored. • Action Ref: No 10 – Smoking Cessation – C. Thompson advised that the entry on the Action Log was not accurate as a detailed explanation of smoking cessation performance had already been provided at the

	previous meeting via the meeting chat and offered to re-circulate the explanation if required. R. Rowlands noted that recording an action as complete does not necessarily indicate when the Committee will receive the resulting assurance or update. G. Hughes suggested that future Action Logs should identify the Committee meeting at which the outcome will be reported back to Members.
Resolution:	The Action Log was **NOTED.**
Action:	Amend action log format so that actions show the committee meeting at which updates will be reported back, rather than only the action completion date.
Action:	Arrange attendance from Joint Commissioning Committee (JCC) representative to explain new ambulance performance measures and improvement work.
Action:	Recirculate previous explanation regarding smoking cessation performance data.
3.2	**Matters Arising Not Captured on the Action Log**
	There were no matters arising.
4.	**RISK MANAGEMENT**
4.1	**Organisational Risk Register** L. Stait presented the report and explained that, following feedback from the Audit, Risk & Assurance Committee the register had been substantially revised to improve readability and confirmed that risks had been re-written in plain language and structured consistently around controls currently in place, gaps in controls and actions being taken. H. Proctor had pre-submitted questions ahead of the meeting which were as follows: • Could further clarity be provided about the differences between 4417 – Inadequate access control and site security across Health Board premises and the new emerging risk on inconsistent Security Management across Health Board sites. L. Stait advised that the existing security risk may ultimately be incorporated into the new overarching risk, but this had not yet happened because the replacement risk was still being developed. G. Hughes confirmed ownership arrangements were still being worked through jointly between himself and the Executive Director for People, reflecting their respective executive responsibilities. • Who owns risk 5554 as there is no name or title assigned to the risk handler or owner L. Stait advised that the risk handler was the Clinical and Laboratory Haematology Service Manager, and the risk owner was the Chief Operating Officer. • Likewise for risk 3567 no named risk handler. L. Stait confirmed that the risk handler is the Cellular Pathology Operations Manager.

	The Committee welcomed the improved readability and maturity of the risk register and held a significant discussion regarding the number of risks carrying very high residual scores (including scores of 20). L. Stait reported that the Executive Leadership Group had noted the volume of highly rated risks and had committed to further work on reviewing scoring methodology. G. Hughes explained that some risks appeared to be scored more severely than the available incident and performance data suggested, and that work was underway to triangulate risk scores against Datix incidents and other intelligence sources to ensure scores accurately reflected reality. He advised that some risks would likely remain outside the organisation's risk appetite but believed many mitigations were more effective than current scoring implied. P. Roseblade questioned why several digital and information governance risks had been combined into a single overarching risk when the underlying issues appeared very different. S. Morris explained that several items previously identified as risks were actually incidents or issues. The true strategic risk was organisational non-compliance with legislation, with examples such as - misdirected clinical correspondence, inappropriate access to information and information governance incidents. L. Stait clarified that the individual risks had not been closed, but would continue to be managed operationally below Committee level with the Operational Delivery Committee monitoring the overarching compliance risk. S. Morris agreed to ensure future highlight reports include examples that help demonstrate how those underlying risks are being managed. C. Thompson emphasised that while this Committee should focus on strategic risks, members also needed assurance that robust arrangements existed underneath the committee structure to manage and monitor the detailed operational risks. She suggested that understanding the governance and reporting arrangements beneath the Committee was key to maintaining assurance. R. Rowlands agreed with the point made by C. Thompson and sought assurances that mechanisms would be developed to ensure significant operational matters continued to be visible where necessary.

	P. Roseblade raised concerns that two fire safety risks had been removed from the risk register and questioned how the Committee would remain sighted on significant fire risks. L. Stait explained that fire risks had previously appeared on the risk register because of changes in Fire Service requirements, however, the leads responsible for health, safety and Fire now considered them well managed through dedicated health, safety and fire governance arrangements. S. May stressed the importance of ensuring major fire safety concerns remained visible and advised that the previous fire enforcement notices at the Princess of Wales Hospital had been resolved with the remaining fire enforcement notice relating to Prince Charles Hospital would remain in place until the completion of the Phase 3 works in 2028. H. Lentle referred to risk 5753 concerning the sustainability of legal services, where it was noted that recruitment activity was underway but requested greater clarity regarding expected timescales for resolution. R. Rowlands suggested that R. Hughes would be asked to provide an update following the meeting.
Resolution:	The Organisational Risk Register was **NOTED**
Action:	Incorporate into the November 2026 iteration of the Organisational Risk Register report an update on: • progress with the review of risk scoring, calibration and moderation arrangements; and • the approach to providing assurance on significant operational risks managed below Committee level, including how such risks are escalated and linked to the Organisational Risk Register and Board Assurance Framework
Action:	Include, within future Digital and Data highlight reports, examples of the underlying operational information governance risks, incidents and controls that sit beneath the overarching compliance risk to support Committee assurance.
Action:	Provide update on legal services sustainability risk including timescales and recruitment progress.
4.2	**Draft Committee Annual Report** L. Stait presented the Annual Report for 2025-26 and advised that this was a standard annual compliance report covering the work undertaken by the Committee during the year, attendance at meetings and Committee activity and governance arrangements. L. Stait confirmed that no significant concerns or recommendations had arisen from the report and no substantive changes were being proposed. K. Mason advised that were inaccuracies in her attendance at meetings and requested that this be reviewed and amended. P. Roseblade also queried the attendance at the May 2025 meeting and asked if this could also be reviewed as the meeting would not have been quorate.

	L. Stait confirmed that the attendances would be checked and amended by the Governance Team prior to the report going to the September Board Meeting.
Resolutions	The Committee **ENDORSED** the Committee Annual Report for **BOARD APPROVAL** subject to the correction of attendance records.
Action:	Review and amend the queries on the attendance records prior to the report going to Board.
4.3	**Review of the Committee Terms of Reference** L. Stait presented the Terms of Reference that were approved by the Board in March 2026 and were attached to the Annual Report for the Committee to review. C. Thompson queried the position of Executive Directors within Committee arrangements, noting that whilst Executive Directors regularly attend and contribute to meetings, they are not listed as Committee Members within the Terms of Reference. The Committee discussed the distinction between Board membership and Committee membership and sought clarification regarding arrangements within the NHS Wales Governance Framework. G. Watts advised via the meeting chat that Executive Directors and Independent Members are all members of the Board and share corporate responsibility for Board decisions. However, for committees with a primary scrutiny function, membership is generally restricted to Independent Members, with Executive Directors attending in support of scrutiny and assurance processes. Members also noted that the Committee's quorum requirements include attendance by core Executive Directors and that the Terms of Reference set an expectation that the Executive Directors identified within the "In Attendance" section will attend meetings, or nominate an agreed deputy where appropriate. The Committee noted that these arrangements are consistent with the current NHS Wales Governance Framework.
Resolution:	The Committee **REVIEWED** the Committee Terms of Reference
Action:	None identified.
4.4	**Outcome of the Committee Self Effectiveness Survey 2025-2026** L. Stait presented the report that provided a summary of the recent Annual Self Effectiveness Survey and advised that nine responses had been received. The Committee considered the outcome of the 2025/26 Self-Effectiveness Survey and noted that feedback was generally positive regarding the operation of the Committee and the effectiveness of meetings. Themes arising included agenda management, assurance and governance arrangements, opportunities to increase Welsh language usage, and member development. Members supported the proposed development actions and supported further work on Welsh language usage and member development.

	Members agreed that the findings should inform the wider review of committee effectiveness currently underway.
Resolution:	The Committee **REVIEWED** the outcome of the 2025-2026 Committee Self Effectiveness Survey and **APPROVED** the proposed Committee development action plan
Action:	Review Committee agenda structure, reporting and assurance arrangements to ensure agendas are aligned to strategic priorities, risks, performance and assurance requirements, informed by self-assessment feedback.
Action:	Explore opportunities to increase Welsh language visibility within Committee meetings and agree any proportionate actions with the Committee Chair and Lead Officers.
Action:	Review Member development and support arrangements relating to effective scrutiny, assurance-based questioning, Independent Member peer support and post-meeting feedback mechanisms.
5.	**STRATEIC PILLAR – SUSTAINING OUR FUTURE**

5.1	**Month 3 Finance Report**
	S May presented the report for Month 3.
	
	S. May advised that CTM reported an in-month deficit of £2.2m**,** resulting in a year-to-date deficit of £7.4m**.** Whilst the Month 3 position had improved compared with Month 2, the Health Board remained off plan and significant recovery action was required to maintain the forecast year-end breakeven position.
	
	S. May explained that the key drivers of the current financial position were as follows:
	
	• A savings shortfall of £5.5m year to date.
	• Operational overspends of £2.4m, partially offset by a £0.5m allocation benefit.
	• Continuing pressures relating to:
	  ○ Appliances and devices expenditure.
	  ○ Primary care drug costs, particularly higher costs associated with "No Cheaper Stock Obtainable" (NCSO) medicines.
	  ○ Continuing Healthcare (CHC) costs, especially mental health packages of care.
	  ○ Clinical negligence provisions.
	  ○ Reduced income from other Health Boards and Trusts.
	
	S. May advised that some of these pressures reflected wider national and international factors, including medicines supply issues and inflationary pressures.
	
	P. Roseblade queried how long the Health Board could realistically continue to forecast breakeven whilst carrying a significant deficit; whether non-delegated budgets remained earmarked and if Welsh Government would continue to support Welsh Risk Pool (WRP) costs if breakeven was achieved.

	In response, S. May advised that that the aim was to have a fully developed recovery plan by Month 5 and that assumptions around pay awards, risk pool liabilities and other financial pressures continued to be monitored. S. May added that with regard to the Welsh Risk Pool, the £18.4m provision was based on forecasts issues by Shared Services in January of the previous year regarding CTM's share of the overall WRP position. She advised that there were indications that the eventual liability might reduce slightly, depending on how cases progressed through the system but no updated position was yet available. S. May explained that it was important to note that if CTM achieved breakeven Welsh Government would cover the WRP costs attributed to the organisation. H. Lentle queried whether more fundamental discipline around workforce spending would be required to deliver sustainable savings and queried whether some savings assumptions may be optimistic. S. May responded that financial recovery would require strong operational discipline but noted that the scale of the remaining challenge was manageable in the context of the Health Board's overall budget. R. Rowlands asked how confident the Health Board was that the Care Groups could deliver the savings and recovery plans. G. Hughes confirmed that the Care Groups were fully committed to controlling expenditure and working hard to manage non-budgeted spend with significant actions already taken, including closing most surge capacity and strengthening controls over workforce expenditure. G. Hughes added that he was confident in delivering the plans but acknowledged that further work with teams was required to increase workforce productivity, reducing sickness absence, controlling temporary staffing expenditure, and addressing less controllable pressures such as Continuing Healthcare costs.
Resolution:	The Committee **NOTED** the report
Action:	None identified.
5.2	**Month 3 Finance Performance Report** S May presented the Finance Performance report for Month 3 as part of the Month 3 Finance Report.
Resolution:	The Committee **NOTED:** • The report; and • The concerns and remedial action in place given the M3 position.
Action:	None identified.
5.3	**Capital Programme Update** S May presented the report. The Committee received the Capital Report and noted that CTM's 2026/27 capital programme is approaching £140m, representing the largest capital programme undertaken by the organisation to date. Members were updated on

	major schemes, discretionary funding, Welsh Government funding bids and planned property disposals. S. May highlighted the importance of closely managing delivery and expenditure profiles due to the complexity of the programme and the significant proportion of spend scheduled for later in the year. Members noted the report and sought assurance regarding retention of disposal proceeds and ongoing programme delivery. P. Roseblade queried whether Welsh Government had approved CTM retaining proceeds from asset disposals, specifically the anticipated receipts from Pontypridd Cottage Hospital and other sites. S. May advised that a formal request would be made to Welsh Government regarding retention of proceeds from the Pontypridd Cottage Hospital and the other disposals relating to the Bridgend Health and Wellbeing Centre development had already been incorporated into approved scheme arrangements. R. Rowlands acknowledged the scale of the capital programme and expressed appreciation for the work involved in delivering it and commented that it was a substantial budget and piece of work. She expressed her thanks to S. May and the team for the work they were doing to deliver the programme.
Resolution:	The Committee **NOTED** the • the funding position for 26/27, commitments made against this allocation and temporary mitigation for overcommitted position. • the bid submitted to Welsh Government for additional funding • progress on Major Capital Schemes • planned disposals in 2026/27 • upcoming discussion on longer term capital plans
Action:	None identified.
6.	**STRATEGIC PILLAR: IMPROVING CARE**
6.1	**Integrated Performance Dashboard** C Thompson presented the Performance Dashboard and highlighted the following key matters: • Enhancements had been made to the Integrated Performance Dashboard, including additional activity metrics, deprivation analysis and revised diabetes reporting. • Performance had deteriorated in relation to 8-week diagnostics, 62-day cancer performance and 104-week waiting times, although these trends had been anticipated within the investment-free IMTP and mitigation plans were in place. • Concerns regarding delayed transfers of care and packages of care delays remained in some cases. P. Roseblade expressed concern that delays in discharge and wider performance challenges did not appear to align with the significant growth in staffing levels

across the organisation and questioned whether sufficient productivity improvements were being achieved and sought greater assurance regarding the relationship between workforce investment, patient flow and operational performance.

G. Hughes, in response, acknowledged that:

- Productivity remains below pre-Covid levels in a number of areas.
- Increased staffing has not automatically translated into proportional increases in activity.
- Delayed discharges, particularly Pathway 3 delays involving complex placements, remain a significant challenge.
- There are concerns about the impact of delayed discharges on bed availability, patient flow, 12-hour performance and the organisation's resilience to major incidents.

R. Rowlands commented that the delayed transfers of care appeared closely linked to the Continuing Healthcare expenditure and raised her concern that increasing package-of-care delays and associated costs suggested the organisation had less direct control over some aspects of patient flow and expenditure, creating risks for both patient outcomes and financial performance.

In response, G. Hughes advised that Hospital at Home had improved Pathway 1 performance in some localities, but significant challenges remained, particularly in Bridgend and in relation to Pathway 3 delays involving complex placements. He highlighted that the increasing lengths of stay continued to affect patient flow, rehabilitation pathways, emergency care performance and organisational resilience, and confirmed that delayed transfers of care remained a key operational concern.

H. Lentle referred to page 13 and drop in uptake of vaccinations for children and queried why there had been a decrease. C. Thompson advised that she was unsure but agreed to get a briefing from Public Health colleagues.

In response to concerns regarding declining childhood vaccination uptake, D. Hurford advised that the issue reflects a wider UK trend rather than a challenge unique to CTM. He advised that there was growing public discussion around the perceived risks of vaccination and suggested this may be influencing uptake rates. However, he emphasised that local actions remain important and supported obtaining a more detailed briefing from Public Health colleagues.

K. Mason highlighted concerns regarding rising delayed discharges during the summer period and the apparent disconnect between increased staffing levels and service productivity. She requested more detailed performance information to enable the Committee to better understand the relationship between workforce growth, productivity and patient flow. G. Hughes agreed to provide additional reporting on delayed discharges and productivity measures at a future meeting.

	R. Rowlands queried how long the Hospital at Home service had been operational and whether sufficient time had elapsed to assess its impact. G. Hughes confirmed that the service had been fully operational since January 2026 and agreed that an update on outcomes and benefits could be brought to a future Committee meeting. G. Hughes drew attention to the Committee that the Planned Care Recovery Plan would be received at the 'CLOSED' In Committee session of the July Board meeting. He advised that Welsh Government have requested Health Boards to develop a plan aimed at addressing elective care performance and specially around eliminating 104 week waits, 8 week diagnostic waits and reducing waiting times across the South East Wales region to 78 weeks in most specialties with Orthopaedics remaining an exception due to its particular challenges.
Resolution:	The Committee **NOTED** the report
Action:	Bring back information regarding productivity improvement programme and linked measures
Action:	Bring back delayed discharge and pathway performance information for committee review.
Action:	Provide update/report on Hospital at Home programme outcomes
Action:	Obtain briefing from Public Health colleagues regarding drop in childhood vaccination uptake and provide response.
6.1.1	**Workforce Metrics Report** E Powell presented the report and highlighted the following key matters: • The introduction of enhanced WTE workforce reporting intended to provide a more integrated view of workforce utilisation and expenditure. • Staffing levels remained above previous years, turnover continued to reduce and retirement remained the most common reason for leaving employment. • Workforce teams were continuing to support retention initiatives and wider financial recovery measures. • Sickness absence would be considered in greater detail under the subsequent Health and Wellbeing Action Plan
Resolution:	The Committee **NOTED** the report.
Action:	None identified.
6.1.2	**People Metrics in Facilities** S. Gardiner and G. Goss provided a presentation to the Committee. The Committee noted and discussed the significant workforce challenges facing the Facilities Division, including an ageing workforce, recruitment difficulties and high sickness absence levels. Members noted improvements in sickness absence performance, strengthened attendance management arrangements and the ongoing focus on workforce sustainability. Discussion also focused on menopause support, flexible working arrangements and the importance of supporting employees with caring responsibilities.

	The Committee welcomed the progress reported and noted the continued work being undertaken to improve workforce resilience and retention. R. Rowlands highlighted concerns regarding the demographic profile of the workforce, noting that many female staff may be balancing caring responsibilities for both children and elderly relatives and also dealing with menopause or perimenopause-related health issues. She asked whether the new Women's Health Hub could be used to better support staff and whether supervisors had the skills and confidence to have supportive conversations with staff experiencing menopause related issues. The Committee discussed the importance of ensuring managers and supervisors were appropriately supported to have conversations with staff experiencing menopause-related issues. C. Thompson confirmed that targeted support for staff through the Women's Health Hub had not yet been developed but was something that could be explored. G. Hughes confirmed that a Menopause Café will be opening at the Women's Health Hub and would be focussed on staff.
Resolution:	The Committee **NOTED** the Presentation
Action:	None identified
6.2	**Digital and Data Delivery Report** S Morris presented the report and highlighted the following key matters: • Continued progress with major digital programmes, including full implementation of BadgerNet within maternity services and preparations for EPMA deployment at Royal Glamorgan Hospital. • The significant increase in Subject Access Requests (SARs) associated Information Governance pressures and ongoing engagement with the Information Commissioner's Office who had requested further information with a response recently submitted. The team would continue review and reporting of subject access request backlog and ICO (Information Commissioner's Office) correspondence R. Rowlands queried whether the increase in SARs was linked to litigation activity. S. Morris advised that an increasing proportion of requests were being received from staff members, rather than in connection with external legal claims. He explained that some requests can be resource intensive to process, requiring the review and redaction of significant volumes of information prior to disclosure. S. Morris suggested that a future report could include a breakdown of SARs by category to support Committee understanding of the increase in demand and the associated operational pressures. K. Mason acknowledged the significant amount of work undertaken by the Digital and Information Governance teams, commenting that the scale of delivery and achievement against project timescales was impressive.

	R. Rowlands echoed K. Mason's view and confirmed that she had highlighted the team's achievements in her Board highlight report, thanking S. Morris and the wider team for the progress that had been made. D. Hurford supported S. Morris' comments regarding SARs.
Resolution:	The Committee **NOTED the report**
Action:	Continue to review and reporting of subject access request backlog and ICO correspondence.
Action:	Consider presenting breakdown of subject access requests by category for next meeting.
6.3	**Integrated Medium Term Plan - Quarter One Progress Report 2026/27 Review** C. Thompson presented the report and highlighted the following key matters: • Diabetes - Performance against the eight diabetes care processes had deteriorated slightly, the reason for this deterioration related to the timing of improvement work undertaken during the previous year. Although performance had reduced, CTM had only dropped one place nationally. The Care Group remained focused on improving compliance and performance. • Population Health Measures - Work relating to frailty assessment measures remained important. Data collection and reporting capabilities were still developing nationally and no Health board is yet able to report on compliance with the frailty measure as a result. • Women's Health Hub - The Women's Health Hub had been recognised as an exemplar service for Wales. Work was underway to develop a supporting data dashboard. Information gathering and evaluation activity were being strengthened. There was currently no funded expansion programme for the current year, and representations were being made nationally regarding the need for longer-term planning arrangements. • Maternity and Quality and Safety Measures - Maternity indicators continued to be reported through the Quality, Safety and Experience Committee (QSEC). Wider quality and safety metrics were also being monitored through (QSEC). These measures were included within the IMTP report primarily for completeness and assurance rather than requiring detailed Committee discussion. • Welsh Government Escalation – Routine discussions had taken place regarding the Health Board's escalation status. Future escalation assessments may focus on trajectories for improvement rather than absolute performance levels. This could provide additional opportunities for de-escalation where organisations are demonstrating sustained improvement.
Resolution:	The Committee **NOTED the report**
Action:	None identified
7	**STRATEGIC PILLAR – INSPIRING PEOPLE**

7.1	**Health & Wellbeing Action Plan Update** H Jones provided a presentation to Committee members and highlighted the following: • Staff sickness - Continued high levels of sickness absence with over 800 staff absent on a typical day and a rolling sickness absence rate of 7.54%. Enhanced interventions were now in place, including strengthened case management and attendance monitoring. H. Jones advised on the introduction of simplified management guidance and training for managers with over 150 managers having already completed attendance management training, and additional sessions planned. • Compliance and Medical Staff Absence – There was considerable variation in return to work compliance between staff groups with high compliance in Estates and Ancillary Service but much lower compliance within Medical and Dental staff groups. H. Jones highlighted that a recent audit had suggested some degree of under-reporting of sickness within Medical and Dental staff which would require further action. P. Roseblade advised that the sickness levels were still concerning and the Committee needs to receive regular updates on whether the current intervention Programme including deployment of additional workforce support into operational areas was making a measurable difference. R. Rowlands agreed with the point made by P. Roseblade and commented that this was another topic that would require greater focus through future agenda planning sessions. She added that the Committee needs further assurance, not only on performance figures but also on the effectiveness of the actions being taken. G. Hughes, in response, suggested concentrating future reporting on assurance rather than providing more data and suggested considering what assurance members actually require, whether existing interventions are working and what actions management is taking if performance remains off track. C. Thompson commented within the meeting chat that it would be useful to model future sickness absence performance by forecasting the year-end rolling position if current improvements were sustained including a scenario that reflected normal seasonal variation. H. Jones confirmed that the feedback would be explored for future reporting to the Committee.
Resolution:	The Committee **NOTED** the Presentation
Action:	To continue enhanced sickness absence case management programme and monitor impact

Action:	To consider future assurance framework/reporting requirements for sickness absence programme via Agenda Planning sessions.
	G Watts joined the meeting.
7.2	**Speaking Up Safely Update:** G Watts presented the report and highlighted the following: Current themes include management concerns, discrimination and patient safety issues, although reporting levels remain relatively low and should be interpreted cautiously. Positive staff survey results were showing that around two-thirds of staff feel able to speak up safely, while recognising that further work is required to strengthen confidence and psychological safety. G. Watts added that the report had previously been considered by the Audit, Risk and Assurance Committee, where an assurance-focused discussion had taken place and that the report would also be presented to the Board. P. Roseblade highlighted the findings of the recent Internal Audit review, noting that the audit had provided reasonable assurance overall and importantly, it had provided substantial assurance regarding staff awareness of Speaking Up Safely processes. R. Rowlands welcomed this assurance and commented that awareness is the critical starting point and that success will depend on staff continuing to feel heard and supported when they raise concerns. She added that building confidence in the process over time is essential.
Resolution:	The Committee **RECIEVED** and **NOTED the report**
Action:	None identified
8.	**CONSENT AGENDA**
8.1	**Items for Approval**
8.1.1	Unconfirmed Minutes of the Meeting held on 30th April 2026 were **APPROVED.**
8.2	**Items for Noting**
8.2.1	The Month 1,2 & 3 Monitoring Returns to Welsh Government were **NOTED.**
8.2.2	St. David's Street Surgery – Additional Branch Surgery Application was **NOTED.**
8.2.3	Value Based HealthCare Steering Group Highlight Report
8.2.4	The Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report was **NOTED.**
8.2.5	Committee Annual Cycle of Business 2026 was **NOTED.**
8.2.6	Committee Forward Work Plan (non-routine business) was **NOTED.**
9.	**CLOSE OUT BUSINESS**
9.1	**Any Other Urgent Business**
	No urgent business was identified
9.2	**Committee Highlight Report to Board**

	The Committee identified three key themes for inclusion within the Board Highlight Report: • Operational performance and patient flow, including delayed transfers of care and their impact on service delivery. • Workforce productivity and sustainability, including productivity, sickness absence and workforce challenges. • Governance and assurance, including how significant operational risks, issues and concerns are escalated and reported through the Health Board's assurance framework. The Committee would also highlight that it had received updates on the financial recovery programme and capital programme, noting the importance of robust delivery arrangements and ongoing oversight.
9.3	**Meeting Feedback** The Chair invited members to provide feedback in the meeting or outside if that was preferable.
10	**(CLOSED) In Committee Session** The following items would be received at the In Committee session immediately following this meeting: • Organisational Risk Register - Business Sensitive Risks • Cyber Resilience & Assurance Update • CTMUHB Overarching Major Incident Guidance 2026, CTMUHB Business Continuity Management Policy 2026 and DRAFT CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2025/26 • Transforming Access to Medicines (TrAMs) Business Case
11	**CLOSE OF MEETING**
11.1	**Date and Time of Next Meeting** Tuesday 27th October 2026 at 14.00pm

Agenda Item	7.1.2

Unconfirmed In-Committee Minutes of the Operational Delivery Committee

Date and Time of Meeting	Tuesday 28th July 2026 16.30 pm – 17.00 pm
Venue	Virtual via Microsoft Teams

Members Present	Rachel Rowlands	Independent Member/ Chair of Committee
	Patsy Roseblade	Independent Member
	Hayley Proctor	Independent Member
	Helen Lentle	Independent Member
	Kathy Mason	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Claire Thompson	Executive Director of Strategy and Transformation
	Stuart Morris	Director of Digital
	Dom Hurford	Executive Medical Director
	Louise Stait	Interim Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager
	Melanie Jones (Item 2.3 only)	Civil Contingencies Manager (in part)
Observing	Hannah Jones	Audit Wales

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**
	• Hywel Daniel – Executive Director for People • Philip Daniels – Executive Director of Public Health • Hayleigh Jones – Executive Director for People • Neil Mesher – Independent Member
1.3	**Declarations of Interest**
	• No declarations were declared.
2.	**MAIN AGENDA / IMPROVING CARE**
2.1	**Organisational Risk Register – Business Sensitive Risks**

	L. Stait 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 had been appropriately assessed. H. Proctor noted that the strategic risk owner name (S Morris) had been omitted for two of the risks and asked for this to be corrected.
Resolution:	The Committee **NOTED** the report.
Action:	LS to correct the risk report for future iterations.
2.2	**Cyber Resilience and Assurance Update** S. Morris presented this item. He advised Members that two cyber incidents had occurred since the report had been finalised. Both incidents remained under investigation. S. Morris reminded the Committee that NHS Wales experiences cyber-attacks on a daily basis and emphasised the importance of continued vigilance and staff awareness. Further communications would be issued to reinforce key cyber security messages. S. Morris reported that a Cyber Resilience Audit was scheduled for October 2026, with the outcome and associated assurances to be reported to the Committee thereafter. R. Rowlands asked whether the Health Board undertakes phishing simulation exercises with staff. S. Morris confirmed that phishing exercises are conducted periodically and noted that the most recent exercise had taken place over the Christmas period. Referring to the section on risks and opportunities, P. Roseblade sought clarification on the report's reference to moving away from a defensive cyber security approach. S. Morris explained that this did not mean reducing existing controls; rather, the organisation was seeking to build on its established defensive arrangements and adopt a more proactive approach to cyber resilience. K. Morgan noted that the current CAF assessment (NCSC Cyber Assessment Framework) identified areas of non-compliance and asked whether these would be considered as part of the forthcoming review. S. Morris confirmed that the detailed scope and requirements for the review had not yet been received, but were expected approximately four weeks in advance of the assessment, which was scheduled for early October 2026. K. Palmer queried whether the Committee should be concerned about organisational capacity and capability within the cyber security function. S. Morris advised that the Health Board had invested significantly in cyber security resources in recent years and was in a much stronger position than it had been two to three years ago. He added that a review of skills and capabilities was currently being undertaken, particularly in light of the increasing move towards cloud-based technologies, which would require different areas of expertise.

	Members discussed opportunities for greater regional and national collaboration in relation to cyber security resources and expertise. S. Morris noted that, although the national DDaT (Digital, Data and Technology) structure had been disbanded, a national cyber security leadership group remained in place and continued to progress this work. In response to a question from K. Palmer, he confirmed that the group was being coordinated by Digital Health and Care Wales (DHCW).
Resolution:	The Committee **NOTED** the report
Action:	None identified
	M. Jones joined the meeting.
2.3	**CTMUHB Overarching Major Incident Guidance 2026, CTMUHB Business Continuity Management Policy 2026 and CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2025/26**
	C. Thompson presented the report and accompanying presentation. Members were advised that significant progress had been made over the previous year to strengthen the Health Board's Emergency Preparedness, Resilience and Response (EPRR) arrangements. C. Thompson highlighted the substantial work undertaken by M. Jones and the EPRR team to improve compliance and assurance and formally recorded her thanks for their efforts. C. Thompson explained that the Health Board was declaring itself non-compliant against the relevant standards. She noted that this represented a change from previous years, influenced by the national Performance and Improvement process and a decision to undertake, for the first time, a full self-assessment against NHS England's EPRR standards. Whilst these standards had been established within England for a number of years, there was now an expectation that they would also be adopted within NHS Wales. Referring to the compliance position set out in the presentation, C. Thompson advised that although the Health Board was currently assessed as non-compliant, the ambition was to achieve substantial compliance within the current year. She noted that CTMUHB was not an outlier compared with other Health Boards, and was in a considerably stronger position than in previous years. M. Jones advised that the aim was to achieve partial compliance by December 2026, with further improvement thereafter. R. Rowlands thanked the team for the significant work undertaken to improve the Health Board's preparedness arrangements. P. Roseblade acknowledged the scale of the work completed and sought assurance regarding data-sharing arrangements with partner organisations, including other Health Boards and emergency services. M. Jones confirmed that data-sharing agreements were in place where required and that established information-sharing systems existed through Local Health Forum arrangements and Welsh Government mechanisms.

	G. Hughes formally recorded thanks to M. Jones and the wider team for the substantial progress made during the year.
Resolution:	The Committee • **ENDORSED** the major incident guidance, the business continuity guidance and EPRR Annual Report 2025/26 for onward recommendation to the Board
Action:	None identified
	M. Jones left the meeting.
2.4	**Transforming Access to Medicines (TrAMs) Full Business Case Response** D Hurford presented the report, outlining the case for a regional medicines manufacturing hub. Members were advised that the current aseptic unit at the Royal Glamorgan Hospital was over 25 years old and would require significant future capital investment to remain compliant and operational. The proposed regional solution would remove the need for the Health Board to develop replacement local facilities and had been developed through a number of iterations. Three areas of concern previously raised by the Executive Team, namely workforce transfer arrangements, financial implications and assurance regarding the future service model, had now been satisfactorily addressed. P Roseblade sought clarification regarding the statement in the business case that the future service model may be less agile than the current locally provided service, particularly in relation to urgent or out-of-hours requests. In response, Members were advised that the new arrangements would require a different way of working, including greater forward planning and the development of appropriate operating procedures. Assurance had been received that all participating organisations would operate within the same model and that out-of-hours services would continue to be available where required. P Roseblade also queried whether the costs associated with repurposing the existing aseptic unit had been reflected within the financial arrangements. Dom Hurford advised that he did not have the detail to hand and would confirm the position following the meeting. The report notes that decommissioning and repurposing costs would fall to the Health Board. D Jouvenat sought assurance that services currently provided to Velindre would continue to be accessible through the new arrangements. Members were advised that these services would continue and that co-location of the hub alongside the Velindre site would provide further benefits. S May confirmed that the Finance Team had reviewed the proposal and were satisfied that, notwithstanding the challenges associated with the current configuration and assumptions within the business case, participation in the regional hub represented the best available option for the Health Board. This

	reflected the significant future investment that would otherwise be required to maintain local facilities and the long-term sustainability benefits associated with the regional model.
Resolution:	The Committee • **NOTED** the financial, workforce and operational implications arising from the TrAMs Full Business Case. • **NOTED** the significant quality, safety and sustainability benefits associated with the proposal. • **ENDORSED FOR BOARD APPROVAL** CTMUHB participation in the TrAMs Southeast Wales Hub programme to enable progression to implementation and delivery.
Action:	
3	**Any Other Urgent Business**
	No urgent business was identified
4	**CLOSE OF MEETING**
4.1	**Date and Time of Next Meeting** Tuesday 27th October 2026 at 16.30pm

Operational Delivery Committee

Welsh Language Standards Annual Performance Report 2025/2026

Eitem yr Agenda / Agenda Item	**7.1.3**
Dyddiad y Cyfarfod / Date of Meeting:	27.10.2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	
Cyflwynydd yr Adroddiad / Report Presenter:	Dr Ben Screen, Arweinydd y Gymraeg/ Welsh Language Lead
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	Endorse for Board Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Inspiring People If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Developing Welsh language capacity across CTM UHB, focussing particularly on developing the skills of the existing workforce and recruiting new Welsh speakers, is a commitment in the IMTP. The contents of the Annual Report, and the summary thereof in this covering paper, provides an update on progress with that work.

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

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	CTMUHB is required by Welsh Language Standard 120 to publish an annual report relating to its compliance with Welsh Language Standards. This report satisfies that requirement, and this covering paper serves as a summary of the contents thereof.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	• There has been further progress with growing the Welsh language in CTM UHB during the 2025/26 operational year. • Evidence of that progress can be seen in the 'Welsh Language & Culture Dashboard' in Appendix 1. This is a visual summary of progress with essential measures of development, such as the number of staff improving their Welsh language skills, the number of impact assessments completed and the number of vacancies requiring Welsh language skills, among other measures. • In addition to areas of progress, the annual report itself sets out the Standards with which CTMUHB remains non-compliant. Standards for which High Assurance cannot be reported account for 35% of all Welsh Language Standards. This represents legal and reputational risk to CTMUHB, notwithstanding the progress above. • The operational plan for 2026/27 continues to focus on the compliance controls and processes necessary to not only sustain current progress but to improve remaining areas of non-compliance, particularly within recruitment. This is in addition to cultural change initiatives such as leadership development to ensure this work is carried out in a co-operative, supportive and encouraging way.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and*	This is a public report in relation to regulatory compliance, and it is recommended its contents are noted and that the report is endorsed for Board approval.

benefits supporting the choices and recommendation(s)being made)	

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee is asked to ENDORSE FOR BOARD APPROVAL the Welsh Language Standards Annual Performance Report for 2025/26.

1. Background / Context

1.1 The Welsh Language Standards Annual Performance Report is a narrative report on compliance with Welsh Language Standards, and the contents thereof are summarised in this paper.

2. Strategic Insights

2.1 Welsh language development is becoming embedded within core organisational planning. For the first time, Welsh language development has been incorporated into the Integrated Medium-Term Plan through a dedicated Welsh language delivery plan, demonstrating a shift from compliance activity towards strategic integration. This is supported by alignment with the People Plan 2025–2030 and the Health Board's 5-Year Strategic Plan for Clinical Consultations in Welsh.

2.2 A modest increase in organisational compliance can be evidenced. Standards for which High Assurance can be reported increased from 74 (2023/24) to 81 (2025/26), while Standards assessed as Low or No Assurance reduced from 29 to 18 over the same period. No Standards saw a reduction in assurance level during 2025/26.

2.3 Workforce data demonstrate year-on-year growth in Welsh language skills, particularly at Levels 3–5 (those most likely to support clinical conversations in Welsh). As recording rates have now stabilised, the increases seen during 2025/26 are more likely to represent genuine workforce development rather than improvements in data quality alone.

2.4 There has been increased engagement with the Welsh Language Development Service during the reporting period, and over 1,300 staff are estimated to have engaged directly with the Service during the year. Mandatory Welsh Language Awareness training has reached 76% of staff, 245 staff participated in Welsh language learning opportunities, and Welsh language development is now embedded within leadership and management development programmes. This supports broader organisational culture change and aligns with Cymraeg 2050, the national language strategy for Wales, and More Than Just Words ambitions, Welsh Government's plan for Welsh in health and social care, in addition to the Welsh Language Standards Regulations.

2.5 Governance and accountability arrangements continue to mature. Welsh language performance has received formal scrutiny through Board and Committee structures, supported by a defined audit methodology. These arrangements provide greater assurance regarding compliance risks and improvement planning.

2.6 One of the most significant developments during 2025/26 has been the continued integration of Welsh language development into organisational development and culture. Through the inclusion of Welsh language within leadership and management development programmes, targeted communications based on behavioural change principles, and increased leadership engagement, the Health Board is increasingly supporting long-term cultural change alongside regulatory compliance. This approach is intended to create an environment where Welsh becomes a more visible, normal and sustainable part of everyday service delivery.

3. Risks and Opportunities

3.1 Notwithstanding the benchmarking data showing improvement in core metrics in Appendix 1 and the progress described in Section 2 above, CTM UHB remains in breach with **35%** of Welsh Language Standards.

3.2 The principal strategic challenge remains consistent delivery of Welsh language services across the organisation. Compliance concerns relating to recruitment assessment processes continue to affect the Health Board's ability to build Welsh language capacity in priority clinical services and frontline patient-facing roles.

3.3 To begin to change the issues described in 3.1 and 3.2, this operational year saw the creation of a recruitment decision tree to allow staff to categorise posts compliantly on job advertisements (such as 'Welsh Essential' or Welsh Desirable'), new standardized job advertisement wordings to encourage applications from those with Welsh language skills and increased manager training. These are a solid basis to build on during the 2026/27 operational year.

3.4 Lack of compliance carries legal, financial and reputational risk given the investigatory and enforcement powers of the Welsh Language Commissioner, as set out here.

3.5 The Welsh Language Statutory Delivery Group, established in June 2026, is a key opportunity to influence change operationally. Ensuring attendance at this Group by all Care Groups, and effective management of the action log at the appropriate level, will be key to ensuring further progress can be made on the ground.

4. Benchmarks

5.1 The Welsh Language Development Dashboard in Appendix 1 displays benchmarking data for core metrics of Welsh language development.

6. Conclusion

6.1 Further progress has been made on embedding Welsh Language Standards at a systemic level, improving processes and guidance to support compliance.

6.2 Challenges remain however operationally in relation to offering clinical services in Welsh, particularly within More Than Just Words Priority areas where care in Welsh has been clinically proven to affect patient outcomes. Frontline administration roles, such as receptions and call centres, are also unable to offer a service in Welsh.

6.3 Work during 2026/27 will focus on recruitment and workforce planning, in co-operation with the new Welsh Language Statutory Delivery Group, to build capacity to offer more of CTMUHB's services in Welsh.

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Wales of Vibrant Culture & Thriving Welsh Language If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Culture & Valuing People If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate):	If no, please select a reason below. Does not impact people Named Executive/Board member sign off

Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*		
Cyfreithiol / Legal	**Yes (Include further detail below)** This is a public report in relation to regulatory compliance and breaches therein.	
Enw da / Reputational	**Yes (include further detail below)** This is a public report in relation to regulatory compliance and breaches therein.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**	

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Dangosyddion Perfformiad Allweddol ar gyfer Datblygu'r Gymraeg
Key Performance Indicators for Welsh Language Developement

Total number of staff with Listening & Speaking Skills in Welsh at Level 3, 4 & 5

2025/26	2024/25
872 (+85)	787

Tyfu ein gweithlu dwyieithog: Recriwtio – Growing our Bilingual Workforce: Recruitment

Number of posts advertised as Welsh Language Skills are Essential	2025/26	2024/25
	10 (+3)	7

Number of posts advertised as Welsh Language Skills Need To Be Learnt Once Appointed	2025/26	2024/25
	5 (+5)	0

Tyfu ein gweithlu dwyieithog: Dysgu – Growing our Bilingual Workforce: Learning

Number of staff beginning a Welsh language course	2025/26	2024/25
	245 (+41)	204

Number of staff expressing an interest in learning or developing their Welsh	2025/26	2024/25
	212	252

Ymgorffori'r Gymraeg yn ein Diwylliant Sefydliadol - Embedding Welsh in our Organisational Culture

Number of staff completing a leadership development session with a focus on Welsh	2025/26	2024/25
	76 (+76)	0

Number of Welsh Language Impact Assessments completed	2025/26	2024/25
	35 (+23)	12

Mesurau Dangosol Eraill o Gydymffurfiaeth - Other Indicative Measures of Statutory Compliance

Percentage of Welsh Langauge Standards reporting High Assurance	2025/26	2024/25
	65% (+3%)	62%

Number of complaints about Welsh Language compliance	2025/26	2024/25
	4 (+2)	2

Number of requests received to translate between English & Welsh	2025/26	2024/25
	4,266 (+1,564)	2,702

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.
This document / form is also available in Welsh.

Cwm Taf Morgannwg University Health Board

Annual Welsh Language Standards Performance Report 2025/26

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About this report

Celebrating Cymraeg at CTMUHB: Our 2026 Update

This year, we've continued our commitment to delivering services in Welsh, in line with the Welsh Language Standards. This report highlights how we're embedding Cymraeg across our organisation—from the care we provide to the way we work every day.

We're proud of the progress we've made to promote bilingualism and support our Welsh-speaking communities. You'll find real examples of how we're putting our values into action in this report. Readers are welcome, as ever, to compare this report to the last. We are confident the trajectory can be seen clearly.

This report also meets the requirements of Welsh Language Standard 120. You can read our full compliance notice, setting out all of our legislative duties for Welsh, in Welsh here and in English here.

Want to know more about your right to use Welsh with us? See our patient information leaflet in Welsh here and in English here.

This report was approved by our Operational Delivery Committee in October 2026. We would be keen to hear your thoughts—email us at CTT_WelshLanguage@wales.nhs.uk in Welsh or English. You can also share feedback on your experience of care through our Patient Reported Experience Measures, in Welsh here and in English here.

Executive summary

This report tells the story of how Cwm Taf Morgannwg University Health Board (CTMUHB) has worked to strengthen its use of Cymraeg across its healthcare services during 2025/26. At its heart, it shows an effort to shift from compliance alone towards embedding Welsh as a normal, valued part of everyday healthcare that is seen, heard and spoken across our services.

Planning and Decision-making

Over the past year, the Health Board has taken steps to bring Welsh into the centre of its planning and decision-making. For the first time, a dedicated Welsh language plan forms part of its main organisational delivery plan, the Integrated Medium-Term Plan. Work has also continued on ensuring that Welsh Language Impact Assessments are completed, not only in terms of templates and guidance but also changing processes so as to ensure they are completed.

Measurable Progress

The report shows steady and measurable progress via a series of identified key performance indicators, as shown on Page 6. More staff than ever have Welsh language skills, more are learning, and participation in training continues to grow. At the same time, overall compliance with Welsh Language Standards ('Standards') has improved, with increases in assurance levels for some thereof.

Culture Change

A key theme throughout the report is culture change. Significant effort has gone into encouraging staff to use Welsh in their everyday roles — from awareness training and learning opportunities to visible campaigns and leadership development. Hundreds of staff have engaged with this work, and evaluation shows growing confidence and willingness to use Welsh with colleagues and patients.

Governance and Accountability

Strong governance underpins this progress. Clear leadership at Board level, structured monitoring of compliance, and the work of the Welsh Language Development Service ensure that improvements are planned and tracked. This includes a transparent approach to identifying gaps and driving continuous improvement.

The journey ahead

The report is also honest about ongoing challenges, and a full list of all Standards and their compliance status is included in Appendix 1. These challenges include ensuring consistent Welsh-language provision across all services, particularly in areas where it matters most such as those areas identified in the More Than Just Words Framework. Improving compliance around recruitment is also a recognised challenge. We continue to put meeting these challenges at the forefront of our development work for Welsh, as recognised below on Page 4 on our strategic planning.

1: Do you have a strategic approach to embed Cymraeg from Board to ward?

Integrated Medium Term Plan (IMTP)

The Integrated Medium-Term Plan explains how NHS organisations will use their resources over three years to deliver high-quality care that meets people's needs, with an annual plan complementing that work.

For 2026/27, Welsh language development was included through a clear, one-page plan setting out key priorities. This is the first time a dedicated Welsh language plan has been part of the submission.

People Plan and longer-term strategic planning

CTMUHB has published its People Plan for 2025–2030. It sets out what actions we will take to support our long-term strategy and create a workplace where everyone can thrive. One important measure of success is increasing the number of staff who can speak Welsh and improving their skills.

We are also continuing work on our 5-year plan to offer clinical consultations in Welsh. This supports national priorities and aims to make it easier for patients to receive care in their language of need.

Important goals in that 5-Year Plan include:

- Asking and recording patients their language preference (the "Active Offer").
- Increasing the number of bilingual staff.
- Promoting Welsh across the organisation.
- Raising awareness of language rights with our patients.
- Tracking progress with clear measures.

Annual operational planning

The Welsh Language Development Service has an operational plan each year, which brings longer-term planning into focus for that year. It brings in commitments in the IMTP, our People Plan and the 5-Year Strategic Plan into one detailed plan.

Progress on those priorities is outlined in this report.

2: How are you performing against core Welsh language performance indicators?

In our last report for 2024/2025, we shared a Welsh Language & Culture Dashboard.

Some of the metrics for that have slightly changed. The core ones, easily tracked over time, can be seen below with a comparison from last year.

To expand our ability to offer services in Welsh, we are focusing on a number of interconnected areas — each one playing a distinct role, but all working towards the same goal: **growing a confident, capable bilingual workforce across CTMUHB**.

- **Developing our workforce is the foundation**. By strengthening recruitment and supporting staff to develop Welsh language skills in the workplace, we are gradually increasing our capacity to deliver services in Welsh. This is why workforce metrics sit at the heart of the dashboard.
- **Supporting our managers and leaders** ensures this ambition is translated into everyday practice. When leaders understand their role and take timely, informed action, they create the environment where Welsh can thrive.
- **Embedding Welsh into decision-making** ensures that the language is not an afterthought, but a natural part of how we operate. Welsh language impact assessments help us consider opportunities and implications at the right point, reinforcing a culture where Welsh is routinely and meaningfully included.

These elements are not separate strands of work — they work together. Strong leadership supports workforce development; better-skilled staff make it easier to embed Welsh in practice; and consistent consideration of Welsh in decision-making helps sustain progress.

Alongside these core measures, there are three important indicators that help us understand the broader picture:

- Overall compliance with the Welsh Language Standards.
- Complaints relating to non-compliance.
- The number of translation requests received.

While these don't directly increase the size of our bilingual workforce, they give us valuable insight into how well Welsh is embedded within the organisation. In many ways, they act as a barometer — highlighting where the system is working well and where further attention may be needed.

Taken together, the dashboard tells a connected story: from building skills and leadership capability, through to embedding good practice, and ultimately strengthening our ability to deliver services in Welsh.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Dangosyddion Perfformiad Allweddol ar gyfer Datblygu'r Gymraeg
Key Performance Indicators for Welsh Language Developement

Total number of staff with Listening & Speaking Skills in Welsh at Level 3, 4 & 5

2025/26	2024/25
872 (+85)	787

Tyfu ein gweithlu dwyieithog: Recriwtio – Growing our Bilingual Workforce: Recruitment

Number of posts advertised as Welsh Language Skills are Essential

2025/26	2024/25
10 (+3)	7

Number of posts advertised as Welsh Language Skills Need To Be Learnt Once Appointed

2025/26	2024/25
5 (+5)	0

Tyfu ein gweithlu dwyieithog: Dysgu – Growing our Bilingual Workforce: Learning

Number of staff beginning a Welsh language course

2025/26	2024/25
245 (+41)	204

Number of staff expressing an interest in learning or developing their Welsh

2025/26	2024/25
212	252

Ymgorffori'r Gymraeg yn ein Diwylliant Sefydliadol - Embedding Welsh in our Organisational Culture

Number of staff completing a leadership development session with a focus on Welsh

2025/26	2024/25
76 (+76)	0

Number of Welsh Language Impact Assessments completed

2025/26	2024/25
35 (+23)	12

Mesurau Dangosol Eraill o Gydymffurfiaeth - Other Indicative Measures of Statutory Compliance

Percentage of Welsh Langauge Standards reporting High Assurance

2025/26	2024/25
65% (+3%)	62%

Number of complaints about Welsh Language compliance

2025/26	2024/25
4 (+2)	2

Number of requests received to translate between English & Welsh

2025/26	2024/25
4,266 (+1,564)	2,702

3: How have you promoted Cymraeg with your workforce and the public?

Embedding Welsh means evolving our culture, including improving how to support staff to use Welsh in their roles. That's why Communication and Engagement is a guiding theme, driving real change across the system.

Internal Communication Framework

Strategic communication supports change. When done well, it boosts engagement and helps staff commit to initiatives like developing Welsh.[1] Our updates follow the COM-B model—focusing on Capability, Opportunity, and Motivation—to support real Behaviour change across the organisation.[2]

We do this via four key categories, with examples throughout the report:

Da Iawn: celebrates staff best practice, using social proof to boost motivation.

It's More Than Just Words: highlights how Welsh improves patient experience—another motivator.

Staff Support: ensures access to resources and advice, building capability and opportunity.

Skills, Learning & Development: promotes training to grow Welsh language skills—enhancing capability to offer services in Welsh.

[1] Hargie, O., & Tourish, D. (2009). *Auditing Organisational Communication: A Handbook of Research, Theory, and Practice*. Routledge; Men, L.R., & Stacks, D.W. (2013). The impact of leadership style and employee empowerment on perceived organizational reputation. *Journal of Communication Management* 17(2), pp. 171-192.

[2] A more technical discussion can be found here: Mitchie, S. et al. (2011), The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science* 6(42).

Well-promoted SharePoint site

There is a dedicated page for supporting staff to use Welsh at work and comply with the Welsh Language Standards. Accessible via the homepage of CTMUHB's staff intranet, it has been redeveloped using MS Office 365 tools and includes:

- Clear information on how to contact the Welsh Language Development Service.
- Latest news and updates.
- 'Why Welsh at CTM' video.
- Opportunities to learn Welsh and a simple booking link to 'Welcome-to-Welsh' sessions.
- Guidance on embedding Welsh and meeting the Standards.
- Resources to download such as bilingual Out-of-office templates.
- Information on staff rights to use Welsh at work.

Advice on complying with Welsh Language Standards

Guides on complying with Service Delivery Standards, Policy Making Standards, Recruitment & Appointing Standards and using Welsh in Communications & Engagement are available on SharePoint. We share these regularly with staff. This means that the Standards have been interpreted and simplified for the context of CTMUHB. These have all also been developed using the 'Welsh Voice/Llais y Gymraeg' strategy to foster belonging and respect, and CTMUHB branding, structured around 'Why', 'How', and 'What' we do in Welsh, and have practical examples and case studies included where relevant.

Welsh Language Awareness Mandatory ESR Module

An all-Wales online module, aimed at developing a consistent level of Welsh language awareness, is a mandatory training requirement. This module talks about the importance of Welsh in healthcare for Welsh speakers, the Welsh Language Standards and busts some common misconceptions about Welsh. As of March 2026, **76%** of staff in CTMUHB have completed it, which is just over 10,000 colleagues. The training must be completed every 3 years, so the completion rate may ebb and flow over time.

Engagement with CTMUHB staff

This year the Welsh Language Development Service engaged in many sessions, with 'engagement session' defined as following:

> A meeting, session or event, outside of the Welsh Language Development Service and excluding external meetings with people in similar Welsh Language roles across Wales, Welsh Government or other bodies and where the sole purpose of the meeting or part of it was specifically dedicated to the Welsh language.

- The Service held **181** different engagement sessions and meetings with staff and managers across the Health Board, helping embed awareness of Welsh language responsibilities and supporting a culture where Welsh is increasingly visible and used in everyday practice. Some notable examples among many were:
    - The whole-directorate Radiology session for staff across all sites.
    - The Lunch & Learn Session for all Pharmacy staff.

    - A presentation at the Planned Care Group Senior Management Team.
    - A presentation at the Health Care Support Workers Annual Conference.
    - Newly registered Nurse Induction and Student Nurse Inductions.
    - Newly appointed Medics Induction.
- There was **1** formal presentation at a Board Committee (Operational Delivery Committee).
- Welsh Language development work was requested to be subject to **1** formal presentation at a formal Board meeting of the Health Board.
- The Welsh Language Development Service held **2** series of site visits, with **2** visits in-year with a promotional stand at the Royal Glamorgan Hospital, Prince Charles Hospital and Princess of Wales Hospital.

These on-site, face-to-face site visits in particular have succeeded in raising the profile of Cymraeg across CTMUHB. The visits achieved the following levels of engagement:

- We shared **176** different resources including **55** lanyards and **85** badges. That's **140** new Welsh speakers and learners identifying themselves to other Welsh speakers just from site visits.
- We spoke to **115** members of staff about the Welsh language offer at CTMUHB.
- We spoke to **29** patients about Welsh in healthcare.

Taking advantage of the Welsh Language Development Service

The Welsh Language Development Service is the internal professional team for CTMUHB to support the organisation to comply with Welsh language law. In addition to all the engagement above, the team this operational year also:

- Provided bespoke and specialist compliance advice to **36** managers, ranging from recruitment to using Welsh with participants in research.
- Received **4,266** translation requests from **1085** different requesters, translating over 6 million words.
- Received **200** queries on learning Welsh from different managers.

Given the size of the Health Board, it is a difficult task to measure all engagement. However, taking all the above into account, it's likely that the Welsh Language Development Service engaged with over **1,300** different members of staff across the Health Board this operational year.

Engagement with Primary Care

Primary Care providers across the CTMUHB region can take advantage of the services provided by the Welsh Language Development Service for CTMUHB. This includes translation, learning Welsh, advice on using Welsh and receiving lanyards & badges for Welsh speaking staff.

This offer was shared at several different points during the year by both the Welsh Language Development Service and colleagues in the Health Board who work directly with Primary Care providers, such as our General Medical Services Management Team.

Here are some highlights:

- **13** practices requested translations
- **5** requested lanyards and badges for Welsh speaking staff, with **37** lanyards and badges shared. That's **37** Welsh speakers showing they're happy to speak Welsh with patients.
- The Welsh Language Lead met with the Chief Operating Officer of the Health Board & the Medical Director for Primary Care during the year to discussing further opportunities to promote Welsh.

The Welsh Language Development Service also attended the events below, on support to promote Welsh:

- Meeting of the General Medical Services Operational Group.
- Practice Managers Forum for CTMUHB, consisting of all Practice Managers from the Health Board area.
- Lunch & Learn Pharmacy recorded session, which included Community Pharmacy.
- Practice Nurse Development Day, with Practice Nurses from across the CTMUHB area.
- Primary Care Training Academy Steering Group on learning Welsh.
- Protected Time for Learning event in Bridgend for GPs.

Leadership & Management Development

Leaders and managers play an important role in shaping the experiences of our staff and service users. As such, that role continues in their developing and advocating for Cymraeg across the Health Board.

To support them, we have embedded Cymraeg into our in-house leadership and management development offers, creating opportunities for leaders to reflect on their own relationship with our language and understand their role in creating an organisation where Cymraeg can thrive:

Inspire: Leading Systems

Inspire is designed to bring our most senior colleagues together to build a thriving leadership community within CTM. The programme is built around our own pioneering 'Leadership Competency Framework', within which bilingualism and Cymraeg specifically are embedded.

Aligned to our 'Inclusion' module, senior leaders are supported to explore Cymraeg in CTM and the wider NHS Wales and political landscape. In doing so, we aim to embed the spirit of Cymraeg 2050 and Mwy na Geiriau [*More Than Just Words*] into organisational culture and policy. To date, **21** participants have completed the programme, with further cohorts due to start in September 2026.

Ignite: Manager Induction

Managers at all levels can now take advantage of a bespoke full-day session looking at the support available to them in their roles and the basics of managing a team. Part of this session includes exploring:

- How managers can support the use of Welsh in their role as managers.
- What support is available to them and their teams to embed Welsh.

- What the requirements of the Welsh Language Standards are in brief.

Launched in February 2026, **55** managers have completed this induction this operational year, increasing managerial understanding of their role in supporting Welsh language use within teams and service delivery.

A member of the Welsh Language Development Service also attends part of the day, along with other key support functions. This has allowed for further engagement with the Welsh Language Development Service, and after the February session for example, **14** resources to support the use of Welsh were shared and **3** managers asked for more information from the Team on learning Welsh.

CTMUHB's Charity, grant funding and promoting Welsh

The introduction of a specific Welsh language question within the grant application process for the CTM Charity has made a significant difference. Previously, it was difficult to understand how projects were considering the Welsh language, as this information was only available when applicants chose to include additional details, such as impact assessments or event information. The revised approach now provides clearer, more consistent insight and enables a more proactive focus on promoting Welsh across funded activities.

This has led to a number of clear outcomes:

Embedding Welsh in staff recognition events

- Charity funding supported staff recognition initiatives, including the Seren Awards and long-service celebrations, where the Welsh language was a key part of communication. Welsh was incorporated into all materials developed to promote these events. Consideration of the language also informed the development of award categories and the judging process, helping to ensure a more inclusive and culturally relevant approach.

Bilingual reporting and wider impact from the Veterans partnership event

- The Charity supported a Veterans partnership event in June 2025. A bilingual (Welsh and English) highlight report was produced, ensuring that learning, feedback and impact were accessible in both languages. Welsh was also used by veterans at the event. The report was shared nationally at the Armed Forces Employers Conference in Wales 2025, extending the reach of the partnership and promoting bilingual practice more widely.

Welsh language use in the Santa's Grotto project (Royal Glamorgan Hospital)

- As part of a Christmas Santa's Grotto project at the Royal Glamorgan Hospital (RGH), the applicant—who was a new Welsh learner—committed to producing all public-facing materials and signage bilingually. They also worked to include bilingual greetings when engaging with patients, visitors and staff. This included interactions

across the hospital as well as within the grotto itself, demonstrating a practical and personal commitment to increasing the use of Welsh in everyday settings.

Supporting Welsh-speaking children and families on the RGH Paediatric Ward

- Projects on the RGH Paediatric Ward, including the introduction of sensory equipment to support children between treatments, have begun to consider more actively how Welsh-speaking staff can support patients and their families through the Welsh language. These projects aim to create a calmer and more comfortable environment for children who may be distressed or anxious, while also recognising the importance of communicating in a patient's preferred language as part of delivering high-quality, compassionate care. The grant process contributed to ensuring Welsh was considered.

Overall, the inclusion of a Welsh language question has helped move consideration of Welsh from being occasional and inconsistent to something more visible, intentional and embedded across a range of projects.

CTMUHB is required by Standards 55 and 56 to publish information on applying for grants in Welsh and respond in Welsh to applications made in Welsh. However, CTMUHB has gone beyond this requirement and included a question in its processes on promoting Welsh further, demonstrating real commitment to using all touchpoints within our processes to promote our language in all ways we can.

4: How do you make sure the Health Board follows Welsh language law and protects my rights?

Clear communication and meaningful engagement are key to meeting our Welsh language duties and we also rely on regular monitoring to make sure we're delivering on our commitments.

The Welsh Language Development Service

A key part of complying with Welsh Language law is the Health Board's internal Welsh Language Development Service, led by the Welsh Language Lead.

The team supports staff by:

- Offering advice on Welsh language matters.
- Promoting Welsh language and culture using internal communications and engagement.
- Influencing and advising on organisational policy to embed Welsh.
- Supporting with the response to complaints and concerns around Welsh.
- Monitoring and ensuring compliance.
- Delivering language awareness.
- Managing and providing translation.
- Promoting learning Welsh, administering and managing the offer, and providing lessons on basic Welsh.
- Sharing resources to embed Welsh across the organisation.

Welsh Language Audit Methodology

A standardised audit methodology is used to measure compliance with each standard. While some Standards can be assessed through direct observation, others—such as bilingual documentation and temporary signage—require multiple data sources to form a reliable estimate.

Given the size, scale and complexity of our organisation, it is not practical to check every single instance of compliance. Instead, our approach uses representative data to provide a reliable overall assessment of compliance across the organisation.

For each Standard, we assign one of four assurance levels as defined below:

High Assurance: The organisation complies with all requirements under all circumstances except for on rare occasions.

Medium Assurance: The organisation is usually fully compliant, but there is non-compliance at some times or in relation to some requirements.

Low Assurance: The organisation complies at some times or in relation to some of the requirements, but does not comply fully and consistently.

No Assurance: The organisation does not comply with the requirements at all, or complies on rare occasions or in only a few respects.

The visual below shows the current organisational assurances levels for all Standards. For example, CTMUHB can reasonably report Medium Assurance with 20% of Standards.

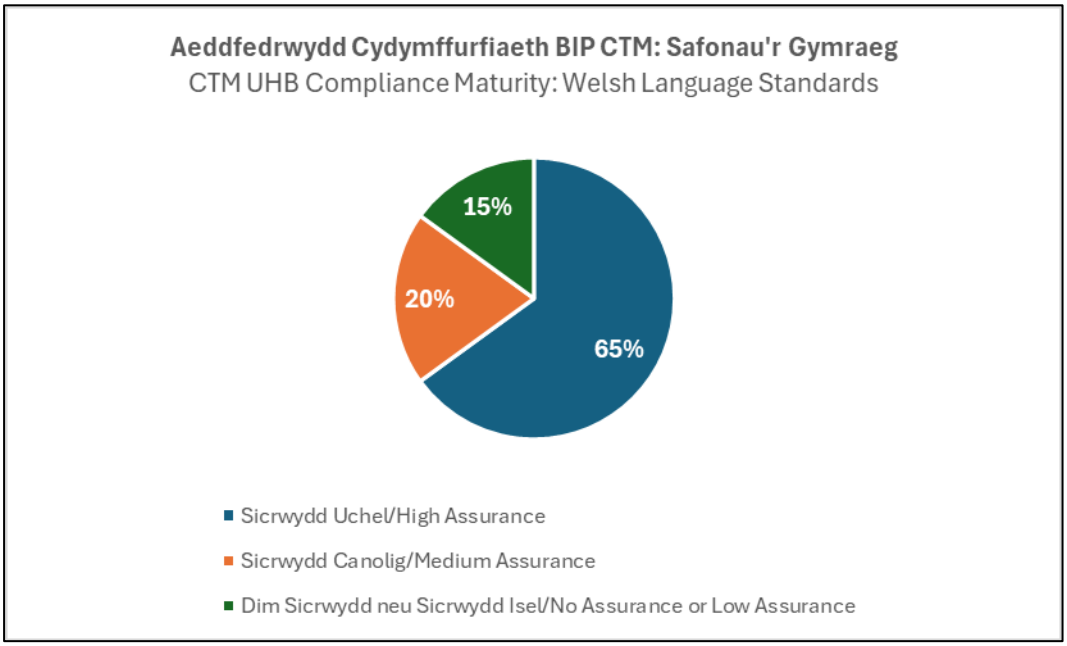


Table 1 below shows which Standards have seen an increase in assurance level compared to 2024/25. There has been no decrease in assurance levels for the 2025/26 operational year.

Table 1: **Increase** in assurance level since 2024/2025

Standards with which an **INCREASE** in assurance level has been achieved			
Standard	Change	Activity	Rationale
8	Low Assurance *to* Medium Assurance	Greeting callers to main telephone lines in Welsh	Internal monitoring showed the majority of calls monitored were answered with a bilingual greeting.
45	Medium Assurance *to* High Assurance	Treating Welsh no less favourably than English on social media	Internal monitoring on corporate and departmental accounts showed evidence Welsh was not being treated less favourably.
57	No Assurance *to* High Assurance	Assessing whether tender documentation should be published in Welsh	An assessment process for procurement is now in place.
72, 73 & 74	No Assurance *to* Medium Assurance	Considering and seeking views on the impact of policy decisions relating to Welsh in consultations	Guidance has been written and the requirements formalised in organisational policy.
91 & 95	No Assurance *to* High Assurance	Having a bilingual internal intranet site for staff	A process has been agreed for SharePoint translation and the required sections are now bilingual.

Readers were invited in 'About this report' to compare this report to previous reports and we are confident a clear performance trajectory can be seen. When compared with the previous two operational years:

	ASSURANCE LEVEL		
YEAR	HIGH ASSURANCE	MEDIUM ASSURANCE	NO OR LOW ASSURANCE
2025/26	81 Standards	25 Standards	18 Standards
As % of all Standards	*65%*	*20%*	*15%*
2024/25	*77 Standards*	*23 Standards*	*24 Standards*
As % of all Standards	*62%*	*18.5%*	*19%*
2023/24	*74 Standards*	*21 Standards*	*29 Standards*
As % of all Standards	*60%*	*17%*	*23%*

A full breakdown of compliance for each Standard is given in Appendix 1. Compliance with each Standard is measured using the audit methodology mentioned above.

Governance and assurance

The Welsh language and compliance in the forward plans of the Operational Delivery Committee, a key committee of the Board. Progress on compliance — alongside areas where standards are not yet fully met — was openly reviewed at the committee's formal meeting in October 2025.

The importance of the Welsh language was further highlighted at the Health Board's formal Board meeting in November 2025. This discussion provided a valuable opportunity to reflect on progress to date, recognise the challenges that remain, and showcase key developments — including our 5-Year Strategic Plan for Offering Clinical Consultations in Welsh (available in Welsh here and in English here).

Importantly, these conversations demonstrate a transparent and ongoing commitment to strengthening Welsh language provision. As matters of public record, details of these discussions are available to view in Welsh here and in English here.

Welsh Language Steering Group 2025/26

The Welsh Language Steering Group, chaired by the Board Secretary and Director of Corporate Governance, met during the operational year to support the work of embedding Welsh in services. Here are some highlights:

- Discussions on embedding the 'Active Offer' in day-to-day services, improving how patients' language preferences are recorded, and making Welsh-speaking staff more visible to support patient choice.
- The Group also helped strengthen systems and processes, including improvements to recruitment to ensure Welsh language requirements are applied, and the use of performance data to identify areas where further improvement is needed.
- Good progress was made in developing the workforce, with targeted Welsh language training (such as the 'Codi Hyder' scheme) helping to build staff confidence and address gaps in Welsh language provision.
- Work also began on developing a corporate Welsh Language and Culture Policy to provide clearer guidance for staff and support a more consistent approach across departments.
- As well as highlighting good practice and innovation, the meetings provided an open forum to identify challenges — such as inconsistent data recording and variation in compliance — helping to drive targeted action and continuous improvement.

Strategic alignment, mandatory organisation policy and processes

Below outlines what processes and policies are in place internally to ensure the Welsh Language Standards are followed by our staff.

Aspect of the Compliance Notice: ***What we must do***	**Guidance:** ***How we explain to staff how to do it in their work context***	**Mandated Policy:** ***How we have mandated that guidance so that staff are required to follow it at work***
Service Delivery Standards	Welsh Language Standards Compliance Protocols	Using Welsh at Work Policy (People 66)
Policy Making Standards	• Equality and Welsh Language Impact Assessment template • Equality and Welsh Language Impact Assessment Guidance • Summary of assessment must be recorded on all covering papers for Operational Management Board, Executive Management Board, Executive Leadership Group, Board Committees and Board with full assessment attached.	Policy for the Development, Review and Approval of CTMUHB Policies, Procedures and Other Written Control Documents (CG06) Approval Process for Polices, Procedures and other Written Control Documents (CG07) CTMUHB Service Change Management Standard Operating Procedure (drafted, to be approved in new operational year
Operational Standards: Recruitment	• Welsh Language Skills Categorisation Decision Tree • Step-by-step video guide to learn how to ensure the job advertisement and job description is bilingual • Welsh Language and Selection Guidance	Recruitment & Selection Policy (fully includes Welsh Language Standards and due to be ratified during the 2026/27 operational year).

Operational Standards: Internal use of Welsh	Various resources as uploaded to the SharePoint site, such as: • Out-of-office templates • Flow chart to decide what should be in Welsh for staff	Using Welsh at Work Policy (People 66)
Supplementary Standards: Complaints	The team responsible for recording complaints and concerns are trained to used DATIX (the system used to record complaints and concerns), and on the dropdown categories used to categorise the nature of the issue. This includes how to denote a complaint or concern is in relation to the Welsh Language Standards	The Listening to People Framework process is followed when receiving complaints and concerns in relation to the Welsh language, and this will be explained on our website when fully operational by August 2026.
Third party procurement, third-party commissioning and Long-term Agreements with other Health Boards	Procurement Welsh Language Impact Assessment	• Using Welsh at Work Policy (People 66). • Welsh language requirements written into tender specifications based on the Procurement Impact Assessment. • 3rd Party Commissioning Contracts Welsh Language Clause. • Long-term Agreements Welsh Langauge Clause.

5: Where am I most likely to be able to use Cymraeg with the Health Board?

This section provides readers with information on the current bilingual workforce of CTMUHB based on workforce data in March 2026. As of March 2026, **93%** of our workforce have recorded their skill level in Welsh from 0 (no appreciable ability) to 5 (proficient).[3]

Our current bilingual workforce

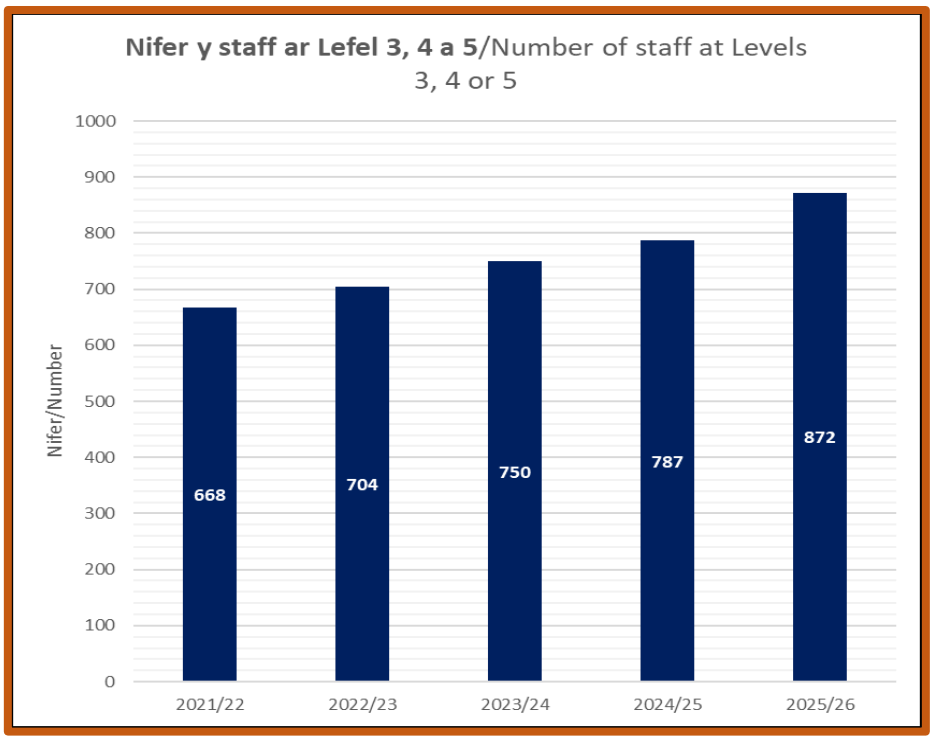
Below sets out the current number of staff who have Welsh language skills as of March 2026.

Level	Listening/Speaking Cymraeg				
	2023/2024	2024/25	**2025/26**	Difference on 24/25	Difference on 25/26 as %
0	8401	9067	9510	+443	+4.89%
1	1961	2081	2109	+28	+1.35%
2	305	320	347	+27	+8.44%
3	199	203	224	+21	+10.34%
4	248	264	292	+28	+10.61%
5	303	320	356	+36	+11.25%
Level	**Reading Cymraeg**				
	2023/2024	2024/25	**2025/26**	Difference on 24/25	Difference on 25/26 as %
0	8556	9312	9801	+489	+5.25%
1	1775	1822	1809	-13	-0.71%
2	302	314	341	+27	+8.60%
3	171	179	199	+20	+11.17%
4	233	247	270	+23	+9.31%
5	326	338	377	+39	+11.54%
Level	**Writing Cymraeg**				
	2023/2024	2024/25	**2025/26**	Difference on 24/25	Difference on 25/26 as %
0	8774	9556	10054	+498	+5.21%
1	1595	1615	1610	-5	-0.31%
2	288	306	332	+26	+8.50%
3	187	200	223	+23	+11.50%
4	195	205	224	+19	+9.27%
5	292	297	328	+31	+10.44%

This data shows increases year-on-year in the number of staff working for CTMUHB who have Welsh language skills.

The graph below illustrates this and shows the number of staff in the workforce with Level 3, 4 and 5 Listening/Speaking skills since March 2021. The graph focusses on Level 3, 4 and 5 as these staff are the most likely to be able to speak to patients in Welsh.

[3] 0 means no appreciable ability and 5 means a proficient speaker. A full description of what all the levels means can be found here.



Earlier increases may largely reflect improved recording rather than workforce change. But since recording compliance plateaued in March 2025, the further increase by March 2026 does provide clear evidence of real growth in Welsh-speaking staff at CTMUHB.

Where am I most likely to be able to use Welsh with clinical staff?

The analysis published in Welsh here and in English here in September 2024 sets out in detail which staff groups (i.e. nurses or therapists) and which areas are most likely to be able to use Welsh when you or a family member has an appointment or is an in-patient.

While it's not guaranteed in every situation, these areas are the most likely to offer services in Cymraeg, especially where your language preference has been asked and acted upon and where staff have identified themselves as Welsh speakers.

As shown in this report, CTMUHB also has processes in place to ensure Welsh-speaking staff can identify themselves as Welsh-speakers to our patients. This includes the uniforms nurses wear and giving Welsh-speaking staff lanyards where they are allowed to wear them.

Look out for the Cymraeg symbol on uniforms; this means the member of staff can speak Welsh and is comfortable doing so.

In fact, that member of staff could be one of:

- Over **200** of our nurses or midwives with skills in Welsh.
- Over **70** of our Healthcare Support Workers with skills in Welsh.
- Near **100** of our Therapists, Radiographers or Pharmacists with skills in Welsh.
- At least **35** of our doctors or consultants with skills in Welsh.

So even if you aren't accessing one of the services outlined in the detailed analysis in Welsh here and in English here, that doesn't mean a service doesn't have any Welsh speaking staff.

What about Primary Care, such as my GP?

Many Primary Care services in the CTMUHB region can offer their service in Welsh. Just access this tool here in Welsh and here in English under 'Find My NHS Service'. If the provider can provide some or all of its services in Welsh, the symbol will be used to show this.

What about other types of services?

As well using Welsh at an appointment or when on our wards, and when staff have identified themselves as Welsh-speakers, our internal monitoring shows you can also be confident that:

- You will receive a response in Welsh if you write to us in Welsh.
- You will receive correspondence such as appointment letters in Welsh.
- You will see the Welsh language around you when you visit our sites on signs and displays.
- You can use our website in Welsh without any issues.
- You can access our most important social media channels in Welsh.

6: How have you improved skills in Cymraeg of your existing workforce?

What begins as a hesitant "bore da" in a busy ward or office is growing into moments of connection at CTMUHB—between colleagues, with patients, and within communities. Over the past year, the momentum behind learning or developing our Cymraeg hasn't slowed. This is about more than legislation, but about being understood, to show care in someone's first language, and to feel part of something bigger. These small, everyday acts are quietly shaping a more compassionate, confident and bilingual workforce.

What have we offered and how many took part?

Provision	Number of staff
2-hour Welcome to Welsh Sessions	173
10-hour Taster Sessions	18
Inspiring Confidence Scheme (Codi Hyder)	24
Mynediad, Sylfaen, Uwch and Gloywi (*funded for staff and provided in the community*)	30
Total	**245**

We evaluate as much as we can of our offer in CTMUHB. We delve into the impact of those numbers in the table below.

2-hour Welcome to Welsh Sessions: Learning the basics

Here's the numbers:

- **100%** of participants who completed the evaluation reported enjoying the sessions.
- We exceeded the annual target of **100** set for staff completing the sessions by **73%**.
- **41** sessions were held in total.
- **83** hours in total of tuition were provided.
- **25%** of learners progressed from Level 0 to Level 1 in Speaking and Listening on ESR.
- **65%** of staff who booked a session attended a session.

And here's the narrative:

- Staff who completed the Welcome to Welsh sessions represent a broad and diverse workforce, from frontline clinical teams and community care to administration, education and corporate services.
- Notably, over half (**52%**) were in clinical roles, underlining the importance of Welsh in day-to-day interactions with patients and families.
- Engagement is also growing, with increasing participation from leadership, planning and corporate functions. This shift reflects a more mature, organisation-wide approach—recognising that delivering the Active Offer relies not only on frontline staff, but on the systems, culture and leadership that support them.

Here's what the participants reflected:

- Participants valued the high-quality facilitation and subject expertise of the tutor, which helped create a safe, supportive and enjoyable learning environment.

- The interactive and practical nature of the sessions was praised, enabling learners to engage confidently and apply their learning in real time.
- Attendees reported increased confidence and motivation to use Welsh, alongside the development of core, foundational language skills that could be used immediately in the workplace.
- Practical aspects such as the session format, length and accessibility were generally well received, supporting effective engagement.
- Feedback also indicated that staff became aware of the sessions through a range of internal promotion routes, underlining the importance of continued visibility and communication to grow participation.

Good availability, friendly and knowledgeable tutor, adapted to meet learner needs

The session was split into separate one-hour sessions due to my specific learning needs. This was incredibly helpful as I was able to process what I had learnt in my own time before moving on

A great strength was that the class was small so we all got to practice regularly throughout the session. Another strength was that the vocabulary was work-based, so it gave us immediate words and phrases that we could begin to use

The tutor was fantastic/ bendegedig, Diolch! A great and pacy session. Enjoyed the practical component, hearing and repeating sentences. The tutor was friendly and very supportive, offering mild corrections where needed without undermining people's confidence

And did participants start using a bit more Cymraeg?

Yes, in fact 82% of those who answered the evaluation question said that they did start using a bit more of their new Cymraeg. As one participant said:

I started with simple bore da / prynhawn dda and do try to introduce myself in Welsh at meetings to try and increase my confidence.

Codi Hyder: Bringing out the Cymraeg we have

There are many people in Wales can speak a lot of Cymraeg but lack the confidence to use the Welsh they have. The Codi Hyder (*Inspiring Confidence*) Scheme aims to support staff in CTMUHB who want to use their Cymraeg but need a boost or a little support to do so.

Here's the most important numbers:

- **24** members of staff completed the Inspiring Confidence Scheme, increasing confidence to use Welsh in priority clinical services and strengthening capacity to offer Welsh-language consultations.
- **104** sessions held for the 4th and 5th cohort.
- **79%** were in clinical roles.

As a rolling total since 2024/25, here's how the scheme's been targeted in line with our 5-Year Strategic Plan for Clinical Consultations:

- **7** participants completed the scheme within Target Group 1 (areas where a staff member with Level 3 skills in Welsh is the only person with Welsh language skills).
- **19** members of staff in Target Group 2 (areas where there are staff with Level 4 and 5 skills in Welsh, as well as the staff member with Level 3 skills who took part).
- Of **105** service areas identified for targeting, **17** have now achieved the requirement of having at least one member of staff complete the Inspiring Confidence Scheme. This equates to **16%** of all identified areas since 2024/25

And here's the narrative:

- These staff already have a good level of Welsh and many work in roles that involve important or sensitive conversations with patients and families, making confidence in speaking Welsh especially important for delivering care.
- The data shows that experienced staff, including clinicians, educators and leaders, are increasingly looking to use Welsh more in their day-to-day work—not just for basic phrases, but in more meaningful conversations.
- The scheme helps build a more confident bilingual workforce, strengthens leadership in using Welsh and supports wider national ambitions by making Welsh a natural and visible part of everyday services.

Here's what the participants said:

- Immediate post-course feedback for the Inspiring Confidence Scheme was highly positive, emphasising the value of flexible, personalised delivery and high-quality tutoring.
- Participants valued one-to-one practice, tailored content and the chance to focus on language relevant to their roles.
- The tutor's supportive and approachable style created a safe learning environment, helping learners build confidence in using Welsh both socially and professionally.
- Many reported renewed motivation to continue learning, alongside early use of Welsh in the workplace.

- Although the course length was seen as a limitation, feedback shows a strong impact on confidence, skill progression and a growing willingness to use Welsh more regularly.

And did participants start using a bit more Cymraeg?

Yes. In fact, 84% of participants reported using more Welsh 3 months after completing the scheme. Here's what participants said about their use of Welsh after finishing.

Yes [I've used more Welsh], when talking to colleagues who speak Welsh where in the past I would have used English. More aware of colleagues who speak Welsh. Making the most of opportunities to speak Welsh wherever I go.

Radiology Secretary, Radiology

Yes, to help encourage a patient to have his trachea dressing changed who was declining care

Specialist Physiotherapist, Physiotherapy

I have more working terminology to use Welsh in the schools so I feel more confident.

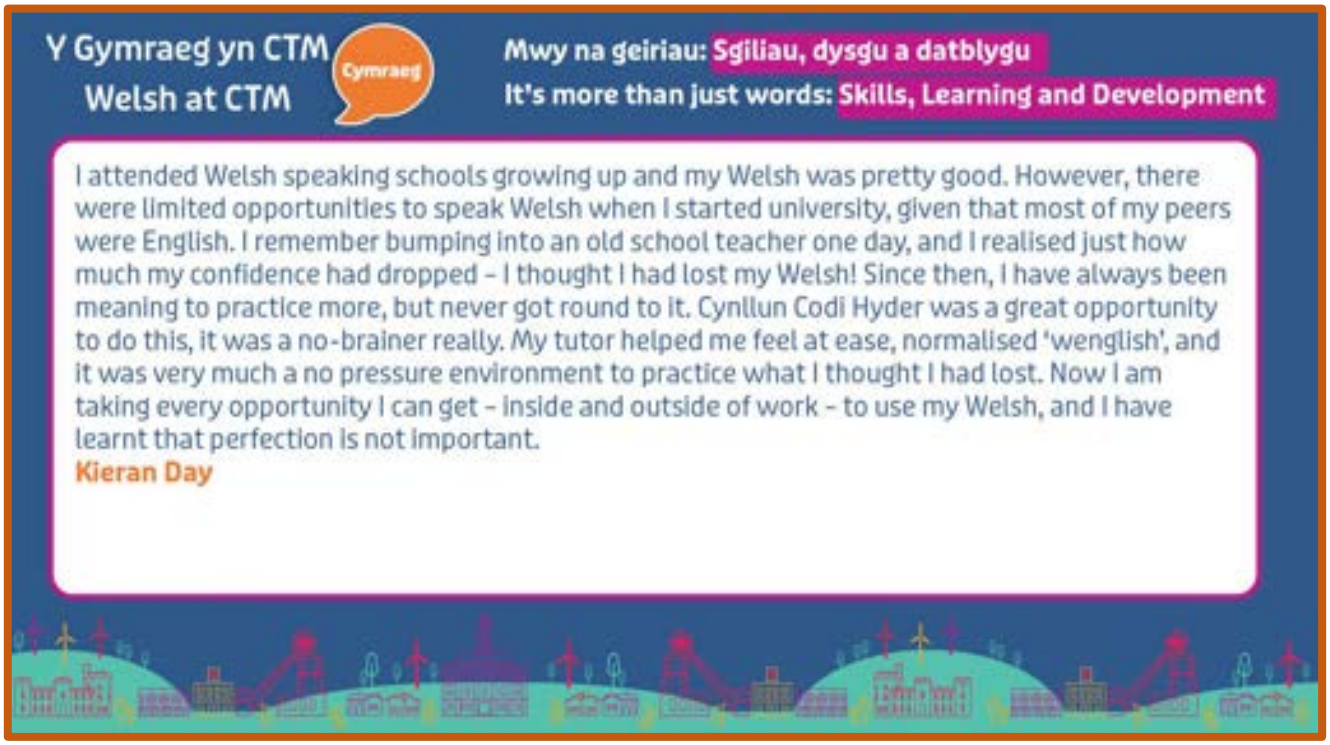
Healthy Schools Practitioner, Public Health

Yes, my child attends a Welsh Primary and where I have been speaking to the teachers in English, it was nice to have the confidence to converse with them in Welsh.

Primary Care Support Worker, Mental Health

Here's Tracey Pycroft, Chaplain, on her experience of developing her Cymraeg at work:

And Kieran Day, Clinical Psychologist, and his inspirational words below:



And here's Nadine, Practice Nurse, who was published in the *Nursing in Practice* newsletter about her Cymraeg journey. Da iawn Nadine!

7: How have you considered the skills in Cymraeg of your future workforce?

Developing the skills of our existing staff is an essential part of workforce planning to meet the needs of our Welsh-speaking service users. So is recruiting people with skills in Welsh.

Breakdown of Welsh language skills required for posts

The Welsh language skills category for all posts advertised by CTMUHB during the 2025/25 operational year are shown in the table below.

Welsh language workforce planning indicators[4]	
Welsh language skills are essential	10
Of which were clinical roles	*2*
Of which were frontline administration roles	*8*
Welsh language skills are desirable	1735
Welsh language skills need to be learnt once appointed to the post	5
Welsh language skills are not necessary	211

Processes and policy

The most important step in ensuring we actively recruit for Welsh language skills is assessing whether the role should be advertised as one of the below categories, based on an objective and recorded assessment:

- Welsh language skills are essential
- Welsh language skills are desirable
- Welsh language skills need to be learnt once appointed to the post
- Welsh language skills are not necessary

To facilitate this, the process in CTMUHB is as follows:

- When a vacancy is added to the internal system called Trac, the manager sees a link to the guidance for how to carry out that objective assessment.
- That guidance includes an objective decision tree tool so support managers to select the correct category for Welsh language skills.
- The 'authorization panel' within the recruitment system contains a section for the assessment based on that decision tree to be recorded.
- The manager then just selects one of the four categories as shown above from a dropdown so that the correct one appears on the advert.
- New job description templates include a dropdown based on that decision tree above to ensure that the skills category also appears on the job description.
- Finally, a compliance check on the Trac system ensures all material is bilingual and that the 'Role Requirements' section includes Welsh language skills where relevant, to ensure that Welsh language skills can be appropriately considered when shortlisting.

[4] Excluding all vacancies from the NHS Wales Joint Commissioning Committee.

- There is guidance on shortlisting candidates and effective ways of advertising roles to encourage applicants with skills in Welsh to apply.

The current Recruitment & Selection Policy also mandates that the Welsh Language Standards are adhered to. Work in the next operational year will focus on ensuring that policy is consistently followed.

Encouraging applicants from people with Welsh language skills

On all job advertisements, the following wordings are now added depending on the category:

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. For more information, see 'Welsh Language Guidance' in the documents right at the bottom.

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. For more information, see 'Welsh Language Guidance' in the documents right at the bottom.

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. For more information, see 'Welsh Language Guidance' in the documents right at the bottom.

A short guide is also attached to each job advertisement that explains what each level of Welsh from Level 0 to Level 5 means, in practical terms, so that it's clear for applicants what the levels of Welsh actually mean for them.

Engaging with the future workforce

During 2025–2026, a comprehensive programme of school and college engagement was delivered, comprising 12 events across a wide range of educational settings. These included multiple visits to Ysgol Garth Olwg (x3), single engagements with Ysgol Cardinal Newman and Ysgol Cwm Rhondda, and five sessions across Coleg y Cymoedd campuses (Nantgarw, Aberdare and Rhondda), alongside planned visits to Ysgol Rhydywaun and the University of South Wales.

The programme demonstrated strong breadth and consistency of engagement, reaching learners from Key Stage 3 through to further and higher education. Activities were tailored to each audience, including interactive classroom sessions, sixth form presentations, careers fairs, and targeted college workshops.

Across all settings, sessions focused on promoting careers within the NHS while emphasising the value of the Welsh language and bilingualism in healthcare. College sessions involved interactive discussions with Health and Social Care students (Levels 1–3), exploring career pathways and the practical importance of Welsh in patient care. These included quizzes, case studies (including 'More than Just Words' examples), and open discussions about barriers, personal experiences, and identity.

In Welsh-medium secondary schools, engagement included sixth form presentations, whole-school careers events (Years 7–13), and Q&A sessions, highlighting the wide range of NHS roles and progression routes such as apprenticeships, university study, work experience and volunteering. Resources from partner organisations (e.g. workforce planning tools, national careers platforms and NHS Jobs) were incorporated to provide practical guidance.

At Cardinal Newman (English-medium), delivery was adapted to a rotational careers format, enabling Key Stage 3 learners to practise Welsh in a supportive environment while gaining awareness of bilingualism as a valuable employability skill. Discussions also covered qualifications, recruitment expectations, and how Welsh language skills can support career progression.

A range of interactive learning methods were consistently used across all sessions, including:

- NHS careers overviews and application pathways
- Discussion of the importance of Welsh in the workplace and in healthcare delivery
- Interactive quizzes and scenario-based case discussions
- Job-matching activities and group discussions
- Open forums for reflection and sharing perspectives
- Typical session lengths ranged from 25–45 minutes.

Feedback from partner schools, colleges and careers professionals has been consistently positive, with stakeholders highlighting the value, relevance and impact of the sessions. Requests have been made to extend provision to additional campuses and future cohorts, and to share materials for wider use. The work has also strengthened relationships with external partners, supporting ongoing collaboration and future engagement opportunities

Training for recruiting managers

During the operational year, training on Welsh language and recruitment was offered to recruiting managers, so that their recruitment practices are in line with Welsh Language Standards and so that they are supported to actively recruit for Welsh language skills.

Here's some of our numbers:

- **201** managers took part.
- **117** were managers in clinical roles, recruiting staff into frontline care roles.
- **20** were managers in areas related to More Than Just Words, in line with our 5-Year Strategic Plan, including ward managers.

How effective was the training, based on the evaluation?

- **33%** of participants rated their knowledge of Welsh language requirements in recruitment as *GOOD* or *VERY GOOD* before the training. After the training, **100%** rated their knowledge as *GOOD* or *VERY GOOD*.
- **15%** of participants noted they were *CONCERNED* about Welsh language requirements in recruitment before the training and **50%** noted they were *NEUTRAL*. After the training, **53.3%** noted they were *COMFORTABLE* and **47.7%** noted *VERY COMFORTABLE*.

When asked what managers would change in their practices, this is what some of them said:

8: How have you dealt with complaints and concerns?

Members of the public can contact either the Welsh Language Commissioner or the Health Board directly about a language concern or a language complaint. When concerns are received, they are recorded on the central complaints system called DATIX. Four complaints were received during 2025/26.

This year the Health Board received the following complaints, with the resolution noted.

Details of the complaint	Resolution
Complaint 1: A complaint was received from a member of the public on 09/06/2025 about three elements relating to Prince Charles Hospital: 1. Lack of Welsh road signs 2. Lack of Welsh signs on signs by contractors 3. Lack of Welsh parking signs	The Programme Director for the hospital building programme carried out a review of road markings to determine where Welsh language provision can be included. In instances where space constraints prevent this, bilingual signage is to be installed as an alternative. The previously noted temporary signage on the fence has now been fully removed. In addition, a programme of work is underway to replace incorrect wayfinding signage. A significant proportion has already been addressed.
Complaint 2: A complaint was received from a member of the public on 1/10/25 regarding a form provided by the Health Board that was not available from the Primary Care provider, and the form did not indicate that a Welsh language version was available	Upon further investigation, it appears that this form had been provided in error. The original intention of the form was to be a helpful leaflet for practicing nurses. It should not have been provided to patients, and no patient information should have been added to it. The team responsible is in the process of withdrawing this form until it has been reviewed.
Complaint 3: A complaint was received from a member of the public on 2/12/25 regarding a form that was provided by the Health Board that was not available from the Primary Care provider, and the form did not indicate that a Welsh language version was available	Similarly to Complaint 2, upon further investigation, it appears that this form had been provided in error. The original intention of the form was to be a helpful leaflet for practicing nurses. It should not have been provided to patients, and no patient information should have been added to it. The team responsible is in the process of withdrawing this form until it has been reviewed.
Complaint 4: A complaint was received from a member of the public on 25/03/2026 regarding various matters not all related to the Welsh language. The complainant noted their dissatisfaction that: 1. Despite the 'Use your Welsh here' sign being displayed at the surgery, they were unable to use Welsh. 2. When corresponding with the Health Board's Concerns Team, the member of staff appeared to have used an online translation tool.	This concern is ongoing and will be resolved in the next operational year.

Conclusion

Overall, the report demonstrates clear and sustained progress in embedding Cymraeg across CTMUHB, with improved compliance levels, increased workforce capability, and stronger governance arrangements. There is evidence of a shift from a compliance-led approach to one focused on culture change and normalising Welsh in everyday practice.

However, we recognise risks remain around consistency of service delivery, particularly in frontline environments (e.g. telephony, reception, and availability of bilingual staff in frontline care).

To mitigate ongoing risk, recruitment and targeted learning will be the focus for work during the 2026/27 operational year. Updates on that work will be provided in our next annual report.

