

Public Finance & Performance Committee

Wed 21 May 2025, 14:00 - 16:00

Virtual - MS Teams

Agenda

14:00 - 14:05 **1. Standing Items (14:00-14:05)** 5 min

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence

John Union

1.3. Declarations of Interest

John Union

1.4. Minutes from the Finance & Performance Committee meeting - 16th April 2025

 1.4 Public Finance and Performance Minutes 16.04.2025.pdf (7 pages)

1.5. Actions following the Finance & Performance Committee meeting - 16th April 2025

John Union

1.6. Chairs Actions since previous meeting

John Union

14:05 - 15:25 **2. Items for Review and Assurance (14:05 - 15:25)** 80 min

2.1. Financial Report - Month 1 Position (including savings tracker)

Andrew Gough

 2.1 Financial Report - Month 1 Position.pdf (3 pages)

 2.1 M01 Finance Report.pdf (19 pages)

2.2. Operational Performance Update

Paul Bostock

 2.2 Operational Performance report cover paper - Finance and Performance Committee MAY 25.pdf (7 pages)

 2.2a Integrated Performance Report F&P committee May 25.pdf (18 pages)

2.3. 2025/26 Draft Capital Plan

Catherine Phillips

2.4. RPB Quarterly Update

Saunders, Nathan
20/05/2025 11:58:17

Meredith Gardner

📄 2.4 RPB Funding Stream Q4 Report 2024-25 new version.pdf (7 pages)

2.5. Annual CHC Uplift Paper

Chris Markall

📄 2.5 May F&P Paper - CHC Fees Uplift 2025-26.pdf (4 pages)

15:25 - 15:25 3. Items for Approval / Ratification (15:25-15:25)

0 min

3.1. No Items

15:25 - 15:35 4. Items for Information & Noting (15:25-15:35)

10 min

4.1. Monthly Monitoring Return - Month 12

Andrew Gough

📄 4.1 WG 2024 _25 month 12 MMR Covering Report.pdf (3 pages)

📄 4.1a CV Financial Monitoring Returns 2024-25 - Month 12.pdf (9 pages)

📄 4.1b 2024-25 MMR Template - Cardiff Vale UHB Month 12.pdf (6 pages)

4.2. Annual Chairs Report

John Union

📄 4.2 Finance & Performance Committee Annual Report 24-25.pdf (3 pages)

4.3. Urgent & Emergency Care: Flow out of Hospital - Audit Wales Report

Paul Bostock

📄 4.3 Cardiff and Vale Regional Flow out of Hospital Report (3).pdf (50 pages)

15:35 - 15:35 5. Any Other Business

0 min

15:35 - 15:35 6. No Private Agenda

0 min

15:35 - 15:35 7. Review & Final Closure

0 min

7.1. Items to be deferred to Board / Committee and review of any actions to future meetings.

John Union

7.2. To note the date, time and venue of the next Committee meeting: Wednesday 18th June 2025 via MS Teams

Saunders,Nathan
20/05/2025 11:58:57

**Minutes of the Public Finance & Performance Committee Meeting
16 April 2025
Via MS Teams**

To view a recording of this meeting, please [click here](#).

| | | |
|-----------------------|----|--|
| Chair: | | |
| John Union | JU | Independent Member – Finance / Committee Chair |
| Present: | | |
| Ceri Phillips | CP | CAV UHB Vice Chair |
| Charles Janczewski | CJ | CAV UHB Chair |
| Sara Moseley | SM | Independent Member – Third Sector |
| Mike Jones | MJ | Independent Member – Trade Union |
| Rachna Upadhya | RU | Independent Member - General |
| David Edwards | DE | Independent Member - Digital |
| In Attendance: | | |
| Andrew Gough | AG | Deputy Director of Finance (Strategic) |
| Paul Bostock | PB | Chief Operating Officer |
| Adam Wright | AW | Director of Operational Planning & Performance |
| Francesca Thomas | FT | Head of Corporate Governance |
| Observer: | | |
| Joel Tofton | JT | Senior Clinical Board Accountant |
| Secretariat: | | |
| Nikki Regan | NR | Corporate Governance Officer |
| Apologies: | | |
| Catherine Phillips | CP | Executive Director of Finance |
| Matt Phillips | MP | Director of Corporate Governance |
| Rhian Thomas | RT | Independent Member – Capital & Estates |

| Ref: | Agenda Item: | Action: |
|------------------|---|---------|
| FPC 16/04/001 | Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting. | |
| FPC 16/04/002 | Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted. | |
| FPC 16/04/003 | Declarations of Interest No Declarations of Interest were noted. | |
| FPC 16/04/004 | Minutes of the Finance and Performance Meeting held on 19th March 2025 The minutes of the meeting held on 19 th March 2025 were received and confirmed as a true and accurate record. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 19 th March 2025 were held as a true and accurate record of the meeting. | |
| FPC 16/04/005 | Actions following the Finance & Performance Meeting on 19th March 2025 The Action log had no actions outstanding. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted. | |
| FPC 16/04/006 | Chairs Action since previous meeting | |

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| | There were no Chair's Actions taken since the last meeting | |
| FPC 16/04/007 | <p>Financial Report – Month 11 New <u>Format</u></p> <p>The DDFO gave an update on the Financial Report New Format and highlighted the following:</p> <ul style="list-style-type: none"> • The report included detailed information on variations from the financial plan and the corrective actions being taken • A clear statement of performance against the savings programme was included • The report featured key workforce and other expenditure cost drivers, along with trend analysis across these drivers. • A clear assessment of risks and opportunities was provided • The report highlighted the underlying deficit position and the recurring impact on the following financial year • Key financial KPIs were prominently featured in the report. • The risk register – whilst our key risks remain constant, we want them to be focused for our committee members • CAV will monitor the risks that are carried within the plan • CAV have enhanced scrutiny across clinical boards, so mitigating actions would be displayed against that position • Key drivers <p>The UHB Chair expressed his overall impression of the new Finance Report format, stating that it is visually much easier to read, and the figures are a lot clearer compared to the old-style report. He highlighted the importance of being able to pick out the actions proposed to correct the financial situation and noted a notable gap in the report regarding this aspect. The UHB Chair suggested that there might need to be some comments at the end of each table about the actions taken and their success or what is intended for the next month. He also emphasized the importance of documenting lessons learned from the years' experience and implementing them in the next financial year.</p> <p>The CEO noted that the new format was clearer and appreciated the presentation, emphasizing the importance of incorporating points raised by the National Review for assurance.</p> <p>The VC noted that the new Finance Report format was a welcomed development and thanked the Finance team for their work. He emphasized the importance of more detail and understanding the consequences of expenditure increases. He suggested that appreciating the granularity of the data might help in understanding the financial situation better.</p> <p>The CEO questioned whether the productivity measure or indicator was being picked up in the QIEP dashboard, suggesting it would be useful to have it in both the Finance Report and the performance report.</p> <p>The UHB Chair agreed with the CEO on the need to ensure that the report captures as many recommendations as possible from the financial delivery unit review. He emphasized the importance of incorporating best practices across Wales into the report to gain maximum advantage.</p> <p>The Finance and Performance Committee resolved that:</p> <ol style="list-style-type: none"> a) The updated finance report format was noted and, b) Any further recommendations would be feedback and, c) The updated finance report from month 1 2025/26 was approved. | |
| FPC 16/04/008 | <p>Financial Report – Month 12 Position (including Savings Tracker)</p> <p>The DDFO gave an update on the Financial Report – Month 12 Position and highlighted the following:</p> <ul style="list-style-type: none"> • The draft year-end position was in line with the revised forecast deficit of £27.7m, with a draft final position of £27.6m • This position was £18.6m over the target deficit control total set by Welsh Government. • CAV UHB operated within its capital resource limit of £58.4m, with a small surplus of £244k • The health board met the 95% creditor payments compliance target, achieving 97.1% at the end of March. | <p style="transform: rotate(-45deg); font-size: small;">Saunders Nathan 20/05/2025 11:58:57</p> |

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| | <ul style="list-style-type: none"> • The position is provisional as draught accounts have yet to be finalized and will be subject to the Audit Wales scrutiny process. • The accounts are expected to be signed off by the 30th of June, with an audit workshop on the 20th of May and final board sign-off on the 26th of June. • Performance against the three-year statutory rolling break-even duty shows a three-year relative deficit of £70.8m. To meet this duty next year, the health board would need to spend against its delegated resource by £43m • The year-end deficit position over and above plan is driven by an £11.2m shortfall against the £47.2m savings target and an operational deficit of £7.4m • Enhanced control actions over quarter 4 supported the achievement of the £27.7m forecast deficit, supplemented by further funding confirmation from Welsh Government across several schemes. • The enhanced controls delivered a reduction in the run rate of c£2.5m over the final quarter, including reductions in agency use, overtime, and close monitoring of bank and locum staff. • The health board is entering 2025/26 with an underlying deficit of £59.9m, driven by the recurrent impact of the savings shortfall and operational pressures. • The closing cash balance at the end of March was £1.6m, including strategic cash assistance from Welsh Government of £9.1m linked to the target deficit control total. <p>The CC asked about the three key drivers of the going over the planned deficit target figure, specifically mentioning the 80 beds opened and the failure to meet the planned savings program.</p> <p>The DDFO explained that the increased bed capacity, driven by the rise in demand, is built into the underlying deficit position for 2025-2026. He also mentioned that the planned care initiatives and the shortfall in the savings plan are contributing factors. He added that the cost reduction program deficit and the non-recurrent nature of some savings schemes are also impacting the underlying deficit.</p> <p>The UHB Chair expressed concern about the ability to record and monitor productivity and efficiency gains to ensure they provide assurance to the committee and the board. He emphasized the need to capture these gains sufficiently to avoid operational overspend and potentially achieve underspend.</p> <p>The DDFO explained that the new format of the Quality Improvement and Efficiency Programme (QIEP) will monitor productivity and efficiency gains, including key performance indicators such as theatre productivity and length of stay. He acknowledged the need for urgency in delivering these gains early in the financial year to have the desired impact. He mentioned that the QIEP will continue to develop and improve as they move forward.</p> <p>The VC queried whether the Quality Improvement and Efficiency Programme (QIEP) was covering all parts of the system, including non-hospital productivity and efficiency issues. They emphasized the importance of capturing efficiencies in areas outside the hospital, such as in-home care, to improve outcomes and reduce costs.</p> <p>The DDFO explained that himself and the DOPP had met with all CB's covering all parts of the system.</p> <p>The Finance and Performance Committee resolved that:</p> <ol style="list-style-type: none"> a) The draft reported the year end deficit of £27.625m which was £18.525m more than the £9.100m control total was noted and, b) The UHB had met the annual public sector payment compliance performance target of 95% was noted and, c) The UHB remained within its capital resource limit with a draft underspend of £0.244m against an allocation of £58.481m was noted. | |
| <p>FPC 16/04/09 Nathan 15/2025 11:58:57</p> | <p>Operational Performance Update</p> <p>The COO discussed the Operational Performance Update and highlighted the following points:</p> <ul style="list-style-type: none"> • Urgent & Emergency Care was impacted due to the outbreak of norovirus in March which led to the closure of 260 beds, which affected the performance within CAV UHB. • CAV UHB managed to hold their position through the winter. Improvements were noted in compliance with hip fracture standards and stroke performance, although challenges remain at the front door and with thrombolysis rates. | |

- The improvements in stroke pathway compliance saw a B on SSNAP data (Sentinel Stroke National Audit Programme) which is a UK wide way of capturing stroke performance.
- March saw 163 delayed pathways, which was lower than expected. The need for a whole system summit was highlighted to review models of care post-acute phase, involving adult social care partners.
- February's Cancer performance was 64.4%, with March expected to be around 68%. Urology and complex lower GI patients remain hotspots, while breast cancer performance is improving. Skin cancer referrals are increasing, posing a new challenge.
- Adult Mental Health remained challenging, but an improvement trajectory was agreed with Welsh Government. Children's mental health standards were met, with ongoing discussions about non-reportable standards like neurodevelopment
- Negotiations with GPs have started, with an aim to conclude before the pre-election period.
- CAV UHB were looking to develop Barry Hospital as an urgent care centre, with WG supporting our vision

The UHB VC mentioned visiting the Safe @ Home team and was impressed by the service. He highlighted the significant impact of community nursing in supporting patients to remain at home, noting that 3571 patients were supported in this way. He emphasized the importance of measuring the outcomes rather than just the metrics we are typically measured against.

The UHB Chair raised a question about the productivity benefits realized by the Safe @ Home initiative, specifically how much productivity gain was achieved and whether it was harder to measure the actual gain in financial terms.

The IMLC inquired about the financial impact of bed closures, particularly in the context of the norovirus outbreak that led to the closure of a significant number of beds. She wanted to understand whether there were any cost implications down the line, such as the consequences of delayed care and worsened conditions for patients.

The COO explained about bed closures in the context of the impact of a norovirus outbreak in March, which led to the closure of 260 beds, including 40 empty beds. He highlighted that this affected operational performance, particularly in terms of ambulance handovers and patient flow in A&E. He mentioned that while the beds were closed, it did not necessarily mean additional costs were incurred from opening new capacity, but it did impact operational efficiency. He also noted the increase in staff sickness and the associated costs due to the outbreak.

The IMU discussed professional education in detail during the meeting, specifically mentioning the integration of students from various healthcare disciplines into care delivery. He highlighted the example of dental students in Plymouth who treat 100 patients a day at a dental primary care facility, suggesting a similar approach could be valuable for Barry Hospital. He expressed his willingness to be involved in discussions to incorporate students into care delivery, which could provide cost savings and enhance professional education.

The COO noted the stroke targets were demanding but we need to work out how we are going to achieve the targets. He mentioned that the thrombectomy service will be expanding further in June. He emphasized the need for Cardiff and Vale UHB to take stock and come back with a measured view on how to achieve the new exacting standards, comparing their current performance to what is being asked.

The UHB Chair asked if there was an updated figure on diagnostics?

The COO provided an update on diagnostics highlighting the following points:

- The diagnostic position for March 2025 was 13,825, which was the lowest since November 2023.
- There was an intention to buy out 50,000 diagnostic examinations as part of additional capacity.
- Conversations were ongoing with Welsh Government regarding revenue support for Llantrisant Health Park to do additional work for endoscopy.
- There was optimism regarding reducing eight-week waits this year, with plans for Llantrisant Health Park to deliver recurrent performance against the standard.
- £20m has been allocated across NHS Wales

Saunders Nathan
20/05/2025 11:58:51

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| | <ul style="list-style-type: none"> • CAV UHB will need an additional £2.9m of support from Welsh Government and if we cannot secure the funding, we may have to turn some services off • Funding hadn't been allocated but teams were instructed to commence work • Insourcing will mean the independent sectors will come and use CAV UHB clinic rooms / theatres in evenings / weekends <p>The UHB Chair noted the risk around the £2.9m during the discussion about going at risk to hold the position until the end of June. He expressed concern about the financial situation and emphasized the need for the committee to support the COO's recommendation to go at risk for £2.9m to ensure progress is made.</p> <p>The COO clarified that the commitment was not to spend £2.9m at risk but rather to start the process of allowing patients to be booked. He emphasized that it was about giving permission to get on with it, and if necessary, they could turn it off later. He mentioned that they hadn't spent the money yet but had given the intent to spend it if the funding was confirmed.</p> <p>The CEO asked about the capacity the private sector is committing to for quarter 1, specifically in relation to achieving the target number of 1598 patients. She expressed concern about whether the private sector would be able to fulfil the capacity required, recognizing that most of it is likely outpatient work.</p> <p>The COO confirmed the teams were confident and wouldn't normally support but most of the providers would be using our own consultants.</p> <p>The COO noted that the Cabinet Secretary was very clear that there will be no additional investment or support unless there is good progress with enabling actions. This incentivises the organization to do the right thing and claim money for additional activity. He noted there was an intention to buy out 50k diagnostic examinations and were in conversations to get additional support from Llantrisant health park.</p> <p>The Committee resolved that:</p> <p>a) The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted.</p> | |
| <p>FPC 16/04/10</p> | <p>Quality Improvement and Effectiveness Plan (QIEP)</p> <p>The DOPP presented on the Quality Improvement and Efficiency Plan (QIEP) during the meeting. He explained the purpose of the QIEP, which combines traditional savings plans with productivity and efficiency ambitions:</p> <ul style="list-style-type: none"> • Each clinical board will have its own QIEP, and these will be aggregated into an overall health board report. • The QIEP will be monitored and reported at both the health board and clinical board levels. • The importance of aligning financial savings with quality drivers were highlighted and mentioned that the QIEP report will include detailed measures such as length of stay, outpatient efficiency, and workforce productivity. • The challenges of quantifying productivity and efficiency values and the need for a manual and time-consuming approach initially. • CAV UHB were trying to equate £15m financial benefit. • A strong outcome of the rapid planning event and ensure CAV UHB focused on quality. • Clinicians wanted to own the financial plan, and each Clinical Board has their own QIEP. • Not all improvements were cash releasing but need to show the benefits. • The QIEP will be an addition to the integrated performance report. • The first report will be brought to the May F&P committee. • CAV UHB were keen we have the right measures in place, and we may need to be selective with the information we put in there. • This was a unique approach we are trying to take, and the approach may change as we move forward. <p>The CEO suggested having some time offline as she hadn't previously seen the QIEP. Overall, we have too many, so she suggested selecting a few. We need to use this dashboard to help drive and measure our strategic intent of delivery.</p> <p>The UHB Chair raised his concerns about the annual plan commitment to delivering £15m during the discussion on the quality improvement and efficiency plan reporting. He emphasized the importance of firming up on key areas and ensuring that the board is clear on what can be expected, as the board signed up to the £15m as the minimum expectation.</p> | |

Saunders, Niall
20/05/2025 11:58:15

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| | <p>The DOPP explained this was about potential savings in the future.</p> <p>The DDFO confirmed CAV UHB were able to quantify several of the high impact productivity and efficiency schemes.</p> <p>The CEO noted that at the rapid planning event, they agreed to articulate a metric that would drive the organization. She mentioned that they might want to use a trend line to show more people showing up in same-day emergency care and fewer people at the front door and out of hours. She also suggested that they could reduce the overall cost per bed day in a hospital bed by being more efficient, using different kinds of work, and that these are some thoughts they need to think through.</p> <p>The Committee resolved that:</p> <p>a) The Quality Improvement and Effectiveness Plan was discussed and noted.</p> | |
| FPC 16/04/011 | <p>2025-26 Savings Plan</p> <p>The DDFO gave an update on the 2025-26 Savings Plan and highlighted the following:</p> <ul style="list-style-type: none"> • The current position shows firm Green and Amber plans totalling £7.8m, with further ideas in the red pipeline amounting to £14.3m • Green and Amber schemes have increased to £9.4m, but only £3m of these are classified as recurrent. • Emphasized the need for a finance summit at the end of April to drive progress and consider further options to improve the £58.2m draft plan submitted to Welsh Government. • CAV UHB agreed for a 2-day Finance summit to drive progress against the savings plan <p>The COO emphasized the need for a finance summit to drive progress against the savings plan and mentioned that the current identified savings were insufficient. He highlighted the necessity of reducing the pay bill, which might involve a reduction in the number of employed posts. The COO stressed that the summit would be transactional, focusing on identifying specific posts to be removed and exploring digital opportunities to support these reductions.</p> <p>The CEO noted that there were a number of steps to address the financial challenges, including:</p> <ul style="list-style-type: none"> • Filling the £30m commitment that has already been made in the existing plan. • Delivering the £15m productivity measures. • Articulating how to go further to address the financial deficit, which may involve reducing the pay bill. <p>The UHB Chair felt frustrated that CAV UHB were in the position where next year's savings plan has yet to be finalised. He suggested earlier planning in September to set out the following years savings plan. He added that the COO would have the support of the board and highlighted that unpopular decisions would need to be made in order to achieve savings.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The 2025-26 savings plan was noted.</p> | |
| FPC 16/04/012 | <p>Monthly Monitoring Return – Month 12</p> <p>The monthly monitoring return was noted.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 11 was noted</p> | |
| FPC 16/04/013 | <p>Planning, Performance and Finance (PPF) Highlight Report JCC</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Planning, Performance and Finance (PPF) Highlight Report JCC was noted.</p> | |
| FPC 16/04/014 | <p>Any Other Business</p> <p>No further business was raised.</p> | |
| FPC 16/04/015 | <p>To note the date, time and venue of the next Committee meeting:</p> <p>Wednesday 21st May 2025 via MS Teams</p> | |

Saunders, Nathan
20/05/2025 11:58:57

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| Report Title: | Financial Report – Month 1 Position (including Savings Tracker) | | Agenda Item no. | 2.1 | |
| Meeting: | Finance and Performance Committee | Public | X | Meeting Date: | 21st May 2025 |
| | | Private | | | |
| Status: | Assurance | X | Approval | Information | |
| Lead Executive: | Executive Director of Finance | | | | |
| Report Author: | Deputy Director of Finance | | | | |

Background and current situation:

SITUATION

The Finance and Performance Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and operational performance and delivery.

A copy of the Financial Report – Month 1 Position (including Savings Tracker) is attached

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Financial Report – Month 1 Position (including Savings Tracker) is provided for information, scrutiny and assurance.

Recommendation:

The Board/Committee are requested to:

- a) **NOTE** the reported year to date overspend of £6.096m and the forecast deficit of £58.2m.
- b) **NOTE** the month 1 operational overspend against plan of £0.012m and the £0.432m savings deficit
- c) **NOTE** the progress against the savings target, with £25m (83%) of green and amber schemes identified at Month 1 against the £30m target.
- d) **NOTE** that delivery of the forecast is also predicated on the confirmation of all expected income streams.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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|  <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p> |  <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p> |
|  <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p> |  <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p> |

Five Ways of Working (Sustainable Development Principles) considered

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| Prevention | | Long term | | Integration | | Collaboration | | Involvement | |
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Quality Impact Assessment Completed?

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| Yes – <i>(please provide completed QIA document)</i> | | No – <i>(Please provide reasoning, e.g. not required)</i> | | | |
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Impact Assessment:

Risk: No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes

Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: No - **Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)**

The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)

Equality and Health: No

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.