Appendix 1: Full breakdown of compliance with each Standard

WELSH LANGUAGE STANDARDS ASSURANCE ASSESSMENT FOR THE 2025-26 REPORTING YEAR				
Class of Standard: Service Delivery Standards				
Activity	**Standard(s)**	**Assurance level**	**Brief description**	**↓/↑ on 2024/25**
Correspondence	1, 4, 6 & 7	**HIGH ASSURANCE**	• Responding to Welsh correspondence in Welsh • Sending correspondence in Welsh at same time as English correspondence • Not treating Welsh correspondence from the UHB less favourably than English version • Stating we welcome correspondence in Welsh on correspondence from the UHB	**NO CHANGE**
	5	**MEDIUM ASSURANCE**	• Sending all correspondence (including email to external organisations) in Welsh and English unless language preference of the receiver is known	**NO CHANGE**
Telephony	8	**MEDIUM ASSURANCE**	• Greeting callers to main telephone lines bilingually	↑ From **NO ASSURANCE** to **MEDIUM ASSURANCE**
	9	**MEDIUM ASSURANCE**	• Informing a caller a service is available in Welsh	**NO CHANGE**
	10	**NO ASSURANCE**	• Dealing with calls to main telephone lines in Welsh	**NO CHANGE**
	11	**HIGH ASSURANCE**	• Not treating Welsh less favourably when advertising main telephone numbers	**NO CHANGE**
	12	**HIGH ASSURANCE**	• Having the same contact number for both Welsh and English main telephone services	**NO CHANGE**

	13	**HIGH ASSURANCE**	• Stating we welcome calls in Welsh where we publish our main telephone numbers	**NO CHANGE**
	14	**HIGH ASSURANCE**	• Where we collect performance indicators, ensuring we also collect data as relevant to the Welsh language to ensure we do not treat Welsh less favourably	**NO CHANGE**
	15	**HIGH ASSURANCE**	• Informing persons calling, in Welsh, that they can leave a message in Welsh	**NO CHANGE**
	16	**NO ASSURANCE**	• Informing persons calling, in Welsh, when a Welsh language service will be available where one isn't available	**NO CHANGE**
	17	**LOW ASSURANCE**	• Dealing with calls to departmental telephone lines in Welsh	**NO CHANGE**
	18	**MEDIUM ASSURANCE**	• Greeting callers to departmental telephone lines bilingually	↑ From **NO ASSURANCE** to **MEDIUM ASSURANCE**
	19	**LOW ASSURANCE**	• Where the UHB makes calls to individuals on a specific matter, asking whether that individual wishes to receive future calls in Welsh from the UHB, recording that wish and making those calls in Welsh	**NO CHANGE**
	20	**HIGH ASSURANCE**	• Any automated telephone systems that you have must provide the complete automated service in Welsh.	**NO CHANGE**
Internal meetings	21, 22, 22A & 22CH	**MEDIUM ASSURANCE**	• Asking those invited to a meeting whether they wish to use Welsh and facilitating the us of Welsh	**NO CHANGE**
In-patients and the Active Offer	23 & 23A	**HIGH ASSURANCE**	• Asking in-patients at admission their language preference and recording this	**NO CHANGE**
	24	**HIGH ASSURANCE**	• Having a ratified policy in place on asking in-patients at admission their language preference, for those patients who may not be able to note this themselves.	**NO CHANGE**
Case conferences	25	**MEDIUM ASSURANCE**	• Offering and providing case conference in Welsh when involving the patient	**NO CHANGE**

Public meetings and events	26	**MEDIUM ASSURANCE**	• Treating Welsh no less favourably when advertising and promoting public meetings and events, sending invitations and inviting speakers to public meetings and events, ensuring an interpreter is available at all public meetings and events and not treating the Welsh language less favourably in any way during the course of the meeting or event	**NO CHANGE**
	27	**HIGH ASSURANCE**	• Publishing and sending invitations to public meetings in Welsh and English	**NO CHANGE**
	28	**LOW ASSURANCE**	• When inviting persons to speak at a public meetings, asking those invitees whether they wish to speak Welsh. If Welsh, providing interpretation at the meeting where required.	**NO CHANGE**
	29	**LOW ASSURANCE**	• When arranging public meetings to which the public can contribute, asking attendees whether they wish to use Welsh, and if so, providing interpretation at the meeting.	**NO CHANGE**
	30	**MEDIUM ASSURANCE**	• Displaying written materials at meetings in Welsh and English.	**NO CHANGE**
	31	**MEDIUM ASSURANCE**	• Treating Welsh no less favourably than English when promoting events the Health Board has organised or contributed 50%+ funding to.	**NO CHANGE**
	32	**MEDIUM ASSURANCE**	• Treating Welsh no less favourably than English at events the Health Board has organised or contributed 50%+ funding to.	**NO CHANGE**
	33	**MEDIUM ASSURANCE**	• Producing publicity and advertising material in Welsh and English and treating Welsh no less favourably than English in that material.	**NO CHANGE**
Displayed material	34	**MEDIUM ASSURANCE**	• Displaying material in public (in all contexts)	**NO CHANGE**
Documents & Forms	36 & 37	**MEDIUM ASSURANCE**	• Documents and forms available in Welsh	**NO CHANGE**
	38	**LOW ASSURANCE**	• Noting on English versions that a Welsh version is available	**NO CHANGE**
Websites and digital media	39, 40 & 41	**HIGH ASSURANCE**	• Each text of the webpage available in Welsh including the homepage and new and amended pages	**NO CHANGE**

	42	**HIGH ASSURANCE**	• Noting clearly on each webpage that it is available in Welsh with a direct link	**NO CHANGE**
	43	**HIGH ASSURANCE**	• Providing interface and menus in Welsh on each page	**NO CHANGE**
	44	**HIGH ASSURANCE**	• Apps produced or commissioned by the Health Board available in Welsh	**NO CHANGE**
	45	**HIGH ASSURANCE**	• Not treating Welsh less favourably on corporate and departmental social media	↑ From **MEDIUM ASSURANCE** to **HIGH ASSURANCE**
	46	**HIGH ASSURANCE**	• Responding to Welsh messages in Welsh on social media (comments & DMs etc.)	**NO CHANGE**
Signage	47	**MEDIUM ASSURANCE**	• Displaying all signs including temporary signs in Welsh	**NO CHANGE**
	48 & 49	**HIGH ASSURANCE**	• Ensuring all signs including temporary signs in Welsh which is correct and with the Welsh in a position where it is likely to be read first	**NO CHANGE**
Reception services	50 & 52	**NO ASSURANCE**	• Offering a bilingual service at receptions and displaying a sign at reception welcoming the use of Welsh	**NO CHANGE**
	53	**HIGH ASSURANCE**	• Where staff members provide a reception service and can in fact speak Welsh, ensuring they wear a badge to convey that	**NO CHANGE**
Grants	54, 55 & 56	**HIGH ASSURANCE**	• Publishing documents relating to grants in Welsh, • Stating we welcome applications for grants in Welsh, and not treating an application for a grant submitted in Welsh any less favourably and • Informing a person who submitted an application for a grant in Welsh of the outcome in Welsh.	**NO CHANGE**
Tenders for contracts	57, 58 & 59	**HIGH ASSURANCE**	• Publishing invitations to tender in Welsh where relevant • Stating tenders may be submitted in Welsh and that Welsh tenders submitted in Welsh will be treated no less favourably, and	↑ From **NO ASSURANCE** to **HIGH ASSURANCE**

			• Informing a tenderer of the outcome in Welsh where they submitted the tender in Welsh.	
Promoting Welsh language services	60 & 61	**HIGH ASSURANCE**	• Promoting the Welsh language services we provide.	**NO CHANGE**
Corporate identity	62	**MEDIUM ASSURANCE**	• Treating Welsh no less favourably in how the UHB forms, revises and presents its corporate identity	**NO CHANGE**
Education courses for patients	63	**LOW ASSURANCE**	• Where health education courses are offered, undertaking an assessment of the demand for them in Welsh and offering them in Welsh	**NO CHANGE**
Public address systems	64	**HIGH ASSURANCE**	• Recorded messages over address systems being bilingual, with the Welsh message played first	**NO CHANGE**
Primary Care	65	**HIGH ASSURANCE**	• Designating an area on our website to promote Primary Care providers who are able to provide a service or part of a service in Welsh	**NO CHANGE**
	66	**HIGH ASSURANCE**	• Providing and promoting a translation service for Primary Care	**NO CHANGE**
	67	**HIGH ASSURANCE**	• Providing and promoting lanyards and badges that convey Primary Care staff speak Welsh	**NO CHANGE**
	68	**HIGH ASSURANCE**	• Providing courses, information or events so that Primary Care staff develop an awareness of the Welsh language and how it can be used in the workplace	**NO CHANGE**
Class of Standard: Policy Making Standards				
Activity	**Standard(s)**	**Assurance level**	**Brief description**	
Assessing policy for impact	69, 70 & 71	**MEDIUM ASSURANCE**	• Assessing new policies or reviewing and revising policies for the impact on Welsh	**NO CHANGE**
	72, 73, & 74	**MEDIUM ASSURANCE**	• Consulting on policy and considering the impact on Welsh	↑ From **NO ASSURANCE** to **MEDIUM ASSURANCE**

	75, 76 & 77	**LOW ASSURANCE**	• Research to assist policy making and considering the impact on Welsh	**NO CHANGE**
Assessing policy for impact within Primary Care	78	**NO ASSURANCE**	• Having a policy to ensure decision taken in regard to Primary Care consider the impact on the use of Welsh and treating Welsh no less favourably	**NO CHANGE**
	78A	**HIGH ASSURANCE**	• Publishing a review of that policy under Standard 78 five years after publishing it	**NO CHANGE**
Class of Standard: Operational Standards				
Activity	**Standard(s)**	**Assurance level**	**Brief description**	
Policy on internal use of Welsh	79	**HIGH ASSURANCE**	• A policy on using Welsh internally for the purpose of promoting and facilitating the use of the language	**NO CHANGE**
Contracts of employment in Welsh	80	**HIGH ASSURANCE**	• When offering a new post to an individual, asking that the individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh and if so provide it in Welsh	**NO CHANGE**
Paper correspondence relating to employment	81	**HIGH ASSURANCE**	• Paper correspondence relating to various aspects of employment sent to an employee	**NO CHANGE**
Workforce policies in Welsh	82	**HIGH ASSURANCE**	• Workforce policies relating to specific matters available in Welsh	**NO CHANGE**
Complaints by and against staff	83, 84 & 85	**HIGH ASSURANCE**	• Noting in policies and procedures that complaints may be made in Welsh or responded to in Welsh, holding meetings relating to complaints in Welsh, and informing parties of decisions relating to complaints in Welsh	**NO CHANGE**
Disciplinary procedures	86, 87 & 88	**HIGH ASSURANCE**	• Noting staff may respond to allegations in Welsh in documents and when bringing proceedings against them, holding meetings about allegations in Welsh and informing staff of the outcome in Welsh	**NO CHANGE**

Spelling and grammar software	89	**HIGH ASSURANCE**	• Providing staff with computer software for checking spelling and grammar in Welsh	**NO CHANGE**
Intranet	90, 91, 93 & 95	**HIGH ASSURANCE**	• Certain intranet pages being bilingual	↑ From **NO ASSURANCE** to **HIGH ASSURANCE**
	94	**HIGH ASSURANCE**	• Having a specific intranet page for promoting Welsh	**NO CHANGE**
Assessing Welsh language skills of employees	96	**HIGH ASSURANCE**	• Assessing the Welsh language skills of staff	**NO CHANGE**
Staff training	97	**MEDIUM ASSURANCE**	• Providing training on certain workplace matters such as Health and Safety	**NO CHANGE**
Training on using Welsh	98	**HIGH ASSURANCE**	• Training on using Welsh in meetings, interviews and complaint and disciplinary procedures	**NO CHANGE**
Basic Welsh lessons and using Welsh in managerial roles	99	**HIGH ASSURANCE**	• Providing a basic Welsh lesson and training on using Welsh in managerial roles	**NO CHANGE**
Providing further Welsh lessons	100 & 101	**HIGH ASSURANCE**	• Providing Welsh lessons for staff beyond a basic Welsh lesson	**NO CHANGE**
Welsh language awareness	102	**HIGH ASSURANCE**	• Providing Welsh language awareness training	**NO CHANGE**
Corporate induction	103	**HIGH ASSURANCE**	• Providing Welsh language awareness material as part of corporate induction	**NO CHANGE**

Logo and wording for emails	104	**HIGH ASSURANCE**	• Providing a logo so staff can show they speak Welsh in emails and a template so that they can create a bilingual out-of-office message	**NO CHANGE**
Providing lanyards and badges	105	**HIGH ASSURANCE**	• Providing badges and logos to staff so that they can show they speak Welsh	**NO CHANGE**
Assessing vacant posts	106 & 106A	**LOW ASSURANCE**	• Assessing vacant posts for what skills are needed in Welsh based one of 4 categories, and where 'Welsh Essential', 'Desirable' or 'Need to Be Learnt', noting this when advertising and advertising the post in Welsh	**NO CHANGE**
Encouraging applications in Welsh	107	**HIGH ASSURANCE**	• When advertising a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably	**NO CHANGE**
Welsh language recruitment material	107A	**HIGH ASSURANCE**	• Publishing application-related information in Welsh such as all application forms, assessment method information and job descriptions	**NO CHANGE**
Applications made in Welsh	107B	**HIGH ASSURANCE**	• Not treating an application for a post made in Welsh less favourably than an application made in English	**NO CHANGE**
Candidate's use of Welsh in interviews	108	**HIGH ASSURANCE**	• Ensuring that application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh, and if so offering this	**NO CHANGE**
Informing candidates of outcome	109	**HIGH ASSURANCE**	• Informing an applicant of your decision in relation to an application for a post in Welsh if the application was made in Welsh.	**NO CHANGE**
5-year strategy on providing clinical consultations in Welsh	110	**HIGH ASSURANCE**	• Publishing a strategy for every 5-year period around offering clinical consultations in Welsh	**NO CHANGE**
	110A	**HIGH ASSURANCE**	• Publishing a review of the strategy for every 5-year period around offering clinical consultations in Welsh	**NO CHANGE**
Workplace signage	111, 112 & 113	**MEDIUM ASSURANCE**	• Accurate bilingual workplace signage, with Welsh in a position it is more likely to be read first	**NO CHANGE**

Workplace recorded announcement	114	**HIGH ASSURANCE**	• Workplace audio announcements	**NO CHANGE**
Class of Standard: Record Keeping Standards				
Activity	**Standard(s)**	**Assurance level**	**Brief description**	
Record of complaints	115	**HIGH ASSURANCE**	• Keeping a record of all complaints received regarding Welsh language standards	**NO CHANGE**
Record of skills	116	**HIGH ASSURANCE**	• Keeping a record of Welsh languages skills as assessed under Standard 96	**NO CHANGE**
Record of skills needed for vacant posts	117	**HIGH ASSURANCE**	• Keeping a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where - ○ (a) Welsh language skills are essential; ○ (b) Welsh language skills need to be learnt when appointed to the post; ○ (c) Welsh language skills are desirable; or ○ (ch) Welsh language skills are not necessary	**NO CHANGE**
Standards which deal with supplementary matters				
Activity	**Standard(s)**	**Assurance level**	**Brief description**	
Supplementary matters as relevant to Standards	118	**HIGH ASSURANCE**	• Publishing the compliance notice on our website	**NO CHANGE**
	119	**HIGH ASSURANCE**	• Having a complaints procedure that notes how the UHB will deal with complaints relating to the Welsh Language Standards, and publishing it on the website	**NO CHANGE**
	120	**HIGH ASSURANCE**	• Publishing an annual report on compliance	**NO CHANGE**
	121	**HIGH ASSURANCE**	• Releasing to the Welsh Language Commissioner any information he or she has requested in relation to Standards	**NO CHANGE**

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Delivering the actions in the More than just words Plan 2022-27: For the period April 2025 – March 2026

Organisation	**Cwm Taf Morgannwg University Health Board**

Completed by:	**Ben Screen, Welsh Language Lead**	**Date: May 2026**

KEY DATA: **When citing any statistics / data, please provide a corresponding reporting date / time period.**

Welsh Language Skills of staff (as of March 2026 and based on data for 93% of staff)

Level	Listening/Speaking Cymraeg				
	2023/2024	2024/25	**2025/26**	Difference on 24/25	Difference on 25/26 as %
0	8401	9067	9510	+443	+4.89%
1	1961	2081	2109	+28	+1.35%
2	305	320	347	+27	+8.44%
3	199	203	224	+21	+10.34%
4	248	264	292	+28	+10.61%
5	303	320	356	+36	+11.25%

Level	Reading Cymraeg				
	2023/2024	2024/25	**2025/26**	Difference on 24/25	Difference on 25/26 as %
0	8556	9312	9801	+489	+5.25%
1	1775	1822	1809	-13	-0.71%
2	302	314	341	+27	+8.60%
3	171	179	199	+20	+11.17%
4	233	247	270	+23	+9.31%
5	326	338	377	+39	+11.54%

Level	Writing Cymraeg				
	2023/2024	2024/25	**2025/26**	Difference on 24/25	Difference on 25/26 as %

	0	8774	9556	10054	+498	+5.21%
	1	1595	1615	1610	-5	-0.31%
	2	288	306	332	+26	+8.50%
	3	187	200	223	+23	+11.50%
	4	195	205	224	+19	+9.27%
	5	292	297	328	+31	+10.44%
Number of staff completing training (between April 2025 and March 2026)	**Courtesy Course:** 173 **Confidence Building Course:** 24 **Welsh Language Awareness Course:** 9,521					
Patient / Service User Surveys e.g. secret shopper surveys	**Number and details of surveys:** 0 surveys **Feedback:** No feedback received formally. **Actions taken in response to feedback:** Not applicable					

Culture and Leadership	
ACTION	RESPONSE FROM CTM UHB
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*) During the year, the Welsh Language Development Service delivered extensive engagement across Cwm Taf Morgannwg UHB. A total of 181 engagement sessions were held with staff and managers, including inductions, directorate-wide sessions, conferences and senior management presentations. The inductions included those for students, newly-registered nurses and the new intake of doctors. In addition, there was 1 formal presentation to a Board Committee and a request for 1 further Board-level presentation. The team also undertook 2 series of site visits across the Royal Glamorgan, Prince Charles and Princess of Wales hospitals. These visits generated significant visibility, with 176 resources distributed (including 55 lanyards and 85 badges), enabling 140 staff to visibly identify as Welsh speakers or learners. Engagement during visits included conversations with 115 staff members and 29 patients. Beyond direct engagement, the Service provided specialist support, including bespoke advice to 36 managers on compliance, handling 4,266 translation requests from 1,085 requesters (covering over 6 million words), and responding to 200 Welsh learning enquiries. Overall, it is estimated that over 1,300 staff were engaged with during the year. In Primary Care, awareness and uptake of the offer also increased. Thirteen practices requested translation support, while 5 practices requested lanyards and badges, with 37 items distributed. This has supported greater visibility of Welsh-speaking staff. Strategic engagement included discussions with the Chief Operating Officer and Medical Director for Primary Care, and attendance at key forums and training events across General Practice, Pharmacy and

	Nursing. Examples of this included the Practice Nurse Forums and a slot at the Practice Managers Forum for CTMUHB.
3	**We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use.** ***(Medium term)*** CTM UHB has developed its own in-house leadership development with similar aims to the Leading in a Bilingual Country programme. These are described below. **Inspire: Leading Systems** Inspire is designed to bring our most senior colleagues together to build a thriving leadership community within CTM. The programme is built around our own pioneering 'Leadership Competency Framework', within which bilingualism and Cymraeg specifically are embedded. Aligned to our 'Inclusion' module, senior leaders are supported to explore Cymraeg in the wider NHS Wales and political landscape, their attitudes and behaviours in relation to Cymraeg and their role in embedding bilingualism in CTM. In doing so, we aim to embed the spirit of Cymraeg 2050 and Mwy na Geiriau into organisational culture and policy. To date, 21 participants have completed the programme, with further cohorts due to start in September 2026. **Ignite: Manager Induction** Managers at all levels can now take advantage of a bespoke full-day session looking at the support available to them in their roles and the basics of managing a team. Part of this session includes exploring: • How managers can support the use of Welsh in their role as managers. • What support is available to them and their teams to embed Welsh. • What the requirements of the Welsh Language Standards are in brief.

	Launched in February 2026, 55 managers have completed this induction as of March 2026. A member of the Welsh Language Development Service also attends part of the day, along with other key support functions. This has allowed for further engagement with the Welsh Language Development Service, and after the February session for example, 14 resources to support the use of Welsh were shared and 3 managers asked for more information from the Team on learning Welsh.
Theme 1: Welsh language planning and policies including data	
5	**Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard) (*Medium term*)** CTM UHB has continued to support the implementation of Promptly and the collection of Patient Reported Experience Measures as part of the People's Experience Framework. The national, standardized question on language is used in all surveys. The current method of systematically gathering patient experience data is the Patient Experience Survey. This is a national survey with standardized questions. It includes a question on language, around whether the patient was able to use their preferred language. The patient is then asked to select which language in the second question. Currently however the data from this cannot be used to inform the planning and delivery of Welsh language services because: • It is not possible to extrapolate data from service level; it is only available at Care Group level. • It is not possible to directly cross-tabulate between the answer to the question on whether the patient was able to use their preferred language, and the answer to the second question where the patient is asked to select what that preferred language actually was (e.g. Welsh). This would be an issue at a national level.

6	**Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services.** **(Long term)** Work in relation to Welsh Language Impact Assessments for this reporting period is outlined below: • A new, simpler integrated Equality & Welsh Language Impact Assessment template has been created. This template includes a section on Mwy na Geiriau specifically. • Guidance has been created on completing the assessment, with guidance on how a policy or change may impact Mwy na Geiriau. • Submission processes for papers to Board & Committees, Executive Leadership Group, Executive Management Board and to Operational Management Board have been strengthened. A paper cannot be put forward without the paper template including the summary of the impact assessment where one is required. • The requirements for impact assessments are now explicit in the *Policy for the Development, Review and Approval of CTMUHB Policies, Procedures and Other Written Control Documents* (CG06), *Approval Process for Polices, Procedures and other Written Control Documents* (CG07) and the forthcoming *CTMUHB Service Change Management Standard Operating Procedure*. • A new impact assessment tool for procurement activity has gone live since April 2026 in co-operation with NWSSP to ensure Welsh Language Standards are adhered to by 3rd party suppliers where applicable.
8	**An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh** **(Medium term)**

	As in all other NHS Wales bodies, staff record their language skills on the Electronic Staff Record (ESR) using the 0-5 ALTE Scale for language skills. CTMUHB has developed an internal dashboard linked to ESR that automatically updates from ESR. This displays the current Welsh language skills of staff and is updated every 3 months. It displays this data for various levels (such as Care Groups and departments).
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce	
13	**Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW.** ***(Medium term)*** For the workforce and training strategy in relation to services with low numbers of Welsh speakers, see the response to Action 18 below.
14	**We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.** ***(Medium term)*** The number of staff who have completed the ESR Welsh Language Awareness Course, as of May 2026 when this reported was compiled, is 9,521. As the competency will need to be renewed every three years, the compliance rate will start to drop before increasing again over the course of this operational year. The online induction for new employees contains a core section on Welsh and a video introduction focussing on the Active Offer and the importance of Welsh to the patient experience. Both staff and patient stories are used to do this. See above also under Action 2 for more detail on wider engagement work around Welsh.
15	**The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the**

	use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. Work has continued in partnership with the National Centre for Learning Welsh and Learn Welsh Glamorgan. This has included: • Setting out for 2025/26 the core needs for CTMUHB and agreeing outline provision. • Regular strategic check-ins agreed between the UHB's Welsh Language Lead, the National Centre and Learn Welsh Glamorgan to ensure the provision matches demand. • Fortnightly meetings between the tutor and the Welsh Language Manager to ensure effective co-operation and the management of the offer for CTMUHB. Work on strategically targeting the Codi Hyder [Inspiring Confidence] Scheme is included below under Action 18.
16	**Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities** ***(Medium term – guidance to be developed and shared in the short term)*** CTMUHB continues to define the level of Welsh required on over **90%** of all job adverts where skills in Welsh are 'essential', 'desirable' or 'need to be learnt on appointment'. There continues to be a greater deficit with Medical & Dental posts, affecting the the organisational average but work is planned in-year to consider Welsh language skills for medical posts. CTMUHB has created and agreed the following wordings for each vacancy: *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. For more information, see 'Welsh Language Guidance' in the documents right at the bottom.* *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. For more information, see 'Welsh Language Guidance' in the documents right at the bottom. *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. For more information, see 'Welsh Language Guidance' in the documents right at the bottom.* The guide referenced above in each wording has been attached to Trac and therefore appears by default on all vacancies. This guide: • Provides further detail on what 'essential', 'desirable', 'needs to be learnt' and 'no skills in Welsh required' mean for applicants. • Gives more detail on what Level 3, 4 and 5 mean practically in terms of language use for applicants, so that they have more than an abstract idea of what 'Level 3' may mean. These descriptions come directly from the CEFR as seen here, and the ALTE levels are also cross-referenced with the CEFR for those that are increasingly familiar with it. • Uses encouraging, supportive language so that applicants are less likely to feel their skills in Welsh are not suitable or that 'fluency' is required which is a barrier to many potential Welsh-speaking applicants. This approach is based on the below: • Welsh language requirements for CTMUHB vacancies have been set at Level 3 or above by default, rather than requiring managers to determine and specify a level between 1 and 5 for each vacancy. • Individuals with Welsh language skills at Level 1 or 2 are generally not able to deliver care or front-facing services effectively in Welsh. • Additionally, the process of assessing language level requirements for each role is complex and offers limited practical value. In essence, a candidate either possesses a level of Welsh that is likely to be operationally useful, or they do not. CTMUHB notes that Action 16 requires organisations to define the skills required, as has been done here. The word 'assess' is not used.

17	**Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh.** ***(Short term- introduction)*** Staff in CTMUHB can take advantage of internal sessions for courtesy-level Welsh in the form of 2-hour 'Welcome to Welsh' sessions. Staff are able to book on via a link internally. For the 2025/26 year: • 173 staff took part in the internal session. • 100% of participants who completed the evaluation reported enjoying the sessions. • We exceeded the annual target of 100 set for staff completing the sessions by 73%. • 41 sessions were held in total. • 83 hours in total of tuition were provided. • 25% of learners progressed from Level 0 to Level 1 in Speaking and Listening on ESR. • 65% of staff who booked a session attended a session. In addition: • Staff who completed the Welcome to Welsh sessions represent a broad and diverse workforce, from frontline clinical teams and community care to administration, education and corporate services. • Notably, over half (52%) were in clinical roles, underlining the importance of Welsh in day-to-day interactions with patients and families. • Engagement is also growing, with increasing participation from leadership, planning and corporate functions. This shift reflects a more mature, organisation-wide approach—recognising that delivering the Active Offer relies not only on frontline staff, but on the systems, culture and leadership that support them.
18	**Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their** **Welsh)** **(Medium term)**

	The baseline document produced under Welsh Language Standard 110, available here, has allowed for the identification of areas within the Health Board: A. where there are no Welsh speakers at all; B. where the only staff with Welsh language skills are those at a Level 3, and C. where there are Welsh speakers at a Level 3, 4 and 5. The 5-year Strategic Plan for Offering Clinical Consultations in Welsh has set the following action: *Offer a place on the 'Inspiring Confidence' Scheme in partnership with the National Centre for Learning Welsh to service areas with no Welsh speakers at Level 4 or 5 but where there are Level 3 underconfident speakers, as well as to service areas with Level 3 speakers in other More Than Just Words areas* To support the above: • The strategic plan for learning Welsh for 2025/2026 concentrated on Group B and C. • The data has been transferred to an Excel monitoring sheet noting which specific members of staff in Group B and C need to be invited onto the Confidence Building Course, their speciality, email address and their line manager. • That monitoring sheet noted how many of those staff will need to complete the course to meet the internal target set in the 5-year plan. The following areas under Mwy na Geiriau have been supported during 2025/26, with 24 members of staff completing the scheme in total: • Speech & Language Therapy • Adult Psychology – Community Mental Health Team • Psychiatric Intensive Care Ward, Royal Glamorgan Hospital • Early Intervention Psychosis • Bridgend Care Home In-Reach/Liaison Team
19	**Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of Welsh has in improving outcomes for individuals.**

	Health and social care bodies to provide information on promotion campaigns they are also delivering to raise awareness of the difference learning Welsh can make. This should include case studies and awards which feature the Welsh language. **(Medium term)** The CTM Seren Annual Awards provide a key organisational platform to promote Welsh language and raise awareness of its value in service delivery. Welsh language is embedded throughout the awards approach, including: • Bilingual communications and accessibility - materials available in Welsh and English and nominations explicitly invited in either language. • Integration into guidance and judging - the awards entry guide actively encourages nominations that highlight how Welsh language use has contributed to patient experience, accessibility or outcomes. Judges are guided to value examples where bilingual practice has strengthened care, communication or inclusion, ensuring Welsh language impact is part of what "good" looks like in nominations. • Nominations provide a mechanism to identify and celebrate colleagues who use Welsh in their roles – this helps to create visible role models and practical case studies. • Leadership visibility, including representation of the Welsh Language Lead within the awards working group and judging panel - this helps ensure Welsh language considerations are reflected in decision-making.
20	**Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people.** ***(Short/medium term)*** During 2025–2026, a programme of 12 school, college and university engagement activities was delivered across the region, including visits to Ysgol Garth Olwg, Ysgol Cardinal Newman, Ysgol Cwm Rhondda, multiple Coleg y Cymoedd campuses, and planned sessions with Ysgol Rhydywaun and the University of South Wales. The programme engaged learners from Key Stage 3 through to higher education, using tailored presentations, careers events, workshops and interactive discussions to promote NHS careers and highlight the importance of Welsh language skills in healthcare. Activities included careers overviews, application guidance, quizzes, case studies, job-matching exercises and open discussions on bilingualism, patient care and career progression.

	Feedback from schools, colleges and careers professionals was consistently positive, with stakeholders recognising the value and impact of the sessions. The programme has strengthened partnerships, generated requests for further engagement, and created opportunities to extend provision to future cohorts and additional educational settings.
Theme 3: Sharing best practice and an enabling approach	
29	**We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs.** ***(Short term)*** CTMUHB has not engaged with a Research & Innovation Hub for Welsh language, but has used other networks to share good practice.
30	**We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages.** ***(Short term)*** Digital are in the final stages of procuring digital enablers for the patient-centred contact transformation programme. This programme aims to transform how patients interact with the Health Board. All patient facing technology will be bilingual, and the relevant tender documentation includes the requirement that the successful bidder must ensure their technology can function in Welsh and English. The tender documentation also includes a link to advice documents on bilingual technology produced by Cymraeg 2050 within Welsh Government.
32	**We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes.** ***(Short term)***

	CTMUHB was invited to present a workshop on its internal leadership development programme, Inspire, in October 2025. This was an opportunity to share good practice around a crucial element of Mwy na Geiriau. The Welsh Language Lead for CTMUHB has attended all relevant all-Wales meetings and represented CTMUHB.
35	**Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards.** Nursing & Midwifery staff can request uniform with the orange 'Welsh speaker' badge embroidered on to it when requesting uniform. Senior Nurses were requested during the year to ensure staff without Welsh language skills do not wear the badge. Staff who able to wear lanyards can collect one from all district hospital sites at the General Offices or request them from the Welsh Language Development Service. In total, 140 were given out this reporting period. In-patient wards using the e-whiteboard are able to note a patient is a Welsh speaker using the 'Welsh speaker' icon, which is the Welsh flag. An example is shown below.

42	**All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.** As noted in the last update, the Executive Director for People and Deputy Chief Executive, Hywel Daniel, is the Board Member who holds the Welsh Language Portfolio.

Cyflawni'r camau gweithredu yn y Cynllun Mwy na Geiriau 2022-27: Am y cyfnod Ebrill 2025 – Mawrth 2026

Sefydliad	**Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg**

Cwblhawyd gan:	**Ben Screen, Arweinydd y Gymraeg**	**Dyddiad: Mai 2026**

DATA ALLWEDDOL:	**Wrth ddyfynnu unrhyw ystadegau / data, rhowch ddyddiad / cyfnod adrodd cyfatebol.**
Sgiliau Cymraeg staff (ym mis Mawrth 2026 ac yn seiliedig ar ddata ar gyfer 93% o staff)	

Gwrando/Siarad Cymraeg					
Lefel	2023/2024	2024/25	**2025/26**	Gwahaniaeth ar 24/25	Gwahaniaeth ar 25/26 fel %
0	8401	9067	9510	+443	+4.89%
1	1961	2081	2109	+28	+1.35%
2	305	320	347	+27	+8.44%
3	199	203	224	+21	+10.34%
4	248	264	292	+28	+10.61%
5	303	320	356	+36	+11.25%

Darllen Cymraeg					
Lefel	2023/2024	2024/25	**2025/26**	Gwahaniaeth ar 24/25	Gwahaniaeth ar 25/26 fel %
0	8556	9312	9801	+489	+5.25%
1	1775	1822	1809	-13	-0.71%
2	302	314	341	+27	+8.60%
3	171	179	199	+20	+11.17%
4	233	247	270	+23	+9.31%
5	326	338	377	+39	+11.54%

Ysgrifennu Cymraeg

	Lefel	2023/2024	2024/25	**2025/26**	Gwahaniaeth ar 24/25	Gwahaniaeth ar 25/26 fel %
	0	8774	9556	10054	+498	+5.21%
	1	1595	1615	1610	-5	-0.31%
	2	288	306	332	+26	+8.50%
	3	187	200	223	+23	+11.50%
	4	195	205	224	+19	+9.27%
	5	292	297	328	+31	+10.44%
Nifer y staff sy'n cwblhau hyfforddiant (rhwng Ebrill 2025 a Mawrth 2026)	**Cwrs Cwrteisi:** 173 **Cwrs Codi Hyder:** 24 **Cwrs Ymwybyddiaeth o'r Gymraeg:** 9,521					
Arolygon Cleifion / Defnyddwyr Gwasanaeth e.e. arolygon siopwyr cudd	**Nifer a manylion yr arolygon:** 0 arolwg **Adborth:** Ni dderbyniwyd unrhyw adborth yn ffurfiol. **Camau a gymerwyd yn sgil adborth:** Ddim yn berthnasol					

Diwylliant ac Arweinyddiaeth	
CAM GWEITH REDU	YMATEB GAN BIPCTM
2.	Dros amser, rydym yn disgwyl i'r holl staff iechyd a gofal cymdeithasol ddod i werthfawrogi'r gwahaniaeth cadarnhaol y gall dysgu a defnyddio'r Gymraeg ei wneud i'r profiad o ofal, sy'n ddull tymor hir o weithredu. Byddwn yn ategu cyrsiau ymwybyddiaeth ieithyddol gyda dull cyfathrebu sy'n seiliedig ar wyddor ymddygiad er mwyn sicrhau bod popeth rydym ni fel arweinwyr yn ei ddweud am y Gymraeg, ac fel sefydliadau a phartneriaethau, yn cyfrannu at y strategaeth hon. Bydd y dull hwn o weithredu yn adeiladu ar yr hyfforddiant ac ar y naratif cadarnhaol a amlinellir yn y cynllun. (Tymor byr i ganolig) Yn ystod y flwyddyn, ymgysylltodd Gwasanaeth Datblygu'r Gymraeg yn helaeth ar draws BIP Cwm Taf Morgannwg. Cynhaliwyd cyfanswm o 181 o sesiynau ymgysylltu gyda staff a rheolwyr, gan gynnwys sesiynau ymsefydlu, sesiynau ar draws cyfarwyddiaethau cyfan, cynadleddau a chyflwyniadau uwch reolwyr. Roedd y sesiynau ymsefydlu'n cynnwys rhai ar gyfer myfyrwyr, nyrsys sydd newydd gofrestru, a'r garfan newydd o feddygon. Yn ogystal, cafwyd 1 cyflwyniad ffurfiol i Bwyllgor Bwrdd a chais am 1 cyflwyniad arall ar lefel Bwrdd. Ymgymerodd y tîm hefyd â 2 gyfres o ymweliadau safle ar draws Ysbyty Brenhinol Morgannwg, Ysbyty'r Tywysog Siarl ac Ysbyty Tywysoges Cymru. Cynhyrchodd yr ymweliadau hyn sylw sylweddol, gyda 176 o adnoddau wedi'u dosbarthu (gan gynnwys 55 o gortynnau gwddf ac 85 o fathodynnau), gan alluogi 140 o staff i uniaethu'n weladwy fel siaradwyr neu ddysgwyr Cymraeg. Gwnaeth y gwaith ymgysylltu yn ystod ymweliadau gynnwys sgyrsiau gyda 115 aelod o staff a 29 o gleifion. Y tu hwnt i ymgysylltu uniongyrchol, gwnaeth y Gwasanaeth ddarparu cymorth arbenigol, gan gynnwys cyngor pwrpasol i 36 o reolwyr ar gydymffurfiaeth, ymdrin â 4,266 o geisiadau cyfieithu gan 1,085 o geiswyr (yn dod i dros 6 miliwn o eiriau), ac ymateb i 200 o ymholiadau dysgu Cymraeg. Yn gyffredinol, amcangyfrifir yr ymgysylltwyd â dros 1,300 o staff yn ystod y flwyddyn.

	Mewn Gofal Sylfaenol, cynyddodd ymwybyddiaeth a'r defnydd o'r cynnig hefyd. Gofynnodd 13 o bractisau am gymorth cyfieithu, tra bod 5 practis wedi gofyn am gortynnau gwddf a bathodynnau, gyda 37 o eitemau wedi'u dosbarthu. Mae hyn wedi gwneud staff sy'n siarad Cymraeg yn fwy amlwg. Roedd yr ymgysylltu strategol yn cynnwys trafodaethau gyda'r Prif Swyddog Gweithredu a'r Cyfarwyddwr Meddygol ar gyfer Gofal Sylfaenol, a phresenoldeb mewn fforymau a digwyddiadau hyfforddi allweddol ar draws Meddygaeth Gyffredinol, Fferylliaeth a Nyrsio. Roedd enghreifftiau o hyn yn cynnwys y Fforymau Nyrsys Practis a slot yn y Fforwm Rheolwyr Practis ar gyfer BIPCTM.
3	**Byddwn yn disgwyl i'r rheini sydd mewn rolau arwain gymryd rhan yn ein rhaglen Arwain mewn Gwlad Ddwyieithog. Mae'r rhaglen hon yn gweithio tuag at ymwreiddio ysbryd Cymraeg 2050 yn niwylliant sefydliadau a'u polisïau. Yn rhy aml o lawer, mae'r Gymraeg yn cael ei hystyried fel dim ond mater o gyfieithu neu ymarfer 'ticio'r bocs' wrth ddatblygu polisi. Mae'r rhaglen hon, sy'n seiliedig ar werthoedd, yn mynd y tu hwnt i'r gwaith hwnnw i ddeall effaith bosibl holl elfennau ein gwaith ar ein hiaith—ac i ddefnyddio'r hyn sydd gennym i ddefnyddio mwy ar yr iaith.** ***(Tymor canolig)*** Mae BIPCTM wedi datblygu ei brosesau datblygu arweinyddiaeth fewnol ei hun gyda nodau tebyg i'r rhaglen Arwain mewn Gwlad Ddwyieithog. Disgrifir y rhain isod. **Inspire: Arwain Systemau** Mae'r rhaglen Inspire wedi'i chynllunio i ddod â'n cydweithwyr lefel uchaf at ei gilydd i adeiladu cymuned arwain lewyrchus yn CTM. Mae'r rhaglen wedi'i hadeiladu o amgylch ein 'Fframwaith Cymhwysedd Arweinyddiaeth' arloesol ein hunain, lle mae dwyieithrwydd a'r Gymraeg yn benodol yn cael eu gwreiddio. Wedi'i halinio â'n modiwl 'Cynhwysiant', cefnogir uwch arweinwyr i archwilio'r Gymraeg yn nhirwedd ehangach GIG Cymru a'r dirwedd wleidyddol, eu hagweddau a'u hymddygiadau mewn perthynas â'r Gymraeg, a'u rôl wrth ymgorffori dwyieithrwydd yn CTM. Wrth wneud hynny, ein nod yw gwreiddio ysbryd Cymraeg 2050 a Mwy na Geiriau yn niwylliant a pholisi'r sefydliad. Hyd yn hyn, mae 21 o gyfranogwyr wedi cwblhau'r rhaglen, gyda charfannau pellach i ddechrau ym mis Medi 2026.

	Ignite: Ymsefydlu Rheolwyr Gall rheolwyr ar bob lefel bellach fanteisio ar sesiwn bwrpasol, diwrnod o hyd sy'n edrych ar y gefnogaeth sydd ar gael iddynt yn eu rolau a'r hanfodion o reoli tîm. Mae rhan o'r sesiwn hon yn cynnwys archwilio: • Sut y gall rheolwyr gefnogi'r defnydd o'r Gymraeg yn eu rôl fel rheolwyr. • Pa gymorth sydd ar gael iddyn nhw a'u timau i wreiddio'r Gymraeg. • Beth yw gofynion Safonau'r Gymraeg yn gryno. Wedi'i lansio ym mis Chwefror 2026, roedd 55 o reolwyr wedi cwblhau'r sesiwn ymsefydlu hon ym mis Mawrth 2026. Mae aelod o Wasanaeth Datblygu'r Gymraeg hefyd yn bresennol am ran o'r diwrnod, ynghyd â swyddogaethau cymorth allweddol eraill. Mae hyn wedi galluogi ymgysylltu pellach â Gwasanaeth Datblygu'r Gymraeg, ac ar ôl sesiwn mis Chwefror er enghraifft, rhannwyd 14 o adnoddau i gefnogi'r defnydd o'r Gymraeg a gofynnodd 3 rheolwr am ragor o wybodaeth gan y Tîm ar ddysgu Cymraeg.
Thema 1: Polisïau a chynlluniau ar gyfer y Gymraeg, gan gynnwys data	
5	**Canfod a datblygu ymchwil a data a fydd yn cryfhau ein dealltwriaeth a'n gwybodaeth lleisiau a profiadau siaradwyr Cymraeg sy'n defnyddio ac yn derbyn gwasanaethau, er mwyn cefnogi polisïau sy'n seiliedig ar dystiolaeth a chynlluniau ar gyfer y Gymraeg ym maes iechyd a gofal cymdeithasol. Bydd hyn yn cynnwys y gallu i ddarparu gwasanaethau dwyieithog, ac i ddangos tystiolaeth o sut mae Mwy na geiriau yn helpu i sicrhau gwell canlyniadau i unigolion. (Mae'r cam hwn yn cyd-fynd â'r gwaith a nodir yn adran 4 ar fapio'r data a'r broses o greu'r dangosfwrdd).** ***(Tymor canolig)*** Mae BIPCTM wedi parhau i gefnogi'r gwaith o weithredu Promptly a chasglu Mesurau Profiad a Adroddir gan Gleifion fel rhan o'r Fframwaith Profiad Pobl. Defnyddir y cwestiwn cenedlaethol, safonedig ar iaith ym mhob arolwg. Y dull cyfredol o gasglu data ar brofiad cleifion yn systematig yw'r Arolwg Profiad Cleifion. Mae hwn yn arolwg cenedlaethol gyda chwestiynau safonedig. Mae'n cynnwys cwestiwn ar iaith, ynghylch a allai'r claf ddefnyddio ei ddewis iaith. Yna gofynnir i'r claf ddewis iaith yn yr ail gwestiwn. Ar hyn o bryd, fodd bynnag, ni ellir defnyddio'r data hwn i lywio'r gwaith o gynllunio a darparu gwasanaethau Cymraeg oherwydd: • Nid yw'n bosibl allosod data ar lefel gwasanaeth; mae ond ar gael ar lefel Grŵp Gofal.

	• Nid yw'n bosibl croes-dablu'n uniongyrchol rhwng yr ateb i'r cwestiwn ynghylch a allai'r claf ddefnyddio ei ddewis iaith, a'r ateb i'r ail gwestiwn lle gofynnir i'r claf ddewis yr iaith a ffefrir mewn gwirionedd (e.e. y Gymraeg). Byddai hwn yn fater ar lefel genedlaethol.
6	**Datblygu adnoddau i helpu i brif ffrydio ystyriaethau ynghylch y Gymraeg mewn cynlluniau a pholisïau, yn enwedig mewn meysydd blaenoriaeth a lefelau uchel o ryngweithio â gwasanaethau. Bydd hyn yn cynnwys sefydlu llwybrau gofal Cymraeg ar gyfer unigolion agored i niwed mewn grwpiau blaenoriaeth penodol fel pobl hŷn, plant, iechyd meddwl, therapi lleferydd, anawsterau dysgu, a gwasanaethau strôc. (Tymor hir)** Amlinellir gwaith mewn perthynas ag Asesiadau o'r Effaith ar y Gymraeg ar gyfer y cyfnod adrodd hwn isod: • Mae templed o Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg integredig newydd, symlach wedi'i greu. Mae'r templed hwn yn cynnwys adran ar Mwy na Geiriau yn benodol. • Mae canllawiau wedi'u creu ar gwblhau'r asesiad, gyda chanllawiau ar sut y gall polisi neu newid effeithio ar Mwy na Geiriau. • Mae prosesau cyflwyno papurau i'r Bwrdd a Phwyllgorau, y Grŵp Arwain Gweithredol, Bwrdd Rheoli'r Weithrediaeth a'r Bwrdd Rheoli Gweithredol wedi'u cryfhau. Ni ellir cyflwyno papur heb y templed papur, gan gynnwys y crynodeb o'r asesiad effaith lle mae angen un. • Mae'r gofynion ar gyfer asesiadau effaith bellach wedi'u nodi'n glir yn y *Polisi ar gyfer Datblygu, Adolygu a Chymeradwyo Polisïau, Gweithdrefnau a Dogfennau Rheoli Ysgrifenedig Eraill BIPCTM* (CG06)*, y Broses Gymeradwyo ar gyfer Polisïau, Gweithdrefnau a Dogfennau Rheoli Ysgrifenedig eraill* (CG07) a *Gweithdrefn Weithredu Safonol Rheoli Newid Gwasanaeth BIPCTM,* sydd ar ddod. • Mae offeryn asesu effaith newydd ar gyfer gweithgareddau caffael wedi bod ar waith ers mis Ebrill 2026 mewn cydweithrediad â Phartneriaeth Cydwasanaethau GIG Cymru i sicrhau bod cyflenwyr 3ydd parti yn cadw at Safonau'r Gymraeg lle y bo'n berthnasol.
8	**Bydd fframwaith cenedlaethol cytunedig ar gyfer casglu a chyfuno data ar sgiliau iaith yr holl staff sy'n gweithio ym maes iechyd a gofal cymdeithasol yng Nghymru yn cael ei ddatblygu a'i weithredu. Dylai'r fframwaith fod yn orfodol lle bynnag y bo modd, a byddai angen iddo gyd-fynd â'r systemau a'r dulliau sydd ar waith ar hyn o bryd i gasglu a chyfuno data ar**

	draws y sectorau iechyd a gofal cymdeithasol, gan gynnwys gwasanaethau sy'n cael eu darparu yn Gymraeg. (Mae'n bosib y bydd angen cyllid/adnoddau ychwanegol er mwyn cyflawni hyn). (Tymor canolig) Fel ym mhob corff GIG Cymru arall, mae staff yn cofnodi eu sgiliau iaith ar y Cofnod Staff Electronig (ESR) gan ddefnyddio'r Raddfa ALTE 0-5 ar gyfer sgiliau iaith. Mae BIPCTM wedi datblygu dangosfwrdd mewnol sydd wedi'i gysylltu ag ESR sy'n diweddaru'n awtomatig drwy ESR. Mae hwn yn dangos sgiliau Cymraeg cyfredol staff ac yn cael ei ddiweddaru bob 3 mis. Mae'n arddangos y data hwn ar gyfer gwahanol lefelau (megis Grwpiau Gofal ac adrannau).
Thema 2: Cefnogi a datblygu sgiliau Cymraeg y gweithlu presennol a gweithlu'r dyfodol	
13	**Bydd sefydliadau iechyd a gofal cymdeithasol yn dod o hyd i fylchau yn sgiliau'r gweithlu mewn meysydd allweddol ac yn datblygu cynlluniau i fynd i'r afael â nhw. Bydd hyn yn cael ei ymwreiddio mewn cynlluniau sgiliau a gweithlu sy'n cael eu datblygu a'u cyflwyno mewn sefydliadau unigol, ac yn galw am weithio'n agos gydag AaGIC a GCC. *(Tymor canolig)*** Gweler yr ymateb i Gam Gweithredu 18 isod am y strategaeth gweithlu a hyfforddiant mewn perthynas â gwasanaethau sydd â niferoedd isel o siaradwyr Cymraeg.
14	**Byddwn yn disgwyl i holl gydweithwyr y GIG a gofal cymdeithasol ddilyn cwrs ymwybyddiaeth ieithyddol, a fydd yn egluro pa mor bwysig yw'r Gymraeg wrth ddarparu gwasanaethau ac fel un o anghenion cleifion. Ar ôl cyflwyno hyfforddiant ymwybyddiaeth o'r Gymraeg i bob gweithiwr proffesiynol ym maes iechyd a gofal cymdeithasol, byddwn yn disgwyl i'r hyfforddiant hwn gael ei ddarparu ym mhob disgyblaeth ar gyfer hyfforddeion, a'i gyflwyno fel rhan o'r broses gynefino i weithwyr newydd sydd heb wneud yr hyfforddiant yn barod. *(Tymor canolig)*** Roedd 9,521 o staff wedi cwblhau Cwrs Ymwybyddiaeth o'r Gymraeg ESR ym mis Mai 2026, pan luniwyd yr adroddiad hwn. Gan y bydd angen adnewyddu'r cymhwysedd bob tair blynedd, bydd y gyfradd gydymffurfio'n dechrau gostwng cyn cynyddu eto yn ystod y flwyddyn weithredol hon.

	Mae'r sesiwn sefydlu ar-lein ar gyfer cyflogeion newydd yn cynnwys adran graidd ar y Gymraeg a chyflwyniad fideo sy'n canolbwyntio ar y Cynnig Rhagweithiol a phwysigrwydd y Gymraeg i brofiad y claf. Defnyddir straeon staff a chleifion i wneud hyn. Gweler uchod hefyd, o dan Gam Gweithredu 2, ragor o fanylion am waith ymgysylltu ehangach mewn perthynas â'r Gymraeg.
15	**Bydd y Ganolfan Dysgu Cymraeg Genedlaethol yn datblygu ymhellach eu cynlluniau i gynnig hyfforddiant ar y Gymraeg i'r sectorau iechyd a gofal cymdeithasol, ac yn darparu amgylchedd sy'n galluogi pobl i ddefnyddio'r Gymraeg mewn gweithleoedd. Dylai hyn ategu'r broses anffurfiol o ddysgu iaith drwy adnoddau ac apiau ar-lein a fydd ar gael ar draws y sector. Gellid modelu hyn ar ddatblygiadau a gyhoeddwyd yn ddiweddar ar gyfer y gweithlu addysg. Dylai hyn gynnwys darpariaeth wedi'i theilwra i gefnogi ymarfer ym maes iechyd a gofal cymdeithasol, a dod o hyd i gyfleoedd (law yn llaw â chyflogwyr perthnasol) i gynyddu hyder staff i ddefnyddio mwy ar eu sgiliau Cymraeg ar ba lefel bynnag yn y gweithle. Rydym hefyd yn argymell bod Llywodraeth Cymru yn ystyried pa adnoddau sydd eu hangen i ddarparu cefnogaeth ddigonol ar gyfer cynllun o'r fath, gan gynnwys helpu cyflogwyr i ryddhau staff allweddol i fynd ati o ddifrif i ddysgu Cymraeg.** Mae gwaith wedi parhau mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol a Dysgu Cymraeg Morgannwg. Mae hyn yn cynnwys: • Nodi'r anghenion craidd ar gyfer BIPCTM yn 2025/26 a chytuno ar ddarpariaeth amlinellol. • Cytuno ar wiriadau strategol rheolaidd rhwng Arweinydd y Gymraeg BIP, y Ganolfan Genedlaethol a Dysgu Cymraeg Morgannwg i sicrhau bod y ddarpariaeth yn cyd-fynd â'r galw. • Cyfarfodydd bob pythefnos rhwng y tiwtor a Rheolwr y Gymraeg i sicrhau cydweithrediad effeithiol ac y rheolir y cynnig ar gyfer BIPCTM. Mae'r gwaith ar dargedu'r Cynllun Codi Hyder yn strategol wedi'i gynnwys isod o dan Gam Gweithredu 18.

16	**Bydd sefydliadau yn diffinio lefel y sgiliau Cymraeg sydd eu hangen ym mhob hysbyseb swydd, yn unol â'r arferion gorau a welir mewn rhai byrddau iechyd ac awdurdodau lleol.** ***(Tymor canolig – canllaw i'w ddatblygu a'i rannu yn y tymor byr)*** Mae BIPCTM yn parhau i ddiffinio'r lefel o Gymraeg sy'n ofynnol ar dros **90%** o'r holl hysbysebion swydd lle mae sgiliau Cymraeg yn 'hanfodol', 'dymunol' neu 'angen eu dysgu ar ôl penodi'. Mae mwy o ddiffyg o hyd gyda swyddi Meddygol a Deintyddol, sy'n effeithio ar y cyfartaledd sefydliadol, ond mae gwaith wedi'i gynllunio yn ystod y flwyddyn i ystyried sgiliau Cymraeg ar gyfer swyddi meddygol. Mae BIPCTM wedi creu a chytuno ar y geiriadau canlynol ar gyfer pob swydd wag: *Sgiliau Cymraeg Dymunol:* *Rydyn ni'n hysbysebu'r swydd hon fel Cymraeg yn Ddymunol. Nid yw hyn yn golygu hanfodol; er nad oes angen i'r ymgeisydd feddu ar sgiliau Cymraeg, byddwn yn eu hystyried yn fantais wrth lunio rhestr fer a dewis ymgeiswyr. Does dim angen 'rhuglder', dim ond sgiliau Siarad a Gwrando ar Lefel 3 (sy'n cyfateb i CEFR B2) neu uwch. Mae Lefel 3 yn golygu sgyrsiau sylfaenol gyda chleifion am eu hiechyd bob dydd. Am ragor o wybodaeth, gweler 'Canllawiau'r Gymraeg' yn y dogfennau ar y gwaelod.* *Sgiliau Cymraeg Hanfodol:* *Mae'r swydd hon yn cael ei hysbysebu fel un lle mae sgiliau Cymraeg yn Hanfodol. Mae hyn yn golygu Siarad a Gwrando ar Lefel 3 (sy'n cyfateb i CEFR B2) neu uwch. Dydyn ni ddim yn chwilio am ruglder. Mae Lefel 3 yn golygu sgyrsiau sylfaenol gyda chleifion am eu hiechyd bob dydd. Am ragor o wybodaeth, gweler 'Canllawiau'r Gymraeg' yn y dogfennau ar y gwaelod.* *Cymraeg i'w Dysgu ar ôl Penodi:* *Mae'r swydd hon yn cael ei hysbysebu fel 'Cymraeg i'w Dysgu ar ôl Penodi'. Mae hwn yn gyfle cyffrous ac mae'n golygu y cewch y sgiliau sydd eu hangen arnom yn y Gymraeg ôl i chi gael eich recriwtio os nad oes gennych sgiliau Cymraeg eisoes. Byddwn yn gwneud hyn gan ddefnyddio ein darpariaeth fewnol hyblyg 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. Am ragor o wybodaeth, gweler 'Canllawiau'r Gymraeg' yn y dogfennau ar y gwaelod.*

	Mae'r canllaw y cyfeirir ato uchod ym mhob geiriad wedi'i atodi i Trac ac felly mae'n ymddangos yn ddiofyn ar bob swydd wag. Mae'r canllaw hwn: • Yn rhoi rhagor o fanylion am yr hyn y mae 'hanfodol', 'dymunol', 'angen dysgu' a 'nid oes angen sgiliau Cymraeg' yn ei olygu i ymgeiswyr. • Yn rhoi mwy o fanylion am yr hyn y mae Lefel 3, 4 a 5 yn ei olygu'n ymarferol o ran defnydd iaith i ymgeiswyr, fel bod ganddyn nhw fwy na syniad haniaethol o'r hyn y gallai 'Lefel 3' ei olygu. Daw'r disgrifiadau hyn yn uniongyrchol o'r CEFR fel y gwelir yma, ac mae'r lefelau ALTE hefyd wedi'u croesgyfeirio â'r CEFR i'r rhai sy'n dod yn fwyfwy cyfarwydd ag ef. • Yn defnyddio iaith anogol a chefnogol fel bod ymgeiswyr yn llai tebygol o deimlo nad yw eu sgiliau Cymraeg yn addas neu fod angen 'rhuglder' sy'n rhwystr i lawer o ymgeiswyr posibl sy'n siarad Cymraeg. Mae'r dull hwn yn seiliedig ar y canlynol: • Mae gofynion y Gymraeg ar gyfer swyddi gwag yn BIPCTM wedi'u gosod ar Lefel 3 neu uwch yn ddiofyn, yn hytrach na'i gwneud yn ofynnol i reolwyr bennu a nodi lefel rhwng 1 a 5 ar gyfer pob swydd wag. • Yn gyffredinol, nid yw unigolion sydd â sgiliau Cymraeg ar Lefel 1 neu 2 yn gallu darparu gofal na gwasanaethau rheng flaen yn effeithiol yn Gymraeg. • Yn ogystal, mae'r broses o asesu gofynion lefel iaith ar gyfer pob rôl yn gymhleth ac o werth ymarferol cyfyngedig. Yn ei hanfod, mae gan ymgeisydd naill ai lefel o Gymraeg sy'n debygol o fod yn ddefnyddiol yn weithredol, neu beidio. Mae BIPCTM yn nodi bod Cam Gweithredu 16 yn ei gwneud yn ofynnol i sefydliadau ddiffinio'r sgiliau sydd eu hangen, fel y gwnaed yma. Ni ddefnyddir y gair 'asesu'.
17	**Cyflwyno'n raddol lefel "cwrteisi" sylfaenol o sgiliau Cymraeg, gan wneud staff yn fwy ymwybodol o'r effaith gadarnhaol y gall dysgu a defnyddio'r Gymraeg ei chael ar unigolion sy'n defnyddio ac yn derbyn gwasanaethau iechyd a gofal cymdeithasol. Erbyn diwedd oes y cynllun hwn, dylai pob aelod o staff sy'n gweithio ym maes iechyd a gofal cymdeithasol fod â lefel cwrteisi o sgiliau Cymraeg.** ***(Cyflwyno yn y tymor byr)*** Gall staff yn BIPCTM fanteisio ar sesiynau mewnol i ddatblygu lefel cwrteisi yn y Gymraeg ar ffurf sesiynau 'Croeso i'r Gymraeg' 2 awr o hyd. Gall staff archebu trwy ddolen fewnol. Ar gyfer y flwyddyn 2025/26: • Cymerodd 173 o staff ran yn y sesiwn fewnol. • Dywedodd 100% o'r cyfranogwyr a gwblhaodd y gwerthusiad eu bod wedi mwynhau'r sesiynau. • Gwnaethom ragori ar y targed blynyddol o 100 a osodwyd ar gyfer staff sy'n cwblhau'r sesiynau gan 73%.

	• Cynhaliwyd cyfanswm o 41 o sesiynau. • Darparwyd cyfanswm o 83 awr o hyfforddiant. • Symudodd 25% o ddysgwyr o Lefel 0 i Lefel 1 mewn Siarad a Gwrando ar ESR. • Gwnaeth 65% o'r staff a drefnodd sesiwn fynychu sesiwn. Hefyd: • Mae'r staff a gwblhaodd y sesiynau Croeso i'r Gymraeg yn cynrychioli gweithlu eang ac amrywiol, o dimau clinigol rheng flaen a gofal cymunedol i wasanaethau gweinyddol, addysg a chorfforaethol. • Yn nodedig, roedd dros hanner (52%) mewn rolau clinigol, sy'n tanlinellu pwysigrwydd y Gymraeg wrth ryngweithio o ddydd i ddydd gyda chleifion a theuluoedd. • Mae lefelau ymgysylltu hefyd yn tyfu, gyda chyfranogiad cynyddol gan swyddogaethau arwain, cynllunio a chorfforaethol. Mae'r newid hwn yn adlewyrchu dull gweithredu mwy aeddfed ar draws y sefydliad - gan gydnabod bod cyflawni'r Cynnig Rhagweithiol yn dibynnu nid yn unig ar staff rheng flaen, ond ar y systemau, y diwylliant a'r arweinyddiaeth sy'n eu cefnogi.
18	**Bydd sefydliadau'n datblygu ac yn gweithredu strategaeth gweithlu a hyfforddiant sy'n benodol ar gyfer y Gymraeg – gyda phwyslais cychwynnol ar fynd i'r afael â bylchau ym meysydd blaenoriaeth allweddol Mwy na geiriau, a'r rheini sy'n ddihyder (angen ystyried y posibilrwydd o weithio gydag arweinwyr tîm / rheolwyr / cyflogwyr hefyd i greu'r amodau i unigolion ddefnyddio eu Cymraeg). (Tymor canolig)** Mae'r ddogfen llinell sylfaen a gynhyrchwyd o dan Safon y Gymraeg 110, sydd ar gael yma, wedi ein galluogi i nodi meysydd o fewn y Bwrdd Iechyd: A. lle nad oes unrhyw siaradwyr Cymraeg o gwbl; B. lle mai'r unig staff sydd â sgiliau Cymraeg yw'r rhai ar Lefel 3, a C. lle mae yna siaradwyr Cymraeg ar Lefel 3, 4 a 5. Mae'r Cynllun Strategol 5 mlynedd ar gyfer Cynnig Ymgynghoriadau Clinigol yn Gymraeg wedi gosod y camau gweithredu canlynol: *Cynnig lle ar y Cynllun 'Codi Hyder' mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol i feysydd gwasanaeth heb unrhyw siaradwyr Cymraeg ar Lefel 4 neu 5 ond lle ceir siaradwyr dihyder Lefel 3, yn ogystal ag i feysydd gwasanaeth sydd â siaradwyr Lefel 3 mewn meysydd Mwy na Geiriau eraill* I gefnogi'r uchod:

	• Roedd y cynllun strategol ar gyfer dysgu Cymraeg ar gyfer 2025/2026 yn canolbwyntio ar Grŵp B a C. • Mae'r data wedi'i drosglwyddo i daflen fonitro Excel sy'n nodi pa aelodau penodol o staff yng Ngrŵp B a C sydd angen eu gwahodd i'r Cwrs Codi Hyder, eu harbenigedd, cyfeiriad e-bost a'u rheolwr llinell. • Roedd y daflen fonitro'n nodi faint o'r staff hynny y bydd angen iddynt gwblhau'r cwrs i gyrraedd y targed mewnol a osodwyd yn y cynllun 5 mlynedd. Mae'r meysydd canlynol o dan Mwy na Geiriau wedi'u cefnogi yn ystod 2025/26, gyda chyfanswm o 24 aelod o staff yn cwblhau'r cynllun: • Therapi Iaith a Lleferydd • Seicoleg Oedolion – Tîm Iechyd Meddwl Cymunedol • Ward Gofal Dwys Seiciatrig, Ysbyty Brenhinol Morgannwg • Seicosis Ymyrraeth Gynnar • Tîm Mewngymorth/Cyswllt Cartrefi Gofal Pen-y-bont ar Ogwr
19	**Cychwyn ymgyrch hyrwyddo ac ymwybyddiaeth genedlaethol i wneud staff yn fwy ymwybodol o'r gwahaniaeth cadarnhaol y gall dysgu a defnyddio'r Gymraeg ei wneud i'r gwasanaethau maen nhw'n eu darparu. Bydd hyn yn cynnwys ymgyrchoedd recriwtio sy'n cyfleu pwysigrwydd y Gymraeg. Bydd yr ymgyrchoedd yn cynnwys modelau rôl ac astudiaethau achos ar y gwahaniaeth y mae defnyddio'r Gymraeg yn ei wneud i wella canlyniadau unigolion.** **(Tymor canolig)** Mae Gwobrau Blynyddol Seren CTM yn rhoi llwyfan sefydliadol allweddol i hybu'r Gymraeg a chodi ymwybyddiaeth o'i gwerth wrth ddarparu gwasanaethau. Mae'r Gymraeg wedi'i gwreiddio ym mhob rhan o'r gwobrau, gan gynnwys: • Cyfathrebu dwyieithog a hygyrchedd - deunyddiau ar gael yn Gymraeg a Saesneg, a gwahodd enwebiadau yn y naill iaith neu'r llall. • Integreiddio'r iaith i mewn i ganllawiau a beirniadu - mae'r canllaw ar gyfer ymgeisio yn annog enwebiadau sy'n tynnu sylw at sut mae'r defnydd o'r Gymraeg wedi cyfrannu at brofiad, hygyrchedd neu ganlyniadau cleifion. Mae beirniaid yn cael eu hannog i roi gwerth ar enghreifftiau lle mae ymarfer dwyieithog wedi cryfhau gofal, cyfathrebu neu gynhwysiant, gan sicrhau bod effaith y Gymraeg yn rhan o'r hyn y mae "da" yn ei gynrychioli mewn enwebiadau. • Mae enwebiadau'n cynnig mecanwaith i nodi a dathlu cydweithwyr sy'n defnyddio'r Gymraeg yn eu rolau – mae hyn yn helpu i greu modelau rôl gweladwy ac astudiaethau achos ymarferol.

	• Arweinyddiaeth glir, gan gynnwys cynrychioli Arweinydd y Gymraeg yng ngweithgor a phanel beirniadu'r gwobrau - mae hyn yn helpu i sicrhau bod ystyriaethau sy'n ymwneud â'r Gymraeg yn cael eu hadlewyrchu wrth wneud penderfyniadau.
20	**Bydd Gyrfa Cymru/AaGIC a GCC yn hyrwyddo pwysigrwydd sgiliau Cymraeg a'r cyfleoedd posibl a ddaw yn sgil hynny mewn gyrfaoedd ym maes iechyd a gofal cymdeithasol, gan ddefnyddio adnoddau porth Tregyrfa a thrwy sioeau teithiol a sesiynau ymgysylltu â phobl ifanc.** ***(Tymor byr/canolig)*** Yn ystod 2025–2026, cyflwynwyd rhaglen o 12 o weithgareddau ymgysylltu ag ysgolion, colegau a phrifysgolion ledled y rhanbarth, gan gynnwys ymweliadau ag Ysgol Garth Olwg, Ysgol Cardinal Newman, Ysgol Cwm Rhondda, a nifer o gampysau Coleg y Cymoedd, ac mae sesiynau wedi'u cynllunio gydag Ysgol Rhydywaun a Phrifysgol De Cymru. Gwnaeth y rhaglen ennyn diddordeb dysgwyr o Gyfnod Allweddol 3 hyd at addysg uwch, gan ddefnyddio cyflwyniadau pwrpasol, digwyddiadau gyrfaoedd, gweithdai a thrafodaethau rhyngweithiol i hyrwyddo gyrfaoedd gyda'r GIG a thynnu sylw at bwysigrwydd sgiliau Cymraeg mewn gofal iechyd. Roedd y gweithgareddau'n cynnwys trosolwg o yrfaoedd, canllawiau ar ymgeisio, cwisiau, astudiaethau achos, ymarferion paru swydd a thrafodaethau agored ar ddwyieithrwydd, gofal cleifion a dilyniant gyrfa. Roedd yr adborth gan ysgolion, colegau a gweithwyr gyrfaoedd proffesiynol yn gyson gadarnhaol, gyda rhanddeiliaid yn cydnabod gwerth ac effaith y sesiynau. Mae'r rhaglen wedi cryfhau partneriaethau, arwain at geisiadau am ymgysylltu pellach, a chreu cyfleoedd i ymestyn y ddarpariaeth i garfannau'r dyfodol a lleoliadau addysgol ychwanegol.

Thema 3: Rhannu arfer gorau a dull galluogi	
29	**Byddwn yn casglu ac yn rhannu enghreifftiau o arferion da arloesol sy'n bosibl ar draws y sector gan ddefnyddio safleoedd porth a hybiau sydd eisoes yn bodoli, gan gynnwys yr Hybiau Ymchwilio ac Arloesi.** ***(Tymor byr)*** Nid yw BIPCTM wedi ymgysylltu â Hyb Ymchwil ac Arloesi mewn perthynas â'r Gymraeg, ond mae wedi defnyddio rhwydweithiau eraill i rannu arfer da.
30	**Byddwn yn defnyddio'n Pecyn Cymorth Technegol Dwyieithog i sicrhau bod y gwasanaethau digidol yr ydym yn eu caffael a/neu'n datblygu yn cynnwys rhyngwyneb defnyddiwr dwyieithog lle bo hynny'n bosibl. O ran gwefannau gwybodaeth a chyngor byddwn yn dod a chyfieithwyr yn agosach at y broses creu cynnwys, gan gyd-ddrafftio yn y Gymraeg a'r Saesneg, fel ein bod yn cyfathrebu yn gliriach yn y ddwy iaith.** ***(Tymor byr)*** Mae'r tîm Digidol yn y camau olaf o gaffael galluogwyr digidol ar gyfer y rhaglen trawsnewid cyswllt sy'n canolbwyntio ar y claf. Nod y rhaglen hon yw trawsnewid sut mae cleifion yn rhyngweithio â'r Bwrdd Iechyd. Bydd yr holl dechnoleg sy'n delio'n uniongyrchol â chleifion yn ddwyieithog, ac mae'r ddogfennaeth dendro berthnasol yn cynnwys y gofyniad bod yn rhaid i'r cynigydd llwyddiannus sicrhau bod ei dechnoleg yn gallu gweithredu yn Gymraeg a Saesneg. Mae'r ddogfennaeth dendro hefyd yn cynnwys dolen i ddogfennau cyngor ar dechnoleg ddwyieithog a gynhyrchwyd gan Cymraeg 2050 o fewn Llywodraeth Cymru.
32	**Byddwn yn sicrhau bod Arweinwyr Gweithredol, Hyrwyddwyr a Swyddogion y Gymraeg yn cwrdd yn genedlaethol i rannu arferion gorau er mwyn sicrhau dull cyson o ymdrin â materion allweddol a datblygu mentrau i ddathlu llwyddiannau, gan gynnwys hyrwyddo Mwy na geiriau mewn cynlluniau gwobrau ac anrhydeddau sydd eisoes yn bodoli.** ***(Tymor byr)*** Gwahoddwyd BIPCTM i gyflwyno gweithdy ar ei raglen datblygu arweinyddiaeth fewnol, Inspire', ym mis Hydref 2025. Roedd hwn yn gyfle i rannu arfer da mewn perthynas ag un o elfennau hanfodol Mwy na Geiriau. Mae Arweinydd y Gymraeg ar gyfer BIPCTM wedi mynychu'r holl gyfarfodydd cenedlaethol perthnasol ac wedi cynrychioli BIPCTM.

35	**Mae arwyddion gweledol nid yn unig yn galluogi defnyddwyr gwasanaethau i wybod pa staff sy'n siarad Cymraeg, maen nhw hefyd yn cyfleu neges bod y Gymraeg yn rhan 'arferol' o'r broses bob dydd o ddarparu gwasanaeth, ac yn adeiladu ar ethos o berthyn. Byddwn yn ymestyn y prosiect laith Gwaith ledled Cymru er mwyn i weithwyr sy'n gallu cynnig gwasanaethau'n Gymraeg, neu'n rhannol gynnig gwasanaethau'n Gymraeg, allu dangos hynny'n rhwydd drwy wisgo bathodyn neu laniard laith Gwaith. Bydd ein systemau TGCh hefyd yn casglu, yn dangos ac yn rhannu gwybodaeth sy'n rhoi gwybod i ni fel unigolion a staff pwy sy'n gallu siarad Cymraeg a pha wasanaethau y byddan nhw'n eu cynnig yn Gymraeg – er mwyn i ni allu defnyddio ein Cymraeg gyda nhw. (Mae'n bosibl bydd angen cyllid/adnoddau ychwanegol er mwyn cyflawni hyn)** **(Tymor byr)** Gall staff Nyrsio a Bydwreigiaeth ofyn am wisg gyda'r bathodyn oren 'Siaradwr Cymraeg' wedi'i frodio arni. Yn ystod y flwyddyn, gofynnwyd i Uwch Nyrsys sicrhau nad yw staff sydd heb sgiliau Cymraeg yn gwisgo'r bathodyn. Gall staff sy'n gymwys i wisgo cortynnau gwddf gasglu un o unrhyw safle ysbyty dosbarth yn y Swyddfeydd Cyffredinol neu ofyn am un gan Wasanaeth Datblygu'r Gymraeg. I gyd, dosbarthwyd 140 yn ystod y cyfnod adrodd hwn. Gall wardiau cleifion mewnol sy'n defnyddio'r e-fwrdd gwyn nodi bod claf yn siaradwr Cymraeg gan ddefnyddio'r eicon 'siaradwr Cymraeg', sef baner Cymru. Dangosir enghraifft isod:

42	**Bydd pob corff iechyd ac awdurdod lleol yn penodi rhywun i fod yn gyfrifol am sicrhau bod camau gweithredu a thargedau'r cynllun yn cael eu cyflawni.** Fel y nodwyd yn y diweddariad diwethaf, y Cyfarwyddwr Gweithredol Pobl a'r Dirprwy Brif Weithredwr, Hywel Daniel, yw'r Aelod Bwrdd sy'n gyfrifol am Bortffolio'r Gymraeg.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Operational Delivery Committee

Annual Equality Report 2025-2026

Eitem yr Agenda / Agenda Item	**7.1.4**
Dyddiad y Cyfarfod / Date of Meeting:	Tuesday 27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public. For Future Publication .
Adroddiad wedi'i baratoi gan / Report Prepared by:	Alex Grand, Strategic EDI Lead Lisa Whiteman-Pearce, Head of OD and Culture Hannah Williams, Assistant Director of Leadership and Culture
Cyflwynydd yr Adroddiad / Report Presenter:	Hywel Daniel, Deputy CEO/Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	Endorse for Board Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	ODC are asked to note the Annual Equality Report 2025-2026 and endorse it for approval at Board in November, prior to translation into Welsh and publication on the CTM website.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	All Strategic Pillars Apply If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The Strategic Equality Plan (SEP) 2024-2028 sets out high level commitments to delivering accessible and inclusive services and improving fairness and inclusivity as an employer. Priorities in any one year will include pertinent IMTP deliverables and achievements reported in that year's Annual Equality Report, published at the latest 31 March the following year.

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

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Annual Equality Report 25-26 shows continued progress in embedding equality, diversity and inclusion (EDI) across the Health Board, including improved workforce data quality, some increased ethnic minority representation, stronger staff network engagement and much broader activity across services and infrastructure linked to the Strategic Equality Plan. However, significant inequalities remain, including a slightly reduced gender pay gap of 27.21%, underrepresentation of ethnic minority staff in senior leadership and Board roles, and continued disparities in staff experience, progression and wellbeing. These issues impact workforce sustainability, inclusion, patient experience and can risk compliance with statutory duties.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The report shows that EDI is becoming more embedded within CTM and our People Plan, but persistent inequalities will continue to present workforce, service delivery and reputational risks. Failure to address disparities in recruitment, progression and staff experience could undermine efforts to attract, retain and develop a diverse workforce. A recent, WG-ratified SEP self-assessment reinforced the need to shift from measuring activity to demonstrating measurable outcomes and reducing inequalities through targeted interventions and stronger accountability. Later this year, an independent, expert review of our data, position and plans will help refine priorities and target action where it can have the greatest impact.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Priority actions for the rest of this year and early next include preparing and publishing the Health Board's first Gender Pay Gap Report and Menopause Action Plan, further implementing the Workforce Equality Standard, strengthening inclusive recruitment and leadership development, improving equality data and fully embedding Equality and Welsh Language Impact Assessments into decision-making. These actions are intended to reduce inequalities, improve staff experience and representation, strengthen compliance and governance, and support delivery of CTM2030 through more equitable services and workforce outcomes.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	ODC are asked to endorse the Annual Equality Report for Board approval in November.

1. Background / Context

1.1 The Annual Equality Report 25-26 Final provides assurance on progress made during 2025/26 against the Health Board's Strategic Equality Plan 2024-2028 and statutory duties under the Equality Act 2010 and Public Sector Equality Duty (Wales). The report highlights activity undertaken to improve services, equality of access, staff experience, community engagement and organisational governance, while recognising that workforce and health inequalities remain for several protected and underrepresented groups.

2. Strategic Insights

2.1 The report demonstrates positive progress in embedding equality, diversity and inclusion. However, key challenges remain, including a gender pay gap above the NHS Wales average, underrepresentation of ethnic minority colleagues in senior leadership roles, and ongoing disparities in workforce experience.

2.2 The findings reinforce the importance of strengthening the use of equality data, focusing on measurable outcomes and ensuring EDI considerations are embedded within workforce, service and organisational decision-making to support the delivery of strategic priorities and reduce inequalities across our communities.

2.3 In this reporting period, implementation of the People Plan 2025-2030 has embedded EDI within key workforce programmes, including anti-racism training, inclusive leadership development, sexual safety training, and the launch of the EDI Learning Forum. Workforce equality indicators also show some positive movement, including increased ethnic minority representation, improved equality data quality and greater engagement through staff networks.

2.4 In Services, targeted initiatives such as the Integrated Women's Health Hub, sensory facilities for neurodiverse children and enhanced chaplaincy provision demonstrate a growing focus on reducing inequalities and improving access for diverse communities.

2.5 These achievements are supported by strengthened governance arrangements and increased use of Equality and Welsh Language Impact Assessments, providing stronger foundations for delivering our strategic ambitions.

3. Risks and Opportunities

3.1 None pertaining to the publication of this report. However, the report (as well as the recent Workforce Equality Standard) does highlight current and ongoing workforce inequalities. There is a risk, without meaningful and targeted action, these inequalities will continue if not worsen, leading to ongoing opportunity cost, reputational risk and can impact workforce sustainability, patient experience and compliance with statutory duties.

3.2 In addition, the report highlights recent progress in improving governance processes relating to Equality and Welsh Language Impact Assessments (EWLIAs). This will help reduce the risk of suboptimal decision making, and the risk of enforcement action.

4. Compliance and Governance

4.1 Publication of the Annual Equality Report is a requirement under the Equality Act (Statutory Duties) (Wales) Regulations 2011, providing a summary of our activity and progress for the given reporting period, in this case April 2025 to March 2026. The deadline for publication is 31 March 2027.

4.2 A SEP Delivery Group, established in Q3 2025, provides frequent delivery updates, including barriers and challenges thereto, meeting quarterly with interim one to ones. A stronger emphasis on baselining and/or measurement of outcomes/evaluating impact will be made from Q3 2026 onward, addressing our own reflections and recommendations from Welsh Government.

5. Benchmarks

5.1 None pertaining to the publication of this report. However, with reference to matters of workforce equality, the Gender Pay Gap (GPG) is the key benchmarked dataset. There is no agreed target or deadline to eliminate pay gaps, however from Spring 2027, organisations will be required to publish GPG and Menopause Action Plans. As set out in the report, CTM's last published GPG is 27.21%, compared to a whole-NHS Wales average of 19.32%.

6. Conclusion

6.1 The Annual Equality Report 2025-2026 demonstrates that CTMUHB is making meaningful progress in embedding equality, diversity and inclusion

as a core component of organisational delivery, rather than a standalone compliance activity. Positive outcomes during the year include expanded staff network engagement, some improved workforce representation, successful community partnerships addressing socio-economic inequality, development of inclusive workforce policies, and enhanced oversight of equality-related activity. While important challenges remain, particularly in relation to workforce representation at senior levels and the GPG, the Health Board has established stronger governance and clearer accountability, and is working toward a more strategic, data-informed approach to addressing inequalities. This, along with feedback from WG, provides confidence that the organisation is well placed to build on current progress and deliver measurable improvements for staff, patients and communities during the remainder of 2026/27.

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A More Equal Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All Enablers of Quality Apply
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate):	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	NA – reporting of annual position Outcome for Welsh Language (delete as appropriate): N/A - reporting of annual position	Policy/Plan/Proposal too broad Hywel Daniel
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	**N/A – reporting of annual position**	
Cyfreithiol / Legal	**Yes (Include further detail below)** There is a legal requirement to publish an Annual Equality Report by the end of the following operational year.	
Enw da / Reputational	**Yes (include further detail below)** Continued under-representation of minoritised groups in leadership roles and the compression of progression pipelines, and suboptimal staff experience may lead to reputational risk and the inability to attract, develop and retain a diverse and talented workforce.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Hywel Daniel	11/09/2026	Approved
Hayleigh Jones	15/09/2026	Approved subject to amendments
EMB	28/09/2026	Approved

Acronyms / Glossary of Terms

AER	Annual Equality Report
CTM(UHB)	Cwm Taf Morgannwg (University Health Board)
EDI	Equality, Diversity and Inclusion
EWLIA	Equality and Welsh Language Impact Assessment
GPG	Gender Pay Gap
OD	Organisational Development
SEP	Strategic Equality Plan
WES	Workforce Equality Standard
WG	Welsh Government

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.
This document / form is also available in Welsh.

Cwm Taf Morgannwg University Health Board

Annual Equality Report

April 2025 – March 2026

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Foreword

At Cwm Taf Morgannwg University Health Board, we are committed to creating a health service where everyone is treated with dignity, fairness and respect. Equality, diversity and inclusion are not simply statutory responsibilities; they are fundamental to delivering high-quality care, supporting our people and improving outcomes for the communities we serve.

We also recognise that we are working in a time of significant challenge and uncertainty. Across society, we are seeing increasing inequality, economic pressures, changing public expectations and, at times, growing division. In this context, our commitment to equality, diversity and inclusion becomes even more important. These principles are not something we pursue only when circumstances are favourable; they are essential to how we lead our organisation, support one another and ensure that every individual feels valued, heard and able to thrive.

This Annual Equality Report reflects the progress we have made during 2025/26 in delivering our Strategic Equality Plan and meeting our responsibilities under the Equality Act 2010 and the Public Sector Equality Duty. It demonstrates how we are embedding equality into the way we make decisions, develop our workforce, design services and work alongside our communities.

Over the past year we have continued to strengthen the foundations for lasting change. We have expanded opportunities for learning and development, deepened engagement with staff and communities, improved the quality of our workforce data, and seen encouraging progress in areas including ethnic minority representation, staff network participation and organisational awareness of inclusion. These achievements are a testament to the commitment of colleagues across the Health Board.

At the same time, this report is clear that important challenges remain. Significant inequalities persist in the experiences of some of our staff and communities. We continue to see disparities in workforce experience, a gender pay gap that requires sustained attention, and under-representation of some groups in senior leadership. Reducing health inequalities and creating truly inclusive services will require continued focus, collaboration and a willingness to challenge ourselves to do better.

As we look ahead, our ambition is to move beyond measuring activity and place greater emphasis on demonstrating impact. We will strengthen our use of data and evidence, improve accountability, embed equality considerations more consistently into decision-making, and continue developing inclusive leadership and recruitment practices. Above all, we will continue listening to our staff, patients and communities to ensure their experiences shape the improvements we make.

I would like to thank everyone who has contributed to this progress over the past year. Together, we are building a more inclusive organisation where everyone has

the opportunity to thrive and where equality is central to the care we provide every day.

Hywel Daniel
Deputy Chief Executive / Executive Director for People

Our Legal Duties

The Equality Act 2010 is a comprehensive piece of legislation designed to ensure fairness and prevent discrimination against individuals in the United Kingdom. At its core, the Act mandates that everyone should be treated equitably and with respect. This law protects individuals from being treated less favourably than others due to protected characteristics.

These characteristics are:

Sex	This covers males and females of any age. Under the Equality Act 2010. Sex means biological sex, referring to a person's sex at birth.
Disability	This encompasses individuals with physical or mental impairments that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
Age	This protects both younger and older individuals from age-based discrimination.
Race	This includes a person's colour, nationality, ethnic or national origins. It also recognises that individuals from different racial groups may speak different languages, and discrimination based on this is also prohibited.
Religion or Belief	This covers individuals who follow any religion, as well as those who would hold no religious beliefs. It also includes philosophical beliefs.
Sexual Orientation	This protects individuals of all sexualities.
Gender Reassignment	This refers to individuals who are intending taking steps to live in a different gender to the one they were assigned at birth, are undergoing a process of gender reassignment, or have already transitioned.
Marriage and Civil Partnership	This protects individuals who are married or in a civil partnership.
Pregnancy and Maternity	This safeguards the rights of women who are pregnant, have recently given birth or are breastfeeding.

To ensure we are upholding the principles of the Equality Act 2010 and treating everyone fairly, we are obligated to inform you about how we collect and utilise information. This transparency is crucial for demonstrating that our practices are equitable and non-discriminatory.

Furthermore, our services must be designed and delivered in a way that effectively meets the diverse needs of all people and communities we serve. We are also committed to ensuring that all individuals are treated fairly and with respect within our workplaces.

Furthermore, the **Public Sector Equality Duty (Specific Duties) (Wales) 2011** requires us to:

- develop and implement a **Strategic Equality Plan 2024 – 2028 (SEP)**, which details our: commitment and approach to promoting equality across all functions;
- ensure **public engagement in decision-making** by actively seeking and considering the views of diverse communities;
- maintain **transparency** through the publication of equality-related workforce and pay data to demonstrate our commitment to equal opportunities, guaranteeing the **accessibility of our services and information** for all individuals and **considering the Socio-Economic status of our workforce and patients in all our decision making;**
- consider the diverse needs of the population we serve in Cwm Taf Morgannwg and the surrounding area.

Our Strategic Commitments

Our current SEP articulates the objectives established to underpin and facilitate the achievement of our equality-based aims and intentions. Recognising the importance of continuous improvement, we undertake an annual review to assess our progress against these defined commitments highlighting both successes and areas requiring further development.

Services: Improve the experience and health outcomes for our patients, ensuring that every patient has equity of access to the services that they need.

People: Improved staff engagement and experience, attracting and retaining diverse talent and creating an inclusive environment in which all colleagues can thrive.

Community: Make sure underrepresented groups and seldom-heard voices are involved at the outset of design and delivery.

Infrastructure: Make sure equality diversity and inclusion are essential to the way that we operate.

Our People and Population

We provide primary, community, hospital and mental health services to the 450,000 people living in our three County Boroughs: Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

Our population groups aged 65 – 84 and 85+ are projected to have the largest increase by 2030, when the percentage of the population aged 65 and over is expected to increase by 30.4% and over 85 by 71.3%. These projections will have significant implications for the way in which we design and provide our increasingly integrated health and social care services, so that we can help the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.

As of 31 March 2026, CTMUHB employed 13,204 staff. This provides a baseline for understanding the workforce equality information presented throughout this report, including representation and differences in staff experience and outcomes.

Gender Pay Gap

Our average Gender Pay Gap has reduced slightly over the past year, from **27.52% to 27.21%**. While this represents modest progress, our Gender Pay Gap remains above the NHS Wales average of **19.32%** and continues to be an area of strategic focus.

The Gender Pay Gap does **not** mean that women and men are paid differently for doing the same job. NHS pay is determined through national Agenda for Change pay scales. Instead, the gap reflects the overall distribution of men and women across our workforce and the different roles and working patterns they hold.

Several factors contribute to our current position:

- Women make up **76.22%** of our workforce, compared with **23.78%** men.
- Around **54%** of our workforce work part-time. This includes **42.28%** of women compared with **11.54%** of men.
- Men remain disproportionately represented in higher pay bands, with comparatively fewer men employed in Bands 4 and 5 and a higher and increasing proportion of men employed from Band 7 upwards.

These patterns are reflected across much of the NHS workforce but do not lessen the importance of addressing them. During the coming year we will continue working with colleagues across NHS Wales to better understand workforce demographics, identify areas of good practice and develop evidence-based approaches to reducing the Gender Pay Gap.

Our work will include strengthening inclusive recruitment, supporting greater representation of women in senior leadership roles, encouraging more diverse recruitment into lower-banded roles where appropriate, and improving our understanding of the structural factors that influence career progression and

workforce participation. This work includes creating a recruitment working group to support the rewriting of our guidance and policies for recruiting managers.

To support this work, we have established a Gender Pay Gap and Menopause Working Group. This group will oversee targeted actions, informed by recent changes in employment legislation, culminating in the publication of our first **Gender Pay Gap and Menopause Action Plan** in Spring 2027.

Workforce Race Equality Standard (WRES) and Workforce Equality Standard (WES)

This year, we have seen progress across several development areas previously identified through the Workforce Race Equality Standard (WRES). The transition to the broader Workforce Equality Standard (WES) has also provided a wider understanding of workforce inequalities across protected characteristics. The highlights below reflect both progress made and areas where further action is required.

- Rates of undeclared ethnicity at board level reduced from 48% to 0%, giving us a clearer picture of ethnic representation. Our Workforce Equality Report for 2025/26 showed that non-disclosure of ethnicity at board level was linked to reduced confidence from staff.
- Staff Survey completion rates increased, giving us greater confidence that the findings reflect a wider range of staff experiences and voices, helping ensure improvement activity is informed by more representative staff feedback.
- The percentage of declared ethnic minority staff employed by CTMUHB increased from 7.8% to 8.3%. This is positive progress towards a more diverse workforce, although representation remains 2.3 percentage points below the NHS Wales position of 10.6%.
- Ethnic minority declared representation at Band 5 and above also increased from 7.1% to 7.7%, showing progress across these pay bands. However, the WES identifies continued underrepresentation at more senior levels, highlighting the need for further work to support fair career progression into these senior roles.
- The likelihood of ethnic minority staff entering the formal disciplinary process became more equitable, helping to build confidence that formal processes are applied consistently and fairly.
- Appraisal engagement remains uneven across staff groups, particularly for ethnic minority and some non-disclosing staff. This highlights the need for greater consistency in appraisal and access to development.

- Some staff groups continue to report higher exposure to harm, including harassment and discrimination, alongside uneven confidence in speaking up. This highlights the need to strengthen psychological safety and ensure staff experience consistent protection and response.
- Access to flexible working, workplace adjustments and other support remains generally positive. However, differences in workload pressure and burnout remain, indicating the need to improve workload sustainability.
- We have also seen an increase in the number of disabled staff in post from last year's figures to 4.99%. While this increase is encouraging, there is more work to do to improve the representation of disabled people across our workforce. As a Disability Confident employer, we will continue to focus on attracting, recruiting and retaining disabled staff.

We recognise that inequalities remain for our ethnic minority workforce. Ethnic minority applicants continue to be less likely to be appointed following shortlisting, remain under-represented in senior leadership roles, and there is currently no ethnic minority representation at Board level. The Workforce Equality Standard also highlights wider inequalities in workforce experience that require continued attention.

During the coming year, we will focus on reducing these inequalities by strengthening inclusive recruitment practices, expanding targeted learning and development opportunities, and embedding equality, diversity and inclusion and inclusive recruitment within our management and leadership development programmes. We will also develop our first Ethnicity Pay Gap Report and continue to improve the quality and completeness of workforce equality data, enabling us to better understand disparities, monitor progress and target action where it is needed most.

Strategic Alignment

Our CTM2030: Our Health, Our Future strategy sets the vision and provides the framework for decision-making and priorities within the Health Board, setting the strategic direction for all areas of our work.

During 2025/26, the implementation of the People Plan 2025-2030 strengthened the alignment between workforce priorities, organisational values and our commitment to equality, diversity and inclusion. Developed in response to staff feedback and aligned to the ambitions of CTM2030, the People Plan sets out how we will attract, develop, retain and engage our workforce while creating a CTM where everyone can thrive.

As part of the People Plan commitment to 'getting the basics right', a review of recruitment and selection processes was undertaken to identify challenges and opportunities for improvement. This resulted in actions to strengthen recruitment guidance, enhance manager training, improve support for internal applicants and promote greater consistency in recruitment decision-making. These

improvements support our aim of ensuring fair, transparent and inclusive employment practices for all applicants and staff.

The CTM2030 goal of Inspiring People also supports our role as an anchor organisation within the communities we serve. Throughout the year, we continued to work with partners including Careers Wales, the Department for Work and Pensions, schools, colleges and local authority employability teams to increase awareness of NHS careers and create accessible routes into employment. This included careers events, apprenticeships, work experience opportunities, internships and widening access programmes such as Project Search and Network 75. These initiatives help broaden participation, support social value objectives and encourage a workforce that better reflects the diversity of our communities.

The Strategic Equality Plan complements both CTM2030 and the People Plan by ensuring that equality, diversity and inclusion are embedded within workforce planning, recruitment, staff development and organisational culture. Together, these approaches support our ambition to create an inclusive organisation where people are treated with dignity and respect, have equitable access to opportunities and can achieve their full potential.

Our Staff Networks

ACCESS (Disability Network) is an acronym that stands for: Access Considerate Care Experience Services Support. We welcome staff with a range of accessibility needs: Neurological; sensory; physical and anyone with a special interest in others with these protected characteristics and our network has been established to a positive and safe culture where everyone can thrive.

WEN, the **Women's Equality Network,** supports the organisation in gaining a greater understanding of gender equality issues through members' lived experiences. These may intersect with people who share protected characteristics and backgrounds – an intersectional disadvantage.

The **Race Equality Network** (REN) supports Cwm Taf Morgannwg University Health Board's ambition to develop a positive and safe culture where all colleagues in CTMUHB can flourish and thrive and where everyone can be at their best.

Ffrindiau LGBTQ+ Network (Ffrindiau means 'Friends' in Welsh) was originally founded in 2017 and represents the lesbian, gay, bisexual, trans, and minority sexual orientations, gender identities, expressions, and sex characteristics both within Cwm Taf Morgannwg University Health Board and our hosted organisations.

Membership Numbers:

- Women's Equality Network (WEN): increased membership from 38 to 87,
- Ffrindiau (LGBTQ+) Network: since relaunch, membership is 36,
- ACCESS (Disability) Network: static membership of 46,
- Race Equality Network (REN): static membership of 265.

Over 2025/26, our network activities and achievements included:

ACCESS (Disability) Network

The ACCESS Network focused on strengthening inclusion for disabled and neurodivergent staff across CTMUHB:

- **Neurodiversity:** The appointment of a joint Chair with a focus on neurodiversity strengthened leadership and increased visibility and support for neurodivergent colleagues.
- **Inclusive Recruitment:** The network began exploring how the Health Board's Disability Confident status is being implemented in practice, engaging with recruiting managers and specialists to ensure commitments translate into meaningful action. This remains an ongoing priority.
- **Accessible Environments:** Work progressed to advocate for improved accessible facilities beyond minimum standards, including promoting more inclusive spaces that meet a wider range of staff needs.