These include:

- A focus upon preventing ill health in our population*
- Saving energy or increasing throughput.*
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Finance and
Performance Committee

Date: 21st May 2025

Saunders, Nathan
20/05/2025 11:58:57

CARDIFF & VALE UHB FINANCE REPORT – MONTH 1



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The table below highlights the UHB's key financial metrics and performance against them:

| Measure | Description | RAG | Trend | Target | Time Period |
|--|--|-----|-------|---|-------------|
| Deliver 2025/26 Deficit Target Control Total | Recent IMTP submission contained 2025/26 plan of £58.2m deficit -£49.1m over the control total target of £9.1m. | R | " | 9.1m | M1 2025/26 |
| Return to financial balance and approved IMTP status | £58.2m underlying deficit by end of 2025/26 financial year. Currently reporting savings gap after Month 1. | R | " | £58.2m | M1 2025/26 |
| Management of operational budget pressures | Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.012m operational surplus reported at Month 1. | A | " | Operational Spend to be maintained within Budgets | M1 2025/26 |
| Delivery of recurrent £30.0m savings target | £24.8m Green and Amber schemes identified at Month 1, of which £24.0m were recurrent. | A | " | £30.0m | M1 2025/26 |
| Remain within Cash Limit | The UHB will require cash support from WG for the 25/26 planned deficit of £58.2m along with likely movements in working capital from the 2024/25 balance sheet. | A | " | To remain within Cash Limit | M1 2025/26 |

Key Metrics

Saunders Nathan
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The UHB's Financial Plan in 2025/26 reflected the following key components:

| Planning Assumption | (£m) |
|--|----------------|
| Brought Forward Underlying Deficit | 59.900 |
| 2025/26 Demand/Cost Growth/Investments | 51.100 |
| Draft Deficit | 111.000 |
| | |
| Additional Allocations | (22.768) |
| Savings Plans | (30.000) |
| Final Planned Deficit | 58.233 |

The resulting planned deficit of £58.2m was approved by the UHB for submission for Welsh Government (WG) and the draft plan was submitted at the end of March 2025.

The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

Original
Plan

At Month 1, the UHB is reporting a year to date overspend of £6.096m.

| | Plan FTD | PTD | PTD Var to Plan | Plan YTD | YTD | YTD Var to Plan | Plan | Forecast | Forecast Var to Plan |
|---|----------|---------|-----------------|----------|---------|-----------------|----------|----------|----------------------|
| Draft Plan | 7,159 | 7,159 | 0 | 7,159 | 7,159 | 0 | 88,233 | 88,233 | (0) |
| Quality Improvement Programme - savings | (1,483) | (1,051) | 432 | (1,483) | (1,051) | 432 | (30,000) | (24,814) | 5,186 |
| Operational Variance | 0 | (12) | (12) | 0 | (12) | (12) | 0 | 0 | 0 |
| Clinical/ Service Board Variance | 5,676 | 6,096 | 420 | 5,676 | 6,096 | 420 | 58,233 | 63,419 | 5,186 |

In-month, the financial plan components moved as follows:

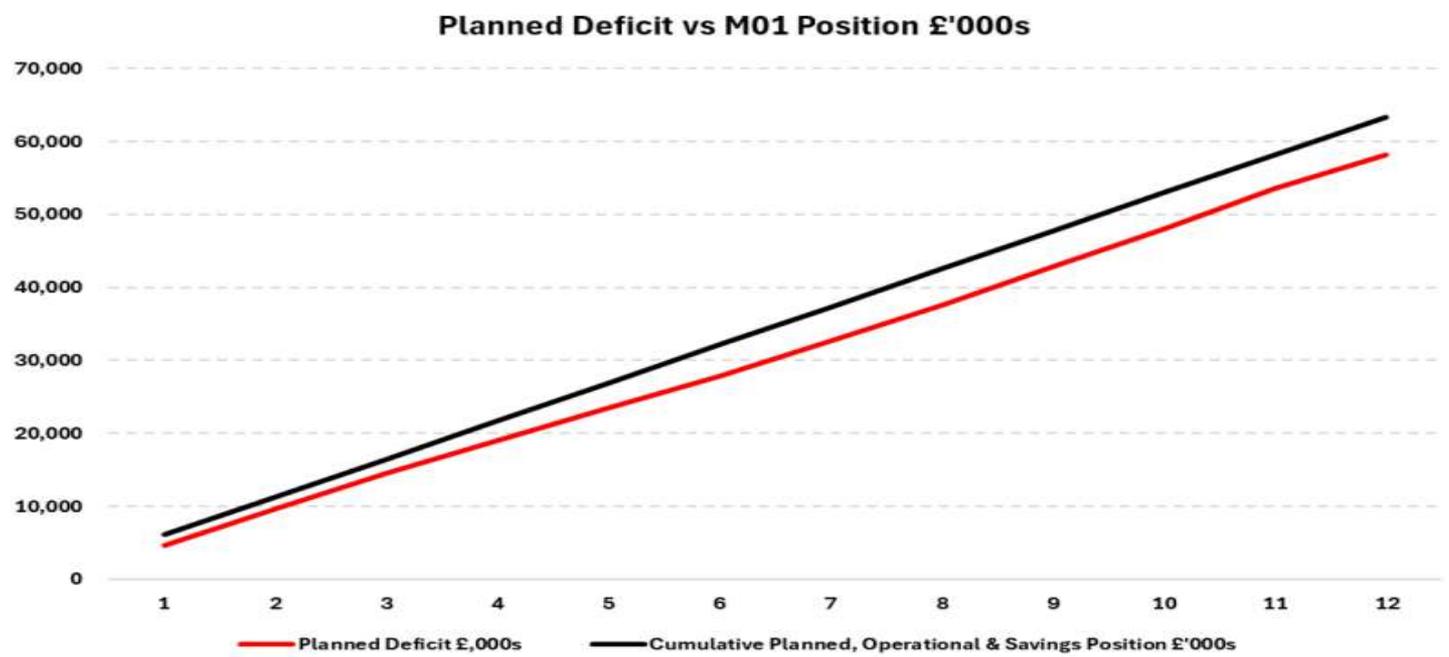
- Planning Deficit **£5.676m**
- Savings Programme deficit of **£0.432m**
- Operational Position surplus by **£0.012m**.

The overall financial position at month 1 was a £6.096m deficit

At month 1 , there was a shortfall of £5.186m against the £30.000m savings programme target. This will lead to a further £5.186m overspend against the planned £58.2m deficit if further schemes are not identified and delivered as the year progresses.

UHB
Position

The graph below shows the reported Month 1 position against the planned deficit per the UHB's financial plan.



UHB
Position

The tables below summarises the in-month and cumulative performance of the UHB by its major expenditure groups:

| | Income | Pay | Non Pay | Total |
|----------------------|---------------|---------------|---------------|---------------|
| In-Month | £'000s | £'000s | £'000s | £'000s |
| Budget | (51,337) | 83,033 | 88,087 | 119,783 |
| (Income)/Expenditure | (51,343) | 83,478 | 93,743 | 125,878 |
| Variance | (6) | 446 | 5,656 | 6,096 |
| Cumulative | £'000s | £'000s | £'000s | £'000s |
| Budget | (51,337) | 83,033 | 88,087 | 119,783 |
| (Income)/Expenditure | (51,343) | 83,478 | 93,743 | 125,878 |
| Variance | (6) | 446 | 5,656 | 6,096 |

**Key
Variances**

A number of operational pressures unfolded in month 1, which in turn have been offset by non recurrent operational underspends across service areas. The following operational issues were reported in month 1:

- Income - Non recurrent R & D study income has broadly offset the under recovery of income in a number of activity related service areas including radio-pharmacy and private patient income.
- Pay – vacancies in Estates, Executive functions & PCIC along with enhanced scrutiny around variable pay has offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness.
- Non Pay – An increasing number of Out of Area referrals is reported in Mental Health along with additional outsourcing costs in Diagnostics and additional costs in ophthalmology due to both activity levels and the move to the Llandough site. The underlying deficit of £5.676m is primarily included in non pay.

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The tables below summarises the cumulative position of the UHB by business unit:

| Business Unit | Deficit Control Total/ Plan (£k) | Savings (£k) | Operational (£k) | Total (£k) | Variance to Plan (£k) |
|---|----------------------------------|--------------|------------------|--------------|-----------------------|
| Clinical Diagnostics & Therapeutics | 335 | 75 | (53) | 357 | 22 |
| Children & Women | 372 | 137 | 18 | 527 | 155 |
| Capital, Estates & Facilities | 48 | 3 | (140) | (89) | (138) |
| Executives | (61) | 22 | (73) | (112) | (51) |
| Genomics | 0 | 0 | (8) | (8) | (8) |
| Medicine | 1,552 | 44 | 29 | 1,624 | 73 |
| Mental Health | 647 | (40) | (21) | 587 | (60) |
| Primary, Community & Intermediate Care | 1,022 | (74) | 1 | 949 | (73) |
| Specialist | 342 | 98 | 9 | 449 | 107 |
| Surgery | 511 | 167 | 55 | 733 | 222 |
| Sub-Total (Delegated Position) | 4,768 | 432 | (184) | 5,016 | 248 |
| Central Budgets | (708) | 0 | 179 | (530) | 179 |
| Commissioning | 1,616 | 0 | (7) | 1,609 | (7) |
| Sub Total (Non-Delegated Position) | 908 | 0 | 172 | 1,080 | 172 |
| Sub-Total Surplus/ Deficit | 5,676 | 432 | (12) | 6,096 | 420 |

Key
Variances

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The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 1 for all staffing groups (split by fixed and variable expenditure) :

| Staffing Group | 2024/ 25 YTD (£m) | 2025/ 26 YTD (£m) | 2025/ 26 vs 2024/ 25 Growth (£m) | 2025/ 26 vs 2024/ 25 Growth (%) |
|------------------------------|-------------------|-------------------|----------------------------------|---------------------------------|
| Additional Clinical Services | 2,857 | 3,115 | 257 | 9.0% |
| Management, Admin & Clerical | 9,368 | 10,336 | 967 | 10.3% |
| Medical and Dental | 19,827 | 22,714 | 2,887 | 14.6% |
| Nursing (Registered) | 21,040 | 23,883 | 2,843 | 13.5% |
| Nursing (Unregistered) | 6,648 | 7,036 | 388 | 5.8% |
| Other Staff Groups | 11,246 | 12,518 | 1,272 | 11.3% |
| Scientific, Prof & Technical | 3,881 | 3,877 | (4) | -0.1% |
| Total | 74,868 | 83,478 | 8,611 | 11.5% |

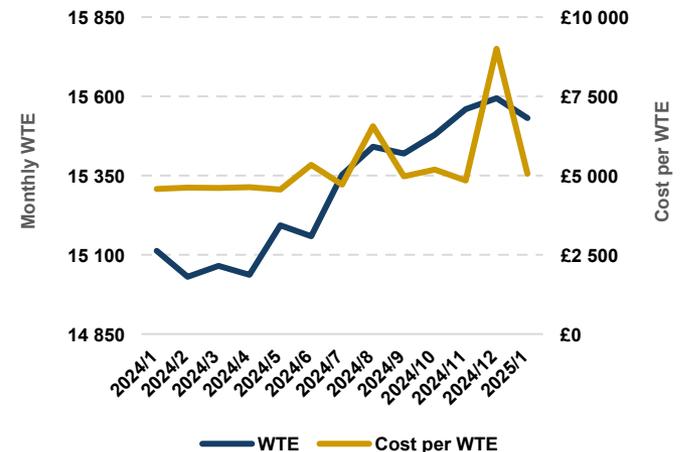
Key Variances

Increasing Pay expenditure is supported by an increase in substantive headcount/WTE.

The retrospective 2023/24 medical pay awards , the 2024/24 pay awards actioned from month 6 onwards in 2024/25 and the increase to National Insurance Employers contributions in 2025/26 accounts for approximately 9.7% of the increase in pay costs.

The chart (right) reports substantive WTE by month – and indicates a near 520.0 WTE increase across the UHB since April 2024 (to April 2025). In addition, the fixed Pay cost per WTE has increased across the same period (£4,577 in April 2024 vs £5,057 in April 2025) in part due to the pay awards.

Monthly WTE x Fixed Cost per WTE



Non Pay expenditure was identified as a primary driver behind the UHB's deficit financial position in 2024/25. The table below reports year-to-date growth versus 2024/25 and the chart below outlines the run rate for Non Pay expenditure.

| Staffing Group | 2024/ 25 YTD (£m) | 2025/ 26 YTD (£m) | Growth (£m) | Growth (%) |
|------------------------------|-------------------|-------------------|--------------|-------------|
| Clinical Services & Supplies | 10,854 | 10,852 | (2) | 0.0% |
| Continuing Healthcare | 8,521 | 9,677 | 1,156 | 13.6% |
| Drugs / Prescribing | 19,805 | 22,446 | 2,641 | 13.3% |
| Establishment Expenses | 1,174 | 979 | (195) | -16.6% |
| General Supplies & Services | 1,201 | 1,157 | (44) | -3.7% |
| Healthcare Provided Services | 21,449 | 23,829 | 2,380 | 11.1% |
| Other Non Pay | 6,008 | 7,071 | 1,062 | 17.7% |
| Premises & Fixed Plant | 4,604 | 4,257 | (348) | -7.6% |
| Primary Care Contractors | 13,280 | 13,477 | 197 | 1.5% |
| Total | 86,897 | 93,743 | 6,846 | 7.9% |

The UHB reported **£93.7m** of Non Pay expenditure in Month 01 which is an increase of 7.9% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

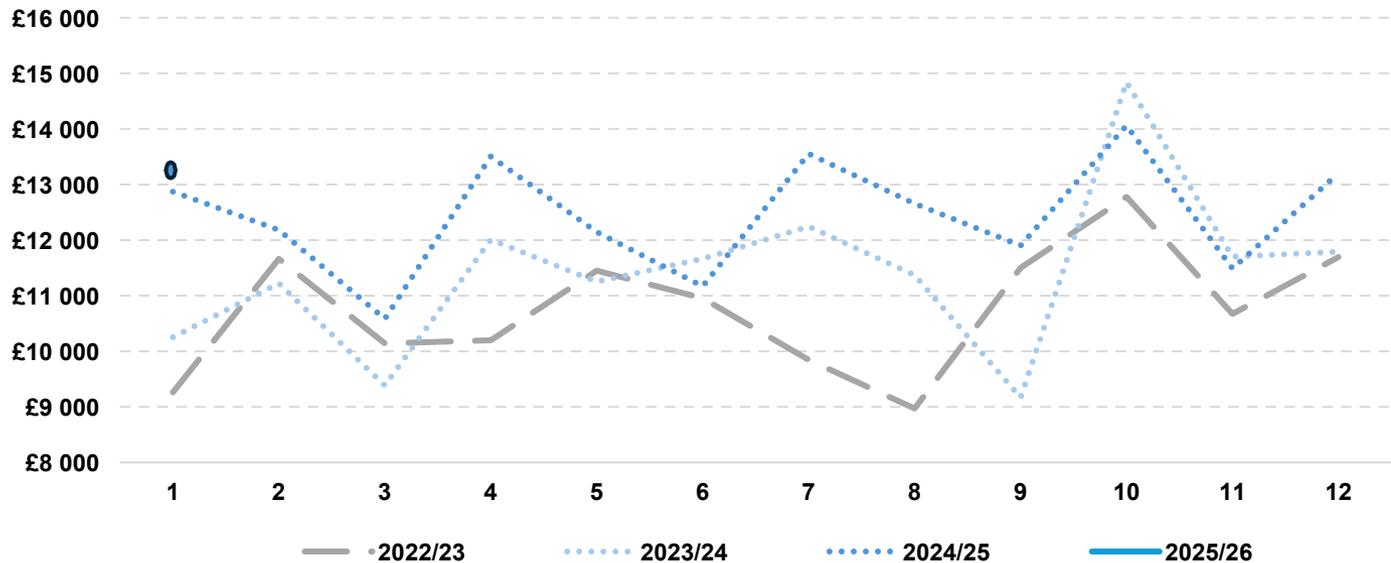
- Secondary Care & GP Prescribing
- Price and demand in Continuing Healthcare (CHC)
- Additional Commissioning cost including WHSCC under Healthcare Provided Services.

Drugs expenditure (both Primary & Secondary Care) remain a constant pressure for the UHB.

Internal analysis available via the Wellsky Dashboard reports the highest Month 1 expenditure over the past 4 financial years (£13.2m). 2024/25 reported £149.3m of expenditure vs £129.1m in 2022/23 further highlighting the rising costs in this expenditure area.

Finance are working closely with Pharmacy following the rollout of the Wellsky dashboard to clearly identify the drivers of growth and find mitigating actions to address them.

Wellsky Reported Expenditure - 2022/23 to Present (£m)



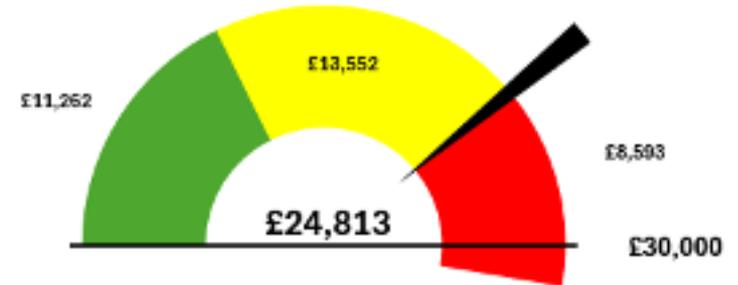
Key Variances

At Month 01, the UHB had identified circa £25.1m (83%) of green and amber savings to deliver against the £30.0m savings target. Red schemes of £8.6m are also identified and continue to be reviewed for progression to Green/Amber where possible.

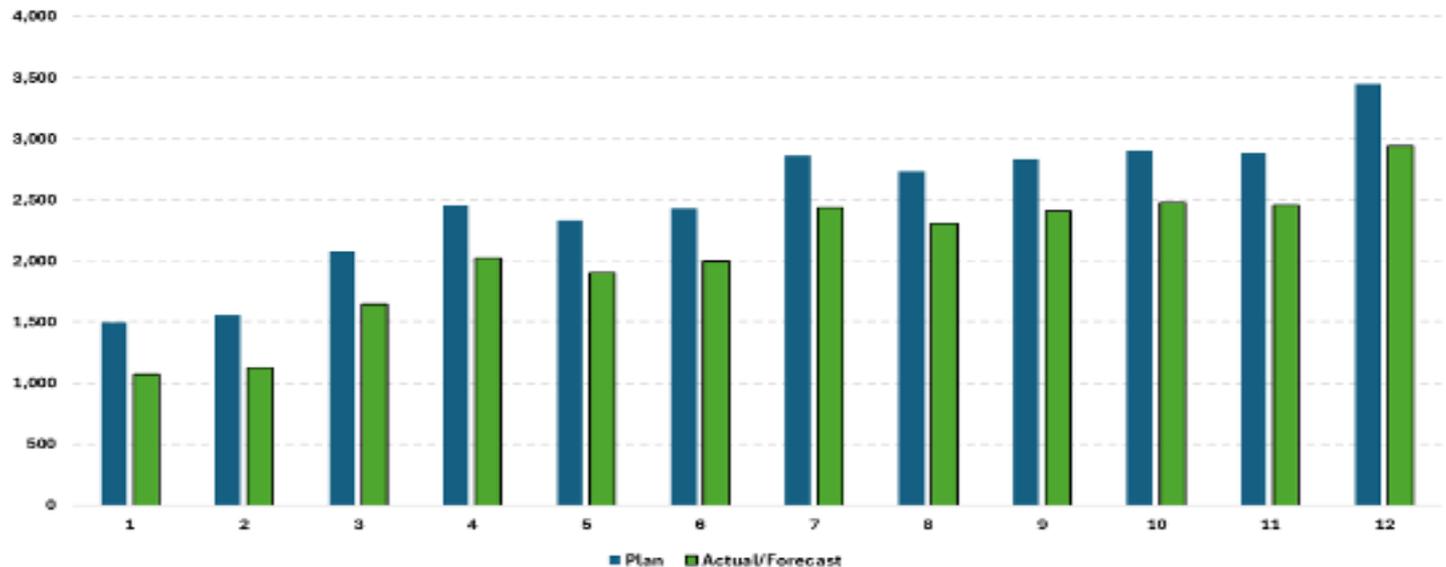
The reported gap of £5.2m in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables.

The chart below illustrates the back-ended profile of the UHB's 2025/26 savings programme.

2025/26 UHB Savings Programme: Identified vs Requirement



2025/26 Savings Plan vs Actual/Forecast (£'000s)



Savings

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Further detail of the progress by Clinical Boards and Improvement Themes is provided below:

| Business Unit | Target (£m) | Green (£m) | Amber (£m) | Total (£m) |
|--|---------------|---------------|---------------|---------------|
| CD&T | - | 920 | 400 | 1,320 |
| Children & Women | - | 427 | 1,071 | 1,498 |
| Capital, Estates & Facilities | - | 584 | 276 | 860 |
| Executives | - | 679 | 658 | 1,337 |
| Genomics | - | 0 | 0 | 0 |
| Medicine | - | 0 | 123 | 123 |
| Mental Health | - | 0 | 0 | 0 |
| PCIC | - | 621 | 683 | 1,304 |
| Specialist | - | 940 | 355 | 1,295 |
| Surgery | - | 81 | 400 | 481 |
| Sub-Total (Grip & Control) | 8,000 | 4,252 | 3,966 | 8,218 |
| Medicines Management | 3,500 | 1,432 | 557 | 1,989 |
| Income Generation | 1,000 | 281 | 1,606 | 1,887 |
| Continuing Healthcare | 2,000 | 0 | 2,158 | 2,158 |
| Facilities and Estates / Service Reconfiguration | 1,000 | 219 | 55 | 274 |
| Value/Clinical Variation | 0 | 124 | 3 | 127 |
| Procurement | 3,500 | 2,239 | 135 | 2,374 |
| Workforce - Temporary Pay | 5,500 | 1,664 | 995 | 2,659 |
| Workforce Restructuring | 5,500 | 1,027 | 4,101 | 5,128 |
| Sub Total (Cost Improvement Themes) | 22,000 | 6,985 | 9,609 | 16,595 |
| Sub-Total Surplus/ Deficit | 30,000 | 11,237 | 13,575 | 24,813 |

Savings

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2025/26 year end with a current planned deficit of £9.1m and a forecast out-turn against the planned deficit of £58.2m.

Below is a summary of UHB Corporate Risk Register at April 2025. Further information of the risks can be found in the risk register:

| Finance Risk Title | Rating |
|--|--------|
| The submitted IMTP has a planned deficit of £58.2m for 2025/26. This is £49.1m over and above the deficit target control total of £9.1m | 20 |
| Ambition to improve on the £58.2m moving closer towards £9.1m | 20 |
| Achievement of capital statutory breakeven duty. The Health Board has a capital allocation, which it should not exceed on a three year rolling basis. | 8 |
| Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. If it was to occur it would compromise the achievement of the revenue statutory breakeven duty. | 20 |
| Failure to deliver a recurrent Cost Improvement Programme of £30m. Failure to deliver will impact on the Health Boards ability to deliver the planned 2025/26 deficit of £58.2m. | 20 |
| Failure to manage operational pressures to continue to deliver £58.2m underlying deficit position (initial underlying deficit £59.9m). | 20 |
| 2025-26 LTA framework in NHS Wales. | 12 |
| Remain within Cash limit. | 20 |

Risks

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When the UHB submitted its draft plan at the end of March 2025 there was an inherent risk in achieving the £58.2m planned deficit due to a £23m gap in identified savings against the £30m target. Since the submission of the plan the savings gap has fallen to £5.2m at the end of month 1 due to an acceleration in savings identified across the UHB. The savings gap of £5.2m would lead to an annual deficit of £63.4m in 2025/26 if further savings or mitigating actions are not identified as the year progresses.

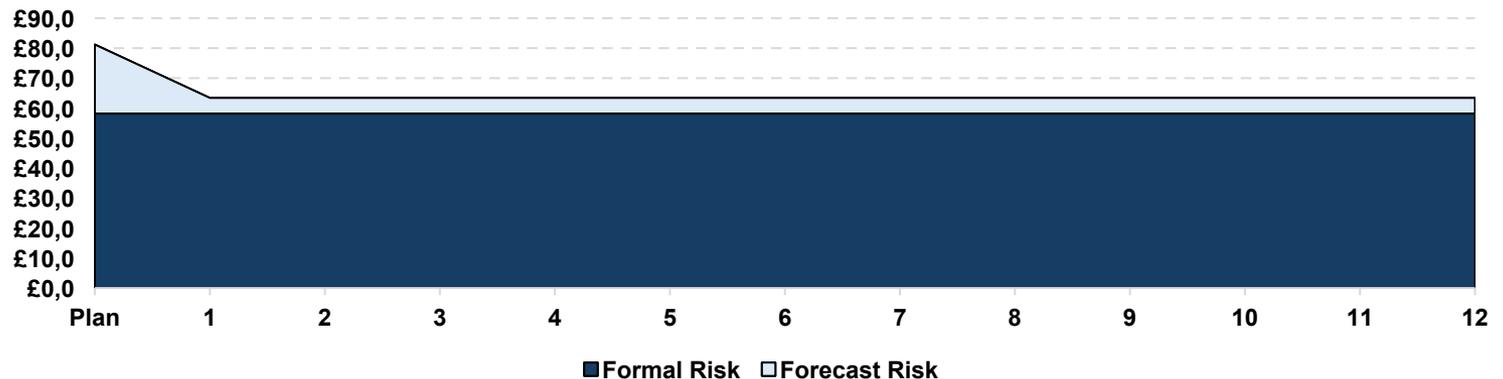
The **forecast risk** in the plan is currently assessed at £5.2m as illustrated below (reported in £m):

| Item | Plan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Formal Forecast | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 | 58.2 |
| WG Additional Funding | 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 |
| Annual Savings Shortfall | 23.0 | 5.2 |
| Cumulative Savings Shortfall | 0.0 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 |
| Cumulative Operational Pressures | 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 |
| Agreed Recovery Actions | 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 |
| Forecast Risk | 23.0 | 5.2 |

Forecast Position

The table below demonstrates the closure of forecast risk as the year has progressed.

2025/26 Financial Plan - Risks & Delivery



The UHB's underlying deficit (UHB) has deteriorated in recent years due to a combination of; underlying deficit brought forward; recurrent cost pressures (including inflation); under delivery of recurrent savings and demand-driven pressures in 2025/26.

The UHB has recently re-assessed its planning assumptions for the 2025/26 financial plan. The tables below summarise the projected underlying deficit of £58.2m.

| Planning Assumption | £m |
|---|---------------|
| Underlying Deficit (ULD) brought forward | 59.900 |
| Demand and cost growth and unavoidable investments | 51.100 |
| Quality Improvement Programme - savings | (30.000) |
| Additional Recurrent Allocations | (22.767) |
| Planned Underlying Deficit (ULD) at end of 2025/26 | 58.233 |

After Month 1, the non-identification and/or non-delivery of recurrent savings presents a risk of further deterioration to the UHB's underlying deficit, if further recurrent savings plans are not identified and delivered in 2025/26.

Underlying Deficit

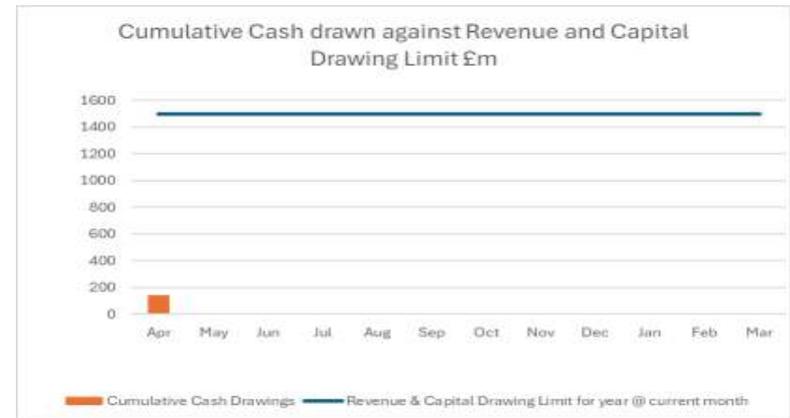
The closing cash balance at the end of April was £1.624m.

In due course, the UHB expects to seek Finance Committee and Board approval to request £58.2m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to be confirmed. The value of unconfirmed allocations at month 1 was £139.2m as outlined below. This level of unconfirmed allocation (£139.2m less the £9.4m depreciation funding) combined with the forecast financial deficit (£58.2m) will need to be managed by the UHB if it remains outstanding into the Autumn period.

The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right

| Unconfirmed Resource Limit Allocations as of 30th April 2025 | £'000s |
|--|----------------|
| Depreciation, Impairments & IFRS 12 | 11,381 |
| Pay award funding 2024-25 | 67,279 |
| Pay award funding 2024-25- Bank Staff | 1,550 |
| 25_26 NIER Additional 1.2% and Threshold Change | 18,842 |
| Primary Care - GP Pay/ Expenses, Dental | 8,345 |
| Vertex (JCC) | 6,894 |
| Substance Misuse | 2,972 |
| Urgent & Emergency Care Fund | 2,960 |
| RTT Waiting Times_ Q1 Plans | 2,783 |
| Consultant Clinical Excellence Award / Consultant Impact Award | 2,143 |
| New Medical Training Posts 2017 to 2024 | 2,019 |
| ATMPs (JCC) | 1,944 |
| Dementia Action Plan | 1,500 |
| GP IM&T Refresh Programme | 1,225 |
| Other | 7,355 |
| Total Anticipated Funding £'000s | 139,192 |



Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of April was 96.5% for the year to date as illustrated in the chart (right).

Cash & Allocations

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The UHBs approved capital resource limit is £34.387m in line with the latest CRL received from Welsh Government on the 16th April 2025. This comprises of £15.227m discretionary funding and £19.160m towards specific projects (including Decarbonisation Funding, Lift Refurbishment and Pentyrch Surgery).

The capital programme is planned and monitored through the UHBs Capital Management Group (CMG) and the UHB forecasts that it will remain within its CRL in 2025-26.

An analysis of spend against major schemes will be provided in future months.

Capital

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The UHB's draft financial plan of a £58.2m deficit was approved by the Board but not by Welsh Government due to the failure to meet statutory obligations.

The reported month 1 position is £0.420m above plan primarily due to a £0.432m deficit against the month 1 Quality Improvement Programme Savings target.

At Month 1 the Committee are requested to:

- **NOTE** the reported year to date overspend of £6.096m and the forecast deficit of £58.2m.
- **NOTE** the month 1 operational overspend against plan of £0.012m and the £0.432m savings deficit
- **NOTE** the progress against the savings target, with £25m (83%) of green and amber schemes identified at Month 1 against the £30m target.
- **NOTE** that delivery of the forecast is also predicated on the confirmation of all expected income streams.

Conclusion

| | | | | | |
|-----------------|-----------------------------------|---------|-----------------|---------------|---------|
| Report Title: | Operational Performance Update | | Agenda Item no. | 2.2 | |
| Meeting: | Finance and Performance Committee | Public | X | Meeting Date: | 21.5.25 |
| | | Private | | | |
| Status: | Assurance | X | Approval | Information | |
| Lead Executive: | Chief Operating Officer | | | | |
| Report Author: | Head of Performance | | | | |

Background and current situation:

The Operations and Information Teams have redesigned the Integrated Performance Report to better meet the requirements of the Board, the Board sub-committees and to improve performance reporting for the Health Board as a whole, both internally and externally. This updated report incorporates progress against the Cabinet Secretary's priorities and our performance ambitions/IMTP priorities. It also includes performance against the updated NHS Performance Framework for 24/25.

The sections of the full report covering Operation Performance, which are pertinent to the Finance and Performance Committee are:

Section 1: Ministerial Priorities

Section 2: Quadruple Aim 2

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Urgent and Emergency Care

April saw a decrease in attendances at the Emergency Unit from last month, and a small drop in the number of 12-hour EU waits. The most recent data from April shows a slight deterioration in ambulance performance with a small increase average handover time and the number of 2-hour waits reported. EU activity data has been added to the accompanying IPR. EU total reportable attendances and Majors attendances in April 25 were similar in volume to April 24, however, admissions from EU were reduced. We will continue to track and report these metrics throughout 25/26.

| Measure | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Reportable attendances | 11,484 | 12,102 | 11,930 | 11,773 | 10,926 | 11,567 | 12,628 | 11,922 | 11,468 | 10,756 | 10,237 | 12,193 | 11,659 |
| UHW Majors attendances | 5,958 | 6,247 | 5,933 | 5,962 | 5,792 | 5,968 | 6,352 | 6,219 | 6,011 | 5,710 | 5,453 | 5,998 | 5,876 |
| Reportable EU admissions | 1,922 | 1,833 | 1,847 | 1,865 | 1,778 | 1,768 | 1,823 | 1,831 | 1,829 | 1,676 | 1,502 | 1,658 | 1,754 |

Following increased bed closures in March due to Norovirus, April has seen an overall reduction in closed and empty beds related to Norovirus, Flu and Covid-19. One outbreak in-month saw the number of closed beds increase, impacting flow and contributing to a small number of 24-hour EU waits and 3-hour ambulance holds. Bed closures on the acute sites continue to be monitored and reported to the organization daily through the 'hot reports'.

Despite these challenges, the UHB is still the best performing Health Board in Wales regarding ambulance handover delays and we continue to make ambulance handovers an operational priority.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) remains improved from our historic trends. Time to specialist beds for hip fracture and stroke patients remain an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways. For hip fracture patients we

saw improvements in compliance with the 4-hour standard for admission to a specialist ward through last year and performance in Q1 is improved from last year where it dipped below 30%. Despite seasonal pressures, monthly compliance in March was 40%, against the national annualized average of 8.8%.

We continue to measure our performance against the acute stroke pathway on a daily and weekly basis, through the hot report and COO led operational meetings. The UHB has held a further stroke summit continuing our focus on the stroke pathway. We are also working with colleagues in the NHS Executive around what KPIs will be the focus in Wales. We will continue to update Finance & Performance Committee and Board on the impact of the changes. Our analysis of the latest data has shown that our door-to-ward performance improved again in March, while the percentage of patients receiving their CT scan within 1 hour improved. Time to CT scan is one of the metrics which has been revised in the new SSNAP dataset, and performance against the new 20-minute standard has varied from 17.7% - 8.5% since October 2024, with 16.7% of patients scanned within 20 minutes in March, an improvement from February's performance. In March our thrombolysis rate was 7.5%, while our thrombectomy rate improved to 4.5%. We have recently conducted an internal review of reperfusion rates against high performing months and the same period last year. We continue to work closely with colleagues in NHS Executive regarding thrombolysis and thrombectomy rates.

Hospital Flow and Discharge

The proportion of beds occupied by long length-of-stay patients has fluctuated in recent months as additional beds have been opened and closed in line with our operational plan. The number of pathway of care delays (POCD) remains a national focus and has reduced since the high point in February 2024. Seasonal pressures and associated operational challenges in January and February 2025 saw the number of delays increase although not to the volume seen last year. The February and March census showed 163 delays across all patient groups, with a drop in April to 150 patients. This is an improvement from April 2025 (185) in line with our commitment.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly 'hot' reporting and end of month snapshots are provided in the IPR. We have seen the number of long-length-of stay reduce from high point in January associated with season pressures. At the time of writing there are c400 patients with a length of stay over 21 days across our acute wards.

| Metric | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 7 day LOS on Acute Wards (snapshot) | 57.7% | 58.0% | 55.2% | 55.2% | 55.5% | 56.0% | 56.5% | 57.1% | 57.3% | 67.3% | 65.5% | 57.4% | 56.7% | 57.8% |
| 21 day LOS on Acute Wards (snapshot) | 12.9% | 12.0% | 23.7% | 23.7% | 11.9% | 12.6% | 11.0% | 11.4% | 11.0% | 15.5% | 17.3% | 14.0% | 14.0% | 11.4% |

Cancer

Our Single Cancer Pathway compliance has remained above 60% since September 2023 and we reported compliance of over 70% for August, September and October 2024.

In March, our most recently reported position improved from February and 68.7% of patients with Cancer received their first definitive treatment within 62 days. The SCP standard of 75% was met in seven tumour sites: Brain/CNS, Gynae, Haematology, Head and Neck, Endocrine, Sarcoma and Skin.

We continue to treat from the backlog and anticipate that April performance will drop as a result of an increase in referrals.

| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| SCP referrals | 2146 | 2192 | 2027 | 2291 | 2000 | 2272 | 2486 | 2214 | 1914 | 2416 | 2150 | 2381 |

The cancer PTL is tracked daily through Cancer services and operational teams, with weekly oversight of KPIs by the Cancer Delivery Group. We recently held the second 'stocktake' session for teams to share their actions plans to consistently deliver the capacity required to meet the outpatient, diagnostic and treatment standards. Further sessions are planned in Q1 as we continue to support teams to right size their cancer capacity.

Planned Care

The numbers of patients waiting on an RTT waiting list has reduced during Q4. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

At the end of March we delivered our revised commitment to Welsh Government, by reducing the number of patients waiting 2-years for treatment to 1,632. This was a significant reduction from the previous month and is the lowest number of 2-year waits reported since July 2021 as long waits increased following the Covid-19 pandemic. Challenge for Q1 is to hold the position.

We are clear that there are still too many patients waiting too long for treatment across a number of key services and continue to work to reduce the length of time patients are waiting for treatment. Four- year waits were eradicated in September 2024, and we have maintained this position. The number of patients waiting over 3-years reduced to 38 in March 2025, with the number of specialties with 3-year waits remaining reduced to two (Ophthalmology and Spines).

We utilised non-recurrent financial resource from Welsh Government to drive the improvements through Q4. As forecast, our position deteriorated in April 2025 and we reported 2,036 2-year and 46 3-year waits at the end of the month. We have secured additional funding to reduce back to our March 2025 position by the end of Q1 this year and continue to work with Welsh Government, NHS Wales and the NHS Executive to drive further reductions of the number of waiting patients.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9000. Our work to eliminate 3-year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway.

We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work with specialties, particularly in Paediatrics, Medicine and Specialised services, to reduce to or maintain their outpatient waits below 52 weeks.

Our Planned Care Programme is revising its approach Outpatient Transformation, this includes the appointment of a Clinical Lead for Outpatients and alignment with the national Clinical Implementation Networks (CINs) to drive best practice. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways. SOS, PIFU and utilization of outpatient clinics will be an area of significant focus as we move in to 25/26.

compliance remains strong with >99% of patients receiving interventions within 28 days on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.

For children and young people, Part 1a remains compliant, our latest information from March 2025 shows 100% of assessments were completed within 28 days. Part 1b has made a strong return to compliance in September, as per our forecast and compliance with the 80% standard has since been maintained. As part of the improvement work we have seen the size of waiting list and average wait reduce.

Primary and Community Care

We continue to see a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system, although this has reduced from the exceptionally high levels seen through last year. Our primary care teams continue to support practices as required.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and community care services. The latest available data shows over 2.8 million GP appointments have been offered so far this year in Cardiff and the Vale, and over 8 million items issued via prescription.

| GMS activity | | February 2025 | Year to date 24/25 |
|---|-------------------------------|---------------|--------------------|
|  | Calls to GP surgeries | 349,039 | 4,169,902 |
|  | GP appointments offered | 227,689 | 2,867,528 |
|  | Items issued via prescription | 646,263 | 8,003,919 |

Source: Primary Care Information Portal. Note: *The analyses and associated visualizations presented within this tile of the Primary Care Information Portal (PCIP) are a product of source data that has been provided at the initial stages of a quality improvement process and as such the completeness, accuracy, and validity of this source data (and hence any analyses/visualizations derived from such data) cannot be guaranteed. Please note there is a lag in receiving this national dataset.*

We continue to see high utilisation of our Urgent Primary Care Centers across Cardiff and the Vale. Total utilisation across all 6 sites was 91% in March, with 3,743 consultations in month. Utilisation for 25/26 was 92%, with 50,669 consultations throughout the year.

Our community teams and integrated services continue to support patients out of hospital, including 18,065 District Nursing visits in March 2025 – over 5,800 more than our reported attendances to the EU in the same period. These services continue to provide vital support to patients in the community allowing them to remain at home and reducing the demand for secondary cares services.

Prepared by: Nathan
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| Community and Integrated Service teams | March 2025 | Year to date 24/25 |
|--|------------|--------------------|
| District Nursing visits to patients | 18,065 | 210,833 |
| Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission | 43 | 535 |
| Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital | 114 | 1190 |
| Cardiff CRT and Vale CRS - Patients supported with Therapy in the community | 445 | 5251 |
| Patients supported by Community Nursing to remain at home | 3,617 | 42,617 |
| Wound healing service referrals | 91 | 1148 |
| Continence service referrals | 224 | 2582 |

Recommendation:

The Board/Committee (*delete as appropriate*) are requested to:

- a) **NOTE** the year to date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

| | | | |
|---|---|---|---|
|  <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p> | |  <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p> | X |
|  <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p> | X |  <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p> | |

Five Ways of Working (Sustainable Development Principles) considered

| | | | | | | | | | |
|------------|--|-----------|---|-------------|---|---------------|--|-------------|--|
| Prevention | | Long term | x | Integration | x | Collaboration | | Involvement | |
|------------|--|-----------|---|-------------|---|---------------|--|-------------|--|

Quality Impact Assessment Completed?

| | | | | |
|--|--|---|---|--------------|
| Yes – (<i>please provide completed QIA document</i>) | | No – (<i>Please provide reasoning, e.g. not required</i>) | x | Not required |
|--|--|---|---|--------------|

Impact Assessment:

Risk: No

Safety: No

| |
|---|
| Financial: No |
| |
| Workforce: No |
| |
| Legal: No |
| |
| Reputational: No |
| |
| Socio Economic: No |
| |
| Equality and Health: No |
| |
| Decarbonisation: No |
| |
| Welsh Language: No |
| |
| Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i> |
| Committee/Group/Exec Date: |
| |

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Cardiff and Vale Integrated Performance Report

2024/25

May 2025

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Report Contents

1. [Cabinet Secretary Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|---------------------------------------|--|--------------------------------------|---------------------------------------|---------|---|--------------------------------------|
| Enhanced Care in the Community | <p>Measure: Number of delayed transfers of care.</p> <p>National standard/ambition: 12 month reduction trend</p> <p>Reporting period: Monthly</p> | Reduction against 23/24 | Yes | Mar-25 | 150 Apr-25 | Hyperlink to section |
| Primary and Community Care | <p>Measure: General Medical Services – Number of GP practices achieving core access standards</p> <p>National standard/ambition: 100%</p> <p>Reporting period: Annual – in month position for information</p> | 100% | Yes | Mar-25 | 98.2% Apr-24 | Hyperlink to section |
| | <p>Measure: General Dental Services - % of contract value fulfilled</p> <p>National standard: 30% of contract value by end Q2, 100% Q4</p> <p>Reporting period: Monthly</p> | 25% Q1 50%Q2 75% Q3 100% Q4 | Yes | Mar-25 | 98.5% (Apr-24 to Mar-25) | Hyperlink to section |
| Urgent and Emergency Care | <p>Measure: Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p> <p>National standard/ambition: 20% reduction by September 2024, further 20% reduction by March 2025</p> <p>Reporting period: Monthly</p> | 670 Sept-24 532 Mar-25 | Yes | Mar-25 | 887 Apr-25 | Hyperlink to section |
| | <p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p> | 232 | Yes | Dec-24 | 462 Apr-25 | Hyperlink to section |

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| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|----------------------|--|----------------|---------------------------------------|---------|---|--------------------------------------|
| Mental Health | <p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p> | 80% | Yes | Dec-24 | 99% Mar-25 | Hyperlink to section |
| | <p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p> | 99% | Yes | Dec-24 | 51.3% Mar-25 | Hyperlink to section |

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Performance Key: Meeting standard / trajectory off target/trajectory

| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|-------------------------|---|---|---------------------------------------|---------|---|--------------------------------------|
| Planned Care and Cancer | <p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p> | <p>16,004 Sep-24</p> <p>15,925 Mar-25</p> | No | | <p>15,185 Mar-25</p> | Hyperlink to section |
| | <p>Measure: Number of patients waiting more than 104 weeks for referral to treatment</p> <p>National standard/ambition: 0 by end of December 2024</p> <p>Reporting period: Monthly</p> | <p>4,447 Dec-24</p> | No | | <p>1,632 Mar-25</p> | Hyperlink to section |
| | <p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p> | <p>70% Mar-25</p> | Yes | Dec-24 | <p>68.7% Mar-25</p> | Hyperlink to section |
| | <p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p> | <p>14,796 Dec-24</p> | No | | <p>14,750 Apr-25</p> | Hyperlink to section |