Race Equality Network (REN)

The REN delivered a wide range of activity focused on awareness, engagement and staff support:

- **Staff Voice and Support:** Delivered drop-in sessions across all three main hospital sites (May 2025), providing safe, confidential spaces for staff to discuss experiences of racism, discrimination and inequality, and to inform organisational learning and improvement.
- **Organisational Influence:** Continued regular engagement with Communications and Corporate teams to ensure inclusivity in internal and external messaging and development opportunities.
- **Network Development:** Maintained active member engagement through regular meetings and peer support channels, while progressing initiatives such as a multicultural cookery book and exploring mentoring opportunities.

Women's Equality Network (WEN)

The Women's Equality Network continued to support gender equality and provide opportunities for engagement and shared learning:

- **International Women's Day (March 2026):** Recognised under the theme #GiveToGain, promoting collective action to address inequality and foster an inclusive culture.
- **Member Engagement:** Delivered regular meetings providing supportive spaces for women to share experiences and build connections.
- **Book Club:** Continued to grow its book club initiative, creating opportunities for reflective discussions on gender equality and women's lived experiences.
- **Awareness and Advocacy:** Supported broader awareness of issues affecting women in the workplace and beyond.
- **Fundraising and Social Impact:** Marked Domestic Violence Awareness Month (October) through a fundraising challenge, raising funds to support women and children affected by domestic abuse.

Ffrindiau (LGBTQ+) Network

The Ffrindiau Network established its role in supporting LGBTQ+ staff and promoting inclusion:

- **Leadership:** Appointment of a new network Chair provided renewed focus and direction for the network, relaunching in February 2026.
- **Support and Representation:** Continued to offer a safe and supportive space for LGBTQ+ colleagues, enabling peer connection and strengthening staff voice in shaping inclusive practices.
- **Awareness Raising:** Marked LGBTQ+ History Month (February 2026), including promoting learning opportunities to improve understanding of inclusive language and practices across the organisation.

All four networks continued to work together to strengthen intersectionality and inclusion across CTMUHB:

- All staff networks collaborated to organise a joint picnic in the park in Pontypridd to encourage collaboration and to discuss shared objectives.
- Delivered opportunities for staff to connect, share experiences, and celebrate diversity, creating safe spaces for dialogue and support, with each network having regular meetings for membership to meet and discuss issues or explore a wide range of topics.
- All four networks have welcomed a new Executive Sponsor, with strengthened governance and accountability.

- Strengthened engagement and staff voice, through embedded monthly meetings with the EDI and Employee Engagement teams, dedicated time in Strategic Equality Plan meetings to bring feedback, staff discussion and strategic support. This supports increased collaboration through joint working and shared initiatives, co-operating as networks to support one another.

Strategic Equality Plan Achievements

Services

Paediatric Diabetes Education

Our paediatric diabetes team hosted sessions to support Year 6 pupils with Type 1 Diabetes and their parents/guardians with the transition to secondary school. The aim of the session was to support pupils in their transition to secondary school and to develop their independence and ability to manage their condition themselves.

Teaching children going into secondary school about diet and nutrition alongside how to manage their condition themselves can increase their confidence and ability to make better choices when not under parental supervision and can build independence. Educating parents on the increased risk associated with children moving to secondary school can make them more alert to any possible changes. The aim is to have less hospitalisations, fewer deaths, less medical interventions and more long-term stability of their condition, although long-term outcomes are yet to be seen. We are exploring extending the programme to other primary schools and potentially offer additional courses for children already in secondary school, working with external partners to develop additional resources for Special Education Needs and Disabilities (SEND) children who may have additional difficulties during this transition.

Healthy Travel Charter

In July 2025, we rolled out our Healthy Travel Charter. This Charter is a commitment by CTMUHB and other public bodies to work towards 18 actions over the next three years aimed at supporting healthier, more sustainable travel choices. This work contributes to our work under the Socio-Economic Duty, and supports our community, where 56.5% of residents live within the most deprived two-fifths of Wales. Through initiatives including active travel, public transport, the Cycle to Work scheme and flexible working, the Charter helps reduce some of the barriers associated with socio-

economic disadvantage, making it easier for people to travel, including to work with us, in ways that best meet their individual circumstances.

Immersive Room for Neurodiverse Children

With contributions and support from the community and CTMUHB Charity, Prince Charles Hospital (PCH) fundraised for and opened the first immersive sensory room for children with additional learning needs and/or neurodiversity in their A&E department. Children, especially those who have neurodiversity or mental health conditions, can struggle to regulate emotionally: this dysregulation can heighten during a medical emergency or routine medical examination or treatment like vaccinations, and cause distress, exacerbate symptoms and increase the risk of the child harming themselves or others.

Children having access to the room when attending the hospital helps them to self-regulate and calm themselves and provides a non-clinical environment and focal point during stressful situations. This can give medical staff opportunity to obtain more accurate observations, diagnosis and provision of more effective treatment, whilst minimising distress to the child. We are exploring if further funding could be sought to create more immersive rooms on other sites and on our paediatric and oncology wards.

CTMUHB Welcomes New Muslim Chaplain

We have previously identified a need within the health board for more inclusive spiritual care and support. In June 2025, we were delighted to welcome and appoint a Muslim Imam to our Chaplaincy service, to provide spiritual care and advice to patients and staff.

Since the appointment, the Chaplain has provided spiritual, pastoral and practical support to Muslim patients and their families, helping to ensure that religious and cultural needs are understood and respected during significant life events, including illness, childbirth, end-of-life care and bereavement. The role has also provided comfort and support to Muslim staff during difficult times.

The Chaplain has also provided advice and guidance to managers and executive leaders, supporting them to make decisions that better reflect the needs of people from different faiths and cultural backgrounds. This has included providing advice on catering, working arrangements and organisational policies, supporting a more inclusive workplace and helping ensure services meet the needs of the diverse communities we serve.

Integrated Women's Health Hub at Ysbyty Cwm Cynon (YCC)

Bringing a range of services for women’s health together in one place, the first Integrated Women’s Health Hub opened at YCC in February 2026. Contributing to

the Welsh Government's NHS Wales Women's Health Plan 2025-2035, this community-based services simplifies the process for women and girls (aged 13+) to get the care and support they need with menstrual health, contraception, post-natal care, and menopause support, through both in-person and virtual appointments.

Waiting lists for gynaecology and maternity services are long, and this can leave women managing symptoms and conditions alone with little specialist support. Timely, specialist access to women's health services means women in our community can be assessed, diagnosed and treated much quicker. This can help them maintain a healthy lifestyle, independence and good mental health. Early diagnosis and treatment can also reduce the risk of complications and ensure better outcomes for all patients. We are exploring the feasibility of opening more Women's Health Hubs at other sites so women can receive care more locally, as well as an online central Hub for all women.

People

CTM People Plan

This year, in response to our NHS Staff Survey results and following further in-depth discussions and feedback from staff, we were proud to launch our new CTM People Plan 2025-2030. This plan sets out our aims to support staff and improve our service over the next five years. These actions are all underpinned by four core themes that we identified required focused attention and will become the cornerstones of everything we do for our people at CTMUHB.

One of the themes identified during the 2024 NHS Wales Staff Survey was that our staff didn't feel that their feedback made a difference. In response to this, each month we publish on our internal intranet site the feedback we have received and the real actions we have taken to address it. This helps ensure that our staff feel their feedback is respected and listened to and that we will take action to address their concerns.

In the first nine months of the People Plan, we have:

- Launched our Work in Confidence platform, Speaking Up Safely Guardians and our new Anti-Sexual Harassment policy as part of our commitment to feeling safe, respected and able to speak up at work.
- Hosted our first Hate Crime Awareness Session in collaboration with South Wales Police to further our work on creating an inclusive environment and to align with our requirements under the All-Wales Anti-Racist Action Plan.
- We launched our new EDI Learning Forum to help strengthen and embed EDI within our organisation covering topics such as Anti-Racism, Neurodiversity in the workplace, Cultural Awareness in Healthcare and Inclusive Recruitment, among others.

- Began delivering sexual safety training. This bespoke training aims to improve respectful behaviour at work in relation to sexual safety and build confidence to bystanders to report incidents through CTM's multiple reporting routes. 92% of participants reported an increase in confidence to challenge inappropriate behaviour. We have also seen a correlation in the reduction in escalated complaints, and the training has been shortlisted as a finalist for an 'Excellence in Organisational Development' award by Healthcare People Management Association.
- Introduced mandatory Anti-Racism e-learning for all staff to support our commitment to creating a fairer, more inclusive workplace and improve understanding of racism and anti-racist behaviours. As of 31st March 2026, staff compliance was 85.81%.
- Launched Ignite: Managers Essentials, a new management development programme designed to support managers with key aspects of people management, including honest and challenging conversations, performance and development reviews (PDRs), and attendance management. Equality, diversity and inclusion have been embedded throughout the programme, and demand has been strong, with some sessions already fully booked into 2026 and additional dates under consideration.

- Supported Welsh language inclusion through recruitment workshops for managers and launched free Welsh language taster sessions, creating additional opportunities for staff to develop confidence in using Welsh in the workplace and supporting our commitment to Welsh language inclusion.
- Introduced a new workplace breastfeeding procedure, providing paid breaks, private spaces, flexible working arrangements and ongoing support for breastfeeding staff.
- Worked with the ACCESS Disability Network and Recruitment and Retention Leads to explore disability-related barriers to recruitment and career progression, helping to shape more inclusive workforce practices.
- Celebrated Disability History Month and promoted ACCESS, CTM's Disability Network, helping to raise awareness of disability, improve understanding of workplace barriers and support accessibility across the organisation.
- Celebrated Black History Month 2025 under the theme 'Standing Firm in Power and Pride', promoting awareness, reflection and learning through sessions exploring Black identity, health inequalities, inclusive leadership and lived experience, while recognising the contributions and achievements of Black communities.

Cultural Competence

In continuation of previous years' work, three CTM teams have completed and achieved awards through the Diverse Cymru Cultural Competence Certification

scheme. Corporate Nursing, People's Experience Team, and People Services and Organisational Development all teams achieved a Silver Award.

One of our award winners said

"By embedding cultural awareness, recognising diverse identities and addressing communication and access barriers, we enhance trust, dignity and emotional safety. This culturally informed approach improves wellbeing, reduces harm and ensures equitable, person-centred care for patients, families and communities."

Lateral Moves Scheme Expansion

The workforce lateral moves scheme has expanded from Band 6 Nurses to include Band 4 Healthcare Support Workers, supporting individuals to gain additional experience in other teams and develop skills to support progression.

This scheme has also begun capturing demographic information, to ensure equal opportunity to all our staff groups, and has so far found that:

- 16% of participants are in an ethnic minority, slightly higher than CTM staffing overall, but highlighting equal access and usage of the scheme
- 10% of colleagues who successfully completed a lateral move through the scheme have subsequently achieved a promotion, demonstrating the scheme's potential to support career development and progression opportunities.

Welsh at CTM and Recruitment

In April 2025, our Welsh Language Lead and our Recruitment and attraction lead co-led a series of sessions around attracting quality candidates during recruitment and meeting our Welsh Language Standards. This included a section on inclusive recruitment and developed and led by our EDI department. Further sessions to expand on this work and to progress inclusive recruitment have been scheduled.

One of the requirements under the Welsh language standards is to *promote and encourage* the use of Welsh at work. Part of our commitment on this is the attraction and retention of high quality, Welsh speaking staff to roles within the Health Board. All job specifications and job adverts are now crafted with the advice and guidance of our Welsh Language team to ensure they are compliant with the Welsh Language standards, and Welsh at skill level 3 is now listed as desirable in all job applications above a certain banding. This means applicants who apply with the relevant essential skills and have the required Welsh language skills are more likely to be shortlisted for roles, and subsequently our Welsh-speaking patients have a higher chance of being able to receive their care in their preferred language.

New Breastfeeding and Expressing Milk in the Workplace procedure

To mark World Breastfeeding week 2025, CTMUHB launched a new procedure for breastfeeding and expressing milk in the workplace. This procedure reflects our commitment to creating an inclusive, family-friendly environment, where our staff are supported in their infant feeding choices.

The procedure is part of our suite of enhanced family-friendly policies for CTMUHB staff and includes; Paid breaks for breastfeeding or expressing milk, Private, comfortable spaces (not toilets) with suitable facilities. Flexible working arrangements and adjustments to duties. Ongoing support from managers, including risk assessments and no time limit – support continues for as long as needed. Breastfeeding and expressing milk are a protected right and employers have an obligation to provide facilities to do this comfortably and safely. We want our staff to feel that their work and family life are balanced and integrated and to support them in their individual feeding journey.

Working parents who breastfeed or express milk can continue to do so for as long as they wish to and will be fully supported and given the flexibility to do so in a dignified, safe way that works for them. We will continue to review this procedure and seek feedback from staff around any changes that may need to be made.

HEIW Stepping into Leadership Programme:

This programme helps address the lack of representation of Black, Asian and minority ethnic staff in senior and executive leadership roles across NHS Wales. It focuses on supporting individuals who have the potential to progress but may face barriers that make it harder to reach these positions. Participants report increased confidence, a stronger leadership presence, and enhanced self-awareness, supporting their readiness to progress. The programme is designed to enable participants to apply their learning to real organisational priorities while developing their leadership capability.

CTMUHB aims to build on this by engaging participants in strategic initiatives, providing exposure to senior leadership environments, and supporting inclusive progression pathways.

EDI Learning Forum

In October 2025 we launched our EDI learning Forum. These monthly, one-hour sessions are guided learning opportunities with our EDI practitioner on a range of inclusion topics. Subjects have included Hate-crime awareness, LGBTQ+ informed healthcare, Neurodiversity in the Workplace, Cultural Awareness in Healthcare and Anti-Racism training; which is one of our requirements under the All-Wales Anti-Racist action plan.

All sessions were well attended and feedback has been positive. One attendee of the Neurodiversity in the Workplace session said, *"There was a refreshing focus on the positives neurodivergent colleagues can bring rather than the things they may struggle with."*

Each session focuses on one aspect of culture or inclusion and provides our staff with the opportunity to develop their knowledge and learn practical ways they can embed EDI in their day-to-day practice.

Providing a confidential, learning focused space allows staff to explore different areas of EDI and ask questions they may feel unable or unwilling to ask in other professional environments. The additional resources and practical advice given can impact patients and staff experiences and ensure everyone is treated with respect. This can lead to better patient outcomes, less complaints, better working environments, stronger team cultures and increased staff retention.

Community

Cohesive diversity in the valleys event

Once again, REN in collaboration with VEMS (Valleys Ethnic Minorities) hosted a cohesive diversity in the valleys event. Every year VEMS and our REN staff network organise a social event to bring members of our ethnic minority communities together and to foster closer relationships between these communities and the health board. Evidence shows that BAME patients have generally worse health outcomes and wait longer to access treatment and support. These events aim to encourage these underserved communities to have closer ties to the health board and routine and preventative care. Developing closer relationships with our ethnic minority communities not only encourages them to seek access to healthcare but it gives us the opportunity to understand the challenges these communities face and what they need from us. It allows us to work with the leaders of these communities and to make real, informed changes that have a direct impact on intersectionality, cohesion, culture and health outcomes.

Community Leaders' Network

The Community Leaders' Network is a multi-organisation project dedicated to improving financial, health and housing outcomes for pensioners in CTM. We know that our older patients find it more difficult to navigate newer digital systems and to access social media so they can risk missing out on vital support services and financial assistance. The Community Leaders' Network aims to work within the community to bridge the gap to these services for the older members of our community. Targeted support around pension credit and vaccinations, among other initiatives, help more pensioners retain their winter fuel allowance and receive lifesaving vaccinations against flu and other respiratory viruses.

Turning Ponty Blue

This five-day event arranged in partnership with RCT council and the dementia friendly Pontypridd steering group aims to raise awareness of dementia, encourage conversations and community spirit. Very often people with dementia and carers find they socialise less; they give up hobbies and things that are important to them. Turning Ponty Blue gives them the opportunity to connect with each other, make new friends, find additional support and contributes to building a dementia-friendly society within RCT. We aim to gather real-life insights and experiences that will shape future resources and support systems — helping individuals, organisations, and neighbourhoods better support people with dementia in all areas of life.

Warmer Homes

People in poverty often must make difficult choices especially in winter months. The choice between food and heating is a common one for some families. Lack of access to adequate heating throughout the winter months is linked directly to increased hospital admissions, long periods of illness and deaths. Providing families with additional financial support during the winter months means they can afford to keep their homes heated and reduces the risks of hospitalisation and preventable deaths. Initial evaluation of the multi-partner warmer homes innovation sprint to outreach to vulnerable individuals across CTM and support with income maximisation. A total of 1800 individuals were supported to claim approximately £2.5m in additional income that they were entitled to but not accessing. This has been delivered in collaboration with local authority, third sector and registered social landlords (RSL) partners and has helped support some of the region's most vulnerable. CTM is now supporting other health boards to take a similar approach at the request of Welsh Government.

Pride Cymru

CTM attended Pride Cymru as part of the wider NHS Wales participation. Education and awareness are a vital part of understanding the individual challenges members of our LGBTQ+ communities face. It helps us to offer support when needed and to provide gender informed and inclusive healthcare. By celebrating Pride month, we provide further support and visibility to this underserved community.

Project SEARCH

Project SEARCH is our award-winning partnership programme dedicated to empowering individuals with learning difficulties and/or autism through education and employment. This allows participants to gain valuable work experience along with life skills and to obtain a qualification, which can improve their chances of finding employment either within CTMUHB or in other organisations. This year Project Search provided supported internships to a further 13 candidates, following which 10 of them have gone on to employment or volunteer roles and 3 are actively job seeking. We will continue to provide supported internships and work towards expanding the number of apprentices we take on and the partner organisations we work with.

Infrastructure

Update on Llantrisant Health Park

Llantrisant Health Park (LHP) represents a significant investment in modern NHS infrastructure, bringing together Cwm Taf Morgannwg, Cardiff and Vale, and Aneurin Bevan University Health Boards. It will improve access to diagnostic services and planned care across South-East Wales, enabling shared use of specialist staff and resources and more consistent standards of care in response to growing demand.

In last year's Annual Equality Report, we promised to share updates on the project's progress. During 2025/26, the project reached a significant milestone with Welsh Government approval of Phase 1. Before construction could begin, the former British Airways buildings occupying the site were demolished, marking a major step in preparing the land for development. Phase 1 includes a Regional Diagnostic Hub providing CT, MRI and endoscopy services, helping to expand diagnostic capacity across the region and supporting efforts to reduce waiting times for patients. The Health Park is being designed to meet future population needs and to promote equitable access to care. Inclusive features, including single-sex and gender-neutral spaces, have been built into the design to support a positive experience for all patients, visitors and staff.

Equality and Welsh Language Impact Assessments (EWLIAs)

EWLIAs are the method for determining if policies, processes, service changes and more affect groups (including those with protected characteristics), how and to what extent. These impact assessments are completed alongside the writing and planning process to ensure all proposed policies and/or changes are made with for everyone and to inform decision-making from the outset. This reduces the chances

of any group being disadvantaged because of decisions we make, and/or ensure we identify and enact appropriate mitigations.

This year we intentionally improved the governance of EWLIAs, including being much clearer on the requirement for undertaking them. We have almost doubled the number completed in the previous year and have begun reviewing all our existing policies to ensure they are compliant. We have developed support sessions for colleagues leading EWLIAs, designed and delivered in collaboration and codesigned by the Welsh Language Development Service, and simplified the systems and processes supporting them

As part of our commitment to make sure Equality, diversity and inclusion are essential to the way we operate, there has been work this year to embed the Socio-Economic Duty into our decision-making processes. As part of this, it has been included in our Equality and Welsh Language Impact Assessment process

The newly created governance structure and processes will come into force in 2026/27 and ensure greater oversight and usage of EWLIAs.

Wellbeing Garden for Autistic People

This new space has an aim of improving the wellbeing of autistic adults through nature-based therapy. The five-session programme aims to build confidence, community, and wellbeing through meaningful connection with nature.

Governance

Throughout this year, we have created and embedded a new governance structure for overseeing our Strategic Equality Plan and its activities. This includes strengthened organisational oversight, accountability and monitoring. Not only does this provide further opportunities for including EDI work at senior, strategic and executive levels, but provides additional confidence in the direction of work and actions being undertaken through our equality work. Through this, equality work has become more of a responsibility embedded in all workstreams, rather than an isolated body of work. This is highlighted in this report, which continues to become less focused on workforce, and more on our service users, communities and the outcomes of our work.

Conclusion and Forward Look

There have been many strengths and activities across all pillars of the 2025/26 reporting year, including some achievements against the aims set out in our previous report. Our engagement with communities and stakeholders has been strengthened and is more widely represented in this year's activity and report. We have invested in further developing EDI knowledge and awareness and continued to identify and enact opportunities to better embed EDI throughout governance and decision making.

Important areas of focus this coming year will be:

- Preparing and publishing our first Gender Pay Gap Report and Menopause Action Plan.
- Strengthening communication, engagement and partnership working with staff, communities and stakeholders to support meaningful involvement in decision-making and service improvement.
- Embedding Equality and Welsh Language Impact Assessments (EWLIAs) consistently across policy development, service change and organisational decision-making.
- Expanding equality, diversity and inclusion learning and development opportunities to increase confidence, capability and understanding across the organisation.
- Improving access to translation and interpretation services to support equitable access to healthcare and improve patient experience.
- Embedding inclusive recruitment practices and targeted development opportunities to address inequitable outcomes for minoritised and underrepresented staff groups, particularly in relation to progression into senior and executive leadership positions.
- Supporting the development and progression of underrepresented groups through targeted development opportunities and evidence-informed interventions.
- Increasing the routine use of equality data, evidence and outcome measures to inform decision-making, monitor progress and target improvement activity.
- Strengthening governance, accountability and leadership oversight of EDI activity, ensuring clear ownership of actions and effective assurance arrangements.
- Establishing measurable baselines and monitoring arrangements to demonstrate progress and achieve tangible reductions in inequalities experienced by our staff and communities.

Through these priorities, we will continue to strengthen how equality, diversity and inclusion are embedded across the Health Board. Focus will be placed on improving inclusive recruitment and progression outcomes, reducing the Gender Pay Gap, strengthening engagement with staff and communities, and ensuring that EDI activity is increasingly informed by robust data, evidence and measurable outcomes.

We will continue to strengthen partnerships with our staff networks, patient-facing teams, community organisations, Public Health and other stakeholders to ensure

that lived experience helps shape decision-making and service improvement. In addition, further governance arrangements will be introduced to support the consistent use of Equality and Welsh Language Impact Assessments within strategic decisions, policy development and organisational change.

During 2026/27, we will also continue to develop our approach to workforce equality through implementation of the Workforce Equality Standard (WES), while maintaining our strong collaboration with NHS Wales organisations and Welsh Government. By strengthening accountability, improving assurance arrangements and focusing on measurable impact, we aim to deliver meaningful and sustainable improvements for our staff, patients and communities.

Acknowledgements

We would like to acknowledge and thank all our staff at Cwm Taf Morgannwg University Health Board, including our Staff networks, Communications team, Executive team, Board members, Public Health, Estates and Nursing Teams and our Services for their hard work and ongoing dedication. We would also like to extend a special thanks to Diverse Cymru, our Trade Union partners and our wider colleagues across NHS Wales for their continued support.

Useful Links

Strategic Equality Plan 2024 – 2028

CTM2030

Anti-Racist Wales Action Plan

People Plan 2025-2030

Contact Us

CTM_Equality@wales.nhs.uk

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.
This document / form is also available in Welsh.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.
This document / form is also available in Welsh.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

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Dathlu'r Gymraeg yn BIPCTM: Ein Diweddariad ar gyfer 2026

Eleni, rydym wedi parhau â'n hymrwymiad i ddarparu gwasanaethau yn y Gymraeg, yn unol â Safonau'r Gymraeg. Mae'r adroddiad hwn yn tynnu sylw at sut rydym yn gwreiddio'r Gymraeg ar draws ein sefydliad—o'r gofal a ddarparwn i'r ffordd rydym yn gweithio bob dydd.

Rydym yn falch o'r cynnydd rydym wedi'i wneud i hyrwyddo dwyieithrwydd a chefnogi ein cymunedau Cymraeg eu hiaith. Fe welwch enghreifftiau go iawn o sut rydym yn rhoi ein gwerthoedd ar waith yn yr adroddiad hwn. Mae croeso i ddarllenwyr, fel bob amser, gymharu'r adroddiad hwn â'r un diwethaf. Rydym yn hyderus y gellir gweld y llwybr yn glir.

Mae'r adroddiad hwn hefyd yn bodloni gofynion Safon y Gymraeg 120. Gallwch ddarllen ein hysbysiad cydymffurfio llawn, sy'n nodi ein holl ddyletswyddau deddfwriaethol ar gyfer y Gymraeg, yn Gymraeg yma ac yn Saesneg yma.

Eisiau gwybod mwy am eich hawl i ddefnyddio'r Gymraeg gyda ni? Gweler ein taflen wybodaeth i gleifion yn Gymraeg yma ac yn Saesneg yma.

Cymeradwywyd yr adroddiad hwn gan ein Pwyllgor Cyflawni Gweithredol ym mis Hydref 2026. Byddem yn awyddus i glywed eich barn—anfonwch e-bost atom yn CTT_WelshLanguage@wales.nhs.uk yn Gymraeg neu Saesneg. Gallwch hefyd rannu adborth ar eich profiad o ofal drwy ein Mesurau Profiad a Adroddir gan Gleifion, yn Gymraeg yma ac yn Saesneg yma.

Crynodeb gweithredol

Mae'r adroddiad hwn yn cyfleu sut mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM) wedi gweithio i gryfhau ei ddefnydd o'r Gymraeg ar draws ei wasanaethau gofal iechyd yn ystod 2025/26. Yn ei hanfod, mae'n dangos ymdrech i symud o gydymffurfiaeth yn unig tuag at wreiddio'r Gymraeg fel rhan arferol a gwerthfawr o ofal iechyd bob dydd sy'n cael ei gweld, ei chlywed a'i siarad ar draws ein gwasanaethau.

Cynllunio a Gwneud Penderfyniadau

Dros y flwyddyn ddiwethaf, mae'r Bwrdd Iechyd wedi cymryd camau i roi'r Gymraeg wrth wraidd ei gynllunio a'i benderfyniadau. Am y tro cyntaf, mae cynllun iaith Gymraeg pwrpasol yn rhan o'i brif gynllun cyflawni sefydliadol, y Cynllun Tymor Canolig Integredig. Mae gwaith hefyd wedi parhau i sicrhau bod Asesiadau o'r Effaith ar y Gymraeg yn cael eu cwblhau, nid yn unig o ran templedi a chanllawiau, ond hefyd drwy newid prosesau i sicrhau eu bod yn cael eu cwblhau.

Cynnydd Mesuradwy

Mae'r adroddiad yn dangos cynnydd cyson a mesuradwy trwy gyfres o ddangosyddion perfformiad allweddol a nodwyd, fel y dangosir ar Dudalen 6. Mae gan fwy o staff nag erioed sgiliau Cymraeg, mae mwy yn dysgu, ac mae'r nifer sy'n cymryd rhan mewn hyfforddiant yn parhau i dyfu. Ar yr un pryd, mae cydymffurfiaeth gyffredinol â Safonau'r Gymraeg ('y Safonau') wedi gwella, gyda chynnydd mewn lefelau sicrwydd ar gyfer rhai ohonynt.

Newid Diwylliannol

Un o'r prif themâu trwy gydol yr adroddiad yw newid diwylliannol. Mae ymdrech sylweddol wedi'i gwneud i annog staff i ddefnyddio'r Gymraeg yn eu rolau bob dydd — o hyfforddiant ymwybyddiaeth a chyfleoedd dysgu i ymgyrchoedd amlwg a datblygu arweinyddiaeth. Mae cannoedd o staff wedi cymryd rhan yn y gwaith hwn, ac mae'r gwerthusiad yn dangos hyder a pharodrwydd cynyddol i ddefnyddio'r Gymraeg gyda chydweithwyr a chleifion.

Llywodraethu ac Atebolrwydd

Mae llywodraethu cryf yn sail i'r cynnydd hwn. Mae arweinyddiaeth glir ar lefel Bwrdd, monitro cydymffurfiaeth strwythuredig, a gwaith Gwasanaeth Datblygu'r Gymraeg yn sicrhau bod gwelliannau'n cael eu cynllunio a'u tracio. Mae hyn yn cynnwys dull tryloyw o nodi bylchau a gyrru gwelliant parhaus.

Y daith o'n blaenau

Mae'r adroddiad hefyd yn onest am heriau parhaus, ac mae rhestr lawn o'r holl Safonau a'u statws cydymffurfiaeth wedi'i chynnwys yn Atodiad 1. Mae'r heriau hyn yn cynnwys sicrhau darpariaeth Gymraeg gyson ar draws pob gwasanaeth, yn enwedig yn y meysydd lle mae hyn bwysicaf, fel y meysydd hynny a nodir yn y Fframwaith Mwy na Geiriau. Mae gwella cydymffurfiaeth wrth recriwtio hefyd yn her gydnabyddedig. Rydym yn parhau i roi'r heriau hyn wrth wraidd ein gwaith datblygu ar gyfer y Gymraeg, fel y cydnabyddir isod ar Dudalen 4 ar ein gwaith cynllunio strategol.

1: Oes gennych chi ddull strategol o wreiddio'r Gymraeg o'r Bwrdd i'r ward?

Cynllun Tymor Canolig Integredig (CTCI)

Mae'r Cynllun Tymor Canolig Integredig yn esbonio sut y bydd sefydliadau'r GIG yn defnyddio eu hadnoddau dros dair blynedd i ddarparu gofal o ansawdd uchel sy'n diwallu anghenion pobl, gyda chynllun blynyddol yn ategu'r gwaith hwnnw.

Ar gyfer 2026/27, cafodd datblygu'r Gymraeg ei gynnwys drwy gynllun un dudalen clir yn nodi blaenoriaethau allweddol. Dyma'r tro cyntaf i gynllun iaith Gymraeg pwrpasol fod yn rhan o'r cyflwyniad.

Cynllun Pobl a chynllunio strategol tymor hwy

Mae BIPCTM wedi cyhoeddi ei Gynllun Pobl ar gyfer 2025–2030. Mae'n nodi pa gamau y byddwn yn eu cymryd i gefnogi ein strategaeth hirdymor a chreu gweithle lle gall pawb ffynnu. Un mesur pwysig o lwyddiant yw cynyddu nifer y staff sy'n gallu siarad Cymraeg a gwella eu sgiliau.

Rydym hefyd yn parhau i weithio ar ein cynllun 5 mlynedd i gynnig ymgynghoriadau clinigol yn y Gymraeg. Mae hyn yn cefnogi blaenoriaethau cenedlaethol ac yn anelu at ei gwneud hi'n haws i gleifion dderbyn gofal yn eu hiaith o angen.

Mae nodau pwysig yn y Cynllun 5 Mlynedd hwnnw yn cynnwys:

- Gofyn a chofnodi dewis iaith cleifion (y "Cynnig Rhagweithiol").
- Cynyddu nifer y staff dwyieithog.
- Hybu'r Gymraeg ar draws y sefydliad.
- Codi ymwybyddiaeth o hawliau iaith gyda'n cleifion.
- Tracio cynnydd gyda mesurau clir.

Cynllunio gweithredol blynyddol

Mae Gwasanaeth Datblygu'r Gymraeg yn llunio cynllun gweithredol bob blwyddyn, sy'n rhoi sylw ar y cynllunio tymor hwy ar gyfer y flwyddyn honno. Mae'n dod ag ymrwymiadau yn y CTCI, ein Cynllun Pobl a'r Cynllun Strategol 5 Mlynedd ynghyd mewn un cynllun manwl.

Mae cynnydd ar y blaenoriaethau hynny wedi'i amlinellu yn yr adroddiad hwn.

2: Sut rydych chi'n perfformio yn erbyn dangosyddion perfformiad craidd y Gymraeg?

Yn ein hadroddiad diwethaf ar gyfer 2024/2025, gwnaethom rannu Dangosfwrdd y Gymraeg a Diwylliant.

Mae rhai o'r metrigau ar gyfer hwnnw wedi newid ychydig. Mae'r rhai craidd, sy'n hawdd eu tracio dros amser, i'w gweld isod gyda chymhariaeth o'r llynedd.

Er mwyn ehangu ein gallu i gynnig gwasanaethau yn y Gymraeg, rydym yn canolbwyntio ar nifer o feysydd rhyng-gysylltiedig — pob un yn chwarae rôl wahanol, ond i gyd yn gweithio tuag at yr un nod: **tyfu gweithlu dwyieithog hyderus, galluog ar draws BIPCTM**.

- **Datblygu ein gweithlu yw'r sylfaen**. Drwy gryfhau recriwtio a chefnogi staff i ddatblygu sgiliau Cymraeg yn y gweithle, rydym yn cynyddu'n raddol ein gallu i ddarparu gwasanaethau yn y Gymraeg. Dyma pam fod metrigau'r gweithlu wrth wraidd y dangosfwrdd.
- Mae **cefnogi ein rheolwyr a'n harweinwyr** yn sicrhau bod yr uchelgais hon yn cael ei throsi i ymarfer bob dydd. Pan fydd arweinwyr yn deall eu rôl ac yn cymryd camau amserol ar sail gwybodaeth, maen nhw'n creu'r amgylchedd lle gall y Gymraeg ffynnu.
- Mae **gwreiddio'r Gymraeg yn y broses o wneud penderfyniadau** yn sicrhau nad yw'r iaith yn ôl-ystyriaeth, ond yn rhan naturiol o'r ffordd rydyn ni'n gweithredu. Mae asesiadau o'r effaith ar y Gymraeg yn ein helpu i ystyried cyfleoedd a goblygiadau ar y pwynt cywir, gan atgyfnerthu diwylliant lle mae'r Gymraeg yn cael ei chynnwys yn rheolaidd ac yn ystyrlon.

Nid yw'r elfennau hyn yn ffrydiau gwaith ar wahân - maen nhw'n gweithio gyda'i gilydd. Mae arweinyddiaeth gref yn cefnogi datblygiad y gweithlu; mae staff mwy medrus yn Gymraeg yn ei gwneud hi'n haws gwreiddio'r Gymraeg yn ymarferol; ac mae ystyriaeth gyson o'r Gymraeg wrth wneud penderfyniadau yn helpu i gynnal cynnydd.

Ochr yn ochr â'r mesurau craidd hyn, mae yna dri dangosydd pwysig sy'n ein helpu i ddeall y darlun ehangach:

- Cydymffurfiaeth gyffredinol â Safonau'r Gymraeg.
- Cwynion sy'n ymwneud â diffyg cydymffurfiaeth.
- Nifer y ceisiadau cyfieithu sy'n dod i law.

Er nad yw'r rhain yn cynyddu maint ein gweithlu dwyieithog yn uniongyrchol, maen nhw'n rhoi gwybodaeth werthfawr i ni am ba mor dda mae'r Gymraeg wedi'i gwreiddio yn y sefydliad. Mewn sawl ffordd, maent yn gweithredu fel baromedr - gan dynnu sylw at le mae'r system yn gweithio'n dda a lle gallai fod angen mwy o sylw.

Yn ei gyfanrwydd, mae'r dangosfwrdd yn adrodd stori gysylltiedig: o adeiladu sgiliau a gallu arweinyddiaeth, i wreiddio arfer da, ac yn y pen draw gryfhau ein gallu i ddarparu gwasanaethau yn y Gymraeg.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Dangosyddion Perfformiad Allweddol ar gyfer Datblygu'r Gymraeg
Key Performance Indicators for Welsh Language Developement

Cyfanswm nifer y staff gyda sgiliau Siarad a Gwrando yn y Gymraeg ar Lefel 3, 4 a 5

2025/26	2024/25
872 (+85)	787

Tyfu ein gweithlu dwyieithog: Recriwtio – Growing our Bilingual Workforce: Recruitment

Nifer y swyddi a hysbysebwyd oedd yn mynnu bod sgiliau yn y Gymraeg yn hanfodol

2025/26	2024/25
10 (+3)	7

Nifer y swyddi a hysbysebwyd oedd yn mynnu bod angen dysgu Cymraeg wedi'r penodiad

2025/26	2024/25
5 (+5)	0

Tyfu ein gweithlu dwyieithog: Dysgu – Growing our Bilingual Workforce: Learning

Nifer y staff oedd wedi cychwyn cwrs Cymraeg

2025/26	2024/25
245 (+41)	204

Nifer y staff a ddangosodd ddiddordeb mewn dysgu Cymraeg neu ddatblyu eu sgiliau

2025/26	2024/25
212	252

Ymgorffori'r Gymraeg yn ein Diwylliant Sefydliadol - Embedding Welsh in our Organisational Culture

Nifer y staff a gwblhaodd sesiwn datblygu arweinyddiaeth gyda ffocws arbennig ar y Gymraeg

2025/26	2024/25
76 (+76)	0

Nifer yr asesiadau o'r effaith ar y Gymrarg a gwblhawyd

2025/26	2024/25
35 (+23)	12

Mesurau Dangosol Eraill o Gydymffurfiaeth - Other Indicative Measures of Statutory Compliance

Canran o Safonau'r Gymraeg lle gellir adrodd Sicrwydd Uchel

2025/26	2024/25
65% (+3%)	62%

Nifer y cwynion am gydymffurfiaeth a'r Gymraeg

2025/26	2024/25
4 (+2)	2

Nifer y ceisiadau am gyfieithiadau rhwng y Gymraeg a'r Saesneg

2025/26	2024/25
4,266 (+1,564)	2,702

3: Sut ydych chi wedi hyrwyddo'r Gymraeg gyda'ch gweithlu a'r cyhoedd?

Mae gwreiddio'r Gymraeg yn golygu datblygu ein diwylliant, gan gynnwys gwella sut i gefnogi staff i ddefnyddio'r Gymraeg yn eu rolau. Dyna pam mae Cyfathrebu ac Ymgysylltu yn thema arweiniol, gan sbarduno newid go iawn ar draws y system.

Fframwaith Cyfathrebu Mewnol

Mae cyfathrebu strategol yn cefnogi newid. Pan gaiff ei wneud yn dda, mae'n hybu ymgysylltiad ac yn helpu staff i ymrwymo i fentrau fel datblygu'r Gymraeg.[1] Mae ein diweddariadau'n dilyn y model COM-B—sy'n canolbwyntio ar Allu, Cyfle, a Chymhelliant—i gefnogi newid Ymddygiad go iawn ar draws y sefydliad.[2]

Rydym yn gwneud hyn trwy bedwar categori allweddol, gydag enghreifftiau trwy gydol yr adroddiad:

Da Iawn: yn dathlu arfer gorau staff, gan ddefnyddio prawf cymdeithasol i hybu cymhelliant.

Mae'n Fwy na Geiriau: yn tynnu sylw at sut mae'r Gymraeg yn gwella profiad cleifion—cymhelliant arall.

Cymorth Staff: yn sicrhau mynediad at adnoddau a chyngor, gan feithrin gallu a chyfleoedd.

Sgiliau, Dysgu a Datblygu: yn hyrwyddo hyfforddiant i feithrin sgiliau Cymraeg—gan wella'r gallu i gynnig gwasanaethau yn y Gymraeg.

[1] Hargie, O., a Tourish, D. (2009). *Auditing Organisational Communication: A Handbook of Research, Theory, and Practice*. Routledge; Men, L.R., a Stacks, D.W. (2013). The impact of leadership style and employee empowerment on perceived organizational reputation. *Journal of Communication Management* 17(2), tt. 171-192.

[2] Gellir dod o hyd i drafodaeth fwy technegol yma: Mitchie, S. et al. (2011), The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science* 6(42).

Safle SharePoint wedi'i hyrwyddo'n dda

Mae tudalen bwrpasol ar gyfer cefnogi staff i ddefnyddio'r Gymraeg yn y gwaith a chydymffurfio â Safonau'r Gymraeg. Mae ar gael drwy hafan mewnrwyd staff BIPCTM, ac mae wedi'i hailddatblygu gan ddefnyddio offer MS Office 365 ac yn cynnwys:

- Gwybodaeth glir am sut i gysylltu â Gwasanaeth Datblygu'r Gymraeg.
- Y newyddion a'r diweddariadau diweddaraf.
- Fideo 'Pam Cymraeg yn CTM'.
- Cyfleoedd i ddysgu'r Gymraeg a dolen archebu syml i sesiynau 'Croeso i'r Gymraeg'.
- Canllawiau ar wreiddio'r Gymraeg a bodloni'r Safonau.
- Adnoddau i'w lawrlwytho megis templedi Allan o'r Swyddfa dwyieithog.
- Gwybodaeth am hawliau staff i ddefnyddio'r Gymraeg yn y gwaith.

Cyngor ar gydymffurfio â Safonau'r Gymraeg

Mae canllawiau ar gydymffurfio â Safonau Cyflenwi Gwasanaethau, Safonau Llunio Polisi, Safonau Recriwtio a Phenodi a defnyddio'r Gymraeg mewn Cyfathrebu ac Ymgysylltu ar gael ar SharePoint. Rydym yn rhannu'r rhain gyda staff yn rheolaidd. Mae hyn yn golygu bod y Safonau wedi'u dehongli a'u symleiddio ar gyfer cyd-destun BIPCTM. Mae'r rhain i gyd hefyd wedi'u datblygu gan ddefnyddio'r strategaeth 'Llais y Gymraeg' i feithrin ymdeimlad o berthyn a pharch, a brandio BIPCTM, wedi'u strwythuro o amgylch 'Pam', 'Sut', a 'Beth' rydym yn ei wneud yn Gymraeg, ac mae enghreifftiau ymarferol ac astudiaethau achos wedi'u cynnwys lle y bo'n berthnasol.

Modiwl ESR Gorfodol ar Ymwybyddiaeth Iaith

Mae modiwl ar-lein ar gyfer Cymru gyfan, gyda'r nod o ddatblygu lefel gyson o ymwybyddiaeth iaith, yn ofyniad hyfforddi gorfodol. Mae'r modiwl hwn yn trafod pwysigrwydd y Gymraeg mewn gofal iechyd i siaradwyr Cymraeg, Safonau'r Gymraeg ac yn chwalu rhai camsyniadau cyffredin am yr iaith. Ym mis Mawrth 2026, roedd **76%** o staff BIPCTM wedi ei gwblhau, sef ychydig dros 10,000 o'n cydweithwyr. Mae'n rhaid i'r hyfforddiant gael ei gwblhau bob 3 blynedd, felly gall y gyfradd gwblhau amrywio dros amser.

Ymgysylltu â staff BIPCTM

Eleni, cymerodd Gwasanaeth Datblygu'r Gymraeg ran mewn llawer o sesiynau, gyda 'sesiwn ymgysylltu' wedi'i diffinio fel a ganlyn:

> Cyfarfod, sesiwn neu ddigwyddiad y tu allan i Wasanaeth Datblygu'r Gymraeg a heb gynnwys cyfarfodydd allanol â phobl mewn rolau tebyg yn ymwneud â'r Gymraeg ledled Cymru, Llywodraeth Cymru neu gyrff eraill a lle mai unig ddiben y cyfarfod neu ran ohono oedd trafod y Gymraeg.

- Cynhaliodd y Gwasanaeth **181** o sesiynau a chyfarfodydd ymgysylltu gwahanol gyda staff a rheolwyr ar draws y Bwrdd Iechyd, gan helpu i sefydlu ymwybyddiaeth o gyfrifoldebau sy'n ymwneud â'r Gymraeg a chefnogi diwylliant lle mae'r Gymraeg yn fwyfwy gweladwy ac yn cael ei defnyddio mewn ymarfer bob dydd. Ymhlith nifer o enghreifftiau nodedig roedd:
    - Sesiwn Radioleg i holl staff y gyfarwyddiaeth ar draws pob safle.

- Y Sesiwn Cinio a Dysgu ar gyfer yr holl staff Fferylliaeth.
- Cyflwyniad i Uwch Dîm Rheoli'r Grŵp Gofal wedi'i Gynllunio.
- Cyflwyniad yng Nghynhadledd Flynyddol y Gweithwyr Cymorth Gofal Iechyd.
- Sesiynau Ymsefydlu ar gyfer Nyrsys sydd newydd gofrestru a Nyrsys dan Hyfforddiant.
- Sesiwn Ymsefydlu Meddygon sydd newydd eu penodi.

- Cafwyd **1** cyflwyniad ffurfiol mewn Pwyllgor Bwrdd (y Pwyllgor Cyflawni Gweithredol).
- Gofynnwyd i waith datblygu'r Gymraeg fod yn destun **1** cyflwyniad ffurfiol yn un o gyfarfodydd Bwrdd ffurfiol y Bwrdd Iechyd.
- Cynhaliodd Gwasanaeth Datblygu'r Gymraeg **2** gyfres o ymweliadau safle, gyda **2** ymweliad yn ystod y flwyddyn gyda stondin hyrwyddo yn Ysbyty Brenhinol Morgannwg, Ysbyty'r Tywysog Siarl ac Ysbyty Tywysoges Cymru.

Mae'r ymweliadau safle wyneb yn wyneb hyn yn benodol wedi llwyddo i godi proffil y Gymraeg ar draws BIPCTM. Cyflawnodd yr ymweliadau y lefelau canlynol o ymgysylltu:

- Gwnaethom rannu bron i **176** o adnoddau gwahanol gan gynnwys **55** o gortynnau gwddf ac **85** o fathodynnau. Mae hynny'n golygu bod **140** o siaradwyr a dysgwyr Cymraeg newydd yn amlwg i siaradwyr Cymraeg eraill yn sgil ymweliadau safle yn unig.
- Siaradom â **115** aelod o staff am y cynnig Cymraeg yn BIPCTM.
- Siaradom â **29** o gleifion am y Gymraeg mewn gofal iechyd.

Manteisio ar Wasanaeth Datblygu'r Gymraeg

Gwasanaeth Datblygu'r Gymraeg yw'r tîm proffesiynol mewnol yn BIPCTM sy'n cefnogi'r sefydliad i gydymffurfio â chyfraith y Gymraeg. Yn ogystal â'r holl ymgysylltu uchod, yn ystod y flwyddyn weithredol hon gwnaeth y tîm hefyd:

- Ddarparu cyngor cydymffurfio pwrpasol ac arbenigol i **36** o reolwyr, yn amrywio o recriwtio i ddefnyddio'r Gymraeg gyda chyfranogwyr ymchwil.
- Derbyn **4,266** o geisiadau cyfieithu gan **1085** o wahanol geiswyr, gan gyfieithu dros 6 miliwn o eiriau.
- Derbyn **200** o ymholiadau dysgu Cymraeg gan wahanol reolwyr.

O ystyried maint y Bwrdd Iechyd, mae'n dasg anodd mesur yr holl ymgysylltu. Fodd bynnag, o ystyried yr uchod i gyd, mae'n debygol bod Gwasanaeth Datblygu'r Gymraeg wedi ymgysylltu â dros **1,300** o wahanol aelodau o staff ar draws y Bwrdd Iechyd yn ystod y flwyddyn weithredol hon.

Ymgysylltu â Gofal Sylfaenol

Gall darparwyr Gofal Sylfaenol ledled rhanbarth BIPCTM fanteisio ar y gwasanaethau a ddarperir gan Wasanaeth Datblygu'r Gymraeg ar gyfer BIPCTM. Mae hyn yn cynnwys cyfieithu, dysgu Cymraeg, cyngor ar ddefnyddio'r Gymraeg, a chortynnau gwddf a bathodynnau i staff sy'n siarad Cymraeg.

Rhannwyd y cynnig hwn ar sawl adeg wahanol yn ystod y flwyddyn gan Wasanaeth Datblygu'r Gymraeg a chydweithwyr yn y Bwrdd Iechyd sy'n gweithio'n uniongyrchol gyda darparwyr Gofal Sylfaenol, fel ein Tîm Rheoli Gwasanaethau Meddygol Cyffredinol.

Dyma rai o'r uchafbwyntiau:

- Gofynnodd **13** meddygfa am gyfieithiadau
- Gofynnodd **5** am gortynnau gwddf a bathodynnau i staff sy'n siarad Cymraeg, gyda **37** o gortynnau a bathodynnau'n cael eu rhannu. Dyna **37** o siaradwyr Cymraeg yn dangos eu bod yn hapus i siarad Cymraeg gyda chleifion.
- Cyfarfu Arweinydd y Gymraeg â Phrif Swyddog Gweithredu'r Bwrdd Iechyd a'r Cyfarwyddwr Meddygol Gofal Sylfaenol yn ystod y flwyddyn i drafod cyfleoedd pellach i hyrwyddo'r Gymraeg.

Mynychodd Gwasanaeth Datblygu'r Gymraeg y digwyddiadau isod hefyd ar gymorth i hyrwyddo'r Gymraeg:

- Cyfarfod Grŵp Gweithredol y Gwasanaethau Meddygol Cyffredinol.
- Fforwm Rheolwyr Meddygfeydd BIPCTM, sy'n cynnwys yr holl Reolwyr Meddygfa o ardal y Bwrdd Iechyd.
- Sesiwn Fferylliaeth Cinio a Dysgu wedi'i recordio, a oedd yn cynnwys Fferylliaeth Gymunedol.
- Diwrnod Datblygu Nyrsys Practis, gyda Nyrsys Practis o bob rhan o ardal BIPCTM.
- Grŵp Llywio'r Academi Hyfforddiant Gofal Sylfaenol ar ddysgu Cymraeg.
- Digwyddiad Amser Dysgu Neilltuedig ym Mhen-y-bont ar Ogwr ar gyfer meddygon teulu.

Datblygu Arweinyddiaeth a Rheolaeth

Mae arweinwyr a rheolwyr yn chwarae rhan bwysig wrth lunio profiadau ein staff a'n defnyddwyr gwasanaeth. Wrth reswm, mae'r rôl honno'n parhau wrth iddynt ddatblygu ac eirioli dros y Gymraeg ar draws y Bwrdd Iechyd.

Er mwyn eu cefnogi, rydym wedi gwreiddio'r Gymraeg yn ein cynigion datblygu arweinyddiaeth a rheolaeth fewnol, gan greu cyfleoedd i arweinwyr fyfyrio ar eu perthynas eu hunain â'n hiaith a deall eu rôl wrth greu sefydliad lle gall y Gymraeg ffynnu:

Inspire: Arwain Systemau

Mae'r rhaglen Inspire wedi'i chynllunio i ddod â'n cydweithwyr lefel uchaf at ei gilydd i adeiladu cymuned arwain lewyrchus yn CTM. Mae'r rhaglen wedi'i hadeiladu o amgylch ein 'Fframwaith Cymhwysedd Arweinyddiaeth' arloesol ein hunain, lle mae dwyieithrwydd a'r Gymraeg yn benodol yn cael eu gwreiddio.

Wedi'i halinio â'n modiwl 'Cynhwysiant', cefnogir uwch arweinwyr i archwilio'r Gymraeg yn CTM, yn nhirwedd ehangach GIG Cymru, ac yn y dirwedd wleidyddol. Wrth wneud hynny, ein nod yw gwreiddio ysbryd Cymraeg 2050 a Mwy na Geiriau mewn diwylliant a pholisi sefydliadol. Hyd yn hyn, mae **21** o gyfranogwyr wedi cwblhau'r rhaglen, gyda charfannau pellach i ddechrau ym mis Medi 2026.

Ignite: Ymsefydlu Rheolwyr

Gall rheolwyr ar bob lefel bellach fanteisio ar sesiwn bwrpasol, diwrnod o hyd sy'n edrych ar y gefnogaeth sydd ar gael iddynt yn eu rolau a'r hanfodion o reoli tîm. Mae rhan o'r sesiwn hon yn cynnwys archwilio:

- Sut y gall rheolwyr gefnogi'r defnydd o'r Gymraeg yn eu rôl fel rheolwyr.
- Pa gymorth sydd ar gael iddyn nhw a'u timau i wreiddio'r Gymraeg.
- Beth yw gofynion Safonau'r Gymraeg yn gryno.

Wedi'i lansio ym mis Chwefror 2026, mae **55** o reolwyr wedi cwblhau'r sesiwn ymsefydlu yn ystod y flwyddyn weithredol hon, gan gynyddu dealltwriaeth rheolwyr o'u rôl wrth gefnogi defnydd o'r Gymraeg o fewn timau a gwasanaethau.

Mae aelod o Wasanaeth Datblygu'r Gymraeg hefyd yn bresennol am ran o'r diwrnod, ynghyd â swyddogaethau cymorth allweddol eraill. Mae hyn wedi galluogi ymgysylltu pellach â Gwasanaeth Datblygu'r Gymraeg, ac ar ôl sesiwn mis Chwefror er enghraifft, rhannwyd **14** o adnoddau i gefnogi'r defnydd o'r Gymraeg a gofynnodd **3** rheolwr am ragor o wybodaeth gan y Tîm am ddysgu Cymraeg.

Elusen BIPCTM, cyllid grant a hyrwyddo'r Gymraeg

Mae cyflwyno cwestiwn penodol am y Gymraeg ym mhroses ceisiadau grant Elusen CTM wedi gwneud gwahaniaeth sylweddol. Yn flaenorol, roedd hi'n anodd deall sut roedd prosiectau'n ystyried y Gymraeg, gan mai dim ond pan roedd ymgeiswyr yn dewis cynnwys manylion ychwanegol, fel asesiadau effaith neu wybodaeth am ddigwyddiadau, yr oedd y wybodaeth hon ar gael. Mae'r dull gweithredu diwygiedig yn cynnig gwybodaeth gliriach, fwy cyson ac yn galluogi ffocws mwy rhagweithiol ar hyrwyddo'r Gymraeg ar draws gweithgareddau a ariennir.

Mae hyn wedi arwain at nifer o ganlyniadau clir:

Gwreiddio'r Gymraeg mewn digwyddiadau cydnabod staff

- Gwnaeth cyllid elusennol gefnogi mentrau cydnabod staff, gan gynnwys Gwobrau Seren a dathliadau gwasanaeth hir, lle roedd y Gymraeg yn rhan allweddol o'r cyfathrebu. Cafodd y Gymraeg ei chynnwys yn yr holl ddeunyddiau a ddatblygwyd i hyrwyddo'r digwyddiadau hyn. Gwnaeth ystyriaeth o'r iaith hefyd lywio datblygiad categorïau gwobrau a'r broses feirniadu, gan helpu i sicrhau dull mwy cynhwysol a diwylliannol berthnasol.

Adroddiadau dwyieithog ac effaith ehangach o'r digwyddiad partneriaeth Cyn-filwyr

- Cefnogodd yr Elusen ddigwyddiad partneriaeth Cyn-filwyr ym mis Mehefin 2025. Cynhyrchwyd adroddiad uchafbwyntiau dwyieithog (Cymraeg a Saesneg), gan sicrhau bod gwersi, adborth ac effaith ar gael yn hawdd yn y ddwy iaith. Defnyddiwyd y Gymraeg hefyd gan gyn-filwyr yn y digwyddiad. Rhannwyd yr adroddiad yn genedlaethol yng Nghynhadledd Cyflogwyr y Lluoedd Arfog yng Nghymru 2025, gan ymestyn cyrhaeddiad y bartneriaeth a hyrwyddo arferion dwyieithog yn ehangach.

Defnydd o'r Gymraeg yn y prosiect Groto Siôn Corn (Ysbyty Brenhinol Morgannwg)

- Fel rhan o brosiect Groto Siôn Corn dros y Nadolig yn Ysbyty Brenhinol Morgannwg (YBM), ymrwymodd yr ymgeisydd - a oedd yn ddysgwr Cymraeg newydd - i gynhyrchu'r holl ddeunyddiau ac arwyddion cyhoeddus yn ddwyieithog. Gwnaeth hefyd weithio i gynnwys cyfarchion dwyieithog wrth ymgysylltu â chleifion, ymwelwyr a staff. Roedd hyn yn cynnwys rhyngweithio ar draws yr ysbyty yn ogystal ag yn y groto ei hun, gan ddangos ymrwymiad ymarferol a phersonol i gynyddu'r defnydd o'r Gymraeg mewn lleoliadau bob dydd.

Cefnogi plant a theuluoedd sy'n siarad Cymraeg ar Ward Pediatrig YBM

- Mae prosiectau ar Ward Pediatrig YBM, gan gynnwys cyflwyno offer synhwyraidd i gefnogi plant rhwng triniaethau, wedi dechrau ystyried yn fwy gweithredol sut y gall staff Cymraeg eu hiaith gefnogi cleifion a'u teuluoedd drwy'r Gymraeg. Nod y prosiectau hyn yw creu amgylchedd tawelach a mwy cyfforddus i blant a allai fod yn ofidus neu'n bryderus, gan hefyd gydnabod pwysigrwydd cyfathrebu yn iaith ddewisol y claf fel rhan o ddarparu gofal tosturiol o ansawdd uchel. Cyfrannodd y broses grant at sicrhau bod y Gymraeg yn cael ei hystyried.

Yn gyffredinol, mae cynnwys cwestiwn Cymraeg wedi helpu i wneud ystyriaeth o'r Gymraeg yn fwy gweladwy, bwriadol a sefydledig ar draws ystod o brosiectau, yn hytrach na rhywbeth achlysurol ac anghyson.

Yn ôl Safonau 55 a 56, mae'n ofynnol i BIPCTM gyhoeddi gwybodaeth am wneud cais am grantiau yn Gymraeg ac ymateb yn Gymraeg i geisiadau a wneir yn Gymraeg. Fodd bynnag, mae BIPCTM wedi mynd y tu hwnt i'r gofyniad hwn ac wedi cynnwys cwestiwn yn ei brosesau ar hyrwyddo'r Gymraeg ymhellach, gan ddangos ymrwymiad go iawn i ddefnyddio pob pwynt cyswllt yn ein prosesau i hyrwyddo ein hiaith ym mhob ffordd y gallwn.

4: Sut ydych chi'n sicrhau bod y Bwrdd Iechyd yn dilyn deddfwriaeth y Gymraeg ac yn amddiffyn fy hawliau?

Mae cyfathrebu clir ac ymgysylltu ystyrlon yn allweddol i gyflawni ein dyletswyddau Cymraeg ac rydym hefyd yn dibynnu ar fonitro rheolaidd i sicrhau ein bod yn cyflawni ein hymrwymiadau.

Gwasanaeth Datblygu'r Gymraeg

Rhan allweddol o gydymffurfio â deddfwriaeth y Gymraeg yw Gwasanaeth Datblygu'r Gymraeg mewnol y Bwrdd Iechyd, dan arweiniad Arweinydd y Gymraeg.

Mae'r tîm yn cefnogi staff drwy:

- Gynnig cyngor ar faterion sy'n ymwneud â'r Gymraeg.
- Hyrwyddo'r iaith Gymraeg a diwylliant Cymru gan ddefnyddio cyfathrebu ac ymgysylltu mewnol.
- Dylanwadu a chynghori ar bolisi sefydliadol i wreiddio'r Gymraeg.
- Cefnogi gyda'r ymateb i gwynion a phryderon ynglŷn â'r Gymraeg.
- Monitro a sicrhau cydymffurfiaeth.
- Cyflwyno ymwybyddiaeth iaith.
- Rheoli a darparu cyfieithu.
- Hyrwyddo dysgu Cymraeg, gweinyddu a rheoli'r cynnig, a chynnig gwersi ar Gymraeg sylfaenol.
- Rhannu adnoddau i wreiddio'r Gymraeg ar draws y sefydliad.

Methodoleg Archwilio'r Gymraeg

Defnyddir methodoleg archwilio safonol i fesur cydymffurfiaeth â phob safon. Er y gellir asesu rhai Safonau drwy arsylwi uniongyrchol, mae eraill—megis dogfennaeth ddwyieithog ac arwyddion dros dro—yn gofyn am sawl ffynhonnell ddata i lunio amcangyfrif dibynadwy.

O ystyried maint, graddfa a chymhlethdod ein sefydliad, nid yw'n ymarferol gwirio pob achos o gydymffurfiaeth. Yn hytrach, mae ein dull gweithredu'n defnyddio data cynrychioliadol i ddarparu asesiad cyffredinol dibynadwy o gydymffurfiaeth ar draws y sefydliad.

Ar gyfer pob Safon, rydym yn aseinio un o bedair lefel sicrwydd fel y'u diffinnir isod:

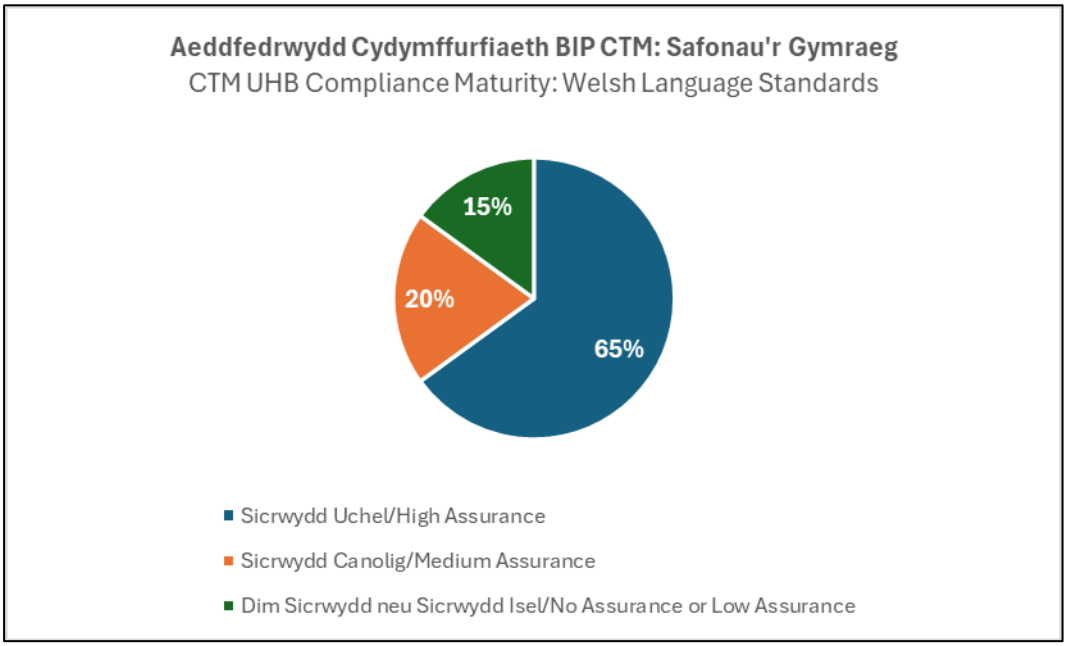
Sicrwydd Uchel: Mae'r sefydliad yn cydymffurfio â'r holl ofynion o dan bob amgylchiad ac eithrio ar adegau prin.

Sicrwydd Canolig: Mae'r sefydliad yn cydymffurfio'n llawn fel arfer, ond mae diffyg cydymffurfiaeth ar rai adegau neu o ran rhai gofynion.

Sicrwydd Isel: Mae'r sefydliad yn cydymffurfio ar rai adegau neu o ran rhai o'r gofynion, ond ddim yn cydymffurfio'n llawn ac yn gyson.

Dim Sicrwydd: Nid yw'r sefydliad yn cydymffurfio â'r gofynion o gwbl, neu mae'n cydymffurfio ar adegau prin neu mewn perthynas ag ychydig o agweddau'n unig.

Mae'r ddelwedd isod yn dangos y lefelau sicrwydd sefydliadol presennol ar gyfer pob Safon. Er enghraifft, gall BIPCTM yn rhesymol adrodd Sicrwydd Canolig ar gyfer 20% o'r Safonau.



Mae Tabl 1 isod yn dangos pa Safonau sydd wedi gweld cynnydd yn y lefel sicrwydd o gymharu â 2024/25. Ni fu unrhyw ostyngiad mewn lefelau sicrwydd ar gyfer blwyddyn weithredol 2025/26.

Tabl 1: **Cynnydd** yn y lefel sicrwydd ers 2024/2025

Safonau lle mae **CYNNYDD** wedi bod yn y lefel sicrwydd.			
Safon	Newid	Gweithgaredd	Rhesymeg
8	Sicrwydd Isel *i* Sicrwydd Canolig	Cyfarch pobl sy'n ffonio'r prif linellau ffôn yn Gymraeg	Dangosodd gwaith monitro mewnol fod y mwyafrif o alwadau a gafodd eu monitro wedi'u hateb gyda chyfarchiad dwyieithog.
45	Sicrwydd Canolig *i* Sicrwydd Uchel	Peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg ar y cyfryngau cymdeithasol	Dangosodd gwaith monitro mewnol ar gyfrifon corfforaethol ac adrannol nad oedd y Gymraeg yn cael ei thrin yn llai ffafriol.
57	Dim Sicrwydd *i* Sicrwydd Uchel	Asesu a ddylid cyhoeddi dogfennaeth dendro yn Gymraeg	Mae proses asesu ar gyfer caffael bellach ar waith.
72, 73 a 74	Dim Sicrwydd *i* Sicrwydd Canolig	Ystyried a cheisio barn ar effaith penderfyniadau polisi sy'n ymwneud â'r Gymraeg mewn ymgynghoriadau	Mae canllawiau wedi'u hysgrifennu a'r gofynion wedi'u ffurfioli mewn polisi sefydliadol.
91 a 95	Dim Sicrwydd *i* Sicrwydd Uchel	Cael mewnrwyd fewnol ddwyieithog i staff	Cytunwyd ar broses ar gyfer cyfieithu SharePoint ac mae'r adrannau gofynnol bellach yn ddwyieithog.

Yn yr adran 'Gair am yr adroddiad hwn', gwahoddwyd darllenwyr i gymharu'r adroddiad hwn ag adroddiadau blaenorol ac rydym yn hyderus y gellir gweld llwybr perfformiad clir. O gymharu â'r ddwy flynedd weithredol flaenorol:

	LEFEL SICRWYDD		
BLWYDDYN	SICRWYDD UCHEL	SICRWYDD CANOLIG	DIM SICRWYDD NEU SICRWYDD ISEL
2025/26	81 Safon	25 Safon	18 Safon
Fel % o'r holl Safonau	*65%*	*20%*	*15%*
2024/25	*77 Safon*	*23 Safon*	*24 Safon*
Fel % o'r holl Safonau	*62%*	*18.5%*	*19%*
2023/24	*74 Safon*	*21 Safon*	*29 Safon*
Fel % o'r holl Safonau	*60%*	*17%*	*23%*

Rhoddir dadansoddiad llawn o gydymffurfiaeth ar gyfer pob Safon yn Atodiad 1. Mesurir cydymffurfiaeth â phob Safon gan ddefnyddio'r fethodoleg archwilio y sonnir amdani uchod.

Llywodraethu a sicrwydd

Mae'r Gymraeg a chydymffurfiaeth ym mlaengynlluniau'r Pwyllgor Cyflawni Gweithredol, un o bwyllgorau allweddol y Bwrdd. Adolygwyd cynnydd ar gydymffurfiaeth - ochr yn ochr â meysydd lle nad yw safonau wedi'u bodloni'n llawn eto - yng nghyfarfod ffurfiol y pwyllgor ym mis Hydref 2025.

Tynnwyd sylw pellach at bwysigrwydd y Gymraeg yng nghyfarfod Bwrdd ffurfiol y Bwrdd Iechyd ym mis Tachwedd 2025. Roedd y drafodaeth hon yn gyfle gwerthfawr i fyfyrio ar y cynnydd hyd yma, cydnabod yr heriau sy'n weddill, ac arddangos datblygiadau allweddol — gan gynnwys ein Cynllun Strategol 5 Mlynedd ar gyfer Cynnig Ymgynghoriadau Clinigol yn Gymraeg (ar gael yn Gymraeg yma ac yn Saesneg yma).

Yn bwysig, mae'r sgyrsiau hyn yn dangos ymrwymiad tryloyw a pharhaus i gryfhau'r ddarpariaeth Gymraeg. Fel materion cyhoeddus, mae manylion y trafodaethau hyn ar gael i'w gweld yn Gymraeg yma ac yn Saesneg yma.

Grŵp Llywio'r Gymraeg 2025/26

Cyfarfu Grŵp Llywio'r Gymraeg, dan gadeiryddiaeth Ysgrifennydd y Bwrdd a'r Cyfarwyddwr Llywodraethu Corfforaethol, yn ystod y flwyddyn weithredol i gefnogi'r gwaith o wreiddio'r Gymraeg mewn gwasanaethau. Dyma rai o'r uchafbwyntiau:

- Trafodaethau ar wreiddio'r 'Cynnig Rhagweithiol' mewn gwasanaethau o ddydd i ddydd, gwella sut mae dewisiadau iaith cleifion yn cael eu cofnodi, a gwneud staff sy'n siarad Cymraeg yn fwy gweladwy i gefnogi dewis cleifion.
- Mae'r Grŵp hefyd wedi helpu i gryfhau systemau a phrosesau, gan gynnwys gwelliannau recriwtio i sicrhau bod gofynion iaith Gymraeg yn cael eu cymhwyso, a defnyddio data perfformiad i nodi meysydd lle mae angen gwelliant pellach.
- Gwnaed cynnydd da o ran datblygu'r gweithlu, gyda hyfforddiant Cymraeg wedi'i dargedu (fel y cynllun 'Codi Hyder') yn helpu i fagu hyder staff a mynd i'r afael â bylchau yn y ddarpariaeth Gymraeg.
- Dechreuodd gwaith hefyd ar ddatblygu Polisi'r Gymraeg a Diwylliant Cymru corfforaethol i roi arweiniad cliriach i staff a chefnogi dull gweithredu mwy cyson ar draws adrannau.
- Yn ogystal â thynnu sylw at arfer da ac arloesedd, roedd y cyfarfodydd yn fforwm agored i nodi heriau - megis cofnodi data'n anghyson ac amrywiadau mewn cydymffurfiaeth - gan helpu i yrru camau gweithredu wedi'u targedu a gwelliant parhaus.

Aliniad strategol, polisi a phrosesau gorfodol y sefydliad

Isod amlinellir y prosesau a’r polisïau sydd ar waith yn fewnol i sicrhau bod Safonau'r Gymraeg yn cael eu dilyn gan ein staff.

Agwedd ar yr Hysbysiad Cydymffurfio: ***Beth mae'n rhaid i ni ei wneud***	**Canllawiau:** ***Sut rydyn ni'n esbonio i staff sut i wneud hyn yn eu cyd-destun gwaith***	**Polisi Gorfodol:** ***Sut rydyn ni wedi gorfodi'r canllaw hwnnw fel ei bod yn ofynnol i staff ei ddilyn yn y gwaith***
Safonau Cyflenwi Gwasanaethau	Protocolau Cydymffurfio â Safonau'r Gymraeg	Polisi Defnyddio'r Gymraeg yn y Gwaith (Pobl 66)
Safonau Llunio Polisi	• Templed o Asesiad o’r Effaith ar Gydraddoldeb a'r Gymraeg • Canllaw ar Asesiad o’r Effaith ar Gydraddoldeb a'r Gymraeg • Rhaid cofnodi crynodeb o'r asesiad ar bob papur clawr ar gyfer y Bwrdd Rheoli Gweithredol, Bwrdd Rheoli’r Weithrediaeth, y Grŵp Arwain Gweithredol, Pwyllgorau Bwrdd a'r Bwrdd gydag asesiad llawn wedi’i atodi.	Polisi ar gyfer Datblygu, Adolygu a Chymeradwyo Polisïau, Gweithdrefnau a Dogfennau Rheoli Ysgrifenedig Eraill BIPCTM (CG06) Proses Gymeradwyo ar gyfer Polisïau, Gweithdrefnau a Dogfennau Rheoli Ysgrifenedig Eraill (CG07) Gweithdrefn Weithredu Safonol Rheoli Newid Gwasanaeth BIPCTM (wedi'i ddrafftio, i'w gymeradwyo yn y flwyddyn weithredol newydd)
Safonau Gweithredol: Recriwtio	• Coeden Benderfyniadau Categoreiddio Sgiliau Cymraeg • Canllaw fideo cam wrth gam ar ddysgu sut i sicrhau bod yr hysbyseb swydd a'r disgrifiad swydd yn ddwyieithog	Polisi Recriwtio a Dethol (yn cynnwys Safonau'r Gymraeg yn llawn ac i'w gadarnhau yn ystod blwyddyn weithredol 2026/27).

	• Y Gymraeg a Chanllawiau Dethol	
Safonau Gweithredol: Defnydd mewnol o'r Gymraeg	Adnoddau amrywiol sy'n cael eu huwchlwytho i'r safle SharePoint, fel: • Templedi Allan o'r Swyddfa • Siart llif i benderfynu beth ddylai fod ar gael yn Gymraeg i staff	Polisi Defnyddio'r Gymraeg yn y Gwaith (Pobl 66)
Safonau Atodol: Cwynion	Mae'r tîm sy'n gyfrifol am gofnodi cwynion a phryderon wedi'u hyfforddi i ddefnyddio DATIX (y system a ddefnyddir i gofnodi cwynion a phryderon), ac ar gategorïau'r gwymplen a ddefnyddir i gategoreiddio natur y mater. Mae hyn yn cynnwys sut i ddynodi cwyn neu bryder mewn perthynas â Safonau'r Gymraeg	Dilynir proses y Fframwaith Gwrando ar Bobl wrth dderbyn cwynion a phryderon mewn perthynas â'r Gymraeg, a bydd hyn yn cael ei esbonio ar ein gwefan pan fydd yn gwbl weithredol erbyn Awst 2026.
Caffael trydydd parti, comisiynu trydydd parti a Chytundebau Hirdymor gyda Byrddau Iechyd eraill	Asesiad o'r Effaith ar y Gymraeg - Caffael	• Polisi Defnyddio'r Gymraeg yn y Gwaith (Pobl 66). • Gofynion iaith Gymraeg wedi'u cynnwys mewn manylebau tendr yn seiliedig ar yr Asesiad Effaith Caffael. • Cymal Cymraeg Contractau Comisiynu 3ydd Parti. • Cymal Cymraeg Cytundebau Hirdymor.

5: Ble ydw i'n fwyaf tebygol o allu defnyddio'r Gymraeg gyda'r Bwrdd Iechyd?

Mae'r adran hon yn rhoi gwybodaeth i ddarllenwyr am weithlu dwyieithog cyfredol BIPCTM yn seiliedig ar ddata'r gweithlu ym mis Mawrth 2026. Ym mis Mawrth 2026, roedd **93%** o'n gweithlu wedi cofnodi lefel eu sgiliau Cymraeg o 0 (dim gallu o gwbl) i 5 (rhugl).[3]

Ein gweithlu dwyieithog presennol

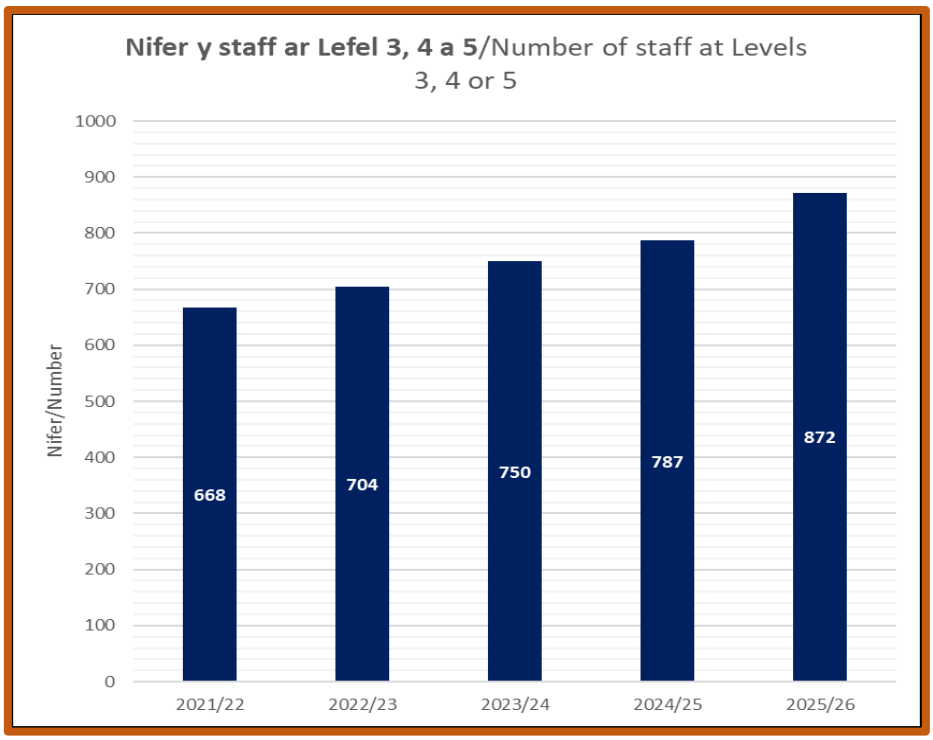
Isod mae nifer y staff sydd â sgiliau Cymraeg, yn ôl Mawrth 2026.

Lefel	Gwrando/Siarad Cymraeg				
	2023/2024	2024/25	**2025/26**	Gwahaniaeth ar 24/25	Gwahaniaeth ar 25/26 fel %
0	8401	9067	9510	+443	+4.89%
1	1961	2081	2109	+28	+1.35%
2	305	320	347	+27	+8.44%
3	199	203	224	+21	+10.34%
4	248	264	292	+28	+10.61%
5	303	320	356	+36	+11.25%
Lefel	**Darllen Cymraeg**				
	2023/2024	2024/25	**2025/26**	Gwahaniaeth ar 24/25	Gwahaniaeth ar 25/26 fel %
0	8556	9312	9801	+489	+5.25%
1	1775	1822	1809	-13	-0.71%
2	302	314	341	+27	+8.60%
3	171	179	199	+20	+11.17%
4	233	247	270	+23	+9.31%
5	326	338	377	+39	+11.54%
Lefel	**Ysgrifennu Cymraeg**				
	2023/2024	2024/25	**2025/26**	Gwahaniaeth ar 24/25	Gwahaniaeth ar 25/26 fel %
0	8774	9556	10054	+498	+5.21%
1	1595	1615	1610	-5	-0.31%
2	288	306	332	+26	+8.50%
3	187	200	223	+23	+11.50%
4	195	205	224	+19	+9.27%
5	292	297	328	+31	+10.44%

Mae'r data hwn yn dangos cynnydd o flwyddyn i flwyddyn yn nifer y staff sy'n gweithio i BIPCTM sydd â sgiliau Cymraeg.

Mae'r graff isod yn dangos hyn ac yn dangos nifer y staff yn y gweithlu sydd â sgiliau Gwrando/Siarad Lefel 3, 4 a 5 ers mis Mawrth 2021. Mae'r graff yn canolbwyntio ar Lefel 3, 4 a 5 gan mai'r staff hyn yw'r rhai mwyaf tebygol o allu siarad â chleifion yn Gymraeg.

[3] Mae 0 yn golygu dim gallu sylweddol a 5 yn golygu siaradwr rhugl. Gellir dod o hyd i ddisgrifiad llawn o'r hyn y mae'r holl lefelau yn ei olygu yma.



Gallai cynnydd cynharach adlewyrchu prosesau cofnodi gwell yn hytrach na newid yn y gweithlu. Ond ers i gydymffurfiaeth cofnodi wastatáu ym mis Mawrth 2025, mae'r cynnydd pellach erbyn mis Mawrth 2026 yn cynnig tystiolaeth glir o dwf gwirioneddol mewn staff Cymraeg eu hiaith yn BIPCTM.

Ble ydw i'n fwyaf tebygol o allu defnyddio'r Gymraeg gyda staff clinigol?

Mae'r dadansoddiad a gyhoeddwyd yn Gymraeg yma ac yn Saesneg yma ym mis Medi 2024 yn nodi'n fanwl pa grwpiau staff (h.y. nyrsys neu therapyddion) a pha feysydd sydd fwyaf tebygol o allu defnyddio'r Gymraeg pan fyddwch chi neu aelod o'r teulu yn mynd i apwyntiad neu'n glaf mewnol.

Er nad yw'n cael ei warantu ym mhob sefyllfa, y meysydd hyn yw'r rhai mwyaf tebygol o gynnig gwasanaethau yn Gymraeg, yn enwedig lle gofynnwyd am eich dewis iaith a lle gweithredwyd ar hynny, a lle mae staff wedi nodi eu hunain fel siaradwyr Cymraeg.

Fel y dangosir yn yr adroddiad hwn, mae gan BIPCTM brosesau ar waith hefyd i sicrhau y gall staff sy'n siarad Cymraeg ddangos eu bod yn siaradwyr Cymraeg i'n cleifion. Mae hyn yn cynnwys y gwisgoedd mae nyrsys yn eu gwisgo a rhoi cortynnau gwddf i staff sy'n siarad Cymraeg lle caniateir iddyn nhw eu gwisgo.

Chwiliwch am y symbol Cymraeg ar wisgoedd; mae hyn yn golygu bod yr aelod staff yn gallu siarad Cymraeg ac yn gyfforddus yn gwneud hynny.

Yn wir, gallai'r aelod staff hwnnw fod yn un o:

- Dros **200** o'n nyrsys neu fydwragedd sydd â sgiliau Cymraeg.
- Dros **70** o'n Gweithwyr Cymorth Gofal Iechyd sydd â sgiliau Cymraeg.

- Bron i **100** o'n Therapyddion, Radiograffwyr neu Fferyllwyr sydd â sgiliau Cymraeg.
- O leiaf **35** o'n meddygon neu ymgynghorwyr sydd â sgiliau Cymraeg.

Felly hyd yn oed os nad ydych chi'n defnyddio un o'r gwasanaethau a amlinellir yn y dadansoddiad manwl yn Gymraeg yma ac yn Saesneg yma, nid yw hynny'n golygu nad oes gan wasanaeth unrhyw staff sy'n siarad Cymraeg.

Beth am Ofal Sylfaenol, fel fy Meddyg Teulu?

Gall llawer o wasanaethau Gofal Sylfaenol yn rhanbarth BIPCTM gynnig eu gwasanaeth yn y Gymraeg. Defnyddiwch yr offeryn hwn, sydd ar gael yn Gymraeg yma ac yn Saesneg yma, o dan 'Dod o Hyd i Fy Ngwasanaeth GIG'. Os gall y darparwr ddarparu rhai neu'r cyfan o'i wasanaethau yn Gymraeg, bydd y symbol yn cael ei ddefnyddio i ddangos hyn.

Beth am fathau eraill o wasanaethau?

Yn ogystal â defnyddio'r Gymraeg mewn apwyntiad neu ar ein wardiau, a phan fydd staff wedi nodi eu bod yn siaradwyr Cymraeg, mae ein gwaith monitro mewnol yn dangos y gallwch hefyd fod yn hyderus:

- Y byddwch yn derbyn ymateb yn Gymraeg os ysgrifennwch atom yn Gymraeg.
- Y byddwch yn derbyn gohebiaeth fel llythyrau apwyntiad yn Gymraeg.
- Y gwelwch chi'r Gymraeg o'ch cwmpas pan fyddwch chi'n ymweld â'n safleoedd ar arwyddion ac arddangosfeydd.
- Y gallwch ddefnyddio ein gwefan yn Gymraeg heb unrhyw broblemau.
- Y gallwch gael mynediad at ein sianeli cyfryngau cymdeithasol pwysicaf yn Gymraeg.

6: Sut ydych chi wedi gwella sgiliau Cymraeg eich gweithlu presennol?

Mae'r hyn sy'n dechrau gyda “bore da” petrusgar mewn ward neu swyddfa brysur yn troi’n eiliadau o gysylltiad yn BIPCTM - rhwng cydweithwyr, gyda chleifion, ac o fewn cymunedau. Dros y flwyddyn ddiwethaf, nid yw ein momentwm o ran dysgu neu ddatblygu’r Gymraeg wedi arafu. Mae hyn yn golygu mwy na deddfwriaeth; mae’n ymwneud â chael eich deall, dangos gofal yn iaith gyntaf rhywun, a theimlo'n rhan o rywbeth mwy. Mae'r pethau bychain hyn yn adeiladu gweithlu mwy tosturiol, hyderus a dwyieithog.

Beth rydyn ni wedi'i gynnig a faint gymerodd ran?

Darpariaeth	Nifer y staff
Sesiynau Croeso i’r Gymraeg 2 awr o hyd	173
Sesiynau Blasu 10 awr o hyd	18
Y Cynllun Codi Hyder	24
Mynediad, Sylfaen, Uwch a Gloywi *(wedi'u hariannu ar gyfer staff a’u darparu yn y gymuned)*	30
Cyfanswm	**245**

Rydym yn gwerthuso cymaint ag y gallwn o'n darpariaeth yn BIPCTM. Rydym yn ymchwilio i effaith y niferoedd hynny yn y tabl isod.

Sesiynau Croeso i’r Gymraeg 2 awr o hyd: Dysgu'r hanfodion

Dyma'r ystadegau:

- Dywedodd **100%** o'r cyfranogwyr a gwblhaodd y gwerthusiad eu bod wedi mwynhau'r sesiynau.
- Gwnaethom ragori ar y targed blynyddol o **100** a osodwyd ar gyfer staff sy'n cwblhau'r sesiynau gan **73%**.
- Cynhaliwyd cyfanswm o **41** o sesiynau.
- Darparwyd cyfanswm o **83** awr o hyfforddiant.
- Symudodd **25%** o ddysgwyr o Lefel 0 i Lefel 1 mewn Siarad a Gwrando ar ESR.
- Gwnaeth **65%** o'r staff a drefnodd sesiwn fynychu sesiwn.

A dyma'r naratif:

- Mae'r staff a gwblhaodd y sesiynau Croeso i'r Gymraeg yn cynrychioli gweithlu eang ac amrywiol, o dimau clinigol rheng flaen a gofal cymunedol i wasanaethau gweinyddol, addysg a chorfforaethol.
- Yn nodedig, roedd dros hanner (**52%**) mewn rolau clinigol, sy'n tanlinellu pwysigrwydd y Gymraeg wrth ryngweithio o ddydd i ddydd gyda chleifion a theuluoedd.
- Mae lefelau ymgysylltu hefyd yn tyfu, gyda chyfranogiad cynyddol gan swyddogaethau arwain, cynllunio a chorfforaethol. Mae'r newid hwn yn adlewyrchu dull gweithredu mwy aeddfed ar draws y sefydliad - gan gydnabod bod cyflawni’r Cynnig Rhagweithiol yn dibynnu nid yn unig ar staff rheng flaen, ond ar y systemau, y diwylliant a'r arweinyddiaeth sy'n eu cefnogi.

Dyma'r hyn a gyflëwyd gan y cyfranogwyr:

- Gwnaeth y cyfranogwyr werthfawrogi gwaith hwyluso ac arbenigedd pwnc y tiwtor, a oedd o ansawdd uchel, a helpodd i greu amgylchedd dysgu diogel, cefnogol a phleserus.
- Canmolwyd natur ryngweithiol ac ymarferol y sesiynau, gan alluogi dysgwyr i ymgysylltu'n hyderus a chymhwyso eu dysgu wrth fynd.
- Dywedodd y staff a gymerodd ran eu bod yn fwy hyderus ac awyddus i ddefnyddio'r Gymraeg, ac y datblygwyd sgiliau iaith sylfaenol craidd y gellid eu defnyddio ar unwaith yn y gweithle.
- Cafwyd ymateb da ar y cyfan i agweddau ymarferol, fel fformat, hyd a hygyrchedd y sesiwn, a helpodd i sicrhau ymgysylltu effeithiol.
- Dangosodd adborth hefyd fod staff wedi dod yn ymwybodol o'r sesiynau trwy ystod o lwybrau hyrwyddo mewnol, gan danlinellu pwysigrwydd gweledded a chyfathrebu parhaus i gynyddu cyfranogiad.

Cyfleus, tiwtor cyfeillgar a gwybodus, wedi'i addasu i ddiwallu anghenion y dysgwyr

Rhannwyd y sesiwn yn wahanol sesiynau awr o hyd oherwydd fy anghenion dysgu penodol. Roedd hyn yn hynod ddefnyddiol oherwydd roeddwn i'n gallu prosesu'r hyn roeddwn i wedi'i ddysgu yn fy amser fy hun cyn symud ymlaen

Un cryfder mawr oedd bod y dosbarth yn fach felly cawsom ni i gyd ymarfer yn rheolaidd trwy gydol y sesiwn. Cryfder arall oedd bod yr eirfa'n seiliedig ar waith, felly dysgom eiriau ac ymadroddion y gallem ddechrau eu defnyddio ar unwaith

Roedd y tiwtor yn fendigedig, diolch! Sesiwn wych a chyflym. Wedi mwynhau'r elfen ymarferol, gan glywed ac ailadrodd brawddegau. Roedd y tiwtor yn gyfeillgar ac yn gefnogol iawn, gan gynnig mân gywiriadau lle bo angen heb danseilio hyder pobl

Ac a wnaeth y cyfranogwyr ddechrau defnyddio ychydig mwy o Gymraeg?

Do. Yn wir, dywedodd 82% o'r rhai a atebodd y cwestiwn gwerthuso eu bod wedi dechrau defnyddio mwy o'u Cymraeg newydd. Fel y dywedodd un cyfranogwr:

Dechreuais gyda bore da / prynhawn da syml a cheisio cyflwyno fy hunan yn Gymraeg mewn cyfarfodydd i geisio cynyddu fy hyder.

Codi Hyder: Defnyddio'r Gymraeg sydd gennym ni

Mae yna lawer o bobl yng Nghymru sy'n gallu siarad digon o Gymraeg ond heb yr hyder i'w defnyddio. Nod y Cynllun Codi Hyder yw cefnogi staff yn BIPCTM sydd eisiau defnyddio eu Cymraeg ond sydd angen hwb neu ychydig o gefnogaeth i wneud hynny.

Dyma'r ystadegau pwysicaf:

- Cwblhaodd **24** aelod o staff y Cynllun Codi Hyder, gan fagu hyder i ddefnyddio'r Gymraeg mewn gwasanaethau clinigol â blaenoriaeth a chryfhau'r gallu i gynnig ymgynghoriadau drwy gyfrwng y Gymraeg.
- Cynhaliwyd **104** o sesiynau ar gyfer y 4edd a'r 5ed garfan.
- Roedd **79%** mewn rolau clinigol.

Fel cyfanswm treigl ers 2024/25, dyma sut mae'r cynllun wedi'i dargedu yn unol â'n Cynllun Strategol 5 Mlynedd ar gyfer Ymgynghoriadau Clinigol:

- Cwblhaodd **7** cyfranogwr y cynllun o fewn Grŵp Targed 1 (meysydd lle mai;r unig berson sydd â sgiliau Cymraeg yw aelod o staff sydd â sgiliau Cymraeg Lefel 3).
- **19** aelod o staff yng Ngrŵp Targed 2 (meysydd lle ceir staff â sgiliau Cymraeg Lefel 4 a 5, yn ogystal â'r aelod o staff Lefel 3 a gymerodd ran).
- O'r **105** o feysydd gwasanaeth a nodwyd i'w targedu, mae **17** bellach wedi cyflawni'r gofyniad o gael o leiaf un aelod o staff i gwblhau'r Cynllun Codi Hyder. Mae hyn yn cyfateb i **16%** o'r holl feysydd a nodwyd ers 2024/25

A dyma'r naratif:

- Mae gan y staff hyn lefel dda o Gymraeg yn barod ac mae llawer yn gweithio mewn rolau sy'n cynnwys sgyrsiau pwysig neu sensitif gyda chleifion a theuluoedd, lle mae hyder wrth siarad Cymraeg yn arbennig o bwysig ar gyfer darparu gofal.
- Mae'r data'n dangos bod staff profiadol, gan gynnwys clinigwyr, addysgwyr ac arweinwyr, yn ceisio defnyddio mwy o Gymraeg yn eu gwaith o ddydd i ddydd—nid dim ond ar gyfer ymadroddion sylfaenol, ond mewn sgyrsiau mwy ystyrlon.
- Mae'r cynllun yn helpu i adeiladu gweithlu dwyieithog mwy hyderus, yn cryfhau arweinyddiaeth wrth ddefnyddio'r Gymraeg ac yn cefnogi uchelgeisiau cenedlaethol ehangach drwy wneud y Gymraeg yn rhan naturiol a gweladwy o wasanaethau bob dydd.

Dyma beth ddywedodd y cyfranogwyr:

- Roedd yr adborth yn syth ar ôl y cwrs ar gyfer y Cynllun Codi Hyder yn gadarnhaol iawn, gan bwysleisio gwerth darpariaeth hyblyg, bersonoledig a thiwtora o ansawdd uchel.
- Roedd y cyfranogwyr yn gwerthfawrogi ymarfer un-i-un, cynnwys wedi'i deilwra, a'r cyfle i ganolbwyntio ar iaith sy'n berthnasol i'w rolau.

- Creodd arddull gefnogol a hygyrch y tiwtor amgylchedd dysgu diogel, gan helpu dysgwyr i fagu hyder wrth ddefnyddio'r Gymraeg yn gymdeithasol ac yn broffesiynol.
- Dywedodd llawer eu bod wedi dod o hyd i ysgogiad newydd i barhau i ddysgu, ochr yn ochr â dechrau defnyddio'r Gymraeg yn y gweithle.
- Er bod hyd y cwrs yn cael ei ystyried yn gyfyngiad, mae adborth yn dangos effaith gref ar hyder, datblygiad sgiliau a pharodrwydd cynyddol i ddefnyddio'r Gymraeg yn fwy rheolaidd.

Ac a wnaeth y cyfranogwyr ddechrau defnyddio ychydig mwy o Gymraeg?

Do. Yn wir, dywedodd 84% o'r cyfranogwyr eu bod yn defnyddio mwy o Gymraeg 3 mis ar ôl cwblhau'r cynllun. Dyma beth ddywedodd y cyfranogwyr am eu defnydd o'r Gymraeg ar ôl gorffen.