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

[Return to Main Menu](#)

| Number | Aim | Contents |
|--------|---|---|
| Aim 1 | People in Wales have improved health and well-being with better prevention and self-management | Public Health |
| Aim 2 | People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement | Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health |
| Aim 3 | The health and social care workforce in Wales is motivated and sustainable | People and Culture |
| 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. | Quality, Safety and Experience Financial Performance |

| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|---|---|--|------|
| <p>Primary, Community and Out of Hospital Care</p> | <p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In March utilisation was 91%, this is above our commitment</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024. Next update end of Q4 by end of Q1</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q2 to date 92% compliance with 8-hour standard</p> | <p>Mar-25</p> <p>Q1</p> <p>Jan-25</p> | <p>91% utilisation Above standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>92% Above standard</p> | |
| <p>Emergency Department and Same Day Emergency Care</p> | <p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In April we reported 42 2-hour ambulance delays, above our ambition of 0 In April we reported 462 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In March lost minutes per arrival increased to 30</p> <p>ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In April we reported a decrease in patients waiting 12-hours in EU compared to March. This equates to 92.4% of attendances waiting less than 12-hours and below our ambition for Q4</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In April we reported a decrease in activity compared to March, but above our April 2024 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase</p> | <p>Apr-25</p> <p>Apr-25</p> <p>Apr-25</p> | <p>42 2-hour delays Above standard</p> <p>462 1-hour delays Above standard</p> <p>30 minutes lost/arrival Above standard</p> <p>92.4% patients <12h Below standard</p> <p>1678 SDEC attends Below standard</p> | |
| <p>Reducing time in hospital and Continuity of Care</p> | <p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of April 57.8% of patients in acute beds had a LOS of >7 days, 33.4% >21 days – a small decrease from March’s snapshot but above our ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In April 2025 the number of POCDs was 150 – this is below the number of delays reported in March 2025</p> | <p>Apr-25</p> <p>Apr-25</p> | <p>57.8% >7d Above standard</p> <p>33.4% >21d Above standard</p> <p>150 Below standard</p> | |

| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|---|---|------------------|--|--|
| <p>High Impact Pathways - Stroke</p> | <p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In March 56.7% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In March 7.5% of stroke patients were thrombolysed, a decrease from previous months but below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In March 57.1% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit, but February's performance is improved from January</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR</p> | <p>Mar-25</p> | <p>56.7% CT Below standard</p> <p>7.5% Thrombolysis Below standard</p> <p>57.1% Door-to-ward Below standard</p> | <p>The data section for the High Impact Pathways - Stroke contains three line charts. Each chart plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows a performance of 56.7% in March 2025, which is below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows a performance of 7.5% in March 2025, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows a performance of 57.1% in March 2025, below the 80% standard.</p> |
| <p>High Impact pathways – Hip fracture</p> | <p>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In March our annualised compliance showed 39.5% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 8.8%.</p> | <p>Mar-25</p> | <p>39.5% (Annualised) Below standard</p> | <p>The data section for the High Impact pathways – Hip fracture contains one line chart titled 'Admitted within 4 hours'. It plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from March 2024 to March 2025. The performance in March 2025 is 39.5%, which is below the 60% standard.</p> |

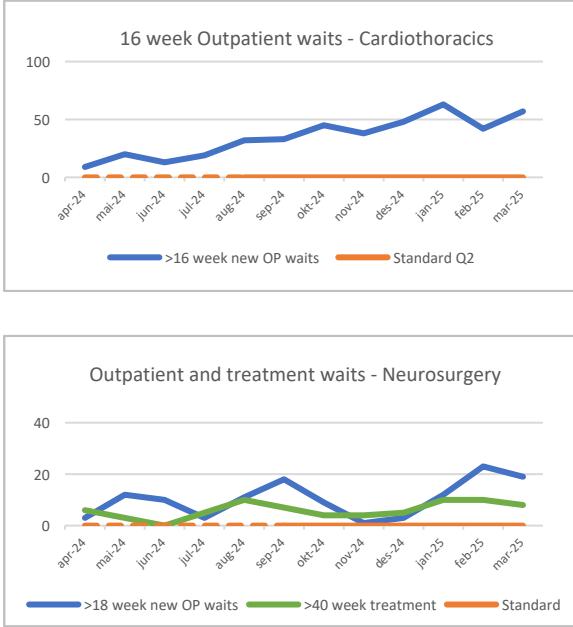
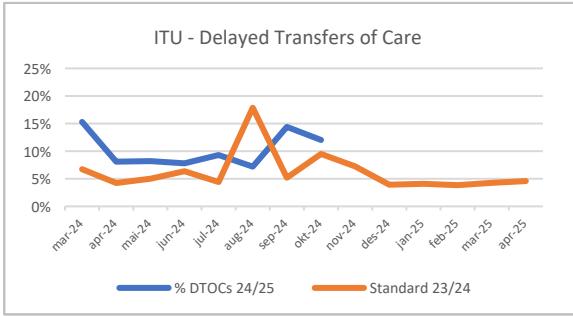
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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|----------------------------|--|------------------|---|---|
| Primary and Community Care | <p>GMS access – 100% of practices achieving core access standards In March 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 98.5% of the contract value had been delivered.</p> | Mar-25 | 100% At standard | <p>GDS contract value fulfillment</p> |
| | <p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In January 100% of practices were providing CCPS services</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p> | Jan-25 | 98.5% At standard (Apr-24 - Mar-25) 100% Above standard 100% Above standard | |
| Cancer | <p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In March 68.7% of patients received their first definitive treatment within 62 days. This is below our ambition – extended narrative within the accompanying paper.</p> | Mar-25 | 68.7% At standard, but below SCP standard of 75% | <p>% cancer patients starting treatment withing 62 days</p> |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|---|------------------|---|------|
| <p>Outpatient and Treatment waiting times</p> | <p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In March there were 15,185 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In March there were 1,632 patients waiting 104 weeks for treatment. This is below our revised commitment to Welsh Government.</p> <p>We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work and additional funding released by Welsh Government to further reduce the number of patients waiting over 104 weeks</p> | <p>Mar-25</p> | <p>15,185 patients Above standard</p> <p>1,632 patients Below standard</p> | |
| <p>Diagnostics and Therapies</p> | <p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In April 14,750 patients were waiting over 8 weeks for a specified diagnostic, A increase from March but above our trajectory, A diagnostic update was brought to the most recent Board development session and the key specialties and actions are outlined in the cover paper</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In April 475 patients were waiting over 14 weeks for therapies, a increase from March and above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits over the past two months</p> | <p>Apr-25</p> | <p>14,750 patients Diagnostics Above standard</p> <p>475 patients Therapies Above standard (Q3)</p> | |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|-----------------------------------|---|------------------|--|---|
| <p>Waiting times</p> | <p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In March there were 57 patients waiting over 16 weeks for a new outpatient appointment and 19 patients waiting over 52 weeks for surgery.</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In March there were 23 patients waiting over 11 weeks for a new outpatient appointment and 8 patients waiting over 40 weeks for surgery. Both improved from February</p> | <p>Mar-25</p> | <p>57 Outpatients Above standard</p> <p>19 patients Treatment Above standard</p> <p>8 patients Treatment Above standard</p> |  |
| <p>Intensive Care Unit</p> | <p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month. Data for Q4 is currently unavailable, the service are working to provide this dataset</p> | <p>Oct-24</p> | <p>12.0% Above standard</p> |  |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|---|------------------|---|------|
| <p>Paediatric waiting times</p> | <p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In March there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In March there were 314 paediatric patients waiting over 14 weeks for Therapies (85 in Dietetics and 120 in Occupational Therapy)</p> | <p>Mar-25</p> | <p>0 Meeting standard</p> <p>314 Above standard</p> | |
| <p>Emotional Health and Wellbeing</p> | <p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1 In March 99% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In March 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In March 90% of patients had a valid Care and Treatment Plan, above our ambition</p> | <p>Mar-25</p> | <p>99% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>90% Part 2 Above standard</p> | |
| <p>Neurodevelopment</p> | <p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In February the longest wait for a neurodevelopment assessment was 199 weeks, this is above our ambition for delivery in Q4</p> | <p>Apr-25</p> | <p>217 Above standard (Q4)</p> | |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|---------------------------------------|--|-------|-----------------|-----------------|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|
| Mental Health Measures – Part 1a | <p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2</p> <p>In March 51% of patients received their assessment within 28 days – this is above the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.</p> | Mar-25 | 51% Part 1a Below standard (Q2) | <p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Performance vs Standard Q2 (Part 1a)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>mar-24</td><td>55</td><td>80</td></tr> <tr><td>apr-24</td><td>18</td><td>80</td></tr> <tr><td>mai-24</td><td>20</td><td>80</td></tr> <tr><td>jun-24</td><td>18</td><td>80</td></tr> <tr><td>jul-24</td><td>15</td><td>80</td></tr> <tr><td>aug-24</td><td>20</td><td>80</td></tr> <tr><td>sep-24</td><td>22</td><td>80</td></tr> <tr><td>okt-24</td><td>20</td><td>80</td></tr> <tr><td>nov-24</td><td>25</td><td>80</td></tr> <tr><td>des-24</td><td>28</td><td>80</td></tr> <tr><td>jan-25</td><td>40</td><td>80</td></tr> <tr><td>feb-25</td><td>95</td><td>80</td></tr> <tr><td>mar-25</td><td>50</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard Q2 (%) | mar-24 | 55 | 80 | apr-24 | 18 | 80 | mai-24 | 20 | 80 | jun-24 | 18 | 80 | jul-24 | 15 | 80 | aug-24 | 20 | 80 | sep-24 | 22 | 80 | okt-24 | 20 | 80 | nov-24 | 25 | 80 | des-24 | 28 | 80 | jan-25 | 40 | 80 | feb-25 | 95 | 80 | mar-25 | 50 | 80 | | | | | | | | | |
| Month | Performance (%) | Standard Q2 (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mar-24 | 55 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| apr-24 | 18 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mai-24 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jun-24 | 18 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jul-24 | 15 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aug-24 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sep-24 | 22 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| okt-24 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nov-24 | 25 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| des-24 | 28 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jan-25 | 40 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| feb-25 | 95 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mar-25 | 50 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Measures – Part 1b | <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1</p> <p>In March 99% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p> | Mar-25 | 99% Part 1b Above standard | <p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Performance vs Trajectory (Part 1b)</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>okt-23</td><td>98</td><td>99</td></tr> <tr><td>nov-23</td><td>98</td><td>99</td></tr> <tr><td>des-23</td><td>98</td><td>99</td></tr> <tr><td>jan-24</td><td>98</td><td>99</td></tr> <tr><td>feb-24</td><td>98</td><td>99</td></tr> <tr><td>mar-24</td><td>98</td><td>99</td></tr> <tr><td>apr-24</td><td>98</td><td>99</td></tr> <tr><td>mai-24</td><td>98</td><td>99</td></tr> <tr><td>jun-24</td><td>98</td><td>99</td></tr> <tr><td>jul-24</td><td>98</td><td>99</td></tr> <tr><td>aug-24</td><td>98</td><td>99</td></tr> <tr><td>sep-24</td><td>98</td><td>99</td></tr> <tr><td>okt-24</td><td>98</td><td>99</td></tr> <tr><td>nov-24</td><td>98</td><td>99</td></tr> <tr><td>des-24</td><td>98</td><td>99</td></tr> <tr><td>jan-25</td><td>98</td><td>99</td></tr> </tbody> </table> | Month | Trajectory (%) | Performance (%) | okt-23 | 98 | 99 | nov-23 | 98 | 99 | des-23 | 98 | 99 | jan-24 | 98 | 99 | feb-24 | 98 | 99 | mar-24 | 98 | 99 | apr-24 | 98 | 99 | mai-24 | 98 | 99 | jun-24 | 98 | 99 | jul-24 | 98 | 99 | aug-24 | 98 | 99 | sep-24 | 98 | 99 | okt-24 | 98 | 99 | nov-24 | 98 | 99 | des-24 | 98 | 99 | jan-25 | 98 | 99 |
| Month | Trajectory (%) | Performance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| okt-23 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nov-23 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| des-23 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jan-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| feb-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mar-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| apr-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mai-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jun-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jul-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aug-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sep-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| okt-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nov-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| des-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jan-25 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Measures – Part 2 | <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In March 56% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance</p> | Mar-25 | 56% Part 2 Below standard (Q3) | <p>Valid Treatment Plan - Adults</p> <table border="1"> <caption>Performance vs Standard Q3 (Part 2)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q3 (%)</th> </tr> </thead> <tbody> <tr><td>mar-24</td><td>55</td><td>80</td></tr> <tr><td>apr-24</td><td>58</td><td>80</td></tr> <tr><td>mai-24</td><td>58</td><td>80</td></tr> <tr><td>jun-24</td><td>58</td><td>80</td></tr> <tr><td>jul-24</td><td>60</td><td>80</td></tr> <tr><td>aug-24</td><td>60</td><td>80</td></tr> <tr><td>sep-24</td><td>60</td><td>80</td></tr> <tr><td>okt-24</td><td>60</td><td>80</td></tr> <tr><td>nov-24</td><td>60</td><td>80</td></tr> <tr><td>des-24</td><td>58</td><td>80</td></tr> <tr><td>jan-25</td><td>58</td><td>80</td></tr> <tr><td>feb-25</td><td>58</td><td>80</td></tr> <tr><td>mar-25</td><td>56</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard Q3 (%) | mar-24 | 55 | 80 | apr-24 | 58 | 80 | mai-24 | 58 | 80 | jun-24 | 58 | 80 | jul-24 | 60 | 80 | aug-24 | 60 | 80 | sep-24 | 60 | 80 | okt-24 | 60 | 80 | nov-24 | 60 | 80 | des-24 | 58 | 80 | jan-25 | 58 | 80 | feb-25 | 58 | 80 | mar-25 | 56 | 80 | | | | | | | | | |
| Month | Performance (%) | Standard Q3 (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mar-24 | 55 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| apr-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mai-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jun-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jul-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aug-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sep-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| okt-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nov-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| des-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| jan-25 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| feb-25 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mar-25 | 56 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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NHS Wales Performance Framework Measures

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|----------|--|-----------------|--|-----------------------------------|---|--------|--------|--------|--------|----------|----------|----------|----------|
| 11. | Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours | 2023/24 | 100% | 100% Above standard | <table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table> | 19/20 | 20/21 | 21/22 | 22/23 | 93.4% | 95.0% | 96.5% | 98.2% |
| 19/20 | 20/21 | 21/22 | 22/23 | | | | | | | | | | |
| 93.4% | 95.0% | 96.5% | 98.2% | | | | | | | | | | |
| 12. | Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | Mar-25 | Improvement compared to the same month in the previous year | 46.3% Above standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>45.40%</td> <td>45.30%</td> <td>45.50%</td> <td>46.30%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 45.40% | 45.30% | 45.50% | 46.30% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 45.40% | 45.30% | 45.50% | 46.30% | | | | | | | | | | |
| 13. | Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) | Apr-24/Mar-25 | A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025 | 98.5% Above standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>77.60%</td> <td>84.50%</td> <td>90.20%</td> <td>98.50%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 77.60% | 84.50% | 90.20% | 98.50% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 77.60% | 84.50% | 90.20% | 98.50% | | | | | | | | | | |
| 14. | Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) | Mar-25 | Increase compared to the same month in the previous year | 2,465 Above standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>2390</td> <td>2329</td> <td>2440</td> <td>2465</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 2390 | 2329 | 2440 | 2465 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 2390 | 2329 | 2440 | 2465 | | | | | | | | | | |
| 15. | Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years | Mar-25 | 80% | 99% Above standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>99%</td> <td>93%</td> <td>99%</td> <td>99%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 99% | 93% | 99% | 99% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 99% | 93% | 99% | 99% | | | | | | | | | | |
| 16. | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years | Mar-25 | 80% | 100% Above standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>80%</td> <td>92%</td> <td>90%</td> <td>100%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 80% | 92% | 90% | 100% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 80% | 92% | 90% | 100% | | | | | | | | | | |
| 17. | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over | Mar-25 | 80% | 51.3% Below standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>26.0%</td> <td>40.6%</td> <td>97.9%</td> <td>51.3%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 26.0% | 40.6% | 97.9% | 51.3% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 26.0% | 40.6% | 97.9% | 51.3% | | | | | | | | | | |
| 18. | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over | Mar-25 | 80% | 99.4% Above standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>100.0%</td> <td>99.4%</td> <td>100.0%</td> <td>99.4%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 100.0% | 99.4% | 100.0% | 99.4% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 100.0% | 99.4% | 100.0% | 99.4% | | | | | | | | | | |
| 19. | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | Apr-25 | 65% | 51% Below standard | <table border="1"> <tr> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> </tr> <tr> <td>49%</td> <td>62%</td> <td>50%</td> <td>51%</td> </tr> </table> | Jan-25 | Feb-25 | Mar-25 | Apr-25 | 49% | 62% | 50% | 51% |
| Jan-25 | Feb-25 | Mar-25 | Apr-25 | | | | | | | | | | |
| 49% | 62% | 50% | 51% | | | | | | | | | | |
| 20. | Median emergency response time to amber calls | Apr-25 | 12 month reduction trend | 01:58:55 Above standard | <table border="1"> <tr> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> </tr> <tr> <td>02:04:11</td> <td>01:50:49</td> <td>01:46:41</td> <td>01:58:55</td> </tr> </table> | Jan-25 | Feb-25 | Mar-25 | Apr-25 | 02:04:11 | 01:50:49 | 01:46:41 | 01:58:55 |
| Jan-25 | Feb-25 | Mar-25 | Apr-25 | | | | | | | | | | |
| 02:04:11 | 01:50:49 | 01:46:41 | 01:58:55 | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|--|-----------------|---|---------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|
| 21. | Median time from arrival at an emergency department to triage by a clinician | Mar-25 | 15 minutes or less | 8 Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>10</td> <td>8</td> <td>10</td> <td>8</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 10 | 8 | 10 | 8 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 10 | 8 | 10 | 8 | | | | | | | | | | |
| 22. | Median time from arrival at an emergency department to assessment by a clinical decision maker | Mar-25 | 60 minutes or less | 64 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>78</td> <td>62</td> <td>68</td> <td>64</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 78 | 62 | 68 | 64 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 78 | 62 | 68 | 64 | | | | | | | | | | |
| 23. | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | Apr-25 | Improvement compared to the same month in the previous year, towards the national target of 95% | 62.7% Below standard | <table border="1"> <tr> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> </tr> <tr> <td>63.2%</td> <td>62.5%</td> <td>66.2%</td> <td>62.7%</td> </tr> </table> | Jan-25 | Feb-25 | Mar-25 | Apr-25 | 63.2% | 62.5% | 66.2% | 62.7% |
| Jan-25 | Feb-25 | Mar-25 | Apr-25 | | | | | | | | | | |
| 63.2% | 62.5% | 66.2% | 62.7% | | | | | | | | | | |
| 24. | 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 | Apr-25 | Reduction compared to the same month in the previous year, towards the national target of zero | 887 Above standard | <table border="1"> <tr> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> </tr> <tr> <td>1054</td> <td>801</td> <td>901</td> <td>887</td> </tr> </table> | Jan-25 | Feb-25 | Mar-25 | Apr-25 | 1054 | 801 | 901 | 887 |
| Jan-25 | Feb-25 | Mar-25 | Apr-25 | | | | | | | | | | |
| 1054 | 801 | 901 | 887 | | | | | | | | | | |
| 25. | Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | Mar-25 | 12 month improvement trend towards a national target of 80% by 31 March 2026 | 68.7% Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>66.7%</td> <td>66.4%</td> <td>64.2%</td> <td>68.7%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 66.7% | 66.4% | 64.2% | 68.7% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 66.7% | 66.4% | 64.2% | 68.7% | | | | | | | | | | |
| 26. | Number of patients waiting more than 8 weeks for a specified diagnostic | Apr-25 | 0 | 14,750 Above standard | <table border="1"> <tr> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> </tr> <tr> <td>16088</td> <td>14086</td> <td>13825</td> <td>14750</td> </tr> </table> | Jan-25 | Feb-25 | Mar-25 | Apr-25 | 16088 | 14086 | 13825 | 14750 |
| Jan-25 | Feb-25 | Mar-25 | Apr-25 | | | | | | | | | | |
| 16088 | 14086 | 13825 | 14750 | | | | | | | | | | |
| 27. | Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy | Mar-25 | 100% | 72% Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>86.24%</td> <td>82.00%</td> <td>76.66%</td> <td>71.58%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 86.24% | 82.00% | 76.66% | 71.58% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 86.24% | 82.00% | 76.66% | 71.58% | | | | | | | | | | |
| 28. | Number of patients (all ages) waiting more than 14 weeks for a specified therapy | Apr-25 | 0 | 475 Above standard | <table border="1"> <tr> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> </tr> <tr> <td>273</td> <td>322</td> <td>384</td> <td>475</td> </tr> </table> | Jan-25 | Feb-25 | Mar-25 | Apr-25 | 273 | 322 | 384 | 475 |
| Jan-25 | Feb-25 | Mar-25 | Apr-25 | | | | | | | | | | |
| 273 | 322 | 384 | 475 | | | | | | | | | | |
| 29. | Number of patients (all ages) waiting more than 14 weeks for audiology | Mar-25 | 0 | 308 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>117</td> <td>195</td> <td>248</td> <td>308</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 117 | 195 | 248 | 308 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 117 | 195 | 248 | 308 | | | | | | | | | | |

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NHS Wales Performance Framework Measures

[Return to Section Menu](#)

| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|--|-----------------|--|---------------------------------|---|--------|--------|--------|--------|-------|-------|-------|-------|
| 30. | Number of patients waiting more than 52 weeks for a new outpatient appointment | Mar-25 | 0 | 15,185 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>16227</td> <td>16439</td> <td>15725</td> <td>15185</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 16227 | 16439 | 15725 | 15185 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 16227 | 16439 | 15725 | 15185 | | | | | | | | | | |
| 31. | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Feb-25 | Reduction compared to the same month in the previous year | 19,694 Below standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>18940</td> <td>20232</td> <td>20017</td> <td>19694</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 18940 | 20232 | 20017 | 19694 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 18940 | 20232 | 20017 | 19694 | | | | | | | | | | |
| 32. | Number of patients waiting more than 104 weeks for referral to treatment | Mar-25 | 0 | 1,632 Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>3754</td> <td>3581</td> <td>2414</td> <td>1632</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 3754 | 3581 | 2414 | 1632 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 3754 | 3581 | 2414 | 1632 | | | | | | | | | | |
| 33. | Number of patients waiting more than 52 weeks for referral to treatment | Mar-25 | Month on month reduction towards the national target of zero by 30 June 2025 | 32,763 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>35712</td> <td>35008</td> <td>33246</td> <td>32763</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 35712 | 35008 | 33246 | 32763 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 35712 | 35008 | 33246 | 32763 | | | | | | | | | | |
| 34. | Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment | Mar-25 | 80% | 10% Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>10%</td> <td>9%</td> <td>10%</td> <td>10%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 10% | 9% | 10% | 10% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 10% | 9% | 10% | 10% | | | | | | | | | | |
| 35. | Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | Mar-25 | 80% | 75% Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>69%</td> <td>71%</td> <td>73%</td> <td>75%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 69% | 71% | 73% | 75% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 69% | 71% | 73% | 75% | | | | | | | | | | |