Ydw [rydw i wedi defnyddio mwy o Gymraeg], wrth siarad â chydweithwyr sy'n siarad Cymraeg lle byddwn i wedi defnyddio'r Saesneg yn y gorffennol. Mwy ymwybodol o gydweithwyr sy'n siarad Cymraeg. Rydw i'n manteisio i'r eithaf ar gyfleoedd i siarad Cymraeg ble bynnag rydw i'n mynd.

Ysgrifennydd Radioleg, Radioleg

Do, i helpu i annog claf i newid ei orchudd tracea a oedd yn gwrthod gofal

Ffisiotherapydd Arbenigol, Ffisiotherapi

Mae gen i fwy o derminoleg weithredol i ddefnyddio'r Gymraeg yn yr ysgolion felly rwy'n teimlo'n fwy hyderus.

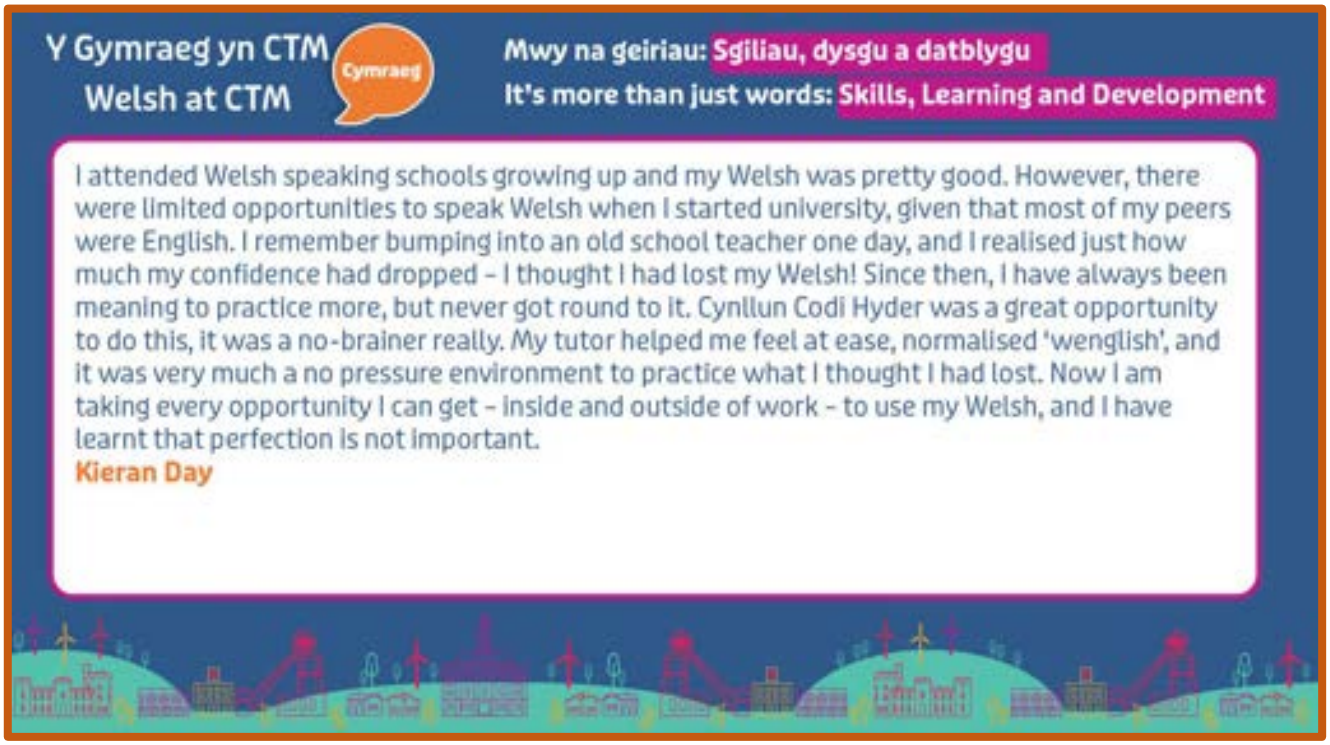
Ymarferydd Ysgolion Iach, Iechyd y Cyhoedd

Ydw, mae fy mhlentyn yn mynd i Ysgol Gynradd Gymraeg ac roeddwn i'n siarad â'r athrawon yn Saesneg, felly roedd hi'n braf cael yr hyder i sgwrsio â nhw yn Gymraeg.

Gweithiwr Cymorth Gofal Sylfaenol, Iechyd Meddwl

Dyma Tracey Pycroft, Caplan, yn sôn am ei phrofiad o ddatblygu ei Chymraeg yn y gwaith:

A Kieran Day, Seicolegydd Clinigol, a'i eiriau ysbrydoledig isod:



A dyma Nadine, Nyrs Practis, a soniodd am ei thaith iaith yn y cylchlythyr *Nursing in Practice*. Da iawn Nadine!

7: Sut ydych chi wedi ystyried sgiliau Cymraeg gweithlu'r dyfodol?

Mae datblygu sgiliau ein staff presennol yn rhan hanfodol o brosesau cynllunio'r gweithlu i ddiwallu anghenion defnyddwyr gwasanaeth Cymraeg eu hiaith. Felly hefyd recriwtio pobl sydd â sgiliau Cymraeg.

Dadansoddiad o'r sgiliau Cymraeg sydd eu hangen ar gyfer swyddi

Dangosir y categori sgiliau Cymraeg ar gyfer yr holl swyddi a hysbysebwyd gan BIPCTM yn ystod blwyddyn weithredol 2025/25 yn y tabl isod.

Dangosyddion cynllunio'r gweithlu o ran y Gymraeg[4]	
Mae sgiliau Cymraeg yn hanfodol	10
Y nifer o'r rhain a oedd yn rolau clinigol	*2*
Y nifer o'r rhain a oedd yn rolau gweinyddol rheng flaen	*8*
Mae sgiliau Cymraeg yn ddymunol	1735
Mae angen dysgu sgiliau Cymraeg ar ôl penodi i'r swydd	5
Nid oes angen sgiliau Cymraeg	211

Prosesau a pholisi

Y cam pwysicaf i sicrhau ein bod yn recriwtio'n weithredol mewn perthynas â sgiliau Cymraeg yw asesu a ddylid hysbysebu'r rôl fel un o'r categorïau isod, yn seiliedig ar asesiad gwrthrychol a chofnodedig:

- Mae sgiliau Cymraeg yn hanfodol
- Mae sgiliau Cymraeg yn ddymunol
- Mae angen dysgu sgiliau Cymraeg ar ôl penodi i'r swydd
- Nid oes angen sgiliau Cymraeg

Er mwyn hwyluso hyn, mae'r broses yn BIPCTM fel a ganlyn:

- Pan ychwanegir swydd wag at y system fewnol, Trac, mae'r rheolwr yn gweld dolen i'r canllawiau ar sut i gynnal yr asesiad gwrthrychol hwnnw.
- Mae'r canllawiau hynny'n cynnwys coeden benderfynu wrthrychol i gefnogi rheolwyr i ddewis y categori cywir mewn perthynas â sgiliau Cymraeg.
- Mae'r 'panel awdurdodi' yn y system recriwtio yn cynnwys adran ar gyfer cofnodi'r asesiad yn seiliedig ar y goeden benderfynu honno.
- Yna mae'r rheolwr yn dewis un o'r pedwar categori fel y dangosir uchod o gwymplen fel bod yr un cywir yn ymddangos ar yr hysbyseb.
- Mae templedi disgrifiad swydd newydd yn cynnwys cwymplen yn seiliedig ar y goeden benderfynu uchod i sicrhau bod y categori sgiliau hefyd yn ymddangos ar y disgrifiad swydd.
- Yn olaf, mae gwiriad cydymffurfiaeth ar y system Trac yn sicrhau bod yr holl ddeunydd yn ddwyieithog a bod yr adran 'Gofynion Rôl' yn cynnwys sgiliau Cymraeg lle bo hynny'n berthnasol, er mwyn sicrhau y gellir ystyried sgiliau Cymraeg yn briodol wrth lunio rhestr fer.

[4] Ac eithrio pob swydd wag yng Nghyd-bwyllgor Comisiynu GIG Cymru.

- Mae yna ganllaw ar lunio rhestr fer o ymgeiswyr a ffyrdd effeithiol o hysbysebu rolau i annog ymgeiswyr sydd â sgiliau Cymraeg i ymgeisio.

Mae'r Polisi Recriwtio a Dethol presennol hefyd yn ei gwneud yn ofynnol i sicrhau cydymffurfiaeth â Safonau'r Gymraeg. Bydd gwaith yn y flwyddyn weithredol nesaf yn canolbwyntio ar sicrhau bod y polisi hwnnw'n cael ei ddilyn yn gyson.

Annog ceisiadau gan bobl sydd â sgiliau Cymraeg

Ar bob hysbyseb swydd, mae'r geiriadau canlynol bellach yn cael eu hychwanegu yn dibynnu ar y categori:

Sgiliau Cymraeg Hanfodol: Rydyn ni'n hysbysebu'r swydd hon fel sgiliau Cymraeg yn hanfodol. Mae hyn yn golygu Siarad a Gwrando ar Lefel 3 (sy'n cyfateb i CEFR B2) neu uwch. Does dim angen bod yn rhugl. Mae Lefel 3 yn golygu sgyrsiau sylfaenol gyda chleifion am eu hiechyd bob dydd. Am ragor o wybodaeth, gweler 'Canllawiau'r Iaith Gymraeg' yn y dogfennau ar y gwaelod.

Sgiliau Cymraeg Dymunol: 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 Gwrando ar Lefel 3 (sy'n cyfateb i CEFR B2) neu uwch. Mae Lefel 3 yn golygu sgyrsiau sylfaenol gyda chleifion am eu hiechyd pob dydd. Am ragor o wybodaeth, gweler 'Canllawiau'r Iaith Gymraeg' yn y dogfennau ar y gwaelod.

Cymraeg i'w Dysgu 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. Am ragor o wybodaeth, gweler 'Canllawiau'r Iaith Gymraeg' yn y dogfennau ar y gwaelod.

Mae canllaw byr hefyd yn cael ei atodi wrth bob hysbyseb swydd sy'n esbonio beth mae pob lefel o Gymraeg, o Lefel 0 i Lefel 5, yn ei olygu yn ymarferol, fel ei bod hi'n glir i ymgeiswyr beth mae'r lefelau Cymraeg yn ei olygu iddyn nhw mewn gwirionedd.

Ymgysylltu â gweithlu'r dyfodol

Yn ystod 2025–2026, cyflwynwyd rhaglen gynhwysfawr o ymgysylltu ag ysgolion a cholegau, gyda 12 o ddigwyddiadau ar draws ystod eang o leoliadau addysgol. Roedd y rhain yn cynnwys ymweliadau niferus ag Ysgol Garth Olwg (x3), ymgysylltiadau unigol ag Ysgol Cardinal Newman ac Ysgol Cwm Rhondda, a phum sesiwn ar draws campysau Coleg y Cymoedd (Nantgarw, Aberdâr a'r Rhondda), gydag ymweliadau wedi'u cynllunio ag Ysgol Rhydywaun a Phrifysgol De Cymru hefyd.

Dangosodd y rhaglen ymgysylltu cadarn, eang a chyson, gan gyrraedd dysgwyr o Gyfnod Allweddol 3 hyd at addysg bellach ac uwch. Cafodd gweithgareddau eu teilwra i bob cynulleidfa, gan gynnwys sesiynau dosbarth rhyngweithiol, cyflwyniadau chweched dosbarth, ffeiriau gyrfaoedd, a gweithdai coleg wedi'u targedu.

Ar draws pob lleoliad, roedd y sesiynau'n canolbwyntio ar hyrwyddo gyrfaoedd yn y GIG tra'n pwysleisio gwerth y Gymraeg a dwyieithrwydd mewn gofal iechyd. Roedd y sesiynau coleg yn cynnwys trafodaethau rhyngweithiol gyda myfyrwyr Iechyd a Gofal Cymdeithasol (Lefelau 1–3), gan archwilio llwybrau gyrfaol a phwysigrwydd ymarferol y Gymraeg mewn gofal cleifion. Roedd y rhain yn cynnwys cwisiau, astudiaethau achos (gan gynnwys enghreifftiau 'Mwy na Geiriau'), a thrafodaethau agored am rwystrau, profiadau personol, a hunaniaeth.

Mewn ysgolion uwchradd cyfrwng Cymraeg, roedd yr ymgysylltu'n cynnwys cyflwyniadau chweched dosbarth, digwyddiadau gyrfaoedd ysgol gyfan (Blynyddoedd 7–13), a sesiynau holi ac ateb, gan dynnu sylw at yr ystod eang o rolau a llwybrau dilyniant yn y GIG, fel prentisiaethau, astudio yn y brifysgol, profiad gwaith a gwirfoddoli. Ymgorfforwyd adnoddau gan sefydliadau partner (e.e. offer cynllunio'r gweithlu, platfformau gyrfaoedd cenedlaethol a Swyddi'r GIG) i roi canllaw ymarferol.

Yn Cardinal Newman (cyfrwng Saesneg), addaswyd y ddarpariaeth i fformat gyrfaoedd cylchdro, gan alluogi dysgwyr Cyfnod Allweddol 3 i ymarfer y Gymraeg mewn amgylchedd cefnogol tra'n magu ymwybyddiaeth o ddwyieithrwydd fel sgìl cyflogadwyedd gwerthfawr. Gwnaeth y trafodaethau hefyd ymdrin â chymwysterau, disgwyliadau recriwtio, a sut y gall sgiliau Cymraeg gefnogi dilyniant gyrfaol.

Defnyddiwyd ystod o ddulliau dysgu rhyngweithiol yn gyson ar draws pob sesiwn, gan gynnwys:

- Trosolwg gyrfaoedd a llwybrau ymgeisio'r GIG.
- Trafodaeth am bwysigrwydd y Gymraeg yn y gweithle ac wrth ddarparu gofal iechyd.
- Cwisiau rhyngweithiol a thrafodaethau achos yn seiliedig ar sefyllfaoedd.
- Gweithgareddau paru swyddi a thrafodaethau grŵp.
- Fforymau agored ar gyfer myfyrio a rhannu safbwyntiau.
- Gwnaeth y sesiynau amrywio o 25–45 munud.

Mae adborth gan ysgolion partner, colegau a gweithwyr gyrfaoedd proffesiynol wedi bod yn gyson gadarnhaol, gyda rhanddeiliaid yn tynnu sylw at werth, perthnasedd ac effaith y sesiynau. Mae ceisiadau wedi'u gwneud i ymestyn y ddarpariaeth i gampysau ychwanegol a charfannau'r dyfodol, ac i rannu deunyddiau i'w defnyddio'n ehangach. Mae'r gwaith hefyd wedi cryfhau cydberthnasau â phartneriaid allanol, gan gefnogi cydweithrediad parhaus a chyfleoedd ymgysylltu yn y dyfodol

Hyfforddiant i reolwyr recriwtio

Yn ystod y flwyddyn weithredol, cynigiwyd hyfforddiant ar y Gymraeg a recriwtio i reolwyr recriwtio, fel bod eu harferion recriwtio'n cydymffurfio â Safonau'r Gymraeg ac fel eu bod yn cael eu cefnogi i recriwtio'n weithredol mewn perthynas â sgiliau Cymraeg.

Dyma rai o'r ystadegau:

- Cymerodd **201** o reolwyr ran.
- Roedd **117** yn rheolwyr mewn rolau clinigol, yn recriwtio staff i rolau gofal rheng flaen.
- Roedd **20** yn rheolwyr mewn meysydd sy'n gysylltiedig â Mwy na Geiriau, yn unol â'n Cynllun Strategol 5 Mlynedd, gan gynnwys rheolwyr wardiau.

Pa mor effeithiol oedd yr hyfforddiant, yn seiliedig ar y gwerthusiad?

- Dywedodd **33%** o'r cyfranogwyr fod eu dealltwriaeth o ofynion y Gymraeg wrth recriwtio yn *DDA* neu'n *DDA IAWN* cyn yr hyfforddiant. Ar ôl yr hyfforddiant, dywedodd **100%** fod eu dealltwriaeth yn *DDA* neu'n *DDA IAWN*.
- Nododd **15%** o'r cyfranogwyr eu bod yn *POENI* am ofynion y Gymraeg wrth recriwtio cyn yr hyfforddiant a nododd **50%** eu bod yn *NIWTRAL*. Ar ôl yr hyfforddiant, nododd **53.3%** eu bod yn *GYFFORDDUS* a **47.7%** eu bod yn *GYFFORDDUS IAWN*.

Pan ofynnwyd i reolwyr beth fydden nhw'n ei newid yn eu harferion, dyma beth ddywedodd rhai ohonyn nhw:

Mae wedi helpu gyda'r broses o wneud penderfyniadau ar swyddi hanfodol neu ddymunol a rhoi gwybodaeth am 'i'w dysgu ar ôl penodi' a allai fod yn opsiwn i ni.

- Prif Therapydd Galwedigaethol, Iechyd Meddwl Oedolion

Defnyddio'r siart llif i gefnogi'r penderfyniad ynghylch a yw'r Gymraeg yn ddymunol/hanfodol ac ati - roedd hwn yn offeryn newydd i mi felly byddaf yn ei rannu gyda'r tîm ehangach.

- Dirprwy Bennaeth Ffisiotherapi

Wel, rwy'n hoffi meddwl fy mod i'n cydymffurfio cyn yr hyfforddiant ond, a bod yn onest, lwc oedd hyn yn fwy na dim, ond nawr rwy'n gallu dweud yn hyderus pam rwy'n gwneud beth rydw i'n ei wneud!

-Pennaeth Gwasanaethau Orthoptig

Rwy'n teimlo bod gen i ddealltwriaeth o'r gofynion ar ôl yr hyfforddiant - nid dyma beth ro'n i'n ei feddwl cyn yr hyfforddiant.

-Caplan Arweiniol

Byddaf yn fwy ystyriol wrth ystyried a yw swyddi'n hanfodol neu'n ddymunol.

- Rheolwr Cymorth Gweithredol Meddygaeth Arbenigol, Gofal Heb ei Drefnu

Mae gen i fwy o ddealltwriaeth o'r lefel recriwtio (h.y. hanfodol neu ddymunol) y dylwn ei dewis, yn sicr.

-Rheolwr Uned Gofal Cardiaidd

Mae dealltwriaeth o'r gofynion wedi gwneud pethau'n llawer cliriach.

-Rheolwr Ward, Uned Babanod Newydd-anedig

Bydd yn gwneud i mi edrych ar sgiliau Cymraeg fy nhîm yn ei gyfanrwydd, nid dim ond y swydd rwy'n ei llenwi.

-Arweinydd Tîm Diabetes

Sicrhau ein bod yn defnyddio'r dewis dymunol yn gywir.

-Rheolwr Cymorth Cyfarwyddiaeth, Llawfeddygaeth Gyffredinol

8: Sut ydych chi wedi delio â chwynion a phryderon?

Gall aelodau'r cyhoedd gysylltu naill ai â Chomisiynydd y Gymraeg neu'r Bwrdd Iechyd yn uniongyrchol ynglŷn â phryder iaith neu gŵyn iaith. Pan dderbynnir pryderon, cânt eu cofnodi ar y system gwynion ganolog, sef DATIX. Yn ystod 2025/26, derbyniwyd pedair cwyn.

Eleni derbyniodd y Bwrdd Iechyd y cwynion canlynol, gyda'r datrysiad wedi'i nodi.

Manylion y gŵyn	Penderfyniad
Cwyn 1: Derbyniwyd cwyn gan aelod o'r cyhoedd ar 09/06/2025 am dair elfen yn ymwneud ag Ysbyty'r Tywysog Siarl: 1. Diffyg arwyddion ffyrdd Cymraeg. 2. Dim Cymraeg ar arwyddion contractwyr. 3. Dim arwyddion parcio Cymraeg.	Cynhaliodd Cyfarwyddwr y rhaglen adeiladau ysbyty adolygiad o farciau ffordd i benderfynu ble y gellir cynnwys darpariaeth Gymraeg. Mewn achosion lle mae cyfyngiadau lle yn atal hyn, dylid gosod arwyddion dwyieithog fel dewis arall. Mae'r arwyddion dros dro a nodwyd yn flaenorol ar y ffens bellach wedi'u tynnu i lawr. Yn ogystal, mae rhaglen waith ar y gweill i ddisodli arwyddion cyfeirio anghywir. Mae cyfran sylweddol wedi'i datrys yn barod.
Cwyn 2: Derbyniwyd cwyn gan aelod o'r cyhoedd ar 1/10/25 ynglŷn â ffurflen a ddarparwyd gan y Bwrdd Iechyd nad oedd ar gael gan y darparwr Gofal Sylfaenol, ac nid oedd y ffurflen yn nodi bod fersiwn Gymraeg ar gael.	Ar ôl ymchwilio ymhellach, ymddengys bod y ffurflen hon wedi'i rhoi mewn camgymeriad. Bwriad gwreiddiol y ffurflen oedd bod yn daflen ddefnyddiol i nyrsys practis. Ni ddylai fod wedi cael ei rhoi i gleifion, ac ni ddylai unrhyw wybodaeth i gleifion fod wedi cael ei hychwanegu ati. Mae'r tîm sy'n gyfrifol wrthi'n tynnu'r ffurflen hon yn ôl nes ei bod wedi cael ei hadolygu.
Cwyn 3: Derbyniwyd cwyn gan aelod o'r cyhoedd ar 2/12/25 ynglŷn â ffurflen a ddarparwyd gan y Bwrdd Iechyd nad oedd ar gael gan y darparwr Gofal Sylfaenol, ac nid oedd y ffurflen yn nodi bod fersiwn Gymraeg ar gael.	Yn debyg i Gŵyn 2, ar ôl ymchwilio ymhellach, ymddengys bod y ffurflen hon wedi'i rhoi mewn camgymeriad. Bwriad gwreiddiol y ffurflen oedd bod yn daflen ddefnyddiol i nyrsys practis. Ni ddylai fod wedi cael ei rhoi i gleifion, ac ni ddylai unrhyw wybodaeth i gleifion fod wedi cael ei hychwanegu ati. Mae'r tîm sy'n gyfrifol wrthi'n tynnu'r ffurflen hon yn ôl nes ei bod wedi cael ei hadolygu.
Cwyn 4: Derbyniwyd cwyn gan aelod o'r cyhoedd ar 25/03/2026 ynglŷn â materion amrywiol nad oeddent i gyd yn ymwneud â'r Gymraeg. Nododd yr achwynydd ei fod yn anfodlon: 1. Nad oedd wedi gallu defnyddio'r Gymraeg, er bod arwydd 'Defnyddiwch eich Cymraeg yma' wedi'i arddangos yn y feddygfa. 2. Wrth ohebu â Thîm Pryderon y Bwrdd Iechyd, ymddengys bod yr aelod o staff wedi defnyddio offeryn cyfieithu ar-lein.	Mae'r pryder hwn yn parhau a bydd yn cael ei ddatrys yn y flwyddyn weithredol nesaf.

Casgliad

Ar y cyfan, mae'r adroddiad yn dangos cynnydd clir a pharhaus o ran gwreiddio'r Gymraeg ar draws BIPCTM, gyda lefelau cydymffurfio gwell, mwy o allu yn y Gymraeg ymysg y gweithlu, a threfniadau llywodraethu cryfach. Mae yna dystiolaeth o newid, o ddull sy'n seiliedig ar gydymffurfiaeth i un sy'n canolbwyntio ar newid diwylliannol a normaleiddio'r Gymraeg mewn arferion bob dydd.

Fodd bynnag, rydym yn cydnabod bod risgiau'n dal i fodoli ynghylch cysondeb wrth ddarparu gwasanaethau, yn enwedig mewn amgylcheddau rheng flaen (e.e. teleffoni, derbynfeydd, ac argaeledd staff dwyieithog mewn gofal rheng flaen).

Er mwyn lliniaru'r risg barhaus, recriwtio a dysgu wedi'i dargedu fydd ffocws ein gwaith yn ystod blwyddyn weithredol 2026/27. Bydd diweddariadau ar y gwaith hwnnw'n cael eu rhoi yn ein hadroddiad blynyddol nesaf.

Atodiad 1: Dadansoddiad llawn o gydymffurfiaeth â phob Safon

ASESIAD SICRWYDD SAFONAU'R GYMRAEG AR GYFER BLWYDDYN ADRODD 2025-26				
Dosbarth y Safon: Safonau Cyflenwi Gwasanaethau				
Gweithgaredd	**Safon(au)**	**Lefel sicrwydd**	**Disgrifiad byr**	**↓/↑ ar 2024/25**
Gohebiaeth	1, 4, 6 a 7	**SICRWYDD UCHEL**	• Ymateb i ohebiaeth Gymraeg yn Gymraeg • Anfon gohebiaeth yn Gymraeg ar yr un pryd â gohebiaeth Saesneg • Peidio â thrin gohebiaeth Gymraeg gan y BIP yn llai ffafriol na'r fersiwn Saesneg • Datgan ein bod yn croesawu gohebiaeth yn Gymraeg ar ohebiaeth gan y BIP	**DIM NEWID**
	5	**SICRWYDD CANOLIG**	• Anfon pob gohebiaeth (gan gynnwys e-byst at sefydliadau allanol) yn Gymraeg a Saesneg oni bai bod dewis iaith y derbynnydd yn hysbys	**DIM NEWID**
Teleffoni	8	**SICRWYDD CANOLIG**	• Cyfarch pobl sy'n ffonio'r prif linellau ffôn yn ddwyieithog	↑ O **DIM SICRWYDD** i **SICRWYDD CANOLIG**
	9	**SICRWYDD CANOLIG**	• Rhoi gwybod i'r galwr fod gwasanaeth ar gael yn Gymraeg	**DIM NEWID**
	10	**DIM SICRWYDD**	• Delio â galwadau i brif linellau ffôn yn Gymraeg	**DIM NEWID**
	11	**SICRWYDD UCHEL**	• Peidio â thrin y Gymraeg yn llai ffafriol wrth hysbysebu prif rifau ffôn	**DIM NEWID**
	12	**SICRWYDD UCHEL**	• Cael yr un rhif cyswllt ar gyfer prif wasanaethau ffôn Cymraeg a Saesneg	**DIM NEWID**
	13	**SICRWYDD UCHEL**	• Datgan ein bod yn croesawu galwadau yn Gymraeg pan fyddwn yn cyhoeddi ein prif rifau ffôn	**DIM NEWID**

	14	**SICRWYDD UCHEL**	• Pan fyddwn yn casglu dangosyddion perfformiad, sicrhau ein bod hefyd yn casglu data sy'n berthnasol i'r Gymraeg er mwyn sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol	**DIM NEWID**
	15	**SICRWYDD UCHEL**	• Rhoi gwybod i bobl sy'n galw, yn Gymraeg, y gallant adael neges yn Gymraeg	**DIM NEWID**
	16	**DIM SICRWYDD**	• Rhoi gwybod i bobl sy'n galw, yn Gymraeg, pryd y bydd gwasanaeth Cymraeg ar gael pan nad yw ar gael	**DIM NEWID**
	17	**SICRWYDD ISEL**	• Delio â galwadau i linellau ffôn adrannol yn Gymraeg	**DIM NEWID**
	18	**SICRWYDD CANOLIG**	• Cyfarch galwyr i linellau ffôn adrannol yn ddwyieithog	↑ O **DIM SICRWYDD** i **SICRWYDD CANOLIG**
	19	**SICRWYDD ISEL**	• Lle mae'r BIP yn gwneud galwadau i unigolion ar fater penodol, gofyn a yw'r unigolyn hwnnw'n dymuno derbyn galwadau yn Gymraeg yn y dyfodol gan y BIP, cofnodi'r dymuniad hwnnw a gwneud y galwadau hynny yn Gymraeg	**DIM NEWID**
	20	**SICRWYDD UCHEL**	• Mae unrhyw systemau ffôn awtomataidd ar gael yn gyfan gwbl yn Gymraeg.	**DIM NEWID**
Cyfarfodydd mewnol	21, 22, 22A a 22CH	**SICRWYDD CANOLIG**	• Gofyn i'r rhai sy'n cael eu gwahodd i gyfarfod a ydynt yn dymuno defnyddio'r Gymraeg a hwyluso'r defnydd o'r Gymraeg	**DIM NEWID**
Cleifion mewnol a'r Cynnig Rhagweithiol	23 a 23A	**SICRWYDD UCHEL**	• Gofyn i gleifion mewnol wrth eu derbyn beth yw eu dewis iaith a chofnodi hyn	**DIM NEWID**
	24	**SICRWYDD UCHEL**	• Cael polisi wedi'i gadarnhau ar gyfer gofyn i gleifion mewnol wrth eu derbyn beth yw eu dewis iaith, ar gyfer y cleifion hynny nad ydynt efallai'n gallu nodi hyn eu hunain.	**DIM NEWID**
Cynadleddau achos	25	**SICRWYDD CANOLIG**	• Cynnig a darparu cynhadledd achos yn Gymraeg pan fydd hyn yn cynnwys y claf	**DIM NEWID**
	26	**SICRWYDD CANOLIG**	• Peidio â thrin y Gymraeg yn llai ffafriol wrth hysbysebu a hyrwyddo cyfarfodydd a digwyddiadau cyhoeddus, anfon gwahoddiadau a gwahodd siaradwyr i gyfarfodydd a	**DIM NEWID**

Cyfarfodydd a digwyddiadau cyhoeddus			digwyddiadau cyhoeddus, sicrhau bod cyfieithydd ar gael ym mhob cyfarfod a digwyddiad cyhoeddus a pheidio â thrin y Gymraeg yn llai ffafriol mewn unrhyw ffordd yn ystod y cyfarfod neu ddigwyddiad	
	27	**SICRWYDD UCHEL**	• Cyhoeddi ac anfon gwahoddiadau i gyfarfodydd cyhoeddus yn Gymraeg a Saesneg	**DIM NEWID**
	28	**SICRWYDD ISEL**	• Wrth wahodd pobl i siarad mewn cyfarfodydd cyhoeddus, gofyn i'r bobl hynny a ydynt yn dymuno siarad Cymraeg. Os ydynt am siarad Cymraeg, darparu gwasanaeth cyfieithu yn y cyfarfod lle bo angen.	**DIM NEWID**
	29	**SICRWYDD ISEL**	• Wrth drefnu cyfarfodydd cyhoeddus y gall y cyhoedd gyfrannu atynt, gofyn i'r sawl sy'n mynychu a ydynt yn dymuno defnyddio'r Gymraeg, ac os felly, darparu gwasanaeth cyfieithu yn y cyfarfod.	**DIM NEWID**
	30	**SICRWYDD CANOLIG**	• Arddangos deunyddiau ysgrifenedig mewn cyfarfodydd yn Gymraeg a Saesneg.	**DIM NEWID**
	31	**SICRWYDD CANOLIG**	• Peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg wrth hyrwyddo digwyddiadau y mae'r Bwrdd Iechyd wedi'u trefnu neu gyfrannu 50%+ o'u cyllid.	**DIM NEWID**
	32	**SICRWYDD CANOLIG**	• Peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg mewn digwyddiadau y mae'r Bwrdd Iechyd wedi'u trefnu neu gyfrannu 50%+ o'u cyllid.	**DIM NEWID**
	33	**SICRWYDD CANOLIG**	• Cynhyrchu deunydd cyhoeddusrwydd a hysbysebu yn Gymraeg a Saesneg a pheidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg yn y deunydd hwnnw.	**DIM NEWID**
Deunydd arddangos	34	**SICRWYDD CANOLIG**	• Deunydd a arddangosir yn gyhoeddus (ym mhob cyd-destun)	**DIM NEWID**
Dogfennau a Ffurflenni	36 a 37	**SICRWYDD CANOLIG**	• Dogfennau a ffurflenni ar gael yn Gymraeg	**DIM NEWID**
	38	**SICRWYDD ISEL**	• Nodi ar fersiynau Saesneg fod fersiwn Gymraeg ar gael	**DIM NEWID**
Gwefannau a chyfryngau digidol	39, 40 a 41	**SICRWYDD UCHEL**	• Testun ar y dudalen we ar gael yn Gymraeg gan gynnwys yr hafan a thudalennau newydd a diwygiedig	**DIM NEWID**
	42	**SICRWYDD UCHEL**	• Nodi'n glir ar bob tudalen we ei bod ar gael yn Gymraeg gyda dolen uniongyrchol iddi	**DIM NEWID**

	43	**SICRWYDD UCHEL**	• Darparu rhyngwyneb a dewislenni yn Gymraeg ar bob tudalen	**DIM NEWID**
	44	**SICRWYDD UCHEL**	• Apiau a gynhyrchir neu a gomisiynir gan y Bwrdd Iechyd ar gael yn Gymraeg	**DIM NEWID**
	45	**SICRWYDD UCHEL**	• Peidio â thrin y Gymraeg yn llai ffafriol ar y cyfryngau cymdeithasol corfforaethol ac adrannol	↑ O **SICRWYDD CANOLIG** i **SICRWYDD UCHEL**
	46	**SICRWYDD UCHEL**	• Ymateb i negeseuon Cymraeg yn Gymraeg ar y cyfryngau cymdeithasol (sylwadau a negeseuon ac ati)	**DIM NEWID**
Arwyddion	47	**SICRWYDD CANOLIG**	• Arddangos pob arwydd, gan gynnwys arwyddion dros dro, yn Gymraeg	**DIM NEWID**
	48 a 49	**SICRWYDD UCHEL**	• Sicrhau bod pob arwydd gan gynnwys arwyddion dros dro yn Gymraeg a sicrhau bod y Gymraeg yn gywir a'i bod mewn safle lle mae'n debygol o gael ei darllen yn gyntaf	**DIM NEWID**
Gwasanaethau derbynfa	50 a 52	**DIM SICRWYDD**	• Cynnig gwasanaeth dwyieithog mewn derbynfeydd ac arddangos arwydd yn y dderbynfa yn croesawu'r defnydd o'r Gymraeg	**DIM NEWID**
	53	**SICRWYDD UCHEL**	• Lle mae aelodau staff yn darparu gwasanaeth derbynfa ac yn gallu siarad Cymraeg, sicrhau eu bod yn gwisgo bathodyn i gyfleu hynny	**DIM NEWID**
Grantiau	54, 55 a 56	**SICRWYDD UCHEL**	• Cyhoeddi dogfennau sy'n ymwneud â grantiau yn Gymraeg. • Datgan ein bod yn croesawu ceisiadau am grantiau yn Gymraeg, a pheidio â thrin cais am grant a gyflwynir yn Gymraeg yn llai ffafriol, a • Hysbysu person a gyflwynodd gais am grant yn Gymraeg o'r canlyniad yn Gymraeg.	**DIM NEWID**
Tendrau am gontractau	57, 58 a 59	**SICRWYDD UCHEL**	• Cyhoeddi gwahoddiadau i dendro yn Gymraeg lle bo'n berthnasol • Datgan y gellir cyflwyno tendrau yn Gymraeg ac na fydd tendrau a gyflwynir yn Gymraeg yn cael eu trin yn llai ffafriol, a • Rhoi gwybod i dendrwr am y canlyniad yn Gymraeg os cyflwynodd y tendr yn Gymraeg.	↑ O **DIM SICRWYDD** i **SICRWYDD UCHEL**

Hyrwyddo gwasanaethau Cymraeg	60 a 61	**SICRWYDD UCHEL**	• Hyrwyddo'r gwasanaethau Cymraeg a ddarparwn.	**DIM NEWID**
Hunaniaeth gorfforaethol	62	**SICRWYDD CANOLIG**	• Peidio â thrin y Gymraeg yn llai ffafriol yn y modd y mae'r BIP yn ffurfio, yn adolygu ac yn cyflwyno ei hunaniaeth gorfforaethol	**DIM NEWID**
Cyrsiau addysg i gleifion	63	**SICRWYDD ISEL**	• Lle cynigir cyrsiau addysg iechyd, cynnal asesiad o'r galw amdanynt yn Gymraeg a'u cynnig yn Gymraeg	**DIM NEWID**
Systemau sain	64	**SICRWYDD UCHEL**	• Negeseuon wedi'u recordio dros systemau sain yn ddwyieithog, gyda'r neges Gymraeg yn cael ei chwarae gyntaf	**DIM NEWID**
Gofal Sylfaenol	65	**SICRWYDD UCHEL**	• Dynodi man ar ein gwefan i hyrwyddo darparwyr Gofal Sylfaenol sy'n gallu darparu gwasanaeth neu ran o wasanaeth yn Gymraeg	**DIM NEWID**
	66	**SICRWYDD UCHEL**	• Darparu a hyrwyddo gwasanaeth cyfieithu ar gyfer Gofal Sylfaenol	**DIM NEWID**
	67	**SICRWYDD UCHEL**	• Darparu a hyrwyddo cortynnau gwddf a bathodynnau sy'n dangos bod staff Gofal Sylfaenol yn siarad Cymraeg	**DIM NEWID**
	68	**SICRWYDD UCHEL**	• Darparu cyrsiau, gwybodaeth neu ddigwyddiadau fel bod staff Gofal Sylfaenol yn datblygu ymwybyddiaeth o'r Gymraeg a sut y gellir ei defnyddio yn y gweithle	**DIM NEWID**
Dosbarth y Safon: Safonau Llunio Polisi				
Gweithgaredd	**Safon(au)**	**Lefel sicrwydd**	**Disgrifiad byr**	
Asesu polisi ar gyfer effaith	69, 70 a 71	**SICRWYDD CANOLIG**	• Asesu polisïau newydd neu adolygu a diwygio polisïau ar gyfer yr effaith ar y Gymraeg	**DIM NEWID**
	72, 73, a 74	**SICRWYDD CANOLIG**	• Ymgynghori ar bolisi ac ystyried yr effaith ar y Gymraeg	↑ O **DIM SICRWYDD** i **SICRWYDD CANOLIG**
	75, 76 a 77	**SICRWYDD ISEL**	• Ymchwil i gynorthwyo llunio polisi ac ystyried yr effaith ar y Gymraeg	**DIM NEWID**

Asesu effaith polisi o fewn Gofal Sylfaenol	78	**DIM SICRWYDD**	• Cael polisi i sicrhau bod penderfyniadau mewn perthynas â Gofal Sylfaenol yn ystyried yr effaith ar y defnydd o'r Gymraeg a pheidio â thrin y Gymraeg yn llai ffafriol	**DIM NEWID**
	78A	**SICRWYDD UCHEL**	• Cyhoeddi adolygiad o'r polisi hwnnw o dan Safon 78 bum mlynedd ar ôl ei gyhoeddi	**DIM NEWID**
Dosbarth y Safon: Safonau Gweithredol				
Gweithgaredd	**Safon(au)**	**Lefel sicrwydd**	**Disgrifiad byr**	
Polisi ar y defnydd mewnol o'r Gymraeg	79	**SICRWYDD UCHEL**	• Polisi ar ddefnyddio'r Gymraeg yn fewnol er mwyn hybu a hwyluso'r defnydd o'r iaith	**DIM NEWID**
Cytundebau cyflogaeth yn Gymraeg	80	**SICRWYDD UCHEL**	• Wrth gynnig swydd newydd i unigolyn, gofyn i'r unigolyn a yw'n dymuno i'r contract cyflogaeth neu gontract am wasanaethau gael ei ddarparu yn Gymraeg ac, os felly, ei ddarparu yn Gymraeg.	**DIM NEWID**
Gohebiaeth bapur yn ymwneud â chyflogaeth	81	**SICRWYDD UCHEL**	• Gohebiaeth bapur yn ymwneud ag agweddau amrywiol ar gyflogaeth a anfonir at gyflogai	**DIM NEWID**
Polisïau'r gweithlu yn Gymraeg	82	**SICRWYDD UCHEL**	• Polisïau'r gweithlu sy'n ymwneud â materion penodol ar gael yn Gymraeg	**DIM NEWID**
Cwynion gan ac yn erbyn staff	83, 84 a 85	**SICRWYDD UCHEL**	• Nodi mewn polisïau a gweithdrefnau y gellir gwneud cwynion yn Gymraeg neu ymateb iddynt yn Gymraeg, cynnal cyfarfodydd sy'n ymwneud â chwynion yn Gymraeg, a hysbysu partïon o benderfyniadau sy'n ymwneud â chwynion yn Gymraeg	**DIM NEWID**
Gweithdrefnau disgyblu	86, 87 a 88	**SICRWYDD UCHEL**	• Nodi y gall staff ymateb i honiadau yn Gymraeg mewn dogfennau ac wrth ddwyn achos yn eu herbyn, cynnal cyfarfodydd ynghylch honiadau yn Gymraeg a hysbysu staff o'r canlyniad yn Gymraeg	**DIM NEWID**

Meddalwedd sillafu a gramadeg	89	**SICRWYDD UCHEL**	• Darparu meddalwedd cyfrifiadurol i staff ar gyfer gwirio sillafu a gramadeg yn Gymraeg	**DIM NEWID**
Mewnrwyd	90, 91, 93 a 95	**SICRWYDD UCHEL**	• Rhai tudalennau mewnrwyd yn ddwyieithog	↑ O **DIM SICRWYDD** i **SICRWYDD UCHEL**
	94	**SICRWYDD UCHEL**	• Cael tudalen fewnrwyd benodol ar gyfer hyrwyddo'r Gymraeg	**DIM NEWID**
Asesu sgiliau Cymraeg cyflogeion	96	**SICRWYDD UCHEL**	• Asesu sgiliau Cymraeg staff	**DIM NEWID**
Hyfforddiant staff	97	**SICRWYDD CANOLIG**	• Darparu hyfforddiant ar faterion penodol yn y gweithle megis Iechyd a Diogelwch	**DIM NEWID**
Hyfforddiant ar ddefnyddio'r Gymraeg	98	**SICRWYDD UCHEL**	• Hyfforddiant ar ddefnyddio'r Gymraeg mewn cyfarfodydd, cyfweliadau a gweithdrefnau cwyno a disgyblu	**DIM NEWID**
Gwersi Cymraeg sylfaenol a defnyddio'r Gymraeg mewn rolau rheoli	99	**SICRWYDD UCHEL**	• Darparu gwers Gymraeg sylfaenol a hyfforddiant ar ddefnyddio'r Gymraeg mewn rolau rheoli	**DIM NEWID**
Darparu gwersi Cymraeg pellach	100 a 101	**SICRWYDD UCHEL**	• Darparu gwersi Cymraeg i staff y tu hwnt i wers Gymraeg sylfaenol	**DIM NEWID**
Ymwybyddiaeth o'r Gymraeg	102	**SICRWYDD UCHEL**	• Darparu hyfforddiant ymwybyddiaeth o'r Gymraeg	**DIM NEWID**
Sefydlu corfforaethol	103	**SICRWYDD UCHEL**	• Darparu deunydd ymwybyddiaeth o'r Gymraeg fel rhan o sesiynau sefydlu corfforaethol	**DIM NEWID**
Logo a geiriad ar gyfer e-byst	104	**SICRWYDD UCHEL**	• Darparu logo fel y gall staff ddangos eu bod yn siarad Cymraeg mewn e-byst a thempled er mwyn iddynt allu creu neges allan o'r swyddfa ddwyieithog	**DIM NEWID**

Darparu cortynnau gwddf a bathodynnau	105	**SICRWYDD UCHEL**	• Darparu bathodynnau a logos i staff fel y gallant ddangos eu bod yn siarad Cymraeg	**DIM NEWID**
Asesu swyddi gwag	106 a 106A	**SICRWYDD ISEL**	• Asesu swyddi gwag ar gyfer pa sgiliau sydd eu hangen yn Gymraeg yn seiliedig ar un o 4 categori, a lle mae 'Cymraeg yn Hanfodol', 'Dymunol' neu 'Angen Dysgu', nodi hyn wrth hysbysebu, a hysbysebu'r swydd yn Gymraeg	**DIM NEWID**
Annog ceisiadau yn Gymraeg	107	**SICRWYDD UCHEL**	• Wrth hysbysebu swydd, datgan y caniateir i geisiadau gael eu cyflwyno yn Gymraeg, ac na fydd cais a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol	**DIM NEWID**
Deunydd recriwtio Cymraeg	107A	**SICRWYDD UCHEL**	• Cyhoeddi gwybodaeth sy'n ymwneud â cheisiadau yn Gymraeg fel pob ffurflen gais, gwybodaeth am ddulliau asesu a disgrifiadau swydd	**DIM NEWID**
Ceisiadau a wneir yn Gymraeg	107B	**SICRWYDD UCHEL**	• Peidio â thrin cais am swydd a wneir yn Gymraeg yn llai ffafriol na chais a wneir yn Saesneg	**DIM NEWID**
Defnydd ymgeiswyr o'r Gymraeg mewn cyfweliadau	108	**SICRWYDD UCHEL**	• Sicrhau bod ffurflenni cais am swyddi yn rhoi lle i ymgeiswyr nodi eu bod yn dymuno cael cyfweliad neu ddull arall o asesu yn Gymraeg, ac os felly, cynnig hyn.	**DIM NEWID**
Rhoi gwybod i ymgeiswyr am y canlyniad	109	**SICRWYDD UCHEL**	• Rhoi gwybod i ymgeisydd am benderfyniad mewn perthynas â chais am swydd yn Gymraeg os gwnaed y cais yn Gymraeg.	**DIM NEWID**
Strategaeth 5 mlynedd ar ddarparu ymgynghoriadau clinigol yn Gymraeg	110	**SICRWYDD UCHEL**	• Cyhoeddi strategaeth ar gyfer pob cyfnod o 5 mlynedd yn ymwneud â chynnig ymgynghoriadau clinigol yn Gymraeg	**DIM NEWID**
	110A	**SICRWYDD UCHEL**	• Cyhoeddi adolygiad o'r strategaeth ar gyfer pob cyfnod o 5 mlynedd yn ymwneud â chynnig ymgynghoriadau clinigol yn Gymraeg	**DIM NEWID**
Arwyddion yn y gweithle	111, 112 a 113	**SICRWYDD CANOLIG**	• Arwyddion gweithle dwyieithog cywir, gyda'r Gymraeg mewn safle lle mae'n fwy tebygol o gael ei darllen yn gyntaf	**DIM NEWID**

Anerchiadau wedi'u recordio yn y gweithle	114	**SICRWYDD UCHEL**	• Cyhoeddiadau sain yn y gweithle	**DIM NEWID**
Dosbarth y Safon: Safonau Cadw Cofnodion				
Gweithgaredd	**Safon(au)**	**Lefel sicrwydd**	**Disgrifiad byr**	
Cofnodi cwynion	115	**SICRWYDD UCHEL**	• Cadw cofnod o bob cwyn a dderbynnir ynghylch safonau'r Gymraeg	**DIM NEWID**
Cofnodi sgiliau	116	**SICRWYDD UCHEL**	• Cadw cofnod o sgiliau Cymraeg fel y'u hasesir o dan Safon 96	**DIM NEWID**
Cofnod o'r sgiliau sydd eu hangen ar gyfer swyddi gwag	117	**SICRWYDD UCHEL**	• Cadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y swyddi newydd a gwag a gafodd eu categoreiddio (yn unol â safon 106) fel swyddi lle - ○ (a) mae sgiliau Cymraeg yn hanfodol; ○ (b) mae angen dysgu sgiliau Cymraeg ar ôl penodi i'r swydd; ○ (c) mae sgiliau Cymraeg yn ddymunol; neu ○ (ch) nid oes angen sgiliau Cymraeg	**DIM NEWID**
Safonau sy'n ymdrin â materion atodol				
Gweithgaredd	**Safon(au)**	**Lefel sicrwydd**	**Disgrifiad byr**	
Materion atodol fel sy'n berthnasol i'r Safonau	118	**SICRWYDD UCHEL**	• Cyhoeddi'r hysbysiad cydymffurfio ar ein gwefan	**DIM NEWID**
	119	**SICRWYDD UCHEL**	• Sicrhau bod trefn gwyno sy'n nodi sut y bydd y BIP yn ymdrin â chwynion yn ymwneud â Safonau'r Gymraeg, a'i chyhoeddi ar y wefan	**DIM NEWID**
	120	**SICRWYDD UCHEL**	• Cyhoeddi adroddiad blynyddol ar gydymffurfiaeth	**DIM NEWID**
	121	**SICRWYDD UCHEL**	• Rhoi i Gomisiynydd y Gymraeg unrhyw wybodaeth y mae ef neu hi wedi gofyn amdani mewn perthynas â'r Safonau	**DIM NEWID**

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Operational Delivery Committee

CTM Digital Supplier Management Policy

Eitem yr Agenda / Agenda Item	**7.1.5**
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
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Adroddiad wedi'i baratoi gan / Report Prepared by:	Steve Macdonald – Assistant Director for Digital Delivery; Paul Chilcott – Lead Infrastructure and Security Architect
Cyflwynydd yr Adroddiad / Report Presenter:	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	This report seeks approval at the Operational Delivery Committee for the CTM Digital Supplier Management Policy

1. Situation /Background

1.1 The CTM Digital Supplier Management Policy establishes a structured, repeatable and proportionate framework for managing digital technology suppliers and subcontractors. It applies to non-CTM UHB organisations that access or store CTM UHB data, connect to CTM UHB networks, or support digital services. The policy is intended to strengthen supplier ownership, risk-based assurance, contract lifecycle oversight and governance across digital services.

2. Specific Matters for Consideration

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

Name Title	Date Consulted/Completed
Equality Impact Assessment	**21/07/2026**
Informal Consultation with interested parties	**05/2026 – 07/2026**
Formal Consultation	**15/07/2026 to 29/07/2026**
Operational Management Board – For Endorsement	**02/09/2026**
Operational Development Committee – For approval	**27/10/2026**

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

2.3 Facilities, Estates, Comms and Engagement, Clinical Engineering, Workforce and Finance have been engaged in the consultation.

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made:

3.2 Refinement of the supplier tiering and assurance approach

4. Assessment

5. Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd ***6.*** *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **7.** **8. Link to Strategic Risk(s) on the Board Assurance Framework** **9.** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 5 If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): NEUTRAL	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE Summary of impact: Ensure Welsh language requirements are considered during supplier procurement, contract reviews, and assurance activities where relevant to the service being provided. Include Welsh language considerations within supplier assurance activities for patient-facing and public-facing digital services where appropriate.	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	**Neutral**	
Cyfreithiol / Legal	**There are no specific legal implications related to the activity outlined in this report**	
Enw da / Reputational	**There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report**	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**	

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

Operational Delivery Committee	27/10/2026	

Acronyms / Glossary of Terms	

10. Recommendation

10.1 The Operational Delivery Committee are asked to **APPROVE** the CTM Digital Supplier Management Policy**.**

11. Next Steps

11.1 Implement Policy.

CTM Digital Supplier Management Policy

Document Type:	Policy
Indicate Clinical or Non-Clinical:	Non-Clinical
Document Reference:	DD05
Document Author (Title Only):	Head of Digital Service Management
Document Executive Director Sponsor	Director of Digital
Date Equality and Welsh Language Impact Assessment Completed:	02/07/2026
Freedom of Information Act Status (For Policies Only)	Open
	If indicated as closed, please indicate exemption that has been applied: (N/A)
Approving Forum:	Operational Delivery Committee
Approval / Effective from Date:	
Review date due by:	
Document Version:	V.02
Target Audience	All CTM UHB staff involved in engaging, procuring, managing, or overseeing digital suppliers

Disclaimers

CTMUHB Policies, Procedures and other Written Control Documents can only be considered valid and up to date if viewed on the SharePoint Pages, which is considered as the master library: LINK

If the review date of a document is passed, please contact the author or CTM.QualityassuranceCompliance@wales.nhs.uk

Components

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

For guidance on Clinical Policy Development please contact:

CTM_ClinicalPolicies@wales.nhs.uk

For guidance on Non-Clinical Policy Development please contact:

ctm.qualityassurancecompliance@wales.nhs.uk

Or visit the Policy Author Page on SharePoint.

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Introduction

1. Policy Statement

1.1 CTM UHB Digital & Data will implement and maintain a structured, repeatable, and scalable framework for the management of Digital technology suppliers and sub-contractors. This framework will ensure the consistent application of proportionate controls and robust risk management practices, including the identification, assessment, and mitigation of information and cyber risks, across all supplier relationships that support the delivery of digital products, systems, and clinical services.

2. Scope of Policy

2.1 This policy applies to all non-CTMUHB organisations providing products or services that:

- Access and store CTMUHB data.
- Connect to CTMUHB networks.
- Support digital services.

2.2 This policy covers all non-CTMUHB supplier organisations including primary suppliers' sub-processors, cloud and on-premises providers, software publishers, and managed service providers (MSPs).

3. Aims and Objectives

3.1 Drive the adoption of the following principles in relation to suppliers -

- **Impact over Spend**: Criticality, clinical/operational risk, data sensitivity, and clinical and cost effectiveness are prioritised over cost alone when assessing and classifying supplier relationships.
- **Proportionate Controls**: Application of controls are scaled to supplier risk tier, service criticality, and spend.
- **Single Owner**: Every contract must have a named Contract Owner. Operational Owners support the Contract Owner (see Governance & Roles).
- **Compliance by Design**: Aligns with NHS DTAC, NHS Wales NIS CAF, UK GDPR, Data Protection Act 2018, and relevant UHB policies.
- **Dynamic Risk Management:** Supplier risk is reviewed regularly and after significant changes or incidents.

4. Responsibilities

- **Executive Sponsor**: Director of Digital / SIRO alignment.
- **Policy Owner**: Head of Digital Service Management.

- **Contract Owner:** Contract Owner (Primary owner, often outside of Digital and Data within the wider business). Each contract must have a named owner, with a designated deputy or secondary contact to ensure continuity in the event of absence.
- **Operational Owners**: Technical Owner (Digital and Data, Clinical Engineering, Care Group or Corporate function), Information Asset Owner (IAO).
- **Cyber Security:** defines standards, performs assurance on technical matters in line with the Code of Connection and other relevant toolkits, and supports risk acceptance decisions.
- **Contract & Supplier Support (Business Admin)**: support the Contract Owner in the lifecycle of the contract via the supplier register (maintenance/contract schedule), notifications of contract lifecycle, ensure consistency.
- **Procurement**: supports the Contract Owner to ensure controls are embedded in contracts.
- **Suppliers**: implement agreed controls, notify incidents, and manage sub-contractor/processors.
- **Reporting:** Status of suppliers and levels of compliance to be reported on at least quarterly basis at the Cyber Resilience and Availability Operational Board & Digital Service Management Board.

5. Definitions

Term	Definition
Supplier	Any third-party organisation that provides products, services, support, maintenance, consultancy, software, infrastructure, cloud services, managed services, or other digital capabilities to CTM UHB.
Contract Owner	The individual accountable for the overall supplier relationship, contract performance, risk management, and ensuring compliance with this policy.
Operational Owner	The individual responsible for the day-to-day operation of a service or system supported by a supplier. This may be a representative from Digital & Data, Clinical Engineering, a Care Group, or a Corporate Function.
Service Catalogue	The authoritative record of CTM UHB digital services, including service ownership, supplier relationships, support arrangements, service criticality, and associated governance information.
Critical Service	A service whose failure, degradation, or unavailability could significantly impact patient safety, clinical operations, statutory obligations, or business continuity.
Tier 1 Supplier (Critical)	A supplier whose failure or compromise could materially affect patient safety, critical clinical services, regulatory compliance, or key organisational operations.
Tier 2 Supplier (High)	A supplier whose failure or compromise would have a significant operational, financial, information governance, or service impact but would not result in immediate critical service disruption.
Tier 3 Supplier (Medium/Low)	A supplier providing lower-risk or commodity services where disruption would have limited business impact and can be managed through standard operational processes.

Term	Definition
Information Asset Owner (IAO)	The individual accountable for understanding and managing the risks associated with information assets and ensuring information is handled appropriately.
Personal Data	Any information relating to an identified or identifiable living individual as defined under UK GDPR and the Data Protection Act 2018.
Special Category Data	Personal data requiring additional protection, including health information, genetic data, biometric data, ethnicity, religious beliefs, sexual orientation, and other categories defined under UK GDPR.
Data Protection Impact Assessment (DPIA)	A structured assessment used to identify and minimise privacy and information governance risks arising from the processing of personal information.
Data Security and Protection Toolkit (DSPT)	The national assurance framework used to measure and demonstrate compliance with data security and information governance requirements.
DTAC	The NHS Digital Technology Assessment Criteria used to assess digital health technologies against clinical safety, technical security, interoperability, usability, and accessibility standards.
Cyber Assessment Framework (CAF)	A framework used to assess cyber resilience and security maturity against recognised security outcomes and principles.
Major Change	A significant change to a service, contract, system architecture, hosting model, security model, or supplier relationship that may alter the level of risk presented to CTM UHB.
Assurance Activity	Any assessment, review, audit, certification, security evaluation, risk assessment, DPIA, or compliance exercise undertaken to verify that suppliers meet CTM UHB requirements.

Term	Definition
Total Cost of Ownership (TCO)	The full cost of acquiring, implementing, operating, supporting, and maintaining a product or service throughout its lifecycle.

6. Implementation / Policy Compliance and Controls

6.1 CTM UHB shall adopt a structured and proportionate approach to supplier management to ensure that resources and assurance activities are focused on those suppliers that present the greatest risk to service delivery, patient safety, information security, and regulatory compliance. All suppliers within the scope of this policy shall be assessed and assigned a Criticality Tier based on the potential impact to the Health Board should the supplier's products or services become unavailable, compromised, or fail to perform as required. Supplier Criticality shall be reviewed during onboarding, contract renewal, significant service changes, or following any material incident, and recorded within the Digital Supplier Register.

6.2 **Table 1 – Supplier Criticality Assessment**

6.3 Complete the assessment below and assign the supplier to the highest applicable tier.

Assessment Area	Question
Clinical Impact	Would supplier failure impact patient safety or the delivery of critical clinical services?
Operational Impact	Would supplier failure cause significant disruption to Health Board operations?
Information Assets	Does the supplier host, process or have access to patient identifiable information or other sensitive data?
Technology Dependency	Does the supplier provide a critical technology service, system, platform or infrastructure component?
Regulatory Impact	Could supplier failure result in significant regulatory, legal or statutory non-compliance?

Assessment Area	Question
Replacement Difficulty	Would it be difficult, costly or time-consuming to replace the supplier or implement an alternative solution?
Reputational Impact	Could supplier failure have a significant adverse impact on the reputation of CTM UHB?

6.4 Assessment Guidance

6.5 Suppliers shall be assessed during onboarding, contract renewal, significant service changes, or where there is a material change in risk. The supplier shall be allocated to the highest applicable tier identified through the assessment.

6.6 **Table 2 – Supplier Tiering Criteria**

6.7 Use the first applicable rule. Any proposed departure from the standard thresholds must be documented by the Contract Owner and approved through the Digital Service Management governance structure.

Tier	Criteria
Tier 1 – Critical	The supplier supports services where failure or compromise could impact patient safety, prevent delivery of critical clinical services, cause major operational disruption, result in significant regulatory non-compliance, or affect a core digital platform, infrastructure service, or large volumes of patient data, **or** ≥£0.5m annual TCO.
Tier 2 – High	The supplier supports important clinical or operational services and/or processes sensitive information. Failure would have a significant impact on service delivery, but alternative processes, manual workarounds or contingency arrangements exist, **or** £100k–£0.5m TCO
Tier 3 – Standard	The supplier provides non-critical products or services with limited operational impact. Alternative suppliers, products or workarounds are readily available and failure would result in minimal disruption to CTM UHB services, **or** <£100k TCO.

6.8 **Table 3 – Example Supplier Classification**

Tier	Typical Examples
Tier 1 – Critical	Electronic Patient Record (EPR) systems, Patient Administration Systems (PAS), network infrastructure providers, cloud hosting platforms supporting critical systems, identity and access management services, strategic managed service providers.
Tier 2 – High	Departmental clinical systems, diagnostic applications, business-critical software-as-a-service (SaaS) solutions, specialist support contracts, suppliers processing limited volumes of patient information.
Tier 3 – Standard	Commodity software, training providers, productivity tools, low-risk hosted services, suppliers with limited or no access to CTM UHB systems or sensitive information.

6.9 **Supplier Review Frequency**

Tier	Minimum Review Frequency
Tier 1 – Critical	Quarterly
Tier 2 – High	Six-monthly
Tier 3 – Standard	Annually

6.10 CTM UHB shall maintain supplier information within the Digital Service Catalogue. For each service, the catalogue shall record the associated supplier(s), contract owner, operational owner, supplier tier, assurance status, key contract dates, support arrangements, and review requirements. The Service Catalogue shall be used as the authoritative source for supplier governance, reporting, and lifecycle management.

6.11 **Controls**

Control	**Requirement**
Service Catalogue	All in-scope suppliers must be linked to a service within the Service Catalogue.
Ownership	Each supplier relationship must have a named Contract Owner and Operational Owner.
Tiering	Supplier tier must be recorded and reviewed at least annually.
Contract Management	Key dates including expiry, renewal and notice periods must be recorded.
Assurance	Applicable assessments (DPIA, DTAC, Cyber Assurance, DSA etc.) shall be recorded against the associated service.
Reporting	Supplier compliance and review status shall be reported through the Digital Service Management governance structure on at least a quarterly basis.

- Apply tiering mechanism (New Supplier/Contract renewal/Major Change or upgrade) on all new procurements and at next renewal for live contracts.
- Record tier, owner(s), cadence, and expiry/notice in the service catalogue.
- Contract Owner reports coverage and red/amber suppliers to Cyber Resilience and Availability Operational Board.
- Review this policy annually or after material incidents/changes.
- Digital Service Management shall provide guidance, templates and support to Contract Owners to ensure supplier assessments, reviews and assurance activities are undertaken consistently across CTM UHB.

7. Information, Instruction and Training

7.1 CTM UHB will ensure that staff with responsibilities for the procurement, management, assurance and review of Digital suppliers are provided with appropriate information, instruction and guidance to enable compliance with this policy.

7.2 The level of information and training required shall be proportionate to an individual's role and responsibilities.

7.3 Training and Awareness Requirements

Role	**Information, Instruction and Training Requirement**
Contract Owners	Awareness of this policy, supplier tiering requirements, review processes, assurance requirements and governance arrangements.
Operational Owners	Awareness of supplier responsibilities, service risks, supplier review processes and escalation arrangements.
Procurement Staff	Awareness of supplier classification, contractual control requirements and procurement governance processes.
Cyber Security and Information Governance Staff	Awareness of supplier assurance requirements, risk management processes and applicable regulatory requirements.
Senior Managers and Budget Holders	Awareness of their responsibilities when procuring, managing or sponsoring suppliers.

7.4 Recording and Monitoring

7.5 Completion of supplier reviews, supplier classifications and assurance activities shall be recorded within the Service Catalogue and associated service management processes.

7.6 Compliance with this policy shall be monitored through periodic reviews of supplier records, assurance activities and governance reporting.

8. Equality and Welsh Language Impact Assessment Outcome

8.1 An Equality and Welsh Language Impact Assessment (EWLIA) has been completed for this policy. The assessment identified no adverse impacts on protected characteristic groups and therefore the overall equality impact is assessed as neutral. The policy may have a positive impact on the Welsh language by providing governance arrangements through which Welsh language requirements can be considered during supplier procurement, assurance, and contract management activities where appropriate.

9. Main Relevant Legislation

9.1 The management of Digital suppliers must comply with all applicable legislation, regulatory requirements and NHS Wales standards. Contract Owners shall ensure that supplier arrangements are managed in a manner that supports compliance with these requirements and that appropriate assurance is maintained throughout the contract lifecycle.

Legislation / Framework	Relevance to this Policy
UK General Data Protection Regulation (UK GDPR)	Establishes requirements for the lawful processing, storage, sharing and protection of personal data.
Data Protection Act 2018	Provides the legislative framework for the processing and protection of personal information within the United Kingdom.
Network and Information Systems (NIS) Regulations 2018	Requires appropriate security and resilience measures for network and information systems supporting essential services.
Computer Misuse Act 1990	Establishes offences relating to unauthorised access to computer systems and digital information.
Freedom of Information Act 2000	Provides rights of access to information held by public authorities and places obligations on the management of information.

Legislation / Framework	Relevance to this Policy
Public Contracts Regulations 2015	Governs public sector procurement activities and supports transparency, fairness and value for money in supplier engagement.
NHS Wales Information Governance Standards	Defines the information governance requirements applicable to organisations processing Health Board information.
NHS Wales National Cyber Security Standards and Guidance	Establishes expectations for cyber security controls, risk management and supplier assurance activities.
Digital Technology Assessment Criteria (DTAC)	Provides assurance requirements for digital technologies used within health and care settings.
Cyber Assessment Framework (CAF)	Provides a structured approach to assessing cyber resilience and managing cyber risk within organisations and supply chains.

10. References

10.1 This policy should be read in conjunction with relevant legislation, national standards, and CTM UHB policies relating to procurement, cyber security, information governance, data protection, risk management, records management, and digital service management. Key references include the UK GDPR, Data Protection Act 2018, NIS Regulations, NHS Wales Information Governance Standards, NHS Wales Cyber Assessment Framework (CAF), NHS Digital Technology Assessment Criteria (DTAC), and applicable CTM UHB corporate policies.

11. Getting Help

11.1 Staff requiring advice or support relating to supplier management, supplier assurance, risk assessment, contract ownership, or compliance with this policy should seek assistance through the following channels:

Area of Support	Contact
Policy Interpretation and Supplier Governance	Head of Digital Service Management
Information Governance and Data Protection	Information Governance Team
Cyber Security Assurance and Risk Assessment	Digital Cyber Security Team
Data Protection Impact Assessments (DPIAs)	Information Governance Team
Digital Service Catalogue and Service Ownership	Digital Service Management Team
Procurement of New Digital Solutions	Procurement Department and Digital & Data

12. Related Policies

12.1 This policy should be read in conjunction with the following CTM UHB policies, frameworks, standards, and procedures:

Information Governance Policy (IG01)	Defines requirements for the handling, storage, sharing, and protection of information.

Operational Delivery Committee

Recruitment and Selection Policy

Eitem yr Agenda / Agenda Item	**7.1.7**
Dyddiad y Cyfarfod / Date of Meeting:	27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	People Policy Lead
Cyflwynydd yr Adroddiad / Report Presenter:	Deputy Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee is asked to APPROVE the Recruitment and Selection Policy

1. Situation /Background

1.1 The purpose of this paper is to seek approval from the Operational Delivery Committee (ODC) for the publication of the revised Recruitment & Selection Policy.

1.2 Cwm Taf Morgannwg University Health Board (CTMUHB) recognises that its workforce is fundamental to the delivery of safe, effective and compassionate services. The Health Board is committed to attracting, recruiting and retaining individuals with the skills, knowledge, values and behaviours required to meet the needs of our patients, communities and workforce.

1.3 Before seeking approval to recruit, managers should review current and future workforce needs, considering opportunities for workforce redesign, skill mix development, apprenticeships, succession planning, redeployment, and internal mobility.

1.4 This policy applies to the recruitment of all employees (permanent, fixed-term and secondment) and bank workers. It does not apply to Executive and Senior Pay (ESP) posts, Medical and Dental training posts, appointments made through organisational change, retire and return arrangements, off-payroll (IR35) engagements, honorary contracts, or volunteers.

2. Specific Matters for Consideration

2.1 The Recruitment & Selection Policy has been revised to provide clearer principles and guidance to support recruiting managers in applying recruitment processes consistently, fairly, and effectively. It outlines the requirements and key stages of the recruitment lifecycle, ensuring an efficient, compliant and structured approach to recruitment and selection.

2.2 The revised policy reinforces the requirement for all vacancies to be authorised before any recruitment activity commences, ensuring recruitment is necessary, appropriately funded, and aligned to service needs and organisational priorities.

2.3 To improve the quality, consistency and timeliness of recruitment, the revised policy introduces the following enhancements:

- **Extends the reserve-list** period for appointable candidates from 3 to 6 months, to save time and resource and speed up time-to-hire.
- Supports workforce sustainability by expanding provisions around **recent leavers seeking to rejoin** an authorised vacancy, without the need for a full recruitment process. This provision currently only applies to registered nurses within 3 months of leaving. It will be

expanded to all registered health professionals within 6 months of leaving.

- Provides clarity on when to use **external advertising** (the default position), **internal-only adverts** and **Expressions of Interest**. All vacancies must be approved on Trac.
- Requires vacancy authorisation, shortlisting and interview where more than one employee expresses interest through an Expression of Interest process, ensuring appointments are made on merit and decisions are **fair and transparent**.
- Clarifies that recruiting managers are responsible for progressing recruitment activity promptly at all stages to achieve time-to-hire targets.
- Requires **interview panels** to include a member from outside the recruiting service to provide broader perspective and strengthen objectivity in decision-making.
- Provides clarity and consistency on the selection approach, including **assessment centres for Senior Leadership posts**.

2.4 The policy has been simplified to improve accessibility and ease of use. A supporting Frequently Asked Questions (FAQs) resource has also been introduced to help managers and staff navigate common recruitment scenarios, including getting started as a new recruiting manager, utilising internal talent, attracting external candidates, the use of AI, managing high application volumes, selecting assessment methods, delays in pre-employment checks, and immigration and sponsorship queries.

2.5 Furthermore, a formal guide has been introduced to support the involvement of people with lived experience in recruitment where their insights can help shape selection decisions, provide first-hand perspectives on service user needs, and enhance the quality of appointments through diverse experiences and viewpoints.

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

Name Title	**Date Consulted/Completed**
Equality Impact Assessment	18 September 2026
Informal Consultation with interested parties	• People Policy Review Group 27 August 2026 • Recruiting Managers 14-17 September 2026 • Local Partnership Forum 22 September 2026 • Deputy Leadership Group- 7 October 2026
Formal Consultation	25 September – 8 October 2026

Committee – For approval	• 30 September 2026 (OMB – endorsed) • 27 October 2026 (ODC)

2.7 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation, albeit significantly simplified.

2.8 The revision process for this policy involved engagement with People Policy Review Group, Local Partnership Forum and employee feedback. The updated policy aligns with our People Plan priority of 'Getting the Basics Right' by simplifying the pertinent points.

2.9 Organisational values and behaviours have been reflected within the policy.

2.10 In line with our corporate governance framework, Operational Delivery Committee is required to approve updated CTMUHB policies before implementation.

3. Key Risks / Matters for Escalation

3.1 Robust recruitment controls and vacancy authorisation, underpinned by efficient workforce planning, are essential to ensure affordable and future-focussed service delivery. Failure to comply with this policy may result in unfair, inconsistent, or unlawful recruitment decisions and expose the Health Board to legal, financial, reputational, workforce, and patient safety risks. All recruitment activity must be conducted fairly, transparently, and in accordance with this policy to ensure appointments are made on merit.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework**	Strategic Risk 3 Workforce Capacity & Culture If more than one applies please list below:

(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A More Equal Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Culture & Valuing People
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality: POSITIVE Summary of impact: Overall, the policy promotes inclusive and objective recruitment based on skills, qualifications, experience and values, thus reducing the risk of discrimination and supporting equal access for all applicants. Outcome for Welsh Language: POSITIVE Summary of impact: As the policy is available in Welsh. Welsh speaking employees can engage confidently with recruitment processes in Welsh, supporting the everyday use of Welsh in the workplace.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:

Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable. The policy does not fall under a cost saving schemes over the value of £100k.	
Cyfreithiol / Legal	**Yes (Include further detail below)** Legal challenges arising from discrimination, unfair treatment, or failure to comply with employment legislation.	
Enw da / Reputational	**Yes (include further detail below)** Failure to comply with the policy may affect public confidence and the organisation's ability to attract high-quality candidates. For internal candidates, undermining confidence in recruitment decisions among employees.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**There is no direct impact on resources as a result of the activity outlined in this report**	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
People Policy Review Group	27/08/2026	Endorsed
Recruiting Managers	14-17/09/2026	Incorporated
Local Partnership Forum	22/09/2026	Endorsed
Staff consultation online	25/09/2026 – 8/10/2026	Incorporated
Deputy Leadership Group	7/10/2026	Incorporated
Operational Management Board (OMB)	30/09/2026	Endorsed

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

5. Recommendation

5.1 The Operational Delivery Committee are asked to approve the Recruitment and Selection Policy for implementation.

6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

6.2 Manager awareness communications on the revised policy will be delivered from November 2026. In addition, a phased Recruitment Training Programme for Managers is in the final stages of development to equip managers with the knowledge and skills required to deliver high-quality recruitment, enhance the candidate experience, increase recruiting manager confidence, and reduce time-to-hire.

6.3 A review will be undertaken at the 6-month point (April 2027) to review compliance with the policy and time to hire.

Recruitment and Selection Policy

Document Type:	Policy
Indicate Clinical or Non-Clinical:	Non-Clinical
Document Reference:	People 01
Document Author (Title Only):	Workforce Efficiency Manager
Document Executive Director Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Date Equality and Welsh Language Impact Assessment Completed:	
Freedom of Information Act Status (For Policies Only)	Open
Approving Forum:	Operational Delivery Committee
Approval / Effective from Date:	
Review date due by:	
Document Version:	4
Target Audience	All Staff

Disclaimers

CTMUHB Policies, Procedures and other Written Control Documents can only be considered valid and up to date if viewed on the SharePoint Pages, which is considered as the master library: LINK

If the review date of a document is passed, please contact the author or CTM.QualityassuranceCompliance@wales.nhs.uk

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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Appendix 1: Recruitment Process Flowchart 13

1. Purpose

Cwm Taf Morgannwg University Health Board (CTMUHB) recognises that its workforce is fundamental to the delivery of safe, effective and compassionate services. The Health Board is committed to attracting, recruiting and retaining individuals with the skills, knowledge, values and behaviours required to meet the needs of our patients, communities and workforce.

This policy sets out CTM's approach to fair and transparent recruitment and selection, supporting equality, Welsh Language Standards, a positive candidate experience and efficient workforce planning.

This policy should be read in conjunction with the Recruitment and Selection Policy FAQs and associated recruitment guidance.

2. Scope

This policy applies to the recruitment of **all staff** (permanent, fixed-term, secondment) **and bank workers**, excluding:

- Executive and Senior Pay (ESP) posts
- Medical and Dental training posts (All Wales/UK)
- Organisational Change and Retire & Return appointments
- Off-payroll (IR35) engagements
- Honorary contracts
- Volunteers

3. Guiding Principles

Recruitment and selection will be underpinned by the following principles:

- Recruiting the right people, with the right skills, knowledge, values and behaviours, into the right roles.
- Supporting an inclusive workforce by advertising opportunities widely and using fair, accessible recruitment methods to attract diverse, high-quality candidate pools
- Ensuring recruitment decisions are transparent, objective, evidence based and made on merit.
- Using approved systems and processes to ensure compliance, accountability, value for money and alignment with workforce planning objectives.
- Protecting patients, staff and the public through safe recruitment practices, safeguarding responsibilities and appropriate pre-employment checks.
- Delivering a positive candidate experience and promoting CTM as an employer of choice through professional, respectful and timely communication.
- Recruiting efficiently, with managers taking responsibility for progressing vacancies promptly and minimising avoidable delays to appointment.

4. Roles and Responsibilities

All individuals involved in recruitment have a responsibility to ensure recruitment activities are undertaken in accordance with this policy and associated procedures.

Recruiting managers	Recruiting Managers are responsible for managing recruitment from vacancy approval through to onboarding and induction, ensuring compliance with policy, legislation and associated procedures. They are accountable for delivering recruitment KPI targets, appointing candidates fairly and on merit, providing a positive candidate experience, and ensuring all required pre-employment checks are completed.
Authorisers	Authorisers are responsible for reviewing and confirming that a role aligns with the future needs of the service and has the necessary budget approval before recruitment can proceed.
Shortlisters	Shortlisters are responsible for reviewing applications against the person specification and making fair and objective decisions about which candidates should progress to the next stage of selection.
Interview / Selection Panel members	Interview / Selection Panel Members are responsible for objectively assessing candidates and conducting a fair and consistent selection process to identify the most suitable candidate for the role.
NWSSP Recruitment Services Team	Provide administrative support to CTM throughout the recruitment process, including advertising vacancies, managing applications and interviews, issuing offers, completing pre-employment checks, confirming start dates, and providing recruitment advice, support and training.
People Directorate	Teams within the People Directorate will provide professional advice, guidance and operational support to ensure recruitment and selection activity is compliant, effective and aligned to CTM's workforce priorities. This includes recruitment system support, occupational health, attraction and selection, early careers, international recruitment, workforce planning, job evaluation, Welsh language requirements, immigration and sponsorship, internal mobility initiatives including redeployment and the Lateral Moves Scheme.

5. Before Starting Recruitment

Before seeking approval to recruit, managers should consider their current and future workforce requirements. This includes reviewing opportunities for workforce redesign, skill mix changes, apprenticeship pathways, succession planning, redeployment opportunities and internal mobility options.

5.1 Information and Training

Before beginning any recruitment activity, managers should familiarise themselves with this Recruitment and Selection Policy, FAQ's and the guidance available through the CTM Recruitment Hub.

Recruiting managers are required to attend relevant recruitment training and make use of the resources available to support effective recruitment decisions.

5.2 Time to hire

Managers are responsible for progressing recruitment activity promptly and working towards the agreed All Wales Time to Hire targets. Managers must actively monitor progress at each stage of the recruitment process, promptly complete required actions, and work collaboratively with recruitment/HR teams to avoid or escalate unnecessary delays. Good planning at the start of the process is one of the most effective ways of reducing delays and improving candidate experience. Further information on recruitment timelines, KPIs and manager responsibilities can be found on the Recruitment Hub (Reducing Time to Hire and KPI's).

5.3 Establishing the Welsh Language requirement of the post

Managers must use the Welsh Language Assessment Tool to determine the appropriate Welsh language requirement for each role (Welsh essential, Welsh to be learnt, Welsh desirable, or Welsh not necessary). The rationale for the assessment must be recorded, and the agreed category clearly displayed within the recruitment system and job advertisement.

6. Job Description and person specification (JDPS)

Ensuring that the job description and person specification are up to date and relevant are key to a compliant and successful recruitment process. The person specification within a job description is the basis of your selection criteria. JDPS's should be reviewed ahead of any new recruitment campaign. If you require further support, contact the Job Evaluation Team.

7. Authorisation and approval to recruit

All vacancies must be approved before any recruitment activity begins. This ensures that recruitment is necessary, supported by approved funding, and strategically aligned with service need and organisational priorities.

Before seeking approval, recruiting managers should consider alternative workforce solutions and demonstrate that recruitment is required to meet current and future service needs.

The recruitment system provides an electronic approval process. Recruiting managers are responsible for submitting a vacancy request and all required documentation, including the advert, evaluated job description, person specification, shortlisting criteria, and any other supporting information.

Authorisers are responsible for reviewing the request and confirming that the recruitment is justified, funded, and aligned with organisational priorities before approval is granted.

CTM may apply additional scrutiny, including Executive-level review, for specific vacancies or staff groups where required.

8. Advertisement

8.1 Redeployees

Ahead of any internal or external advertising, managers must consider employees on the redeployment register. Further information about redeployment can be found here.

8.2 Lateral Moves

The Lateral Moves Scheme (LMS) enables eligible CTM employees to move into like-for-like roles at the same band and within the same professional group to address retention and speed up vacancy filling. Managers should consider lateral move requests prior to external advertisement. Eligibility criteria and process guidance are available in the Lateral Moves Scheme Procedure and on the Retention Hub.

8.3 Internal only advertising

As a general principle, vacancies should be advertised externally to maximise access to the broadest talent pool and promote fair and open competition.

However, internal-first advertising may be considered in certain circumstances, such as succession planning, organisational change, redundancy and redeployment mitigation, or workforce development initiatives where there is an established internal talent pool with the relevant skills and experience. Any decision to advertise a vacancy on an internal basis must remain fair, proportionate, and enable the service to recruit a candidate who meets the requirements for the role. Internal-first advertising should be supported by a clear business justification.

8.4 External Advertising

Roles are generally expected to be advertised externally to access the widest talent pools and promote diversity and inclusion.

All job adverts, and any supporting materials including job descriptions and person specifications must be advertised bilingually as per the Welsh Language standards.

Recruiting managers are responsible for ensuring job advertisements are engaging and accurately reflect the job description and person specification. Adverts should positively promote the organisation, be transparent, consistent, and in line with equality, legal, and organisational requirements. Adverts must be inclusive, aligned to our values, and use appropriate channels to attract diverse candidates, including under-represented groups. Further information can be found here- Job adverts best practice. Where possible the planned interview date should also be specified in the advert.

Advertising periods should balance fair access for candidates with the need to recruit safely and quickly. Generally, vacancies should be advertised for a minimum of 14 days. Further guidance around advertising periods can be found here Advertising duration. Any request to close a vacancy early must be approved by the People Services or Medical Workforce Team and requires a minimum of 24 hours' notice.

As a minimum, all vacancies must be advertised via the NHS Wales recruitment system (i.e Trac).Further information on additional support/ advertising channels for hard-to-fill roles can be found here- Recruitment Attraction.

The recruitment system is the primary method for receiving applications. Alternative arrangements may be made where reasonable adjustments are required. In exceptional circumstances, including use of search partners, some medical and dental recruitment processes or recruitment events, applications may initially be received through alternative routes. To ensure transparency, consistency and auditability, all applications must be entered into the recruitment system to process pre-employment checks.

Fixed-term adverts must state the reason, duration, end date, and whether the role may become permanent. Managers are encouraged to seek advice from People Services before initiating fixed-term contract recruitment. Further information can be found in the Fixed Term Contracts Policy.

Certain roles may be filled through alternative appointment routes without full advertisement, where permitted by policy. These include the conversion of Senior Clinical Fellows to Specialty Doctors in line with the SAS Charter for Wales; the regrading of Specialty Doctors to Specialist Grade Doctors under the Policy for the Management of Specialty to Specialist Career Progression (Regrading); and the appointment of long-term Locum Consultants to Specialist Grade Doctor posts in accordance with NHS Wales and CTM requirements.

8.5 Expression of Interest (EOI) Arrangements

An Expression of Interest (EOI) may be used where there is a short-term and urgent need to fill a temporary role and suitable internal talent is available. EOIs support the effective deployment of internal talent, workforce development, and succession planning, while ensuring fairness, transparency, and equal opportunity.

All EOIs must be approved through the recruitment system prior to advertisement and advertised to all eligible employees via designated internal platforms.

EOIs should normally be limited to a maximum of 6 months. Any extension beyond this period requires approval from the Executive Director for People.

Where more than one employee expresses an interest, candidates will be shortlisted against the essential criteria within the person specification, and an interview will take place to ensure appointments are made on merit and that decisions are fair, transparent, and appropriately documented.

The recruiting manager is responsible for ensuring that any required pre-employment checks and associated documentation are completed before the temporary appointment commences, and that relevant stakeholders, including Payroll and E-Rostering, are informed in a timely manner.

8.6 Applications and reasonable adjustment requests

Managers must consider requests for reasonable adjustments throughout the recruitment process and take all reasonable steps to remove barriers to participation. Any agreed adjustments should be implemented in a timely manner to ensure candidates are able to compete fairly and equitably.

9. Shortlisting

Effective shortlisting is essential to recruitment and selection as it ensures candidates are assessed fairly and consistently against the agreed criteria, supporting good governance through transparent, objective and evidence-based decision-making.

Recruiting managers and shortlisters are notified when adverts go live and close to enable planning, and again when applications are ready for review. Shortlisting should be completed within 3 working days.

Shortlisting is completed online (with panel discussions if needed), and the lead shortlister must record outcomes in the system.

Applications are anonymised and assessed on merit against the person specification. The shortlisters select candidates based primarily on essential criteria, using desirable criteria to differentiate between similar scores. Equality

monitoring data is not visible to shortlisters and cannot be used in selection. Further information about can be found here - Shortlisting Guidance for Recruiting Managers.

CTM aims to foster an inclusive culture and deliver equitable outcomes, supported by its Strategic Equality Plan and OD&I resources. Applicants eligible under the Disability Confident scheme or Armed Forces Community who meet essential criteria must be guaranteed an interview.

All candidates are notified of shortlising outcomes via the system. Unsuccessful candidates may request feedback from the recruiting manager, who should provide constructive responses where practicable. Any personal relationships or potential conflicts of interest must be declared in line with Personal Relationships at Work Policy.

10. Interview/Selection Process

A structured, consistent and professional approach should be used for all interviews and assessment activities and candidates must be assessed using objective and evidence-based selection methods that are relevant to the requirements of the role.

Interviewers should have completed recruitment training or read the Recruitment and Selection policy and supporting guidance as a minimum.

Candidates should normally be given a minimum of one week's notice of interview. Requests for reasonable adjustments must be accommodated wherever possible, and candidates should be offered the opportunity to participate in the interview process through the medium of Welsh.

Interview panels must consist of a minimum of two members and, wherever possible, should reflect diversity in their composition. All panels should include a member from outside of the service to provide additional perspective and support objective decision-making. Consideration should also be given to matrix management arrangements, where professional management and operational line management responsibilities sit in different areas, ensuring both perspectives are appropriately represented on the panel where relevant. The Lead Interviewer should be senior to the role being recruited to. Panel members must declare any conflicts of interest and ensure candidates are assessed fairly and consistently. An Advisory Appointments Committee (AAC) panel is required for the appointment of substantive Medical and Dental Consultants.

Where appropriate, managers may use additional assessment methods to help evaluate candidates. This may include presentations, practical assessments, skills tests or work-based exercises. The assessment approach should be proportionate to the role and

support robust decision making. Support and guidance should be obtained from the People Directorate to ensure a fair, inclusive and robust selection process.

Virtual interviews may be considered where appropriate to the role and the selection method being used. Recruiting Managers should ensure that candidates can be assessed effectively and fairly, and that the interview format supports a positive candidate experience. Further guidance is available in the Virtual Interview Guidance for Recruiting Managers.

External assessors may also be included where specialist expertise, independence or lived experience would add value to the recruitment process.

Candidates should be scored consistently and selection decisions should be based on evidence gathered throughout the recruitment process, including the application, interview and any assessment activities. Candidates should demonstrate the knowledge, skills, experience, values and behaviours required for the role.

Appointment decisions should be based on the candidate's performance against the agreed assessment criteria and scoring matrix. Further guidance on the use of scoring matrices and interview assessment is available in the Interview Guidance document.

Positive action may be considered where candidates are equally appointable and under-representation exists, following advice from People Services.

Further Guidance around interviews and selection can be found on the Recruitment Hub.

10.1 Senior Leadership Recruitment

CTM use **Assessment Centres** for recruitment into senior leadership positions (band 8a and above). Our Assessment Centres include a variety of exercises, designed to assess the full range of skills, values and competencies required for the role. For roles 8c and above (or medical and dental equivalent), a psychometric profile is also required to provide additional insight into a candidate's leadership style and preferences. Further information can be found at CTM Senior Leadership Recruitment.

11. Offer

Following the selection process, the lead interviewer should contact the successful candidate and make a conditional verbal offer, subject to satisfactory pre-employment checks.

All recruitment outcomes and notes should be recorded promptly and securely within the recruitment system in accordance with GDPR. Unsuccessful candidates should be informed as soon as possible.

Constructive feedback should be offered to unsuccessful candidates.

Appointments should normally be made at the minimum of the salary band. Where a higher starting salary is proposed, managers must follow CTM's Starting Salary Procedure.

12. Pre-employment Checks

Pre-employment checks are an essential part of the recruitment process, ensuring appointments are made safely and lawfully. Following confirmation of the preferred candidate, NWSSP Recruitment Services Team will issue the offer of employment and undertake the necessary pre-employment checks.

Checks will be proportionate to the role and may include verification of identity, right to work, professional registration, qualifications, references, occupational health clearance, DBS requirements, and any other role-specific vetting requirements.

These checks support patient safety, safeguarding, and regulatory compliance. No appointment should commence until all required checks have been satisfactorily completed or an authorised risk-based decision has been made in accordance with organisational policy.

13. Starting in Post

A positive onboarding experience supports employee engagement, wellbeing, and successful integration into the organisation. Once all pre-employment checks have been completed, the recruiting manager and successful candidate will be notified and the relevant appointment documentation issued.

Managers are responsible for ensuring that the necessary system access, equipment, uniform/ PPE and workplace arrangements are in place before the start date, and that payroll and any associated employment documentation are completed promptly.

All new starters, including employees moving internally, should receive a timely and structured induction that enables them to integrate effectively into their team, service, and the wider organisation.

14. Readvertising

Unfilled posts can be readvertised without further approval if requested within 3 months of authorisation. Beyond this, approval from the People Directorate is required.

15. Appointing from Previous Interviews

Candidates who are deemed appointable but are not selected for appointment should be placed on a reserve list (offer reserve facility on the recruitment system) for up to 6 months. During this period, they can be offered an approved vacancy without undergoing a further recruitment process, provided the vacancy is a like-for-like role at the same band/grade as the post for which they were originally interviewed.

16. Withdrawal of Offer of Employment

Offers may be withdrawn if pre-employment checks are not satisfactorily completed or the candidate fails to engage. Before doing so, the candidate must be contacted to clarify any issues. Managers must seek advice from People Services and confirm any withdrawal in writing.

17. Recent Leavers Seeking to Rejoin

To support workforce sustainability and retain experienced talent, registered health professionals may return to employment with CTM without a full recruitment process where they are returning to the same role, band, and department within 6 months of leaving, have manager support, and a funded, authorised vacancy exists.

To ensure transparency and maintain an appropriate audit trail, a restricted vacancy must be created. The vacancy must be clearly designated as a return-to-employment appointment, including the individual's full name within the vacancy details.

The People Services Team will manage the appointment process and undertake all required pre-employment checks to validate DBS information, professional registration number/PIN and right to work. A new contract of employment will be issued once all required checks have been satisfactorily completed.

18. Equality and Welsh Language Impact Assessment Outcome

This policy has been equality-screened, including Welsh Language considerations, with no negative impacts identified. It is also available in Welsh.

19. Main Relevant Legislation

- Asylum and Immigration Acts (1996, 2006)
- Employment Rights Acts (1996, 2002)

- NHS (Appointment of Consultants) (Wales) Regulations 1996 and Good Practice Guidance (2011)
- Equality Act 2010, Data Protection Act 1998 and GDPR 2018
- Welsh Language Standards Regulations 2017

20. Getting Help

For recruitment queries or support, contact the People Services Team, Workforce Efficiency Manager or Attraction & Resourcing Lead by email CTM.AccessPeopleServices@wales.nhs.uk.

21. Related Policies

- DBS Policy
- Recruitment-related policies (e.g. Ex-Offenders, etc)
- Fixed Term Contracts Policy
- ESP Recruitment and Remuneration procedure
- Secondment Policy
- Redeployment Policy
- Job Evaluation Policy
- Starting Salary Procedure
- Lateral Moves Scheme Procedure
- Agenda for Change Terms and Conditions
- Medical and Dental Staff (Wales) Handbook

Appendix 1: Recruitment Process Flowchart

Recruitment and Selection Policy Frequently Asked Questions (FAQ)

This document supports the Recruitment and Selection Policy

This FAQ document has been developed to support managers, recruiting managers, and employees in understanding and applying the Recruitment and Selection Policy consistently and effectively. It provides practical guidance on common recruitment and selection queries, clarifies policy requirements, and outlines the processes that must be followed throughout the recruitment lifecycle.

The FAQs should be read alongside the Recruitment and Selection Policy and any associated procedures or guidance documents. While they are intended to address the most frequently asked questions, they do not replace the policy itself. Where specific circumstances arise that are not covered within this document, advice should be sought from the People Services Team, Workforce Efficiency Manager or Attraction & Resourcing Lead by email CTM.AccessPeopleServices@wales.nhs.uk.

By following the guidance set out in this document, recruiting managers can help ensure that recruitment processes are completed safely and effectively.

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FAQs

Before Starting Recruitment

Q1. This is the first time I'm recruiting, what should I do?

You should consider your current and future workforce requirements. This includes reviewing opportunities for workforce redesign, skill mix changes, apprenticeship pathways, succession planning, redeployment opportunities and internal mobility options.

In addition, familiarise yourself with the Recruitment and Selection Policy, the associated FAQs, and the guidance available through the CTM Recruitment Hub. Managers should also refer to the Welsh Language guidance site, as Welsh language requirements must be considered throughout every stage of the recruitment and selection process. Compliance with the Welsh Language Standards will be checked before a vacancy is published, and vacancies that do not meet the required standards may be returned for amendment.

Furthermore, attend recruitment training and make use of the resources available to support effective recruitment decisions.

Q.2 How do I recruit an apprentice?

CTM Apprenticeship Academy can support managers with the recruitment of traditional apprentices and provide advice on the most appropriate pathway to meet service needs.

Managers may wish to consider using Annex 21 (Arrangements for pay and banding of trainees), which enables suitable vacancies to be offered as training

opportunities, supporting individuals to develop the knowledge, skills, and competencies required to progress into the full role.

The Apprenticeship Academy can provide guidance on apprenticeship frameworks, funding opportunities, Annex 21 arrangements, and the recruitment process. Early engagement is recommended to explore the options available and ensure the most appropriate route is identified.
For further information and support, please contact the Apprenticeship Academy at CTM.Qualifications@wales.nhs.uk

Authorisation

Q3. My vacancy is still awaiting authorisation. What should I do?

Within the recruitment system, you can monitor the progress of your vacancy by viewing the authorisation tab on the vacancy and then view any comments added by approvers, including explanations for delays or requests for further information. These can be accessed via the **Notes** tab on the vacancy record.
If one or more approvers have not authorised the vacancy within the expected timeframe, you can send them an email reminder directly from the system to prompt them to review and approve the vacancy.

Please note: For Agenda for Change Workforce authorisation, there are 4 separate teams working from the same shared inbox. The authorisation status will only change to "Granted" once all 4 teams have completed their part of the process.

You can track progress by checking the **Notes** section, which shows which teams have already completed their actions and which stages are still outstanding.