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| Measure | | Internal standard | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Trend |
|----------------------|--|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Outpatients | % DNAs - New appointments | 5% | 10.9% | 9.5% | 9.1% | 9.7% | 9.7% | 10.0% | 9.9% | 9.9% | 10.1% | 10.3% | 9.6% | 9.7% | 10.5% | |
| | % DNAs - Follow-up appointments | 5% | 13.0% | 11.6% | 11.8% | 11.9% | 11.4% | 11.8% | 11.9% | 11.6% | 11.8% | 12.0% | 12.1% | 12.3% | 12.5% | |
| Endoscopy | % room utilisation | 90% | 91% | 78% | 79% | 89% | 81% | 74% | 74% | 68% | 78% | 75% | 83% | 82% | 88% | |
| | % utilisation (activity points available) | 95% | | | | 84% | 81% | 80% | 83% | 85% | 87% | 85% | 84% | 81% | 84% | |
| Theatres | Average turnaround time (minutes) | 10 | 16.7 | 17.1 | 18.6 | 16.3 | 17.0 | 16.0 | 18.9 | 19.9 | 15.9 | 16.2 | 15.9 | 16.0 | 16.9 | |
| | % of theatre session utilisation | 95% | 73% | 84% | 84% | 81% | 80% | 75% | 79% | 83% | 84% | 75% | 88% | 85% | 87% | |
| | % in session utilisation | 85% | 78% | 79% | 78% | 78% | 77% | 77% | 80% | 80% | 82% | 78% | 79% | 79% | 77% | |
| | <24 hour elective cancellations | N/A | 212 | 243 | 289 | 247 | 309 | 249 | 190 | 363 | 198 | 217 | 315 | 295 | 347 | |
| | % theatre activity as Daycase | TBC - will be added following confirmation of GIRFT dataset | | | | | | | | | | | | | | |
| | 'High Volume Low Complexity' volume | TBC - will be added following confirmation of GIRFT dataset | | | | | | | | | | | | | | |
| Waiting list | Total RTT waiting list volume | N/A | 147,620 | 149,805 | 150,199 | 151,888 | 153,560 | 153,673 | 155,063 | 156,194 | 154,994 | 154,605 | 153,519 | 151,069 | 151,226 | |
| Inpatient | Delayed pathways of Care - Mental Health | 217 | 41 | 38 | 39 | 34 | 29 | 36 | 26 | 26 | 32 | 29 | 30 | 30 | 27 | |
| | Delayed Pathways of Care - non-Mental Health | | 170 | 145 | 140 | 160 | 142 | 138 | 144 | 135 | 130 | 115 | 146 | 133 | 136 | |
| | 7 day LOS on Acute Wards (snapshot) | <40% | 57.7% | 56.8% | 55.2% | 55.2% | 55.5% | 58.0% | 58.5% | 59.4% | 57.3% | 62.3% | 60.5% | 59.4% | 56.2% | |
| | 21 day LOS on Acute Wards (snapshot) | <20% | 32.9% | 32.0% | 29.3% | 29.4% | 30.9% | 32.6% | 31.8% | 31.4% | 30.9% | 35.5% | 37.3% | 34.0% | 34.0% | |
| Urgent and Emergency | Reportable attendances | N/A | 11,489 | 11,484 | 12,102 | 11,930 | 11,773 | 10,926 | 11,567 | 12,628 | 11,922 | 11,468 | 10,756 | 10,237 | 12,193 | |
| | UHW Majors attendances | N/A | 6,041 | 5,958 | 6,247 | 5,933 | 5,962 | 5,792 | 5,968 | 6,352 | 6,219 | 6,011 | 5,710 | 5,453 | 5,998 | |
| | Reportable EU admissions | N/A | 1,880 | 1,922 | 1,833 | 1,847 | 1,865 | 1,778 | 1,768 | 1,823 | 1,831 | 1,829 | 1,676 | 1,502 | 1,658 | |
| | SDEC attendances | N/A | 1,715 | 1,625 | 1,700 | 1,638 | 1,699 | 1,736 | 1,730 | 1,847 | 1,716 | 1,601 | 1,786 | 1,609 | 1,770 | |

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| | | | | |
|-----------------|--|----------|-----------------|------------|
| Report Title: | Regional Partnership Board Funding Stream Q4 reports 2024-25 and Financial Plans for 2025-26 | | Agenda Item no. | 2.4 |
| Meeting: | Finance and Performance Committee | Public | Meeting Date: | 21.05.2025 |
| | | Private | | |
| Status: | Assurance | Approval | Information | X |
| Lead Executive: | Executive Director of Strategic Planning | | | |
| Report Author: | Head of Partnerships and Assurance Job Title | | | |

Background and current situation:

Regional Partnership Board Funding Stream Q4 reports 2024-25

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population. Cardiff and Vale UHB plays the role of 'banker' for RPB funding streams on behalf of the region.

In 2024-25, the Regional Partnership Board oversaw the following funding streams on behalf of the region:

- Regional Integration Fund (RIF) (£19,276k)
- Wales Community Care Information System (WCCIS) (£173k)
- Short Breaks for Unpaid Carers (£172k)
- Neurodiversity (£635k)
- Regional Innovation Co-ordination Hub (RICH) (£250k)
- IRCF (Capital Fund) Revenue (£700k)
- **Total: £21,206k.**

A full description of each fund together with the end of year reports which have been prepared in line with Welsh Government expectations are accessible via this hyperlink to the private page of the Cardiff and Vale RPB website. Please use the password: SLGMAY202

A high-level overview of the emerging financial and performance status provided within the reports for each funding stream is attached as **Appendix 1**. In addition to the Welsh Government reports, the RPB team have also prepared a set of Dashboards for local information and assurance. These contain particular information relating to the financial allocations by partner for each element of the RIF and are available on the same webpage noted above.

Financial Plans for 2025-26

Welsh Government have allocated a range of funding streams to the RPB for use in 2025-26. Overall allocations along with the anticipated expenditure by partner and programme are outlined below.

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| Forecast 25/26 – | Programme Expenditure 2025/26 £ | | | | | | |
|---|---------------------------------|------------------|------------------|------------------|------------------|-------------------|----------------|
| Partner Expenditure Plan | Programme Expenditure 2025/26 £ | | | | | | |
| RIF Programme | Allocation £ | UHB | Cardiff LA | Vale LA | Third Sector | Total | Variance* |
| RPB Infrastructure | 750,000 | 754,541 | 20,000 | 20,000 | 0 | 794,541 | 44,541 |
| At Home | 9,263,731 | 2,220,334 | 5,131,785 | 1,686,006 | 415,610 | 9,453,734 | 190,003 |
| emPower | 4,125,354 | 1,120,780 | 2,181,549 | 622,926 | 200,100 | 4,125,355 | 1 |
| Complex Health and Learning Disability | 820,328 | 487,079 | 174,938 | 158,310 | 0 | 820,328 | 0 |
| Learning Disabilities | 1,774,484 | 176,851 | 1,022,548 | 530,771 | 140,000 | 1,870,170 | 95,686 |
| Unpaid Carers | 479,042 | 13,042 | 143,750 | 0 | 322,250 | 479,042 | 0 |
| ICF Autism | 397,728 | 397,728 | 0 | 0 | 0 | 397,728 | 0 |
| ICF Dementia | 1,600,000 | 1,144,539 | 232,461 | 88,000 | 135,000 | 1,600,000 | 0 |
| Short breaks | 172,237 | 0 | 0 | 0 | 172,237 | 172,237 | 0 |
| Social Value | 45,000 | 0 | 0 | 0 | 45,000 | 45,000 | 0 |
| Digital | 35,000 | 35,000 | 0 | 0 | 0 | 35,000 | 0 |
| Total | 19,462,904 | 6,349,894 | 8,907,030 | 3,106,013 | 1,430,197 | 19,793,135 | 330,231 |
| | | | | | | | |
| Forecast 25/26 - Partner Expenditure Plan | Programme Expenditure 2025/26 £ | | | | | | |
| Other Programmes | Allocation £ | UHB | Cardiff LA | Vale LA | Third Sector | Total | Variance |
| Neurodiversity | TBC | TBC | TBC | | | | |

The Partner expenditure profiles present a variance against allocation which is not considered a material risk across partner organisations and is expected to be managed via slippage through the financial year.

All funding streams have structures in place to ensure effective management with overall assurance provided via the Strategic Leadership Group. All partners have made an explicit commitment that any consequent end of year overspend will need to be managed locally by individual partners.

In addition, guidance has been developed to support overall management of the funding streams which includes:

- Senior Responsible Owner responsibilities, including the introduction of Lead and Associate SROs for projects where funding spans across numerous partners
- Budget and performance management guidance and the role of the RPB team in supporting these functions
- Reporting timelines
- A 'Who's who' of all SROs and financial support leads across the programmes.

Strict arrangements are in place to ensure that all over commitments are brought back in line with overall allocations by the end of the financial year.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Regional Partnership Board Funding Stream Q4 reports 2024-25

The RPB has delegated responsibility for the assurance and performance management of its revenue funding streams to the Strategic Leadership Group (SLG). SLG considered a high-level overview of the emerging financial and performance status provided within the reports for each funding stream.

Following this review, the SLG approved all reports for submission to Welsh Government. These will be submitted for ratification by the Regional Partnership Board at its meeting in June 2025.

Financial Plans for 2025-26

Based upon the recommendations from operational colleagues across the partnership, the Strategic Leadership Group has agreed to accept the recommended over-commitment of with the expectation that this risk would be managed in year in line with the original Welsh Government allocation.

Recommendation:

The Committee are requested to note for information:

- the Q4 report for RPB funding in 2024-25
- the agreed RPB budget allocations for 2025-26.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

| | | | |
|---|---|--|---|
|  <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p> | ✓ |  <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p> | ✓ |
|  <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p> | ✓ |  <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p> | ✓ |

Five Ways of Working (Sustainable Development Principles) considered

| | | | | | | | | | |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|
| Prevention | X | Long term | x | Integration | X | Collaboration | X | Involvement | X |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|

Quality Impact Assessment Completed?

| | | | | |
|--|--|---|---|---|
| <p>Yes – (please provide completed QIA document)</p> | | <p>No – (Please provide reasoning, e.g. not required)</p> | X | <p><i>Risk assessments covering data quality, financial activity and actual performance for each priority continue to be reviewed and updated regularly as part of quarterly performance reporting.</i></p> |
|--|--|---|---|---|

Impact Assessment:

Risk: Yes

Risk assessments covering data quality, financial activity and actual performance for each priority continue to be reviewed and updated regularly as part of quarterly performance reporting.

Safety: Yes

Safety is a consideration at specific project level where appropriate.

| |
|--|
| Financial: Yes |
| <i>The match funding requirement contained within the original RIF guidelines has now been cancelled by the Minister. However, the over-commitment referenced within the main report is a risk which will be closely managed throughout the year to ensure a return within allocation by the end of the year.</i> |
| Workforce: Yes |
| <i>The capacity and development of our workforce will be fundamental to ensuring delivery of each project within the RIF. Workforce considerations are included within delivery plans for each project.</i> |
| Legal: Yes |
| <i>Any legal implications from delivery of specific commitments will be addressed within the delivery plans for each project area.</i> |
| Reputational: Yes |
| <i>The RIF contains a series of challenging commitments for focused work over the next 2 years. It will be important for the UHB to be seen to demonstrate ongoing commitment and support to enabling delivery.</i> |
| Socio Economic: Yes |
| <i>The RIF has been developed in direct response to WG guidance which outlines the specific needs of key population groups across our region including those with various socio-economic disadvantages e.g. older people, children, people with learning disabilities, etc. The delivery plans for each project include an overview of engagement intentions and the outcomes to be achieved as a result.</i> |
| <i>The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)</i> |
| Equality and Health: Yes/No |
| <i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)</i> |
| <i>Given the broad nature of the RIF, Equality Health Impact Assessments (EHIA) will be undertaken for each project where necessary.</i> |
| Decarbonisation: No |
| <i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:</i> |
| <ul style="list-style-type: none"> • <i>A focus upon preventing ill health in our population</i> • <i>Saving energy or increasing throughput.</i> • <i>Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions</i> • <i>Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.</i> |

- *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Decarbonisation is a shared commitment for all partners within the RPB and project delivery plans will be required to take this into account where appropriate.

Welsh Language: Yes

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- *More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- *Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- *Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- *Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

Does the subject matter of your paper risk any of the above not being achieved?

No

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/Exec

Date:

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Appendix 1: End of Year Position as of 30.04.25

| Programme | Amount (£k) 2023-24 | Cumulative Q4 Total Spend (£k) | Description | Delivery Plan Progress | RIF Activity | Overview of Risk Assessment |
|----------------------------------|---------------------|--------------------------------|---------------------------|------------------------|--|---|
| Regional Integration Fund | 16,543 | 16,488 | Starting Well emPOWER | Amber | Green | Some Area Plan work has paused pending outcome of the SWP priority review. Majority of activity in line with anticipated performance with further data development plan in place. |
| | | | Learning Disabilities | Amber | Amber | Good progress made across all planned activities although some delay due to recruitment issues. Positive progress has been made across various projects and a data development baseline review has been completed to inform future work. |
| | | | Unpaid Carers | Amber | Amber | Good progress made across all planned activities to address delays caused by changes in service provider. Majority of activity in line with anticipated performance and plans in place to address issues caused by changes in contractor. |
| | | | @Home | Green | Green | Good progress made across all planned activities although some delay within place based planning as further engagement required. Majority of activity in line with anticipated performance. |
| | 398 | 463 | Integrated Autism Service | Green | Green | Anticipate project performance in line with stated objectives. |
| 1,585 | 1,555 | Dementia | Green | Green | Good progress made across all planned activities. Majority of activity in line with anticipated performance. | |

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| | | | | | | |
|-------------------------|---------------|---------------|---|-------|-------|--|
| | 750 | 754 | Infrastructure | Green | Green | Good progress made across all planned activities. Majority of activity in line with anticipated performance. |
| Short Breaks | 172 | 172 | 3 rd sector grants for unpaid carer short breaks | Green | Green | Good progress made across all planned activities. Majority of activity in line with anticipated performance. |
| Neuro-divergence | 635 | 651 | | Green | Green | Good progress made across all planned activities. Majority of activity in line with anticipated performance. The exact amount of funding in 2025-26 remains to be confirmed. |
| RIC | 250 | 250 | | Green | Green | Good progress made across all planned activities. Funding for this service came to an end in March 2025 and an overview of performance is included within the Annual Report. |
| WCCIS | 173 | 173 | Regional data collation for WG. No associated funding. | Green | Green | Anticipate project performance in line with stated objectives. Funding for this service was confirmed in late March 2025 but was supported with the use of agreed over-allocation throughout the year. |
| Total | 20,506 | 20,506 | | | | |

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| | | | |
|--|---|-----------------|-------------|
| Report Title: | Care Provider Fee Uplift Required for 2025/26 | Agenda Item no. | 2.5 |
| Meeting: | F&P Committee | Public | √ |
| | | Private | |
| Meeting Date: | May 2025 | | |
| Status <i>(please tick one only):</i> | Assurance | Approval | Information |
| Lead Executive: | Executive Director of Finance / Executive Director of Nursing | | |
| Report Author (Title): | Assistant Director of Finance (PCIC, MED, MH) & RPB | | |

Main Report

Background and current situation:

Background

The Health Board maintains commissioning responsibility for patients placed in care packages who meet the key Continuing Healthcare (CHC) criteria that the primary reason for a placement or package is a health need. CHC requirements are underpinned by key legislation and case law.

CHC can be provided in any setting outside hospital, such as in a person's own home, in a care home, hospice or in a prison and is part of the continuum of care and support that an individual with complex needs may move in and out of. Packages cost the UHB circa £100m in expenditure per annum, managed across PCIC, Mental Health and Children & Women Clinical Boards.

The significant contribution that health and social care providers make to ensure the health and well-being of vulnerable people in our community is recognised. The Health Board has always sought to maintain positive working relationships with providers and to ensure that they are supported as best as possible within the resources available.

Each year the UHB provides an uplift to the weekly fees of ongoing and new placements to recognise the increasing costs of provision, including pay and non-pay inflation. Generally, this has followed the line of passing on general uplifts received from Welsh Government in the main Allocation Letter. In recent years, the UHB has also had to respond to commitments made by Government even where explicit supporting funding has not been allocated.

The Local Authorities (LAs) and the UHB liaise over the approach to fee setting via Regional Commissioning Board discussions. The long-term aim of each of the Cardiff and Vale commissioners remains moving toward a joint approach to the commissioning of care and support services. Whilst it is recognised that there are different practices, processes and structures in each organisation, commissioners continue to work together to share information and discuss their position in relation to fee uplift requirements.

Applying the same percentage uplift to the whole sector, regardless of the rates paid for specific care packages, may not always be appropriate as a result of differing settlements with Welsh Government. As a result, individual partners may apply a differential uplift where they consider that to be appropriate.

The lead around price uplifts varies subject to the package and commissioning arrangement between the UHB, the LAs and NWJCC (CCAPS). Historically, prices set by each partner have been accepted by other partners in terms of their contributions.

Welsh Government Code of Practice and Engagement

In 2024/25, Welsh Government published a new code of practice to underpin a national framework for commissioning care and support. This was issued under section 145 of the Social Services and Well-being (Wales) Act 2014 and came into force September 2024.

[National framework for commissioning care and support: code of practice](#)

- The Code of Practice sets out in Standard 7 the requirement to work collaboratively to understand fair and sustainable costs of delivering care to inform decisions relating to fee setting.

- Standard 7 & 8 refer to transparent and consistent approaches when setting fees, ensuring that they are assessing fair and sustainable costs of care and ensuring public value.
- Contractual uplifts must include appropriate inflation mechanisms to keep pace with rising costs and ensure flexibility in financial regulations to meet specific needs.
- Standard 8 also requires statutory partners to confirm their fee rates to providers before the start of each financial year.
- Statutory partners should, where appropriate, including through the RPB, pool resources to enable effective delivery of shared plans.

In planning for 2025/26, a series of engagement meetings to discuss fee setting and to hear about some of the key challenges and concerns facing providers were held. This was done in parallel to work undertaken by the LAs to assess cost of care changes. Issues highlighted included, for example, RLW costs and competitive pay increases, the impact of employers NI, Return on Capital Employed (ROCE) and the need to continue investing to modernise care homes (e.g. Digital).

The UHB has advised providers on a potential fee uplift position in advance of April, but noting this was subject to the financial plan and due governance.

Real Living Wage

The CHC uplift must now consider one of the key pledges in the Welsh Government's Programme for Government; to pay social care workers in Wales the Real Living Wage (RLW). The RLW rate for Wales effective from 1 April 2025 is £12.60, an increase of 5%.

The RLW is an important step in not only recognising the vital role of social care workers in Wales but also addressing the challenging recruitment and retention issues and pressurised working conditions within the care sector.

The commitment from WG is to fund the difference between the Real Living Wage and the National Living Wage in social care, as set out below:

[Implementing the Real Living Wage for social care workers in Wales | GOV.WALES](#)

WG have advised that the funding of this policy will by definition be non-recurrent, as the gap between the rates will be assessed each year. This was initially set out in the 2024/25 Allocation letter – "Funding for the Real Living Wage (the impact of the policy on Social Care) will be dealt with as a non-recurrent allocation, addressed in year."

Whilst settled in the prior year, there remains some uncertainty around the RLW allocation assumptions in the UHB 2025/26 position and financial plan which should be noted.

The calculation of the RLW and the impact to providers is complex. There has not been a fully open book approach between the Health Board, Local Authorities (LAs) and care providers to determine rates of pay etc. but a weighted uplift has been assumed within the below proposal consistent with 2024/25.

Employers' NI

The impact of both the employers' NI rate increase (1.2%) and also the threshold change to £5,000 is a largely unavoidable inflationary cost for providers. There is precedent in considering this cost in the uplift assumptions and Local Authorities have also recognised it in their provider offer letters. There has been no explicit WG funding to support the impact of employers' NI on commissioned services at this point. Assessments will vary by provider, depending on their workforce structures and pay arrangements, but a weighted uplift has been assumed within the below proposal.

Wider Context

The UHB faces a significant financial deficit and must balance overall financial and operational risks, whilst meeting WG policy expectations. Quality, Improvement and Efficiency Plans (QIEP) continue to develop across Clinical Boards, seeking to manage the growing CHC demand and cost base. It is important to note that these plans need to run in parallel to uplift mechanisms, working in partnership with care providers over difficult choices whilst ensuring robust commissioning arrangements and value.

Proposal

It is proposed to offer care providers a **6.4% uplift** on UHB-led packages. The assessed financial impact is **£6.1m**, subject to demand, which is fully provided for in the current UHB financial plan. The proposed uplift aligns closely to the LA uplifts with consideration of RLW, CPI and Employers' NI implications.

Application of the uplift with providers will be subject to ongoing absolute price assurances and VFM testing, and may only be applicable to baseline rates as opposed to additional hours or equipment agreements. Where existing rates are considered reasonable already, e.g. due to a recent spot purchase agreement, an uplift may not be reflected or may be partly reflected through negotiation.

Where joint care packages are provided between health and social care, it would prove challenging to restrict or amend the uplift from that already offered by the Local Authorities because providers will not accept differential uplifts for both elements of the package and hence the LA rate will be paid. Due to UHB / LA alignment, this is not expected to be a material issue. Final NWJCC (CCAPS) rates will also be paid consistent with the NHS Wales approach.