Advertisement

Q.4 I am struggling to find a suitable candidate. Can I use a Recruitment agency for my vacancy?

External recruitment agencies should only be used where there is a clear and documented rationale, such as market scarcity, repeated unsuccessful recruitment campaigns, or executive search requirements. Alternative attraction methods should be considered beforehand in partnership with the People Directorate. Any decision to engage an agency must be proportionate, represent value for money, comply with procurement and governance requirements, and be approved by the relevant budget holder. Costs will be met by the recruiting Directorate or Care Group. Where an agency is used, the NHS procurement process must be followed, and some elements of the standard recruitment process may be adapted. Please contact the Attraction and Resourcing Lead should you require more information.

Shortlisting

Q.5 Can candidates use AI tools when completing their job application?

Managers should recognise that the use of AI in applications is becoming increasingly common and should not automatically view AI-assisted applications as inappropriate. The focus should remain on whether the application demonstrates that the candidate meets the requirements of the role.

Where managers identify applications that appear generic, repetitive or overly reliant on AI-generated language, they should:

- Focus on the quality, relevance and evidence provided within the application rather than the writing style alone.
- Assess whether the candidate has clearly demonstrated their own experience, skills and achievements against the person specification.
- Use interviews and assessment activities to explore examples provided within the application and test the candidate's knowledge, understanding and experience.
- Seek clarification where information appears unclear, inconsistent or lacking in detail.
- Ensure all candidates are treated fairly and consistently throughout the recruitment process.

Recruiting managers should not reject candidates solely on the basis that they may have used AI to support their application. Decisions should be based on the extent to which candidates can demonstrate the required competencies, qualifications, experience and values for the role.

Q.6 How can I assess candidates' suitability if they have used AI to support their application?

The application form should be considered only **one** part of the assessment process.

Managers should use interviews and other assessment methods to:

- Explore examples provided in the application.
- Assess knowledge and technical competence.
- Evaluate communication skills.
- Test understanding and problem-solving ability.
- Confirm that examples relate to the candidate's own experience.

Using a range of assessment techniques will help determine whether a candidate genuinely demonstrates the skills and competencies required for the role.
Using the Person Spec application form setup on the recruitment system, will allow you to assess candidates against specific examples, more information can be found here .

If you have identified a large number of potentially suitable applications, you should consider a two-stage interview approach and with the first stage being a shorter assessment such as a teams call or ability test. You can then invite those with the highest scores to a face-to-face interview.

Q7. I am receiving an extremely high number of applications for my vacancy. How can I manage this?

On occasions where vacancies attract extreme volume of applications, recruiting managers may need to implement additional shortlisting measures to enable applications to be assessed effectively whilst maintaining a positive candidate experience and ensuring appointment decisions are based on merit. Further guidance is available here.

Q8. I am receiving a high number of applications from candidates who do not have the right to work in the UK or who require sponsorship. What should I do?

If a role does not meet the salary or eligibility requirements for a Skilled Worker visa, it may be tempting to automatically exclude candidates who require sponsorship. However, doing so could expose the organisation to claims of unlawful discrimination.

A blanket policy of rejecting applicants who require sponsorship may place non-UK nationals at a particular disadvantage and could amount to indirect discrimination. In some circumstances, it may also give rise to claims of direct race discrimination based on nationality or citizenship.

To ensure a fair and lawful recruitment process:

- Assess all applicants based on their suitability for the role.
- Apply right to work checks consistently to all candidates, including British citizens as part of the post-offer pre-employment checks.
- Avoid practices that directly or indirectly discourage or exclude applicants because of a protected characteristic.
- Consider sponsorship requirements only where they are genuinely relevant to the role and immigration rules.

For posts that are not eligible for sponsorship, the Recruiting Manager may consider advising interviewees of this as part of the interview checklist.

Advice in relation to immigration can be sought from ctt_medicalrecruitment@wales.nhs.uk (for M&D staff) and sharon.page@wales.nhs.uk (for Agenda for Change staff).
Further guidance is available in the Home Office Code of Practice: Avoiding Unlawful Discrimination While Preventing Illegal Working and the NHS Employers International Recruitment Guidance.

Interview/Selection Process

Q9. A candidate has requested the interview questions in advance. What should I do?

As a Disability Confident Employer, the Health Board is committed to providing reasonable adjustments to ensure all candidates have an equal opportunity to demonstrate their skills, experience and potential. Providing interview questions in advance may be an appropriate reasonable adjustment and should not be automatically refused. Candidates do not need to disclose a disability, provide a

diagnosis, or submit evidence to request support, and we cannot directly ask someone to.

If a candidate requests interview questions before an interview, treat this as a request for a reasonable adjustment, even if they do not use that term. Focus the conversation on what would help them participate fully in the process. For example: *"Is there a particular amount of time beforehand that would be helpful, and are there any other interview arrangements you would like us to consider?"* Providing some or all interview questions in advance may be appropriate. In some cases, sharing the general themes, competencies, or areas of questioning may be sufficient to support the candidate's needs, rather than providing the full interview questions. The approach should be proportionate to the individual's circumstances and balanced with the requirements of the assessment.

If a panel believes a question needs to remain unseen because of what it is assessing, alternative adjustments may include providing questions in writing during the interview, allowing additional processing time, or offering a short pause before a response is required.

The timing of when interview questions are shared should be based on what is reasonable and necessary to meet a candidate’s individual needs. Where it is agreed that questions will be provided in advance as a reasonable adjustment, they should be shared with all candidates to ensure fairness and avoid disadvantaging others. Where questions are provided in advance, interviewers should use supplementary probing questions to explore and verify a candidate's understanding, experience, and responses.

The amount of advance notice may vary depending on the circumstances. In some cases, questions may be shared few days before the interview, while in others it may be more appropriate for the candidate to review them in a controlled environment shortly beforehand, for example 60 to 90 minutes before the interview. This can provide sufficient time for preparation and processing while maintaining the integrity of the assessment process. All requests for adjustments should be considered on a case-by-case basis.

Q.10 What assessment tools are available to help me identify the most suitable candidate for the role?

Managers should use assessment methods that are relevant, objective, and proportionate to the role.

Examples include:

- Structured interviews.
- Presentations.
- Ability tests.
- Written exercises.
- Scenario-based assessments.
- Values-based interview questions.
- Technical or practical assessments.
- Group exercises where appropriate.

The Health Board adopts a consistent assessment centre approach to leadership recruitment, and further information is available here. If you require advice on selecting the most appropriate assessment and selection methods for a recruitment campaign, please contact the People Directorate Team. Where a role has been assessed as requiring Welsh language skills to be essential, managers should contact the Welsh Language Team, who can provide support and advice on assessing and verifying applicants' Welsh language proficiency as part of the selection process.

Q.11 Can candidates uses AI tools during interviews or assessments?

The use of artificial intelligence (AI) tools, including generative AI, to generate, provide or prompt interview responses or assessment answers, for example during a virtual interview, is not permitted during any stage of the selection process.

The only exception is where candidates are specifically instructed to use AI as part of an assessment activity. Recruiting managers and selection panels should advise candidates of this requirement in advance and remain alert to any potential misuse of AI during interviews or assessments. Where there is reasonable evidence that AI has been used inappropriately, the panel may determine that the candidate has not demonstrated their own capabilities and the application may not be progressed further. Any concerns should be discussed with the People Services Team before a decision is made.

Offer

Q.12 My successful candidate has not yet completed their pre-employment checks, what happens next?

All offers of employment are conditional upon satisfactory completion of the required pre-employment checks. Candidates are required to complete their checks in a timely basis and should be advised of the next steps in interview and again in verbal offer.

Managers should not make arrangements for a candidate to commence employment until confirmation has been received that all required checks have been satisfactorily completed. The NWSSP Recruitment Services Team will keep candidates informed of progress and advise managers when a start date can be agreed.

If there are delays with the candidate's checks, managers are encouraged to make contact with them directly to understand whether there are any barriers or concerns that may be affecting progress. Maintaining regular communication can help keep candidates engaged and reassured, particularly as lengthy delays can sometimes lead to uncertainty or candidates accepting alternative employment opportunities.

By checking in with candidates, managers can identify any issues early and signpost them to the appropriate support. A simple conversation can often

prevent unnecessary delays, improve the candidate experience, and reduce the risk of losing a preferred candidate before they commence employment.

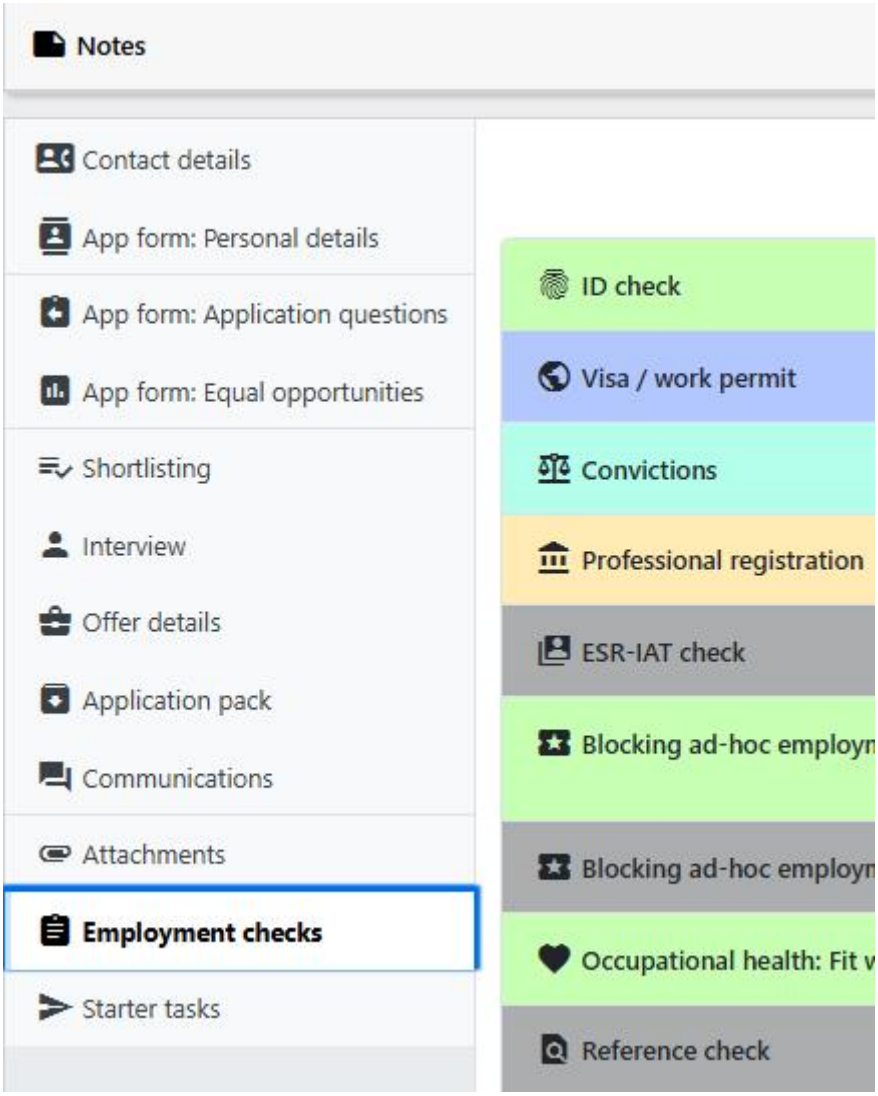
Where significant delays are identified, managers should work with the NWSSP Recruitment Services Team to determine whether any additional action or support may be required to progress the appointment as quickly as possible.

Q13. How do I know what pre-employment checks are still outstanding?

The Recruiting Manager can view the same details as the NWSSP Services Recruitment Team throughout the Recruitment process. This includes being able to see how the pre-employment checks are progressing.

Navigate to the application in the recruitment system (you can do this by going to Quick find > Application on the menu and entering the person's name, alternatively go to the vacancy and click the applications tab and then use the 'eye' button to go to the application details).

There are a series of tabs on the left of the screen, second to last is Employment checks. Click on this to see the current position of any required checks.



The Notes section will show any notes left by the NWSSP Recruitment Services team, and the Communications tab will allow you to view any emails sent between the NWSSP Recruitment Services team and the candidate.

Q14. How long am I likely to wait for a DBS?

The recruitment system is integrated with the DBS Service, so once the DBS form is returned by the candidate and the ID/right to work checks are completed, their service will pick up and initiate the DBS check.

How long this take can vary, depending on the type of check required and how busy the police forces are (especially where enhanced checks are required). On average, as of August 2026, checks are taking on average 10 working days. For enhanced checks, the 4th stage is a manual review by the local police forces covering the address history of the candidate. For those who have moved around, this can take a little longer to complete.

Once a check has been in progress with the DBS service for 60 days, the NWSSP Recruitment Services team will request escalation via the DBS service. This 60-day window is the DBS Service's official escalation window, so we do not have the option to escalate prior to that point.

Where all other pre-employment checks are complete, and the DBS check is underway, the DBS Policy includes the option to complete a risk assessment that may support someone to start in post prior to the DBS result being received.

Q.15 My preferred candidate has requested a higher salary. Can they be appointed at an increased pay point?

New appointments should normally be made at the minimum of the advertised pay band, in line with the Health Board's pay and recruitment arrangements. In certain circumstances, it may be appropriate to appoint a candidate at a higher pay point within the band. Such requests must be supported by a clear business rationale and meet the criteria outlined within the Starting Salary Procedure.

Before making any commitments to a candidate, managers should review the Starting Salary Procedure and seek the appropriate approvals. The people services team can provide advice and guidance on the process and any supporting evidence that may be required.

Please note: Candidates must not be promised a higher salary until the relevant approvals have been obtained.

Q16. Where can I find information about Immigration and Sponsorship?

Conducting a Right to Work check is a mandatory part of the recruitment process and helps CTM ensure that all staff are legally entitled to work in the UK. Failure to carry out a compliant Right to Work check may result in the organisation facing significant penalties. Employers found to be employing an individual who does not have the legal right to work in the UK may be subject to a civil penalty of up to £60,000 per illegal worker. In cases where an employer

knowingly employs, or continues to employ, an individual without the appropriate right to work, criminal sanctions may also apply.

Managers should refer to the Managers' Guide to Right to Work for detailed guidance on undertaking Right to Work checks and meeting their responsibilities. For advice and support regarding:

- Sponsorship of Skilled Workers;
- Changes to the employment status of sponsored workers; or
- Notification and termination requirements for sponsored workers who are no longer employed by CTM,

Please contact CTT_MedicalRecruitment@wales.nhs.uk (Medical & Dental) and sharon.page@wales.nhs.uk (Agenda for Change).

Q17. The candidate we have offered is relocating to join CTMUHB. Where can I find information about whether they are eligible to claim relocation expenses?

CTM may provide financial assistance to eligible staff who are required to relocate in order to take up employment with the Health Board. Eligibility and reimbursement are subject to the criteria set out within the Relocation Expenses Policy and require prior approval.

Appointing from Previous Interviews

Q.18 Are there any previous applicants, talent pools, or reserve lists that may contain suitable candidates for my vacancy?

Yes. Trac includes an **Offer Reserve** function, which allows candidates who were assessed as appointable at interview, but were not initially offered a post, to be retained for future opportunities.
Where there is a **like-for-like vacancy at the same band/grade** that they were originally interviewed for, managers may be able to appoint directly from an existing reserve list. This can reduce recruitment timescales and support the timely filling of vacancies.
For roles that are recruited to frequently, managers are encouraged to work collaboratively across teams, wards, departments, or services to undertake joint recruitment campaigns. This can create a larger pool of appointable candidates who may be considered for future vacancies, helping to maximise recruitment opportunities and reduce duplication of effort.
To support this approach, managers should ensure interview notes and recruitment documentation are uploaded to Trac and maintain communication with relevant services regarding previous recruitment campaigns.
Before a candidate can be appointed from a reserve list or talent pool, the vacancy must still obtain the necessary approvals. Once approved, the vacancy can be processed through Trac as a **restricted post**, with the relevant candidate ID recorded in the notes section. This allows a suitable candidate from the reserve list to be appointed without the need for a further external recruitment campaign.
Please note that candidates placed in the Offer Reserve pool do not automatically receive the unsuccessful applicant email in Trac. When providing interview feedback, managers should explain that the candidate has been

deemed appointable and ask whether they are happy to remain on the reserve list and be contacted about suitable future vacancies.
For advice on the use of reserve lists, or to enquire whether suitable candidates may already be available for your vacancy, please contact **CTM.Resourcing@wales.nhs.uk**.

Q19. What happens if a false declaration is discovered?

Any applicant who knowingly provides false, misleading, or incomplete information during the recruitment process may be withdrawn from the recruitment process, have any conditional offer of employment withdrawn, or be subject to disciplinary action up to and including dismissal if the matter is identified after appointment.

False declarations discovered after recruitment may be treated as gross misconduct and managed under the relevant disciplinary procedures. Cases may also be referred to the Local Counter Fraud Service and/or the appropriate professional regulator.

Q20. How should confidential data be stored?

Personal information shared during the selection or interview process should be handled confidentially and in compliance with data protection regulations and the CTMUHB record management policy by all panel members. Managers should retain interview documentation on the recruitment system (Trac) as per all Wales guidelines.

Starting in Post

Q.21 How can I support my new starter to settle into their role successfully?

A positive onboarding experience is key to employee engagement, productivity, and retention. Managers play a vital role in helping new employees feel welcomed, supported, and connected to the team from the moment they accept their offer.

Maintaining contact before the employee's start date can help build a positive relationship and keep them engaged during what can often be a lengthy recruitment process. Checking in regularly, sharing information about the team, and helping them understand what to expect on their first day can reduce anxiety and create a sense of belonging before they even arrive.
A well-planned induction should provide clarity around the role, responsibilities, expectations, and organisational values, while ensuring the practical arrangements needed for a successful start are in place. New starters who feel welcomed, informed, and supported are more likely to become confident and productive quickly, integrate successfully into their team, and remain with the organisation in the longer term.

Investing time in a structured onboarding and induction experience can significantly improve both the employee experience and overall retention. For more information about setting up a suitable induction, contact our L&D team.

Our corporate induction can be shared with new starters ahead of their first day: #WeAreCTM - Your Induction - Overview | Rise 360

Guidance on involving those with Lived Experience in Recruitment

Document Type:	Guidelines
Indicate Clinical or Non-Clinical:	Non-Clinical
Document Reference:	People 01B
Document Author (Title Only):	People Policy and Compliance Lead
Document Executive Director Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Date Equality and Welsh Language Impact Assessment Completed:	
Freedom of Information Act Status (For Policies Only)	Open
Approving Forum:	Operational Delivery Committee
Approval / Effective from Date:	
Review date due by:	
Document Version:	1
Target Audience	All Staff

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1. Purpose

The purpose of this document is to set out the approach for involving people with lived experience (Lived Experience Peers or LEPs) within recruitment at Cwm Taf Morgannwg University Health Board (CTMUHB) in line with the Recruitment and Selection Policy.

2. Scope

LEP involvement should be considered for any post where first-hand experience could help identify service user needs, improve appointment quality and bring diverse perspectives to life.

3. Definitions

Lived or Living Experience (LE): Direct, first-hand experience of a significant health condition, disability, life-changing circumstance, or use of health, care, support, or related services, whether current or historical. This may also include the experience of providing care, support, or advocacy for a partner, family member, friend, or other person with such experiences. To ensure relevance and meaningful contribution, lived experience should ideally relate to circumstances that have occurred within the last 5 years.

Lived Experience Peer (LEP): someone with lived/living experience who utilises the expertise in a formal role such as through involvement with recruitment processes.

Recruiting manager – the individual identified as lead recruiter on the recruitment system.

Recruitment system – this is the online digital portal that links the recruiting manager in with NHS Jobs (i.e Trac). It aids the processing of a job vacancy from the point of initial request, through to the shortlisting, recruitment and appointment phases.

Job Description (JD) – this is a document which outlines the duties and responsibilities required to fulfil a role.

Person Specification (PS) – this is a document which outlines the traits, skills and experience required by a candidate to fulfil a job role.

Shortlisting – reviewing applications against the person specification to decide which candidates meet the requirements and should be invited to interview.

4. Implementation

4.1 Selection Criteria for Involving Lived Experience Peers (LEPs)

The number of LEPs involved should be proportionate to the role and service being recruited to. In some cases, involving more than one LEP may be beneficial, particularly where different perspectives are important, such as services for children and young people, carers, or people with dementia.

Where possible, the involvement of two LEPs is recommended as this can help provide peer support and ensure a balanced contribution. For some vacancies, a separate lived experience panel may also be appropriate. Where more than one panel is used, arrangements should be agreed in advance regarding how feedback and scoring will contribute to the final recruitment decision.

As a minimum, LEPs should be able to demonstrate:

- Relevant lived experience connected to the service or role being recruited to.
- Ability to participate in the recruitment process for the required duration.
- Understanding of the Health Board's values, behaviours, equality, diversity and inclusion principles (supported through training).
- Ability to provide constructive feedback and contribute to candidate evaluation using agreed assessment methods.
- Ability to share relevant lived experience appropriately and professionally where required, without any expectation to disclose personal information.
- Ability to meet any additional requirements identified by the recruiting manager.

4.2 Recruitment and Appointment Process for LEPs

Recruiting managers should consider LEP involvement as early as possible, ideally once a vacancy is approved. Early engagement allows meaningful involvement in planning the recruitment process and, where appropriate, the development of interview questions and assessment methods (refer to Appendix 1).

Established roles exist to support involvement across parts of the organisation. Within the Mental Health and Learning Disabilities Care Group, Mental Health Involvement and Development Officers, commissioned in partnership with third-sector organisations, can support involvement throughout the recruitment process. Further guidance is available from **ctm.mhld.business@wales.nhs.uk**

Recruitment of LEPs

Care Groups may recruit LEPs through a range of engagement methods, including social media, community networks and Health Board contacts.
All prospective LEPs will:

- Register their interest with Care Group
- Have their information stored securely in accordance with Health Board data protection requirements.
- Complete recruitment awareness training before undertaking any recruitment activity.
- Complete refresher training periodically where required.

Where a suitable LEP is not available, alternative approaches may be considered, including:

- Seeking feedback from lived experience networks.
- Consulting service users or carers on desirable candidate qualities.
- Involving a carer where a service user perspective is unavailable, or vice versa.
- Developing future opportunities to strengthen lived experience involvement.

Accessibility and Support

Before involvement, the recruiting manager will discuss any accessibility, communication or support requirements with the LEP. Once arrangements are agreed, the LEP and recruiting manager will work together to plan involvement.

LEPs:

- May withdraw from the process at any time.
- Must sign a Confidentiality Agreement (Appendix 2) before accessing recruitment information.
- Will only receive information necessary to fulfil their role and will not have access to confidential personal applicant information.

- Involvement is entirely voluntary.

Stages of Recruitment Where LEPs May Be Involved

Where possible, LEPs should be involved throughout the recruitment process and as early as practicable. Ideally, the same LEP should remain involved throughout a recruitment campaign to support consistency, although this may not always be possible.

Potential areas of involvement include:

A. Identifying Service Needs

Providing feedback on workforce needs and the type of role that may best meet service user requirements.

B. Job Description and Person Specification

Providing feedback on draft documentation and identifying qualities that are important from a lived experience perspective. Any amendments must remain consistent with organisational policies, job evaluation requirements and recruitment standards.

C. Shortlisting

Direct involvement in formal shortlisting is not possible as LEPs do not have access to the recruitment system. However, recruiting managers may seek general views on desirable candidate attributes or requirements where appropriate.

D. Designing the Selection Process

Contributing to discussions about interview formats, assessment activities, scenarios and exercises.

E. Developing Interview Questions

LEPs may work alongside recruiting panels to suggest or refine interview questions and scenarios. All questions must align with the job description, person specification, organisational values and leadership expectations. Recruiting managers should provide sufficient notice to allow LEPs to prepare effectively. Wherever possible, at least two weeks' notice of interview dates should be provided.

F. Interviews

Recruiting managers should ensure that:

- LEPs receive appropriate information and support before interviews.
- Reasonable adjustments are in place where required.

- Adequate breaks and opportunities for reflection are provided.
- Candidates are informed in advance about LEP involvement as part of the recruitment process.

LEPs must declare any prior relationships with candidates that could create a conflict of interest.

All panel members should have an equal opportunity to contribute during interviews and candidate discussions. Any concerns or differing perspectives should be openly discussed and considered as part of the decision-making process.

G. Selection and Appointment

Following interviews, panel members will review assessment outcomes and agree the most appointable candidate in line with the Health Board's Recruitment and Selection Policy.

The views of LEPs should be considered alongside those of other panel members. Where different opinions arise, these should be discussed transparently and respectfully.
The recruiting manager will provide candidate feedback and update LEPs on the outcome of the recruitment process.

Where appropriate, a letter of thanks may be provided to recognise the contribution made by LEPs (Appendix 4).

4.3 Training and Support

All LEPs involved in recruitment must complete recruitment awareness training when available in partnership with CTMUHB Attraction and Resourcing Lead before participating in any recruitment activity.

Training will cover:

- An introduction to the Health Board, including its values, behaviours and organisational objectives.
- An overview of the recruitment and selection process and the role of LEPs within it.
- Equality, diversity and inclusion, including unconscious bias and relevant initiatives such as Disability Confident.
- Confidentiality, professional boundaries and ethical considerations, including the appropriate use of personal lived experience and the Visitor Confidentiality Agreement.
- Recruitment processes and documentation, including job descriptions, person specifications, interview questions and scoring methods.
- The importance of fair and consistent assessment of all candidates.
- Common recruitment terminology and guidance on seeking clarification where required.

- Managing conflicts of interest, including declaring any existing relationships with candidates.
- Understanding and addressing power imbalances within recruitment panels.
- Ways to ensure feedback reflects wider lived experience perspectives, where appropriate.
- Managing differences of opinion and contributing confidently to panel discussions.
- Wellbeing, self-care and accessing support before, during and after involvement in recruitment activities.
- Procedures for raising concerns, seeking support or withdrawing from the process if required.

Ongoing support should be available from recruiting manager throughout the recruitment process (Appendix 3). Where concerns arise regarding a participant's wellbeing or ability to continue, appropriate support will be offered and alternative arrangements considered where necessary.

5. Confidentiality and Data Protection

Personal information shared during the selection or interview process should be handled confidentially and in compliance with data protection regulations and the CTMUHB data sharing agreement by all panel members.

6. Equality and Welsh Language Impact Assessment Outcome

This policy has been equality-screened, including Welsh language considerations, with no negative impacts identified. It is also available in Welsh.

7. Acknowledgement

This guidance was originally developed by the Mental Health and Learning Disabilities Care Group and has been adapted for use across all Care Groups.

8. Getting Help

Contact Attraction and Resourcing Lead or Workforce Efficiency Manager for assistance.

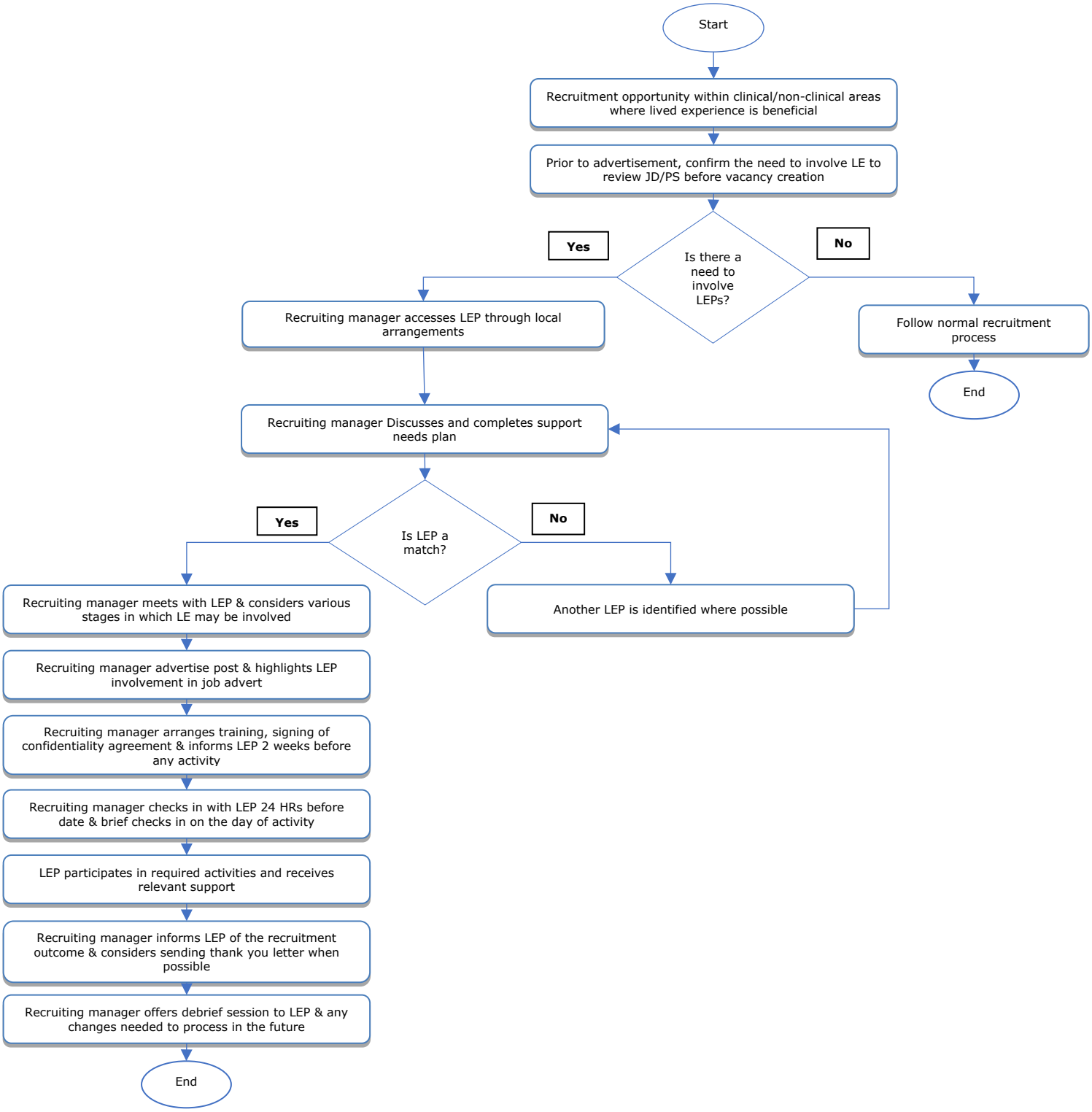
9. Main Relevant Legislation

- Data Protection Act 1998 and GDPR
- Equality Act 2010

10. Related Policies

Recruitment and Selection Policy

Appendix 1: LEPs Involvement in Recruitment Process Flow



Appendix 2: Visitor Confidentiality Agreement

Please complete the fields below:

Visitor full name:

Enter visitor full name

Organisation (if relevant):

Enter organisation (if relevant)

Purpose of visit (e.g., stakeholder interview):

Enter purpose of visit (e.g., stakeholder interview)

Date of visit (DD/MM/YYYY):

Enter date of visit (dd/mm/yyyy)

Introduction
As a visitor to Cwm Taf Morgannwg University Health Board ('the Health Board'), you may become aware of confidential information relating to patients, staff, services, operations, or other sensitive matters. This agreement sets out what is expected of you regarding the confidentiality and appropriate handling of such information. All external visitors partnering with the health board are asked to do this.

1. Definition of Confidential Information
Confidential Information includes (but is not limited to): personal details about patients, service users or staff; clinical, operational, financial or commercial information; unpublished plans, strategies or documents; and any information explicitly stated to be confidential. This applies whether information is provided verbally, in writing, electronically, or observed during the visit. It also includes names of candidates, any personal stories and examples shared at interview.

2. Confidentiality Obligations
As part of this role,

- You must not disclose, copy, keep, or share any Confidential Information obtained through your visit, except where explicitly authorised by the Health Board or required by law.
- You must not use Confidential Information for any purpose other than participating in the scheduled interview/meeting.
- You must respect and uphold the Health Board's Information Governance requirements and comply with the Data Protection Act 2018 and UK GDPR.
- You will ensure that any information you access or receive is kept secure and is not discussed in public or non-secure environments.
- You will immediately report any accidental access, loss, disclosure, or suspected breach to the Health Board representative organising your visit.

- You agree that no patient or staff-identifiable information should be accessed unless specifically authorised and necessary for your involvement.

3. Restrictions on Use
You must not remove or keep documents or materials (printed or electronic); take photographs, recordings, or screenshots without explicit permission; use information to further personal, professional, or organisational interests; or share information via social media or other channels. All information remains the property of the Health Board so please don't take any of these with you on leaving.

4. Duration of Obligations
Your duty of confidentiality begins immediately upon receiving or observing confidential information and continues even after your visit ends. You are free to share information about your general experience with others, but please don't share any personal details about others.

5. Consequences of breaking this confidentiality agreement
In the unlikely event that confidentiality has been broken this may lead to withdrawal of permission for involvement in interviews or future activities, reporting to your employer or professional body (if relevant), legal action where appropriate, and referral to law enforcement where required by statute. If we have any concerns about this, we will aim to discuss it with you first.

Acknowledgement
I confirm that I have read, understood and agree to comply with this Visitor Confidentiality Agreement:

Visitor signature (type name):

Enter visitor signature (type name)

Date (DD/MM/YYYY):

Enter date (dd/mm/yyyy)

Health Board representative name:

Enter health board representative name

Date (DD/MM/YYYY):

Enter date (dd/mm/yyyy)

If you have any questions about any of the above, please don't hesitate to speak to any member of staff involved in this work

Appendix 3: Involvement support needs checklist

Name_____ Date: _____

My support needs in a meeting are (please tick all that apply):

- ☐ I will need a break after _____minutes/hours
- ☐ To meet any people I don't know beforehand
- ☐ Help to prepare for the meeting
- ☐ A reminder to attend the meeting _____ weeks/days/hours beforehand
- ☐ To have a friend / advocate with me for support
- ☐ To sit next to / opposite someone I know
- ☐ Large print handouts
- ☐ Easy to understand handouts
- ☐ To be given information about the meeting at least _____days/weeks in advance
- ☐ Someone to meet with me to discuss the meeting before / afterwards
- ☐ To be asked my opinion directly
- ☐ To not be asked direct questions or put on the spot
- ☐ To know where the nearest toilets are
- ☐ To have access to a drink of water
- ☐ A lift to / from the meeting
- ☐ For people to wear name badges so I can keep track of who is who
- ☐ To be able to see the room before the meeting starts
- ☐ To have some written information about what the meeting is for beforehand
- ☐ To be given time to speak if I seem slow or hesitant
- ☐ For someone to check in with me the day/ week after the meeting to see if I'm ok
- ☐ Other_____

Other things to consider:

Support with any technology used in the process.

Ensure the meeting venue is accessible (ramps, elevators, hearing loops, etc.).

Appendix 4: Sample Thank You Letter to LEP

Dear X

Re. Interview Panel Involvement for Y Vacancy on Z date

We just wanted to write to send our sincere and grateful thanks for your involvement with the above. You were a pleasure to work alongside and we appreciated the effort you put into being a ……..[qualities/experience] panel member. [Skills] really helped to add a useful perspective when considering our candidates. We feel we have been able to e.g. choose a stronger candidate as a result.

Thank you again for giving up your time in order to contribute your experience and skills. We would hope to have the opportunity of working with you again in the future

Best wishes

Recruiting Manager

Operational Delivery Committee

CTM UHB Artificial Intelligence (AI) Governance and Safe Use Policy

Eitem yr Agenda / Agenda Item	**7.1.8**
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
Statws Cyhoeddi / Publication Status:	Open/Public
	Not Applicable
Adroddiad wedi'i baratoi gan / Report Prepared by:	Rob Bleasdale - Associate Medical Director for Digital and Data
Cyflwynydd yr Adroddiad / Report Presenter:	Stuart Morris Executive Director of Digital and Data
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris – Executive Director of Digital and Data
Diben yr Adroddiad / Report Purpose:	Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	This report seeks Operational Delivery Committee approval of the CTM UHB Artificial Intelligence (AI) Governance and Safe Use Policy.

1. Situation /Background

1.1 The policy establishes an enabling, organisation-wide framework for the safe, lawful and proportionate adoption, development, procurement, deployment and monitoring of artificial intelligence across clinical and non-clinical services. It permits clinical AI and the use of patient-identifiable information within approved CTM-governed AI applications where the appropriate privacy, cyber security, clinical safety and regulatory controls are completed and approved. It also distinguishes approved enterprise AI services from public web-facing consumer AI tools, into which patient-identifiable, confidential, commercially sensitive or unpublished CTM information is entered.

2. Specific Matters for Consideration

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

Engagement / assurance evidence	Status / date
Equality and Welsh Language Impact Assessment	Completed April 2025
Digital and Data AI Working Group	Policy authoring group 06/07/26 - 20/07/26
Policy consultation	Reviewed by Digital Senior Leadership Group 12/08/09/26-09/09/26
Operational Management Board - endorsement	30/09/26
Operational Delivery Committee	27/10/2026

2.2 The policy proposes an AI Evaluation Panel as the primary governance route, using separate assessment tools for in-house or materially CTM-controlled AI and commercial or externally supplied AI.

2.3 Risk-based assurance covering information governance and DPIA requirements, cyber security impact assessment, clinical safety, medical device status, supplier due diligence, validation, monitoring, change control, incident management and retirement.

2.4 Clear rules for approved enterprise AI services and restrictive controls for public web-facing consumer AI tools, with human review, professional accountability, transparency, fairness, accessibility and Welsh language considerations throughout the lifecycle of the application

3. Key Risks / Matters for Escalation

3.1 Key risks addressed by the policy include:

Unsafe or unvalidated AI outputs; inappropriate disclosure of patient-identifiable or confidential information; cyber threats including prompt injection, data leakage; bias and unequal impact; unclear medical device status; inadequate supplier assurance; model drift; uncontrolled changes; and insufficient transparency, auditability or incident escalation. Residual risk is managed through named ownership, proportionate governance, human review, lifecycle monitoring and the ability to stop or restrict use.

4. Assessment

5. Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd ***6.*** *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **7.** **8. Link to Strategic Risk(s) on the Board Assurance Framework** **9.** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Relevant strategic risks: patient safety, information governance, cyber security, service continuity and organisational trust. The policy reduces risk through proportionate assurance, named accountability, human review, monitoring, incident routes and controlled retirement.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales Supports responsible digital innovation, safer services and transparent use of data and technology.
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
Asesiad Effaith Impact Assessment	

Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality: POSITIVE Summary of Impact: Outcome for Welsh Language: POSITIVE Summary: The policy provides governance arrangements through which Welsh language requirements can be considered during AI procurement, assurance and contract management where appropriate.	EWLIA completed April 2025.
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Neutral	
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**	**There is no direct impact on resources as a result of the activity outlined in this report**	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Management Board	30/09/2026	Endorsed to seek ODC approval

Acronyms / Glossary of Terms	
AI / AIDRS / ATRS / CSIA	Artificial Intelligence / AI and Digital Regulations Service / Algorithmic Transparency Recording Standard / Cyber Security Impact Assessment
DPIA / HIE / MDSO / SaMD / SIRO / SOUP	Data Protection Impact Assessment / Health Institution Exemption / Medical Device Safety Officer / Software as a Medical Device / Senior Information Risk Owner / Software of Unknown Provenance

10. Recommendation

10.1 The Operational Delivery Committee is asked to APPROVE the CTM UHB Artificial Intelligence (AI) Governance and Safe Use Policy.

11. Next Steps

11.1 Once approved, it should be published in the controlled policy library, supported by the AI assessment tools, in-house AI devices SOP, governance records and proportionate role-based training.

Artificial Intelligence (AI) Governance and Safe Use Policy

Document Type:	Policy
Indicate Clinical or Non-Clinical:	Non-Clinical
Document Reference:	(If you are not sure this is available from: ctm.qualityassurancecompliance@wales.nhs.uk)
Document Author (Title Only):	Associate Medical Director for Digital and Data
Document Executive Director Sponsor	Executive Director of Digital
Date Equality and Welsh Language Impact Assessment Completed:	April 2025
Freedom of Information Act Status (For Policies Only)	Open
	If indicated as closed please indicate exemption that has been applied: ( )
Approving Forum:	(If you are not sure this is available from: ctm.qualityassurancecompliance@wales.nhs.uk)
Approval / Effective from Date:	
Review date due by:	
Document Version:	FINAL
Target Audience	All Staff

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Components

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

For guidance on Clinical Policy Development please contact:

CTM_ClinicalPolicies@wales.nhs.uk

For guidance on Non-Clinical Policy Development please contact:

ctm.qualityassurancecompliance@wales.nhs.uk

Or visit the Policy Author Page on SharePoint.

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Introduction

1. Policy Statement

1.1 CTM UHB supports the safe, lawful, proportionate and transparent use of artificial intelligence for both clinical and non-clinical purposes. This includes the use of patient-identifiable information within approved CTM-governed AI services where the correct governance route, privacy controls, cyber security controls, and clinical safety controls are in place.

1.2 It is important to note that this AI policy is not exhaustive and may need to be adapted and updated periodically as technology advances, regulatory requirements evolve, and best practices in AI governance emerge. CTMUHB are committed to staying at the forefront of responsible AI implementation to ensure the ethical and effective use of AI technologies.

1.3 This policy sets the organisational rules for how CTM UHB may adopt, build, buy, configure, deploy, monitor and retire AI tools. It is designed to enable responsible use of AI rather than to block it.

1.4 CTM UHB permits the use of AI for clinical purposes and the use of patient-identifiable information within AI systems where the appropriate assessment tool, governance route, and required privacy, cyber, clinical safety, and regulatory controls have been completed and approved.

1.5 This policy also makes an important distinction between:

1.6 Approved enterprise AI services, including approved co-pilot licences and equivalent enterprise AI services, where contractual and technical controls keep data within approved CTM or supplier enterprise boundaries and away from the public web; and

1.7 Public web-facing consumer AI tools, such as open websites and consumer chatbot services, where patient-identifiable information, confidential information, or commercially sensitive information must not be entered.

2. Scope of Policy

2.1 This policy applies to:

- clinical AI and non-clinical AI;
- in-house developed or materially CTM-controlled tools;
- commercially supplied or externally hosted AI tools;
- hybrid solutions that combine CTM-controlled components with third-party components;
- AI use in patient care, operational services, workforce functions, administration, planning, finance, estates, productivity, education, research and service improvement;
- use of anonymised, pseudonymised and patient-identifiable information.

2.2 Different governance routes apply depending on whether the tool is in-house or commercial, whether the use is clinical or non-clinical, whether patient-identifiable information is used, and whether the tool may be a medical device or InVitro Device.

2.3 All staff are required to comply with this policy. The term staff includes permanent, temporary, contracted and voluntary staff of the Health Board, including Independent Members and those with honorary contracts who have access to and create officially recorded information. It applies to all departments and services that utilise AI irrespective of their scale or scope. It applies to both internally developed AI systems and those procured from external vendors.

2.4 Non- compliance with this policy could result in disciplinary action which may include dismissal.

3. Aims and Objectives

3.1 This policy has the following core principles:

3.2 **Safety first**: AI must not create avoidable risk to patients, staff, services or the public.

3.3 **Minimum necessary burden**: staff should complete the minimum evidence needed to show that the tool is safe, lawful and governed; approved corporate records should be reused rather than duplicated.

3.4 **Human accountability**: AI outputs must not replace professional accountability. Significant decisions require appropriate human review and responsibility.

3.5 **Lawful and confidential data use**: patient-identifiable information may only be used where the correct lawful basis, confidentiality basis and governance controls are in place.

3.6 **Transparency**: staff, patients and the public should be able to understand where AI is used, what it does, and what safeguards apply.

3.7 **Fairness and inclusion**: proposals must consider bias, unequal impact, Welsh language issues and accessibility.

3.8 **Lifecycle control**: governance does not stop at go-live; monitoring, incident management, change control and retirement are required.

4. Responsibilities

4.1 **Executive Sponsor:** Provides senior sponsorship, confirms risk appetite, and supports resourcing.

4.2 **AI Evaluation Panel:** Reviews AI proposals, risks and assurance evidence, and decides the correct route, conditions and approvals.

4.3 **Service / Product Owner**: Owns the service need, benefits case, operational outcomes and the master AI record.

4.4 **Clinical Sponsor:** Owns the clinical use case, workflow fit and clinical accountability model for clinical tools.

4.5 **Medical Device Safety Officer (MDSO):** The Head of EBME (Clinical Engineering), supported by the Chief Clinical Information Officer, with oversight of medical device / IVD determination, HIE decisions, and MHRA-facing device safety matters.

4.6 **Clinical Safety Officer:** Required where DCB0129 and/or DCB0160 applies.

4.7 **IG Lead / Information Asset Owner:** Owns data approvals, provenance, minimisation and auditability.

4.8 **Data Protection Officer:** Approves DPIAs and advises on UK GDPR / DPA compliance.

4.9 **Caldicott Guardian:** Oversees confidentiality and appropriate use of patient information.

4.10 **SIRO:** Owns information risk acceptance where required.

4.11 **CSIO / Cyber Security Team:** Reviews the CSIA and advises on technical and operational security controls.

4.12 **Technical Lead / Model Owner:** Own technical design, reproducibility, deployment, validation, monitoring and version control.

4.13 **Head of Information Governance:** Serves as the point of contact for data subjects and supervisory authorities regarding data protection concerns related to AI. Assesses the ethical considerations of AI projects as part of the AI panel

4.14 **Digital Systems Managers /Technical & Business Intelligence Staff:** Assist in the implementation, integration, and maintenance of AI systems; Ensure the proper configuration, security, and compatibility of AI systems with existing IT infrastructure; Collaborate with vendors and other stakeholders to address technical issues and provide technical support for AI systems as required.

4.15 **Finance & Procurement Teams:** have an obligation to make the Information Governance Team aware of any requests to implement AI software.

4.16 **Research and Development Team within the Innovation, Research and Improvement System (IRIS):** Assist researchers by signposting them to the correct Health Research Authority (HRA) guidance and advising them on how to apply for ethics approval.

4.17 **Welsh Language Development Service:** Ensures CTM compliance with Welsh Language Legislation.

4.18 **Employees & Authorised users**:

- Develop and Utilise AI systems in accordance with established guidelines and protocols.
- Provide feedback and insights on the effectiveness, usability, and impact of AI technologies.

5. Definitions

5.1 **Artificial Intelligence (AI) and Generative Artificial Intelligence** - The theory and development of computer systems able to perform tasks normally requiring human intelligence, such as visual perception, speech recognition, decision-making, and document summarisation. Generative AI is a subset of AI referring to an intelligent machine that can learn from inputted data or its knowledge and by looking for apparent commonalities in the data produces new linked or completely unique information or data.

5.2 **AI tool** - Any software, logic or system using artificial intelligence, machine learning, rules, large language models, automation, or algorithmic methods to support or influence outputs, actions or decisions.

5.3 **Approved enterprise AI service** - A CTM-approved enterprise AI service, including an approved co-pilot licence, that is contractually and technically governed for CTM use and is not treated as a public web-facing consumer AI tool.

5.4 **Public web-facing consumer AI tool** - A general publicly available AI website, chatbot, model or app made available over the internet for broad public use.

5.5 **Patient-identifiable information** - Information that identifies, or could reasonably identify, a patient, service user or deceased person.

5.6 **SaMD** - Software as a medical device.

5.7 **IVD software** - Software intended for an in vitro diagnostic purpose.

5.8 **Health Institution Exemption (HIE)** - The in-house route that may be available where a health institution manufactures and uses a device under its own control and meets the applicable conditions and leading practice expectations.

5.9 **AIDRS** - The AI and Digital Regulations Service for health and social care, which helps adopters and developers understand the regulatory and evaluation pathway.

5.10 **ATRS** - The Algorithmic Transparency Recording Standard, a public-sector framework for publishing information about algorithmic tools and AI use.

5.11 **CSIA** - Cyber Security Impact Assessment.

5.12 **SOUP** - Software of unknown provenance: software components, libraries, models or code not developed fully under CTM's own quality-controlled process.

5.13 **Machine Learning** – is a sub-field of AI. It is the use and development of computer systems that are able to learn and adapt without following explicit instructions, by using algorithms and statistical models to analyse and draw inferences from patterns in data. Machine learning algorithms are trained on data sets to create models that enable machines to perform tasks that would otherwise only be possible for humans. These tasks include categorizing images, analysing data, predicting price fluctuations etc.

5.14 **Natural Language Processing** – refers to the branch of computer science/ AI concerned with giving computers the ability to understand text and spoken words in much the same way human beings can.

5.15 **Processing** - in relation to information or data means; obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data, which may include adaptation or alteration of the information; retrieval, or use of the information or data; disclosure of the information or data by transmission, dissemination or otherwise making available, or alignment, combination, blocking, erasure or destruction of the information or data. In summary anything you do with data is "processing".

5.16 **Robotic Process Automation (RPA)** - is a form of business process automation that uses automation technologies to mimic back-office tasks of human workers, such as extracting data, filling in forms, moving files, etc. By deploying scripts that emulate human processes, RPA tools autonomously execute various activities and transactions across unrelated software systems.

5.17 This form of automation uses rule-based software to perform business process activities at a high volume, freeing up human resources to prioritize more complex tasks. While RPA is sometimes mistaken for artificial intelligence (AI), the two are distinctly different, RPA is process-driven, whereas AI is data-driven. RPA bots can only follow the processes defined by an end user, while AI bots use machine learning to recognise patterns in data and learn over time, RPA and AI can complement each other well.

5.18 **Sensitive data** - Any personal data that is defined as sensitive under the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018, including but not limited to:

- Patient identifiable data (e.g., names, dates of birth, addresses)
- Medical records and health information
- Financial and payment information
- Any other information that is deemed sensitive by NHS Wales organisations

6. Implementation / Policy Compliance

6.1 **Governance model and document hierarchy**: CTM UHB uses a single-source evidence model. Staff should not be asked to complete the same information twice in different formats where an approved corporate form already exists.

6.2 **Governance route**: The AI Evaluation Panel is the primary governance route for AI proposals. It determines the correct pathway, conditions, and sign-off requirements using the assessment tools, the SOP, and the authoritative corporate records.

6.3 **Document hierarchy**:

Evidence area	Authoritative record	Use of CTM appendix	How the evidence pack should treat it
Front-door intake, intended purpose and early triage	CTM AI Assessment Tool – In-house or CTM AI Assessment Tool – Commercial	Use a CTM appendix only where a short cover sheet or cross-reference is helpful	Link to the assessment tool rather than reproducing it
Privacy, confidentiality and data flow	UHB DPIA and IG route	Use a short CTM cover sheet only if the evidence pack needs a summary or index entry	Record DPIA reference, owner, approval date and storage location
Cyber security	UHB CSIA	Use a short CTM cover sheet only if the evidence pack needs a summary or index entry	Record CSIA reference, owner, review date and storage location
Clinical safety	DCB0129 and DCB0160 records	Use CTM appendix only where a cover sheet or route map is needed	Link to the DCB records rather than duplicating the hazard log or safety case
Medical device / HIE	CTM-specific records	Keep CTM records as primary documents	Hold in the evidence pack and AI Assurance Repository
Validation, monitoring, change, release and retirement	CTM-specific records	Use CTM templates as required	Hold in the evidence pack and AI Assurance Repository

6.4 **Permitted and prohibited use**: CTM UHB encourages appropriate AI use, but different rules apply depending on the type of AI service and the level of risk.

6.5 **Use Matrix**:

AI context	CTM position	Conditions
Approved enterprise AI services, including approved co-pilot licences	Permitted, including use with patient-identifiable	Must be contractually and technically governed for CTM use; must not expose data to the public web; must follow the correct assessment route,

AI context	CTM position	Conditions
	information where justified	DPIA / CSIA / clinical safety / device route as applicable; users must act professionally and only within approved purpose.
Public web-facing consumer AI tools	Restricted	Do not enter patient-identifiable information, confidential information, commercially sensitive information, or unpublished CTM information. Clinical decision-making use is not permitted unless explicitly authorised through a separate organisational route.
In-house clinical AI or materially CTM-controlled clinical AI	Permitted where approved	Must follow the in-house assessment tool, SOP, DPIA / CSIA, DCB0129 / DCB0160 where applicable, device / HIE route where applicable, validation, monitoring and release controls.
Commercially supplied clinical AI	Permitted where approved	Must follow the commercial assessment tool, due diligence, DPIA / CSIA, DCB0160 and any device / supplier assurance route that applies.
Low-risk non-clinical AI	Permitted where approved	Use the relevant assessment tool, IG screening, cyber review and proportionate validation / monitoring.

6.6 **Approved enterprise AI services and MS Co-Pilot licences**. CTM-approved enterprise AI services, including approved co-pilot licences, may be used with patient-identifiable information and other sensitive information only where:

- the service is contractually and technically configured for enterprise use and is not treated as a public web-facing consumer tool;
- the relevant assessment tool has been completed and approved;
- the lawful basis, confidentiality basis and privacy controls are in place;
- the CSIA and supplier / procurement controls are complete where required;
- the use is sensible, professional, and within the approved purpose;
- human review and accountability remain in place.

6.7 **Public web-facing consumer AI tools**. The following remain prohibited in public web-facing consumer AI tools unless a separate organisational exception has been approved:

- patient-identifiable information or confidential information;
- commercially sensitive or unpublished CTM information;
- live clinical decision-making use;
- uploading CTM documents or datasets where terms of use, privacy position, or data location are unclear.

6.8 **Clinical AI and patient-identifiable information**. CTM UHB permits AI for clinical purposes, including use of patient-identifiable information, where the approved governance route has been completed. The policy position is therefore enabling, not prohibitive, but it requires the correct controls:

- There must be a clear intended purpose and named accountable owner.
- There must be an appropriate lawful basis and confidentiality basis.
- There must be human review and professional accountability.
- Clinical safety, validation, monitoring and incident routes must be in place.
- Where relevant, the tool must be assessed for medical device / IVD status and HIE applicability.

6.9 CTMUHB recommends caution when using freely available AI software such as Chat GPT. Although it can be used in the same way you might use different sources to kickstart a project or better understand what people are saying about a topic, it should not be used as your primary source for information or clinical advice because it can produce inaccurate, biased or false information.

6.10 Staff members must have completed a short training session on the limitations of Generative AI prior to use. This will be made available to people requesting access to the ChatGPT website or who are provided with a co-pilot licence by the cyber team.

6.11 **Required governance routes**:

6.12 **In-house or materially CTM-controlled tools**. Use the CTM AI Assessment Tool – In-house. Where the tool may affect clinical care, use the in-house SOP and follow the device / HIE route as required.

6.13 **Commercial or externally supplied tools**. Use the CTM AI Assessment Tool – Commercial. The commercial route must include supplier due diligence, procurement / contract review, privacy review, cyber review, clinical safety where required, and confirmation of supplier assurance.

6.14 **Information governance and privacy**. All AI proposals must undergo information governance screening. A full DPIA must be completed where the UHB DPIA screening outcome or the nature of the processing requires it. You must consider the risks and practical steps to reduce these risks that are documented in the ICO's AI Toolkit AI and data protection risk toolkit.

6.15 **Cyber security**. All AI proposals must undergo a proportionate Cyber Security Impact Assessment using the UHB CSIA form where required by the route.

6.16 **Clinical safety**. Clinical AI proposals must complete DCB0129 and/or DCB0160 where the nature of the tool, workflow or deployment requires clinical safety management.

6.17 **Medical device, IVD and HIE route**. Where CTM designs, builds, configures or materially controls a clinical AI tool, CTM must assess whether it may be a medical device or IVD. Where relevant, CTM must assess whether the Health Institution Exemption may apply and must follow the CTM SOP and supporting records for qualification, HIE decision-making, market scan, technical documentation, public declaration, monitoring and annual review.

6.18 **Using AI for Research**. Health Research Authority (HRA) approval is required for research studies that take place in the NHS in Wales. The 'HRA AI and Digital Regulations Service' can provide guidance for NHS AI adopters, and digital health innovators.

6.19 Review by an NHS Research Ethics Committee (REC) is required, as well as an assessment of regulatory compliance and related matters undertaken by dedicated HRA staff.

6.20 When undertaking R&D activities, you should conduct patient and public engagement activities that include determining if individuals support the use of data for your intended purpose, or if they have any concerns on how their data will be used.

6.21 If you are planning to develop an AI research programme within the NHS, the Research and Development Support Services team within the Innovation, Research and Improvement System (IRIS) will be able to provide advice and guidance on how to apply for research ethics and approvals via the Health Research Authority.

6.22 **External route clarification and transparency**. Where the regulatory pathway is unclear, teams should consider AIDRS and record the outcome. For higher-impact algorithmic tools, CTM should consider ATRS and record whether a public transparency record will be published.

6.23 **Procurement**. When procuring and implementing any artificial intelligence products or systems that include AI features you must comply with the CTM UHB's Information Security & Supplier Management Policy, which will minimise the risk of non compliance with numerous areas of legislation and WG standard.

6.24 **Organisational Change**. If the use of AI involves service change then prior to the implementation of any AI programme, formal consultation must take place with employees and their trade union representatives in accordance with the organisational change policy.

6.25 **Privacy, confidentiality, ethics, fairness and Welsh language**. All AI proposals must consider privacy, confidentiality, ethics and fairness as part of the governance route:

- Data must be collected and processed lawfully and confidentially.
- Patient-identifiable information must only be used where the approved route permits it and where access is limited to those who need it.
- Proposals must consider autonomy, beneficence, non-maleficence, justice, proportionality and public trust.
- Proposals must consider fairness, unequal impact, accessibility and Welsh language requirements where relevant.
- Use of AI must be transparent to staff and, where relevant, patients and the public.

6.26 **Cyber security, suppliers and technical assurance**.

6.27 AI systems must be designed, deployed and supported securely. This includes appropriate access control, authentication, audit logging, secure configuration, vulnerability management, change control and service resilience.

6.28 For LLMs, co-pilots and agent-based systems, the review must also consider prompt injection, data leakage, unsafe actions, misuse of connectors, model or data poisoning, dependency risk and logging risk.

6.29 Where suppliers, APIs, open-source components or third-party models are used, CTM must record the dependency picture and complete proportionate supplier / SOUP due diligence.

6.30 **Clinical safety, validation, monitoring and change control**. AI must not be treated as safe simply because it appears useful. Clinical and technical assurance must continue throughout the lifecycle.

- Clinical AI requires DCB0129 and/or DCB0160 where applicable.
- Outputs must be validated against intended purpose and real workflow use.
- AI outcomes or outputs must be reviewed by a human; CTM must not rely solely on AI for significant decisions without an approved exceptional route.
- Monitoring must cover performance, incidents, complaints, drift, supplier changes and material updates.
- There must be an agreed route to flag concerns and to stop or restrict use if safety, privacy, cyber or fairness concerns arise.

6.31 **Transparency, records management and publication**. CTM UHB uses transparency as a trust and accountability measure.

- Use of AI must be transparent to staff and, where relevant, to patients and the public.

- Higher-impact public sector tools should normally be considered for ATRS.
- Where the HIE route is used, CTM must publish and maintain the required public declaration.
- All records created under the SOP and this policy must be held in controlled form and be available for audit, review and inspection.

6.32 **Incident reporting, non-compliance and review**. Any concern about AI output, safety, privacy, cyber security, bias, misuse or non-compliance must be reported through the relevant CTM route, including clinical safety, cyber, IG and incident management routes.

6.33 Breaches of this policy may be investigated and may result in managerial, contractual, professional or disciplinary action where appropriate.

6.34 This policy must be reviewed whenever there is a material change in CTM governance arrangements, relevant law or guidance, or the AI services in use.

7. Information, Instruction and Training

7.1 Training must be proportionate to the role.

- All staff must follow organisational information governance and cyber training requirements.
- Staff using approved enterprise AI services must complete any specific training required for those services.
- Applicants, service owners, clinical sponsors, technical leads and model owners require enhanced route-specific training.

7.2 Users of public web-facing consumer AI tools for CTM business must complete the required organisational training before access is enabled.

7.3 Plain-English route summary. Use this simple summary when deciding what to do first:

If the situation looks like this	Use this route
Low-risk non-clinical AI	Use the relevant AI Assessment Tool, IG screening, CSIA if needed, proportionate validation, monitoring and approval.

Clinical tool but not clearly a device	Use the relevant AI Assessment Tool, DPIA decision, CSIA, DCB0160 / DCB0129 as needed, validation and monitoring.
In-house tool that may be a medical device or IVD	Use the In-house Assessment Tool, MDSO / CCIO review, SOP route, HIE assessment if relevant, DPIA, CSIA, clinical safety, validation and monitoring.
Commercial clinical AI tool	Use the Commercial Assessment Tool, supplier due diligence, DPIA, CSIA, DCB0160 and supplier assurance route.
Public web-facing consumer AI tool	Do not enter patient-identifiable, confidential or commercially sensitive information. Use only within the allowed organisational rules.

8. Equality and Welsh Language Impact Assessment Outcome

8.1 An Equality and Welsh Language Impact Assessment (EWLIA) has been completed for this policy. The assessment identified positive impacts on protected characteristic groups. The policy may have a positive impact on the Welsh language by providing governance arrangements through which Welsh language requirements can be considered during AI procurement, assurance, and contract management activities where appropriate.

9. Main Relevant Legislation

9.1 UK Medical Devices Regulations 2002 (as amended)

9.2 Medicines and Medical Devices Act 2021

9.3 UK GDPR and Data Protection Act 2018

10. References

10.1 MHRA Health Institution Exemption guidance and leading practice guidance

10.2 AI and Digital Regulations Service (AIDRS)

10.3 Algorithmic Transparency Recording Standard (ATRS) guidance, hub and scope policy

10.4 Institute of Physics and Engineering in Medicine (IPEM) guidance for health institutions on in-house manufacture and use, including software

10.5 Common Law Duty of Confidentiality

10.6 Caldicott Principles

10.7 DCB0129 and DCB0160

10.8 ICO's AI Toolkit AI and data protection risk toolkit | ICO

11. Getting Help

11.1 Staff requiring advice or support relating to AI should seek assistance via CTM.IGTeam@wales.nhs.uk

12. Related Policies

12.1 CTM UHB In-house AI Devices SOP

12.2 CTM UHB AI Assessment Tool – In-house

12.3 CTM UHB AI Assessment Tool – Commercial

12.4 UHB Data Protection Impact Assessment procedure and forms

12.5 UHB Cyber Security Impact Assessment form

12.6 Clinical safety templates and records for DCB0129 / DCB0160

12.7 Information Governance Framework and associated IG policies

12.8 Information Security and Supplier Management Policy

12.9 Incident Policy

12.10 Records management and training policies

(Please note: The above is not an exhaustive list and you may wish to add more sections to your document)

Cwm Taf Morgannwg University Health Board

AI Application / Assessment Tool

Detailed front-door form for clinical and non-clinical AI tools, including in-house and externally supplied tools

• Use this form as the single front-door assessment record for all CTM AI tools.

• Complete Part A for every proposal. Complete later parts only where they apply.

• Do not duplicate corporate forms. Reference the UHB DPIA and DCB0129 / DCB0160 documents where those are the authoritative records.

• This form is designed to help staff answer the right questions to the right standard, not to create unnecessary paperwork.

Document owner	Information Governance
Document purpose	Front-door intake, triage, and governance routing tool for AI proposals
Applies to	Clinical and non-clinical AI; in-house and externally supplied tools
Related documents	CTM AI SOP, UHB DPIA, DCB0129 / DCB0160, CTM AI Policy, IPEM guidance
Status	Draft for formal issue
Version	1.1 draft

1. How to use this form

Complete Part A for every AI proposal. Only complete Parts B to E where they apply. This form is intended to gather the core facts once, route the proposal to the right governance process, and avoid duplication across the SOP appendices and evidence pack.

Important

Where an approved CTM or UHB corporate form already captures the required evidence, that form is the authoritative record. For example: use the UHB DPIA for privacy and information governance, and use DCB0129 / DCB0160 documentation for clinical safety. In this form, record the reference, owner, date, and outcome rather than rewriting the same material.

1.1 Completion pathway

Step	What to do
Step 1	Complete Part A Core Assessment for all proposals.
Step 2	If the tool is clinical, complete Part B.
Step 3	If the tool is in-house and may be a medical device or IVD, complete Part C.
Step 4	If the tool uses external suppliers, hosting, open-source components, APIs or third-party tooling, complete Part D.
Step 5	Use Part E to record governance decisions, required specialist documents, and panel outcome.
Step 6	Attach or reference any authoritative records rather than duplicating them.

2. Completion guidance and evidence principles

This form should be completed in plain English. Use role titles rather than personal names, and describe the real workflow, not the ideal workflow. If the answer is not known yet, state “not yet confirmed” and identify who will confirm it.

2.1 What “good enough” looks like

Standard	What this means in practice
Clear intended purpose	A reader should be able to understand what the tool does, who uses it, and what it is not intended to do.
Specific decision impact	Describe exactly what the output could influence. Avoid vague wording such as “supports care” or “improves efficiency” without saying how.
Named accountability	Every proposal should have a Service / Product Owner and, for clinical tools, a Clinical Sponsor.
No duplicate paperwork	Where the UHB DPIA or DCB pack exists, reference it rather than re-keying the same content.

Standard	What this means in practice
Honest risk view	If there is uncertainty about classification, safety or data use, say so and route the proposal for review.

Part A – Core assessment for all AI tools

Who must complete Part A?

Every AI proposal, whether clinical or non-clinical, in-house or externally supplied, must complete Part A. This is the authoritative front-door assessment record for intake, triage, initial risk tiering, and routing.

A1. Proposal overview

Field	Response / detail
Tool name	
Short plain-English description	
Directorate / service	
Lead applicant	
Service / Product Owner	
Clinical Sponsor (if applicable)	
Technical Lead	
Model Owner (if applicable)	
Date submitted	
Is this a new proposal or a major change to an existing tool?	New / Major change / Renewal / Other

How to answer A1

The short description should be understandable to a non-specialist. In one or two sentences, explain what the tool does and why CTM is considering it.

A2. Intended purpose and scope

Field	Response / detail
What problem or unmet need is the tool intended to address?	
What is the intended purpose of the tool?	
Who will use the tool (roles, not names)?	
Where will the tool be used?	

Field	Response / detail
Who or what will the tool apply to (patients, staff, records, services)?	
What are the main inputs?	
What are the main outputs?	
What decisions or actions could the output influence?	
What the tool is not intended to do	
Known limitations or exclusions	

How to answer A2

This section replaces the need for a separate stand-alone intended purpose statement for most proposals. Be specific. If the tool generates text, risk scores, prioritisation, alerts, recommendations or classifications, say so explicitly.

A3. Deployment model and dependencies

Field	Response / detail
Is the tool in-house, externally supplied, or mixed?	
Does it use machine learning, rules, LLMs, automation agents, or a hybrid approach?	
Where will it run (on-premise, cloud, hybrid)?	
Will any external hosting, APIs, open-source components or third-party tooling be used?	
Will the tool connect to other CTM systems?	
Will any outputs leave the CTM environment?	

How to answer A3

You do not need to list every library here. The aim is to identify whether there are external dependencies or integrations that will need deeper review later in the process.

A4. Data and information governance screen

Field	Response / detail
What categories of data will the tool use?	
Does the tool use personal data?	

Field	Response / detail
Does the tool use special category data, including health data?	
Does the tool use staff or workforce data?	
Is a UHB DPIA likely to be required?	
If a DPIA already exists, record the reference number and title	
Will data be shared with an external processor or supplier?	
Are there confidentiality or Caldicott issues to consider?	
What retention or deletion issues are relevant at this stage?	

How to answer A4

This section does not replace the UHB DPIA. It is the screening and routing section. If a full DPIA is required, complete it in the standard UHB format and then record the reference in Part E.

A5. Human oversight and accountability

Field	Response / detail
Will a human review the output before action is taken?	
Who is accountable for the final decision or action?	
Can the output be overridden or ignored?	
What happens if the tool is unavailable or clearly wrong?	
What user guidance or training will be needed?	

How to answer A5

High-risk and clinical tools must make human accountability clear. If the answer is “fully autonomous”, the proposal should be treated as high risk and escalated immediately.

A6. Initial risk and transparency screening

Field	Response / detail
Initial risk tier (Low / Medium / High / Unclear)	
Reason for this initial risk view	

Field	Response / detail
Could the tool significantly influence decisions affecting patients, staff, service access, prioritisation or the public?	
Should ATRS be considered?	
Is the regulatory route unclear enough that AIDRS should be considered?	
Could the tool be a medical device or IVD?	
Will the proposal need clinical safety review?	
Will equality, bias or fairness review be needed?	

How to answer A6

This is an early screening decision, not the final regulatory determination. If unsure, state the uncertainty and route it for review.

A7. Resources, readiness and support

Field	Response / detail
Who will fund development, validation and support?	
Is there a named operational owner after go-live?	
Who will monitor performance and incidents?	
What specialist support is likely to be needed (IG, cyber, clinical safety, device, procurement, legal)?	
What is the proposed timeline?	

Part B – Clinical use pathway (complete only if the tool is clinical or may influence patient care)

When to complete Part B

Complete this part if the tool is patient-facing or may influence diagnosis, triage, monitoring, prognosis, treatment, discharge, handover, referral, prioritisation or any other care decision.

B1. Clinical workflow and impact

Field	Response / detail
Describe the clinical setting and workflow	

Field	Response / detail
What stage of the care pathway does the tool affect?	
What clinical decision or communication could it influence?	
Could the output create patient harm if it is wrong, late, missing or misunderstood?	
What clinical controls or checks already exist in the workflow?	
What new controls may be needed?	

How to answer B1

Use real workflow language. Explain what the clinician or staff member will actually do with the output. Avoid generic statements such as “the clinician remains responsible” without saying how review will happen.

B2. Clinical safety screening

Field	Response / detail
Does the proposal require DCB0129 developer clinical safety work?	
Does the proposal require DCB0160 deployment clinical safety work?	
Has a Clinical Safety Officer been identified?	
If a DCB pack already exists, record the reference	
What are the main early hazards or failure modes?	
What evidence will be needed before go-live?	

How to answer B2

Do not duplicate the DCB documents here. Use this section to decide whether those documents are needed and to record the reference once they exist.

B3. Clinical and public transparency considerations

Field	Response / detail
Will patients or service users need to be informed that AI is being used?	
Are consent or information-giving issues relevant?	

Field	Response / detail
Could the tool attract public or Board-level interest?	
Should a public-facing Model / System Card be produced?	
Should an ATRS-style record be prepared?	

Part C – In-house medical device / HIE pathway (complete only if the tool is in-house and may be a medical device or IVD)

When to complete Part C

Complete this part where CTM is designing, building, configuring or materially controlling the tool and it may be a medical device, software as a medical device, or IVD. This section supports triage and routing; it does not replace the formal qualification record or HIE records.

C1. Medical device and IVD screening

Field	Response / detail
What is the intended medical or clinical purpose, if any?	
Does the software do more than store, display or communicate information?	
Could it influence diagnosis, triage, monitoring, prognosis, treatment or care decisions?	
Could it be software as a medical device?	
Could it be IVD software?	
Who will review the qualification and classification decision?	

How to answer C1

This section is an early screen only. The formal qualification and classification record should remain a separate controlled record in the SOP pack.

C2. HIE screening

Field	Response / detail
Is CTM acting as the manufacturing health institution?	
Will the tool be used only within CTM?	

Field	Response / detail
Will it be transferred or supplied to another legal entity?	
Can CTM maintain design, release, monitoring and change control?	
Is the tool likely to fall within HIE in principle?	
What market scan or equivalence work is likely to be needed?	
Has the MDSO / CCIO route been engaged?	

How to answer C2

If HIE might apply, the formal HIE decision, market scan, public declaration, and annual review must still be completed as separate records. Do not duplicate them here.

Part D – Supplier, hosting and dependency pathway (complete only if external providers or third-party components are used)

When to complete Part D

Complete this part where the proposal uses any external supplier, cloud host, API, third-party model, open-source component, consultancy, or other dependency that could affect safety, legality, or service continuity.

D1. Supplier and dependency screen

Field	Response / detail
List the main suppliers, hosts, APIs, or third-party components	
Do any of them process CTM data?	
Will any of them influence clinical output or decision support?	
Are there contractual, data processing or procurement requirements?	
Will detailed supplier due diligence be needed?	
Will a SOUP / dependency control record be needed?	

How to answer D1

This section captures the early picture only. The detailed due diligence record should remain separate where dependencies are material.

Part E – Governance routing, authoritative records and panel outcome

Purpose of Part E

Use this section to record the authoritative follow-on records and the governance decision. This is the part that prevents duplicate paperwork: where a corporate form exists, record the reference here and use that form as the master document.

E1. Authoritative records register

Record / decision	Reference / outcome
UHB DPIA required?	Yes / No / To be confirmed
UHB DPIA reference	
Clinical safety required?	DCB0129 / DCB0160 / Neither / To be confirmed
DCB record reference	
Formal device / IVD qualification record required?	Yes / No
HIE record required?	Yes / No
Supplier due diligence record required?	Yes / No
Validation plan and report required?	Yes / No
Monitoring / PMS plan required?	Yes / No
AIDRS record required?	Yes / No
ATRS consideration record required?	Yes / No

E2. Panel decision and next actions

Field	Response / detail
Initial decision (Approved to proceed / Approved with conditions / Rework / Not approved)	
Reasons for decision	
Mandatory next actions	
Named leads for those actions	
Date for return to panel or next review	
Overall comments	

E3. Sign-off

Role	Completion details
Lead applicant	Name / role / date
Service / Product Owner	Name / role / date
Clinical Sponsor (if applicable)	Name / role / date
Panel chair / delegate	Name / role / date

Appendix 1 – Quick route guide for staff

If this applies	Then do this
All proposals	Complete Part A.
Clinical tool or influence on patient care	Complete Part B and expect DCB0129 / DCB0160 routing.
In-house tool that may be a medical device or IVD	Complete Part C and route to MDSO / CCIO review.
External suppliers or dependencies used	Complete Part D and route to CSIO.
Personal data or special category data used	Screen for DPIA and use the UHB DPIA where required.
Higher-impact public-sector tool	Consider ATRS and record the decision.
Regulatory route unclear	Consider AIDRS and record the outcome.

Appendix 2 – Cross-reference principle

This form supports the CTM SOP principle that authoritative records should not be duplicated. Use the table below when explaining the approach to staff or auditors.

Document	Role in the assurance set
AI Assessment Tool	Authoritative intake, intended purpose, early risk tier, and governance routing record.
UHB Data Protection Impact Assessment	Authoritative privacy and IG record, including data flows where captured adequately.
UHB Cyber Security Impact Assessment	Authoritative cyber security and service resilience record.
DCB0129 / DCB0160 documents	Authoritative clinical safety records, including hazard log and safety case where required.
Evidence pack	Inspection-ready index and cross-reference file.
SOP appendices	Use as CTM templates only where no corporate form already exists, or as cover sheets / reference sheets where a corporate form exists.

Final note for staff

This form is detailed by design. The guidance text is there to help staff answer questions to the right standard the first time. It is not intended to force duplicate completion of other corporate forms.

Cwm Taf Morgannwg University Health Board

CTM UHB AI Application / Assessment Form

For externally supplied tools clinical and non-clinical AI tools,

Use this form as the single front-door assessment for CTM AI proposals which are not developed or "prompted" within CTM.

Complete Part A for every proposal, then only complete the conditional parts that apply.

Document type	Assessment / approval form	**Reference**	[Insert ref]
Version	Draft 1.0	**Owner**	Digital Governance / Information Governance
Primary users	Applicants and AI Evaluation Panel	**Applies from**	G0 / G1
Read with	AI Policy	**Records location**	CTM AI Assurance Repository

How to use this form

- Complete Part A for every AI proposal.
- Complete Part B only if the tool is used in clinical care or could influence diagnosis, triage, monitoring, prognosis, treatment, or another patient care decision.
- Complete Part C only if the tool is developed or materially controlled by CTM and may be a medical device / IVD or an HIE candidate.
- Complete Part D only if external suppliers, hosting, APIs, open-source components, or other third-party dependencies are used.
- Complete Part E for panel decision, approvals, conditions, and required attachments.
- Do not include patient-identifiable information in this form. Use high-level descriptions and attach controlled documents separately.

Document control and proposal summary

Tool / project name	[Insert name]	**Directorate / service**	[Insert area]
Lead applicant	[Insert name / title]	**Service / product owner**	[Insert name / title]
Clinical sponsor (if applicable)	[Insert name / title]	**Technical lead**	[Insert name / title]
Model owner	[Insert name / title]	**Information Asset Owner**	[Insert name / title]
Clinical Safety Officer - developer	[Insert if applicable]	**Clinical Safety Officer - deployer**	[Insert if applicable]
In-house / external / hybrid	[Insert]	**Date submitted**	[Insert date]
Requested go-live window	[Insert]	**Current status**	Draft / Under review / Approved / Rework

Part A - Core assessment (complete for every proposal)

Section A1 - Overview and intended purpose

Prompt	Response / notes
1. Short description of the AI tool or project Include what it does, who it helps, and where it will be used.	[Insert 4-6 line summary]
2. Intended purpose statement State clearly what the tool is intended to do, what it is not intended to do, and any known limitations.	[Insert intended purpose statement]
3. Problem or unmet need being addressed Explain why CTM is proposing this tool and what benefit is expected.	[Insert rationale, expected benefits, and impact on current workflow]
4. Strategic fit How does this support CTM service priorities, safety, quality, digital transformation, efficiency, or equity objectives?	[Insert alignment]

Section A2 - Users, workflow and ownership

Prompt	Response / notes

5. Intended users List user roles, not names.	[Insert user roles]
6. Workflow point Where in the workflow will the tool be used and what happens before and after the AI output is generated?	[Insert workflow description]
7. Human oversight model Who reviews the output, when, and what is the override / escalation route?	[Insert review and override arrangements]
8. Training and competency What training is required before access or go-live?	[Insert training needs and owner]

Section A3 - Front-door route screen

Is the tool clinical, non-clinical, or mixed?	☐ Clinical ☐ Non-clinical ☐ Mixed
Could the output influence diagnosis, triage, monitoring, prognosis, treatment, or another patient care decision?	☐ Yes ☐ No ☐ Unclear
Does the software do more than store, display, archive, or communicate information?	☐ Yes ☐ No ☐ Unclear
Could the tool be a medical device or IVD?	☐ Yes ☐ No ☐ Unclear
Is CTM developing or materially controlling the tool?	☐ Yes ☐ No ☐ Hybrid
Could the Health Institution Exemption (HIE) be relevant?	☐ Yes ☐ No ☐ Unclear
Are external suppliers, components, APIs, or hosting services involved?	☐ Yes ☐ No
Is the regulatory route unclear?	☐ Yes ☐ No
Should AIDRS be considered for route clarification / signposting?	☐ Yes ☐ No
Should ATRS be considered for transparency / publication?	☐ Yes ☐ No
Prompt	**Response / notes**
11. Initial route decision State which path applies at this stage: standard non-clinical path, clinical path, full device / HIE path, supplier-led path, or mixed path.	[Insert route decision and rationale]
12. Initial risk tier Use Low / Medium / High and explain why.	[Insert initial risk tier and rationale]

Section A4 - Data, IG and privacy

Prompt	Response / notes
13. Data types and sources What categories of data will be used? Keep this high level and do not include patient-identifiable data in the form.	[Insert data categories and source systems]
14. Controller / processor position Who controls the data and are any processors or sub-processors involved?	[Insert controller / processor summary]
15. DPIA screening outcome State whether DPIA screening has been completed and whether a full DPIA is required.	☐ Screening completed ☐ Full DPIA required ☐ Full DPIA not required Details:
16. Confidentiality / Caldicott considerations If patient or staff data is involved, summarise the main confidentiality considerations and advice route.	[Insert summary]
17. Retention, deletion and DSAR considerations Summarise how data and records will be retained, deleted, and handled for access requests if relevant.	[Insert summary]

Section A5 - Ethics, fairness and transparency

Prompt	Response / notes
18. Human impact and ethics Summarise the main ethical issues, including autonomy, beneficence, non-maleficence, justice, inclusion, and Welsh language requirements if relevant.	[Insert summary]
19. Bias / fairness / equality risks Could the tool perform differently across groups or create unfair operational effects? What mitigations are planned?	[Insert summary]
20. Explainability and user understanding How will staff and, where relevant, patients understand what the tool does and how outputs should be used?	[Insert summary]
21. Transparency decision Record whether ATRS or another public transparency statement should be prepared.	[Insert ATRS decision and rationale]

Section A6 - Technical, cybersecurity and operational readiness

Prompt	Response / notes
22. Technical architecture summary Describe where the tool runs and the main components involved (for example on-premise, cloud, hybrid, API, workflow engine).	[Insert architecture summary]
23. Cybersecurity and access controls Summarise authentication, access control, logging, encryption, monitoring, and incident response arrangements.	[Insert summary]
24. Validation and testing plan How will CTM verify that the tool works as intended before release?	[Insert validation approach]
25. Monitoring and audit plan What will be monitored after go-live, who will review it, and where will evidence be stored?	[Insert monitoring approach]
26. Resource requirements Summarise implementation costs, staffing, training, licences, support, and ongoing maintenance requirements.	[Insert resource summary]

Part B - Clinical use only

Complete Part B only if the tool is used in patient care or could influence clinical decisions, clinical prioritisation, or patient-facing communication.

Section B1 - Clinical context and decision impact

Prompt	Response / notes
B1. Clinical setting and pathway Describe the specialty, service, workflow, and decision point.	[Insert clinical setting and pathway]
B2. Patient group Who or what does the tool apply to? Include inclusions / exclusions if known.	[Insert patient group]
B3. Decision impact What decisions could the output influence? State whether it is advisory, review-support, triage-support, or another role.	[Insert decision impact]
B4. Human accountability Who remains accountable for the final decision and how is that made clear to users?	[Insert accountability model]

Section B2 - Clinical safety and clinical governance

Prompt	Response / notes
B5. DCB0129 / DCB0160 applicability State whether clinical safety standards apply and name the Clinical Safety Officer(s).	[Insert applicability and CSO details]
B6. Hazards and controls Summarise the main foreseeable clinical hazards and the planned controls.	[Insert summary]
B7. Clinical validation and acceptance criteria How will clinical performance, usability, and safety readiness be assessed before go-live?	[Insert summary]
B8. Incident and escalation route How will incidents, near misses, or unsafe outputs be reported and escalated?	[Insert route]

Section B3 - Patient information and clinical record implications

Prompt	Response / notes
B9. Patient information and transparency How will patients be informed, where relevant, that AI is being used as part of care or workflow?	[Insert summary]
B10. Consent position Is explicit patient consent required for the proposed use? If not, explain the legal / governance basis.	[Insert summary]

B11. Clinical record handling How will AI use or outputs be reflected in the patient record, if applicable?	[Insert summary]

Part C - In-house medical device / HIE pathway only

Complete Part C only if CTM is developing or materially controlling the tool and it may be a medical device / IVD or an HIE candidate.

Section C1 - Medical device / IVD route

Prompt	Response / notes
C1. Why could the tool be a medical device or IVD? Summarise the intended purpose, what the software does, and why device / IVD review is needed.	[Insert rationale]
C2. Qualification / classification view Record the current CTM view and whether MDSO / CCIO review is needed.	[Insert qualification / classification summary]
C3. AIDRS and MHRA pathway support If the route is unclear, record whether AIDRS or other external signposting has been considered.	[Insert summary]

Section C2 - HIE eligibility and minimum controls

Prompt	Response / notes
C4. CTM control and legal entity Confirm whether CTM retains design authority, release control, change control, and monitoring, and whether use stays within CTM only.	[Insert summary]
C5. Market scan / equivalence justification Why is CTM proposing an in-house route instead of using a suitable marketed alternative?	[Insert summary]
C6. Technical documentation and QMS controls What controlled records will CTM maintain? Include design, validation, release, monitoring, traceability, change control, and training.	[Insert summary]
C7. Public declaration Record the proposed owner, publication route, and review cycle for the HIE public declaration.	[Insert summary]
C8. Exit criteria What would cause HIE to no longer apply?	[Insert summary]

Part D - External supplier / dependency pathway only

Complete Part D where external suppliers, hosting, APIs, software components, open-source libraries, model services, or other dependencies are used.

Section D1 - Supplier, hosting and dependency due diligence

Prompt	Response / notes
D1. What external suppliers or dependencies are involved? List suppliers, hosting providers, APIs, open-source components, libraries, or tooling used.	[Insert list]
D2. What is each party or component doing? State whether each item provides hosting, model access, integration, code, support, data processing, or another function.	[Insert summary]
D3. Assurance available What assurance evidence is available (for example contracts, data processing terms, security accreditations, clinical safety records, ICO registration, service support)?	[Insert summary]
D4. SOUP / third-party software control How will CTM record versions, patching, vulnerabilities, update impact, and revalidation triggers for third-party software or model components?	[Insert summary]
D5. Exit and continuity plan What is the fallback if a supplier changes service, raises price, fails security, or becomes unavailable?	[Insert summary]

Section D2 - Procurement and contract route

Prompt	Response / notes
D6. Procurement route State whether procurement review is needed and whether the proposal is new, variation, pilot, or extension.	[Insert summary]
D7. Contract, DPA and information sharing position Summarise the contract status and any data processing or information sharing requirements.	[Insert summary]

Part E - Panel decision, approvals and attachments

Section E1 - Applicant declaration

I confirm that this form is complete to the best of my knowledge and does not include patient-identifiable data.	☐ Yes ☐ No
I understand that approval cannot be assumed until the required governance route is complete.	☐ Yes ☐ No
I understand that additional evidence may be requested where the route is high risk, clinical, or device-related.	☐ Yes ☐ No
Applicant name / title	[Insert]
Date	[Insert]

Section E2 - Minimum attachments checklist

Attachment	Required for all	Required if clinical / device	Attached?
Intended Purpose Statement	Yes		☐
Initial AI Assessment / this form	Yes		☐
DPIA screening or full DPIA outcome	Yes		☐
Data flow map	Yes		☐
Validation plan / summary	Yes		☐
Clinical safety plan / hazard log		If applicable	☐
Medical device / HIE assessment		If applicable	☐
Supplier / dependency due diligence		If applicable	☐
Monitoring and audit plan	Yes		☐
Training / support plan	Yes		☐
AIDRS record		If applicable	☐
ATRS consideration record		If applicable	☐

Section E3 - AI Evaluation Panel / governance review (for panel use only)

Route confirmed	[Insert route]
Risk tier confirmed	Low / Medium / High
Clinical safety required	☐ Yes ☐ No
Medical device / HIE route required	☐ Yes ☐ No

AIDRS considered / required	☐ Yes ☐ No
ATRS considered / required	☐ Yes ☐ No
Decision	☐ Approve ☐ Approve with conditions ☐ Rework ☐ Reject
Conditions / actions	[Insert conditions]
Approving forum / chair	[Insert]
Date	[Insert]
Next review point	[Insert]

Section E4 - Sign-off routing

Role	Required?	Name / signature	Date
Service / Product Owner	Always		
Clinical Sponsor	Clinical tools only		
Clinical Safety Officer	Clinical tools only		
DPO / IG Lead	Where DPIA / IG sign-off required		
CSIO / security reviewer	Where cyber review required		
MDSO / CCIO	Where device / HIE review required		
Procurement / contracts	Where external supplier route applies		

Notes for completion

- Use plain English. A short, clear answer is better than a long vague answer.
- Cross-reference controlled documents rather than duplicating long technical or legal text in the form.
- Where a question does not apply, write "Not applicable" and explain briefly why.
- This form supports the CTM SOP, AI Policy, and the appendices / evidence pack structure. It does not replace them.

End of form

Operational Delivery Committee

Month 4 Monitoring Returns to Welsh Government

Eitem yr Agenda / Agenda Item	**7.2.1**
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee are asked to Note the report.

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a Welsh Government 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 M04 Financial Monitoring Return submission to Welsh Government.

2. Strategic Insights

2.1 The Welsh Health Circular WHC (2026) 022 – NHS WALES FINANCIAL MONITORING GUIDANCE 2026-27 was issued on 29th April 2026. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2026/27 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A, Table A2 and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M04 Narrative report
Table A - Movement
Table A2 – Risks & Opportunities
Tables C, C1, C2 & C3

3. Risks and Opportunities

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 M04 Financial Monitoring returns is summarised in Section 1.2 of the M04 Narrative report at Annex A. This information is consistent with the M04 Internal Board papers.

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA

from dropdown and Executive sign off.)		completion: Sally May
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	**Not 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	

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	
WG	Welsh Government
M1 etc	Month 1 etc
ODC	Operational Delivery Committee
HB	Health Board

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – JULY 2026
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31st July 2026.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2026/27

The Financial plan submitted to WG at the end of March 2026 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2026	**9.2**	**0**	**9.2**
Income changes	(20.9)	0.8	(20.0)
Cost Pressures & Commitments	42.7	(0.5)	42.2
Savings Target	(31.3)	0	(31.3)
Total plan 23/24	**(0.3)**	**0.3**	**(0.0)**

The Financial plan also identified a net risk to the planned break-even position of £38.6m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2026-27 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**1.4**	**1.4**	**0.0**
Month 2	**3.8**	**5.2**	**0.0**
Month 3	**2.2**	**7.4**	**0.0**
Month 4	**1.8**	**9.1**	**0.0**

The M4 position is reporting a £1.8m deficit. The key components of the YTD position and the year-end forecast as reported in table A are

summarised below:

	M4 YTD	M4 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	**0**	**0**	**(0.3)**
Savings Shortfall	5.6	10.0	8.7
Phasing adjustments	5.3	0	0
Operational Variances	2.8	2.9	0.8
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(0.6)	(1.9)	0
Accountancy Gains	(4.0)	(4.0)	0
Other Mitigating Actions	0	(7.0)	(9.5)
Grand Total	**9.1**	**0**	**(0.3)**

The main driver for the overspend in M4 is the £5.6 shortfall in savings delivery compared to the straight-line savings target of £10.4m (£2.6m per month).

At M4 the Green and Amber Savings plan forecast has improved by £5.2m from the £16.0m included in M3 to the current forecast of £21.2m.

During M4, the operating variances have deteriorated by £0.5m to a net adverse operating variance of £2.8m. This deterioration is mainly attributed to a deterioration of:

- Provider Non-Pay expenditure with Appliances & Devices continues to be a driver in M4 with increased activity.
- Primary Care Drugs actual data for Month 2 has confirmed a further adverse impact of NCSO concessions above our plan.
- Continuing Care costs continued to increase with Mental Health packages of care being the main driver.
- Clinical Negligence continues to be a pressure

Offsetting these were improved positions within Pay Expenditure and Commissioned Healthcare expenditure with other HBs and Trusts.

The Year to Date operating variance of £2.8m continues to be driven by:

- Contracting Income from other HBs of £1.1m worse than plan
- Clinical Negligence provision for the Welsh Risk Pool of £0.8m
- Continuing Health Care costs £1.3m greater than plan.

The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that funding will be provided by DHCW for 2026/27 of £1.9m. As at M4, the YTD position includes £0.6m benefit of this funding.

During M4, accountancy gains of £4m have been reported, this relates to existing accounting policies relating to aged creditors within CHC. Further work is being undertaken to determine if any additional benefits can be identified and released.

A combination of identified and yet to be identified mitigating actions of £7.0m are still to be implemented to achieve a balanced financial plan.

During the first quarter the Health Board has enhanced its controls and required Care Groups and Directorates to develop robust recovery plans to sit alongside the enhanced controls to deliver the necessary improvements to achieve the planned financial breakeven position as per the Board approved IMTP.

During M4, £3.2m of the £5.2m previously identified recovery plans have progressed and been recognised in our saving plans, along with £2m of further new plans. This has increased the savings plans from £16m to £21.2m in M4. There remains £3.7m of recovery plans (Which includes £2.0m of the M3 pipeline and recovery schemes yet to be recognised) which continue to reviewed and tested internally with the aim that can be matured and incorporated into our savings plans for M5.

As noted above the Health Board has introduced further enhanced controls to support delivery of the Board Approved Financial Plan, these actions include:

- Enhanced Recruitment Controls and challenge on all posts before being agreed for progressing to recruitment stage.
- Enhanced Sickness monitoring and scrutiny with greater proactive management support to service managers and more senior management interventions.
- Enhanced Approval process of out of hours requests for Bank and Overtime, with more support to Senior Managers on Call.
- Plans to eliminate the need for Nurse agency, through zero tolerance following recruitment of streamlining staff.
- Introduction of further enhanced scrutiny and controls for ADH and Agency Medical staff via the introduction of new Medical Workforce system with support from new managed service provider and software solution provider.
- Review of administration staff growth since 2019/20 with aim to reduce admin & clerical staff levels by 10% from the 2025/26 baseline position.