Subject to Board approval, Providers would be formally notified of the uplift rate where applicable by the Assistant Director of Finance.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

There is an ongoing risk to sustainability of care providers and availability of care packages if fees paid are not reflective of business costs and inflationary pressures. This has a potential consequential impact on services available to the population of Cardiff and Vale as well as the ability to maintain flow out of hospital.

There is a risk that providers may not accept the uplift rate and the UHB will see a rise in 'exceptional requests' at spot purchase prices or run into disputes.

The Health Board is required by WG to make an adequate uplift to care providers with consideration of the RLW policy position and the updated Code of Practice set out in the report.

The proposed uplift is provided for in the current deficit financial plan alongside volume growth assessments, and application remains subject to appropriate VFM testing and benchmarking.

Quality, Improvement and Efficiency Plans within Clinical Boards around CHC need to progress alongside uplifts, to ensure opportunities to manage demand and the overall cost base are realised.

Recommendation:

F&P Committee is requested to:

- **SUPPORT** the 2025/26 annual uplift that should be offered to care providers at 6.4%, noting this is within the growth provisions of the current financial plan. This will then be presented to Board for final approval.
- **NOTE** that joint packages of care may vary from this in line with Local Authority increases already offered, to be risk managed against growth provisions
- **NOTE** the risk that providers may not accept the new rates and/or that negotiation by exception may be required subject to market forces, benchmarking and VFM tests

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

| | | |
|--|---|--|
| <p>1.  Putting People First</p> | <p>2.  Providing Outstanding Quality</p> | |
| <p>3.  Delivering in the Right Places</p> | <p>4.  Acting for the Future</p> | |

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

| | | | | | | | | |
|------------|--|-----------|---|-------------|---|---------------|---|-------------|
| Prevention | | Long term | √ | Integration | √ | Collaboration | √ | Involvement |
|------------|--|-----------|---|-------------|---|---------------|---|-------------|

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: /No

Safety: /No

Financial: Yes

The cost of this uplift is contained within the Health Board's financial plan.

Workforce: /No

Legal: No

Reputational: Yes

The Health Board must ensure uplifts for these commissioned services are provided

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Saunders, Nathan
20/05/2025 11:58:57

| | | | |
|-----------------|--------------------------------------|-----------------|----------|
| Report Title: | Monthly Monitoring Return – Month 12 | Agenda Item no. | 4.1 |
| Meeting: | Finance and Performance Committee | Public | X |
| | | Private | |
| Status: | Assurance | X | Approval |
| Lead Executive: | Executive Director of Finance | | |
| Report Author: | Deputy Director of Finance | | |

Background and current situation:

SITUATION

WHC (2025) 023 - 2025/26 NHS Wales Financial Monitoring Return
 Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.

A copy of the March 2024/25 MMR is attached.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The extracts from the UHBs Monthly Financial Monitoring Return are provided for information and assurance.

Recommendation:

The Board/Committee are requested to:

- a) .NOTE the extracts from the UHBs Monthly Financial Monitoring Returns.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

| | |
|---|--|
|  <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p> |  <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p> |
|  <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p> |  <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p> |

Five Ways of Working (Sustainable Development Principles) considered

| | | | | |
|------------|-----------|-------------|---------------|-------------|
| Prevention | Long term | Integration | Collaboration | Involvement |
|------------|-----------|-------------|---------------|-------------|

Quality Impact Assessment Completed?

| | | | | |
|--|--|--|--|--|
| Yes – (please provide completed QIA document) | | No – (Please provide reasoning, e.g. not required) | | |
| Impact Assessment: | | | | |
| Risk: No | | | | |
| <i>Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Safety: No | | | | |
| <i>Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Financial: Yes | | | | |
| <i>Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Workforce: No | | | | |
| <i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Legal: No | | | | |
| <i>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Reputational: No | | | | |
| <i>Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Socio Economic: No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES | | | | |
| <i>The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)</i> | | | | |
| Equality and Health: No | | | | |
| <i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)</i> | | | | |

Decarbonisation: No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.

These include:

- A focus upon preventing ill health in our population*
- Saving energy or increasing throughput.*
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Finance and
Performance Committee

Date: 21st May 2025

Saunders, Nathan
20/05/2025 11:58:57

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE TWELVE MONTH PERIOD ENDED 31st MARCH 2025

INTRODUCTION

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2024. The draft plan incorporated: -

- Brought forward underlying deficit of £60.9m
- 2024/25 Demand and cost growth and unavoidable investments of £45.4m
- Additional Allocations of £37.3m
- Anticipated pass-through funding on Long Term Agreements of £5.9m (3.67%)
- A £47.2m Savings programme

This resulted in an initial 2024/25 planning deficit of £15.9m.

Revision to Planned Deficit

Following a review of savings programme delivery and recognition of additional unforeseen cost pressures and demand on services in 2024-25, the UHB relayed an Accountable Officer letter on the 2nd of December 2024 to advise Welsh Government of a revised forecast deficit of £34.5m.

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. On this basis the UHB's revised year end forecast is £27.7m as follows:

Table 1 – Forecast Year End Outturn

| | 2024/25 £m |
|--|---------------|
| Draft Planned Financial Position - Deficit £m | 15.9 |
| Additional In Year Recurrent Funding | (6.8) |
| Revised WG Control Target - Deficit £m | 9.1 |
| Forecast Savings Programme Deficit | 11.2 |
| Forecast Operational Deficit | 9.5 |
| Further Recovery Actions | (2.1) |
| Revised Year-End Forecast Deficit £m | 27.7 |

At month 12, the UHB reports a deficit of £27.627m.

This is comprised of £12.625m savings deficit, a £5.903m operational overspend and the revised planning control deficit of £9.100m.

Pressure on Achievement of Savings

At month 12, the UHB has delivered £34.575m (73%) of savings against the £47.2m savings target.

A number of the schemes delivered were only non recurrent and this led to a circa 25.4m shortfall against the £47.2m recurrent target.

Pressure on Operational Position

The main drivers of the operational deficit include:-

- 80 beds will be open by the end of March that were not anticipated at the commencement of the financial year (£6m fully year effect).
- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.
- Cost reduction programmes have delivered £11.2m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.

The UHB had a Recovery Scheme framework in place throughout 2024-25 including a number of schemes and review processes and this has been overseen by the UHB's Sustainability Board (CEO chaired).

A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure. This included a daily Programme Management Office (PMO).

- Authorisation for any necessary remaining agency expenditure
- Authorisation for any necessary variable bank expenditure
- Authorisation for any training (outside the statutory training required for professional registration or clinical training to ensure patient safety and treatment continuity).

The impact of the enhanced control actions combined with further clarification of final 2024-25 funding has contributed to an improved monthly financial performance enabling the UHB to hit the revised deficit forecast of £27.7m

BACKGROUND

The Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2024. A summary of the draft financial plan submitted is provided in Table 2

Table 2: 2024/25 Draft Plan

| | £m | |
|---|--------------|-------------|
| | 2024/25 | 2025/26 |
| Planned Opening Deficit | 16.5 | 15.9 |
| Non Recurrent Welsh Government (WG) Funding 2023/24 | 17.2 | |
| Shortfall on 2023/24 Recurrent Savings | 15.2 | |
| Recurrent Operational Pressures | 12.0 | |
| Estimated Demand Growth / Inflationary Pressures | 40.4 | 40.0 |
| Essential service investments | 5.0 | 5.0 |
| Gross Deficit £m | 106.3 | 60.9 |
| WG Core Uplift | (37.3) | (24.0) |
| WG Core Uplift - pass through funding on LTAs | (5.9) | |
| Savings Target | (47.2) | (36.9) |
| Planned Financial Position £m | 15.9 | 0.0 |

This represented the initial financial plan of the Health Board.

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of a £9.1m deficit.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, and the revised target control total of a £9.1m deficit for 2024-25. This report details the financial position of the UHB for the period ended 28th February 2025.

A full commentary has been provided to cover the tables requested for the month 12 financial position.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN and UNDERLYING POSITION (TABLE A & A1)

Table A sets out the draft financial plan and draft position at month 12 for which the following should be noted:

- The UHB's 47.2m 2024/25 savings target is reported on lines 8 & 9.
- It is assumed that LTA inflation of £5.9m (3.67%) will be passed to the UHB from other Health Boards.
- The bought forward underlying deficit is £60.9m as outlined in the draft financial plan.

The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £6.8m (revised from £5.9m to £9.1m after additional in year recurrent funding of £6.8m) at the end of 2024/25.

At month 12, the UHB had identified £19.761m of recurrent green and amber savings and a further £2.381m of red schemes.

The UHB has re-assessed its planning assumptions for the 2025/26 financial plan and this includes a review of its Underlying Deficit. The revised draft assessment is an ULD of £59.9m as described by Table 3 below:

Table 3 – Initial Assessment of Underlying Deficit

| | UHB £m |
|--------------------------------------|-------------|
| Operational ULD | 25.4 |
| Savings ULD | 25.4 |
| Initial Planned Deficit | 15.9 |
| Additional In Year Recurrent Funding | (6.8) |
| Total ULD £m | 59.9 |

The £59.9m ULD identified above is the current assessed baseline for the 2025-26 Financial Plan before the application of assessed additional funding, demand and cost pressures and savings plans.

The forecast carry forward underlying deficit at year end 2024/25 has been amended to £59.900m in Tables A & A1 to reflect the current assessment.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

The UHB's provisional year end position is a £27.627m deficit which is subject to External Audit scrutiny and review. The UHB does not expect any emerging risks to materially affect the reported year end position.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year end position and reflects the analysis contained in the annual operating plan in Table A. The UHB is reporting a year end deficit of £27.627m as shown in Table 4.

The year-to-date deficit and the revised control deficit of £9.100m is shown in Table 4.

Table 4: Summary Financial Position for the period ended 31st March 2025

| | Month 12 Position £m |
|---|-------------------------|
| Revised Planning Control (Deficit) | 9.100 |
| Savings Programme Deficit | 12.625 |
| Operational position (Surplus) / Deficit | 5.902 |
| Financial Position £m (Surplus) / Deficit £m | 27.627 |

The month 12 deficit of £27.627m comprised of the following:

- £9.100m revised planning control deficit
- £12.625m unachieved CRP gap
- £5.902m operational deficit against plan.

The UHBs revised control deficit from Welsh Government is profiled to be £9.100m overspent at Month 12. The Draft Month 12 position is £18.527m greater than this at £27.627m. The operational deficit against plan improved by £1.906m in month from £7.808m to £5.902m during month 12 primarily due to variable pay improvements and confirmation of the following:

- WEQAS income
- Additional income for the All Wales Digital Eyecare Scheme

- Additional income for the Voluntary scheme for branded medicines Pricing, Access and Growth (VPAG).

SOCNE / SOCNI Movement (TABLE B1)

An explanation of significant movements in the Forecast Income and Expenditure Categories is provided in the response to queries arising from the previous monitoring return submission.

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.232m in month primarily due to nursing pressures, which is £0.299m less than the average for the year to month 11.

COVID 19 ANALYSIS (TABLE B3)

At month 12, Table B3 reports forecast outturn expenditure due to COVID-19 to be in line with the Welsh Government funding of £10.184m. This includes expenditure related to the Covid funding for Health Protection and PPE (£9.040m) and Long Covid (£1.144m) allocations.

The UHB plan assumed that underspends against Covid funding would be retained by the UHB.

Welsh Government funding is summarised in Table 5 below.

Table 5: Summary COVID 19 Funding

| | Funded by WG £m |
|---|--------------------|
| Health Protection/Vaccination & PPE | 9.040 |
| Long Covid | 1.144 |
| Sub Total WG Funded Covid Expenditure £m | 10.184 |

SAVINGS PROGRAMME 2024-25 (TABLE C, C1, C2 & C3)

At month 12, the UHB had delivered £34.575m (73%) of savings against the £47.2m savings target. The reported savings deficit of £12.625m consisted of a gap of £11.2m in identified savings and slippage of £1.425m against identified schemes

To achieve this, a number of the schemes were delivered that were only non recurrent and this led to a circa 25.4m shortfall against the £47.2m recurrent target.

Table 6: Savings Schemes

| | Total Savings Target £m | Savings Delivery £m | Savings Shortfall £m |
|---|----------------------------|------------------------|-------------------------|
| Total Identified Savings (green & amber) £m | 47.200 | 34.575 | (12.625) |

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The UHB completed discussions to agree and sign contracts (Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS organisations, without the need to resort to arbitration. Most LTAs were uplifted in line with the Welsh Government guidelines with a general funding uplift of 3.67%. Some settlements are expected to recover the necessary income to support the anticipated plan position with improved output and productivity.

The financial impact of year-to-date underperformance against LTA activity targets is incorporated within the year to date reported position.

INCOME ASSUMPTIONS 2024/25 (TABLE E)

Table E outlines the UHB’s 2024/25 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this cost, which was assessed at £0.222m in the previous financial year.

BALANCE SHEET (TABLE F)

The Opening Balances at the beginning of April 24 reflect the closing balances in the 2023/24 Final accounts.

Property, plant & equipment has increased by £23m since the start of the year. This is due to the combined impact of capital expenditure, annual indexation and monthly depreciation charges.

Saunders Mathan
20/05/2025 11:59



Overall trade and other debtors increased by £5m to £165m since the start of the year.

The carrying value of trade creditors has increased by £7m to circa £261m over the year.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of March, was £1.624m.

£9.100m strategic cash support was provided by Welsh Government to cover the cash shortfall arising from the UHBs control total issued by Welsh Government

In addition, revenue working cash support of £11.541m was drawn down in respect of movements on the UHB balance sheet.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB achieved its Public Sector Payment Performance target with 97.1% being achieved cumulatively for the year.

CAPITAL RESOURCE LIMIT, IN YEAR SCHEMES & DISPOSALS (TABLES I, J, K & Q)

The UHBs approved capital resource limit is £59.156m in line with the latest CRL received from Welsh Government

The UHB is reporting that it operated within its Capital Resource limit with a draft underspend of £0.248m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of March 2025 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks.

RING FENCED ALLOCATIONS (TABLE P)

Assumed funding and forecast expenditure in respect of Ring-Fenced Allocations are reported in Table P.

IFRS 16 (TABLE Q)

Lease costs, Interest, depreciation and dilapidations are reported at table Q.

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns will be taken to next available meeting of the Finance Committee for information.

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure are reported on tables N & O.

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2024 which included a savings target of £47.2m and aimed to deliver financial stability, a deficit of £15.9m and ensure that the underlying position was reduced.

Welsh Government confirmed an additional in-year recurrent allocation of £6.8m and a revised target control total of £9.1m in November 2024

The UHBs draft financial outturn is consistent with the revised forecast deficit of £27.700m. The UHBs revised control deficit issued by Welsh Government is a £9.100m overspend for 2024/25. The Draft Month 12 position is £18.527m greater than this at £27.627m

The UHBs underlying deficit moving into 2025/26 is £59.9m due the full year effect of 2024/25 new cost pressures and the shortfall against savings targets combined with a reduction in expected non recurrent benefits.

The UHB remains committed to achieving in year and recurrent financial balance as soon as possible and work to minimise the 2024/25 deficit outturn continues.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

30th April 2025

30th April 2025

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
 Lines 1 - 14 should not be adjusted after Month 1

| | In Year Effect £'000 | Non Recurring £'000 | Recurring £'000 | FYE of Recurring £'000 |
|--|-------------------------|---------------------------|--------------------|------------------------------|
| 1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -60,900 | 0 | -60,900 | -60,900 |
| 2 Cost Pressures (Non Covid-19) (Negative Value) | -45,400 | -45,400 | | |
| 3 Planned Expenditure For Covid-19 (Negative Value) | -10,184 | -10,184 | | |
| 4 Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction)/ Non-Covid) | 37,300 | 37,300 | | |
| 5 Planned Welsh Government Funding for Covid-19 (Positive Value) | 10,184 | 10,184 | | |
| 6 Other Income Uplift / (Reduction) | 5,900 | 5,900 | | |
| 7 RRL Profile - phasing only (In Year Effect / Column C must be nil) | 0 | 0 | 0 | 0 |
| 8 Planned (Finalised) Green and Amber Savings Plan | 20,272 | 8,928 | 11,344 | 13,549 |
| 9 Planned (Finalised) Net Income Generation | 717 | 492 | 226 | 236 |
| 10 Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | 0 | 0 |
| 12 | 0 | 0 | 0 | 0 |
| 13 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | 26,211 | 0 | 26,211 | 31,215 |
| 14 Opening IMTP / Annual Operating Plan | -15,900 | 7,220 | -23,120 | -15,900 |
| 15 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | -26,211 | 0 | -26,211 | -31,215 |
| 16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value) | 0 | 0 | 0 | 0 |
| 17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 18 Other Movement in Month 1 Planned & In Year Net Income Generation | 133 | 88 | 45 | 117 |
| 19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | -1,640 | -531 | -1,109 | -660 |
| 20 Additional In Year Identified Savings - Forecast | 15,093 | 9,773 | 5,320 | 6,300 |
| 21 Variance to Planned RRL & Other Income | 0 | 0 | 0 | 0 |
| 22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional) | 0 | 0 | 0 | 0 |
| 23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional) | 6,800 | 0 | 6,800 | 6,800 |
| 24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction) | 1,088 | 1,088 | | |
| 25 In Year Accountancy Gains (Positive Value) | 400 | 400 | 0 | 0 |
| 26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately) | 0 | 0 | 0 | 0 |
| 27 Savings Gap | 0 | 0 | 0 | 0 |
| 28 Operational Overspend | -1,340 | -1,088 | -252 | -19,400 |
| 29 | 0 | 0 | 0 | 0 |
| 30 Operational Overspend - Mitigating Actions to reduce expenditure Grip & Control & slippage | 0 | 0 | 0 | 0 |
| 31 Pay Award Funding Bank Staff | 1,550 | 0 | 1,550 | 1,550 |
| 32 | 0 | 0 | 0 | 0 |
| 33 80 beds will be open by the end of March £6m | -6,000 | 0 | -6,000 | -6,000 |
| 34 Planned care Initiatives abover original plan | -3,000 | -3,000 | | |
| 35 2024/25 Pay Award Funding applied to Bank Staff (including RLV staff) | -1,550 | 0 | -1,550 | -1,550 |
| 36 | 0 | 0 | 0 | 0 |
| 37 Mitigating actions to reduce expenditure - Planned Care Recovery | 550 | 550 | | |
| 38 Mitigating actions to reduce expenditure - Variable Pay Reduction | 2,400 | 2,342 | 58 | 58 |
| 39 | 0 | 0 | 0 | 0 |
| 40 Forecast Outturn (- Deficit / + Surplus) | -27,627 | 16,841 | -44,468 | -59,900 |
| 41 Covid-19 - Forecast Outturn (- Deficit / + Surplus) | 1,088 | | | |
| 42 Operational - Forecast Outturn (- Deficit / + Surplus) | -28,715 | | | |

| | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | YTD £'000 | In Year Effect £'000 |
|----|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------------------|
| 1 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -5,075 | -60,900 | -60,900 |
| 2 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -3,783 | -45,400 | -45,400 |
| 3 | -822 | -822 | -848 | -837 | -837 | -837 | -837 | -882 | -882 | -882 | -849 | -850 | -10,184 | -10,184 |
| 4 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 3,108 | 37,300 | 37,300 |
| 5 | 822 | 822 | 848 | 837 | 837 | 837 | 837 | 882 | 882 | 882 | 849 | 850 | 10,184 | 10,184 |
| 6 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 5,900 | 5,900 |
| 7 | 821 | 336 | -125 | 194 | -398 | -126 | -185 | -49 | -51 | -50 | -75 | -291 | 0 | 0 |
| 8 | 890 | 1,348 | 1,805 | 1,485 | 2,076 | 1,805 | 1,730 | 1,773 | 1,775 | 1,774 | 1,799 | 2,014 | 20,272 | 20,272 |
| 9 | 38 | 65 | 71 | 71 | 71 | 71 | 204 | 25 | 25 | 25 | 25 | 25 | 717 | 717 |
| 10 | | | | | | | | | | | | | 0 | 0 |
| 11 | | | | | | | | | | | | | 0 | 0 |
| 12 | | | | | | | | | | | | | 0 | 0 |
| 13 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 2,184 | 26,211 | 26,211 |
| 14 | -1,326 | -1,325 | -1,324 | -1,325 | -15,900 | -15,900 |
| 15 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -26,211 | -26,211 |
| 16 | | | | | | | | | | | | | 0 | 0 |
| 17 | | | | | | | | | | | | | 0 | 0 |
| 18 | 0 | -57 | 200 | 8 | 3 | 7 | -135 | 70 | 18 | 7 | 7 | 6 | 133 | 133 |
| 19 | 52 | -389 | 72 | 375 | -471 | -220 | -152 | -166 | -200 | -88 | -554 | 101 | -1,640 | -1,640 |
| 20 | 0 | 0 | 1,771 | 1,888 | 719 | 1,329 | 1,713 | 1,084 | 1,359 | 1,652 | 1,173 | 2,405 | 15,093 | 15,093 |
| 21 | | | | | | | | | | | | | 0 | 0 |
| 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | | | | | | | | 4,533 | 567 | 567 | 567 | 567 | 6,800 | 6,800 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,088 | 1,088 | 1,088 |
| 25 | 0 | 0 | 0 | 0 | 100 | 0 | 300 | 0 | 0 | 0 | 0 | 0 | 400 | 400 |
| 26 | | | | | | | | | | | | | 0 | 0 |
| 27 | -90 | 239 | -397 | -428 | 1,005 | 21 | 156 | 421 | -96 | -246 | 253 | -838 | 0 | 0 |
| 28 | -719 | -838 | -881 | -932 | -860 | 137 | -1,205 | -3,158 | 5,243 | | 1,979 | -106 | -1,340 | -1,340 |
| 29 | | | | | | | | | | | | | 0 | 0 |
| 30 | | | | | | | | | | 74 | -74 | | 0 | 0 |
| 31 | | | | | | | | | | 1,292 | 129 | 129 | 1,550 | 1,550 |
| 32 | | | | | | | | | | | | | 0 | 0 |
| 33 | | | | | | | | -4,500 | -500 | -500 | -500 | -500 | -6,000 | -6,000 |
| 34 | | | | | | | | -2,250 | -250 | -250 | -250 | -250 | -3,000 | -3,000 |
| 35 | | | | | | | | -1,163 | | -258 | -129 | | -1,550 | -1,550 |
| 36 | | | | | | | | | | | | | 0 | 0 |
| 37 | | | | | | | | | | 150 | 200 | 200 | 550 | 550 |
| 38 | | | | | | | | | | 800 | 800 | 800 | 2,400 | 2,400 |
| 39 | | | | | | | | | | | | | 0 | 0 |
| 40 | -4,267 | -4,554 | -2,743 | -2,599 | -3,014 | -2,235 | -2,832 | -725 | -4,532 | -51 | -39 | -36 | -27,627 | -27,627 |
| 41 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,088 | 1,088 | 1,088 |
| 42 | -4,267 | -4,554 | -2,743 | -2,599 | -3,013 | -2,235 | -2,832 | -725 | -4,532 | -51 | -38 | -1,124 | -28,715 | -28,715 |