Savings Shortfall:	M4 YTD	M4 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Variance v £29.4m Delegated target	5.8	10.7	9.4
Variance v £1.9m Non delegated target – CAT M	(0.2)	(0.7)	(0.7)
Grand Total	**5.6**	**10.0**	**8.7**

The year to date savings shortfall of £5.6m is the main driver of the year to date deficit of £9.1m

Further details of the remaining risks and opportunities to the M4 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)

	July			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M4 £'000	M3 £'000	Movement £'000
RRL	129,294	126,745	2,549	1,646,499	1,576,391	70,108
Donation/Grants	35	0	35	170	0	170
Welsh HBs & NHST	5,999	5,881	118	70,668	70,550	118
NHSWJCC	1,464	1,269	195	15,320	15,125	195
WG Income	677	230	447	4,002	2,735	1,267
Other Income	4,842	4,599	243	55,556	55,313	243
Income Total	**142,311**	**138,724**	**3,587**	**1,792,215**	**1,720,114**	**72,101**
PC Contractor	14,728	15,100	(372)	181,526	182,034	(508)
PC - Drugs	8,755	8,903	(148)	110,127	108,155	1,972
Pay	67,094	66,769	325	793,109	791,668	1,441
Non Pay	10,842	9,638	1,204	117,523	116,440	1,083
SC - Drugs	4,590	5,097	(507)	58,879	60,658	(1,779)
H/C Other NHS	25,800	26,336	(536)	312,732	313,246	(514)
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	3,650	3,457	193	85,717	85,524	193
Private & Vol	856	559	297	9,985	7,768	2,217
Joint & Other	1,832	1,602	230	16,838	18,528	(1,690)
Losses, Spec Payments	354	218	136	3,348	3,212	136
DEL	5,556	2,741	2,815	41,339	32,895	8,444
AME	0	0	0	61,156	0	61,156
Res & Cont	0	0	0	0	0	0
P&L on Disposal	20	70	(50)	(64)	(14)	(50)
Cost - Total	**144,077**	**140,490**	**3,587**	**1,792,215**	**1,720,114**	**72,101**

Actual expenditure for M4 was £3.6m (2.5%) more than the £140.5m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Welsh Government Income - £447k Favourable** – Income relating to RIF received in month which links to an increase in Joint Financing expenditure also.
- **Non-Pay - £1,204k Adverse** – Non-Pay has deteriorated in month as a result of the following:
    - £0.4m increase in Energy costs as a result of revised forecast from NWSSP
    - £0.2m Pathology Insourcing and Lab equipment and materials
    - £0.3m Increase in Orthopaedics implants
    - £0.3m increase in M&SE
- **Secondary Care Drugs - £507k Favourable** – M4 recognises Lower than anticipated growth with NICE drugs resulting in a favourable variance.
- **Healthcare NHS - £536k Favourable** – Improvement in SLA activity across Health Boards, as noted in the additional savings being realised in M4.

The year-end forecast expenditure at M4 has increased by £72.1m to £1,792.2m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M4 are as follows:

- **WG Income - £1,267k Favourable –** Revised forecast for non cash limited funding along with in month movement relating to RIF identified above.
- **Primary Care Contractor - £508k Favourable** – Revised forecast following M4 actual and plans.
- **Primary Care Drugs - £1,972k Adverse –** Revised forecast following M2 actual and July Cat M pricing in addition to NCL impact which has been neutralised through WG income above.
- **Provider Pay - £1,441k Adverse** – Revised forecast following M4 actuals, offset by revised savings plans and further mitigating actions including the Care Group recovery plans.
- **Provider Non Pay - £1,083k Adverse** – Revised forecast following M4 actual and plans.
- **Secondary Care Drugs - £1,779k Favourable**– Revised forecast following M4 actual and plans, and improvement in NICE growth compared to forecast.
- **Healthcare NHS - £514k Favourable** – Improvement in SLA activity across Health Boards, as noted in the additional savings being realised in M4.

- **Private & Voluntary - £2,217k Adverse** – Revised forecast following M4 actual and classification of expenditure with Joint and Other Financing.
- **Joint & Other - £1,690k Favourable** – Revised forecast following M3 actual and classification of expenditure with Private & Voluntary.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – Reflects impact of increased enhancements for Bank Holidays throughout the year based on pay timetables and the arrears of pay processed in M3 for Medical & Dental Staff.
- Provider Pay – M4 reflect the arrears of pay that have been settled as a result of the Band 2/3 framework agreement,
- Primary Care Prescribing profiles will be updated following confirmation of Q1 PAR data.
- Primary Care Contractor M12 reflects impact of GP IM&T Refresh Programme
- Continuing Care & Funded Nursing Care Accountancy gains reflected in M4 of £4.0m.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

- **Provider Services Pay - £1,403k favourable** – The provider pay position for M4 continues to report improvements against the Adjusted plan which is partly as a result of industrial action. However, the level of unachieved savings for pay are significant at £4.2m less than our original plans with £3.0m of mitigating actions now required.

  The main driver of the YTD favourable variance is:
  - Health visitor Industrial Action - (£1.1m) Favourable
  - Health Care Scientists - (£0.3m) Favourable

- **Provider Non Pay - £1,901k adverse** – The non pay position for M4 has deteriorated compared to the adjusted plan. This is primarily the result of an increase in device and appliance expenditure reflecting increased activity within elective care and Diabetes.

  The main driver of the YTD adverse variance is:
  - Clinical Services & Supplies - £1.9m

- **Healthcare Services Provided by Other NHS Bodies - £945k Favourable** – Improvement in SLA activity across Health Boards, allowing for additional savings that have been realised in M4.

- **Continuing Care & Funded Nursing Care - £1,259k adverse** – The CHC/FNC position for M4 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in mental health packages of care.

- **Losses, Special payments & Irrecoverable debts - £709k Adverse –** The Position for M4 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in clinical negligence cases.

There were no other material variances in M4 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further adverse variance of £254k was reported in M4 relating to under achievement of Income.

This can be broken down as:

	M4 YTD	Forecast
Contracting Income with HBs	£1.1m	£3.3m
NCL Funding	(£1.1m)	(£3.3m)
Other Income	£0.9m	£0.9m
EPMA funding	(£0.6m)	(£1.9m)
Total	£0.3m	(£1.0m)

Please note within Other Income the adverse variance reflects the income loss of Local authority income for Health Visitors/Flying Start (£0.8m) which has reduced due to the ongoing industrial action (note offsetting reduced pay position).

M1 & M2 show errors at the foot of the table. These are the result of an agreed change to M1 reporting, and the net M1-2 value reported in M2. Various discussions have taken place between CTM and Welsh Government Health, Care & Protection, to agree the required approach and reporting requirements. Upon this advice, the tables should now be presented in the required format.

1.5 Pay Expenditure (Table B3)

The M4 Pay expenditure was £69.3m and the monthly trend is summarised below.

	M4	M3	M2	Q1 Average	Q4* Average	Q3* Average	Q2* Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	9.2	9.1	9.2	9.1	9.0	8.8	8.7
Medical	18.3	19.3	18.5	18.4	18.2	18.4	17.8
Nursing	21.0	20.9	21.3	20.9	21.0	20.4	20.2
ACS	9.4	8.7	8.9	8.7	8.6	8.3	8.4
Other	11.5	11.3	11.5	11.4	11.2	10.9	11.1
Total	**69.3**	**69.4**	**69.4**	**68.6**	**67.9**	**66.8**	**65.9**

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods and excludes the M12 central pension and band 2/3 framework adjustments.*

The Key issues to highlight are as follows:

- The Overall pay expenditure is reporting £69.4m, which is equal to M3. Medical & Dental has improved after last months Medical & Dental pay award, however this is primarily been offset with an increase in Additional Clinical Staff costs. The significant movements from M4 can be explained as:
    - £1.0m reduction in Medical Pay due to last months medical pay award impact of £1.8m.
    - £0.3m increase in ADH expenditure
    - £0.3m increase in Medical Agency
    - £0.4m decrease in WLI expenditure
    - £0.7m increase in Additional Clinical services due to the Band 2/3 HCSW re-banding arrangement. This has caused £0.5m in arrears, and an ongoing monthly increased cost of circa £0.2m.

The M4 agency expenditure was £1.6m and the monthly trend (excluding accountancy gains) is summarised below:

	M4	M3	M2	Q1 Average	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.8	0.5	0.9	0.7	0.9	0.9	0.6
Nursing	0.7	0.7	0.8	0.8	0.9	1.0	1.3
Other	0.2	0.2	0.1	0.2	0.3	0.1	0.3
Total	**1.6**	**1.4**	**1.8**	**1.6**	**2.1**	**2.1**	**2.2**

The Key issues to highlight are as follows:

- Medical agency rates have deteriorated in M04 by £0.3m when

compared to M3. However, remain below 25/26 level of expenditure.

- Nurse Agency costs have remained consistent with M3 and remain lower than the 25/26 average.

The current plan and mitigating actions are anticipating an improvement in agency expenditure in future periods, in particular in medical staffing to reflect appointments yet to commence.

As per the 2026-27 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

Enabling Action Description	**Month 4**
30% reduction in 26/27 agency expenditure compared to 2025/26.	M4 2026/27 YTD £6.3m 2025/26 YTD £9.7m 35.0% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 26	M4 2026/27 actual expenditure was £103k. 2025/26 average expenditure £182k per month.

It is acknowledged that the HB is unlikely to achieve a zero agency expenditure position for HCSW, A&C and ANC staff in 2026/27:

- A&C – The Health Board is progressing a number of short term programmes and projects which require A&C staff support (in particular on Digital programmes), where the use of agency has been assessed as a lower potential cost given the risk of redundancy costs if utilising fixed term contracts or secondments. These Agency posts are regularly reviewed to ensure they remain the best value for money over the potential term of the appointment.
- HCSW and ANC staff – The agency costs for these staff groups are in most cases lower than using Bank or overtime, where short term essential cover is required, the use of agency provides greater value for money. These roles are regularly reviewed and assessed.

The M4 variable pay expenditure was £5.2m and the monthly trend (excluding accountancy gains) is summarised below.

	M4	M3	M2	Q1 Average	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.9	2.0	2.4	2.0	1.9	2.1	1.9
Nursing	1.3	1.2	1.4	1.2	1.4	1.1	1.1
ACS	1.4	1.4	1.5	1.4	1.5	1.4	1.5
Other	0.6	0.6	0.6	0.6	0.7	0.7	0.7
Total	**5.2**	**5.2**	**5.9**	**5.2**	**5.5**	**5.2**	**5.2**

The Key issues to highlight are as follows:

- As at M4 there are no material changes in variable pay.

The savings plans and mitigations, including our enhanced controls, would indicate a reduction on overtime and bank utilisation in future periods. The monthly profiles from M5 onwards reflect our latest assessment of these improvements.

1.6 Reserves analysis (Table B)

	Current Plan	Confirmed Plans	Pending Plans	Forecast Requirement	Planning Variance
	£'m	£'m	£'m	£'m	£'m
IMTP – Demand & Cost Pressures	2.5	2.4	0.1	2.5	0.0
IMTP – Non Recurrent Plans	0.5	0.0	0.5	0.5	0.0
Local Planned Care Reserve	1.4	0.0	1.4	1.4	0.0
Total	**4.4**	**2.4**	**2.0**	**4.4**	**0**

As at M4 there are £2.4m of committed reserves held for actual and anticipated cost pressures. As at M4 there are £2.0m of pending plans. Given the current financial position and the scale of mitigating actions required, a risk assessment of the pending plans and feasibility of not committing the £2.0m pending is being undertaken.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2025/26 plans for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27.

	£m
Forecast In year position 26/27	**0**
Balance sheet write backs	0
Other non recurrent costs/income loss in 26/27	(1.9)
Other non recurrent benefits in 26/27	1.6
Forecast Recurrent position at the end of 26/27	**(0.3)**

As at M4 we are reporting a forecast Underlying surplus at the end of 2026/27 of £(0.3)m. This is consistent with the IMTP submitted on the 31st of March 2026 and will continue to be reviewed on a monthly basis.

Underlying Position	**2026/27 Forecast**	**Recurrent**	**Movement**
	£m	**£'m**	**£'m**
Initial Financial Plan	**0**	**(0.3)**	**(0.3)**
Savings Variances	10.0	8.7	(1.3)
Operational Variances	2.9	0.8	(2.1)
Financial Plan Variances	0	0	0
Additional Financial Allocations	(1.9)	0	1.9
Accountancy Gains	(4.0)	0	4.0
Mitigating Actions	(7.0)	(9.5)	(2.5)
Grand Total	**(0)**	**(0.3)**	**(0.3)**

3. Risk Management (Table A2)

The key financial risks and opportunities for 2026/27 are noted in Table A2 and are summarised below:

	Risk Level	Month 4 £m	Month 3 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27 as per our anticipated allocation.
HMRC Travel Allowance change April 2026	L	Tbc	Tbc	Impact of HMRC rate change has not been factored into the forecast at M4
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27. This has not been factored into the M4 forecast or anticipated allocation.
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	18.4	18.4	Recognised as Directed by WG.
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.2	0.7	Table C3
Delivery Risk on Savings plans yet to be identified	M	7.0	8.0	Unidentified mitigations, risk adjusted
Delegated Risk Assessments	H	3.7	8.2	Risk adjusted cost pressures
Health Visitors Band 6 Dispute	H	0.8	0.8	
NWJCC Plans not delivering	L	Tbc	Tbc	JCC reporting nil risk
LTA Disputes	H	Tbc	Tbc	
Planned Care target pressures	M	Tbc	Tbc	
Pay & Employment disputes	M	Tbc	Tbc	
Primary Care Prescribing NCSO	M	1.0	1.0	M4 forecast updated, Risk of continuation of NCSO remains outside of forecast.
CHC Growth above Plan	M	Tbc	Tbc	
Energy Forecast	L	0.0	0.5	NWSSP Energy Forecast now included in plan.
Retention of Dental Underspend	L	1.0	1.0	
Total Risks		32.1	38.6	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		(Tbc)	(Tbc)	
Net risk		32.1	38.6	

4. Ring Fenced Allocations (Tables M, N & O)

Tables M & N have been completed for General Medical Services (GMS) and General Dental services (GDS) for M3.

- GMS forecast against allocation is reporting a £3.6m overspend mainly attributed to Out of Hours provision and Dispensing.

- Dental – The current forecast underspend of £1.0m against the allocation is mainly attributed to 5 contracts being handed back from 1st April. The total of the 5 contracts has been offset by a reduction in Patient Charge Revenue (PCR) this year to give us the £1m forecast underspend.

  The current breakeven forecast assumes that the benefit from the dental position will be retained within the UHB.

Table O provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	**Forecast £'m**	**Comment**
Learning Disabilities	N/A	N/A	
Mental Health Services	123.3	123.3	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.7	2.7	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.7	
Urgent Emergency Care - Velindre	0.2	0.2	
Planned Care	0.1	0.1	

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2023/24 this reported £175.5m, the draft 2024/25 unpublished returns are indicating expenditure of £ 185.4m.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2026/27 includes a £31.3m recurring savings target.

	Month 4			Month 3		
	YTD	**26/27**	**Rec**	**YTD**	**26/27**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M4	**10.4**	**31.3**	**31.3**	**7.8**	**31.3**	**31.3**
Actual and Forecast Savings	(4.8)	(21.2)	(22.5)	(2.3)	(16.0)	(17.0)
Total	**5.6**	**10.0**	**8.7**	**5.5**	**15.3**	**14.3**

Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £10.0m in year and £8.7m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	**M4 £'m**	**YTD £'m**	**26/27 £'m**	**Rec £'m**
Savings	11.8	2.4	4.7	20.5	22.4
Income Generation	0.1	0.1	0.1	0.8	0.2
To be identified	19.3	0.0	0.0	10.0	8.7
Total Savings	**31.3**	**2.5**	**4.8**	**31.3**	**31.3**
Accountancy Gains	0.0	4.0	4.0	4.0	0.0

8. Income Assumptions 2026-267 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M4 position. The table below summaries the more material items:

Description	**M4**	**Comments**
	£k	
NWSSP Risk Pool	(5,264)	As per 25/26 adjustment
AHW – Prevention & Early years	934	
Funding Short breaks For Carers - RIF	196	
Advocacy Funding	353	
NDIP	639	
Clinical Excellence Awards	60	
3.25% Pay Award - Executives	76	As per 25/26 settlement
2026/27 Pay Award	21,863	Funding Requirement
M&D Pay Award 26/27	7,134	Funding Requirement
DPIF - Discovering a digital Solution to Achieve a Single Clinical MH Record	808	As per funding offer letter
DPIF – Digital Maternity Cymru	175	As per funding offer letter
CHC Direct Payments	103	
Womens Health Hubs	200	
Planned Care Transformation – Optometry Community Pathways	98	
ESR Recharges	1,540	As per NWSSP forecast
A2A Sanctuary	152	
ESMCP Resources/CRS/MDVS/ARRP	106	
GMS Disp Doctors/PADMS & List Size Funding	367	
GP IM&T Refresh Programme	1,352	Value TBC by NWSSP
Integration and Rebalancing Capital Fund (IRCF)	450	
Traumatic Stress Wales	233	
Other Capital	69,552	
IFRS 16	(2,589)	
Men B Supply & Deployment Costs	118	
Guardians of Safe Working	36	
Total Anticipated Allocations	**98,692**	

9. Health Care agreements

Following agreement of the financial values for the 2026/27 LTAs, Documents for the 2026/27 LTAs have been submitted to all providers and commissioners for signature.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
C&V UHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
HDda UHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
Powys TUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
SBUHB	Documentation Signed by Both Organisations	Documentation Signed by Both Organisations
JCC	Documentation Signed by Both Organisations	ICP approved at JCC.
Velindre NHST	Not Applicable	Documentation Signed by Both Organisations
PHW	Documentation received and being reviewed.	Not Applicable

PHW – As at M4, documentation has been received and is being reviewed. There is no formal dispute with this LTA.

CTMUHB is working to arrange the signing of all LTA documents as soon as possible.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, L)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M3 and M4. These include the following:

- Trade and other payables have decreased by £9.1m since M3. This is due to the timing of the Pharmacy payment, which has resulted in a decrease in the Pharmacy accrual of £10.1m.

- Provisions have decreased by £24.2m, this is due to a decrease in value of the clinical negligence provision of £18.0m. £10.4m of this

decrease is a result of one case being deescalated from a full provision to a possible provision, with the remainder decreases being across a number of claims. Other provisions have also decreased by £6.8m which reflects payments against the Band 2- 3 provision alongside other various provision movements.

- The trade and other receivables balance has decreased by £4.6m. There is a £16.2m reduction in the WRP Clinical Negligence debtor as detailed above, offset by an increase of £10.6m in the Nursing Home Pooled budget debtor.

- In relation to other provisions, at M4 the balance is £5.4m and we anticipate a further £0.7m payment from the provision in M5 leaving a remaining balance of £4.7m. This includes:
    - Fuji onerous contract provision
    - GP OOH provision
    - Other ET claims
    - Band 2/3 provision.

  There are currently no anticipated accountancy gains from other provisions in our plans, however there may be opportunity on the GP OOH provision subject to review in the coming months.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

One invoice due over 11 weeks for Cardiff and Vale UHB was reported in the day 5 monitoring return, the invoice has now been paid so there are no outstanding invoices over 11 weeks old to report at M4.

11. Cash Flow Forecast (Table G)

The cash position as at M4 was a surplus of £2.0m (£1.7m revenue and £0.3m capital).

At this point there is no expected drawdown of working balances or strategic cash.

12. Public Sector Payment Compliance (Table H)

No update on the PSPP rates required in this return.

In relation to NHS invoices, we are reviewing the use of No PO No Pay to ensure that POs are included on invoices for payment. The use of Invoice Exception Workflow is a process we want to bring in to improve the timeliness of payments, but there are technical issues of approval routes which are being investigated by CTeS.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M4 CRL is £132.305m, issued on the 13th July 2026. As at M4, £24.567m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	Risk	Explanation
PCH GFF Phase 2	Medium – In year underspend	£5.55m of CRL was returned to WG in June and another £0.51m was reprofiled into 27/28 for equipment for this phase of the project. There is some risk of further underspend on this scheme as it comes to completion in October 2026.
REFIT Decarbonisation Scheme	Medium – in year underspend	It has been confirmed that this scheme will have slippage of circa £0.6m into 27/28 and will complete in June 2027.
LHP Phase 1	Medium – In year underspend	Works progressing on this scheme but some risk of underspend due to the scale of the project.
BHWC	Medium – in year underspend	Scheme now delayed to end of August 2026 and is forecasting to underspend by circa £0.5m due to remaining contingency not required.
Maesteg	Medium – in year overspend	Additional funding required for this scheme. Funding request was submitted in July.

14. IFRS 16 and CAME (Table P)

Table P has been updated.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M4 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: 13th August 2026

Action Points arising from Month 3 Response

Action Point	WG Comment	CTM Response
	Movement of Opening Financial Plan to Forecast Outturn (Table A)	
3.1	The forecast balanced position remains supported by a significant level of unidentified savings/mitigations totalling £15.798m which is only a minor reduction of c.£0.300m from Month 2. It is disappointing that the Health Board has not been compliant with the WHC (2026 022), which set a firm deadline of the 30th June for all savings included within the IMTP/AOP to attain a Green or Amber classification. The narrative confirms that £5.300m of recovery plans are current being tested with Executives and there is a expected Accountancy Gain release of £4.000m in July which would party offset the current savings gap. The narrative also refers to further enhanced controls which are not yet quantified. We trust the Health Board will be in a position at Month 4 to report that the savings requirements included within the IMTP now meet the Green/Amber criteria or are being offset by other confirmed and finalised mitigations (e.g. Accountancy Gains/Additional Income/Spend Reductions). **(Action Point 3.1)**	See section 1.2 for latest position.
2.2	In addition to the YTD breakdown of the income reported on line 19 of Table A, included within the narrative, please provide the breakdown of the annual forecast income value. **(c/f Action Point 2.2)**	Noted
2.3	Noting the response to Action Point 2.3 and your intention smooth out the impact of the imminent release of CHC Accountancy Gain of c. £4.000m, by adjusting the RRL phasing; we would expect that the YTD impact must at least reflect 4 months of the benefit if released in July	Noted

	i.e. the RRL phasing could only be delayed by the equivalent of 8/12ths of c£4m. **(c/f Action Point 2.3)**	
1.4 & 1.6	Following the responses to Action Point 1.4 & 1.6, the current reporting approach of straight-line future expenditure profiles reported across several SoCNE categories does not provide the level of assurance we require in relation to a robust forecast expenditure profile. Noting the broader review being undertaken during Month 4, we trust that the future month profiles reported in the M4 MMR, reflect a more realistic profile. **(c/f Action Point 1.4/1.6)**	The current plan to achieve break even requires the HB to maintain current expenditure levels and not allow costs to escalate during winter periods. As such our plan is to retain a relatively straight line expenditure, with any pressures having to be managed through savings and mitigating actions.
2.5	The forecast c/f underlying surplus position continues to be based on the material (£12.770m) FYE of planned mitigating actions which are yet to be finalised. The response to Action Point 2.5 does not support this position, as the HB states that "It is anticipated that many of the mitigating actions for 2026/27 will be non recurrent actions or blunt measures that are not expected to have a recurrent impact but will aim to recover current under delivered savings plans." In another section of the narrative it is stated that "Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £15.5m in year and £14.4m recurrently.' Please ensure the c/f underlying position reflects a robust assessment of the likely forecast and that the messaging between the tables and the narrative is consistent. (c/f Action Point 2.5)	Whilst the further enhanced controls on pay expenditure may well be non recurrent in nature, the intention is to retain longer term changes to behaviour and staff rostering/absence which will be part of recurrent plans. The recovery schemes will be recurrent with potential of greater FYE benefits. The latest position is indicating a £9.5m of mitigating actions an improvement of £3.3m on M3. The mitigating actions reflect the requirement for savings shortfall, operating variances and other accountancy gains, as such it is unlikely that the savings shortfall will equal the mitigating actions.

		The current underlying position reflects a savings shortfall requirement of £8.7m which along with the operating variances of £0.8m to our mitigating action plan of £9.5m to maintain our board approved IMTP plan.
	Risks and Opportunities (Table A2)	
1.5b	Following the response to Action Point 1.5b, it is noted that the HB will undertake a full review of the 'Delegated Risk Assessment of demand & cost pressures' in Month 4. Our expectation is that the outcome of that review be reflected in the M4 MMR submission, and any remaining risk value reported in Table A2 to have a supporting calculation broken down by risk issue. **(Action Point 1.5b)**	Noted
3.2	In terms of the newly reported Dental underspend of c.£1.000m this month, this should be reported as a spend reduction via Table B2 (Primary Care section), which will flow the benefit into Table A. We understand the current methodology behind including retention at risk for now, as this is dependent on receiving an approved status for the IMTP. **(Action Point 3.2)**	As we are yet to receive confirmation of an approved IMTP, we continue to report this benefit as a net impact to the mitigations. When we receive approval we will recognise the future impact of the Dental underspend as you describe.
2.10	As confirmed via Action Point 2.10 last month, there is currently no additional source of WG funding for the changes to the T&S reimbursement rates. Please therefore amend your current assumption that these will be funded from the pay award settlement. We trust that your current anticipated pay award funding request does not include any hidden values linked to the T&S rates. Once paid out, we would expect this item to be removed from your risks and be shown instead as in-year cost pressures above Plan in Table B2. **(c/f Action Point 2.10)**	Noted, as at M4 the expenditure impact of the HMRC rate change has not been recognised in our forecast, and remains a risk if funding is not agreed to match.

	Monthly Positions (Table B)	
1.7	The Revenue Resource Limit in the SOCNE at Month 3 is under phased by c.£3.900m (increase of c.£0.600m since Month 2) and this is before any adjustment is made in July for the assumed CHC Accountancy Gain release; with monthly profiles from October onwards being increased accordingly. The response to AP 1.7 states "For M3 the adjustment of the savings profile (action point 2.4) has reduced this gap to an immaterial value in M3." and if we consider line 18 of Table A on its own, then this is what is being reported on a YTD basis. We again request that the Health Board clarifies the key areas where spend is occurring in a future month only in the SoCNE. Currently, the understated RRL profile remains unsupported. **(c/f Action Point 1.7)**	In reporting our YTD financial position to the Board, we need to ensure that a prudent and realistic position is reported and not an overly optimistic position. As is noted in the Monitoring tables, the level of savings and mitigating action still to be achieved remains material, thus our YTD reporting reflects this risk in the phasing of our RRL.
2.12	Following the response to Action Point 2.12 on the Committed Reserves held totalling £0.900m; given the deteriorating YTD position, we expect a decision to be made imminently on whether the reserve will be diverted to mitigating the risks that have already crystalised into your YTD position, rather than being held for other risks that have not yet crystallised (the original issues would then move into Table A2). Noting that the organisation is undertaking a full review during Month 4. **(Action Point 2.12)**	In M4, £1m has been released to support the financial position and recognised in our savings. A further review on feasibility and risk assessment of the remaining reserves is being undertaken as part of our mitigating actions.
3.3	After reporting a profit from an asset disposal in April of £0.084m, there is now a loss (£0.070m) projected in July. Please provide a supporting explanation (via the main narrative report) noting that Table K, indicates these relate to various equipment disposals. **(Action Point 3.3)**	This relates to the land swap with LINC for Bryncethin Clinic. Ownership was transferred from CTM to LINC in April and hence LINC paid us £70k, however in order to complete the land swap agreement for the BHWC land in July this then needed to be returned to LINC. See explanation in Table K

	Movements from Opening Expenditure Plan (Table B2)	
2.14	As requested in the 2025/26 M12 reply letter and again last month where a response of 'Noted' was provided; please present unplanned cost pressures and spend reductions, by category, as separate details in the supporting narrative, rather than combining and reporting net positions. The narrative will also need expanding to discuss the forecast profile following the review being undertaken at Month 4. **(c/f Action Point 2.14)**	We will link in with WG finance colleagues to understand level of detail that is expected to be reported as part of the monitoring return.
	Pay, Agency and Variable Pay (Table B3)	
3.4	Please ensure section 1.5 of the narrative discusses future month Agency and Variable Pay profiles. **(Action Point 3.4)**	See section 1.5
	Savings (Tables C-C3)	
3.5	The organisation is reminded that the 'Go Green Date' and 'Scheme Start Date' can be different dates. Currently every Amber scheme has matching dates. The scheme 'Start Date' is when the delivery is expected to commence, which may be later in the year. The 'Go Green Date' is when the scheme meets the Green criteria, which can be different to when the delivery starts. The WHC stipulates that Amber schemes have a 3-month conversion deadline, from when they are first entered onto the Tracker. Therefore the 'Go-Green Date' must fall within that time 3-month frame. Should that not be achieved, then that is separate issue. Please review and update all the Go Green dates on the Amber schemes, so that they fall within the WHC requirements. **(Action Point 3.5)**	All schemes are reviewed every month to ensure they go green within 3 months of being entered onto the tracker.

3.6	It is noted that a simple 50% methodology is being used, for quantifying the risk of non-delivery of all Amber schemes. We would expect this to be further refined each month on a scheme-by-scheme basis; ultimately the risk for all Amber schemes added to the Tracker at M3 will be eliminated by M6 at the latest, due to the 3-month conversion deadline. **(Action Point 3.6)**	Historic trend analysis supports our 50% assessment up to M6 of amber schemes, from M7 onwards this assessment is refined.
	Income and Expenditure Assumptions (Table D)	
1.13	It is disappointing that there are still several SLA/LTA agreements that remain unsigned. We trust you will be able to confirm that you hold signed document, by both parties, in the Month 4 submission. **(c/f Action Point 1.13)**	All agreements apart from PHW are now signed.
	SoFP (Table F)	
3.7	It is noted that the HB currently holds c£12m of Provisions described as 'Other', which are expected to reduce to £2m by year end. Please use the supporting narrative to break these down into more detailed groupings/explanations, as it is assumed an element will be linked to your assumed imminent finalisation of Accountancy Gains. **(Action Point 3.7)**	See Table F narrative
	Cash (Table G)	
	Within your supporting, please be advised that there is no formal 'target' for cash balances held each month. There is however a best practice value (which is correctly quoted in the narrative) which is used as a guide only to ensure cash is not drawn down in advance of need.	Yes, this was an internal target for a guide rather than formal target.

	PSPP (Table H)	
3.8	The payment performance for Non-NHS invoices at the end of Q1 (95.5%) currently meets the target of 95%. The performance for NHS invoices remains significantly below best practice expectations at 83.1%. The supporting narrative must provide details of the actions being taken to improve the payment performance of NHS invoices from the start of Q2. Therefore, please ensure this is included in the M4 submission. **(Action Point 3.8)**	Within narrative in Table H
	Disposal (Table K)	
3.9	We note that the protected formatting has been broken on the Disposals table, on line 2 comments section. This usually happens when data is entered on to the MMR Template using 'cut and paste' from another spreadsheet. We will not re-issue the template, but please ensure that the supporting narrative refers to the items included in the Disposal Table. **(Action Point 3.9)**	This has been discussed with Gary Young and a comment included in the line above as the comment box is not working correctly.
	Ring Fenced (Table P)	
	The narrative states that the Mental Health ringfenced profile is based upon fully absorbed programme budget expenditure and this position will not be reported until following the financial year end. Whilst this statement is noted, and unless you inform us to the contrary, the MMR is currently reporting that all funding is being fully utilised in 2026/27 on its designated purpose.	Noted

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-9,200	0	-9,200	-9,200
2	Cost Pressures (Negative Value)	-43,000	0	-43,000	-43,500
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,110	0	20,110	20,930
4	Other Income Uplift / (Reduction)	800	0	800	800
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	11,841	1,025	10,816	12,602
7	Planned (Finalised) Net Income Generation	114	5	109	109
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	19,335	828	18,507	18,559
12	**Opening IMTP / Annual Operating Plan**	**0**	**1,858**	**-1,858**	**300**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-19,335	-828	-18,507	-18,559
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	14	14		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	638	595	43	43
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,417	-7	-1,410	-540
17	Additional In Year Identified Savings - Forecast	10,070	2,522	7,548	10,324
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	1,042	1,042	0	0
20	In Year Accountancy Gains	4,000	4,000	0	0
21	Unplanned Spend Reductions	3,562	1,214	2,348	2,348
22	Unplanned Cost Pressures	-5,534	-2,374	-3,160	-3,160
23	Planned Mitigations Yet To Be Finalised	6,960	0	6,960	9,523
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	DHCW - EPMA Non recurrent income	0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**8,036**	**-8,036**	**279**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-767	-767	-3,066	-9,200
2	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-14,333	-43,000
3	1,676	1,676	1,676	1,676	1,676	1,675	1,676	1,676	1,676	1,676	1,676	1,675	6,704	20,110
4	66	67	67	66	67	67	66	67	67	66	67	67	266	800
5	0	1,017	-1,020	-1	-1	1	-1	-1	0	-1	-1	8	-4	0
6	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	3,055	11,841
7	0	2	12	4	5	5	13	14	16	14	14	15	18	114
8													0	0
9													0	0
10													0	0
11	2,257	993	2,477	1,633	1,471	1,508	1,462	1,520	1,475	1,502	1,550	1,487	7,360	19,335
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	-2,257	-993	-2,477	-1,633	-1,471	-1,508	-1,462	-1,520	-1,475	-1,502	-1,550	-1,487	-7,360	-19,335
14	84			-70									14	14
15	0	15	-4	71	69	69	70	70	68	71	70	69	82	638
16	0	-171	-99	-293	-41	-151	-167	-128	-143	-24	-99	-101	-563	-1,417
17	0	76	415	1,713	691	777	1,105	969	963	1,119	1,116	1,126	2,204	10,070
18	9	-1,025	1,015	-5,291	-804	-358	158	1,087	1,110	951	1,423	1,725	-5,292	0
19	-284	-499	153	376	162	162	162	162	162	162	162	162	-254	1,042
20	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000
21	1,128	680	851	903	0	0	0	0	0	0	0	0	3,562	3,562
22	-268	-1,715	-2,009	-1,542	0	0	0	0	0	0	0	0	-5,534	-5,534
23	0	0	0	0	836	1,009	711	1,067	1,012	935	795	595	0	6,960
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	162	-162	0	0	0	0	0	0	0	0	0	0	0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**-1,426**	**-3,794**	**-2,155**	**-1,766**	**-558**	**0**	**577**	**1,707**	**1,697**	**1,712**	**1,917**	**2,089**	**-9,141**	**0**

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This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END £'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare	Tbc	Medium
2	Out of Area Mental Health Placements		
3	Primary Care Drugs	(1,000)	Medium
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk	0	Low
6	Joint Commissioning Committee - Contract Performance		
7			
8			
9	Delegated Risk Assessment of demand & cost pressures	(3,700)	Medium
10			
11	Risk of the 2026/27 pay award not being fully funded	Tbc	Low
12	Risk of the Resident Dr Contract changes not being fully funded	Tbc	Low
13	HMRC Travel Allowance	Tbc	Low
14	Health Visitor Dispute	(800)	High
15	LTA Disputes	Tbc	High
16	Plannced Care Target Pressures	Tbc	Medium
17	Pay & Employment Disputes	Tbc	Medium
18	**Benefits Assumed in the Forecast Outturn at Risk (Negative Values):**		
19	Under delivery of Amber Schemes included in Outturn via Tracker	(242)	Medium
20	Non Delivery of Planned Mitigations Yet To Be Finalised	(6,960)	Medium
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised		
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back	(1,000)	Low
24	WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	(18,400)	Low
25			
26			
27	**Total Risks**	**(32,102)**	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28	Balance Sheet Opportunities - Accountancy Gains	Tbc	High
29	Retrospective VAT Recovery	Tbc	Medium
30	NWSSP Distributions	Tbc	Medium
31			
32			
33			
34			
35	**Total Further Opportunities**	**0**	
36	**Current Reported Forecast Outturn**	**0**	
37	**Worst Case Outturn Scenario**	**(32,102)**	
38	**Best Case Outturn Scenario (Opportunities Only)**	**0**	

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	660	3,646		3,646	0				
2		Actual/F'cast	68	157	401	542	586	753	924	968	944	1,081	1,086	1,105	1,168	8,615	13.56%	8,184	431	1,466	7,149	0	10,835
3		Variance	0	(2)	206	304	304	393	550	588	563	691	683	689	508	4,969	*76.97%*	4,538	431				
4	Non-Pay	Budget/Plan	65	203	196	268	262	265	268	270	270	281	272	283	732	2,903		2,903	0				
5		Actual/F'cast	65	126	314	743	480	448	607	474	479	578	499	512	1,248	5,325	23.44%	5,325	0	1,074	4,251	0	5,244
6		Variance	0	(77)	118	475	218	183	339	204	209	297	227	229	516	2,422	*70.49%*	2,422	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	217	217	315	268	402	297	285	286	285	287	285	286	1,017	3,430		3,430	0				
8		Actual/F'cast	217	217	315	217	488	305	292	293	292	294	292	293	966	3,515	27.48%	3,515	0	0	3,515	0	3,639
9		Variance	0	0	0	(51)	86	8	7	7	7	7	7	7	(51)	85	*(5.01%)*	85	0				
10	Secondary Care Drugs	Budget/Plan	0	0	425	189	178	165	198	130	172	125	75	105	614	1,762		1,762	0				
11		Actual/F'cast	0	0	425	189	178	165	198	130	172	125	75	105	614	1,762	34.85%	1,762	0	0	1,762	0	1,861
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/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	16	8	8	8	8	8	8	9	9	9	9	32	100		100	0				
20		Actual/F'cast	0	0	0	700	50	50	50	50	50	109	109	109	700	1,277	54.82%	1,225	52	1,000	277	0	807
21		Variance	0	(16)	(8)	692	42	42	42	42	41	100	100	100	668	1,177	*2087.50%*	1,125	52				
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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	3,055	11,841		11,841	0				
35		Actual/F'cast	350	500	1,455	2,391	1,782	1,721	2,071	1,915	1,937	2,187	2,061	2,124	4,696	20,494	54.82%	20,011	483	3,540	16,954	0	22,386
36		Variance	0	(95)	316	1,420	650	626	938	841	820	1,095	1,017	1,025	1,641	8,653	*2087.50%*	8,170	483				

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
37	Variance in month	0.00%	(15.97%)	27.74%	146.24%	57.42%	57.17%	82.79%	78.31%	73.41%	100.27%	97.41%	93.27%	53.72%
38	In month achievement against FY forecast	1.71%	2.44%	7.10%	11.67%	8.70%	8.40%	10.11%	9.34%	9.45%	10.67%	10.06%	10.36%	

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	Ok
Total Forecast Savings agrees to Table A	Ok
Total FYE of Recurring Savings agrees to Table A	Ok
Total Forecast Savings in Table C agrees to Table C2	Ok

Cwm Taf Morgannwg ULHB

Period : Jul 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	46	83	103	103	138	214	223	229	220	232	243	256	335	2,090	2,090	0			
2		Actual/F'cast	46	106	270	435	273	363	435	458	438	564	571	587	857	4,546	4,170	376	1,170	3,376	5,342
3		Variance	0	23	167	332	135	149	212	229	218	332	328	331	522	2,456	2,080	376			
4	Pay - Variable	Budget/Plan	22	8	25	68	78	77	85	84	94	90	94	92	123	817	817	0			
5		Actual/F'cast	22	16	136	106	236	256	298	349	347	357	356	358	280	2,837	2,782	55	0	2,837	4,169
6		Variance	0	8	111	38	158	179	213	265	253	267	262	266	157	2,020	1,965	55			
7	Pay - Agency	Budget/Plan	0	68	67	67	66	69	66	67	67	68	66	68	202	739	739	0			
8		Actual/F'cast	0	35	(5)	1	77	134	191	161	159	160	159	160	31	1,232	1,232	0	296	936	1,324
9		Variance	0	(33)	(72)	(66)	11	65	125	94	92	92	93	92	(171)	493	493	0			
10	Total	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	660	3,646	3,646	0			
11		Actual/F'cast	68	157	401	542	586	753	924	968	944	1,081	1,086	1,105	1,168	8,615	8,184	431	1,466	7,149	10,835
12		Variance	0	(2)	206	304	304	393	550	588	563	691	683	689	508	4,969	4,538	431			

Cwm Taf Morgannwg ULHB

Jul 26

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Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	3,055	11,841	1,025	10,816	1,786	12,602
	Month 1 - Actual/Forecast	350	424	1,040	678	1,091	944	966	946	974	1,068	945	998	2,492	10,424	1,018	9,406	2,656	12,062
	Variance	0	(171)	(99)	(293)	(41)	(151)	(167)	(128)	(143)	(24)	(99)	(101)	(563)	(1,417)	(7)	(1,410)	870	(540)
	In Year - Plan	0	76	406	1,869	732	838	974	976	1,006	1,122	1,122	1,130	2,351	10,250	2,583	7,667	2,900	10,568
	In Year - Actual/Forecast	0	76	415	1,713	691	777	1,105	969	963	1,119	1,116	1,126	2,204	10,070	2,522	7,548	2,776	10,324
	Variance	0	0	9	(156)	(41)	(61)	131	(7)	(43)	(3)	(6)	(4)	(147)	(180)	(61)	(119)	(124)	(244)
	Total Plan	350	671	1,545	2,840	1,864	1,933	2,107	2,050	2,123	2,214	2,166	2,229	5,406	22,091	3,608	18,483	4,686	23,170
	Total Actual/Forecast	350	500	1,455	2,391	1,782	1,721	2,071	1,915	1,937	2,187	2,061	2,124	4,696	20,494	3,540	16,954	5,432	22,386
	Total Variance	0	(171)	(90)	(449)	(82)	(212)	(36)	(135)	(186)	(27)	(105)	(105)	(710)	(1,597)	(68)	(1,529)	746	(784)
Net Income Generation	Month 1 - Plan	0	2	12	4	5	5	13	14	16	14	14	15	18	114	5	109	0	109
	Month 1 - Actual/Forecast	0	2	1	1	1	1	10	10	10	10	10	10	4	66	0	66	0	66
	Variance	0	0	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(4)	(4)	(5)	(14)	(48)	(5)	(43)	0	(43)
	In Year - Plan	0	14	7	74	73	73	73	74	74	74	74	74	96	686	600	86	(0)	86
	In Year - Actual/Forecast	0	15	7	74	73	73	73	74	74	75	74	74	96	686	600	86	0	86
	Variance	0	1	(0)	(0)	(0)	(0)	(0)	(0)	(0)	1	(0)	(0)	0	(0)	0	(0)	0	0
	Total Plan	0	16	19	78	78	78	86	88	90	88	88	89	114	800	605	195	(0)	195
	Total Actual/Forecast	0	17	8	75	74	74	83	84	84	85	84	84	100	752	600	152	0	152
	Total Variance	0	1	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(3)	(4)	(5)	(14)	(48)	(5)	(43)	0	(43)
Accountancy Gains	In Year - Plan	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000	4,000	0	0	0
	In Year - Actual/Forecast	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000	4,000	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	350	597	1,151	975	1,137	1,100	1,146	1,088	1,133	1,106	1,058	1,114	3,073	11,955	1,030	10,925	1,786	12,711
	Month 1 - Actual/Forecast	350	426	1,041	679	1,092	945	976	956	984	1,078	955	1,008	2,496	10,490	1,018	9,472	2,656	12,128
	Variance	0	(171)	(110)	(296)	(45)	(155)	(170)	(132)	(149)	(28)	(103)	(106)	(577)	(1,465)	(12)	(1,453)	870	(583)
	In Year - Plan	0	90	413	5,943	805	911	1,047	1,050	1,080	1,196	1,196	1,204	6,447	14,936	7,183	7,753	2,900	10,654
	In Year - Actual/Forecast	0	91	422	5,787	764	850	1,178	1,043	1,037	1,194	1,190	1,200	6,300	14,756	7,122	7,634	2,776	10,410
	Variance	0	1	9	(156)	(41)	(61)	131	(7)	(43)	(2)	(6)	(4)	(147)	(180)	(61)	(119)	(124)	(244)
	Total Plan	350	687	1,564	6,918	1,942	2,011	2,193	2,138	2,213	2,302	2,254	2,318	9,520	26,891	8,213	18,678	4,686	23,365
	Total Actual/Forecast	350	517	1,463	6,466	1,856	1,795	2,154	1,999	2,021	2,272	2,145	2,208	8,796	25,246	8,140	17,106	5,432	22,538
	Total Variance	0	(170)	(101)	(452)	(86)	(216)	(39)	(139)	(192)	(30)	(109)	(110)	(724)	(1,645)	(73)	(1,572)	746	(827)

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	202	2,000	**2,202**	600	0
Scheduled Care	909	325	2,176	**3,410**	0	0
Unscheduled Care	714	391	2,449	**3,554**	0	0
Mental Health	483	460	809	**1,752**	0	0
Community Services	476	65	504	**1,045**	0	0
Primary Care	0	0	300	**300**	0	0
Commissioned Services - CHC	0	0	0	**0**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	4,000
Other Commissioned Services	0	1,100	0	**1,100**	0	0
Clinical Support	68	5,418	667	**6,153**	97	0
Non Clinical Support	47	225	0	**272**	55	0
Executive / Corporate Areas	138	508	60	**706**	0	0
Total	**2,835**	**8,694**	**8,965**	**20,494**	**752**	**4,000**

Cwm Taf Morgannwg ULHB
Table C3 - Savings Tracker   This Table is currently showing 5 errors

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ID	Organisation	Scheme / Opportunity Title	Division	Business Unit	Savings Scheme Number	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000	Risk of Under Delivery (Amber Schemes only)	Scheme Identified: By Month 1 or In Year (AG only In Year)	Forecast FYE (Recurring Schemes only) £'000	Scheme Start Date	Date Scheme Expected to go Green	Scheme RAG rating	Service Area	MMR Category (Do not complete for Income Generation Items)	V&S Board Category	Scheme Type
1	Cwm Taf Morgannwg ULHB	Savings arising from Anaesthetic proposal	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT01	R	Cost Avoidance	332	442	332		Month 1	442	01-Jul-26	01-Jul-26	Green	Scheduled Care	Pay - Variable	1) Workforce	Review Establishment Model to reduce need for Variable / Agency
2	Cwm Taf Morgannwg ULHB	Theatres Non Pay	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT03	R	Cash-Releasing Saving	52	57	47		Month 1	57	01-Apr-26	31-May-26	Green	Scheduled Care	Non-Pay	3) Procurement & Non-pay	Other
3	Cwm Taf Morgannwg ULHB	ENT PCH Associate Specialist sessions	Planned Care	Specialist Services	SS03	R	Cash-Releasing Saving	18	18	18		Month 1	18	01-Apr-26	01-Jun-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
4	Cwm Taf Morgannwg ULHB	OMFS Speciality Doctor sessions	Planned Care	Specialist Services	SS05	R	Cash-Releasing Saving	2	2	2		Month 1	2	01-Apr-26	01-Sep-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
5	Cwm Taf Morgannwg ULHB	Ophthalmology Consultant session	Planned Care	Specialist Services	SS06	R	Cash-Releasing Saving	12	15	15		Month 1	15	01-Apr-26	01-Jun-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
6	Cwm Taf Morgannwg ULHB	Ophthalmology Consultant sessions	Planned Care	Specialist Services	SS07	R	Cost Avoidance	22	22	19		Month 1	22	01-Apr-26	30-Jun-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
7	Cwm Taf Morgannwg ULHB	Urology POW Speciality Doctor session	Planned Care	Specialist Services	SS08	R	Cash-Releasing Saving	9	9	6		Month 1	9	01-Apr-26	31-May-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
8	Cwm Taf Morgannwg ULHB	Urology RGH Consultant session	Planned Care	Specialist Services	SS09	R	Cash-Releasing Saving	15	15	15		Month 1	15	01-Apr-26	01-Jun-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
9	Cwm Taf Morgannwg ULHB	Urology POW Agency	Planned Care	Specialist Services	SS10	R	Cost Avoidance	9	9	9		Month 1	9	01-Apr-26	31-May-26	Green	Scheduled Care	Pay - Agency	1) Workforce	Service Rationalisation & Consolidation
10	Cwm Taf Morgannwg ULHB	Urology Consultant session	Planned Care	Specialist Services	SS13	R	Cash-Releasing Saving	15	15	14		Month 1	15	01-Apr-26	31-May-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
11	Cwm Taf Morgannwg ULHB	RGH Over rostering on HCSW	Unscheduled Care	Speciality Medicine	SPC01	R	Cash-Releasing Saving	363	396	264		Month 1	360	01-Apr-26	31-May-26	Green	Unscheduled Care	Pay - Agency	1) Workforce	Service Rationalisation & Consolidation
12	Cwm Taf Morgannwg ULHB	Substantive recruitment to medical posts	Unscheduled Care	Speciality Medicine	SPC05	R	Cost Avoidance	43	57	65		Month 1	113	01-Apr-26	01-Jul-26	Green	Unscheduled Care	Pay - Variable	1) Workforce	Vacancy and Recruitment Controls
13	Cwm Taf Morgannwg ULHB	Equipment hire	Unscheduled Care	Speciality Medicine	SPC06	R	Cost Avoidance	38	50	0		Month 1	0	01-Apr-26	01-Jul-26	Green	Unscheduled Care	Non-Pay	3) Procurement & Non-pay	Administration and Management Efficiencies
14	Cwm Taf Morgannwg ULHB	Maintenance contract Review	Unscheduled Care	Speciality Medicine	SPC10	R	Cash-Releasing Saving	6	15	0		Month 1	0	01-Apr-26	01-Nov-26	Green	Unscheduled Care	Non-Pay	3) Procurement & Non-pay	Other
15	Cwm Taf Morgannwg ULHB	Remove Desk Based Printers in RGH	Unscheduled Care	Speciality Medicine	SPC12	R	Cash-Releasing Saving	5	6	3		Month 1	6	01-Apr-26	01-Jul-26	Green	Unscheduled Care	Non-Pay	3) Procurement & Non-pay	Other
16	Cwm Taf Morgannwg ULHB	COFD Ward POW	Unscheduled Care	Integrated Medicine	IM01	R	Cash-Releasing Saving	232	350	87		Month 1	350	01-Apr-26	01-Aug-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
17	Cwm Taf Morgannwg ULHB	Consultant On call consolidation (release of 4.5 sessions)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD002	R	Cost Avoidance	52	78	0		Month 1	0	01-Aug-26	01-Aug-26	Green	Clinical Support	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
18	Cwm Taf Morgannwg ULHB	SpR CT Head Reporting (OOH) - reduction in outsourcing	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD007	R	Cost Avoidance	86	114	0		Month 1	0	01-Jul-26	01-Jul-26	Green	Clinical Support	Non-Pay	1) Workforce	Other
19	Cwm Taf Morgannwg ULHB	Closure of OT Respiratory Service	Diagnostics, Therapies & Specialities	Therapies	CRESTHER02	R	Cash-Releasing Saving	33	59	0		Month 1	0	01-Apr-26	01-Jul-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Other
20	Cwm Taf Morgannwg ULHB	Palliative Care - undertake skill mixing of workforce and look at consolidation opportunity	Diagnostics, Therapies & Specialities	Therapies	CRESTHER03	R	Cash-Releasing Saving	13	25	0		Month 1	0	01-Apr-26	01-Oct-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Other
21	Cwm Taf Morgannwg ULHB	NICE savings tocilizumab	Diagnostics, Therapies & Specialities	Medicine Management	MM06	R	Cash-Releasing Saving	56	57	56		Month 1	57	01-Jun-26	01-Aug-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
22	Cwm Taf Morgannwg ULHB	Homecare ES savings (switch products to Homecare delivery)	Diagnostics, Therapies & Specialities	Medicine Management	MM09	R	Cash-Releasing Saving	100	192	100		Month 1	192	01-Jun-26	30-Jun-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Other
23	Cwm Taf Morgannwg ULHB	NO2 manifold decommissioning	Diagnostics, Therapies & Specialities	Medicine Management	MM11	R	Cash-Releasing Saving	10	10	10		Month 1	10	01-Jun-26	01-Jun-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
24	Cwm Taf Morgannwg ULHB	Medical gas testing taken in house	Diagnostics, Therapies & Specialities	Medicine Management	MM12	R	Cash-Releasing Saving	27	27	0		Month 1	0	01-Jun-26	01-Jun-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
25	Cwm Taf Morgannwg ULHB	Care Homes prescribing project effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM15	R	Cash-Releasing Saving	135	135	135		Month 1	135	01-Jun-26	01-Jun-26	Green	Clinical Support	Primary Care - Drugs & Appliances	2) Medicines Management	Other
26	Cwm Taf Morgannwg ULHB	Off contract claims (income from unavailability of drugs)	Diagnostics, Therapies & Specialities	Medicine Management	MM18	R	Income Generation	43	43	0		Month 1	0	01-Jun-26	30-Jun-26	Green	Clinical Support		Other	Other
27	Cwm Taf Morgannwg ULHB	Dapagliflozin Switch Savings Scheme	Diagnostics, Therapies & Specialities	Medicine Management	MM21	R	Cash-Releasing Saving	391	400	391		Month 1	400	01-Jun-26	01-Jun-26	Green	Clinical Support	Primary Care - Drugs & Appliances	2) Medicines Management	Other
28	Cwm Taf Morgannwg ULHB	Maternity Rota Efficiencies (PCH)	Children & Families	Obstetrics,Gynaecology & Sexual Health	CF005	R	Cost Avoidance	83	100	83		Month 1	100	01-Jun-26	30-Jun-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
29	Cwm Taf Morgannwg ULHB	CYP Admin - Band 2-4 restructure	Children & Families	Children & Young People	CF010	R	Cash-Releasing Saving	60	72	60		Month 1	72	01-Jun-26	30-Jun-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Review Establishment Model to reduce need for Variable / Agency
30	Cwm Taf Morgannwg ULHB	Neonates cot review	Children & Families	Children & Young People	CF003	R	Cost Avoidance	41	70	0		Month 1	0	01-Sep-26	01-Sep-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
31	Cwm Taf Morgannwg ULHB	Non Pay Review	Chief Operating Officer	COO Management Team	COO0226	R	Cash-Releasing Saving	40	40	40		Month 1	40	01-Apr-26	01-Jul-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
32	Cwm Taf Morgannwg ULHB	Rates Savings	Corporates	Estates	Est00126	R	Cash-Releasing Saving	25	25	25		Month 1	25	01-Oct-26	01-Oct-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
33	Cwm Taf Morgannwg ULHB	M&E Contracts linked to TEF	Corporates	Estates	Est01325	NR	Cash-Releasing Saving	100	0	100		Month 1	0	01-Apr-26	01-Jul-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
34	Cwm Taf Morgannwg ULHB	Materials linked to TEF	Corporates	Estates	Est01425	NR	Cash-Releasing Saving	100	0	100		Month 1	0	01-Apr-26	01-Jul-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
35	Cwm Taf Morgannwg ULHB	Retail - Inflationary increase to prices 5% with half to support inflation on goods	Chief Operating Officer	Facilities	FAC 04	R	Income Generation	55	55	55		Month 1	55	01-Jul-26	01-Oct-26	Green	Non Clinical Support		Other	Other
36	Cwm Taf Morgannwg ULHB	CDAT Redesign	Mental Health & Learning Disabilities	CAMHS & Specialised Services	CAMHS&SS01	R	Cash-Releasing Saving	50	100	0		Month 1	0	01-Oct-26	01-Oct-26	Green	Mental Health	Pay - General & Substantive	1) Workforce	Vacancy and Recruitment Controls
37	Cwm Taf Morgannwg ULHB	Single rota	Mental Health & Learning Disabilities	Adult	ADULT03	R	Cash-Releasing Saving	167	200	83		Month 1	200	01-Jun-26	01-Jun-26	Green	Mental Health	Pay - Variable	1) Workforce	Review Establishment Model to reduce need for Variable / Agency
38	Cwm Taf Morgannwg ULHB	Single crisis assessment service redesign	Mental Health & Learning Disabilities	Adult	ADULT05	R	Cost Avoidance	45	90	0		Month 1	0	01-Oct-26	01-Oct-26	Green	Mental Health	Pay - Variable	1) Workforce	Vacancy and Recruitment Controls
39	Cwm Taf Morgannwg ULHB	ORT redesign	Mental Health & Learning Disabilities	Adult	ADULT06	R	Cash-Releasing Saving	18	70	0		Month 1	0	01-Jan-27	01-Jan-27	Green	Mental Health	Pay - General & Substantive	1) Workforce	Vacancy and Recruitment Controls
40	Cwm Taf Morgannwg ULHB	Opportunity - Review income from M&D SLAs	Corporates	People Service Group	PD1	NR	Income Generation	5	0	0		Month 1	0	01-Oct-26	31-Mar-27	Green	Executive / Corporate Areas		Other	Other
41	Cwm Taf Morgannwg ULHB	Recharge of programme/project support	Corporates	Strategy & Transformation	ST1	R	Cost Avoidance	60	60	60		Month 1	60	01-Apr-26	01-Jul-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
42	Cwm Taf Morgannwg ULHB	Establishment efficiencies	Corporates	Strategy & Transformation	ST2	R	Cash-Releasing Saving	30	30	30		Month 1	30	01-Feb-27	01-Feb-27	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Administration and Management Efficiencies
43	Cwm Taf Morgannwg ULHB	Non-pay efficiencies	Corporates	Strategy & Transformation	ST3	R	Cash-Releasing Saving	8	8	8		Month 1	8	01-Jul-26	01-Jul-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
44	Cwm Taf Morgannwg ULHB	SIP telecoms contract (Maintel) renegotiation	Corporates	Digital	Digital 03/26	R	Cash-Releasing Saving	47	70	0		Month 1	0	01-Aug-26	01-Aug-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
45	Cwm Taf Morgannwg ULHB	Improving monitoring activity processes	Contracting & Commissioning	Contracting & Commissioning	C&C001	R	Cash-Releasing Saving	100	100	100		Month 1	100	01-Apr-26	30-Jun-26	Green	Other Commissioned Services	Healthcare Services Provided by Other Healthboards	Other	Other
46	Cwm Taf Morgannwg ULHB	Review of Departmental Maintenance costs	Planned Care	General Surgery and Gastro Services	GSGI01	R	Cash-Releasing Saving	9	10	9		Month 1	10	01-Apr-26	01-Apr-26	Green	Scheduled Care	Non-Pay	3) Procurement & Non-pay	Other
47	Cwm Taf Morgannwg ULHB	Medical Agency	Planned Care	General Surgery and Gastro Services	GSGI02	R	Cash-Releasing Saving	367	400	140		Month 1	400	01-Jul-26	01-Apr-26	Green	Scheduled Care	Pay - Agency	1) Workforce	Service Rationalisation & Consolidation
48	Cwm Taf Morgannwg ULHB	Lease Cars	Planned Care	General Surgery and Gastro Services	GSGI03	NR	Cash-Releasing Saving	38	0	39		Month 1	0	01-Apr-26	01-Apr-26	Green	Scheduled Care	Non-Pay	1) Workforce	Improved management of non-pay, including both traditional procurement and value based
49	Cwm Taf Morgannwg ULHB	Review of specialist nursing posts	Planned Care	General Surgery and Gastro Services	GSGI06	NR	Cash-Releasing Saving	70	0	60		Month 1	0	01-Apr-26	01-Apr-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
50	Cwm Taf Morgannwg ULHB	Lease cars	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT02	NR	Cash-Releasing Saving	76	0	76		Month 1	0	01-Apr-26	01-Apr-26	Green	All Service Areas	Non-Pay	1) Workforce	Other
51	Cwm Taf Morgannwg ULHB	Anti-VEGF Biosimilars in Ophthalmology	Planned Care	Specialist Services	SS01	R	Cash-Releasing Saving	609	664	220		Month 1	664	01-Apr-26	01-Apr-26	Green	Scheduled Care	Non-Pay	2) Medicines Management	Service Rationalisation & Consolidation
52	Cwm Taf Morgannwg ULHB	Dental/OMFS Drugs	Planned Care	Specialist Services	SS02	R	Cost Avoidance	19	21	18		Month 1	21	01-Apr-26	01-Apr-26	Green	Scheduled Care	Non-Pay	2) Medicines Management	Other
53	Cwm Taf Morgannwg ULHB	Lease Cars	Planned Care	Specialist Services	SS11	NR	Cash-Releasing Saving	39	0	39		Month 1	0	01-Apr-26	01-Apr-26	Green	All Service Areas	Non-Pay	3) Procurement & Non-pay	Other
54	Cwm Taf Morgannwg ULHB	Orthoptists workforce review	Planned Care	Specialist Services	SS12	R	Cash-Releasing Saving	17	17	17		Month 1	17	01-Apr-26	31-May-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
55	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Speciality Medicine	SPC07	NR	Cash-Releasing Saving	38	0	34		Month 1	0	01-Apr-26	01-Apr-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Other
56	Cwm Taf Morgannwg ULHB	Substantive appointment to Stroke On Call Rota	Unscheduled Care	Integrated Medicine	IM03	R	Cash-Releasing Saving	76	114	76		Month 1	114	01-May-26	01-Aug-26	Green	Unscheduled Care	Pay - Variable	1) Workforce	Review Establishment Model to reduce need for Variable / Agency
57	Cwm Taf Morgannwg ULHB	Conversion of ADH to substantive specialty doctor	Unscheduled Care	Integrated Medicine	IM04	R	Cash-Releasing Saving	18	24	16		Month 1	24	01-Apr-26	01-Jul-26	Green	Unscheduled Care	Pay - variable	1) Workforce	Vacancy and Recruitment Controls
58	Cwm Taf Morgannwg ULHB	Salary sacrifice	Unscheduled Care	Integrated Medicine	IM05	NR	Cash-Releasing Saving	12	0	12		Month 1	0	01-Apr-26	01-Apr-26	Green	Unscheduled Care	Non-Pay	3) Procurement & Non-pay	Other
59	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Emergency & Acute Medicine	AM02	NR	Cash-Releasing Saving	13	0	13		Month 1	0	01-Apr-26	01-Apr-26	Green	All Service Areas	Non-Pay	3) Procurement & Non-pay	Other
60	Cwm Taf Morgannwg ULHB	Drugs	Unscheduled Care	Emergency & Acute Medicine	ED01	R	Cost Avoidance	54	65	0		Month 1	0	01-Apr-26	01-Jun-26	Green	Unscheduled Care	Non-Pay	2) Medicines Management	Other
61	Cwm Taf Morgannwg ULHB	PoW ED JCF	Unscheduled Care	Emergency & Acute Medicine	ED02	R	Cash-Releasing Saving	50	75	50		Month 1	75	01-Apr-26	01-Aug-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Other
62	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Emergency & Acute Medicine	ED03	NR	Cash-Releasing Saving	49	0	53		Month 1	0	01-Apr-26	01-Apr-26	Green	All Service Areas	Non-Pay	3) Procurement & Non-pay	Other
63	Cwm Taf Morgannwg ULHB	Nuffield income - 20% price increase agreed	Diagnostics, Therapies & Specialities	Pathology	IGPATH002	R	Income Generation	11	11	11		Month 1	11	01-Apr-26	01-Apr-26	Green	Clinical Support		Other	Other
64	Cwm Taf Morgannwg ULHB	Change of provider Temperature Monitoring System Maintenance	Diagnostics, Therapies & Specialities	Pathology	CRESPATH005	R	Cash-Releasing Saving	35	35	35		Month 1	35	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
65	Cwm Taf Morgannwg ULHB	Ultrasound maintenance replacement of 3 contracts £7k saving each	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD003	R	Cost Avoidance	21	21	21		Month 1	21	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
66	Cwm Taf Morgannwg ULHB	Offsetting Omnipaque price increase by sourcing alternative (Optiray)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD004	R	Cost Avoidance	64	64	64		Month 1	64	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
67	Cwm Taf Morgannwg ULHB	Nuclear Med SLA recharge to Dental	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD005	R	Cash-Releasing Saving	10	10	10		Month 1	10	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
68	Cwm Taf Morgannwg ULHB	Consolidation of Nuclear Medicine (reduction in SLA and associated maintenance costs)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD006	R	Cost Avoidance	19	19	19		Month 1	19	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
69	Cwm Taf Morgannwg ULHB	Cessation of PHW SLA - H Yule 4 sessions	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD008	R	Cash-Releasing Saving	37	37	37		Month 1	37	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
70	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Therapies	CRESTHER01	NR	Cash-Releasing Saving	23	0	25		Month 1	0	01-Apr-26	01-Apr-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Other
71	Cwm Taf Morgannwg ULHB	Podiatry SBAR in-house orthotist	Diagnostics, Therapies & Specialities	Therapies	CRESTHER04	R	Cash-Releasing Saving	10	10	10		Month 1	10	01-Apr-26	01-Apr-26	Green	Scheduled Care	Non-Pay	3) Procurement & Non-pay	Other
72	Cwm Taf Morgannwg ULHB	Podiatry Patient Appliances - multi contract suppliers	Diagnostics, Therapies & Specialities	Therapies	CRESTHER07	R	Cash-Releasing Saving	20	20	0		Month 1	0	01-Apr-26	01-Jun-26	Green	Scheduled Care	Non-Pay	3) Procurement & Non-pay	Other
73	Cwm Taf Morgannwg ULHB	Providing evidence-based Bluetooth Hearing Aids following local protocol, pan-CTM; 3 x models/1 x manufacturer (reduction in ITEs and other expensive models), single color,	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES01	R	Cash-Releasing Saving	12	12	12		Month 1	12	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
74	Cwm Taf Morgannwg ULHB	CPAP masks - phase 2 contract review for supplier discount	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES02	R	Cost Avoidance	60	60	60		Month 1	60	01-Jun-26	01-Jun-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
75	Cwm Taf Morgannwg ULHB	Draeger service contract - reduction now band 6 ix in post	Diagnostics, Therapies & Specialities	Healthcare Science	HCSRED002	R	Cost Avoidance	33	33	33		Month 1	33	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
76	Cwm Taf Morgannwg ULHB	Leased cars	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES03	NR	Cash-Releasing Saving	7	0	7		Month 1	0	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
77	Cwm Taf Morgannwg ULHB	Increase in charge for lost hearing aids to align with All Wales policy - £10 increase per aid	Diagnostics, Therapies & Specialities	Healthcare Science	HCSRED007	R	Cost Avoidance	15	15	15		Month 1	15	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
78	Cwm Taf Morgannwg ULHB	NICE savings Nilotinib	Diagnostics, Therapies & Specialities	Medicine Management	MM01	R	Cash-Releasing Saving	28	28	28		Month 1	28	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
79	Cwm Taf Morgannwg ULHB	NICE Savings Eltrombopag	Diagnostics, Therapies & Specialities	Medicine Management	MM02	R	Cash-Releasing Saving	189	190	189		Month 1	190	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
80	Cwm Taf Morgannwg ULHB	NICE Savings Golimumab	Diagnostics, Therapies & Specialities	Medicine Management	MM03	R	Cash-Releasing Saving	195	196	195		Month 1	196	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
81	Cwm Taf Morgannwg ULHB	NICE savings Aflibercept	Diagnostics, Therapies & Specialities	Medicine Management	MM04	R	Cash-Releasing Saving	475	475	475		Month 1	475	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
82	Cwm Taf Morgannwg ULHB	NICE savings Omalizumab	Diagnostics, Therapies & Specialities	Medicine Management	MM05	R	Cash-Releasing Saving	143	143	143		Month 1	143	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
83	Cwm Taf Morgannwg ULHB	NICE savings dapagliflozin	Diagnostics, Therapies & Specialities	Medicine Management	MM07	R	Cash-Releasing Saving	69	70	69		Month 1	70	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
84	Cwm Taf Morgannwg ULHB	Change in On Call Rota savings	Diagnostics, Therapies & Specialities	Medicine Management	MM08	R	Cash-Releasing Saving	19	80	19		Month 1	80	01-Jul-26	01-Jul-26	Green	Clinical Support	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
85	Cwm Taf Morgannwg ULHB	Closure of Repeat Prescribing Hub (staff savings)	Diagnostics, Therapies & Specialities	Medicine Management	MM10	R	Cash-Releasing Saving	24	24	24		Month 1	24	01-May-26	01-May-26	Green	Clinical Support	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
86	Cwm Taf Morgannwg ULHB	Lease car savings	Diagnostics, Therapies & Specialities	Medicine Management	MM13	NR	Cash-Releasing Saving	25	0	25		Month 1	0	01-Apr-26	01-Apr-26	Green	Clinical Support	Pay - General & Substantive	1) Workforce	Other
87	Cwm Taf Morgannwg ULHB	PMS scheme effect on PAR (Net Effect)	Diagnostics, Therapies & Specialities	Medicine Management	MM14	R	Cash-Releasing Saving	115	230	115		Month 1	230	01-Apr-26	01-Apr-26	Green	Clinical Support	Primary Care - Drugs & Appliances	2) Medicines Management	Other
88	Cwm Taf Morgannwg ULHB	Dietetics ONS effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM16	R	Cash-Releasing Saving	60	60	60		Month 1	60	01-Apr-26	01-Apr-26	Green	Clinical Support	Primary Care - Drugs & Appliances	2) Medicines Management	Other
89	Cwm Taf Morgannwg ULHB	Housekeeping Scheme effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM17	R	Cash-Releasing Saving	125	125	125		Month 1	125	01-Apr-26	01-Apr-26	Green	Clinical Support	Primary Care - Drugs & Appliances	2) Medicines Management	Other
90	Cwm Taf Morgannwg ULHB	NICE savings Faricimab	Diagnostics, Therapies & Specialities	Medicine Management	MM19	R	Cash-Releasing Saving	59	60	59		Month 1	60	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
91	Cwm Taf Morgannwg ULHB	BOC oxygen cylinder spend savings (reduction in spend)	Diagnostics, Therapies & Specialities	Medicine Management	MM20	R	Cash-Releasing Saving	30	30	30		Month 1	30	01-Apr-26	01-Apr-26	Green	Clinical Support	Non-Pay	3) Procurement & Non-pay	Other
92	Cwm Taf Morgannwg ULHB	Apremilast drug switch generic product	Diagnostics, Therapies & Specialities	Medicine Management	MM23	R	Cash-Releasing Saving	448	450	448		Month 1	450	01-Apr-26	01-Apr-26	Green	Clinical Support	Secondary Care Drugs	2) Medicines Management	Service Rationalisation & Consolidation
93	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Children & Families	Children & Young People	CF013	NR	Cash-Releasing Saving	62	0	60		Month 1	0	01-Apr-26	01-Apr-26	Green	Unscheduled Care	Non-Pay	3) Procurement & Non-pay	Other
94	Cwm Taf Morgannwg ULHB	Restructuring / Staffing Opportunities-	Corporates	Medical Director	MD1	R	Cash-Releasing Saving	16	16	16		Month 1	16	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Vacancy and Recruitment Controls
95	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Primary & Community Care	Community Transformation	CRESCT01	NR	Cash-Releasing Saving	40	0	39		Month 1	0	01-Apr-26	01-Apr-26	Green	Community Services	Non-Pay	Other	Other
96	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Primary & Community Care	Community Services	CRESCS01	NR	Cash-Releasing Saving	25	0	26		Month 1	0	01-Apr-26	01-Apr-26	Green	Community Services	Non-Pay	Other	Other
97	Cwm Taf Morgannwg ULHB	Drugs - review of issues	Primary & Community Care	Community Transformation	CACT01	R	Cost Avoidance	11	12	11		Month 1	12	01-Apr-26	01-Apr-26	Green	Community Services	Non-Pay	2) Medicines Management	Administration and Management Efficiencies
98	Cwm Taf Morgannwg ULHB	M&SE - ward stock	Primary & Community Care	Community Transformation	CACT02	R	Cost Avoidance	22	24	22		Month 1	24	01-Apr-26	01-Apr-26	Green	Community Services	Non-Pay	3) Procurement & Non-pay	Administration and Management Efficiencies
99	Cwm Taf Morgannwg ULHB	POW - Ward re-modelling	Primary & Community Care	Community Transformation	CRESCT02	R	Cost Avoidance	471	807	471		Month 1	807	01-Sep-26	01-Aug-26	Green	Community Services	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
100	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Estates	Est01026	NR	Cash-Releasing Saving	8	0	8		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	3) Procurement & Non-pay	Other
101	Cwm Taf Morgannwg ULHB	Care Directors contract cessation WCCIS (One advanced)	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC01	R	Cash-Releasing Saving	67	90	90		Month 1	90	01-Apr-26	01-Apr-26	Green	Mental Health	Non-Pay	Other	Other
102	Cwm Taf Morgannwg ULHB	BCBC - cessation of Park Street	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC02	R	Cash-Releasing Saving	112	149	44		Month 1	149	01-Jul-26	01-Jul-26	Green	Mental Health	Non-Pay	Other	Other
103	Cwm Taf Morgannwg ULHB	BCBC - cessation of A&I Resettlement (DRIVE)	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC03	R	Cash-Releasing Saving	14	29	8		Month 1	29	01-Oct-26	01-Oct-26	Green	Mental Health	Non-Pay	Other	Other
104	Cwm Taf Morgannwg ULHB	BCBC - cessation of Zoar place	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC04	R	Cash-Releasing Saving	13	53	16		Month 1	53	01-Jan-27	01-Jan-27	Green	Mental Health	Non-Pay	Other	Other
105	Cwm Taf Morgannwg ULHB	BCBC - cessation of Maes y felin	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC05	R	Cash-Releasing Saving	18	73	21		Month 1	73	01-Jan-27	01-Jan-27	Green	Mental Health	Non-Pay	Other	Other
106	Cwm Taf Morgannwg ULHB	HCSW target reduction in overspend linked to variable pay (20%)	Mental Health & Learning Disabilities	Adult	ADULT01	R	Cost Avoidance	110	110	181		Month 1	278	01-Apr-26	01-Apr-26	Green	Mental Health	Pay - Variable	1) Workforce	Vacancy and Recruitment Controls
107	Cwm Taf Morgannwg ULHB	Drugs target reduction in overspend (20%)	Mental Health & Learning Disabilities	Adult	ADULT02	R	Cost Avoidance	80	87	58		Month 1	87	01-Apr-26	01-Apr-26	Green	Mental Health	Non-Pay	3) Procurement & Non-pay	Other
108	Cwm Taf Morgannwg ULHB	Liaison Service - Skill mix Opportunities	Mental Health & Learning Disabilities	Older Adult	OLDERADULT01	R	Cost Avoidance	0	0	0		Month 1	0	01-Jan-27	01-Jan-27	Green	Mental Health	Pay - Agency	1) Workforce	Vacancy and Recruitment Controls
109	Cwm Taf Morgannwg ULHB	Liaison Service - Redesign	Mental Health & Learning Disabilities	Older Adult	OLDERADULT02	R	Cash-Releasing Saving	0	0	0		Month 1	0	01-Jan-27	01-Jan-27	Green	Mental Health	Pay - General & Substantive	1) Workforce	Vacancy and Recruitment Controls
110	Cwm Taf Morgannwg ULHB	OA Mental Health Redesign Programme (inpatient and community services). Relocation of inpatient site and reduction in bed base.	Mental Health & Learning Disabilities	Older Adult	OLDERADULT03	R	Cash-Releasing Saving	26	78	20		Month 1	78	01-Sep-26	01-Sep-26	Green	Mental Health	Pay - Variable	1) Workforce	Vacancy and Recruitment Controls
111	Cwm Taf Morgannwg ULHB	Redesign of funding linked to Crisis retreat	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC06	R	Cash-Releasing Saving	50	50	50		Month 1	50	01-Apr-26	01-Apr-26	Green	Mental Health	Non-Pay	Other	Other
112	Cwm Taf Morgannwg ULHB	CHC efficiencies including an element of repatriation	Mental Health & Learning Disabilities	Adult	BSCI08	R	Cost Avoidance	113	150	113		Month 1	150	01-Apr-26	01-Apr-26	Green	Mental Health	Non-Pay	4) CHC	Other
113	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Adult	ADULT04	NR	Cash-Releasing Saving	45	0	45		Month 1	0	01-Apr-26	01-Apr-26	Green	Mental Health	Pay - General & Substantive	1) Workforce	Other
114	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Older Adult	OLDERADULT04	NR	Cash-Releasing Saving	16	0	16		Month 1	0	01-Apr-26	01-Apr-26	Green	Mental Health	Pay - General & Substantive	1) Workforce	Other
115	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC07	NR	Cash-Releasing Saving	5	0	5		Month 1	0	01-Apr-26	01-Apr-26	Green	Mental Health	Pay - General & Substantive	1) Workforce	Other
116	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	CAMHS & Specialised Services	CAMHS&SS03	NR	Cash-Releasing Saving	24	0	25		Month 1	0	01-Apr-26	01-Apr-26	Green	Mental Health	Pay - General & Substantive	1) Workforce	Other
117	Cwm Taf Morgannwg ULHB	BAVO SLA cessation	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC08	R	Cash-Releasing Saving	63	63	63		Month 1	63	01-Apr-26	01-Apr-26	Green	Mental Health	Non-Pay	Other	Other
118	Cwm Taf Morgannwg ULHB	Revised contract for M&D agency/bank system provider.	Corporates	People Service Group	PD2	R	Cash-Releasing Saving	158	210	210		Month 1	210	08-Jul-26	08-Jul-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
119	Cwm Taf Morgannwg ULHB	Review of non pay spend across programme areas	Corporates	Public Health	PH2026/27-01	R	Cash-Releasing Saving	37	37	37		Month 1	37	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
120	Cwm Taf Morgannwg ULHB	Review of pay spend across programme areas	Corporates	Public Health	PH2026/27-02	R	Cash-Releasing Saving	30	30	30		Month 1	30	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
121	Cwm Taf Morgannwg ULHB	Lease Cars Salary Sacrifice	Corporates	Digital	Digital 08/26	NR	Cash-Releasing Saving	20	0	21		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
122	Cwm Taf Morgannwg ULHB	CAT M Pricing	Non Delegated	Central	CEN001	R	Cash-Releasing Saving	2,604	2,604	2,604		Month 1	2,604.00	01-Apr-26	01-Apr-26	Green	Clinical Support	Primary Care - Drugs & Appliances	2) Medicines Management	Other
123	Cwm Taf Morgannwg ULHB	National Benchmarking	Corporates	Finance	FIN1	R	Cash-Releasing Saving	14	14	14		Month 1	14	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Non-Pay	3) Procurement & Non-pay	Other
124	Cwm Taf Morgannwg ULHB	Lease Cars Salary Sacrifice	Corporates	Public Health	PH2026/27-03	NR	Cash-Releasing Saving	4	0	4		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
125	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	People Service Group	PD4	NR	Cash-Releasing Saving	8	0	8		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
126	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Patient Care & Safety	PCS0012626	NR	Cash-Releasing Saving	13	0	13		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
127	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Chief Executive	CEO-04	NR	Cash-Releasing Saving	11	0	10		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
128	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Medical Director	MD2	NR	Cash-Releasing Saving	2	0	2		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
129	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Chief Operating Officer	COO Management Team	COO0326	NR	Cash-Releasing Saving	15	0	15		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
130	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Chief Operating Officer	Facilities	FAC 09	NR	Cash-Releasing Saving	2	0	2		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Other
131	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Pathology	CRESPATH006	NR	Cash-Releasing Saving	12	0	13		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Other
132	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD010	NR	Cash-Releasing Saving	23	0	24		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Other
133	Cwm Taf Morgannwg ULHB	Lease Car Salary Sacrifice	Corporates	Finance	FIN2	NR	Cash-Releasing Saving	5	0	5		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
134	Cwm Taf Morgannwg ULHB	Lease Car Salary Sacrifice	Corporates	Strategy & Transformation	ST4	NR	Cash-Releasing Saving	6	0	5		Month 1	0	01-Apr-26	01-Apr-26	Green	Executive / Corporate Areas	Pay - General & Substantive	1) Workforce	Other
135	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Children & Families	Obstetrics,Gynaecology & Sexual Health	CF014	NR	Cash-Releasing Saving	68	0	68		Month 1	0	01-Apr-26	01-Apr-26	Green	Unscheduled Care	Non-Pay	3) Procurement & Non-pay	Other
136	Cwm Taf Morgannwg ULHB	Lease cars	Planned Care	Trauma and Orthopaedics	T&O01	NR	Cash-Releasing Saving	21	0	21		Month 1	0	01-Apr-26	01-Apr-26	Green	All Service Areas	Non-Pay	1) Workforce	Improved management of non-pay, including both traditional procurement and value based
137	Cwm Taf Morgannwg ULHB	Urology Agency Consultant session	Planned Care	Specialist Services	SS14	R	Cash-Releasing Saving	200	200	200		Month 1	200	01-Apr-26	01-Apr-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Service Rationalisation & Consolidation
138	Cwm Taf Morgannwg ULHB	Therapies Redesign 10% Efficiency	Diagnostics, Therapies & Specialities	Therapies	CRESTHER05b	R	Cash-Releasing Saving	46	46	92		Month 1	143	01-Apr-26	01-Apr-26	Green	Scheduled Care	Pay - General & Substantive	1) Workforce	Other
139	Cwm Taf Morgannwg ULHB	POW AMU new nursing model	Unscheduled Care	Emergency & Acute Medicine	AM03	R	Cash-Releasing Saving	157	173	117		Month 1	201	01-Apr-26	01-May-26	Green	Unscheduled Care	Pay - General & Substantive	1) Workforce	Other
140	Cwm Taf Morgannwg ULHB	Agency Consultant overpayment recovery	Planned Care	Specialist Services	SS15	NR	Cost Avoidance	32	0	32		In Year	0	01-Sep-26	01-Sep-26	Green	Scheduled Care	Pay - Agency	1) Workforce	Other
141	Cwm Taf Morgannwg ULHB	Ophthalmology Admin agency to end	Planned Care	Specialist Services	SS16	NR	Cost Avoidance	56	0	56		In Year	0	01-Oct-26	01-Oct-26	Green	Scheduled Care	Pay - Agency	1) Workforce	Other

ID	Apr Plan £'000	May Plan £'000	Jun Plan £'000	Jul Plan £'000	Aug Plan £'000	Sep Plan £'000	Oct Plan £'000	Nov Plan £'000	Dec Plan £'000	Jan Plan £'000	Feb Plan £'000	Mar Plan £'000	Annual Plan £'000	Apr Act/For £'000	May Act/For £'000	Jun Act/For £'000	Jul Act/For £'000	Aug Act/For £'000	Sep Act/For £'000	Oct Act/For £'000	Nov Act/For £'000	Dec Act/For £'000	Jan Act/For £'000	Feb Act/For £'000	Mar Act/For £'000	YTD Actual Savings £'000	Annual Forecast Savings £'000
1	0	0	0	37	37	37	37	36	37	37	37	37	332	0	0	0	37	37	37	37	36	37	37	37	37	37	332
2	0	5	4	5	5	4	5	5	4	5	5	5	52	0	0	0	6	6	5	6	5	4	5	5	5	6	47
3	0	0	4	2	1	2	1	2	1	2	1	2	18	0	3	1	2	1	2	1	2	1	2	1	2	6	18
4	0	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0	0	1	0	2
5	0	0	1	1	2	1	1	1	1	2	1	1	12	0	2	2	1	1	1	1	2	1	1	1	2	5	15
6	0	0	5	2	2	2	2	1	2	2	2	2	22	0	0	0	7	2	1	1	2	1	2	1	2	7	19
7	0	1	0	2	0	1	0	2	0	1	0	2	9	0	0	0	0	0	1	0	2	0	1	0	2	0	6
8	0	0	4	1	1	1	1	2	1	1	1	2	15	0	2	2	1	1	1	1	2	1	1	1	2	5	15
9	0	2	0	1	0	2	0	1	0	2	0	1	9	0	2	0	1	0	2	0	1	0	2	0	1	3	9
10	0	0	4	1	1	1	1	2	1	1	1	2	15	0	1	2	1	1	2	1	1	2	1	1	1	4	14
11	0	33	33	33	33	33	33	33	33	33	33	33	363	0	0	0	0	33	33	33	33	33	33	33	33	0	264
12	0	0	0	5	5	4	5	5	5	4	5	5	43	0	7	6	-1	4	4	4	8	8	8	8	9	12	65
13	0	0	0	4	4	5	4	4	4	4	4	5	38	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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16	0	0	0	0	29	29	29	29	29	29	29	29	232	0	0	0	0	0	0	0	0	0	29	29	29	0	87
17	0	0	0	0	6	7	6	7	6	7	6	7	52	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	10	9	10	9	10	9	10	9	10	86	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	4	3	4	4	3	4	4	3	4	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	2	2	2	2	2	3	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	2	3	1	3	8	4	7	11	6	11	56	0	0	2	3	1	3	8	4	7	11	6	11	5	56
22	0	0	25	8	9	8	8	9	8	8	9	8	100	0	0	25	8	9	8	8	9	8	8	9	8	33	100
23	0	0	3	0	1	1	1	1	1	0	1	1	10	0	0	3	0	1	1	1	1	1	0	1	1	3	10
24	0	0	7	2	2	3	2	2	2	3	2	2	27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	56	12	11	11	11	12	11	11	135	0	0	0	0	56	12	11	11	11	12	11	11	0	135
26	0	0	11	3	4	4	3	4	3	4	4	3	43	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	98	32	33	32	33	33	32	33	32	33	391	0	0	98	0	65	32	33	33	32	33	32	33	98	391
28	0	0	8	9	8	8	9	8	8	9	8	8	83	0	0	8	9	8	8	9	8	8	9	8	8	17	83
29	0	0	6	6	6	6	6	6	6	6	6	6	60	0	0	6	6	6	6	6	6	6	6	6	6	12	60
30	0	0	0	0	0	6	6	6	5	6	6	6	41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	0	7	3	3	4	3	3	4	3	3	4	3	40	0	0	0	0	17	3	3	4	3	3	4	3	0	40
32	0	0	0	0	0	0	4	4	5	4	4	4	25	0	0	0	0	0	0	4	4	5	4	4	4	0	25
33	0	17	8	8	9	8	8	9	8	8	9	8	100	0	0	25	8	9	8	8	9	8	8	9	8	33	100
34	0	17	8	8	9	8	8	9	8	8	9	8	100	0	0	25	8	9	8	8	9	8	8	9	8	33	100
35	0	0	0	0	0	0	9	9	10	9	9	9	55	0	0	0	0	0	0	9	9	10	9	9	9	0	55
36	0	0	0	0	0	0	8	9	8	8	9	8	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	0	0	17	16	17	17	16	17	17	16	17	17	167	0	0	0	0	0	0	0	17	16	17	17	16	0	83
38	0	0	0	0	0	0	8	7	8	7	8	7	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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40	0	0	0	0	0	0	0	0	3	0	0	2	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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42	0	0	0	0	0	0	0	0	0	0	15	15	30	0	0	0	0	0	0	0	0	0	0	15	15	0	30
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44	0	0	0	0	6	6	5	6	6	6	6	6	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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51	0	55	56	55	55	56	55	55	56	55	55	56	609	0	0	49	24	19	18	19	18	18	19	18	18	73	220
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57	0	0	0	2	2	2	2	2	2	2	2	2	18	0	0	0	0	2	2	2	2	2	2	2	2	0	16
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60	0	0	5	5	5	6	5	6	5	6	5	6	54	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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62	4	4	4	4	4	4	5	4	4	4	4	4	49	4	4	5	4	5	4	4	5	4	5	4	5	17	53
63	0	2	1	1	1	1	1	1	0	1	1	1	11	0	2	1	1	1	1	1	1	0	1	1	1	4	11
64	0	6	3	3	3	2	3	3	3	3	3	3	35	0	6	3	3	3	3	2	3	3	3	3	3	12	35
65	2	2	1	2	2	2	1	2	2	2	1	2	21	2	2	1	2	2	2	1	2	2	2	1	2	7	21
66	5	6	5	5	6	5	5	6	5	5	6	5	64	5	6	5	5	6	5	5	6	5	5	6	5	21	64
67	0	2	1	0	1	1	1	1	1	1	0	1	10	0	2	1	0	1	1	1	1	1	1	0	1	3	10
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69	0	6	3	3	4	3	3	3	3	3	3	3	37	0	6	3	3	4	3	3	3	3	3	3	3	12	37
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72	0	0	5	2	1	2	2	1	2	2	1	2	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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77	1	2	1	1	1	2	1	1	1	2	1	1	15	1	2	1	1	1	2	1	1	1	2	1	1	5	15
78	0	0	13	7	5	2	0	1	0	0	0	0	28	0	0	13	7	5	2	0	1	0	0	0	0	20	28
79	0	0	80	18	12	35	19	13	12	0	0	0	189	0	0	80	18	12	35	19	13	12	0	0	0	98	189
80	0	0	56	25	23	23	26	12	27	1	0	2	195	0	0	56	25	23	23	26	12	27	1	0	2	81	195
81	0	0	157	65	43	32	48	33	37	35	5	20	475	0	0	157	65	43	32	48	33	37	35	5	20	222	475
82	0	0	20	15	9	16	21	3	16	12	13	18	143	0	0	20	15	9	16	21	3	16	12	13	18	35	143
83	0	0	25	7	6	5	5	3	6	5	6	1	69	0	0	25	7	6	5	5	3	6	5	6	1	32	69
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87	0	0	0	19	19	20	9	10	9	10	9	10	115	0	0	0	0	38	20	9	10	9	10	9	10	0	115
88	0	0	0	0	25	5	5	5	5	5	5	5	60	0	0	0	0	25	5	5	5	5	5	5	5	0	60
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90	0	0	5	7	10	9	10	7	4	6	1	0	59	0	0	5	7	10	9	10	7	4	6	1	0	12	59
91	3	2	3	2	3	2	3	2	3	2	3	2	30	3	2	3	2	3	2	3	2	3	2	3	2	10	30
92	0	0	42	34	60	32	53	45	55	47	35	45	448	0	0	42	34	60	32	53	45	55	47	35	45	76	448
93	5	5	5	5	5	5	5	6	5	5	5	6	62	5	5	5	5	5	5	5	5	5	5	5	5	20	60
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99	0	0	0	0	0	67	68	67	67	68	67	67	471	0	0	0	0	0	67	68	67	67	68	67	67	0	471
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102	0	0	0	12	13	12	13	12	13	12	12	13	112	0	0	0	0	0	0	0	0	6	13	12	13	0	44
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106	22	8	8	8	8	8	8	8	8	8	8	8	110	22	9	39	-17	16	16	16	16	16	16	16	16	53	181
107	0	7	8	7	7	7	8	7	7	7	8	7	80	0	0	0	0	7	8	7	7	7	8	7	7	0	58
108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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118	0	0	0	18	17	18	17	18	17	18	17	18	158	0	0	0	17	24	24	25	24	24	24	24	24	17	210
119	0	6	3	3	3	3	4	3	3	3	3	3	37	0	0	0	0	15	3	4	3	3	3	3	3	0	37
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121	2	1	2	2	1	2	2	1	2	2	1	2	20	2	1	2	2	2	2	1	2	2	2	1	2	7	21
122	217	217	217	217	217	217	217	217	217	217	217	217	2,604	217	217	217	217	217	217	217	217	217	217	217	217	868	2,604
123	1	1	2	1	1	1	1	1	2	1	1	1	14	1	1	2	1	1	1	1	1	2	1	1	1	5	14
124	0	1	0	0	1	0	0	1	0	0	0	1	4	0	1	0	0	1	0	0	1	0	0	0	1	1	4
125	1	0	1	1	0	1	0	1	1	0	1	1	8	1	0	1	1	0	1	1	0	1	1	0	1	3	8
126	1	1	1	1	1	2	1	1	1	1	1	1	13	1	1	1	1	1	2	1	1	1	1	1	1	4	13
127	1	1	1	1	1	1	0	1	1	1	1	1	11	1	1	1	0	1	1	1	1	1	1	0	1	3	10
128	0	0	0	1	0	0	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0	0	1	0	1	2
129	1	1	2	1	1	1	1	2	1	1	1	2	15	1	1	2	1	1	1	1	2	1	1	1	2	5	15
130	0	0	0	1	0	0	0	0	0	0	0	1	2	0	0	0	1	0	0	0	0	0	0	0	1	1	2
131	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	2	1	1	1	1	4	13
132	2	2	2	2	2	1	2	2	2	2	2	2	23	2	2	2	2	2	2	2	2	2	1	2	3	8	24
133	0	1	0	1	0	0	1	0	0	1	0	1	5	0	1	0	1	0	0	1	0	0	1	0	1	2	5
134	0	1	0	1	0	1	0	1	0	1	0	1	6	0	1	0	1	0	0	1	0	1	0	0	1	2	5
135	6	5	6	6	5	6	6	5	6	6	5	6	68	6	5	6	6	5	6	6	5	6	5	6	6	23	68
136	2	1	2	2	2	1	2	2	2	1	2	2	21	2	1	2	2	2	1	2	2	1	2	2	2	7	21
137	17	16	17	17	17	16	17	17	16	17	17	16	200	17	16	17	17	17	16	17	17	16	17	17	16	67	200
138	4	4	4	3	4	4	4	4	4	4	4	3	46	4	4	4	3	4	4	4	22	11	11	10	11	15	92
139	0	14	14	14	14	14	14	15	14	15	14	15	157	0	0	0	0	0	17	17	16	17	17	17	16	0	117
140							32						32		0	0	0	0	0	32	0	0	0	0	0	0	32
141							9	9	9	9	9	9	56		0	0	0	0	0	9	10	9	9	9	10	0	56

ID	Apr Variance £'000	May Variance £'000	Jun Variance £'000	Jul Variance £'000	Aug Variance £'000	Sep Variance £'000	Oct Variance £'000	Nov Variance £'000	Dec Variance £'000	Jan Variance £'000	Feb Variance £'000	Mar Variance £'000	Total over/under achievement £'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	-5	-4	1	1	1	1	0	0	0	0	0	-5
3	0	3	-3	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	2	1	0	-1	0	0	1	0	-1	0	1	3
6	0	0	-5	5	0	-1	-1	1	-1	0	-1	0	-3
7	0	-1	0	-2	0	0	0	0	0	0	0	0	-3
8	0	2	-2	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	1	-2	0	0	1	0	-1	1	0	0	-1	-1
11	0	-33	-33	-33	0	0	0	0	0	0	0	0	-99
12	0	7	6	-6	-1	0	-1	3	3	4	3	4	22
13	0	0	0	-4	-4	-5	-4	-4	-4	-4	-4	-5	-38
14	0	0	0	0	0	0	0	-1	-2	-1	-1	-1	-6
15	0	0	0	-1	0	-1	1	-1	1	-1	1	-1	-2
16	0	0	0	0	-29	-29	-29	-29	-29	0	0	0	-145
17	0	0	0	0	-6	-7	-6	-7	-6	-7	-6	-7	-52
18	0	0	0	-10	-9	-10	-9	-10	-9	-10	-9	-10	-86
19	0	0	0	-4	-3	-4	-4	-3	-4	-4	-3	-4	-33
20	0	0	0	0	0	0	-2	-2	-2	-2	-2	-3	-13
21	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	-7	-2	-2	-3	-2	-2	-2	-3	-2	-2	-27
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	-11	-3	-4	-4	-3	-4	-3	-4	-4	-3	-43
27	0	0	0	-32	32	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	-6	-6	-6	-5	-6	-6	-6	-41
31	0	-7	-3	-3	13	0	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0	0	0	0	0	0	0
33	0	-17	17	0	0	0	0	0	0	0	0	0	0
34	0	-17	17	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0	0	0	0
36	0	0	0	0	0	0	-8	-9	-8	-8	-9	-8	-50
37	0	0	-17	-16	-17	-17	-16	0	-1	1	0	-1	-84
38	0	0	0	0	0	0	-8	-7	-8	-7	-8	-7	-45
39	0	0	0	0	0	0	0	0	0	-6	-6	-6	-18
40	0	0	0	0	0	0	0	0	-3	0	0	-2	-5
41	0	0	0	-20	20	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0	0	0	0	0	0
43	0	0	0	-4	4	0	-4	4	0	0	0	0	0
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46	0	0	1	-1	0	0	0	0	0	0	0	0	0
47	0	0	-39	-33	-19	-20	-19	-19	-20	-19	-19	-20	-227
48	0	0	0	0	0	0	1	-1	0	0	0	1	1
49	0	-2	-1	0	-1	-1	-1	-1	-1	0	-1	-1	-10
50	0	0	0	0	0	0	0	0	0	0	0	0	0
51	0	-55	-7	-31	-36	-38	-36	-37	-38	-36	-37	-38	-389
52	0	-2	0	1	-1	0	0	1	-1	0	0	1	-1
53	0	0	0	0	0	0	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0	0	0	0	0	0	0
55	0	0	0	-1	-1	0	0	-1	0	0	0	-1	-4
56	0	0	0	0	0	0	0	0	0	0	0	0	0
57	0	0	0	-2	0	0	0	0	0	0	0	0	-2
58	0	0	0	0	0	0	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0	0	0	0	0	0	0
60	0	0	-5	-5	-5	-6	-5	-6	-5	-6	-5	-6	-54
61	0	0	0	0	0	0	0	0	0	0	0	0	0
62	0	0	1	0	1	0	-1	1	0	1	0	1	4
63	0	0	0	0	0	0	0	0	0	0	0	0	0
64	0	0	0	0	0	1	-1	0	0	0	0	0	0
65	0	0	0	0	0	0	0	0	0	0	0	0	0
66	0	0	0	0	0	0	0	0	0	0	0	0	0
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71	0	0	0	0	0	0	0	0	0	0	0	0	0
72	0	0	-5	-2	-1	-2	-2	-1	-2	-2	-1	-2	-20
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82	0	0	0	0	0	0	0	0	0	0	0	0	0
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86	0	0	0	0	0	0	-1	1	0	0	0	0	0
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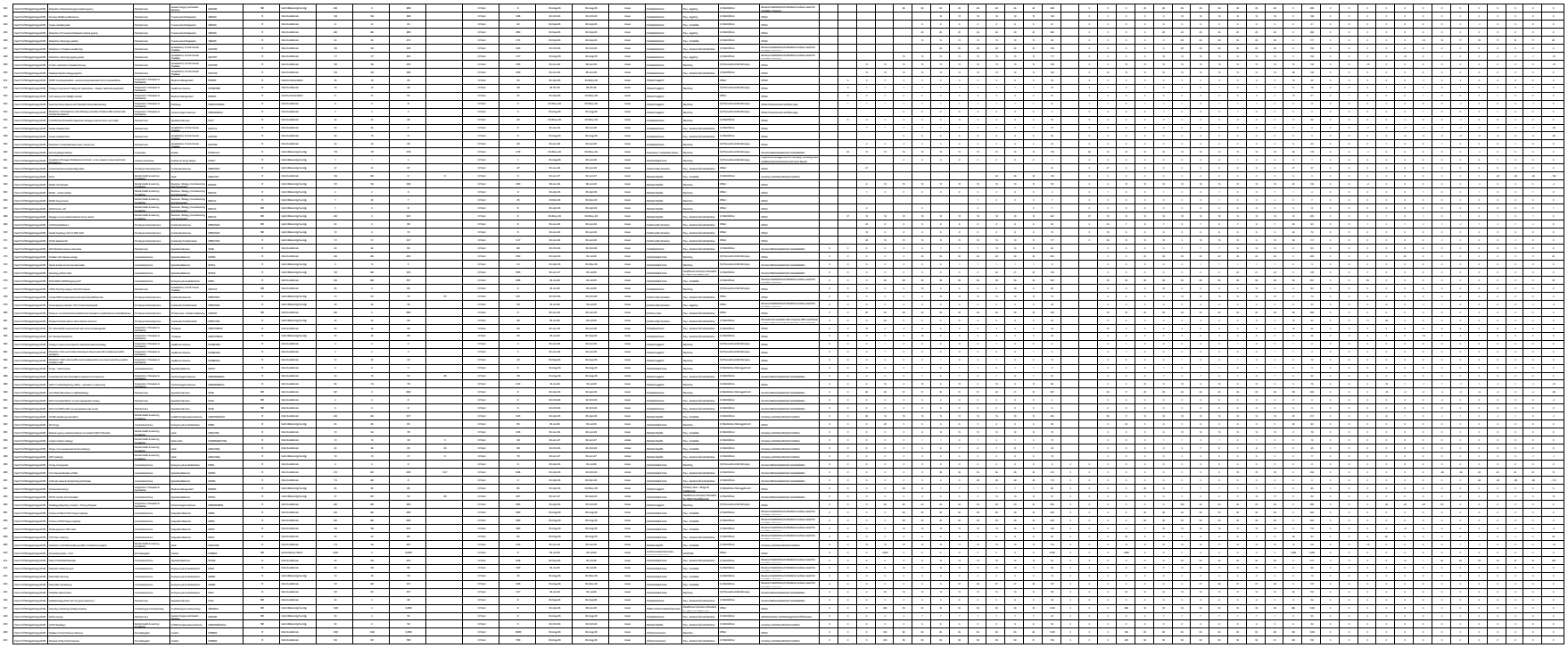
93	0	0	0	0	0	0	0	-1	0	0	0	-1	-2
94	0	0	-4	-1	5	0	0	0	0	0	0	0	0
95	0	0	0	0	0	0	0	0	-1	1	0	-1	-1
96	0	0	0	1	-1	0	0	0	0	0	1	0	1
97	0	0	0	0	0	0	0	0	0	0	0	0	0
98	0	0	0	0	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0	0	0	0	0
100	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	-7	-8	-7	-8	-7	-8	68	-1	1	23
102	0	0	0	-12	-13	-12	-13	-12	-7	1	0	0	-68
103	0	0	0	0	0	0	-2	-3	-1	0	0	0	-6
104	0	0	0	0	0	0	0	0	2	1	-1	1	3
105	0	0	0	0	0	0	0	0	3	0	0	0	3
106	0	1	31	-25	8	8	8	8	8	8	8	8	71
107	0	-7	-8	-7	0	1	-1	0	0	1	-1	0	-22
108	0	0	0	0	0	0	0	0	0	0	0	0	0
109	0	0	0	0	0	0	0	0	0	0	0	0	0
110	0	0	0	0	0	0	0	0	-7	1	-1	1	-6
111	0	0	0	0	0	0	0	0	0	0	0	0	0
112	0	0	0	0	0	0	0	0	0	0	0	0	0
113	0	0	0	0	0	0	0	0	-1	1	0	0	0
114	0	0	0	0	1	-1	0	1	-1	0	1	-1	0
115	0	0	0	0	0	0	0	0	0	0	0	0	0
116	0	0	0	0	0	0	0	0	0	1	0	0	1
117	0	0	0	0	0	0	0	0	0	0	0	0	0
118	0	0	0	-1	7	6	8	6	7	6	7	6	52
119	0	-6	-3	-3	12	0	0	0	0	0	0	0	0
120	0	-5	-3	-2	10	0	0	0	0	0	0	0	0
121	0	0	0	0	1	0	-1	1	0	0	0	0	1
122	0	0	0	0	0	0	0	0	0	0	0	0	0
123	0	0	0	0	0	0	0	0	0	0	0	0	0
124	0	0	0	0	0	0	0	0	0	0	0	0	0
125	0	0	0	0	0	0	1	-1	0	1	-1	0	0
126	0	0	0	0	0	0	0	0	0	0	0	0	0
127	0	0	0	-1	0	0	1	0	0	0	-1	0	-1
128	0	0	0	0	0	0	0	0	0	0	0	0	0
129	0	0	0	0	0	0	0	0	0	0	0	0	0
130	0	0	0	0	0	0	0	0	0	0	0	0	0
131	0	0	0	0	0	0	0	1	0	0	0	0	1
132	0	0	0	0	0	1	0	0	0	-1	0	1	1
133	0	0	0	0	0	0	0	0	0	0	0	0	0
134	0	0	0	0	0	-1	1	-1	1	-1	0	0	-1
135	0	0	0	0	0	0	0	0	0	-1	1	0	0
136	0	0	0	0	0	0	0	0	-1	1	0	0	0
137	0	0	0	0	0	0	0	0	0	0	0	0	0
138	0	0	0	0	0	0	0	18	7	7	6	8	46
139	0	-14	-14	-14	-14	3	3	1	3	2	3	1	-40
140	0	0	0	0	0	0	0	0	0	0	0	0	0
141	0	0	0	0	0	0	0	1	0	0	0	1	0



Operational Delivery Committee

Month 5 Monitoring Returns to Welsh Government

Eitem yr Agenda / Agenda Item	**7.2.1**
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee are asked to Note the report.

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a Welsh Government 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 M05 Financial Monitoring Return submission to Welsh Government.

2. Strategic Insights

2.1 The Welsh Health Circular WHC (2026) 022 – NHS WALES FINANCIAL MONITORING GUIDANCE 2026-27 was issued on 29th April 2026. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2026/27 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A, Table A2 and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M04 Narrative report
Table A - Movement
Table A2 – Risks & Opportunities
Tables C, C1, C2 & C3

3. Risks and Opportunities

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 M05 Financial Monitoring returns is summarised in Section 1.2 of the M05 Narrative report at Annex A. This information is consistent with the M05 Internal Board papers.

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA

from dropdown and Executive sign off.)		completion: Sally May
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	**Not 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	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Month 5 Financial Monitoring Return submission to Welsh Government	01/09/2026	

Acronyms / Glossary of Terms	
WG	Welsh Government
M1 etc	Month 1 etc
ODC	Operational Delivery Committee
HB	Health Board

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – AUGUST 2026
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31st August 2026.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2026/27

The Financial plan submitted to WG at the end of March 2026 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2026	**9.2**	**0**	**9.2**
Income changes	(20.9)	0.8	(20.0)
Cost Pressures & Commitments	42.7	(0.5)	42.2
Savings Target	(31.3)	0	(31.3)
Total plan 26/27	**(0.3)**	**0.3**	**(0.0)**

The Financial plan also identified a net risk to the planned break-even position of £38.6m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2026-27 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**1.4**	**1.4**	**0.0**
Month 2	**3.8**	**5.2**	**0.0**
Month 3	**2.2**	**7.4**	**0.0**
Month 4	**1.8**	**9.1**	**0.0**
Month 5	**0.6**	**9.7**	**0.0**

The M5 position is reporting a £0.6m deficit. The key components of the YTD position and the year-end forecast as reported in table A are

summarised below:

	M5 YTD	M5 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	**0**	**0**	**(0.3)**
Savings Shortfall	6.2	3.7	3.8
Phasing adjustments	4.9	0	0
Operational Variances	3.4	2.3	(3.8)
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(0.8)	(1.9)	0
Accountancy Gains	(4.0)	(4.0)	0
Other Mitigating Actions	0	0	0
Grand Total	**9.7**	**0**	**(0.3)**

The main driver for the overspend in M5 is the £6.2m shortfall in savings delivery compared to the straight-line savings target of £13.0m (£2.6m per month).

At M5 the Green and Amber Savings plan forecast has improved by £6.4m from the £21.2m included in M4 to the current forecast of £27.6m.

During M5, the operating variances have deteriorated by £0.6m to a net adverse operating variance of £3.4m. This deterioration is mainly attributed to a deterioration of:

- Provider Non-Pay expenditure with Appliances & Devices continues to be a driver in M5 with increased activity.
- Primary Care Drugs actual data for Month 3 has confirmed a further adverse impact of NCSO concessions above our plan.
- Continuing Care costs continue to increase with Mental Health packages of care being the main driver.
- Clinical Negligence continues to be a pressure

Offsetting these were improved positions within Pay Expenditure and Commissioned Healthcare expenditure with other HBs and Trusts.

The Year to Date operating variance of £3.8m continues to be driven by:

- Contracting Income from other HBs of £1.0m worse than plan
- Clinical Negligence provision for the Welsh Risk Pool of £1.0m
- Continuing Health Care costs £2.0m greater than plan.

The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that funding will be provided by DHCW for 2026/27 of £1.9m. As at M5, the YTD position includes £0.8m benefit of this funding.

During M4, accountancy gains of £4m had been reported, this relates to

existing accounting policies relating to aged creditors within CHC. Further work is being undertaken to determine if any additional benefits can be identified and released.

To support the delivery of the required mitigating actions a number of IMTP plans yet to be implemented have been curtailed releasing £3.38m of the previous uncommitted reserves. These have been recognised within the month 5 savings plans.

During the first quarter the Health Board has enhanced its controls and required Care Groups and Directorates to develop robust recovery plans to sit alongside the enhanced controls to deliver the necessary improvements to achieve the planned financial breakeven position as per the Board approved IMTP.

As noted above the Health Board has introduced further enhanced controls to support delivery of the Board Approved Financial Plan, these actions include:

- Enhanced Recruitment Controls and challenge on all posts before being agreed for progressing to recruitment stage.
- Enhanced Sickness monitoring and scrutiny with greater proactive management support to service managers and more senior management interventions.
- Enhanced Approval process of out of hours requests for Bank and Overtime, with more support to Senior Managers on Call.
- Plans to eliminate the need for Nurse agency, through zero tolerance following recruitment of streamlining staff.
- Introduction of further enhanced scrutiny and controls for ADH and Agency Medical staff via the introduction of new Medical Workforce system with support from new managed service provider and software solution provider.
- Review of administration staff growth since 2019/20 with aim to reduce admin & clerical staff levels by 10% from the 2025/26 baseline position.

Savings Shortfall:	**M5 YTD**	**M5 Year-end forecast**	**Recurrent Forecast**
	£m	**£m**	**£'m**
Variance v £29.4m Delegated target	6.5	4.4	4.5
Variance v £1.9m Non delegated target – CAT M	(0.3)	(0.7)	(0.7)
Grand Total	**6.2**	**3.7**	**3.8**

The year to date savings shortfall of £6.2m is the main driver of the year to date deficit of £9.7m

Further details of the remaining risks and opportunities to the M4 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)

	August			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M5 £'000	M4 £'000	Movement £'000
RRL	132,977	131,712	1,265	1,652,286	1,646,499	5,787
Donation/Grants	0	0	0	170	170	0
Welsh HBs & NHST	5,769	5,881	(112)	70,556	70,668	(112)
NHSWJCC	1,358	1,269	89	15,409	15,320	89
WG Income	539	295	244	4,246	4,002	244
Other Income	5,007	4,599	408	55,964	55,556	408
Income Total	**145,650**	**143,756**	**1,894**	**1,798,631**	**1,792,215**	**6,416**
PC Contractor	14,788	15,014	(226)	180,444	181,526	(1,082)
PC - Drugs	8,610	9,168	(558)	110,369	110,127	242
Pay	66,617	66,093	524	794,468	793,109	1,359
Non Pay	10,293	9,656	637	119,885	117,523	2,362
SC - Drugs	4,762	4,938	(176)	58,703	58,879	(176)
H/C Other NHS	27,008	26,164	844	314,737	312,732	2,005
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	8,046	7,457	589	87,011	85,717	1,294
Private & Vol	846	799	47	10,144	9,985	159
Joint & Other	1,477	1,362	115	16,953	16,838	115
Losses, Spec Payments	356	218	138	3,486	3,348	138
DEL	3,393	3,445	(52)	41,339	41,339	0
AME	52	0	52	61,156	61,156	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	(64)	(64)	0
Cost - Total	**146,248**	**144,314**	**1,934**	**1,798,631**	**1,792,215**	**6,416**

Actual expenditure for M5 was £1.9m (1.3%) more than the £144.3m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Primary Care Drugs - £558k Favourable** – The current favourable variance is attributable to profiling assumptions, with expenditure expected to align with plan in later periods.
- **Provider Pay - £524k Adverse** – Impact of New resident Doctor rotation and contract £350k, and increase in Band 3 costs due to arrears of £100k.
- **Non-Pay - £637k Adverse** – Non-Pay has deteriorated in month as

a result of the following:
    - £0.3m Impact of New Travel rates following HMRC rate change backdated to April 2026.
    - £0.1m Pathology Insourcing and Lab equipment and materials
    - £0.1m Catering Provisions & Supplies
    - £0.1m increase in M&SE
- **Healthcare NHS - £844k Adverse** – Recognition of new allocations issued for JCC £900k.
- **CHC/FNC - £589k Favourable** – Continued growth in CHC packages mainly within Mental Health provision.

The year-end forecast expenditure at M5 has increased by £6.4m to £1,798.6m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M4 are as follows:

- **Primary Care Contractor - £1,082k Favourable** – Revised forecast following M4 actual and plans.
- **Provider Pay - £1,359k Adverse** – Impact of new Resident Doctor contract changes along with plans following confirmation of allocations for additional Planned Care & Diagnostic Activity.
- **Provider Non Pay - £2,362k Adverse** – Impact of new HMRC rates upon travel costs along with revised forecast following confirmation of allocations for additional planned care & diagnostic activity.
- **Healthcare NHS - £2,005k Adverse** – Recognition of new allocations for JCC of £2.16m.
- **CHC & FNC - £1,294k Adverse** – Revised forecast following M4 actual and recent trends and market conditions.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – Reflects impact of increased enhancements for Bank Holidays throughout the year based on pay timetables and the arrears of pay processed in M3 for Medical & Dental Staff.
- Provider Pay – M4 reflect the arrears of pay that have been settled as a result of the Band 2/3 framework agreement,
- Primary Care Prescribing profiles will be updated following confirmation of Q1 PAR data.
- Primary Care Contractor M12 reflects impact of GP IM&T Refresh Programme
- Continuing Care & Funded Nursing Care Accountancy gains reflected in M4 of £4.0m.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

- **Provider Services Pay - £1,812k favourable** – The provider pay position for M5 continues to report improvements against the Adjusted plan which is partly as a result of industrial action.

  The main driver of the YTD favourable variance is:
  - Health visitor Industrial Action - (£1.4m) Favourable
  - Health Care Scientists - (£0.4m) Favourable

- **Provider Non Pay - £2,184 adverse** – The non pay position for M5 has deteriorated compared to the adjusted plan. This is primarily the result of an increase in device and appliance expenditure reflecting increased activity within elective care and Diabetes.

  The main driver of the YTD adverse variance is:
  - £1.4m in planned care for appliances and medical devices.
  - £1.2m for Diabetes pumps and cardiac devices.

- **Healthcare Services Provided by Other NHS Bodies - £1,171k Favourable** – Improvement in SLA activity across Health Boards.

- **Continuing Care & Funded Nursing Care - £1,955k adverse** – The CHC/FNC position for M5 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in mental health packages of care.

- **Losses, Special payments & Irrecoverable debts - £841k Adverse –** The Position for M5 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in clinical negligence cases.

There were no other material variances in M5 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further favourable variance of £202k was reported in M5 relating to over achievement of Income.

This can be broken down as:

	M5 YTD	Forecast
Contracting Income with HBs	£1.4m	£3.4m
NCL Funding	(£1.5m)	(£3.3m)
Other Income	£0.7m	£0.9m
EPMA funding	(£0.8m)	(£1.9m)
Total	(£0.2m)	(£0.9m)

Please note within Other Income the adverse variance reflects the income loss of Local authority income for Health Visitors/Flying Start (£1.0m) which has reduced due to the ongoing industrial action (note offsetting reduced pay position).

M1 & M2 show errors at the foot of the table. These are the result of an agreed change to M1 reporting, and the net M1-2 value reported in M2. Various discussions have taken place between CTM and Welsh Government Health, Care & Protection, to agree the required approach and reporting requirements. Upon this advice, the tables should now be presented in the required format.

1.5 Pay Expenditure (Table B3)

The M5 Pay expenditure was £68.8m and the monthly trend is summarised below.

	M5	**M4**	**M3**	**Q1 Average**	**Q4* Average**	**Q3* Average**	**Q2* Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
A&C	9.1	9.2	9.1	9.1	9.0	8.8	8.7
Medical	18.6	18.3	19.3	18.4	18.2	18.4	17.8
Nursing	20.8	21.0	20.9	20.9	21.0	20.4	20.2
ACS	9.0	9.4	8.7	8.7	8.6	8.3	8.4
Other	11.4	11.5	11.3	11.4	11.2	10.9	11.1
Total	**68.8**	**69.3**	**69.4**	**68.6**	**67.9**	**66.8**	**65.9**

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods and excludes the M12 central pension and band 2/3 framework adjustments.*

The Key issues to highlight are as follows:

- The Overall pay expenditure is reporting £68.8m, which is £0.5m less than M4. The significant movements from M5 can be explained as:
  - £0.3m increase in medical staffing, as a result of additional SLE training posts in month.
  - £0.7m decrease in core costs across all staff groups except Medical Staffing, which also includes £0.3m pay arrears for the

bottom of band 3 pay increase.
- £0.2m increase in Bank costs
- £0.1m decrease in Agency costs (Primarily Medical)

The M5 agency expenditure was £1.5m and the monthly trend (excluding accountancy gains) is summarised below:

	M5	M4	M3	Q1 Average	Q4 Average	Q3 Average	Q2 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.6	0.8	0.5	0.7	0.9	0.9	0.6
Nursing	0.7	0.7	0.7	0.8	0.9	1.0	1.3
Other	0.2	0.2	0.2	0.2	0.3	0.1	0.3
Total	**1.5**	**1.6**	**1.4**	**1.6**	**2.1**	**2.1**	**2.2**

The Key issues to highlight are as follows:

- Medical agency rates have improved in M05 by £0.2m when compared to M4 and remain below 25/26 level of expenditure.

- Nurse Agency costs have remained consistent with M4 and remain lower than the 25/26 average.

The current plan and mitigating actions are anticipating an improvement in agency expenditure in future periods, in particular in medical staffing to reflect appointments yet to commence.

As per the 2026-27 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

Enabling Action Description	**Month 5**
30% reduction in 26/27 agency expenditure compared to 2025/26.	M5 2026/27 YTD £7.8m 2025/26 YTD £11.9m 34.4% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 26	M5 2026/27 actual expenditure was £122k. 2025/26 average expenditure £182k per month.

It is acknowledged that the HB is unlikely to achieve a zero agency expenditure position for HCSW, A&C and ANC staff in 2026/27:

- A&C – The Health Board is progressing a number of short-term programmes and projects which require A&C staff support (in particular on Digital programmes), where the use of agency has been assessed as a lower potential cost given the risk of redundancy costs if utilising fixed term contracts or secondments. These Agency posts are regularly reviewed to ensure they remain the best value for money over the potential term of the appointment.
- HCSW and ANC staff – The agency costs for these staff groups are in most cases lower than using Bank or overtime, where short term essential cover is required, the use of agency provides greater value for money. These roles are regularly reviewed and assessed.

The M5 variable pay expenditure was £5.5m and the monthly trend (excluding accountancy gains) is summarised below.

	M5	**M4**	**M3**	**Q1 Average**	**Q4 Average**	**Q3 Average**	**Q2 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	2.0	1.9	2.0	2.0	1.9	2.1	1.9
Nursing	1.3	1.3	1.2	1.2	1.4	1.1	1.1
ACS	1.6	1.4	1.4	1.4	1.5	1.4	1.5
Other	0.7	0.6	0.6	0.6	0.7	0.7	0.7
Total	**5.5**	**5.2**	**5.2**	**5.2**	**5.5**	**5.2**	**5.2**

The Key issues to highlight are as follows:

- As at M5 there was a £0.5m increase across variable pay. These are mainly across the following:
  - £0.2m increase in Bank.
  - £0.1m increase in overtime
  - £0.1m increase in ADH/WLI
- The increase in variable has been offset with a greater decrease of as per the £0.5m reduction in overall pay above.

The savings plans and mitigations, including our enhanced controls, would indicate a reduction on overtime and bank utilisation in future periods. The monthly profiles from M6 onwards reflect our latest assessment of these improvements.

1.6 Reserves analysis (Table B)

During M5 a full review of uncommitted IMTP plans has been undertaken and decisions taken to curtail plans where possible. This has resulted in £3.38m of previous uncommitted reserves being released. These improvements have been recognised within the month 5 savings plans.

As at M5 there are no uncommitted reserves remaining within our plan.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2025/26 plans for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27.

	£m
Forecast In year position 26/27	**0**
Balance sheet write backs	0
Other non recurrent costs/income loss in 26/27	(1.9)
Other non recurrent benefits in 26/27	1.6
Forecast Recurrent position at the end of 26/27	**(0.3)**

As at M5 we are reporting a forecast Underlying surplus at the end of 2026/27 of £(0.3)m. This is consistent with the IMTP submitted on the 31st of March 2026 and will continue to be reviewed on a monthly basis.

Underlying Position	**2026/27 Forecast**	**Recurrent**	**Movement**
	£m	**£'m**	**£'m**
Initial Financial Plan	**0**	**(0.3)**	**(0.3)**
Savings Variances	3.7	3.7	0
Operational Variances	2.3	(3.7)	(6.0)
Financial Plan Variances	0	0	0
Additional Financial Allocations	(1.9)	0	1.9
Accountancy Gains	(4.0)	0	4.0
Mitigating Actions	0	0	0
Grand Total	**0**	**(0.3)**	**(0.3)**

3. Risk Management (Table A2)

The key financial risks and opportunities for 2026/27 are noted in Table A2 and are summarised below:

	Risk Level	Month 5 £m	Month 4 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27 as per our anticipated allocation.
HMRC Travel Allowance change April 2026	L	0	Tbc	Annual Impact of £0.4m has now been recognised in M5 forecast
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27. Awaiting further details from HEIW before being able to assess impact.
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	18.4	18.4	Recognised as Directed by WG.
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.3	0.2	Table C3
Delivery Risk on Savings plans yet to be identified	M	0	7.0	Mitigations fully recognised in M5.
Delegated Risk Assessments	H	3.7	3.7	Risk adjusted cost pressures
Health Visitors Band 6 Dispute	H	0.8	0.8	
NWJCC Plans not delivering	L	Tbc	Tbc	JCC reporting nil risk
LTA Disputes	H	Tbc	Tbc	
Planned Care target pressures	M	Tbc	Tbc	
Pay & Employment disputes	M	Tbc	Tbc	
Primary Care Prescribing NCSO	M	1.8	1.0	M5 forecast updated, Risk of continuation of NCSO remains outside of forecast.
CHC Growth above Plan	M	1.0	Tbc	M5 Forecast updated, risk of further deterioration.
Retention of Dental Underspend	L	1.0	1.0	See note below
Total Risks		27.0	32.1	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		(Tbc)	(Tbc)	
Net risk		27.0	32.1	

Following receipt of the recent letter from Alex Slade and Hywel Jones of WG dated 03 September 2026, the letter states that in line with the NHS revenue allocation letter issued, Health Boards are expected to utilise their full dental allocation to support delivery of NHS dental services. The letter continues to state that any unspent dental allocation will be recovered by Welsh Government.

The NHS revenue allocation letter (WHC 2025 055) stated:

Health Boards are reminded that in terms of the ring-fenced Dental Contract budget arrangements will continue as follows for the next year:

- for Health Boards without two consecutively approved IMTPs, the ring fence will continue for 2026-27;
- for those Health Boards with two consecutively approved IMTPs, the ring-fence is removed provided they continue to have their IMTP approved; and
- to continue to ring-fence the Designed to Smile and Gwên am Byth oral health improvement programmes for all Health Boards in 2026-27.

As Cwm Taf Morgannwg UHB has received approval of the IMTP for two consecutive years including 2026/27, it is assumed that the WHC takes precedence over the recent correspondence and any underspend upon the Dental allocation can be retained by the Health Board without recovery.

A full review of the latest dental forecast will be provided as part of the month 6 returns, the Health Board is committed to utilising the full allocation to support dental services.

4. Ring Fenced Allocations (Tables M, N & O)

Tables M & N have been completed for General Medical Services (GMS) and General Dental services (GDS) for M3.

- GMS forecast against allocation is reporting a £3.6m overspend mainly attributed to Out of Hours provision and Dispensing.

- Dental – The current forecast underspend of £1.0m against the allocation is mainly attributed to 5 contracts being handed back from 1st April. The total of the 5 contracts has been offset by a reduction in Patient Charge Revenue (PCR) this year to give us the £1m forecast underspend.

  The current breakeven forecast assumes that the benefit from the dental position will be retained within the UHB.

Table O provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Learning Disabilities	N/A	N/A	
Mental Health Services	123.3	123.3	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.7	2.7	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.7	
Urgent Emergency Care - Velindre	0.2	0.2	
Planned Care	3.5	3.5	

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2023/24 this reported £175.5m, the draft 2024/25 unpublished returns are indicating expenditure of £ 185.4m.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2026/27 includes a £31.3m recurring savings target.

	Month 5			Month 4		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M5	**13**	**31.3**	**31.3**	**10.4**	**31.3**	**31.3**
Actual and Forecast Savings	(6.8)	(27.6)	(27.5)	(4.8)	(21.2)	(22.5)

Total	**6.2**	**3.7**	**3.8**	**5.6**	**10.0**	**8.7**

Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £3.7m in year and £3.8m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	**M5 £'m**	**YTD £'m**	**26/27 £'m**	**Rec £'m**
Savings	11.8	2.0	6.7	26.9	27.4
Income Generation	0.1	0.1	0.2	0.8	0.2
To be identified	19.3	0.0	0.0	3.6	3.7
Total Savings	**31.3**	**2.1**	**6.9**	**31.3**	**31.3**
Accountancy Gains	0.0	4.0	4.0	4.0	0.0

8. Income Assumptions 2026-27 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M4 position. The table below summaries the more material items:

Description	**M5**	**Comments**
	£k	
NWSSP Risk Pool	(5,264)	As per 25/26 adjustment
AHW – Prevention & Early years	934	
Advocacy Funding	353	
NDIP	639	
Clinical Excellence Awards	30	
3.25% Pay Award - Executives	76	As per 25/26 settlement
2026/27 Pay Award	21,601	Funding Requirement
DPIF - Discovering a digital Solution to Achieve a Single Clinical MH Record	808	As per funding offer letter
M&D Pay Award 26/27	7,134	Funding Requirement
CHC Direct Payments	52	
Womens Health Hubs	200	
Planned Care Transformation – Optometry Community Pathways	98	
ESR Recharges	1,540	As per NWSSP forecast
A2A Sanctuary	152	
ESMCP Resources/CRS/MDVS/ARRP	106	
GMS Disp Doctors/PADMS & List Size Funding	367	
GP IM&T Refresh Programme	1,352	Value TBC by NWSSP
Integration and Rebalancing Capital Fund (IRCF)	30	
Traumatic Stress Wales	233	
Other Capital	69,548	
IFRS 16	(2,589)	
NOUS, Endoscopy & MRI - Diagnostic - 8 Week and RTT Delivery	700	
Orthopaedics - RTT 104 Week Delivery	2,161	
Validation - Diagnostics - Diagnostics Validation	250	
Validation - RTT - 104 Weeks Cohort	250	
HEIW Resident Doctor Contract Implementation	332	
Total Anticipated Allocations	**101,497**	

9. Health Care agreements

Following agreement of the financial values for the 2026/27 LTAs, All Documents for the 2026/27 LTAs have now been agreed and signed.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, L)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M4 and M5. These include the following:

- Trade and other payables have increased by £2.3m since M4. This is due to the timing of the Pharmacy payment, which has resulted in an increase in the Pharmacy accrual of £11.0m offset by a reduction in trade creditors of £12.6m.

- Provisions have increased by £6.2m, this is due to an increase in value of the clinical negligence provision of £6.4m.

- Trade and other receivables have increased by £6.6m, this is due to the increase in the amount due from the Welsh Risk Pool for Clinical Negligence cases as detailed above.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There is one NHS invoice due over 11 weeks for Cardiff and Vale UHB. The invoice is being following up through usual debtor procedures.

11. Cash Flow Forecast (Table G)

The cash position as at M5 was a surplus of £0.7m (£0.6m revenue and £0.1m capital).

At this point there is no expected drawdown of working balances or strategic cash.

12. Public Sector Payment Compliance (Table H)

No update on the PSPP rates required in this return.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M5 CRL is £132.385m, issued on the 20th August 2026. As at M5, £31.581m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	**Risk**	**Explanation**
PCH GFF Phase 2	Medium – In year underspend	There is some risk of further underspend on this scheme as it comes to completion in October 2026.
REFIT Decarbonisation Scheme	Medium – slippage	Design is progressing for this scheme however expecting slippage of circa £2m into 27/28 and will complete in summer of 2027.
TEF Infection Prevention and Control	Medium – slippage	RGH isolation room has possible delays. Not yet agreed location and service specific requirements.
Interventional Radiology RGH	Medium – In year underspend	Awaiting agreement of final account but potential underspend of c. £0.2m
LHP Phase 1	Medium – slippage	Works progressing on this scheme risk of slippage due to the scale of the project, currently estimated at £4m in year.
PCH GFF Phase 3	Medium – slippage	Initial VAT reclaim figure is still outstanding from HMRC which gives a risk of slippage or pull ahead on this scheme
EFAB decarbonisation	Medium – In year underspend	Underspend expected, request to reuse for another priority will be submitted to WG.
RGH Pharmacy Robot	Medium – In year underspend	£0.07m underspend expected on this scheme.
MH Quality & Safety Schemes 26-27	Medium – slippage	Section 136 room delays. Due to elongated tender process design, planning and consultation are still to be completed.

Bridgend HWC	Medium – in year underspend	Scheme now delayed to mid September 2026 and is forecasting to underspend by circa £0.5m due to remaining contingency not required.
Maesteg HWC	Medium – in year overspend	Additional funding required for this scheme. Funding request was submitted in July.
Llanilid HC	Medium – in year underspend	Design is currently paused while the acreage being given by the developer is re negotiated.

14. IFRS 16 and CAME (Table P)

Table P has been updated.

15. Other Issues

Following correspondence from Mabon ap Gwynfor, the Cabinet Minister for Health and Care, dated 26th August 2026, we have now had confirmation of the approval of our IMTP for 2026-29.

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M5 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

Hywel Daniel
Deputy Chief Executive

S May
Director of Finance

Date: 13th September 2026

Action Points arising from Month 4 Response

Action Point	WG Comment	CTM Response
	Movement of Opening Financial Plan to Forecast Outturn (Table A)	
4.1	The Revenue Resource Limit in the SoCNE at Month 5, is under phased by c. £9.000m, which is a material increase of c£5.100m from Month 3. This indicates that the Health Board under phased the RRL by c£4.400m in July to offset the benefit from the release of the £4.000m CHC Accountancy Gain. This supports our view that your reported YTD deficit is materially overstated due to the under phasing of the RRL. To date the pressure reported on Table A, due to under delivery of savings, is £1.623m (sum of YTD IG, Savings and AG compared to 4/12ths of the planned savings); combined with the net YTD cost pressures in excess of spend reductions of £1.972m, and a YTD income pressure of £0.254m, indicates a YTD deficit of c.£3.8m. The RRL is then being under phased to increase the YTD deficit to £9.141m which is expected to increase further next month before being offset by significant monthly surpluses from Month 7 onwards (assisted by the RRL being gradually released back into the profile), culminating in a £2.089m surplus in March and delivering a break-even position at year end. Please again review the use of the RRL to ensure the YTD deficit is not overstated. **(Action Point 4.1)**	Whilst we recognise that the YTD position reported is not currently reflective of a proportion of the year end forecast, as previously stated the the position reflects local delegated forecasts and risks to reflect the position being reported to the board. If we extrapolate the M4 YTD position on Savings shortfall, Operating variances and income benefits, this would indicate a deficit of £23.4m with the £4m accountancy gains reducing this to £19.4m. However the risks identified by delegated budgets push this figure to £27.3m which reflects the YTD position of £9.1m. This position and risk is reviewed monthly and adjusted accordingly as savings plans materialise and mitigation or cost pressures are resolved.

4.2	The forecast balanced position remains supported by a material level of savings/mitigations to be finalised of £5.0m (previously £15.798m). It remains disappointing that the Health Board is still not compliant with the WHC (2026 022), which set a firm deadline of the 30 June for the required Savings Plan included within the IMTP/AOP to attain a Green or Amber classification. The narrative confirms that £3.700m of 'Recovery Plans' are currently being assessed internally, with the intention of incorporating them into the Tracker at Month 5. We will look to your next submission for a further progress update, and should any planned savings gap remain at Month 5, it will need to be fully eliminated by Month 6 without exception. **(Action Point 4.2)**	Noted
4.3	The Health Board is reporting, via Table A (line 23), that there are £6.960m of planned mitigating actions yet to be identified. Of this value, £1.930m should have been categorised as unplanned mitigating actions yet to be finalised (line 24) as these are required to offset in-year net pressures (net of lines 21 and 22, if your income benefit is contributing to your planned gap). Please ensure the split of planned and unplanned mitigations yet to be finalised is accurately reported on the dedicated lines via Table B2 next month. **(Action Point 4.3)**	Noted and adjusted.
1.4 & 1.6	The reporting of £1.542m of new unplanned cost pressures (line 22) and £0.903m of spend reductions in July, including the continuation of issues that were reported in previous months, highlights weaknesses in the forecasting approach. This is because you are only assessing these issues on an actual YTD basis, after they have crystalised into the position, and are not producing a robust forward look on the impact in future months; yet as part of the c/f underlying position, a significant element of these items are being reported as recurring. Also, the number of movements reported in Table B1 this month, again suggests there is a lack of robustness to the current reporting approach of straight-lining future expenditure profiles	Forecast has been updated.

	across several SoCNE categories. The response to Action Point 1.4/1.6 confirms the intention is to retain a relatively straight-line expenditure, with any pressures having to be managed through savings and mitigating actions. We are not supportive of this approach, but as this suggests you have confidence that there is sufficient flexibility in the financial system to deliver the current outturn without producing a forecast of the pressures and reductions, we will closely monitor the issue as the year progresses.. **(c/f Action Point 1.4/1.6)**	
4.4	Once your original savings plan is finalised (by no later than Month 6) the current FYE will need reviewing to ensure forecast c/f underlying surplus of £0.279m remains robust. **(Action Point 4.4)**	Noted
4.5	In Year Material Recurrent Analysis Impacting on Underlying Position (Table A1) Please ensure that all in-year recurrent unplanned cost pressures, spend reductions and income items exceeding £0.500m are included in the relevant sections of Table A1. For example, the Clinical Services & Supplies cost pressure of £1.900m which is reported as recurring, should be recorded in the Section A of Table A1. **(Action Point 4.5)**	Noted
	Risks and Opportunities (Table A2)	
1.5b	It is encouraging to note that the 'Delegated Risk Assessment' value has reduced from £8.200m to £3.700m at Month 4; although, the requested supporting calculation has not been provided. We trust this assessment will be further reduced next month; however, in the event it is not, then please provided the requested supporting details. **(c/f Action Point 1.5b)**	See Annex A Attached
4.6	There are now a significant number of risks listed in the table where the value is 'TBC', a number of these have been reported as such since the start of the year. Along with your Board, we are therefore	Noted.

	unable to fully assess the full potential impact on your outturn position of the risks being highlighted. We trust you will be able to either assign a value by Month 5, or that these are no longer considered risks that could not be manged by the Health Board. **(Action Point 4.6)**	
4.7	The reporting of the full planned mitigating actions yet to be finalised value (£6.960m) as a risk is a very pessimistic approach, especially as the narrative refers to £3.700m of 'Recovery Plans' that are forecast to be included in the Tracker at Month 5. Please ensure a balanced approach is being taken to the reporting of risks. **(Action Point 4.7)**	Risk table adjusted for M5 including mitigating actions.
4.8	Section 1.4 of the narrative confirms that the Health Visitor industrial action has had a favourable £1.1m impact on the year-to-date position. Further clarity is therefore required to explain what aspect of the issue is being assessed as a £0.800m risk, which remains unchanged since Month 1. Please provide further details in the next submission. **(Action Point 4.8)**	If the HV industrial action is not settled, there is a risk that the HB will need to recognise a further year of provision for the difference between a band 6 and band 7. This is estimated at £0.8m.
2.10	Following the latest response to Action Point 2.10, please clarify which month the revised rates will be reflected in your actual (actioned by payroll including the backdated element) and forecast costs. **(c/f Action Point 2.10)**	HMRC rates have been applied in M5 including arrears and the forecast now reflects these rates for the full year.
	Monthly Positions (Table B)	
4.9	It is noted that the profile of expenditure linked to committed reserves (totalling £4.4m) is now phased Months 6 to 12 (previously 4 to 12). This indicates that there may be flexibility in these expenditure plans. Please provide an updated view on the likelihood of these future month costs crystalising as currently forecast. **(Action Point 4.9)**	Reserve position has been reviewed as noted in M4 narrative, all uncommitted reserves have now been released to support the position.

4.10	The July Non-pay expenditure is £1.200m higher than forecast last month, with the narrative referring to several items driving this position including Energy and M&SE costs. Please confirm the assumptions underpinning the expectation that none of the additional Non-pay costs incurred in Month 4 will recur in future months. **(Action Point 4.10)**	Future periods reflect local delegated forecasts and savings plans. Whilst the forecast recognises these local projections, the risk table recognises potential risks of these areas.
4.11	Please provide details of the c.£0.500m of additional annual spend in 'Other Private and Voluntary' which is the amount above the reclassification of costs from the 'Joint financing and other' category. **(Action Point 4.11)**	The reclassification item was £2.2m between Joint funding and Private/Vol, which matched the Private & voluntary movement. However, there was an additional £0.5m within Joint & Other recognising the ICRF Income impact as noted in section 1.3 of the M4 MMR narrative, reducing the change in Joint & Other to £1.7m.
	Pay, Agency and Variable Pay (Table B3)	
4.12	The Allied Health Professional Agency expenditure in July (£0.100m) represents the highest monthly spend recorded to date. Please provide an explanation for this increase, together with details to support why this level of expenditure is not expected to continue into future months. **(Action Point 4.12)**	This relates to the care provided to a patient with profound learning disabilities during a prolonged admission . Patients who receive 24-hour care at home continue to be supported by their familiar carers during hospital admissions. This approach provides continuity of care, promotes trust and reassurance, and helps minimise distress and anxiety during what can be a challenging and unfamiliar experience for the patient.

	Savings (Tables C-C3)	
4.13	There are schemes in the Tracker where the 'Go Green Date' has been set beyond the 3-month timeframe (e.g.196 and 198). Please ensure the dates fall within a 3- month period of the scheme first being entered onto the Tracker. **(Action Point 4.13)**	Noted – while some dates exceed the 3 months we review them to ensure they turn green within 3 months of them being added to the template.
	LTA	
4.14	We have been advised by PHWT that you are now in receipt of signed LTA documentation. We trust that, before the Month 5 submission, CTM will have returned signed documentation to PHWT and that you will confirm this in your next submission. **(Action Point 4.14)**	Noted and confirmed in narrative for M5.
	Resource limits (Table E)	
4.15	Please ensure the HCHS allocation reference on line 1 aligns to the confirmed allocation amount reported on line 2. At Month 4, the reference quoted should have been 21. **(Action Point 4.15)**	Noted
	Ring Fenced (Table P)	
4.16	Please ensure the IFRS16 depreciation charges reported in Table P align to those reported in Section C of Table B. **(Action Point 4.16)**	Noted

Annex A – Local Delegated Risk

Directorate	Title of Risk	Med	High	Med & High
Children & Families (O&G)	Repatriation of PAS LTA	-	23	23
Children & Families (Children & Young People)	Health Visiting trade union action - loss of income	-	44	44
Mental Health & LD (Adult)	Medical HR Issues	85	-	85
Mental Health & LD (Adult)	ADHD Drug usage increases	180	-	180
Diagnostics, Therapies & Specialties (CSS)	OOH Rota	-	122	122
Diagnostics, Therapies & Specialties (Med Mgt)	Tocisilimab supply issue	50	-	50
Diagnostics, Therapies & Specialities (Pathology)	LIMS - Delay in commencement date	-	65	65
Diagnostics, Therapies & Specialities (Pathology)	LHP - Staff to support satellite fridge	-	42	42
Diagnostics, Therapies & Specialities (Pathology)	Cell Path - loss of funding for 1wte Band 4	23	-	23
Diagnostics, Therapies & Specialities (Pathology)	LIMS	43	-	43
Diagnostics, Therapies & Specialities (Pathology)	LIMS	72	-	72
Diagnostics, Therapies & Specialities (Pathology)	Increased outsourcing volumes	204	-	204
Diagnostics, Therapies & Specialities (Pathology)	POCT funding	333	-	333
Diagnostics, Therapies & Specialities (Pathology)	Swansea Bay SLA - Repatriation of the Cell Path Service	100	-	100
Diagnostics, Therapies & Specialities (Healthcare Science)	Clinical Eng equipment - dynamic mattress systems	-	103	103
Unscheduled Care (Emergency & Acute Medicine)	Medical Records Recharge re CITO	-	26	26
Unscheduled Care (Emergency & Acute Medicine)	PCH AMU rostering	50	-	50
Unscheduled Care (Emergency & Acute Medicine)	POW ED additional clinical fellows	333	-	333
Unscheduled Care (Speciality Medicine)	Unfunded WLI's	-	36	36
Unscheduled Care (Speciality Medicine)	WLI's	28	-	28
Corp - Digital	£1m investment funding	215	-	215
Corp - Estates	Sunnyside Cost pressure	-	163	163
Facilities	RGH & YGT Security	145	-	145
Facilities	Waste	278	-	278
Facilities	Portering	450	-	450
Facilities	Postage	241	-	241

Corp - Patient Care & Safety	Legal & Risk Team Recovery Plan	25	-	25
Corp - Patient Care & Safety	Concerns - Rebanding of posts	12	-	12
Corp - Patient Care & Safety	Clinical Education Restructure	90	-	90
Corp - Planning & Partnership	Regional Post Director	-	51	51
Corp - Planning & Partnership	Vicki Oxley salary	-	42	42
		2,958	**718**	**3,676**

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-9,200	0	-9,200	-9,200
2	Cost Pressures (Negative Value)	-43,000	0	-43,000	-43,500
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,110	0	20,110	20,930
4	Other Income Uplift / (Reduction)	800	0	800	800
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	11,841	1,025	10,816	12,602
7	Planned (Finalised) Net Income Generation	114	5	109	109
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	19,335	828	18,507	18,559
12	**Opening IMTP / Annual Operating Plan**	**0**	**1,858**	**-1,858**	**300**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-19,335	-828	-18,507	-18,559
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	14	14		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	638	595	43	43
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-2,501	-8	-2,493	-1,525
17	Additional In Year Identified Savings - Forecast	17,519	5,416	12,103	16,319
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	932	932	0	0
20	In Year Accountancy Gains	4,000	4,000	0	0
21	Unplanned Spend Reductions	8,575	1,336	7,239	7,583
22	Unplanned Cost Pressures	-9,842	-5,952	-3,890	-3,890
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	DHCW - EPMA Non recurrent income	0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**7,363**	**-7,363**	**271**

	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	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-767	-767	-3,833
2	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-17,916
3	1,676	1,676	1,676	1,676	1,676	1,675	1,676	1,676	1,676	1,676	1,676	1,675	8,380
4	66	67	67	66	67	67	66	67	67	66	67	67	333
5	0	1,017	-1,020	-1	-1	1	-1	-1	0	-1	-1	8	-5
6	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	4,187
7	0	2	12	4	5	5	13	14	16	14	14	15	23
8													0
9													0
10													0
11	2,257	993	2,477	1,633	1,471	1,508	1,462	1,520	1,475	1,502	1,550	1,487	8,831
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	-2,257	-993	-2,477	-1,633	-1,471	-1,508	-1,462	-1,520	-1,475	-1,502	-1,550	-1,487	-8,831
14	84			-70									14
15	0	15	-4	71	69	69	70	70	68	71	70	69	151
16	0	-171	-99	-293	-602	-214	-301	-232	-246	-68	-137	-138	-1,165
17	0	76	415	1,713	1,442	1,609	2,010	1,882	1,873	1,996	1,992	2,511	3,646
18	9	-1,025	1,015	-5,291	382	-61	-118	1,099	1,179	802	1,124	885	-4,910
19	-284	-499	153	376	456	104	104	104	104	104	104	106	202
20	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000
21	1,128	680	851	903	774	549	649	649	549	649	649	545	4,336
22	-268	-1,715	-2,009	-1,542	-1,648	-548	-352	-352	-352	-352	-352	-352	-7,182
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26	162	-162	0	0	0	0	0	0	0	0	0	0	0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**-1,426**	**-3,794**	**-2,155**	**-1,766**	**-598**	**0**	**600**	**1,700**	**1,700**	**1,700**	**1,900**	**2,139**	**-9,739**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

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This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END	
		£'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare	(1,000)	Medium
2	Out of Area Mental Health Placements		
3	Primary Care Drugs	(1,800)	Medium
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk	0	Low
6	Joint Commissioning Committee - Contract Performance		
7			
8			
9	Delegated Risk Assessment of demand & cost pressures	(3,700)	Medium
10			
11	Risk of the 2026/27 pay award not being fully funded	Tbc	Low
12	Risk of the Resident Dr Contract changes not being fully funded	Tbc	Low
13	HMRC Travel Allowance	Tbc	Low
14	Health Visitor Dispute	(800)	High
15	LTA Disputes	Tbc	High
16	Plannced Care Target Pressures	Tbc	Medium
17	Pay & Employment Disputes	Tbc	Medium
18	**Benefits Assumed in the Forecast Outturn at Risk (Negative Values):**		
19	Under delivery of Amber Schemes included in Outturn via Tracker	(338)	Medium
20	Non Delivery of Planned Mitigations Yet To Be Finalised		
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised		
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back	(1,000)	Low
24	WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	(18,400)	Low
25			
26			
27	**Total Risks**	**(27,038)**	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28	Balance Sheet Opportunities - Accountancy Gains	Tbc	High
29	Retrospective VAT Recovery	Tbc	Medium
30	NWSSP Distributions	Tbc	Medium
31			
32			
33			
34			
35	**Total Further Opportunities**	**0**	
36	**Current Reported Forecast Outturn**	**0**	
37	**Worst Case Outturn Scenario**	**(27,037)**	
38	**Best Case Outturn Scenario (Opportunities Only)**	**0**	

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY / *YTD variance as %age of YTD*	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	942	3,646		3,646	0				
2		Actual/F'cast	68	157	401	542	420	1,165	1,320	1,391	1,366	1,575	1,583	2,067	1,588	12,055	13.17%	11,197	858	1,962	10,093	0	15,238
3		Variance	0	(2)	206	304	138	805	946	1,011	985	1,185	1,180	1,651	646	8,409	*68.58%*	7,551	858				
4	Non-Pay	Budget/Plan	65	203	196	268	262	265	268	270	270	281	272	283	994	2,903		2,903	0				
5		Actual/F'cast	65	126	314	743	462	517	695	572	577	671	594	610	1,710	5,946	28.76%	5,946	0	1,084	4,862	0	5,851
6		Variance	0	(77)	118	475	200	252	427	302	307	390	322	327	716	3,043	*72.03%*	3,043	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	217	217	315	268	402	297	285	286	285	287	285	286	1,419	3,430		3,430	0				
8		Actual/F'cast	217	217	315	217	488	305	292	293	292	294	292	293	1,454	3,515	41.37%	3,515	0	0	3,515	0	3,639
9		Variance	0	0	0	(51)	86	8	7	7	7	7	7	7	35	85	*2.47%*	85	0				
10	Secondary Care Drugs	Budget/Plan	0	0	425	189	178	165	198	130	172	125	75	105	792	1,762		1,762	0				
11		Actual/F'cast	0	0	425	189	178	165	198	130	172	125	75	105	792	1,762	44.95%	1,762	0	0	1,762	0	1,861
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/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	16	8	8	8	8	8	8	9	9	9	9	40	100		100	0				
20		Actual/F'cast	0	0	0	700	162	75	75	75	75	92	93	134	862	1,481	58.20%	1,429	52	1,287	194	0	807
21		Variance	0	(16)	(8)	692	154	67	67	67	66	83	84	125	822	1,381	*2055.00%*	1,329	52				
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	262	263	262	263	262	263	262	263	262	2,100	12.48%	2,100	0	2,100	0	0	0
27		Variance	0	0	0	0	262	263	262	263	262	263	262	263	262	2,100		2,100	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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	4,187	11,841		11,841	0				
35		Actual/F'cast	350	500	1,455	2,391	1,972	2,490	2,842	2,724	2,744	3,020	2,899	3,472	6,668	26,859	58.20%	25,949	910	6,433	20,426	0	27,396
36		Variance	0	(95)	316	1,420	840	1,395	1,709	1,650	1,627	1,928	1,855	2,373	2,481	15,018	*2055.00%*	14,108	910				

37	Variance in month	0.00%	(15.97%)	27.74%	146.24%	74.20%	127.40%	150.84%	153.63%	145.66%	176.56%	177.68%	215.92%	59.25%
38	In month achievement against FY forecast	1.30%	1.86%	5.42%	8.90%	7.34%	9.27%	10.58%	10.14%	10.22%	11.24%	10.79%	12.93%	

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	**Ok**
Total Forecast Savings agrees to Table A	**Ok**
Total FYE of Recurring Savings agrees to Table A	**Ok**
Total Forecast Savings in Table C agrees to Table C2	**Ok**

Cwm Taf Morgannwg ULHB

Period : Aug 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	46	83	103	103	138	214	223	229	220	232	243	256	473	2,090	2,090	0			
2		Actual/F'cast	46	106	270	435	238	577	634	698	680	866	878	888	1,095	6,316	5,973	343	1,874	4,442	6,973
3		Variance	0	23	167	332	100	363	411	469	460	634	635	632	622	4,226	3,883	343			
4	Pay - Variable	Budget/Plan	22	8	25	68	78	77	85	84	94	90	94	92	201	817	817	0			
5		Actual/F'cast	22	16	136	106	177	480	522	557	553	575	572	575	457	4,291	4,246	45	0	4,291	6,471
6		Variance	0	8	111	38	99	403	437	473	459	485	478	483	256	3,474	3,429	45			
7	Pay - Agency	Budget/Plan	0	68	67	67	66	69	66	67	67	68	66	68	268	739	739	0			
8		Actual/F'cast	0	35	(5)	1	5	108	164	136	133	134	133	604	36	1,448	978	470	88	1,360	1,794
9		Variance	0	(33)	(72)	(66)	(61)	39	98	69	66	66	67	536	(232)	709	239	470			
10	Total	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	942	3,646	3,646	0			
11		Actual/F'cast	68	157	401	542	420	1,165	1,320	1,391	1,366	1,575	1,583	2,067	1,588	12,055	11,197	858	1,962	10,093	15,238
12		Variance	0	(2)	206	304	138	805	946	1,011	985	1,185	1,180	1,651	646	8,409	7,551	858			

Cwm Taf Morgannwg ULHB

Aug 26

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Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	4,187	11,841	1,025	10,816	1,786	12,602
	Month 1 - Actual/Forecast	350	424	1,040	678	530	881	832	842	871	1,024	907	961	3,022	9,340	1,017	8,323	2,754	11,077
	Variance	0	(171)	(99)	(293)	(602)	(214)	(301)	(232)	(246)	(68)	(137)	(138)	(1,165)	(2,501)	(8)	(2,493)	968	(1,525)
	In Year - Plan	0	76	406	1,869	1,489	1,692	1,827	1,833	1,862	1,987	1,984	2,462	3,840	17,486	5,388	12,098	4,294	16,393
	In Year - Actual/Forecast	0	76	415	1,713	1,442	1,609	2,010	1,882	1,873	1,996	1,992	2,511	3,646	17,519	5,416	12,103	4,216	16,319
	Variance	0	0	9	(156)	(47)	(83)	183	49	11	9	8	49	(194)	33	28	5	(78)	(74)
	Total Plan	350	671	1,545	2,840	2,621	2,787	2,960	2,907	2,979	3,079	3,028	3,561	8,027	29,327	6,413	22,914	6,080	28,995
	Total Actual/Forecast	350	500	1,455	2,391	1,972	2,490	2,842	2,724	2,744	3,020	2,899	3,472	6,668	26,859	6,433	20,426	6,970	27,396
	Total Variance	0	(171)	(90)	(449)	(649)	(297)	(118)	(183)	(235)	(59)	(129)	(89)	(1,359)	(2,468)	20	(2,488)	890	(1,599)
Net Income Generation	Month 1 - Plan	0	2	12	4	5	5	13	14	16	14	14	15	23	114	5	109	0	109
	Month 1 - Actual/Forecast	0	2	1	1	1	1	10	10	10	10	10	10	5	66	0	66	0	66
	Variance	0	0	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(4)	(4)	(5)	(18)	(48)	(5)	(43)	0	(43)
	In Year - Plan	0	14	7	74	73	73	73	74	74	74	74	74	169	686	600	86	(0)	86
	In Year - Actual/Forecast	0	15	7	74	73	73	73	74	74	75	74	74	169	686	600	86	0	86
	Variance	0	1	(0)	(0)	(0)	(0)	(0)	(0)	(0)	1	(0)	(0)	0	(0)	0	(0)	0	0
	Total Plan	0	16	19	78	78	78	86	88	90	88	88	89	192	800	605	195	(0)	195
	Total Actual/Forecast	0	17	8	75	74	74	83	84	84	85	84	84	174	752	600	152	0	152
	Total Variance	0	1	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(3)	(4)	(5)	(18)	(48)	(5)	(43)	0	(43)
Accountancy Gains	In Year - Plan	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000	4,000	0	0	0
	In Year - Actual/Forecast	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000	4,000	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	350	597	1,151	975	1,137	1,100	1,146	1,088	1,133	1,106	1,058	1,114	4,210	11,955	1,030	10,925	1,786	12,711
	Month 1 - Actual/Forecast	350	426	1,041	679	531	882	842	852	881	1,034	917	971	3,027	9,406	1,017	8,389	2,754	11,143
	Variance	0	(171)	(110)	(296)	(606)	(218)	(304)	(236)	(252)	(72)	(141)	(143)	(1,183)	(2,549)	(13)	(2,536)	968	(1,568)
	In Year - Plan	0	90	413	5,943	1,562	1,765	1,900	1,907	1,936	2,061	2,058	2,536	8,009	22,172	9,988	12,184	4,294	16,479
	In Year - Actual/Forecast	0	91	422	5,787	1,515	1,682	2,083	1,956	1,947	2,071	2,066	2,585	7,815	22,205	10,016	12,189	4,216	16,405
	Variance	0	1	9	(156)	(47)	(83)	183	49	11	10	8	49	(194)	33	28	5	(78)	(74)
	Total Plan	350	687	1,564	6,918	2,699	2,865	3,046	2,995	3,069	3,167	3,116	3,650	12,219	34,127	11,018	23,109	6,080	29,190
	Total Actual/Forecast	350	517	1,463	6,466	2,046	2,564	2,925	2,808	2,828	3,105	2,983	3,556	10,842	31,611	11,033	20,578	6,970	27,548
	Total Variance	0	(170)	(101)	(452)	(653)	(301)	(121)	(187)	(241)	(62)	(133)	(94)	(1,377)	(2,516)	15	(2,531)	890	(1,642)

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	202	5,180	**5,382**	600	0
Scheduled Care	704	379	4,251	**5,334**	0	0
Unscheduled Care	681	308	3,304	**4,293**	0	0
Mental Health	430	459	730	**1,619**	0	0
Community Services	472	65	418	**955**	0	0
Primary Care	0	0	770	**770**	0	0
Commissioned Services - CHC	0	0	0	**0**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	4,000
Other Commissioned Services	0	1,387	0	**1,387**	0	0
Clinical Support	67	4,507	1,570	**6,144**	97	0
Non Clinical Support	47	225	0	**272**	55	0
Executive / Corporate Areas	138	505	60	**703**	0	0
Total	**2,539**	**8,037**	**16,283**	**26,859**	**752**	**4,000**

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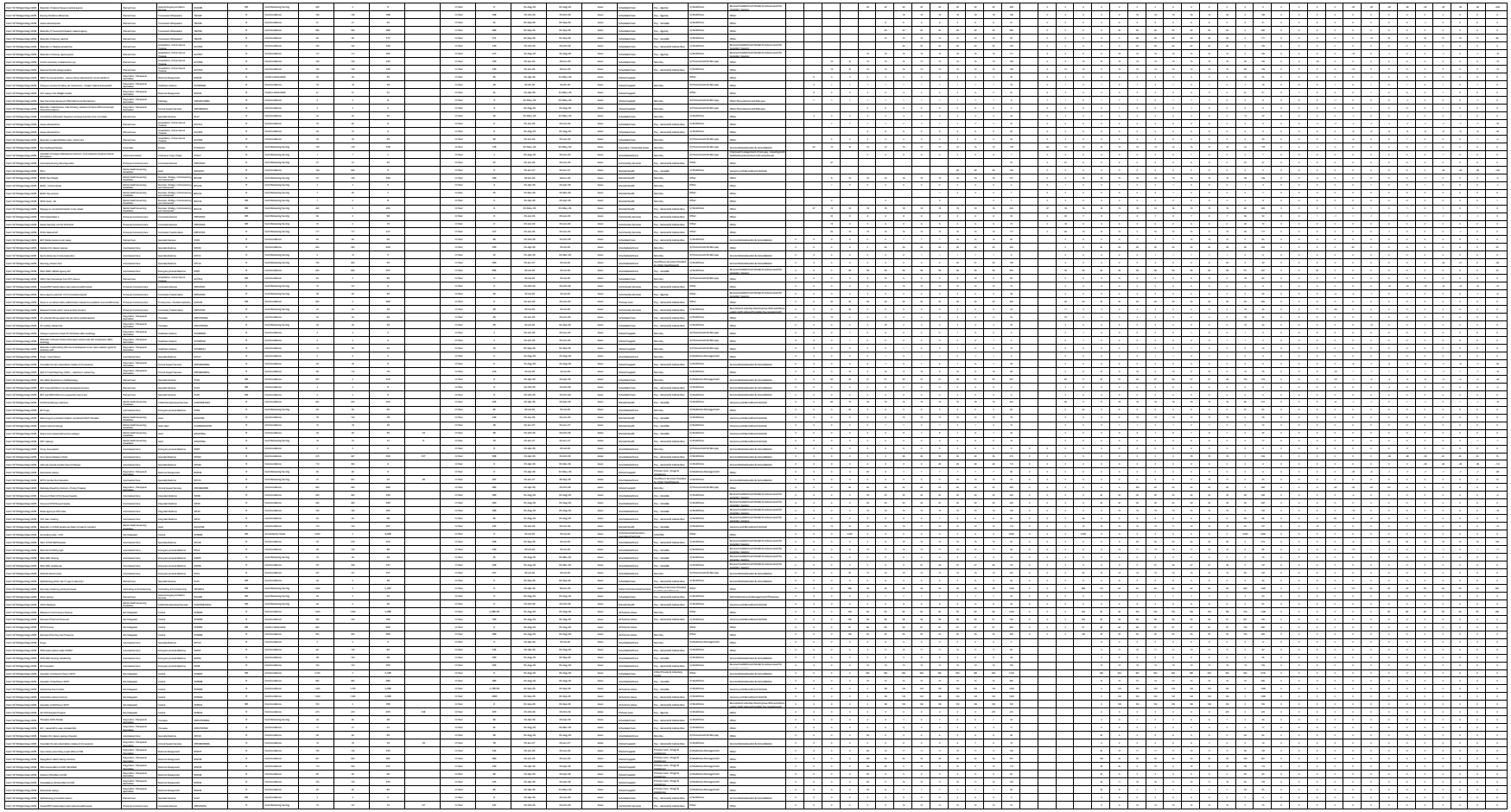
This Table is currently showing 5 errors

Organisation	Scheme / Opportunity Title	Division	Business Unit	Savings Scheme Number	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000
Cwm Taf Morgannwg ULHB	Savings arising from Anaesthetic proposal	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT01	R	Cost Avoidance	332	442	295
Cwm Taf Morgannwg ULHB	Theatres Non Pay	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT03	R	Cash-Releasing Saving	52	57	47
Cwm Taf Morgannwg ULHB	ENT PCH Associate Specialist sessions	Planned Care	Specialist Services	SS03	R	Cash-Releasing Saving	18	18	18
Cwm Taf Morgannwg ULHB	OMFS Speciality Doctor sessions	Planned Care	Specialist Services	SS05	R	Cash-Releasing Saving	2	2	2
Cwm Taf Morgannwg ULHB	Ophthalmology Consultant session	Planned Care	Specialist Services	SS06	R	Cash-Releasing Saving	12	15	0
Cwm Taf Morgannwg ULHB	Ophthalmology Consultant sessions	Planned Care	Specialist Services	SS07	R	Cost Avoidance	22	22	19
Cwm Taf Morgannwg ULHB	Urology POW Speciality Doctor session	Planned Care	Specialist Services	SS08	R	Cash-Releasing Saving	9	9	6
Cwm Taf Morgannwg ULHB	Urology RGH Consultant session	Planned Care	Specialist Services	SS09	R	Cash-Releasing Saving	15	15	15
Cwm Taf Morgannwg ULHB	Urology POW Agency	Planned Care	Specialist Services	SS10	R	Cost Avoidance	9	9	9
Cwm Taf Morgannwg ULHB	Urology Consultant session	Planned Care	Specialist Services	SS13	R	Cash-Releasing Saving	15	15	14
Cwm Taf Morgannwg ULHB	RGH Over rostering on HCSW	Unscheduled Care	Speciality Medicine	SPC01	R	Cash-Releasing Saving	303	396	231
Cwm Taf Morgannwg ULHB	Substantive recruitment to medical posts	Unscheduled Care	Speciality Medicine	SPC05	R	Cost Avoidance	43	57	65
Cwm Taf Morgannwg ULHB	Equipment hire	Unscheduled Care	Speciality Medicine	SPC06	R	Cost Avoidance	38	50	0
Cwm Taf Morgannwg ULHB	Maintenance contract Review	Unscheduled Care	Speciality Medicine	SPC10	R	Cash-Releasing Saving	6	15	0
Cwm Taf Morgannwg ULHB	Remove Desk Based Printers in RGH	Unscheduled Care	Speciality Medicine	SPC12	R	Cash-Releasing Saving	5	6	3
Cwm Taf Morgannwg ULHB	COFD Ward POW	Unscheduled Care	Integrated Medicine	IM01	R	Cash-Releasing Saving	232	350	87
Cwm Taf Morgannwg ULHB	Consultant On call consolidation (release of 4.5 sessions)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD002	R	Cost Avoidance	52	78	0
Cwm Taf Morgannwg ULHB	SpR CT Head Reporting (OOH) - reduction in outsourcing	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD007	R	Cost Avoidance	86	114	0
Cwm Taf Morgannwg ULHB	Closure of OT Respiratory Service	Diagnostics, Therapies & Specialities	Therapies	CRESTHER02	R	Cash-Releasing Saving	33	59	0
Cwm Taf Morgannwg ULHB	Palliative Care - undertake skill mixing of workforce and look at consolidation opportunity	Diagnostics, Therapies & Specialities	Therapies	CRESTHER03	R	Cash-Releasing Saving	13	25	0
Cwm Taf Morgannwg ULHB	NICE savings tocilizumab	Diagnostics, Therapies & Specialities	Medicine Management	MM06	R	Cash-Releasing Saving	56	57	56
Cwm Taf Morgannwg ULHB	Homecare I2S savings (switch products to Homecare delivery)	Diagnostics, Therapies & Specialities	Medicine Management	MM09	R	Cash-Releasing Saving	100	192	100
Cwm Taf Morgannwg ULHB	NO2 manifold decommissioning	Diagnostics, Therapies & Specialities	Medicine Management	MM11	R	Cash-Releasing Saving	10	10	10
Cwm Taf Morgannwg ULHB	Medical gas testing taken in house	Diagnostics, Therapies & Specialities	Medicine Management	MM12	R	Cash-Releasing Saving	27	27	0
Cwm Taf Morgannwg ULHB	Care Homes prescribing project effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM15	R	Cash-Releasing Saving	135	135	0
Cwm Taf Morgannwg ULHB	Off contract claims (income from unavailability of drugs)	Diagnostics, Therapies & Specialities	Medicine Management	MM18	R	Income Generation	43	43	0
Cwm Taf Morgannwg ULHB	Dapagliflozin Switch Savings Scheme	Diagnostics, Therapies & Specialities	Medicine Management	MM21	R	Cash-Releasing Saving	391	400	0
Cwm Taf Morgannwg ULHB	Maternity Rota Efficiencies (PCH)	Children & Families	Obstetrics,Gynaecology & Sexual Health	CF005	R	Cost Avoidance	83	100	83
Cwm Taf Morgannwg ULHB	CYP Admin - Band 2-4 restructure	Children & Families	Children & Young People	CF010	R	Cash-Releasing Saving	60	72	60
Cwm Taf Morgannwg ULHB	Neonates cot review	Children & Families	Children & Young People	CF003	R	Cost Avoidance	41	70	0
Cwm Taf Morgannwg ULHB	Non Pay Review	Chief Operating Officer	COO Management Team	COO0226	R	Cash-Releasing Saving	40	40	37
Cwm Taf Morgannwg ULHB	Rates Savings	Corporates	Estates	Est00126	R	Cash-Releasing Saving	25	25	25
Cwm Taf Morgannwg ULHB	M&E Contracts linked to TEF	Corporates	Estates	Est01325	NR	Cash-Releasing Saving	100	0	100
Cwm Taf Morgannwg ULHB	Materials linked to TEF	Corporates	Estates	Est01425	NR	Cash-Releasing Saving	100	0	100
Cwm Taf Morgannwg ULHB	Retail - Inflationary increase to prices 5% with half to support inflation on goods	Chief Operating Officer	Facilities	FAC04	R	Income Generation	55	55	55
Cwm Taf Morgannwg ULHB	CDAT Redesign	Mental Health & Learning Disabilities	CAMHS & Specialised Services	CAMHS&SS01	R	Cash-Releasing Saving	50	100	0
Cwm Taf Morgannwg ULHB	Single rota	Mental Health & Learning Disabilities	Adult	ADULT03	R	Cash-Releasing Saving	167	200	50
Cwm Taf Morgannwg ULHB	Single crisis assessment service redesign	Mental Health & Learning Disabilities	Adult	ADULT05	R	Cost Avoidance	45	90	0
Cwm Taf Morgannwg ULHB	ORT redesign	Mental Health & Learning Disabilities	Adult	ADULT06	R	Cash-Releasing Saving	18	70	0
Cwm Taf Morgannwg ULHB	Opportunity- Review income from M&D SLAs	Corporates	People Service Group	PD1	NR	Income Generation	5	0	0
Cwm Taf Morgannwg ULHB	Recharge of programme/project support	Corporates	Strategy & Transformation	ST1	R	Cost Avoidance	60	60	60
Cwm Taf Morgannwg ULHB	Establishment efficiencies	Corporates	Strategy & Transformation	ST2	R	Cash-Releasing Saving	30	30	30
Cwm Taf Morgannwg ULHB	Non-pay efficiencies	Corporates	Strategy & Transformation	ST3	R	Cash-Releasing Saving	8	8	8
Cwm Taf Morgannwg ULHB	SIP telecoms contract (Maintel) renegotiation	Corporates	Digital	Digital 03/26	R	Cash-Releasing Saving	47	70	0
Cwm Taf Morgannwg ULHB	Improving monitoring activity processes	Contracting & Commissioning	Contracting & Commissioning	C&C001	R	Cash-Releasing Saving	100	100	100
Cwm Taf Morgannwg ULHB	Review of Departmental Maintenance costs	Planned Care	General Surgery and Gastro Services	GSGI01	R	Cash-Releasing Saving	9	10	9
Cwm Taf Morgannwg ULHB	Medical Agency	Planned Care	General Surgery and Gastro Services	GSGI02	R	Cash-Releasing Saving	367	400	131
Cwm Taf Morgannwg ULHB	Lease Cars	Planned Care	General Surgery and Gastro Services	GSGI03	NR	Cash-Releasing Saving	38	0	39
Cwm Taf Morgannwg ULHB	Review of specialist nursing posts	Planned Care	General Surgery and Gastro Services	GSGI06	NR	Cash-Releasing Saving	70	0	60
Cwm Taf Morgannwg ULHB	Lease cars	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT02	NR	Cash-Releasing Saving	76	0	76
Cwm Taf Morgannwg ULHB	Anti-VEGF Biosimilars in Ophthalmology	Planned Care	Specialist Services	SS01	R	Cash-Releasing Saving	609	664	274
Cwm Taf Morgannwg ULHB	Dental/OMFS Drugs	Planned Care	Specialist Services	SS02	R	Cost Avoidance	19	21	16
Cwm Taf Morgannwg ULHB	Lease Cars	Planned Care	Specialist Services	SS11	NR	Cash-Releasing Saving	39	0	39
Cwm Taf Morgannwg ULHB	Orthoptists workforce review	Planned Care	Specialist Services	SS12	R	Cash-Releasing Saving	17	17	17
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Speciality Medicine	SPC07	NR	Cash-Releasing Saving	38	0	34
Cwm Taf Morgannwg ULHB	Substantive appointment to Stroke On Call Rota	Unscheduled Care	Integrated Medicine	IM03	R	Cash-Releasing Saving	76	114	76
Cwm Taf Morgannwg ULHB	Conversion of ADH to substantive specialty doctor	Unscheduled Care	Integrated Medicine	IM04	R	Cash-Releasing Saving	18	24	16
Cwm Taf Morgannwg ULHB	Salary sacrifice	Unscheduled Care	Integrated Medicine	IM05	NR	Cash-Releasing Saving	12	0	12
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Emergency & Acute Medicine	AM02	NR	Cash-Releasing Saving	13	0	13
Cwm Taf Morgannwg ULHB	Drugs	Unscheduled Care	Emergency & Acute Medicine	ED01	R	Cost Avoidance	54	65	0
Cwm Taf Morgannwg ULHB	PoW ED JCF	Unscheduled Care	Emergency & Acute Medicine	ED02	R	Cash-Releasing Saving	50	75	50
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Emergency & Acute Medicine	ED03	NR	Cash-Releasing Saving	49	0	53
Cwm Taf Morgannwg ULHB	Nuffield income - 20% price increase agreed	Diagnostics, Therapies & Specialities	Pathology	IGPATH002	R	Income Generation	11	11	11
Cwm Taf Morgannwg ULHB	Change of provider Temperature Monitoring System Maintenance	Diagnostics, Therapies & Specialities	Pathology	CRESPATH005	R	Cash-Releasing Saving	35	35	35
Cwm Taf Morgannwg ULHB	Ultrasound maintenance replacement of 3 contracts £7k saving each	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD003	R	Cost Avoidance	21	21	21
Cwm Taf Morgannwg ULHB	Offsetting Omnipaque price increase by sourcing alternative (Optiray)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD004	R	Cost Avoidance	64	64	64
Cwm Taf Morgannwg ULHB	Nuclear Med SLA recharge to Dental	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD005	R	Cash-Releasing Saving	10	10	10
Cwm Taf Morgannwg ULHB	Consolidation of Nuclear Medicine (reduction in SLA and associated maintenance costs)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD006	R	Cost Avoidance	19	19	19
Cwm Taf Morgannwg ULHB	Cessation of PHW SLA - H Yule 4 sessions	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD008	R	Cash-Releasing Saving	37	37	37
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Therapies	CRESTHER01	NR	Cash-Releasing Saving	23	0	25
Cwm Taf Morgannwg ULHB	Podiatry SBAR in-house ortholist	Diagnostics, Therapies & Specialities	Therapies	CRESTHER04	R	Cash-Releasing Saving	10	10	10
Cwm Taf Morgannwg ULHB	Podiatry Patient Appliances - multi contract suppliers	Diagnostics, Therapies & Specialities	Therapies	CRESTHER07	R	Cash-Releasing Saving	20	20	0
Cwm Taf Morgannwg ULHB	Providing evidence-based Bluetooth Hearing Aids following local protocol, pan-CTM; 3 x models/1 x manufacturer (reduction in ITEs and other expensive models), single color,	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES01	R	Cash-Releasing Saving	12	12	12
Cwm Taf Morgannwg ULHB	CPAP masks - phase 2 contract review for supplier discount	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES02	R	Cost Avoidance	60	60	85
Cwm Taf Morgannwg ULHB	Draeger service contract - reduction now band 6 is in post	Diagnostics, Therapies & Specialities	Healthcare Science	HCSRED02	R	Cost Avoidance	33	33	33
Cwm Taf Morgannwg ULHB	Leased cars	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES03	NR	Cash-Releasing Saving	7	0	7
Cwm Taf Morgannwg ULHB	Increase in charge for lost hearing aids to align with All Wales policy - £10 increase per aid (£75 lost aid fee now charged)	Diagnostics, Therapies & Specialities	Healthcare Science	HCSRED07	R	Cost Avoidance	15	15	15
Cwm Taf Morgannwg ULHB	NICE savings Nilotinib	Diagnostics, Therapies & Specialities	Medicine Management	MM01	R	Cash-Releasing Saving	28	28	28
Cwm Taf Morgannwg ULHB	NICE Savings Eltrombopag	Diagnostics, Therapies & Specialities	Medicine Management	MM02	R	Cash-Releasing Saving	189	190	189
Cwm Taf Morgannwg ULHB	NICE Savings Golimumab	Diagnostics, Therapies & Specialities	Medicine Management	MM03	R	Cash-Releasing Saving	195	196	195
Cwm Taf Morgannwg ULHB	NICE savings Aflibercept	Diagnostics, Therapies & Specialities	Medicine Management	MM04	R	Cash-Releasing Saving	475	475	475
Cwm Taf Morgannwg ULHB	NICE savings Omalizumab	Diagnostics, Therapies & Specialities	Medicine Management	MM05	R	Cash-Releasing Saving	143	143	143
Cwm Taf Morgannwg ULHB	NICE savings dapagliflozin	Diagnostics, Therapies & Specialities	Medicine Management	MM07	R	Cash-Releasing Saving	69	70	69
Cwm Taf Morgannwg ULHB	Change in On Call Rota savings	Diagnostics, Therapies & Specialities	Medicine Management	MM08	R	Cash-Releasing Saving	19	80	19
Cwm Taf Morgannwg ULHB	Closure of Repeat Prescribing Hub (staff savings)	Diagnostics, Therapies & Specialities	Medicine Management	MM10	R	Cash-Releasing Saving	24	24	24
Cwm Taf Morgannwg ULHB	Lease car savings	Diagnostics, Therapies & Specialities	Medicine Management	MM13	NR	Cash-Releasing Saving	25	0	24
Cwm Taf Morgannwg ULHB	PMS scheme effect on PAR (Net Effect)	Diagnostics, Therapies & Specialities	Medicine Management	MM14	R	Cash-Releasing Saving	115	230	0
Cwm Taf Morgannwg ULHB	Dietetics ONS effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM16	R	Cash-Releasing Saving	60	60	0
Cwm Taf Morgannwg ULHB	Housekeeping Scheme effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM17	R	Cash-Releasing Saving	125	125	0
Cwm Taf Morgannwg ULHB	NICE savings Faricimab	Diagnostics, Therapies & Specialities	Medicine Management	MM19	R	Cash-Releasing Saving	59	60	59
Cwm Taf Morgannwg ULHB	BOC oxygen cyclinder spend savings (reduction in spend)	Diagnostics, Therapies & Specialities	Medicine Management	MM20	R	Cash-Releasing Saving	30	30	30
Cwm Taf Morgannwg ULHB	Apremilast drug switch generic product	Diagnostics, Therapies & Specialities	Medicine Management	MM23	R	Cash-Releasing Saving	448	450	448
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Children & Families	Children & Young People	CF013	NR	Cash-Releasing Saving	62	0	60
Cwm Taf Morgannwg ULHB	Restructuring / Staffing Opportunities-	Corporates	Medical Director	MD1	R	Cash-Releasing Saving	16	16	16
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Primary & Community Care	Community Transformation	CRESCT01	NR	Cash-Releasing Saving	40	0	39
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Primary & Community Care	Community Services	CRESCS01	NR	Cash-Releasing Saving	25	0	26
Cwm Taf Morgannwg ULHB	Drugs - review of issues	Primary & Community Care	Community Transformation	CACT01	R	Cost Avoidance	11	12	11
Cwm Taf Morgannwg ULHB	M&SE - ward stock	Primary & Community Care	Community Transformation	CACT02	R	Cost Avoidance	22	24	22
Cwm Taf Morgannwg ULHB	POW - Ward re-modelling	Primary & Community Care	Community Transformation	CRESCT02	R	Cost Avoidance	471	807	385
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Estates	Est01026	NR	Cash-Releasing Saving	8	0	8
Cwm Taf Morgannwg ULHB	Care Directors contract cessation WCCIS (One advanced)	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC01	R	Cash-Releasing Saving	67	90	90
Cwm Taf Morgannwg ULHB	BCBC - cessation of Park Street	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC02	R	Cash-Releasing Saving	112	149	44
Cwm Taf Morgannwg ULHB	BCBC - cessation of AM Resettlement (DRIVE)	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC03	R	Cash-Releasing Saving	14	29	8
Cwm Taf Morgannwg ULHB	BCBC - cessation of Zoar place	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC04	R	Cash-Releasing Saving	13	53	16
Cwm Taf Morgannwg ULHB	BCBC - cessation of Maes yfelin	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC05	R	Cash-Releasing Saving	18	73	21
Cwm Taf Morgannwg ULHB	HCSW target reduction in overspend linked to variable pay (20%)	Mental Health & Learning Disabilities	Adult	ADULT01	R	Cost Avoidance	110	110	112
Cwm Taf Morgannwg ULHB	Drugs target reduction in overspend (20%)	Mental Health & Learning Disabilities	Adult	ADULT02	R	Cost Avoidance	80	87	51
Cwm Taf Morgannwg ULHB	Liaison Service - Skill mix Opportunities	Mental Health & Learning Disabilities	Older Adult	OLDERADULT01	R	Cost Avoidance	0	0	0
Cwm Taf Morgannwg ULHB	Liaison Service - Redesign	Mental Health & Learning Disabilities	Older Adult	OLDERADULT02	R	Cash-Releasing Saving	0	0	0
Cwm Taf Morgannwg ULHB	OA Mental Health Redesign Programme (inpatient and community services). Relocation of inpatient site and reduction in bed base.	Mental Health & Learning Disabilities	Older Adult	OLDERADULT03	R	Cash-Releasing Saving	26	78	0
Cwm Taf Morgannwg ULHB	Redesign of funding linked to Crisis retreat	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC06	R	Cash-Releasing Saving	50	50	50
Cwm Taf Morgannwg ULHB	CHC efficiencies including an element of repatriation	Mental Health & Learning Disabilities	Adult	BSC08	R	Cost Avoidance	113	150	113
Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Adult	ADULT04	NR	Cash-Releasing Saving	45	0	45
Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Older Adult	OLDERADULT04	NR	Cash-Releasing Saving	16	0	16
Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC07	NR	Cash-Releasing Saving	5	0	5
Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	CAMHS & Specialised Services	CAMHS&SS03	NR	Cash-Releasing Saving	24	0	25
Cwm Taf Morgannwg ULHB	BAVO SLA cessation	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BSC08	R	Cash-Releasing Saving	63	63	63
Cwm Taf Morgannwg ULHB	Revised contract for M&D agency/bank system provider.	Corporates	People Service Group	PD2	R	Cash-Releasing Saving	158	210	210
Cwm Taf Morgannwg ULHB	Review of non pay spend across programme areas	Corporates	Public Health	PH2026/27-01	R	Cash-Releasing Saving	37	37	37
Cwm Taf Morgannwg ULHB	Review of pay spend across programme areas	Corporates	Public Health	PH2026/27-02	R	Cash-Releasing Saving	30	30	30
Cwm Taf Morgannwg ULHB	Lease Cars Salary Sacrifice	Corporates	Digital	Digital 08/26	NR	Cash-Releasing Saving	20	0	21
Cwm Taf Morgannwg ULHB	CAT M Pricing	Non Delegated	Central	CEN001	R	Cash-Releasing Saving	2,604	2,604	2,604
Cwm Taf Morgannwg ULHB	National Benchmarking	Corporates	Finance	FIN1	R	Cash-Releasing Saving	14	14	14
Cwm Taf Morgannwg ULHB	Lease Cars Salary Sacrifice	Corporates	Public Health	PH2026/27-03	NR	Cash-Releasing Saving	4	0	4
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	People Service Group	PD4	NR	Cash-Releasing Saving	8	0	8
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Patient Care & Safety	PCS0012628	NR	Cash-Releasing Saving	13	0	13
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Chief Executive	CEO-04	NR	Cash-Releasing Saving	11	0	10
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Medical Director	MD2	NR	Cash-Releasing Saving	2	0	2
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Chief Operating Officer	COO Management Team	COO0326	NR	Cash-Releasing Saving	15	0	15
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Chief Operating Officer	Facilities	FAC09	NR	Cash-Releasing Saving	2	0	2
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Pathology	CRESPATH006	NR	Cash-Releasing Saving	12	0	13
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD010	NR	Cash-Releasing Saving	23	0	24
Cwm Taf Morgannwg ULHB	Lease Car Salary Sacrifice	Corporates	Finance	FIN2	NR	Cash-Releasing Saving	5	0	5
Cwm Taf Morgannwg ULHB	Lease Car Salary Sacrifice	Corporates	Strategy & Transformation	ST4	NR	Cash-Releasing Saving	6	0	5
Cwm Taf Morgannwg ULHB	Salary Sacrifice	Children & Families	Obstetrics,Gynaecology & Sexual Health	CF014	NR	Cash-Releasing Saving	68	0	68
Cwm Taf Morgannwg ULHB	Lease cars	Planned Care	Trauma and Orthopaedics	T&O01	NR	Cash-Releasing Saving	21	0	21
Cwm Taf Morgannwg ULHB	Urology Agency Consultant session	Planned Care	Specialist Services	SS14	R	Cash-Releasing Saving	200	200	200
Cwm Taf Morgannwg ULHB	Therapies Redesign 10% Efficiency	Diagnostics, Therapies & Specialities	Therapies	CRESTHER06b	R	Cash-Releasing Saving	46	46	70
Cwm Taf Morgannwg ULHB	POW AMU new nursing model	Unscheduled Care	Emergency & Acute Medicine	AM03	R	Cash-Releasing Saving	157	173	117
Cwm Taf Morgannwg ULHB	Agency Consultant overpayment recovery	Planned Care	Specialist Services	SS15	NR	Cost Avoidance	32	0	32
Cwm Taf Morgannwg ULHB	Ophthalmology Admin agency to end	Planned Care	Specialist Services	SS16	NR	Cost Avoidance	56	0	56



Operational Delivery Committee

Month 6 Monitoring Returns to Welsh Government

Eitem yr Agenda / Agenda Item	**7.2.1**
Dyddiad y Cyfarfod / Date of Meeting:	27/10/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee are asked to Note the report.

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a Welsh Government 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 M06 Financial Monitoring Return submission to Welsh Government.

2. Strategic Insights

2.1 The Welsh Health Circular WHC (2026) 022 – NHS WALES FINANCIAL MONITORING GUIDANCE 2026-27 was issued on 29th April 2026. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2026/27 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A, Table A2 and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M04 Narrative report
Table A - Movement
Table A2 – Risks & Opportunities
Tables C, C1, C2 & C3

3. Risks and Opportunities

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 M06 Financial Monitoring returns is summarised in Section 1.2 of the M06 Narrative report at Annex A. This information is consistent with the M06 Internal Board papers.

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA

from dropdown and Executive sign off.)		completion: Sally May
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	**Not 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	

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	
WG	Welsh Government
M1 etc	Month 1 etc
ODC	Operational Delivery Committee
HB	Health Board

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – SEPTEMBER 2026
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30th September 2026.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2026/27

The Financial plan submitted to WG at the end of March 2026 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2026	**9.2**	**0**	**9.2**
Income changes	(20.9)	0.8	(20.0)
Cost Pressures & Commitments	42.7	(0.5)	42.2
Savings Target	(31.3)	0	(31.3)
Total plan 26/27	**(0.3)**	**0.3**	**(0.0)**

The Financial plan also identified a net risk to the planned break-even position of £38.6m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2026-27 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**1.4**	**1.4**	**0.0**
Month 2	**3.8**	**5.2**	**0.0**
Month 3	**2.2**	**7.4**	**0.0**
Month 4	**1.8**	**9.1**	**0.0**
Month 5	**0.6**	**9.7**	**0.0**
Month 6	**0.0**	**9.7**	**0.0**

The M6 position is reporting a break even position for the period, retaining

the £9.7m YTD deficit. The key components of the YTD position and the year-end forecast as reported in table A are summarised below:

	M6 YTD	M6 Year-end forecast	Recurrent Forecast
	£m	£m	£'m
Initial Plan	**0**	**0**	**(0.3)**
Savings Shortfall	5.7	2.3	1.3
Phasing adjustments	4.1	0	0
Operational Variances	4.9	3.6	10.5
Financial Plan Improvements	0	0	0
Additional Financial Allocation/Income	(1.0)	(1.9)	0
Accountancy Gains	(4.0)	(4.0)	0
Other Mitigating Actions	0	0	0
Grand Total	**9.7**	**0**	**11.5**

The main driver for the overspend at M6 is the £5.7m shortfall in savings delivery compared to the straight-line savings target of £15.7m (£2.6m per month).

At M6 the Green and Amber Savings plan forecast has improved by £1.4m from the £27.6m included in M5 to the current forecast of £29.0m.

During M6, the operating variances have deteriorated by £1.3m to a net adverse operating variance of £4.9m. This deterioration is mainly attributed to a deterioration of:

- Provider Non-Pay expenditure with Appliances & Devices continues to be a driver in M6 with increased activity.
- Primary Care Drugs actual data for Month 3 has confirmed a further adverse impact of NCSO concessions above our plan.

Offsetting these were continuation of the improved positions within Pay Expenditure and Commissioned Healthcare expenditure with other HBs and Trusts.

The Year to Date operating variance of £4.9m continues to be driven by:

- Contracting Income from other HBs of £1.4m worse than plan
- Clinical Negligence provision for the Welsh Risk Pool of £1.0m
- Continuing Health Care costs £2.5m greater than plan.

The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has been informed that funding will be provided by DHCW for 2026/27 of £1.9m. As at M6, the YTD position includes £1.0m benefit of this funding.

During M4, accountancy gains of £4m had been reported, this relates to existing accounting policies relating to aged creditors within CHC. Further

work is being undertaken to determine if any additional benefits can be identified and released.

During M5, to support the delivery of the required mitigating actions a number of IMTP plans yet to be implemented have been curtailed releasing £3.38m of the previous uncommitted reserves. These have been recognised within the savings plans.

During the first quarter the Health Board had enhanced controls and required Care Groups and Directorates to develop robust recovery plans to achieve the planned financial breakeven position as per the Board approved IMTP.

As noted above the Health Board has subsequently introduced further enhanced controls to support delivery of the Board Approved Financial Plan, these actions include:

- Enhanced Recruitment Controls and challenge on all posts before being agreed for progressing to recruitment stage.
- Enhanced Sickness monitoring and scrutiny with greater proactive management support to service managers and more senior management interventions.
- Enhanced Approval process of out of hours requests for Bank and Overtime, with more support to Senior Managers on Call.
- Plans to eliminate the need for Nurse agency, through zero tolerance following recruitment of streamlining staff.
- Introduction of further enhanced scrutiny and controls for ADH and Agency Medical staff via the introduction of new Medical Workforce system with support from new managed service provider and software solution provider.
- Review of administration staff growth since 2019/20 with aim to reduce admin & clerical staff levels by 10% from the 2025/26 baseline position.

Savings Shortfall:	**M6 YTD**	**M6 Year-end forecast**	**Recurrent Forecast**
	£m	**£m**	**£'m**
Variance v £29.4m Delegated target	6.0	3.0	2.0
Variance v £1.9m Non delegated target – CAT M	(0.3)	(0.7)	(0.7)
Grand Total	**5.7**	**2.3**	**1.3**

The year to date savings shortfall of £5.7m is the main driver of the year to date deficit of £9.7m

Further details of the remaining risks and opportunities to the M6 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)

	September			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M6 £'000	M5 £'000	Movement £'000
RRL	133,674	132,935	739	1,659,903	1,652,286	7,617
Donation/Grants	0	70	(70)	170	170	0
Welsh HBs & NHST	5,878	5,881	(3)	70,553	70,556	(3)
NHSWJCC	1,073	1,269	(196)	15,213	15,409	(196)
WG Income	389	295	94	4,340	4,246	94
Other Income	5,416	4,599	817	57,981	55,964	2,017
Income Total	**146,430**	**145,049**	**1,381**	**1,808,160**	**1,798,631**	**9,529**
PC Contractor	14,805	15,084	(279)	180,165	180,444	(279)
PC - Drugs	9,945	9,168	777	111,887	110,369	1,518
Pay	65,733	66,673	(940)	793,650	794,468	(818)
Non Pay	10,792	9,880	912	121,425	119,885	1,540
SC - Drugs	5,501	4,938	563	59,266	58,703	563
H/C Other NHS	26,031	26,188	(157)	314,789	314,737	52
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	7,571	7,557	14	87,025	87,011	14
Private & Vol	849	536	313	16,927	10,144	6,783
Joint & Other	1,569	1,362	207	17,160	16,953	207
Losses, Spec Payments	186	218	(32)	3,454	3,486	(32)
DEL	3,445	3,445	0	41,339	41,339	0
AME	0	0	0	61,156	61,156	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(19)	0	(19)	(83)	(64)	(19)
Cost - Total	**146,408**	**145,049**	**1,359**	**1,808,160**	**1,798,631**	**9,529**

Actual expenditure for M6 was £1.4m (0.9%) more than the £145.0m forecast. The most significant current month movements between the forecast and actuals were as follows:

- **Other Income - £817k Favourable** – The favourable variance is due to higher than anticipated R&D (£0.1m) and Injury Cost Recovery (£0.1m) income during M6 along with higher than forecast drug rebate (£0.5m) income.
- **Primary Care Drugs - £777k Adverse** – The July PAR data has deteriorated significantly from plan resulting in a revised growth assumption affecting the accrual for August & September activity.
- **Provider Pay - £940k Favourable** – Improved pay position across most areas including core staffing and agency, impact of enhanced pay controls may be showing signs of delivery.
- **Non-Pay - £637k Adverse** – Non-Pay has continued to deteriorate

in month, there is no specific driver of this deterioration beyond general demand upon services, with adverse variances materialising across non pay in general.