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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 £'000 |
|----|--|-------|----------|---------|---------|--------|--------|--------|--------|--------|--------|--------|---------|-----------|--------------------|--|------------|-------|-----------------------|-----------|--|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | Green | Amber | non recurring | recurring | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | |
| 1 | Budget/Plan | 466 | 585 | 582 | 652 | 823 | 777 | 773 | 815 | 789 | 788 | 813 | 813 | 8,678 | 8,678 | | 0 | 0 | | | |
| 2 | Pay | 497 | 399 | 911 | 913 | 996 | 1,003 | 1,108 | 1,157 | 924 | 1,104 | 1,097 | 1,304 | 11,413 | 11,413 | 100.00% | 11,413 | 0 | 5,741 | 5,673 | 6,976 |
| 3 | Variance | 30 | (186) | 329 | 261 | 173 | 226 | 336 | 341 | 135 | 316 | 284 | 491 | 2,735 | 2,735 | 31.52% | 11,413 | 0 | | | |
| 4 | Budget/Plan | 259 | 479 | 810 | 508 | 727 | 594 | 601 | 601 | 629 | 629 | 629 | 845 | 7,311 | 7,311 | | 7,311 | 0 | | | |
| 5 | Non-Pay | 287 | 259 | 2,184 | 1,483 | 934 | 1,314 | 1,307 | 1,032 | 1,285 | 1,532 | 761 | 2,221 | 14,599 | 14,599 | 100.00% | 14,599 | 0 | 11,044 | 3,556 | 4,256 |
| 6 | Variance | 28 | (219) | 1,374 | 975 | 207 | 720 | 706 | 431 | 656 | 903 | 131 | 1,377 | 7,288 | 7,288 | 99.68% | 7,288 | 0 | | | |
| 7 | Budget/Plan | 105 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 1,268 | 1,268 | | 1,268 | 0 | | | |
| 8 | Primary Care - Drugs & Appliances | 105 | 170 | 174 | 197 | 107 | 155 | 337 | 129 | 233 | 233 | 232 | 233 | 2,303 | 2,303 | 100.00% | 2,303 | 0 | 0 | 2,303 | 2,922 |
| 9 | Variance | (0) | 64 | 69 | 91 | 1 | 49 | 231 | 23 | 127 | 127 | 126 | 127 | 1,036 | 1,036 | 81.71% | 1,036 | 0 | | | |
| 10 | Budget/Plan | 14 | 133 | 260 | 171 | 161 | 238 | 161 | 161 | 161 | 161 | 161 | 161 | 1,940 | 1,940 | | 1,940 | 0 | | | |
| 11 | Secondary Care Drugs | 8 | 85 | 326 | 146 | 133 | 215 | 186 | 120 | 198 | 176 | 14 | 448 | 2,056 | 2,056 | 100.00% | 2,056 | 0 | 292 | 1,764 | 2,776 |
| 12 | Variance | (6) | (48) | 66 | (25) | (28) | (23) | 25 | (40) | 37 | 15 | (146) | 287 | 116 | 116 | 5.99% | 116 | 0 | | | |
| 13 | Budget/Plan | 45 | 45 | 48 | 48 | 260 | 90 | 90 | 90 | 90 | 90 | 90 | 90 | 1,075 | 1,075 | | 1,075 | 0 | | | |
| 14 | CHC/FNC | 45 | 45 | 52 | 989 | 155 | 226 | 353 | 227 | 267 | 267 | 287 | 287 | 3,202 | 3,202 | 100.00% | 3,202 | 0 | 943 | 2,259 | 2,259 |
| 15 | Variance | 0 | 0 | 5 | 942 | (105) | 136 | 263 | 137 | 177 | 177 | 197 | 197 | 2,127 | 2,127 | 197.88% | 2,127 | 0 | | | |
| 16 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 17 | Primary Care Contractor | 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 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 20 | Healthcare Services Provided by Other Healthboards | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 130 | 130 | 100.00% | 130 | 0 | 130 | 0 | 0 |
| 21 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 130 | 130 | | 130 | 0 | | | |
| 22 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 23 | Non-healthcare Services Provided by Other Healthboards | 0 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 21 | 100.00% | 21 | 0 | 21 | 0 | 0 |
| 24 | Variance | 0 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 21 | | 21 | 0 | | | |
| 25 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 26 | Other Private & Voluntary Sector | 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 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 29 | Joint Financing & Other | 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 | Budget/Plan | 890 | 1,348 | 1,805 | 1,485 | 2,076 | 1,805 | 1,730 | 1,773 | 1,775 | 1,774 | 1,799 | 2,014 | 20,272 | 20,272 | | 11,593 | 0 | | | |
| 35 | Total | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 4,520 | 33,725 | 33,725 | 100.00% | 33,725 | 0 | 18,170 | 15,554 | 19,189 |
| 36 | Variance | 52 | (389) | 1,843 | 2,264 | 248 | 1,109 | 1,561 | 918 | 1,158 | 1,565 | 619 | 2,505 | 13,453 | 13,453 | | 22,131 | 0 | | | |
| 37 | Variance in month | 5.89% | (28.85%) | 102.13% | 152.46% | 11.94% | 61.46% | 90.23% | 51.79% | 65.26% | 88.22% | 34.39% | 124.38% | 66.36% | | | | | | | |
| 38 | In month achievement against FY forecast | 2.79% | 2.84% | 10.82% | 11.11% | 6.89% | 8.64% | 9.76% | 7.98% | 8.70% | 9.90% | 7.17% | 13.40% | | | | | | | | |

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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 | Budget/Plan | 167 | 230 | 227 | 233 | 404 | 404 | 399 | 442 | 416 | 415 | 440 | 440 | 4,216 | 4,216 | 0 | 0 | | | | | |
| 2 | Pay - General & Substantive | Actual/F'cast | 167 | 211 | 498 | 316 | 405 | 524 | 633 | 550 | 554 | 562 | 572 | 784 | 5,776 | 5,776 | 5,776 | 0 | 1,592 | 4,184 | 5,418 | |
| 3 | Variance | | 0 | (19) | 271 | 83 | 1 | 121 | 234 | 108 | 138 | 147 | 132 | 344 | 1,560 | 1,560 | 5776.055073 | 0 | | | | |
| 4 | Budget/Plan | 299 | 355 | 355 | 419 | 419 | 373 | 373 | 373 | 373 | 373 | 373 | 373 | 4,462 | 4,462 | 0 | 0 | | | | | |
| 5 | Pay - Variable | Actual/F'cast | 330 | 188 | 413 | 592 | 585 | 473 | 469 | 600 | 364 | 542 | 525 | 520 | 5,601 | 5,601 | 5,601 | 0 | 4,112 | 1,489 | 1,558 | |
| 6 | Variance | | 30 | (167) | 58 | 172 | 165 | 99 | 95 | 227 | (10) | 169 | 152 | 147 | 1,139 | 1,139 | 5,601 | 0 | | | | |
| 7 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 8 | Pay - Agency | Actual/F'cast | 0 | 0 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 0 | 36 | 36 | 36 | 0 | 36 | 0 | 0 |
| 9 | Variance | | 0 | 0 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 0 | 36 | 36 | 36 | 0 | | | | |
| 10 | Budget/Plan | 466 | 585 | 582 | 652 | 823 | 777 | 773 | 815 | 789 | 788 | 813 | 813 | 8,678 | 8,678 | 0 | 0 | | | | | |
| 11 | Total | Actual/F'cast | 497 | 399 | 911 | 913 | 996 | 1,003 | 1,108 | 1,157 | 924 | 1,104 | 1,097 | 13,041 | 11,413 | 11,413 | 11,413 | 0 | 5,741 | 5,673 | 6,976 | |
| 12 | Variance | | 30 | (186) | 329 | 261 | 173 | 226 | 336 | 341 | 135 | 316 | 284 | 491 | 2,735 | 2,735 | 11,413 | 0 | | | | |

Table C2- V&S Saving Categories

| Month | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast |
|-------|-----------------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | |
| 1 | Budget/Plan | 466 | 585 | 582 | 652 | 823 | 777 | 773 | 815 | 789 | 788 | 813 | 813 | 8,678 | 8,678 |
| 2 | Workforce | Actual/F'cast | 497 | 399 | 911 | 913 | 996 | 1,003 | 1,108 | 1,157 | 924 | 1,104 | 1,097 | 13,041 | 11,413 |
| 3 | Variance | | 30 | (186) | 329 | 261 | 173 | 226 | 336 | 341 | 135 | 316 | 284 | 491 | 2,735 |
| 4 | Budget/Plan | 119 | 239 | 365 | 276 | 266 | 343 | 266 | 266 | 266 | 266 | 266 | 266 | 3,207 | 3,207 |
| 5 | Medicines Management | Actual/F'cast | 113 | 255 | 500 | 342 | 240 | 370 | 480 | 292 | 431 | 409 | 246 | 681 | 4,359 |
| 6 | Variance | | (6) | 16 | 135 | 66 | (27) | 27 | 214 | 25 | 165 | 143 | (20) | 414 | 1,152 |
| 7 | Budget/Plan | 259 | 479 | 810 | 508 | 727 | 594 | 601 | 601 | 629 | 629 | 629 | 845 | 7,311 | 7,311 |
| 8 | Procurement & Non-pay | Actual/F'cast | 287 | 259 | 2,184 | 1,503 | 934 | 1,314 | 1,307 | 1,032 | 1,285 | 1,532 | 761 | 2,221 | 14,620 |
| 9 | Variance | | 28 | (219) | 1,374 | 995 | 207 | 720 | 706 | 431 | 656 | 903 | 132 | 1,377 | 7,309 |
| 10 | Budget/Plan | 45 | 45 | 48 | 48 | 260 | 90 | 90 | 90 | 90 | 90 | 90 | 90 | 1,075 | 1,075 |
| 11 | CHC | Actual/F'cast | 45 | 45 | 52 | 989 | 155 | 226 | 353 | 227 | 267 | 267 | 287 | 287 | 3,202 |
| 12 | Variance | | 0 | 0 | 5 | 942 | (105) | 136 | 263 | 137 | 177 | 177 | 197 | 197 | 2,127 |
| 13 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Pathway | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 26 | 130 |
| 15 | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 26 | 130 |
| 16 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Other - Commissioning | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 43 | (43) | 0 | 0 | 0 | 0 | 0 |
| 18 | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 43 | (43) | 0 | 0 | 0 | 0 | 0 |
| 19 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Other - Primary Care | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Variance | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Budget/Plan | 890 | 1,348 | 1,805 | 1,485 | 2,076 | 1,805 | 1,730 | 1,773 | 1,775 | 1,774 | 1,799 | 2,014 | 20,272 | 20,272 |
| 23 | Total | Actual/F'cast | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 4,520 | 33,725 |
| 24 | Variance | | 52 | (389) | 1,843 | 2,264 | 248 | 1,109 | 1,561 | 918 | 1,158 | 1,565 | 619 | 2,505 | 13,453 |

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Table C3 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustme nt | Full-year Effect |
|---|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-----------|--------------------|---------------|-----------|-----------------|------------------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 890 | 1,348 | 1,805 | 1,485 | 2,076 | 1,805 | 1,730 | 1,773 | 1,775 | 1,774 | 1,799 | 2,014 | 20,272 | 20,272 | 8,928 | 11,344 | 2,205 | 13,549 |
| | Month 1 - Actual/Forecast | 942 | 959 | 1,876 | 1,860 | 1,605 | 1,584 | 1,578 | 1,607 | 1,575 | 1,686 | 1,245 | 2,115 | 18,632 | 18,632 | 8,398 | 10,234 | 2,655 | 12,889 |
| | Variance | 52 | (389) | 72 | 375 | (471) | (220) | (152) | (166) | (200) | (88) | (554) | 101 | (1,640) | (1,640) | (531) | (1,109) | 449 | (660) |
| | In Year - Plan | 0 | 0 | 1,776 | 1,942 | 843 | 1,372 | 1,319 | 1,247 | 1,371 | 1,591 | 1,425 | 1,741 | 14,627 | 14,627 | 8,973 | 5,654 | 1,480 | 7,134 |
| | In Year - Actual/Forecast | 0 | 0 | 1,771 | 1,888 | 719 | 1,329 | 1,713 | 1,084 | 1,359 | 1,652 | 1,173 | 2,405 | 15,093 | 15,093 | 9,773 | 5,320 | 980 | 6,300 |
| | Variance | 0 | 0 | (5) | (54) | (124) | (43) | 393 | (163) | (12) | 62 | (252) | 664 | 466 | 466 | 799 | (334) | (500) | (834) |
| | Total Plan | 890 | 1,348 | 3,581 | 3,426 | 2,919 | 3,177 | 3,049 | 3,020 | 3,146 | 3,364 | 3,224 | 3,755 | 34,899 | 34,899 | 17,902 | 16,997 | 3,685 | 20,683 |
| | Total Actual/Forecast | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 4,520 | 33,725 | 33,725 | 18,170 | 15,554 | 3,634 | 19,189 |
| | Total Variance | 52 | (389) | 67 | 322 | (595) | (263) | 241 | (329) | (213) | (26) | (806) | 765 | (1,174) | (1,174) | 269 | (1,443) | (51) | (1,494) |
| Net Income Generation | Month 1 - Plan | 38 | 65 | 71 | 71 | 71 | 71 | 204 | 25 | 25 | 25 | 25 | 25 | 717 | 717 | 492 | 226 | 10 | 236 |
| | Month 1 - Actual/Forecast | 38 | 8 | 271 | 66 | 66 | 66 | 41 | 15 | 15 | 15 | 15 | 15 | 631 | 631 | 477 | 154 | 82 | 236 |
| | Variance | 0 | (57) | 200 | (5) | (5) | (5) | (163) | (10) | (10) | (10) | (11) | (11) | (86) | (86) | (15) | (71) | 71 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 29 | 7 | 12 | 30 | 82 | 30 | 13 | 13 | 13 | 229 | 229 | 103 | 127 | (10) | 117 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 12 | 7 | 12 | 28 | 81 | 28 | 17 | 17 | 17 | 219 | 219 | 103 | 117 | 0 | 117 |
| | Variance | 0 | 0 | 0 | (17) | 0 | 0 | (2) | (2) | (2) | 4 | 4 | 4 | (10) | (10) | 0 | (10) | 10 | 0 |
| | Total Plan | 38 | 65 | 71 | 100 | 78 | 82 | 234 | 108 | 55 | 39 | 39 | 39 | 947 | 947 | 594 | 353 | 0 | 353 |
| Total Actual/Forecast | 38 | 8 | 271 | 78 | 73 | 78 | 69 | 96 | 43 | 32 | 32 | 32 | 850 | 850 | 579 | 271 | 82 | 353 | |
| Total Variance | 0 | (57) | 200 | (21) | (5) | (5) | (165) | (12) | (12) | (7) | (7) | (7) | (96) | (96) | (15) | (81) | 81 | 0 | |
| Accountancy Gains | In Year - Plan | 0 | 0 | 0 | 0 | 100 | 0 | 300 | 0 | 0 | 0 | 0 | 0 | 400 | 400 | 400 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 100 | 0 | 300 | 0 | 0 | 0 | 0 | 0 | 400 | 400 | 400 | 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 | 928 | 1,413 | 1,875 | 1,555 | 2,147 | 1,875 | 1,934 | 1,798 | 1,800 | 1,799 | 1,824 | 2,040 | 20,989 | 20,989 | 9,420 | 11,569 | 2,216 | 13,785 |
| | Month 1 - Actual/Forecast | 980 | 967 | 2,147 | 1,926 | 1,671 | 1,650 | 1,619 | 1,622 | 1,590 | 1,701 | 1,260 | 2,130 | 19,263 | 19,263 | 8,874 | 10,389 | 2,736 | 13,125 |
| | Variance | 52 | (446) | 271 | 371 | (475) | (225) | (315) | (176) | (211) | (98) | (565) | 90 | (1,726) | (1,726) | (546) | (1,181) | 521 | (660) |
| | In Year - Plan | 0 | 0 | 1,776 | 1,971 | 950 | 1,384 | 1,649 | 1,330 | 1,401 | 1,604 | 1,438 | 1,754 | 15,256 | 15,256 | 9,476 | 5,780 | 1,470 | 7,250 |
| | In Year - Actual/Forecast | 0 | 0 | 1,771 | 1,900 | 826 | 1,341 | 2,041 | 1,165 | 1,387 | 1,669 | 1,190 | 2,422 | 15,712 | 15,712 | 10,275 | 5,437 | 980 | 6,417 |
| | Variance | 0 | 0 | (5) | (70) | (124) | (43) | 391 | (165) | (14) | 66 | (248) | 668 | 456 | 456 | 799 | (344) | (490) | (834) |
| | Total Plan | 928 | 1,413 | 3,652 | 3,526 | 3,097 | 3,259 | 3,583 | 3,128 | 3,201 | 3,403 | 3,262 | 3,794 | 36,245 | 36,245 | 18,896 | 17,350 | 3,686 | 21,035 |
| | Total Actual/Forecast | 980 | 967 | 3,918 | 3,827 | 2,497 | 2,991 | 3,660 | 2,787 | 2,976 | 3,371 | 2,450 | 4,552 | 34,975 | 34,975 | 19,149 | 15,826 | 3,716 | 19,542 |
| Total Variance | 52 | (446) | 266 | 300 | (600) | (268) | 77 | (342) | (225) | (32) | (813) | 758 | (1,270) | (1,270) | 254 | (1,524) | 30 | (1,494) | |

| 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 | 10,075 | 17,429 | 377 | 27,881 | 800 | 400 |
| Scheduled Care | 0 | 971 | 0 | 971 | 0 | 0 |
| Unscheduled Care | 0 | 1,028 | 0 | 1,028 | 0 | 0 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Primary Care | 1,171 | 2,354 | 0 | 3,525 | 0 | 0 |
| Commissioned Services - CHC | 0 | 0 | 0 | 0 | 0 | 0 |
| Commissioned Services - Specialised Services | 0 | 152 | 0 | 152 | 0 | 0 |
| Other Commissioned Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinical Support | 0 | 0 | 0 | 0 | 0 | 0 |
| Non Clinical Support | 0 | 0 | 0 | 0 | 0 | 0 |
| Executive / Corporate Areas | 168 | 0 | 0 | 168 | 50 | 0 |
| Total | 11,413 | 21,934 | 377 | 33,725 | 850 | 400 |

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Table G - Monthly Cashflow Forecast

| | | April £'000 | May £'000 | June £'000 | July £'000 | Aug £'000 | Sept £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £,000 | Total £,000 |
|-----------------|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| RECEIPTS | | | | | | | | | | | | | | |
| 1 | WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only | 132,945 | 118,770 | 92,640 | 117,835 | 126,005 | 106,110 | 110,275 | 141,950 | 139,780 | 114,165 | 101,505 | 108,514.4 | 1,410,494 |
| 2 | WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only | 1,180 | 1,180 | 420 | 995 | 2,005 | 1,430 | 1,120 | 1,895 | 555 | 725 | 2,060 | 1,197 | 14,762 |
| 3 | WG Revenue Funding - Other (e.g. invoices) | 3,185 | 1,319 | 1,307 | 1,371 | 1,369 | 3,080 | 1,333 | 3,473 | 1,326 | 1,304 | 3,076 | 1,620 | 23,763 |
| 4 | WG Capital Funding - Cash Limit - LHB & SHA only | 10,000 | 4,000 | 2,000 | 2,080 | 2,000 | 1,000 | 3,000 | 1,500 | (3,800) | 5,000 | 8,000 | 23,541 | 58,321 |
| 5 | Income from other Welsh NHS Organisations | 40,964 | 47,167 | 44,602 | 44,107 | 40,652 | 40,817 | 53,103 | 41,780 | 48,350 | 46,160 | 64,414 | 59,324 | 571,438 |
| 6 | Short Term Loans - Trust only | | | | | | | | | | | 0 | 0 | 0 |
| 7 | PDC - Trust only | | | | | | | | | | | 0 | 0 | 0 |
| 8 | Interest Receivable - Trust only | | | | | | | | | | | 0 | 0 | 0 |
| 9 | Sale of Assets | | | | | 0 | 0 | 0 | 7,800 | 0 | 0 | 0 | 0 | 7,800 |
| 10 | Other - (Specify in narrative) | 4,368 | 12,334 | 6,857 | 6,463 | 9,417 | 5,952 | 10,390 | 17,702 | 5,876 | 12,689 | 10,970 | 6,942 | 109,959 |
| 11 | TOTAL RECEIPTS | 192,642 | 184,770 | 147,825 | 172,850 | 181,447 | 158,389 | 179,221 | 216,099 | 192,087 | 180,043 | 190,025 | 201,138 | 2,196,537 |
| PAYMENTS | | | | | | | | | | | | | | |
| 12 | Primary Care Services : General Medical Services | 6,787 | 6,329 | 7,770 | 6,161 | 6,282 | 6,539 | 6,196 | 6,683 | 6,315 | 6,303 | 12,870 | 8,023 | 86,258 |
| 13 | Primary Care Services : Pharmacy Services | 215 | 140 | 125 | 124 | 122 | 118 | 133 | 123 | 141 | 930 | 413 | 211 | 2,795 |
| 14 | Primary Care Services : Prescribed Drugs & Appliances | 8,718 | 18,833 | 0 | 9,099 | 19,250 | 0 | 9,593 | 19,854 | 9,795 | 9,955 | 10,155 | 0 | 115,252 |
| 15 | Primary Care Services : General Dental Services | 2,354 | 2,429 | 2,380 | 2,368 | 2,444 | 2,373 | 2,395 | 2,201 | 2,247 | 2,290 | 2,370 | 4,023 | 29,876 |
| 16 | Non Cash Limited Payments | 2,112 | 2,077 | 2,270 | 2,136 | 2,007 | 2,097 | 2,159 | 2,189 | 2,318 | 1,989 | 2,340 | 2,611 | 26,306 |
| 17 | Salaries and Wages | 70,344 | 70,347 | 70,084 | 70,092 | 68,975 | 72,076 | 73,656 | 84,007 | 88,242 | 76,510 | 76,910 | 75,546 | 896,788 |
| 18 | Non Pay Expenditure | 80,837 | 87,303 | 68,961 | 80,183 | 73,557 | 77,378 | 83,009 | 95,049 | 81,858 | 85,420 | 75,287 | 85,130 | 973,973 |
| 19 | Short Term Loan Repayment - Trust only | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | PDC Repayment - Trust only | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Capital Payment | 12,675 | 1,730 | 1,015 | 1,347 | 1,729 | 912 | 1,569 | 3,074 | 3,416 | 1,800 | 4,111 | 33,068 | 66,446 |
| 22 | Other items (Specify in narrative) | | | | | | | | | | | | | 0 |
| 23 | TOTAL PAYMENTS | 184,043 | 189,188 | 152,605 | 171,509 | 174,366 | 161,492 | 178,711 | 213,181 | 194,333 | 185,198 | 184,455 | 208,611 | 2,197,693 |
| 24 | Net cash inflow/outflow | 8,599 | (4,418) | (4,780) | 1,341 | 7,081 | (3,103) | 510 | 2,919 | (2,246) | (5,155) | 5,570 | (7,473) | |
| 25 | Balance b/f | 2,780 | 11,379 | 6,961 | 2,181 | 3,522 | 10,603 | 7,500 | 8,010 | 10,929 | 8,682 | 3,527 | 9,097 | |
| 26 | Balance c/f | 11,379 | 6,961 | 2,181 | 3,522 | 10,603 | 7,500 | 8,010 | 10,929 | 8,682 | 3,527 | 9,097 | 1,624 | |