- **Secondary Care Drugs - £563k Adverse** – Increase in NICE drug issues, mainly correcting recent months lower than anticipated levels of growth.
- **Private & Voluntary - £313k Adverse** – Continuation of higher than planned utilisation of outsourced diagnostic services for radiology and pathology.

The year-end forecast expenditure at M6 has increased by £9.5m to £1,808m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M5 are as follows:

- **Other Income - £2,017k Favourable** – The favourable forecast reflects continuation of the higher than anticipated drug rebate income.
- **Primary Care Drugs - £1,518k Adverse** – The forecast reflects the latest growth data along with confirmation of the Q3 CAT M prices and continuation of the extensive NCSO concessions.
- **Provider Pay - £818k Favourable** – Recognition of in month improvement offset by new planned care allocations supporting pay costs.
- **Non-Pay - £1,540k Adverse** – Recognition of in month deterioration in addition to new planned care allocations supporting non pay costs.
- **Secondary Care Drugs - £563k Adverse** – Recognition of in month deterioration.
- **Private & Voluntary - £6,783k Adverse** – Recognition of planned care allocations for outsourcing activity.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – Reflects impact of increased enhancements for Bank Holidays throughout the year based on pay timetables and the arrears of pay processed in M3 for Medical & Dental Staff.
- Provider Pay – M4 reflect the arrears of pay that have been settled as a result of the Band 2/3 framework agreement,
- Primary Care Prescribing profiles will be updated following confirmation of Q1 PAR data.
- Primary Care Contractor M12 reflects impact of GP IM&T Refresh Programme

- Continuing Care & Funded Nursing Care Accountancy gains reflected in M4 of £4.0m.
- From M8 onwards the Planned Care Recovery expenditure has been recognised in the M8-12 profiles.

1.4 Expenditure Movements from Plan (Table B2)

The most significant expenditure variances from original IMTP plans are noted below:

- Primary Care Drugs & Appliances - £1,168 Adverse – The position for M6 has deteriorated by £417k. This is the result of continued growth in CAT M prices and continuation of the extensive NCSO concessions.

- **Provider Services Pay - £2,012k favourable** – The provider pay position for M6 continues to report improvements against the Adjusted plan which is partly as a result of industrial action.

  The main driver of the YTD favourable variance is:
  - Health visitor Industrial Action - (£1.7m) Favourable
  - Health Care Scientists - (£0.4m) Favourable

- **Provider Non Pay - £4,189 adverse** – The non pay position for M6 has deteriorated compared to the adjusted plan. This is primarily the result of an increase in device and appliance expenditure reflecting increased activity within elective care and Diabetes.

  The main driver of the YTD adverse variance is:
  - £1.4m in planned care for appliances and medical devices.
  - £1.2m for Diabetes pumps and cardiac devices.
  - £0.3m HMRC Mileage travel increase.
  - £0.5m Energy impact

- **Healthcare Services Provided by Other NHS Bodies - £1,643 Favourable** – Improvement in SLA activity across Health Boards.

- **Continuing Care & Funded Nursing Care - £2,359 adverse** – The CHC/FNC position for M6 continued to be worse than anticipated once Red and Pipeline savings plans were removed. This is primarily the result of an increase in mental health packages of care.

- **Losses, Special payments & Irrecoverable debts - £804k Adverse –** The Position for M6 improved slightly once Red and Pipeline savings plans were removed.

There were no other material variances in M6 relating to Table B2 expenditure.

In addition to the variances noted in Table B2 a further favourable variance of £475k was reported in M6 relating to over achievement of Income.

This can be broken down as:

	M6 YTD	Forecast
Contracting Income with HBs	£1.7m	£3.0m
NCL Funding	(£1.7m)	(£3.0m)
Med Mgt Rebates	(£0.8m)	(£1.6m)
Other Income	£1.3m	£0.7m
EPMA funding	(£1.0m)	(£1.9m)
Total	(£0.5m)	(£2.4m)

Please note within Other Income the adverse variance reflects the income loss of Local authority income for Health Visitors/Flying Start (£1.2m) which has reduced due to the ongoing industrial action (note offsetting reduced pay position).

M1 & M2 show errors at the foot of the table. These are the result of an agreed change to M1 reporting, and the net M1-2 value reported in M2. Various discussions have taken place between CTM and Welsh Government Health, Care & Protection, to agree the required approach and reporting requirements. Upon this advice, the tables should now be presented in the required format.

1.5 Pay Expenditure (Table B3)

The M6 Pay expenditure was £68.0m and the monthly trend is summarised below.

	M6	**M5**	**M4**	**Q2 Average**	**Q1 Average**	**Q4* Average**	**Q3* Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
A&C	9.0	9.1	9.2	9.1	9.1	9.0	8.8
Medical	18.6	18.6	18.3	18.5	18.4	18.2	18.4
Nursing	20.4	20.8	21.0	20.7	20.9	21.0	20.4
ACS	8.6	9.0	9.4	9.0	8.7	8.6	8.3
Other	11.3	11.4	11.5	11.4	11.4	11.2	10.9
Total	**68.0**	**68.8**	**69.3**	**68.7**	**68.6**	**67.9**	**66.8**

**Prior year quarterly Average has been adjusted to reflect impact of pay arrears relating to prior periods and excludes the M12 central pension and band 2/3 framework adjustments.*

The Key issues to highlight are as follows:

- The Overall pay expenditure is reporting £68.0m, which is £0.8m less than M5. The significant movements from M5 can be explained as:
    - £0.4m decrease in Additional Clinical Services as a result of £0.2m Core pay reduction, and £0.2m reduction in
    - Bank & Overtime.
    - £0.4m decrease in Nursing as a result of £0.1m reduction in agency spend and £0.2m reduction in core pay.
    - £0.3m decrease in overtime.

The M6 agency expenditure was £1.3m and the monthly trend (excluding accountancy gains) is summarised below:

	M6	**M5**	**M4**	**Q2 Average**	**Q1 Average**	**Q4 Average**	**Q3 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	0.5	0.6	0.8	0.6	0.7	0.9	0.9
Nursing	0.6	0.7	0.7	0.7	0.8	0.9	1.0
Other	0.2	0.2	0.2	0.2	0.2	0.3	0.1
Total	**1.3**	**1.5**	**1.6**	**1.5**	**1.6**	**2.1**	**2.1**

The Key issues to highlight are as follows:

- Medical agency rates have improved in M06 by £0.1m when compared to M5 and remain below 25/26 level of expenditure.

- Nurse Agency costs have improved in M06 by £0.1m when compared with M5 and remain lower than the 25/26 average.

The current plan and mitigating actions are anticipating an improvement in agency expenditure in future periods, in particular in medical staffing to reflect appointments yet to commence.

As per the 2026-27 IMTP a number of Enabling Actions were identified relating to Agency Expenditure, the following provides an assessment of the latest financial position against these actions:

Enabling Action Description	**Month 6**
30% reduction in 26/27 agency expenditure compared to 2025/26.	M6 2026/27 YTD £9.2m 2025/26 YTD £14.0m 34.3% reduction
Reduction in agency expenditure on HCSW, A&C and Estates & ANC to Zero by 30th September 26	M6 2026/27 actual expenditure was £125k.

	2025/26 average expenditure £182k per month.

It is acknowledged that the HB is unlikely to achieve a zero agency expenditure position for HCSW, A&C and ANC staff in 2026/27:

- A&C – The Health Board is progressing a number of short-term programmes and projects which require A&C staff support (in particular on Digital programmes), where the use of agency has been assessed as a lower potential cost given the risk of redundancy costs if utilising fixed term contracts or secondments. These Agency posts are regularly reviewed to ensure they remain the best value for money over the potential term of the appointment.
- HCSW and ANC staff – The agency costs for these staff groups are in most cases lower than using Bank or overtime, where short term essential cover is required, the use of agency provides greater value for money. These roles are regularly reviewed and assessed.

The M6 variable pay expenditure was £5.2m and the monthly trend (excluding accountancy gains) is summarised below.

	M6	**M5**	**M4**	**Q2 Average**	**Q1 Average**	**Q4 Average**	**Q3 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	1.9	2.0	1.9	1.9	2.0	1.9	2.1
Nursing	1.3	1.3	1.3	1.3	1.2	1.4	1.1
ACS	1.4	1.6	1.4	1.4	1.4	1.5	1.4
Other	0.6	0.7	0.6	0.6	0.6	0.7	0.7
Total	**5.2**	**5.5**	**5.2**	**5.3**	**5.2**	**5.5**	**5.2**

The Key issues to highlight are as follows:

- As at M6 there was a £0.3m decrease across variable pay. These are mainly across the following:
  - £0.3m decrease in overtime
- The decrease in variable has formed part of the greater decrease of pay as per the £0.8m reduction in overall pay above.

The savings plans and mitigations, including our enhanced controls, would indicate a reduction on overtime and bank utilisation in future periods. The monthly profiles from M7 onwards reflect our latest assessment of these improvements.

1.6 Reserves analysis (Table B)

During M5 a full review of uncommitted IMTP plans had been undertaken and decisions taken to curtail plans where possible. This has resulted in £3.38m of previous uncommitted reserves being released. These improvements have been recognised within the savings plans.

As at M6 there are no reserves remaining within our plan.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2025/26 plans for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27.

	£m
Forecast In year position 26/27	**0**
Balance sheet write backs	0
Other non recurrent costs/income loss in 26/27	(1.9)
Other non recurrent benefits in 26/27	1.6
Forecast Recurrent position at the end of 26/27	**(0.3)**

Following M6 reporting the Health Board has reviewed the current financial position and the actions that have been undertaken to maintain the breakeven forecast. This review has indicated several growing cost pressures that are not anticipated to recover on a recurrent basis. As a result, the underlying financial position being reported at M6 has deteriorated to £11.5m. The Health Board will continue to review and take actions where possible to mitigate the impact of the pressures being encountered, with the aim to improve the assessment that will be included in our IMTP.

Underlying Position	**2026/27 Forecast**	**Recurrent**	**Movement**
	£m	**£'m**	**£'m**
Initial Financial Plan	**0**	**(0.3)**	**(0.3)**
Savings Variances	2.3	1.3	(1.0)
Operational Variances	3.6	10.5	6.9
Financial Plan Variances	0	0	0
Additional Financial Allocations	(1.9)	0	1.9
Accountancy Gains	(4.0)	0	4.0
Mitigating Actions	0	0	0
Grand Total	**0**	**11.5**	**11.5**

This can be explained as follows:

Movement from Original Plan:	**Plan £'m**		**Movement from F/Cast Outturn**	**F/Cast £'m**
26/27 Initial underlying Plan at year end	(0.3)		2026/27 Forecast Outturn	0.0
Recurrent Savings Shortfall	1.3		N/R Accountancy Gains	4.0
PC Prescribing Growth above plan (net of rebates)	3.6		N/R EPMA Funding	2.0
CHC Growth above plan	2.4		N/R Reserve Release (LHP Plan)	2.2
Clinical Negligence Claims above plan	1.6		FYE Diabetes/Weight loss Demand	0.6
Nationally mandated HMRC Travel Rates	0.5		N/R Contracting Agreement ABUHB	1.2
Other Non Pay Pressures	2.4		N/R Primary Care Plans Slippage	1.5
Revised Underlying Position	**11.5**		**Revised Underlying Position**	**11.5**

3. Risk Management (Table A2)

The key financial risks and opportunities for 2026/27 are noted in Table A2 and are summarised below:

	Risk Level	Month 6 £m	Month 5 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27 as per our anticipated allocation. Yet to be confirmed by WG.
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27. Awaiting further details from HEIW before being able to assess impact. WG Yet to confirm funding position for 2026/27.
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	13.8	18.4	Reflects latest forecast from NWSSP. See note 1 below
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.3	0.3	Table C3
Delegated Risk Assessments	H	3.7	3.7	Risk adjusted cost pressures
Health Visitors Band 6 Dispute	H	0.8	0.8	
LTA Disputes	H	0.5	Tbc	LTAs have been signed. However, ABUHB disputed the LTA in 2025/26 resulting in a partial settlement to resolve without arbitration.
Primary Care Prescribing NCSO	M	0.6	1.8	NCSO Now reflected in forecast, further Q4 price adjustments remain a risk.
CHC Growth above Plan	M	1.0	1.0	M5 Forecast updated, risk of further deterioration.
Retention of Dental Underspend	L	0.0	1.0	See note 2 below
Total Risks		20.7	27.0	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		(Tbc)	(Tbc)	
Net risk		20.7	27.0	

1. Following recent forecasts shared by NWSSP for the Welsh Risk Pool in 2026/27, the revised forecast for CTM has been reduced to £19.0m. In line with

the WG agreement, the increased pressure that WG will support is that forecast above the baseline position of the £36m risk share funded by NHS Wales organisations in 2025/26. Given the 2025/26 share of the £36m for CTM was £5.3m, it is assumed the balance of £13.8m will be supported by WG upon delivery of a financial balance.

2. A full review of the latest dental forecast has been undertaken and it is assumed the funding will be fully utilised in 2026/27. The Health Board is committed to utilising the full allocation to support dental services. However, in line with the WHC (2025 055) if any underspend is reported at year end it remains our assumption this will be retained by the HB.

   The NHS revenue allocation letter (WHC 2025 055) stated:

   Health Boards are reminded that in terms of the ring-fenced Dental Contract budget arrangements will continue as follows for the next year:
   - for Health Boards without two consecutively approved IMTPs, the ring fence will continue for 2026-27;
   - for those Health Boards with two consecutively approved IMTPs, the ring-fence is removed provided they continue to have their IMTP approved; and
   - to continue to ring-fence the Designed to Smile and Gwên am Byth oral health improvement programmes for all Health Boards in 2026-27.

   As Cwm Taf Morgannwg UHB has received approval of the IMTP for two consecutive years including 2026/27, it is assumed that any underspend upon the Dental allocation can be retained by the Health Board without recovery.

4. Ring Fenced Allocations (Tables M, N & O)

Tables M & N have been completed for General Medical Services (GMS) and General Dental services (GDS) for M6.

- GMS forecast against allocation is reporting a £3.2m overspend mainly attributed to Out of Hours provision and Dispensing.

- Dental – The current forecast is indicating a small overspend against the allocation, the Health Board is committed to utilising the full allocation to support dental services and will continue to closely monitor the performance of contracts and how the HB can support dental provision.

Table O provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Learning Disabilities	N/A	N/A	
Mental Health Services	123.3	123.3	Note 1
Palliative Care/Bereavement	0.9	0.9	
Genomics	2.7	2.7	
Regional Integration Fund	20.4	20.4	
Further Faster	1.8	1.8	
Urgent Emergency Care	2.7	2.7	
Urgent Emergency Care - Velindre	0.2	0.2	
Planned Care	11.1	11.1	

1. Mental Health Services – This ringfenced is based upon fully absorbed Programme Budget Expenditure, this position will not be reported until following the financial year end, for the purpose of this return it is assumed the allocation is matched with expenditure. The latest published programme budget return is 2023/24 this reported £175.5m, the draft 2024/25 unpublished returns are indicating expenditure of £ 185.4m.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.5.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.5.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2026/27 includes a £31.3m recurring savings target.

	Month 6			Month 5		
	YTD	**26/27**	**Rec**	**YTD**	**26/27**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M6	**15.6**	**31.3**	**31.3**	**13**	**31.3**	**31.3**
Actual and Forecast Savings	(9.9)	(29.0)	(30.0)	(6.8)	(27.6)	(27.5)
Total	**5.7**	**2.3**	**1.3**	**6.2**	**3.7**	**3.8**

Further work is ongoing to develop robust plans to convert the Red and Pipeline savings schemes and close the forecast gap of £2.3m in year and £1.3m recurrently.

The table below breaks down the £31.3m savings plan:

	Initial Plan £'m	**M6 £'m**	**YTD £'m**	**26/27 £'m**	**Rec £'m**
Savings	11.8	3.1	9.7	28.3	29.8
Income Generation	0.1	0.1	0.2	0.8	0.2
To be identified	19.3	0.0	0.0	2.2	1.3
Total Savings	**31.3**	**3.2**	**9.9**	**31.3**	**31.3**
Accountancy Gains	0.0	0.0	4.0	4.0	0.0

8. Income Assumptions 2026-27 (Tables D & E)

Table D has been completed and agreed with the corresponding organisations.

Table E shows the anticipated allocations assumed within our M4 position. The table below summaries the more material items:

Description	**M6**	**Comments**
	£k	
NWSSP Risk Pool	(5,264)	As per 25/26 adjustment
AHW – Prevention & Early years	934	
Advocacy Funding	353	
NDIP	639	
Clinical Excellence Awards	30	
3.25% Pay Award - Executives	76	As per 25/26 settlement
2026/27 Pay Award	21,601	Funding Requirement
DPIF - Discovering a digital Solution to Achieve a Single Clinical MH Record	808	As per funding offer letter
M&D Pay Award 26/27	7,134	Funding Requirement
CHC Direct Payments	52	
Womens Health Hubs	200	
Planned Care Transformation – Optometry Community Pathways	98	
ESR Recharges	1,540	As per NWSSP forecast
A2A Sanctuary	152	
ESMCP Resources/CRS/MDVS/ARRP	106	
GMS Disp Doctors/PADMS & List Size Funding	367	
GP IM&T Refresh Programme	1,352	Value TBC by NWSSP
Integration and Rebalancing Capital Fund (IRCF)	30	
Traumatic Stress Wales	233	
Other Capital	69,548	
IFRS 16	(2,589)	
Men B Supply & Deployment Costs	118	
BoS Band 2/3 Pay Award 2026-27	287	
Resident Doctor Contract Implementation	332	
PCR – RTT Orthopaedics	8,631	
PCR - Diagnostics	1,125	
PCR Sustainability	1,222	
Total Anticipated Allocations	**109,114**	

9. Health Care agreement

Following agreement of the financial values for the 2026/27 LTAs, All Documents for the 2026/27 LTAs have now been agreed and signed.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, L)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M5 and M6. These include the following:

- Provisions have decreased by £6.8m, this is mainly due to a decrease in value of the clinical negligence provision of £6.1m.

- Trade and other receivables have decreased by £3.4m, this is due to a decrease in the amount due from the Welsh Risk Pool for Clinical Negligence cases of £4.2m as detailed above.

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, two for Cardiff and Vale UHB and one for Velindre NHS Trust. The invoices are being following up through usual debtor procedures. Two additional invoices were listed as outstanding for the day 5 monitoring return, one for Velindre NHS Trust related to the Velindre NHS Trust Endowment Account so has been removed, the other invoice for HEIW has now been paid.

11. Cash Flow Forecast (Table G)

The cash position as at M6 was a surplus of £6.1m (£3.9m revenue and £2.2m capital).

Revenue

At this stage, no drawdown of working balances or strategic cash is expected. The current accounts receivable balance includes a significant amount relating to Welsh Risk Pool reimbursements, which is expected to reduce materially by year-end. This supports the assessment that working cash balances will not be required. This is shown in the table below:

	B/F (£'000)	Projected (£'000)	Working Balance Movement (£'000)	
Inventory	8,048	7,874	174	
Trade and other receivable	221,489	203,717	17,772	increase in cash
Trade and other payables	229,929	223,600	- 6,329	reduction in cash
Provisions	156,608	149,628	- 6,980	increase in cash
Movement in working capital			**4,637**	

Cash	4,880	317	4,563
Working capital requirement			**74**

Capital

At this stage for capital we do not anticipate a further drawdown of working cash balances. The cash flow indicates that we will utilise the cash balances brought forward, and the reduction in creditors on the SOFP is in relation to IFRS 16 (funded through transfer of revenue allocation). We do not anticipate the remaining creditors to fall significantly due to the large in year CRL with the LHP included. Therefore overall we do not anticipate a drawdown of working cash balances.

12. Public Sector Payment Compliance (Table H)

The target of Non-NHS invoices paid within 30 days has been met with a Quarter 2 actual of 95.6%

At Quarter 2 NHS invoices paid within 30 days is at 93.6% which is an improvement on the Q1 position of 87.1%.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M6 CRL is £149.431m, issued on the 5th Oct 2026. As at M6, £38.085m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	Risk	Explanation
PCH GFF Phase 2	Medium – In year underspend	There is likely to be further underspend on this scheme as completion in October 2026.
PCH GFF Phase 3	Medium – slippage	There is a possibility of some slippage due to contingency and inflation currently included in the forecast. HB to confirm how much to retain in Oct.
REFIT Decarbonisation Scheme	High – slippage	Design is progressing for this scheme however expecting slippage and contractor is unable to confirm value at this point. HB have estimated £2m slippage.
TEF	Medium – slippage	RGH isolation room has possible delays. Not yet agreed location and service specific requirements and expecting £1m of slippage into next year. Significant slippage on a number of scheme (see min spend in table J) due to procurement delays and PM capacity.
LHP Phase 1	Medium – slippage	Works progressing on this scheme risk of unmanageable slippage due to the scale of the project.
LHP Phase 2	Medium – slippage	Approval now received for this scheme. Risk of unmanageable slippage due to the scale of the project.
EFAB decarbonisation	Medium – In year underspend	Underspend confirmed, request to reuse for another priority will be submitted to WG.
Bridgend HWC	Medium – in year underspend	Scheme now complete £0.5m of CRL returned in Sept now awaiting final account. Potential further underspend.
Maesteg HWC	Medium – in year overspend	Additional funding required for this scheme. Funding request was submitted in July.
Llanilid HC	Medium – in year underspend	Design is currently paused while the acreage being given by the developer is re negotiated.

14. IFRS 16 and CAME (Table P)

Table P has been updated.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M6 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: 13th October 2026

Action Points arising from Month 4 Response

Action Point	WG Comment	CTM Response
	Movement of Opening Financial Plan to Forecast Outturn (Table A)	
4.1	The latest response to our observation that the year-to-date deficit is overstated does not address our underlying rationale. Specifically, it does not provide a counter explanation to our view that the key reason for the higher year to date deficit is the Health Board's insufficient phasing of the Revenue Resource Limit (RRL). The RRL in the SoCNE at Month 5, is under phased by c. £9.400m (after adjusting for the phasing of recently confirmed Planned Care funding and the M12 impairment charges); and as reported in Table A on line 18 (see below), there are income pressures described in the narrative as a phasing adjustment of £4.910m which is adversely impacting on the YTD position and is then phased to reverse during November to March. 18 | 9 | -1,025 | 1,015 | -5,291 | 382 | -61 | -118 | 1,099 | 1,179 | 802 | 1,124 | 885 | -4,910 | 0 The year-to-date position is forecast to improve from Month 7 (following a balanced month 6) with a key contributing item for several months being the reversal of the £4.910m income adjustment. As outlined in the profile below, the recovery is weighted to the November to March period. Please again review the phasing of the RRL at Month 6. **(c/f Action Point 4.1)**	As previously stated, the Profile of the RRL reflects latest delegated forecasts from each Care group & Directorate. We continue to revise the local forecasts reflecting the pressures and risks along with future assumptions of delivering saving plans. The position reflects our reporting to the Board.

<table>
<tr><td>1.4 & 1.6</td><td>
<table>
<tr><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td><td>£'000</td></tr>
<tr><td>-1,426</td><td>-3,794</td><td>-2,155</td><td>-1,766</td><td>-598</td><td>0</td><td>600</td><td>1,700</td><td>1,700</td><td>1,700</td><td>1,900</td><td>2,139</td></tr>
</table>

It is acknowledged there are unplanned cost pressures and spend reductions now being reported in future months. However, these are lower values to those reported to date and the future month SoCNE profile is still straight-lined for several categories. As we approach the mid-year point, we trust the future month expenditure profiles will be refined to reflect more likely values based on current trends, linked to the profile of future month savings delivery and/or movements in spend associated with income, such as the usage of the recently confirmed planned care funding. (c/f Action Points 1.4 & 1.6)</td><td>We revise and refine our forecast each month to best reflect our assessment. It should be noted that budget virements may impact upon the future operating variances.

The Planned Care funding has been recognised within the M6 submission.</td></tr>
<tr><td></td><td>In Year Material Recurrent Analysis Impacting on Underlying Position (Table A1)</td><td></td></tr>
<tr><td>5.1</td><td>Please ensure Section B is also completed listing all recurrent unplanned spend reduction items which are >£0.500m. (Action Point 5.1)</td><td>Noted</td></tr>
<tr><td>5.2</td><td>A presentational point; please ensure the recurrent unplanned cost pressures listed in Section A are entered as negative values. (Action Point 5.2)</td><td>Noted</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td>Risks and Opportunities (Table A2)</td><td></td></tr>
<tr><td>1.5b</td><td>It is noted that a supporting breakdown of the ‘Delegated Risk Assessment’ risk value of £3.700m has been provided. We trust this value will be reassessed in time for the for Month 6 submission. (c/f Action Point 1.5b)</td><td>Risks are re-assessed on a monthly basis. See annex A for updated breakdown.</td></tr>
<tr><td>2.10</td><td>After reviewing Section 3 of the narrative and the response to Action Point 2.10, it is assumed the HMRC Travel Allowance risk should have been removed from Table A2 at Month 5. (c/f Action Point 2.10)</td><td>The impact of the HMRC rate increase has been recognised within our forecast. It is estimated</td></tr>
</table>

		to have an adverse impact of £0.5m
5.3	It is acknowledged that the Health Board expects to retain the annual Dental ringfenced underspend due to obtaining an approved IMTP for two consecutive years. Based on this assessment, we trust consideration will be given to removing the corresponding risk within Table A2 at Month 6. If you feel there remains ambiguity regarding your retention assumption, then please consult our Dental Policy colleagues to obtain written confirmation. **(Action Point 5.3)**	Noted
4.6	Following a response of 'Noted', there remains a significant number of risks listed in the table where the value is 'TBC'. Along with your Board, we still cannot assess the full potential impact on your outturn position if the risks materialise. We trust you will be able to either assign a value by Month 6, or clarify that they are no longer considered risks that could not be manged this year by the Health Board. **(c/f Action Point 4.6)**	Noted. The only items marked as TBC for Risks are outstanding allocations which are anticipated but yet to be confirmed by WG. A small number of opportunities remain where we are awaiting confirmation from external bodies.
	Monthly Positions (Table B)	
4.9	Following the response to Action Point 4.9 which references previously held uncommitted reserves, please consider if Section E of Table B should be populated in future months for committed reserves. For future reference, any uncommitted reserves should be reported as such on line 24 of Table B. **(c/f Action Point 4.9)**	All reserves have now been released so there are no remaining reserves to be identified in section E.

5.4	Within the Month 6 narrative, please confirm that the latest energy forecast provided by NWSSP via email on the 15 September, has been factored into the forecast expenditure reported via the Month 6 SoCNE. **(Action Point 5.4)**	We can confirm that the latest NWSSP energy forecast has been reflected in the M6 position.
	Expenditure Movements (Table B2)	
5.5	Please expand Section 1.4 of the narrative to ensure it discusses all SoCNE categories where unplanned spend reductions and cost pressures are reported, covering the YTD, annual forecast per issue and the month profile. **(Action Point 5.5)**	Noted.
5.6	The narrative confirms that the increase in CHC spend in August reflects the continued growth in packages mainly within the Mental Health provision. Please explain the basis for the forecast reduction in the unplanned cost pressure (line 114) in future months. **(Action Point 5.6)**	The forecasts reflect the latest information that we have at the time of reporting, actions and mitigations are reflected where known. The initial scale of the adverse impact in Q1 & Q2 is anticipated to alleviate in future periods.
5.7	The Health Board has incurred unplanned cost pressures within Losses, Special Payments and Irrecoverable Debts since Month 2. Whilst the nature of this area does not necessarily result in a continued trend, please provide a supporting explanation for why these are not expected to continue. **(Action Point 5.7)**	Initial indications were that the Q1 adverse position was due to delayed processing of claims, it was anticipated that the position would improve in M4, However, this was not the case, but M6 is reporting an improvement and return to expected levels.

	Savings (Tables C-C3)	
5.8	Please provide further details on the 'GP OOH Revised Proposal' saving scheme where the corresponding savings (£0.470m) are being fully profiled into Month 12 and clarify if this formed part of your 26/27 planned spend. Alternatively, please clarify if this is linked to an accrual/provision recognised in 2025/26 in relation to the GP Out of Hours Holiday Pay dispute issue which perhaps is now assessed at a lower value. **(Action Point 5.8)**	Due to the delays in resolving the GPOOH dispute, the initial plan had assumed either: • The position would be settled with 3 years arrears and in year payment for Annual Leave. • The dispute would continue with a further year of provision for annual leave in addition to the existing 3 years. This was estimated at circa £470k recurrent cost per annum. The latest national proposal is indicating only 3 years backdating with effect from the contract being agreed which potentially offers an accountancy gain. In

		addition our recurrent plan of £470k increase in costs may not materialise in year of the proposal, but will be required recurrently due to the incremental impact of the proposal.
	Cash Flow (Table G)	
5.9	After considering the opening Capital cash balance and planned receipts from asset disposals/donations, it is noted that the annual Capital cash payments are still higher than the annual Capital cash inflow value. It is also noted that other than IFRS16 cash, the Month 5 submission does not set out any Capital or Revenue Working Balances Cash Requests this year, yet the SOFP clearly suggests that the movement in y/e creditors will require some support and there were material non-cash backed Revenue allocations issued at the end of the last financial year which will have been cash-paid this year e.g. Bands 2/3. Please fully review the cash flow and set out any Revenue and Capital Working Balances Cash requests in the Month 6 submission or make a specific statement that you will require support for neither of them. **(Action Point 5.9)**	Updated in the narrative.
	Capital Resource Limit (Table I)	

5.10	To eliminate the small value variance between the latest CRL and forecast outturn; please ensure whole number entries are inputted into Table I. **(Action Point 5.10)**	Noted, whole numbers used.
	Ring Fenced (Table P)	
5.11	The 'Orthopaedics RTT 104-Week Delivery' in-year allocation is reported as 'Allocated' in Table O; however, the corresponding funding is shown as anticipated in Table E. Please ensure that the allocation status reported in Table O accurately reflects the current funding position. **(Action Point 5.11)**	These have been adjusted.
	November 26 Non-cash Submission	
5.12	Following the recently received BJC relating to the Caswell Clinic High Dependency Unit, submitted by Swansea Bay UHB as the service provider, please ensure the corresponding depreciation and impairment charges are included within CTM's Noncash submission in November. **(Action Point 5.12)**	Noted

Annex A – Local Delegated Risk

Directorate	Title of Risk	Med	High	Med & High
Children & Families (O&G)	Repatriation of PAS LTA	-	23	23
Children & Families (Children & Young People)	Health Visiting trade union action - loss of income	-	44	44
Mental Health & LD (Adult)	Medical HR Issues	85	-	85
Mental Health & LD (Adult)	ADHD Drug usage increases	180	-	180
Diagnostics, Therapies & Specialties (Med Mgt)	Tocisilimab supply issue	50	-	50
Diagnostics, Therapies & Specialities (Pathology)	LIMS - Delay in commencement date	-	65	65
Diagnostics, Therapies & Specialities (Pathology)	Cell Path - loss of funding for 1wte Band 4	20	-	20
Diagnostics, Therapies & Specialities (Pathology)	LIMS	43	-	43
Diagnostics, Therapies & Specialities (Pathology)	LIMS	72	-	72
Diagnostics, Therapies & Specialities (Pathology)	Increased outsourcing volumes	204	-	204
Diagnostics, Therapies & Specialities (Pathology)	POCT funding	333	-	333
Diagnostics, Therapies & Specialities (Healthcare Science)	Clinical Eng equipment - dynamic mattress systems	-	103	103
Unscheduled Care (Emergency & Acute Medicine)	Medical Records Recharge re CITO	-	26	26
Unscheduled Care (Emergency & Acute Medicine)	Surge PCH	-	125	125
Unscheduled Care (Emergency & Acute Medicine)	PCH AMU rostering	50	-	50
Unscheduled Care (Emergency & Acute Medicine)	Medical Shift Harmonisation	141	-	141
Unscheduled Care (Emergency & Acute Medicine)	POW ED additional clinical fellows	333	-	333
Unscheduled Care (Emergency & Acute Medicine)	Surge capacity RGH	350	-	350
Unscheduled Care (Speciality Medicine)	Unfunded WLI's	-	36	36
Unscheduled Care (Speciality Medicine)	WLI's	28	-	28
Corp - Digital	£1m investment funding	215	-	215
Corp - Estates	Sunnyside Cost pressure	-	163	163
Facilities	RGH & YGT Security	145	-	145
Facilities	Waste	56	-	56
Facilities	Portering	450	-	450

Facilities	Postage	103	-	103
Corp - Patient Care & Safety	Legal & Risk Team Recovery Plan	25	-	25
Corp - Patient Care & Safety	Concerns - Rebanding of posts	12	-	12
Corp - Patient Care & Safety	Clinical Education Restructure	90	-	90
Corp - Planning & Partnership	Regional Post Director	-	51	51
Corp - Planning & Partnership	Vicki Oxley salary	-	42	42
		2,985	**678**	**3,663**

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-9,200	0	-9,200	-9,200
2	Cost Pressures (Negative Value)	-43,000	0	-43,000	-43,500
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,110	0	20,110	20,930
4	Other Income Uplift / (Reduction)	800	0	800	800
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	11,841	1,025	10,816	12,602
7	Planned (Finalised) Net Income Generation	114	5	109	109
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	19,335	828	18,507	18,559
12	**Opening IMTP / Annual Operating Plan**	**0**	**1,858**	**-1,858**	**300**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-19,335	-828	-18,507	-18,559
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	83	83		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	638	595	43	43
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-2,684	28	-2,712	-1,463
17	Additional In Year Identified Savings - Forecast	19,112	5,482	13,630	18,698
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	2,421	2,421	0	0
20	In Year Accountancy Gains	4,000	4,000	0	0
21	Unplanned Spend Reductions	10,302	10,302	0	0
22	Unplanned Cost Pressures	-14,537	-5,419	-9,118	-10,500
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	DHCW - EPMA Non recurrent income	0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**18,522**	**-18,522**	**-11,481**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-766	-767	-767	-766	-767	-767	-766	-767	-767	-766	-767	-767	-4,600	-9,200
2	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-3,583	-3,583	-3,584	-21,500	-43,000
3	1,676	1,676	1,676	1,676	1,676	1,675	1,676	1,676	1,676	1,676	1,676	1,675	10,055	20,110
4	66	67	67	66	67	67	66	67	67	66	67	67	400	800
5	0	1,017	-1,020	-1	-1	1	-1	-1	0	-1	-1	8	-4	0
6	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	5,282	11,841
7	0	2	12	4	5	5	13	14	16	14	14	15	28	114
8													0	0
9													0	0
10													0	0
11	2,257	993	2,477	1,633	1,471	1,508	1,462	1,520	1,475	1,502	1,550	1,487	10,339	19,335
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	-2,257	-993	-2,477	-1,633	-1,471	-1,508	-1,462	-1,520	-1,475	-1,502	-1,550	-1,487	-10,339	-19,335
14	84			-70		69							83	83
15	0	15	-4	71	69	69	70	70	68	71	70	69	220	638
16	0	-171	-99	-293	-602	-382	-277	-270	-264	-51	-136	-139	-1,547	-2,684
17	0	76	415	1,713	1,442	2,337	1,928	2,197	1,983	2,171	2,163	2,687	5,983	19,112
18	9	-1,025	1,015	-5,291	382	773	-83	754	1,120	542	885	919	-4,137	0
19	-284	-499	153	376	456	273	320	321	320	321	320	344	475	2,421
20	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000
21	1,128	680	851	903	774	1,234	856	856	656	856	856	652	5,570	10,302
22	-268	-1,715	-2,009	-1,542	-1,648	-2,843	-752	-752	-752	-752	-752	-752	-10,025	-14,537
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	162	-162	0	0	0	0	0	0	0	0	0	0	0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**-1,426**	**-3,794**	**-2,155**	**-1,766**	**-598**	**22**	**600**	**1,656**	**1,656**	**1,656**	**1,856**	**2,293**	**-9,717**	**0**

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This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END £'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare	(1,000)	Medium
2	Out of Area Mental Health Placements		
3	Primary Care Drugs	(600)	Medium
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk	0	Low
6	Joint Commissioning Committee - Contract Performance		
7			
8			
9	Delegated Risk Assessment of demand & cost pressures	(3,700)	Medium
10			
11	Risk of the 2026/27 pay award not being fully funded	Tbc	Low
12	Risk of the Resident Dr Contract changes not being fully funded	Tbc	Low
13			
14	Health Visitor Dispute	(800)	High
15	LTA Disputes	(500)	High
16			
17			
18	**Benefits Assumed in the Forecast Outturn at Risk (Negative Values):**		
19	Under delivery of Amber Schemes included in Outturn via Tracker	(261)	Medium
20	Non Delivery of Planned Mitigations Yet To Be Finalised		
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised		
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back	0	Low
24	WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	(13,800)	Low
25			
26			
27	**Total Risks**	**(20,661)**	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28	Balance Sheet Opportunities - Accountancy Gains	Tbc	High
29	Retrospective VAT Recovery	Tbc	Medium
30	NWSSP Distributions	Tbc	Medium
31			
32			
33			
34			
35	**Total Further Opportunities**	**0**	
36	**Current Reported Forecast Outturn**	**0**	
37	**Worst Case Outturn Scenario**	**(20,661)**	
38	**Best Case Outturn Scenario (Opportunities Only)**	**0**	

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	1,302	3,646		3,646	0				
2		Actual/F'cast	68	157	401	542	420	1,105	1,373	1,470	1,418	1,727	1,722	2,200	2,693	12,603	21.37%	11,577	1,026	2,024	10,579	0	16,782
3		Variance	0	(2)	206	304	138	745	999	1,090	1,037	1,337	1,319	1,784	1,391	8,957	*106.84%*	7,931	1,026				
4	Non-Pay	Budget/Plan	65	203	196	268	262	265	268	270	270	281	272	283	1,259	2,903		2,903	0				
5		Actual/F'cast	65	126	314	743	462	458	543	728	576	669	585	610	2,168	5,879	36.88%	5,879	0	1,114	4,765	0	5,829
6		Variance	0	(77)	118	475	200	193	275	458	306	388	313	327	909	2,976	*72.20%*	2,976	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	217	217	315	268	402	297	285	286	285	287	285	286	1,716	3,430		3,430	0				
8		Actual/F'cast	217	217	315	217	488	765	368	370	368	371	369	369	2,219	4,434	50.05%	4,434	0	0	4,434	0	4,558
9		Variance	0	0	0	(51)	86	468	83	84	83	84	84	83	503	1,004	*29.31%*	1,004	0				
10	Secondary Care Drugs	Budget/Plan	0	0	425	189	178	165	198	130	172	125	75	105	957	1,762		1,762	0				
11		Actual/F'cast	0	0	425	189	178	165	198	130	172	125	75	105	957	1,762	54.31%	1,762	0	0	1,762	0	1,861
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/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	16	8	8	8	8	8	8	9	9	9	9	48	100		100	0				
20		Actual/F'cast	0	0	0	700	162	294	40	40	40	57	58	100	1,156	1,491	77.53%	1,491	0	1,297	194	0	807
21		Variance	0	(16)	(8)	692	154	286	32	32	31	48	49	91	1,108	1,391	*2308.33%*	1,391	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	262	263	262	263	262	263	262	263	525	2,100	25.00%	2,100	0	2,100	0	0	0
27		Variance	0	0	0	0	262	263	262	263	262	263	262	263	525	2,100		2,100	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	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	5,282	11,841		11,841	0				
35		Actual/F'cast	350	500	1,455	2,391	1,972	3,050	2,784	3,001	2,836	3,212	3,071	3,647	9,718	28,269	77.53%	27,243	1,026	6,535	21,734	0	29,837
36		Variance	0	(95)	316	1,420	840	1,955	1,651	1,927	1,719	2,120	2,027	2,548	4,436	16,428	*2308.33%*	15,402	1,026				

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD
37	Variance in month	0.00%	(15.97%)	27.74%	146.24%	74.20%	178.54%	145.72%	179.42%	153.89%	194.14%	194.16%	231.85%	83.98%
38	In month achievement against FY forecast	1.24%	1.77%	5.15%	8.46%	6.98%	10.79%	9.85%	10.62%	10.03%	11.36%	10.86%	12.90%	

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	**Ok**
Total Forecast Savings agrees to Table A	**Ok**
Total FYE of Recurring Savings agrees to Table A	**Ok**
Total Forecast Savings in Table C agrees to Table C2	**Ok**

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	46	83	103	103	138	214	223	229	220	232	243	256	687	2,090	2,090	0			
2		Actual/F'cast	46	106	270	435	238	582	679	751	707	894	897	896	1,677	6,501	6,416	85	1,936	4,565	7,171
3		Variance	0	23	167	332	100	368	456	522	487	662	654	640	990	4,411	4,326	85			
4	Pay - Variable	Budget/Plan	22	8	25	68	78	77	85	84	94	90	94	92	278	817	817	0			
5		Actual/F'cast	22	16	136	106	177	441	524	579	573	693	688	694	898	4,649	4,178	471	0	4,649	7,751
6		Variance	0	8	111	38	99	364	439	495	479	603	594	602	620	3,832	3,361	471			
7	Pay - Agency	Budget/Plan	0	68	67	67	66	69	66	67	67	68	66	68	337	739	739	0			
8		Actual/F'cast	0	35	(5)	1	5	82	170	140	138	140	137	610	118	1,453	983	470	88	1,365	1,860
9		Variance	0	(33)	(72)	(66)	(61)	13	104	73	71	72	71	542	(219)	714	244	470			
10	Total	Budget/Plan	68	159	195	238	282	360	374	380	381	390	403	416	1,302	3,646	3,646	0			
11		Actual/F'cast	68	157	401	542	420	1,105	1,373	1,470	1,418	1,727	1,722	2,200	2,693	12,603	11,577	1,026	2,024	10,579	16,782
12		Variance	0	(2)	206	304	138	745	999	1,090	1,037	1,337	1,319	1,784	1,391	8,957	7,931	1,026			

Cwm Taf Morgannwg ULHB

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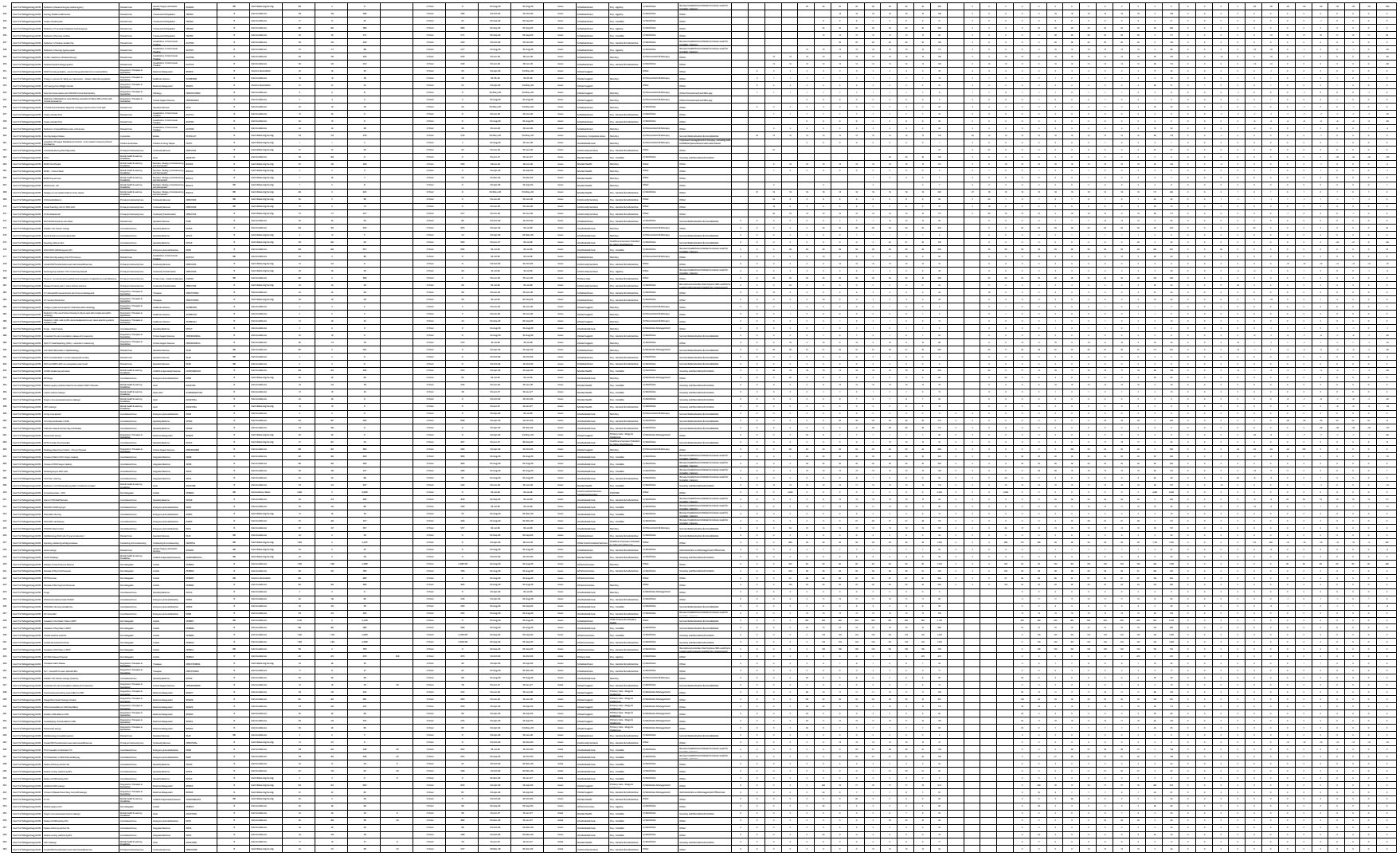
Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	350	595	1,139	971	1,132	1,095	1,133	1,074	1,117	1,092	1,044	1,099	5,282	11,841	1,025	10,816	1,786	12,602
	Month 1 - Actual/Forecast	350	424	1,040	678	530	713	856	804	853	1,041	908	960	3,735	9,157	1,053	8,104	3,035	11,139
	Variance	0	(171)	(99)	(293)	(602)	(382)	(277)	(270)	(264)	(51)	(136)	(139)	(1,547)	(2,684)	28	(2,712)	1,249	(1,463)
	In Year - Plan	0	76	406	1,869	1,489	2,260	1,955	2,040	2,028	2,222	2,219	2,695	6,100	19,258	5,438	13,820	5,231	19,052
	In Year - Actual/Forecast	0	76	415	1,713	1,442	2,337	1,928	2,197	1,983	2,171	2,163	2,687	5,983	19,112	5,482	13,630	5,068	18,698
	Variance	0	0	9	(156)	(47)	77	(27)	157	(45)	(51)	(56)	(8)	(117)	(146)	44	(190)	(163)	(354)
	Total Plan	350	671	1,545	2,840	2,621	3,355	3,088	3,114	3,145	3,314	3,263	3,794	11,382	31,099	6,463	24,636	7,017	31,654
	Total Actual/Forecast	350	500	1,455	2,391	1,972	3,050	2,784	3,001	2,836	3,212	3,071	3,647	9,718	28,269	6,535	21,734	8,103	29,837
	Total Variance	0	(171)	(90)	(449)	(649)	(305)	(304)	(113)	(309)	(102)	(192)	(147)	(1,664)	(2,830)	72	(2,902)	1,086	(1,817)
Net Income Generation	Month 1 - Plan	0	2	12	4	5	5	13	14	16	14	14	15	28	114	5	109	0	109
	Month 1 - Actual/Forecast	0	2	1	1	1	1	10	10	10	10	10	10	6	66	0	66	0	66
	Variance	0	0	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(4)	(4)	(5)	(22)	(48)	(5)	(43)	0	(43)
	In Year - Plan	0	14	7	74	73	73	73	74	74	74	74	74	242	686	600	86	(0)	86
	In Year - Actual/Forecast	0	15	7	74	73	73	73	74	74	75	74	74	242	686	600	86	0	86
	Variance	0	1	(0)	(0)	(0)	(0)	(0)	(0)	(0)	1	(0)	(0)	0	(0)	0	(0)	0	0
	Total Plan	0	16	19	78	78	78	86	88	90	88	88	89	270	800	605	195	(0)	195
	Total Actual/Forecast	0	17	8	75	74	74	83	84	84	85	84	84	248	752	600	152	0	152
	Total Variance	0	1	(11)	(3)	(4)	(4)	(3)	(4)	(6)	(3)	(4)	(5)	(22)	(48)	(5)	(43)	0	(43)
Accountancy Gains	In Year - Plan	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000	4,000	0	0	0
	In Year - Actual/Forecast	0	0	0	4,000	0	0	0	0	0	0	0	0	4,000	4,000	4,000	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	350	597	1,151	975	1,137	1,100	1,146	1,088	1,133	1,106	1,058	1,114	5,310	11,955	1,030	10,925	1,786	12,711
	Month 1 - Actual/Forecast	350	426	1,041	679	531	714	866	814	863	1,051	918	970	3,741	9,223	1,053	8,170	3,035	11,205
	Variance	0	(171)	(110)	(296)	(606)	(386)	(280)	(274)	(270)	(55)	(140)	(144)	(1,569)	(2,732)	23	(2,755)	1,249	(1,506)
	In Year - Plan	0	90	413	5,943	1,562	2,333	2,028	2,114	2,102	2,296	2,293	2,769	10,342	23,944	10,038	13,906	5,231	19,138
	In Year - Actual/Forecast	0	91	422	5,787	1,515	2,410	2,001	2,271	2,057	2,246	2,237	2,761	10,225	23,798	10,082	13,716	5,068	18,784
	Variance	0	1	9	(156)	(47)	77	(27)	157	(45)	(50)	(56)	(8)	(117)	(146)	44	(190)	(163)	(354)
	Total Plan	350	687	1,564	6,918	2,699	3,433	3,174	3,202	3,235	3,402	3,351	3,883	15,652	35,899	11,068	24,831	7,017	31,849
	Total Actual/Forecast	350	517	1,463	6,466	2,046	3,124	2,867	3,085	2,920	3,297	3,155	3,731	13,966	33,021	11,135	21,886	8,103	29,989
	Total Variance	0	(170)	(101)	(452)	(653)	(309)	(307)	(117)	(315)	(105)	(196)	(152)	(1,686)	(2,878)	67	(2,945)	1,086	(1,860)

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	**Cash-Releasing Saving (Pay)**	**Cash-Releasing Saving (Non Pay)**	**Cost Avoidance**	**Savings Total**	**Income Generation**	**Accountancy Gains**
All Service Areas	0	203	5,246	**5,449**	600	0
Scheduled Care	705	333	4,072	**5,110**	0	0
Unscheduled Care	623	319	3,857	**4,799**	0	0
Mental Health	469	459	687	**1,615**	0	0
Community Services	448	71	418	**937**	0	0
Primary Care	0	0	770	**770**	0	0
Commissioned Services - CHC	0	0	0	**0**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	4,000
Other Commissioned Services	0	1,397	0	**1,397**	0	0
Clinical Support	155	5,426	1,591	**7,172**	97	0
Non Clinical Support	51	225	0	**276**	55	0
Executive / Corporate Areas	227	517	0	**744**	0	0
Total	**2,678**	**8,950**	**16,641**	**28,269**	**752**	**4,000**

Cwm Taf Morgannwg ULHB
Table C3 - Savings Tracker   This Table is currently showing 0 errors

ID	Organisation	Scheme / Opportunity Title	Division	Business Unit	Savings Scheme Number	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000
1	Cwm Taf Morgannwg ULHB	Savings arising from Anaesthetic proposal	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT01	R	Cost Avoidance	332	442	148
2	Cwm Taf Morgannwg ULHB	Theatres Non Pay	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT03	R	Cash-Releasing Saving	52	57	47
3	Cwm Taf Morgannwg ULHB	ENT PCH Associate Specialist sessions	Planned Care	Specialist Services	SS03	R	Cash-Releasing Saving	18	18	18
4	Cwm Taf Morgannwg ULHB	OMFS Speciality Doctor sessions	Planned Care	Specialist Services	SS05	R	Cash-Releasing Saving	2	2	2
5	Cwm Taf Morgannwg ULHB	Ophthalmology Consultant session	Planned Care	Specialist Services	SS06	R	Cash-Releasing Saving	12	15	0
6	Cwm Taf Morgannwg ULHB	Ophthalmology Consultant sessions	Planned Care	Specialist Services	SS07	R	Cost Avoidance	22	22	19
7	Cwm Taf Morgannwg ULHB	Urology POW Speciality Doctor session	Planned Care	Specialist Services	SS08	R	Cash-Releasing Saving	9	9	4
8	Cwm Taf Morgannwg ULHB	Urology RGH Consultant session	Planned Care	Specialist Services	SS09	R	Cash-Releasing Saving	15	15	15
9	Cwm Taf Morgannwg ULHB	Urology POW Agency	Planned Care	Specialist Services	SS10	R	Cost Avoidance	9	9	9
10	Cwm Taf Morgannwg ULHB	Urology Consultant session	Planned Care	Specialist Services	SS13	R	Cash-Releasing Saving	15	15	14
11	Cwm Taf Morgannwg ULHB	RGH Over rostering on HCSW	Unscheduled Care	Speciality Medicine	SPC01	R	Cash-Releasing Saving	363	396	198
12	Cwm Taf Morgannwg ULHB	Substantive recruitment to medical posts	Unscheduled Care	Speciality Medicine	SPC05	R	Cost Avoidance	43	57	65
13	Cwm Taf Morgannwg ULHB	Equipment hire	Unscheduled Care	Speciality Medicine	SPC06	R	Cost Avoidance	38	50	0
14	Cwm Taf Morgannwg ULHB	Maintenance contract Review	Unscheduled Care	Speciality Medicine	SPC10	R	Cash-Releasing Saving	6	15	0
15	Cwm Taf Morgannwg ULHB	Remove Desk Based Printers in RGH	Unscheduled Care	Speciality Medicine	SPC12	R	Cash-Releasing Saving	5	6	3
16	Cwm Taf Morgannwg ULHB	COFD Ward POW	Unscheduled Care	Integrated Medicine	IM01	R	Cash-Releasing Saving	232	350	87
17	Cwm Taf Morgannwg ULHB	Consultant On call consolidation (release of 4.5 sessions)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD002	R	Cost Avoidance	52	78	0
18	Cwm Taf Morgannwg ULHB	SpR CT Head Reporting (OOH) - reduction in outsourcing	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD007	R	Cost Avoidance	86	114	0
19	Cwm Taf Morgannwg ULHB	Closure of OT Respiratory Service	Diagnostics, Therapies & Specialities	Therapies	CRESTHER02	R	Cash-Releasing Saving	33	59	0
20	Cwm Taf Morgannwg ULHB	Palliative Care - undertake skill mixing of workforce and look at consolidation opportunity	Diagnostics, Therapies & Specialities	Therapies	CRESTHER03	R	Cash-Releasing Saving	13	25	0
21	Cwm Taf Morgannwg ULHB	NICE savings tocilizumab	Diagnostics, Therapies & Specialities	Medicine Management	MM06	R	Cash-Releasing Saving	56	57	56
22	Cwm Taf Morgannwg ULHB	Homecare BS savings (switch products to Homecare delivery)	Diagnostics, Therapies & Specialities	Medicine Management	MM09	R	Cash-Releasing Saving	100	192	100
23	Cwm Taf Morgannwg ULHB	NO2 manifold decommissioning	Diagnostics, Therapies & Specialities	Medicine Management	MM11	R	Cash-Releasing Saving	10	10	10
24	Cwm Taf Morgannwg ULHB	Medical gas testing taken in house	Diagnostics, Therapies & Specialities	Medicine Management	MM12	R	Cash-Releasing Saving	27	27	0
25	Cwm Taf Morgannwg ULHB	Care Homes prescribing project effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM15	R	Cash-Releasing Saving	135	135	0
26	Cwm Taf Morgannwg ULHB	Off contract claims (income from unavailability of drugs)	Diagnostics, Therapies & Specialities	Medicine Management	MM18	R	Income Generation	43	43	0
27	Cwm Taf Morgannwg ULHB	Dapagliflozin Switch Savings Scheme	Diagnostics, Therapies & Specialities	Medicine Management	MM21	R	Cash-Releasing Saving	391	400	0
28	Cwm Taf Morgannwg ULHB	Maternity Rota Efficiencies (PCH)	Children & Families	Obstetrics,Gynaecology & Sexual Health	CF005	R	Cost Avoidance	83	100	83
29	Cwm Taf Morgannwg ULHB	CYP Admin - Band 2-4 restructure	Children & Families	Children & Young People	CF010	R	Cash-Releasing Saving	60	72	60
30	Cwm Taf Morgannwg ULHB	Neonates cot review	Children & Families	Children & Young People	CF003	R	Cost Avoidance	41	70	0
31	Cwm Taf Morgannwg ULHB	Non Pay Review	Chief Operating Officer	COO Management Team	COO0226	R	Cash-Releasing Saving	40	40	37
32	Cwm Taf Morgannwg ULHB	Rates Savings	Corporates	Estates	Est00126	R	Cash-Releasing Saving	25	25	25
33	Cwm Taf Morgannwg ULHB	M&E Contracts linked to TEF	Corporates	Estates	Est01325	NR	Cash-Releasing Saving	100	0	100
34	Cwm Taf Morgannwg ULHB	Materials linked to TEF	Corporates	Estates	Est01425	NR	Cash-Releasing Saving	100	0	100
35	Cwm Taf Morgannwg ULHB	Retail - Inflationary increase to prices 5% with half to support inflation on goods	Chief Operating Officer	Facilities	FAC 04	R	Income Generation	55	55	55
36	Cwm Taf Morgannwg ULHB	CDAT Redesign	Mental Health & Learning Disabilities	CAMHS & Specialised Services	CAMHS&SS01	R	Cash-Releasing Saving	50	100	0
37	Cwm Taf Morgannwg ULHB	Single rota	Mental Health & Learning Disabilities	Adult	ADULT03	R	Cash-Releasing Saving	167	200	50
38	Cwm Taf Morgannwg ULHB	Single crisis assessment service redesign	Mental Health & Learning Disabilities	Adult	ADULT05	R	Cost Avoidance	45	90	0
39	Cwm Taf Morgannwg ULHB	ORT redesign	Mental Health & Learning Disabilities	Adult	ADULT06	R	Cash-Releasing Saving	18	70	0
40	Cwm Taf Morgannwg ULHB	Opportunity - Review income from M&D SLAs	Corporates	People Service Group	PD1	NR	Income Generation	5	0	0
41	Cwm Taf Morgannwg ULHB	Recharge of programme/project support	Corporates	Strategy & Transformation	ST1	R	Cost Avoidance	60	60	0
42	Cwm Taf Morgannwg ULHB	Establishment efficiencies	Corporates	Strategy & Transformation	ST2	R	Cash-Releasing Saving	30	30	93
43	Cwm Taf Morgannwg ULHB	Non-pay efficiencies	Corporates	Strategy & Transformation	ST3	R	Cash-Releasing Saving	8	8	20
44	Cwm Taf Morgannwg ULHB	SIP telecoms contract (Maintel) renegotiation	Corporates	Digital	Digital 03/26	R	Cash-Releasing Saving	47	70	0
45	Cwm Taf Morgannwg ULHB	Improving monitoring activity processes	Contracting & Commissioning	Contracting & Commissioning	C&C001	R	Cash-Releasing Saving	100	100	100
46	Cwm Taf Morgannwg ULHB	Review of Departmental Maintenance costs	Planned Care	General Surgery and Gastro Services	GSGI01	R	Cash-Releasing Saving	9	10	9
47	Cwm Taf Morgannwg ULHB	Medical Agency	Planned Care	General Surgery and Gastro Services	GSGI02	R	Cash-Releasing Saving	367	400	117
48	Cwm Taf Morgannwg ULHB	Lease Cars	Planned Care	General Surgery and Gastro Services	GSGI03	NR	Cash-Releasing Saving	38	0	39
49	Cwm Taf Morgannwg ULHB	Review of specialist nursing posts	Planned Care	General Surgery and Gastro Services	GSGI06	NR	Cash-Releasing Saving	70	0	60
50	Cwm Taf Morgannwg ULHB	Lease cars	Planned Care	Anaesthetics, Critical Care & Theatres	ACCT02	NR	Cash-Releasing Saving	76	0	76
51	Cwm Taf Morgannwg ULHB	Anti-VEGF Biosimilars in Ophthalmology	Planned Care	Specialist Services	SS01	R	Cash-Releasing Saving	609	664	228
52	Cwm Taf Morgannwg ULHB	Dental/OMFS Drugs	Planned Care	Specialist Services	SS02	R	Cost Avoidance	19	21	15
53	Cwm Taf Morgannwg ULHB	Lease Cars	Planned Care	Specialist Services	SS11	NR	Cash-Releasing Saving	39	0	40
54	Cwm Taf Morgannwg ULHB	Orthoptists workforce review	Planned Care	Specialist Services	SS12	R	Cash-Releasing Saving	17	17	17
55	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Speciality Medicine	SPC07	NR	Cash-Releasing Saving	38	0	36
56	Cwm Taf Morgannwg ULHB	Substantive appointment to Stroke On Call Rota	Unscheduled Care	Integrated Medicine	IM03	R	Cash-Releasing Saving	76	114	71
57	Cwm Taf Morgannwg ULHB	Conversion of ADH to substantive specialty doctor	Unscheduled Care	Integrated Medicine	IM04	R	Cash-Releasing Saving	18	24	16
58	Cwm Taf Morgannwg ULHB	Salary sacrifice	Unscheduled Care	Integrated Medicine	IM05	NR	Cash-Releasing Saving	12	0	16
59	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Emergency & Acute Medicine	AM02	NR	Cash-Releasing Saving	13	0	13
60	Cwm Taf Morgannwg ULHB	Drugs	Unscheduled Care	Emergency & Acute Medicine	ED01	R	Cost Avoidance	54	65	0
61	Cwm Taf Morgannwg ULHB	PoW ED JCF	Unscheduled Care	Emergency & Acute Medicine	ED02	R	Cash-Releasing Saving	50	75	44
62	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Unscheduled Care	Emergency & Acute Medicine	ED03	NR	Cash-Releasing Saving	49	0	53
63	Cwm Taf Morgannwg ULHB	Nuffield income - 20% price increase agreed	Diagnostics, Therapies & Specialities	Pathology	IGPATH002	R	Income Generation	11	11	11
64	Cwm Taf Morgannwg ULHB	Change of provider Temperature Monitoring System Maintenance	Diagnostics, Therapies & Specialities	Pathology	CRESPATH005	R	Cash-Releasing Saving	35	35	35
65	Cwm Taf Morgannwg ULHB	Ultrasound maintenance replacement of 3 contracts £7k saving each	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD003	R	Cost Avoidance	21	21	21
66	Cwm Taf Morgannwg ULHB	Offsetting Omnipaque price increase by sourcing alternative (Optiray)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD004	R	Cost Avoidance	64	64	59
67	Cwm Taf Morgannwg ULHB	Nuclear Med SLA recharge to Dental	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD005	R	Cash-Releasing Saving	10	10	10
68	Cwm Taf Morgannwg ULHB	Consolidation of Nuclear Medicine (reduction in SLA and associated maintenance costs)	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD006	R	Cost Avoidance	19	19	19
69	Cwm Taf Morgannwg ULHB	Cessation of PHW SLA - H Yule 4 sessions	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD008	R	Cash-Releasing Saving	37	37	37
70	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Therapies	CRESTHER01	NR	Cash-Releasing Saving	23	0	27
71	Cwm Taf Morgannwg ULHB	Podiatry SBAR in-house orthotist	Diagnostics, Therapies & Specialities	Therapies	CRESTHER04	R	Cash-Releasing Saving	10	10	10
72	Cwm Taf Morgannwg ULHB	Podiatry Patient Appliances - multi contract suppliers	Diagnostics, Therapies & Specialities	Therapies	CRESTHER07	R	Cash-Releasing Saving	20	20	0
73	Cwm Taf Morgannwg ULHB	Providing evidence-based Bluetooth Hearing Aids following local protocol, pan-CTM; 3 x models/1 x manufacturer (reduction in ITEs and other expensive models), single color,	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES01	R	Cash-Releasing Saving	12	12	12
74	Cwm Taf Morgannwg ULHB	CPAP masks - phase 2 contract review for supplier discount	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES02	R	Cost Avoidance	60	60	85
75	Cwm Taf Morgannwg ULHB	Draeger service contract - reduction now band 6 is in post	Diagnostics, Therapies & Specialities	Healthcare Science	HCSRED02	R	Cost Avoidance	33	33	59
76	Cwm Taf Morgannwg ULHB	Leased cars	Diagnostics, Therapies & Specialities	Healthcare Science	HCSCRES03	NR	Cash-Releasing Saving	7	0	7
77	Cwm Taf Morgannwg ULHB	Increase in charge for lost hearing aids to align with All Wales policy - £10 increase per aid (£75 lost aid fee now charged)	Diagnostics, Therapies & Specialities	Healthcare Science	HCSRED07	R	Cost Avoidance	15	15	15
78	Cwm Taf Morgannwg ULHB	NICE savings Nilotinib	Diagnostics, Therapies & Specialities	Medicine Management	MM01	R	Cash-Releasing Saving	28	28	28
79	Cwm Taf Morgannwg ULHB	NICE Savings Eltrombopag	Diagnostics, Therapies & Specialities	Medicine Management	MM02	R	Cash-Releasing Saving	189	190	189
80	Cwm Taf Morgannwg ULHB	NICE Savings Golimumab	Diagnostics, Therapies & Specialities	Medicine Management	MM03	R	Cash-Releasing Saving	195	196	195
81	Cwm Taf Morgannwg ULHB	NICE savings Aflibercept	Diagnostics, Therapies & Specialities	Medicine Management	MM04	R	Cash-Releasing Saving	475	475	475
82	Cwm Taf Morgannwg ULHB	NICE savings Omalizumab	Diagnostics, Therapies & Specialities	Medicine Management	MM05	R	Cash-Releasing Saving	143	143	143
83	Cwm Taf Morgannwg ULHB	NICE savings dapagliflozin	Diagnostics, Therapies & Specialities	Medicine Management	MM07	R	Cash-Releasing Saving	69	70	69
84	Cwm Taf Morgannwg ULHB	Change in On Call Rota savings	Diagnostics, Therapies & Specialities	Medicine Management	MM08	R	Cash-Releasing Saving	19	80	19
85	Cwm Taf Morgannwg ULHB	Closure of Repeat Prescribing Hub (staff savings)	Diagnostics, Therapies & Specialities	Medicine Management	MM10	R	Cash-Releasing Saving	24	24	24
86	Cwm Taf Morgannwg ULHB	Lease car savings	Diagnostics, Therapies & Specialities	Medicine Management	MM13	NR	Cash-Releasing Saving	25	0	25
87	Cwm Taf Morgannwg ULHB	PMS scheme effect on PAR (Net Effect)	Diagnostics, Therapies & Specialities	Medicine Management	MM14	R	Cash-Releasing Saving	115	230	0
88	Cwm Taf Morgannwg ULHB	Dietetics ONS effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM16	R	Cash-Releasing Saving	60	60	0
89	Cwm Taf Morgannwg ULHB	Housekeeping Scheme effect on PAR	Diagnostics, Therapies & Specialities	Medicine Management	MM17	R	Cash-Releasing Saving	125	125	0
90	Cwm Taf Morgannwg ULHB	NICE savings Faricimab	Diagnostics, Therapies & Specialities	Medicine Management	MM19	R	Cash-Releasing Saving	59	60	59
91	Cwm Taf Morgannwg ULHB	BOC oxygen cyclinder spend savings (reduction in spend)	Diagnostics, Therapies & Specialities	Medicine Management	MM20	R	Cash-Releasing Saving	30	30	30
92	Cwm Taf Morgannwg ULHB	Apremilast drug switch generic product	Diagnostics, Therapies & Specialities	Medicine Management	MM23	R	Cash-Releasing Saving	448	450	448
93	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Children & Families	Children & Young People	CF013	NR	Cash-Releasing Saving	62	0	64
94	Cwm Taf Morgannwg ULHB	Restructuring / Staffing Opportunities-	Corporates	Medical Director	MD1	R	Cash-Releasing Saving	16	16	16
95	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Primary & Community Care	Community Transformation	CRESCT01	NR	Cash-Releasing Saving	40	0	45
96	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Primary & Community Care	Community Services	CRESCS01	NR	Cash-Releasing Saving	25	0	26
97	Cwm Taf Morgannwg ULHB	Drugs - review of issues	Primary & Community Care	Community Transformation	CACT01	R	Cost Avoidance	11	12	11
98	Cwm Taf Morgannwg ULHB	M&SE - ward stock	Primary & Community Care	Community Transformation	CACT02	R	Cost Avoidance	22	24	22
99	Cwm Taf Morgannwg ULHB	POW - Ward re-modelling	Primary & Community Care	Community Transformation	CRESCT02	R	Cost Avoidance	471	807	385
100	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Estates	Est01026	NR	Cash-Releasing Saving	8	0	8
101	Cwm Taf Morgannwg ULHB	Care Directors contract cessation WCCIS (One advanced)	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC01	R	Cash-Releasing Saving	67	90	90
102	Cwm Taf Morgannwg ULHB	BCBC - cessation of Park Street	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC02	R	Cash-Releasing Saving	112	149	44
103	Cwm Taf Morgannwg ULHB	BCBC - cessation of AM Resettlement (DRIVE)	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC03	R	Cash-Releasing Saving	14	29	8
104	Cwm Taf Morgannwg ULHB	BCBC - cessation of Zoar place	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC04	R	Cash-Releasing Saving	13	53	16
105	Cwm Taf Morgannwg ULHB	BCBC - cessation of Maes y felin	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC05	R	Cash-Releasing Saving	18	73	21
106	Cwm Taf Morgannwg ULHB	HCSW target reduction in overspend linked to variable pay (20%)	Mental Health & Learning Disabilities	Adult	ADULT01	R	Cost Avoidance	110	110	96
107	Cwm Taf Morgannwg ULHB	Drugs target reduction in overspend (20%)	Mental Health & Learning Disabilities	Adult	ADULT02	R	Cost Avoidance	80	87	44
108	Cwm Taf Morgannwg ULHB	Liaison Service - Skill mix Opportunities	Mental Health & Learning Disabilities	Older Adult	OLDERADULT01	R	Cost Avoidance	0	0	0
109	Cwm Taf Morgannwg ULHB	Liaison Service - Redesign	Mental Health & Learning Disabilities	Older Adult	OLDERADULT02	R	Cash-Releasing Saving	0	0	0
110	Cwm Taf Morgannwg ULHB	OA Mental Health Redesign Programme (inpatient and community services). Relocation of inpatient site and reduction in bed base.	Mental Health & Learning Disabilities	Older Adult	OLDERADULT03	R	Cash-Releasing Saving	26	78	0
111	Cwm Taf Morgannwg ULHB	Redesign of funding linked to Crisis retreat	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC06	R	Cash-Releasing Saving	50	50	50
112	Cwm Taf Morgannwg ULHB	CHC efficiencies including an element of repatriation	Mental Health & Learning Disabilities	Adult	BSCI08	R	Cost Avoidance	113	150	113
113	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Adult	ADULT04	NR	Cash-Releasing Saving	45	0	48
114	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Older Adult	OLDERADULT04	NR	Cash-Releasing Saving	16	0	18
115	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC07	NR	Cash-Releasing Saving	5	0	4
116	Cwm Taf Morgannwg ULHB	Salary sacrifice	Mental Health & Learning Disabilities	CAMHS & Specialised Services	CAMHS&SS03	NR	Cash-Releasing Saving	24	0	27
117	Cwm Taf Morgannwg ULHB	BAVO SLA cessation	Mental Health & Learning Disabilities	Business, Strategy, Commissioning and Improvement	BISC08	R	Cash-Releasing Saving	63	63	63
118	Cwm Taf Morgannwg ULHB	Revised contract for M&D agency/bank system provider.	Corporates	People Service Group	PD2	R	Cash-Releasing Saving	158	210	210
119	Cwm Taf Morgannwg ULHB	Review of non pay spend across programme areas	Corporates	Public Health	PH2026/27-01	R	Cash-Releasing Saving	37	37	37
120	Cwm Taf Morgannwg ULHB	Review of pay spend across programme areas	Corporates	Public Health	PH2026/27-02	R	Cash-Releasing Saving	30	30	53
121	Cwm Taf Morgannwg ULHB	Lease Cars Salary Sacrifice	Corporates	Digital	Digital 08/26	NR	Cash-Releasing Saving	20	0	21
122	Cwm Taf Morgannwg ULHB	CAT M Pricing	Non Delegated	Central	CEN001	R	Cash-Releasing Saving	2,604	2,604	2,604
123	Cwm Taf Morgannwg ULHB	National Benchmarking	Corporates	Finance	FIN1	R	Cash-Releasing Saving	14	14	14
124	Cwm Taf Morgannwg ULHB	Lease Cars Salary Sacrifice	Corporates	Public Health	PH2026/27-03	NR	Cash-Releasing Saving	4	0	5
125	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	People Service Group	PD4	NR	Cash-Releasing Saving	8	0	8
126	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Patient Care & Safety	PCS0012628	NR	Cash-Releasing Saving	13	0	13
127	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Chief Executive	CEO-04	NR	Cash-Releasing Saving	11	0	12
128	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Corporates	Medical Director	MD2	NR	Cash-Releasing Saving	2	0	2
129	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Chief Operating Officer	COO Management Team	COO0326	NR	Cash-Releasing Saving	15	0	15
130	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Chief Operating Officer	Facilities	FAC 09	NR	Cash-Releasing Saving	2	0	2
131	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Pathology	CRESPATH006	NR	Cash-Releasing Saving	12	0	14
132	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Diagnostics, Therapies & Specialities	Clinical Support Services	CRESRAD010	NR	Cash-Releasing Saving	23	0	27
133	Cwm Taf Morgannwg ULHB	Lease Car Salary Sacrifice	Corporates	Finance	FIN2	NR	Cash-Releasing Saving	5	0	5
134	Cwm Taf Morgannwg ULHB	Lease Car Salary Sacrifice	Corporates	Strategy & Transformation	ST4	NR	Cash-Releasing Saving	6	0	5
135	Cwm Taf Morgannwg ULHB	Salary Sacrifice	Children & Families	Obstetrics,Gynaecology & Sexual Health	CF014	NR	Cash-Releasing Saving	68	0	71
136	Cwm Taf Morgannwg ULHB	Lease cars	Planned Care	Trauma and Orthopaedics	T&O01	NR	Cash-Releasing Saving	21	0	21
137	Cwm Taf Morgannwg ULHB	Urology Agency Consultant session	Planned Care	Specialist Services	SS14	R	Cash-Releasing Saving	200	200	200
138	Cwm Taf Morgannwg ULHB	Therapies Redesign 10% Efficiency	Diagnostics, Therapies & Specialities	Therapies	CRESTHER06b	R	Cash-Releasing Saving	46	46	85
139	Cwm Taf Morgannwg ULHB	POW AMU new nursing model	Unscheduled Care	Emergency & Acute Medicine	AM03	R	Cash-Releasing Saving	157	173	101
140	Cwm Taf Morgannwg ULHB	Agency Consultant overpayment recovery	Planned Care	Specialist Services	SS15	NR	Cost Avoidance	32	0	32
141	Cwm Taf Morgannwg ULHB	Ophthalmology Admin agency to end	Planned Care	Specialist Services	SS16	NR	Cost Avoidance	56	0	56



GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	22/09/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	George Galletly, Director of Corporate Planning and Strategy, NWJCC Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	Various	Noted
Senior Leadership Team (SLT)	16/09/2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 22 September 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

Links to reports highlighted - August 2026 - Planning, Performance and Finance Sub-Committee

Status	Update
Alert / Escalate	• There were no matters requiring formal escalation to the Joint Commissioning Committee (the JC). However, Members requested a further update to the JC regarding the continued escalation status of plastic surgery services, including mitigating actions and progress against planned recovery arrangements.
Advise	• The Sub-Committee received a detailed presentation on the Ambulance Performance Framework, noting improvements in cardiac arrest outcomes, progress in reducing ambulance handover delays and developments to strengthen commissioning, accountability and performance management arrangements with the Welsh Ambulance Services University NHS Trust. Members welcomed the positive direction of travel and sought further information regarding 90th percentile performance measures for stroke and STEMI (ST-segment Elevation Myocardial Infarction) pathways. The discussion also highlighted the importance of clarity regarding the respective roles of the NWJCC, NHS Performance and Improvement and Welsh Government in relation to assurance, performance oversight and escalation arrangements • The Sub-Committee received the NWJCC Financial Performance Report – Month 4 2026/27. Members noted the forecast year-end underspend position of £2.2m and progress against the Value, Efficiency and Sustainability Programme. Whilst recognising the positive position, Members acknowledged that achievement of the full £16.2m savings target remained unlikely and highlighted the importance of maintaining momentum in converting and developing schemes to support future financial sustainability. The wider financial environment, including the potential impact of flat cash settlements and cross-border commissioning costs, was also discussed. • The Combined NWJCC Operational Performance Report – Month 3 2026/27 was received. Members noted continuing escalation within plastic surgery services and welcomed positive developments across mental health commissioning, including reductions in independent sector secure placements

Status	Update
	and the opening of the North Wales Perinatal Mental Health Unit. Members also received assurance regarding arrangements being implemented to support vulnerable patients affected by current pressures within the Welsh Gender Service. • The Sub-Committee received an update on development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-30, noting progress against the agreed planning timetable, continued stakeholder engagement and the development of a revised prioritisation methodology. Members recognised the importance of balancing affordability, quality and sustainability within an increasingly challenging financial environment while ensuring that commissioning decisions are informed by robust evidence and system-wide impacts.
Assure	• The Sub-Committee received the NWJCC Organisational Risk Register (ORR) – Risks Assigned to the Sub-Committee. Members welcomed the continued development of organisational risk management arrangements, including refinement of strategic risk narratives, thematic grouping of related risks and closer alignment between the Organisational Risk Register and the emerging Joint Assurance Framework. Discussion focused on ensuring that risk scores appropriately reflect the effectiveness of mitigations, maintaining visibility of significant underlying risks within aggregated reporting, and strengthening the distinction between strategic risks and operational issues. The ORR was endorsed for onward assurance to the JC. • The Sub-Committee received the NWJCC Annual Plan 2026-27 Quarter 1 Delivery Update. Members welcomed improvements to reporting and received assurance that delivery had commenced and remained broadly on track. Significant discussion centred on the need to strengthen analytical capability, business intelligence, health economics and population health expertise to support evidence-based commissioning and future organisational planning. Members recognised analytical capability as a strategic organisational requirement and acknowledged ongoing work to strengthen internal and external support arrangements.
Inform	• The Sub-Committee reviewed the Action Log, noting progress against outstanding actions and agreeing closure of actions relating to ambulance performance reporting arrangements. Members also discussed outstanding mandatory training

Status	Update
	requirements for Lay Members and requested additional support to facilitate completion. • The Forward Plan of Business 2026-27 was received and noted.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the

Quality *Have you undertaken a Quality Impact Assessment Screening?*		latest meeting of the JC.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JC.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the highlights outlined in Section 2 of this report.
- **Receive** the report as **assurance**.

Operational Delivery Committee

Committee Annual Cycle of Business

Eitem yr Agenda / Agenda Item	7.2.3
Dyddiad y Cyfarfod / Date of Meeting:	27 October 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Committee are asked to NOTE the Cycle of Business

1. Situation /Background

1.1 The Operational Delivery Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 January 2026 to 31 December 2026.

1.3 The Cycle of Business was Approved by the Health Board at it's Board Development Session held on 26 February 2026.

2. Specific Matters for Consideration

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

3.1 Please refer to **Appendix 1** – Operational Delivery Committee Cycle of Business for further detail.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	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**	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Not applicable Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

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

Acronyms / Glossary of Terms	

Operational Delivery Committee – Annual Cycle of Committee Business

(1st January 2026 to the 31st December 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales)

The Operational Delivery Committee meets at **least 4 times per annum**.

Committee Chair:	**Committee Vice Chair**	**Executive Leads for Agenda Planning**
• Rachel Rowlands, IM Community	• Patsy Roseblade, IM Audit / Finance	• Gethin Hughes, Chief Operating Officer

Link to Board Assurance Framework Dashboard

Creating Health Strategic Goal aligned to Committee Business
- Reducing Health Inequalities
- Equal focus on Mental Health and Physical Health
- Supporting our communities
- Being a Healthy Organisation

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Seasonal Planning Update	Chief Operating Officer	Annually													X		EMB	Yes	• Strategic Risk 2 • Strategic Risk 8

Improving Care Strategic Goal aligned to Committee Business • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																		
Items of Business	**Executive Lead / Or External Representative**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. EMB/OMB**	**Onward Reporting into Board**	**Alignment to Strategic Risks on the BAF**
Digital & Data Delivery Report *(IG, Cyber, Medical Records, critical incidents)*	Director of Digital	All Regular Meetings													X		N/A	No	• Strategic Risk 5
Digital & Data (Information Governance Toolkit)	Director of Digital	Annually													X		Information Governance Group	No	• Strategic Risk 5
Cyber Resilience & Assurance Update (Closed session)	Director of Digital	All Regular Meetings													X		No	No	• Strategic Risk 5
Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings													X		Yes EMB	No - Captured for Information in AC Folder	Organisational risks aligned to BAF Strategic Risks where applicable.
IMTP Quarterly Updates *including programme and financial delivery Specific Care Group IMTP updates will be included on a rolling programme.*	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings													X		Yes EMB	Yes – only needs to be reported to Board Annually once IMTP has been approved	All Strategic Risks will apply to the IMTP considerations.
IMTP Annual Submission	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	Annually			*Extra-ordinary Committee for IMTP Sign off*										X		Yes EMB	Yes, in March	All Strategic Risks will apply to the IMTP considerations

Improving Care Strategic Goal aligned to Committee Business CONTD.

- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Business Cases outside IMTP by exception	Executive Director of Strategy & Transformation Executive Portfolio Led.	As and when required – consider at agenda planning.													X		Yes EMB	Yes	Will be assigned to a strategic risk dependent on topic
Ministerial Advisory Group Updates	Director of Corporate Governance / Board Secretary	Bi-Annually													X		Yes EMB	Yes	Will be assigned to a strategic risk dependent on topic
Integrated Performance Dashboard (Including Workforce Metrics Report)	Executive Director of Strategy & Transformation All Executive Directors	All Regular Meetings													X		Yes EMB	Yes	• Strategic Risk 1 • Strategic Risk 2 • Strategic Risk 3 • Strategic Risk 8 • Strategic Risk 11
Breakthrough Objectives • Pressure Ulcers • Improving attendance • Discharges before midday • Waits by IMD	Chief Operating Officer	Bi-Annually													X		Yes ICB	No	Will be assigned to a strategic risk dependent on topic
CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report	Executive Director of Strategy & Transformation	Annually													X		Yes EMB	Yes	• Strategic Risk 1 • Strategic Risk 3 • Strategic Risk 4 • Strategic Risk 7

Inspiring People Strategic Goal aligned to Committee Business • Visible and inspiring leadership • Promoting diversity and inclusion • Embedding our values and behaviours Encouraging local employment																		
Items of Business	**Executive Lead / Or External Representative**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. EMB/OMB**	**Onward Reporting into Board**	**Alignment to Strategic Risks on the BAF**
NHS Staff Survey	Executive Director for People	Twice Per Annum													X		Yes EMB	Yes (Annually)	• Strategic Risk 2 • Strategic Risk 3
Welsh Language Annual Report	Executive Director for People	Annually													X		Yes EMB	Yes	• Strategic Risk 2 • Strategic Risk 7
More Than Just Words 5 Year Plan Annual Update	Executive Director for People	Annually													X		Yes EMB	Yes	• Strategic Risk 2 • Strategic Risk 7
Annual Equality Report	Executive Director for People	Annually															Yes EMB	N/A	• Strategic Risk 2 • Strategic Risk 7
Employee Relations Report	Executive Director for People	Annually													X		N/A	N/A	• Strategic Risk 2 • Strategic Risk 3
People Plan – Spotlight	Executive Director for People	All Regular Meetings										Deferred to January 2027			X		N/A	N/A	• Strategic Risk 2 • Strategic Risk 3
Social Partnership Annual Report	Executive Director for People	Annually										Deferred to January 2027			X		Yes EMB	N/A	• Strategic Risk 7

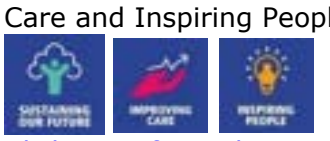
Sustaining our Future Strategic Goal aligned to Committee Business

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

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAF
Estates Performance Report (Against KPI's)	Executive Director of Finance	Annually	*Outcome of Resilience survey to be included*												X		No	No	• Strategic Risk 6 • Strategic Risk 10
Estates and Facilities Performance Management System - Annual Report *Estates Annex* *Facilities Annex*	*Executive Director of Finance* *Chief Operating Officer*	Annually													X		No	No	• Strategic Risk 6 • Strategic Risk 10
Monthly Finance Reports	Executive Director of Finance	All Regular Meetings													X		Yes - EMB	Yes	• Strategic Risk 9
Monthly Monitoring Returns	Executive Director of Finance	All Regular Meetings													X		No	No	• Strategic Risk 9
Capital Delivery Programme Monitoring Report	Executive Director of Finance	All Regular Meetings										Deferred to January 2027			X		EMB	Yes	• Strategic Risk 9 • Strategic Risk 10
Annual allocation of budget setting	Executive Director of Finance	Annually													X		EMB	Yes	• Strategic Risk 9
Capital Plans and Business Cases (in accordance with SoD)	Executive Director of Finance (And other Executive Leads where appropriate)	As and when required.													X		EMB	Yes	Will be assigned to a strategic risk dependent on topic
Value Based Health Care Steering Group Highlight Report	Executive Director of Finance	Annually													X		EMB	No	• Strategic Risk 2

Governance / Committee Business Governance Activity • To support a strong governance framework to support effective and efficient Board Business. • Creating a culture of integrity, transparency, and accountability																		
Items of Business	**Executive Lead / Or External Representative**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. EMB/OMB**	**Onward Reporting into Board**
Policy Approval	Relevant Executive Lead	All Regular Meetings as required													Unless significant changes	X	Yes – See policy approval process.	No - unless there is a specific requirement
Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings													If all actions are complete	If there are actions in progress / overdue actions	N/A	N/A
Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings														X	N/A	N/A
Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings														X	N/A	N/A
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings													Except for the annual review in November	Annual Review only	N/A	N/A
Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually													X		N/A	Yes
Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually													X		N/A	N/A
Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually													X		N/A	Yes - Yes – via the Committee Highlight Report

CTMUHB Board Assurance Framework Dashboard

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future Click Here for Risk 1a Click Here for Risk 1b	**a) Enough capacity to meet elective demand** **b) Enough capacity to meet emergency demand**	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future Click Here for Risk 2	**Ability to deliver improvements which transform care and enhance outcomes**	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future Click Here for Risk 4	**Effective Community and Partner Engagement in service changes and developments**	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future Click Here for Risk 6	**Ability to maintain a safe and fit for purpose estate infrastructure**	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health Click Here for Risk 7	**Fulfilling our Environmental and Social Duties and ambitions**	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future Click Here for Risk 8	**Prevention and early Intervention to support Healthy Life Expectancy**	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future Click Here for Risk 9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care Click Here for Risk 10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care Click Here for Risk 11	**Delivery of an Integrated Care Model**	Chief Operating Officer	Strategic Development Committee

Operational Delivery Committee – Non-Routine Committee Business Forward Plan

(1st January 2026 to the 31st December 2026)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
September 2026	Agenda Planning Session	Chief Operating Officer	Corporate Projects Update	Suggested that this item be added to the agenda moving forwards.	Chief Operating Officer/Executive Director of Strategy & Transformation	Chief Operating Officer/Executive Director of Strategy & Transformation	October 2026	This item will be discussed at the October 2026 meeting
July 2026	Email	Requested via Email	Revised ambulance performance measures, including implications for reporting and interpretation	Deferred from July Meeting	Chief Commissioner Welsh NHS Ambulance Services Trust	Executive Director of Strategy & Transformation/ Chief Commissioner Welsh NHS Ambulance Services Trust	Deferred from July 2026	This item will be discussed at the October 2026 meeting
September 2026	Email	Requested via Email	Recruitment and Selection Policy	Request to be added to the October 2026 Agenda for Approval	Business Manager for People Services	Deputy Director for People	October 2026	This item will be received at the October 2026 meeting
September 2026	Email	Requested via Email	Records Management Policy	Request to be added to the October 2026 Agenda for Approval of amendments made to the Policy.	Quality Assurance & Compliance Officer	Director of Digital	October 2026	This item will be received at the October 2026 meeting
September 2024	Planning, Performance & Finance Committee	Requested via Email Deferred from April 2025 meeting.	Maesteg Community Hospital Development	Deferred from January 2026 meeting	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Moved from the Agenda of the ODC October 2026 Meeting	This item will be now be discussed at the Strategic Development Committee in November 2026 Committee Meeting.
September 2026	Email	Requested via Email	Digital Supplier Management Policy	Request to be added to the October 2025 Consent Agenda	Assistant Director of Digital and Delivery	Director of Digital	October 2026	This item will be received at the October 2026 meeting
September 2026	Email	Requested via Email	AI Governance & Safe Use Policy	Request to be added to the October 2025 Consent Agenda	Assistant Director of Digital and Delivery	Director of Digital	October 2026	This item will be received at the October 2026 meeting
May 2026	Health Board Meeting	Action relating to Specialist Palliative Care Services	Implementation assurance should be provided through the	Request to be added to the Forward Work Plan following the	Corporate Governance Manager	Chief Operating Officer	Consider readiness at Agenda Planning session for the	This item will be received at the October 2026 meeting

			Operational Delivery Committee following the planned implementation in September, noting the Organisational Change Process must conclude before detailed implementation planning can progress.	September implementation			October 2026 Meeting	
September 2026	Email	Requested via Email	People Plan Spotlight	Request to be deferred to January 2027 meeting	Deputy Director for People	Director of Digital	Deferred from October 2026	This item will be received at the January 2027 meeting.
September 2026	Email	Requested via Email	Social Partnership Annual Report	Request to be deferred to January 2027 meeting	Deputy Director for People	Director of Digital	Deferred from October 2026	This item will be received at the January 2027 meeting.
October 2026	Email	Requested via Email	Capital Delivery Monitoring Programme Update	Request to be deferred to January 2027 meeting	Executive Director of Finance	Executive Director of Finance	Deferred from October 2026	This item will be received at the January 2027 meeting.
October 2026	Email	Requested via Email	Modular 2 Theatres Royal Glamorgan Hospital	Request to be deferred to January 2027 meeting	Chief Operating Officer	Chief Operating Officer	This item has been moved off the Agenda for the November SDC meeting and will be presented to the January ODC Meeting `	This item will be received January 2027 meeting.

COMPLETED ITEMS

December 2025	Email	Requested via Email	Transforming Access to Medicines (TRAMS) Business Case	Deferred from April 2026 meeting	Chief Pharmacist Medicines Governance	Chief Pharmacist	Deferred from April 2026	**Completed** This item was discussed at the (Closed) In Committee meeting – July 2026
April 2026	Email	Requested via email	Annual Allocation of Budget Setting	Deferred from April 2026 meeting	Executive Director of Finance	Executive Director of Finance	Deferred from April 2026	**Completed** This item was received and discussed at the May 2026 Board meeting.

September 2024	Planning, Performance & Finance Committee	Requested via Email Deferred from April 2025 meeting.	Maesteg Community Hospital Development	Deferred from January 2026 meeting	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Deferred from January 2026	This item will be discussed at the October 2026 Committee Meeting.
July 2025	Email	Assistant Director of Governance & Risk	Disposal of Pontypridd Cottage Hospital	Request to add to October 2025 agenda	Capital Finance Manager	Director of Finance	Deferred from January 2026	**Completed** This item will be received at the April 2026 meeting as part of the Capital Delivery Update Report
December 2025	Email	Deputy Director for People	Employee Relations Annual Report	Deferred from January meeting	Deputy Director for People	Director for People	Deferred from January 2026	**Completed** This item was received at the April 2026 meeting.
December 2025	Email	Deputy Director for People	Fixed-Term Contracts (FTC) Policy & Disclosure and Barring Policies & Procedures	Deferred from January meeting	Deputy Director for People	Director for People	April 2026	**Completed** These Policies were received at the April 2026 meeting.
April 2026	Email	Requested via Email	People Plan Spotlight: Recruitment Deep Dive	Request to be added to the April 2026 agenda.	Deputy Director for People	Director for People	April 2026	**Completed** This item was discussed at the April 2026 meeting