Prepared by: Nathan
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Table F - Statement of Financial Position For Monthly Period

| | Opening Balance Beginning of Apr 24 £'000 | Closing Balance End of Mar 25 £'000 | Forecast Closing Balance End of Mar 25 £'000 |
|---|--|--|---|
| Non-Current Assets | | | |
| 1 Property, plant and equipment | 856,649 | 879,719 | 879,719 |
| 2 Intangible assets | 2,233 | 1,575 | 1,575 |
| 3 Trade and other receivables | 182,443 | 132,868 | 132,868 |
| 4 Other financial assets | | | |
| 5 Non-Current Assets sub total | 1,041,325 | 1,014,162 | 1,014,162 |
| Current Assets | | | |
| 6 Inventories | 19,227 | 20,394 | 20,394 |
| 7 Trade and other receivables | 160,978 | 165,001 | 165,001 |
| 8 Other financial assets | | | |
| 9 Cash and cash equivalents | 2,780 | 1,624 | 1,624 |
| 10 Non-current assets classified as held for sale | | | |
| 11 Current Assets sub total | 182,985 | 187,019 | 187,019 |
| 12 TOTAL ASSETS | 1,224,310 | 1,201,181 | 1,201,181 |
| Current Liabilities | | | |
| 13 Trade and other payables | 229,602 | 238,852 | 238,852 |
| 14 Borrowings (Trust Only) | | | |
| 15 Other financial liabilities | | | |
| 16 Provisions | 100,151 | 94,009 | 94,009 |
| 17 Current Liabilities sub total | 329,753 | 332,861 | 332,861 |
| 18 NET ASSETS LESS CURRENT LIABILITIES | 894,557 | 868,320 | 868,320 |
| Non-Current Liabilities | | | |
| 19 Trade and other payables | 24,059 | 22,004 | 22,004 |
| 20 Borrowings (Trust Only) | | | |
| 21 Other financial liabilities | | | |
| 22 Provisions | 167,928 | 128,003 | 128,003 |
| 23 Non-Current Liabilities sub total | 191,987 | 150,007 | 150,007 |
| 24 TOTAL ASSETS EMPLOYED | 702,570 | 718,313 | 718,313 |
| FINANCED BY: Taxpayers' Equity | | | |
| 25 General Fund | 565,473 | 574,638 | 574,638 |
| 26 Revaluation Reserve | 137,097 | 143,675 | 143,675 |
| 27 PDC (Trust only) | | | |
| 28 Retained earnings (Trust Only) | | | |
| 29 Other reserve | | | |
| 30 Total Taxpayers' Equity | 702,570 | 718,313 | 718,313 |



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WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the Finance & Performance Committee 2024/25

Saunders, Nathan
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1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance & Performance Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

In addition to the Chair of the Committee, the Committee membership is a minimum of two other Independent Members. The meetings are also attended by the Executive Director of Finance (Executive Lead for the Committee), Chief Executive, Chief Operating Officer, , Executive Director of Nursing, Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met 11 times during the period from 1st April 2024 to 31st March 2025. This is in line with its Terms of Reference. The Finance & Performance Committee achieved an attendance rate of 63.63% (80% is considered to be an acceptable attendance rate) during the period 1st April 2024 to 31st March 2025 as set out below:

| Attendance | 17.04.24 | 22.05.24 | 19.06.24 | 17.07.24 | 21.08.24 | 18.09.25 | 23.10.24 | 20.11.24 | 22.01.25 | 19.02.25 | 19.03.25 | Percentage |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| John Union | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100.00% |
| David Edwards | ✓ | ✓ | ✓ | ✓ | ✓ | x | x | ✓ | ✓ | ✓ | ✓ | 72.73% |
| Ceri Phillips | x | ✓ | ✓ | ✓ | x | x | ✓ | x | ✓ | ✓ | ✓ | 63.64% |
| Rachna Upadhy | N/A | x | ✓ | ✓ | 18.18% |

* The Independent Member – General joined the UHB in January 2025.

* All Independent Members were invited to the Finance & Performance Committee from March 2025.

4.0 TERMS OF REFERENCE

The Terms of Reference and Work Plan were reviewed and approved by the Board in March 2025.

5.0 WORK UNDERTAKEN

During the financial year 2024/25, the following standing items were considered and reviewed at each Finance Committee:

- Finance Position Update

- Operational Performance
- CVUHB Escalation Framework
- Winter Plan
- RPB Quarterly Update

An extract from the Monthly Finance Monitoring Returns submitted to Welsh Government was also noted at each Committee Meeting.

The following business cases were approved by the committee during 2024/25:

- Transforming Access to Medicine Business (TRAMS) Justification Case
- Pentyrch Business Case
- Digital Cellular Pathology Business Case
- CAR-T Business Case
- 2024/25 Additional Capital Funding
- Research & Development Grant from NIHR
- JCC Major Trauma Case
- 2024-25 Strategic Cash Request Submission
- End of Life Business Case

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to each Board meeting by presenting a summary report of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee. In addition, the finance dashboard which is reviewed at Committee meetings is included within the Performance Report which is submitted to each Board meeting.

7.0 OPINION

The Committee is of the opinion that the Finance Committee Report 2024/25 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union
Committee Chair

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Urgent and Emergency Care: Flow out of Hospital – Cardiff & Vale Region

Date issued: September 2024

Document reference: 4460A2024

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The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS and local government bodies, and reporting to the Senedd on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Summary report

About this report

- 1 Once a patient is considered medically or clinically well enough to leave hospital (referred to as clinically optimised or medically fit) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of NHS resources.
- 2 When the discharge process takes longer than it should there can be significant implications for the patient in terms of their recovery, rehabilitation, and independence. Delayed discharges will also have implications for other patients coming into the unscheduled care system¹ who need a hospital bed. Poor patient “flow” creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.
- 3 The Auditor General had originally included work in his 2021 local audit plans to examine whole system issues affecting urgent and emergency care services, including the discharge of patients from hospital. The COVID-19 pandemic resulted in this work being postponed and brought back on stream in 2023. Our work has sought to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The approach we adopted to deliver our work is detailed in **Appendix 1**.
- 4 This work is part of a broader programme of work the Auditor General is currently undertaking in respect of urgent and emergency care services in Wales. We are also examining the arrangements in place to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. The findings from that work will be reported separately in 2024.
- 5 The Auditor General’s work on urgent and emergency care is designed to help discharge his statutory duties. Specifically, this work is designed to satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by Sections 17 and 61 of the Public Audit Wales Act 2004. This report sets out the findings from the Auditor General’s review of the arrangements to support effective flow out of hospital in the Cardiff & Vale Region (the region). The region encompasses:
 - Cardiff & Vale University Health Board (the Health Board) and
 - City of Cardiff Council; and

¹ Urgent and emergency care describes any unplanned, urgent, and emergency care provided by health and social care services. The urgent and emergency care system is complex with numerous organisations involved in providing services and it deals with acutely unwell, vulnerable, and distressed people in need of urgent assistance.

- Vale of Glamorgan Council.
- 6 In undertaking this work, we have also considered progress made by the Health Board against previous recommendations made in our 2017 report on [discharge planning](#). Our findings from this work are set out in a separate report to the Health Board.

Key messages

- 7 Overall, we found that **whilst the volume of patients experiencing delayed discharge remains a concern, there have been notable improvements in ambulance handover and emergency department waiting time performance in the region. However, patient flow within hospitals is impacting negatively on other pathways of care, and regional partners will need to maintain their joint commitment to secure the improvements which are necessary.**
- 8 In line with trends across Wales, the numbers of patients whose discharge from hospital in the Cardiff and Vale region have grown significantly in recent years. Between April 2023 and February 2024, each month there were on average 194 clinically optimised patients whose discharge was delayed, with completion of social care assessments and social worker allocation the main causes for delay. While this represents the best position in Wales, except for Powys, it remains a cause for concern. For the period April 2023 to February 2024, the total number of bed days that had been lost to delayed discharges was 50,668 with a full-year cost equivalent of £27,637 million for the Health Board.
- 9 The Health Board has, in recent months, had significant success in preventing delayed discharges from impacting on patient flow within its urgent and emergency care system, with performance across metrics for waiting times in emergency departments and ambulance handovers consistently either the best in Wales or well above the all-Wales average performance. In January 2024, lost ambulance hours accounted for 834 hours, compared to 2,722 in August 2022. However, data indicates that the commitment to improving waits at either end of the hospital within urgent and emergency services may be impacting on flow within the hospital. Data indicates that access to beds on specialist wards, such as stroke, is inconsistent and that greater numbers of scheduled (planned) care appointments are cancelled due to the lack of available beds within the hospital.
- 10 Several factors are contributing to delayed discharges. The region has an ageing population with a correlating increase in people who live with complex, long-term conditions including mental health problems. There are also workforce challenges within the social care sector, which is resulting in delays in the allocation of social workers and in completing social care assessments. Our work also identified weaknesses in the practice and documentation of discharge planning and a need to include the Discharge to Recover and Assess (D2RA) model within its policies. However, the region is successfully managing to meet demand for care support, with it able to provide care in line with its commitment to providing domiciliary care

over care home provision. This is something many other regions in Wales are finding challenging.

- 11 Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care². Partners are working together effectively, both strategically and operationally, to improve patient flow. Financial resources are being applied to improve discharge planning with evidence of evaluation of the impact of projects and initiatives. There is regular monitoring of performance within individual organisations and with partners, but we found scope for further opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.

Recommendations

- 12 Recommendations arising from this audit are detailed in **Exhibit 1**. The combined management response by the statutory bodies included in this review to these recommendations will be summarised in **Appendix 4** once considered by the relevant committees.

Exhibit 1: recommendations

Recommendations

Addressing key gaps in social care capacity

- R1 To help inform discussions around discharge, the local authorities should capture the risks associated with social care capacity on the provision of services at a local and regional level, including the impact on patient flow out of hospital.

Improving compliance with policies and guidance

- R2 The Health Board, working with local authorities, should update its discharge policy and associated policies, including the choice of accommodation policy, to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023, set out clearly defined roles and responsibilities, and

² Further information on the Welsh Government six goals for urgent and emergency care can be found via <https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update>

expectations, and reflect the Discharge to Recover then Assess model. The process for updating the policy should include patients and carers.

- R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of the discharge policy and associated training programmes.

Improving the quality of information

- R4 The Health Board should improve record keeping by:
- 4.1 ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.
 - 4.2 establishing a programme of case-note audits focused on the quality of record keeping.

Maximising weekend discharges

- R5 The Health Board, in partnership with its local authorities, should ensure it has the necessary arrangements in place to embed and deliver a 7-day working week approach to hospital discharge to minimise unnecessary stays in hospital.

Increase clarity of intended outcomes for pathways of care action plan

- R6 The region should ensure its action plan for pathways of care is clearer on the intended outcomes from the actions it has identified. It should also undertake regular review to assess whether outcomes are being achieved.

Maximising the use of the Regional Integration Fund

- R7 To help inform decision-making and discussions, the Health Board and local authorities should ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages

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Detailed report

What is the scale of the challenge?

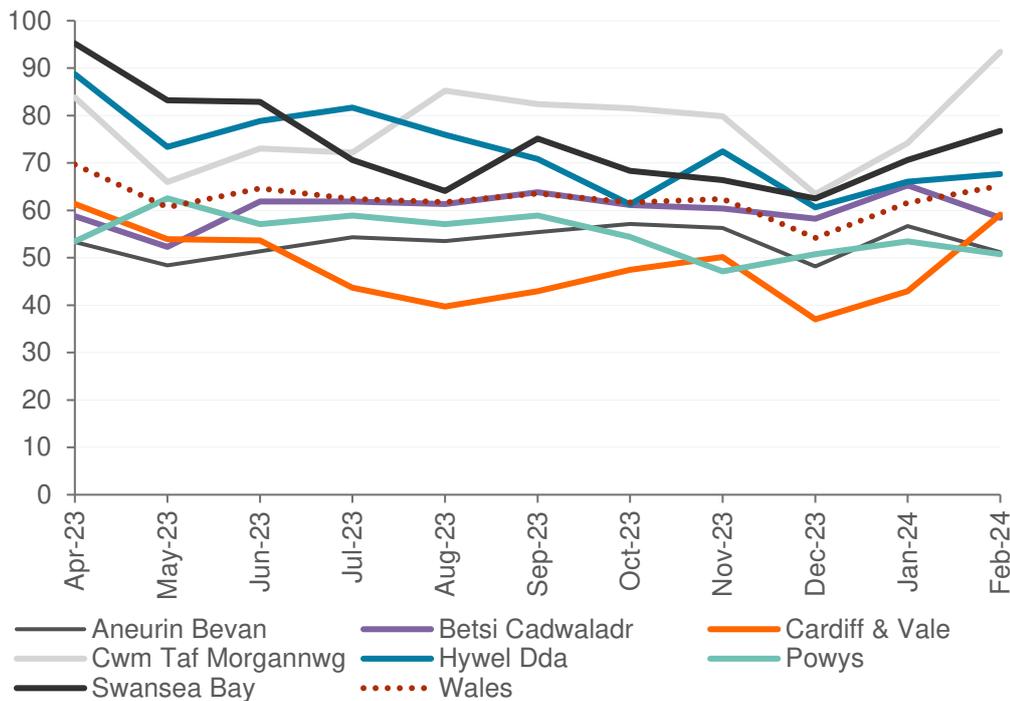
- 13 This section sets out the scale of the challenge that the region is facing in respect of delayed discharges and the subsequent impact on patient flow and the patient experience.
- 14 We found that **the region generally performs better than the all-Wales position for measures related to unscheduled care and discharge planning, though this focus may be impacting its ability to move patients to the most appropriate setting within the hospital.**

Delayed discharges

- 15 We found that **the region has comparatively lower rates of delayed discharges, with an improving trend in 2023-24, though those experiencing delays wait longer than the all-Wales average.**
- 16 Delays discharging patients from hospital has been a longstanding issue for bodies in Wales and other parts of the UK. The available data shows that this issue has become significantly worse in recent years.
- 17 **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board between April 2023 and February 2024, compared with other NHS bodies across Wales. These relate to patients who are considered clinically optimised but remain in a hospital bed 48 hours after the decision is made that they were well enough to leave hospital. As can be seen in the exhibit, the rate of delayed discharge is well below the all-Wales average and the lowest for six of the 11 months shown.

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Exhibit 2: number of delayed discharges per 100,000 head of population (April 2023 – February 2024)



Source: Welsh Government

- 18 Since the pandemic, the way in which delayed discharges are measured has changed. No data on delayed discharges was formally reported between the period March 2020 and March 2023. Prior to the pandemic, delayed discharges were reported as 'delayed transfers of care' which were defined as those who continue to occupy a bed after the date in which the patient is declared to be ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as clinically optimised.
- 19 Although not a direct comparison, in February 2020, the Health Board reported 30 delayed transfers of care. The position at the end of February 2024 of 238 delayed discharges equates to 13.7% of the Health Board's total bed capacity³. Whilst significant, this was the lowest percentage in Wales, with the all-Wales average being 17.9% (ranging between 13.7% and 31.3%).

³ Based on general and acute bed availability data in July 2023, StatsWales website (<https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbeds-by-organisation-site>)

20 The top five reasons for delayed discharges at the Health Board compared to the all-Wales position is set out in **Exhibit 3**, with the most common reasons being awaiting completion of assessment by social care and awaiting social care allocation, both of which are higher than the all-Wales average. A full list of reasons for delays are set out in **Appendix 2**.

Exhibit 3: top 5 reasons for delayed discharges (February 2024)

| Reason for delay | Percentage delayed | All-Wales average |
|--|--------------------|-------------------|
| Awaiting completion of assessment by social care | 31.5 | 15.7 |
| Awaiting social worker allocation | 15.5 | 8.5 |
| Awaiting completion of arrangements prior to placement | 10.9 | 3.5 |
| Awaiting joint assessment | 4.6 | 9.0 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 4.2 | 10.3 |

Source: Welsh Government

21 This data is also broken down to a local authority level, which is demonstrated in **Appendix 2**. Data shows that there are consistent challenges across the region, with awaiting completion of assessment by social care and social worker allocation the highest causes of delay in both local authority areas, accounting for 46% and 51% of all delays in Cardiff and Vale of Glamorgan respectively.

22 Bed days lost due to delayed discharges are a cause of significant financial inefficiency across Wales. For the region, data reported in February 2024 showed that the total number of delayed patients for that month accounted for 5,460 bed days. Based on a typical cost per bed day of £500,⁴ this equates to costs in the region of £2.730 million. A total of 50,668 bed days were lost for the period April 2023 – February 2024. This is equivalent to £27.637 million for the year.

Impact on patient flow

23 We found that **whilst the Health Board’s performance compares favourably on most urgent and emergency care performance metrics, there are indicators that onward flow through the hospital is challenging which is impacting**

⁴ Based on £500 per bed-day as set out in the NHS Confederation [briefing for the statement by the Minister for Finance and Local Government on the 2023-24 financial position](#)

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admission of stroke patients and resulting in increased cancellation of planned care treatments.

- 24 Delays in discharging patients from hospital have consequences for patient flow and in particular, the ability for patients to access services when they need them. Beds being used by patients who no longer need them means that they are not available for those who do, resulting, for example, in longer waits in emergency departments. This in turn impacts on the ability for ambulance crews to handover patients and respond to 999 calls in the community.
- 25 **Appendix 3** sets out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022. In summary:
- the percentage of ambulance red calls responded to within eight minutes has been consistently better than the all-Wales position but has not reached the national target of 65% since July 2022 (**Exhibit 15**);
 - the median amber response time is longer than the national target of 20 minutes, however, is consistently better than the all-Wales average, except for January 2024 (**Exhibit 16**);
 - the percentage of ambulance handovers within 15 minutes is broadly in line with the all-Wales average, but falls well short of the national target of 100% at around 20% (**Exhibit 17**);
 - the percentage of ambulance handovers taking over one hour at the Health Board's major emergency department has improved dramatically, reducing from around 50% in August 2022 to 11% in January 2024. This is the best position in Wales by a significant margin, though it remains above the national target of zero (**Exhibit 18**);⁵
 - the total number of hours lost following notification to handover over 15 minutes is significantly better than the all-Wales average, steadily reducing from 2,722 in August 2022 to 834 hours in January 2024 (**Exhibit 19**);
 - once the patient is in the emergency department, the median time from arrival to triage has reduced and is consistently better than the all-Wales position at 19 minutes in January 2024 (**Exhibit 20**);
 - the median time from arrival at an emergency department to assessment by a senior clinical decision maker has been better than the all-Wales average, with one exception in 2022, and has improved from 105 minutes in April 2022 to 59 minutes in January 2024 (**Exhibit 21**);
 - the percentage of patients seen within four hours in a major emergency department has fluctuated since April 2022 between 58-75%. Performance

⁵The target for no patient handover to take longer than one hour was introduced as an additional metric by Welsh Government within the NHS planning framework in 2023/2024 as part of work to try and reduce the increasing trend of lost hours.

is better than the all-Wales average but remains below the national target of 95% (**Exhibit 22**);

- the percentage of patients seen within 12 hours in a major emergency department is better than the all-Wales position, as of January 2024 these figures were 92%, just short of the national target of 100% (**Exhibit 23**); and
- the percentage of bed days accrued by people with a length of stay over 21 days was in-line with the all-Wales average between April 2022 and April 2023 at between 55 and 65% (**Exhibit 24**).

- 26 The Health Board's total bed capacity has fluctuated over recent years, with 1,779 total beds available in 2022-23, with just under half allocated to acute medicine (903). Bed occupancy in the acute medicine beds has been at 89.6%, compared with an optimal level of 85%. The Health Board is one of three health boards that does not have community hospital beds managed by GPs, however it does have access to Health Board step down community hospital beds as well as Local Authority commissioned step down care home beds.
- 27 Pressure on available beds because of delayed discharges means that health boards are not always able to ensure that patients are placed on the best wards for their clinical needs. For example, health boards will usually hold vacant beds on stroke units to ensure that stroke patients have fast and direct access, enabling them to access stroke specialists and equipment.
- 28 Health boards have increasingly experienced difficulties in admitting stroke patients to a stroke ward as problems with patient flow and bed availability mean that these beds have been needed for urgent non-stroke patients. Between April 2022 and April 2023, performance for the Health Board was volatile with the percentage of stroke patients with direct access to a stroke ward within four hours fluctuating between a low of 3.3% and a high of 54%. Since April 2023 performance has improved, with performance ranging between a high of 72.5% in June 2023, and a low of 43.5% in April 2024.
- 29 During 2022-23, 456 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board. For the period, 2023-24 up to and including February 2024, 579 planned care admissions were cancelled. This compares to 413 for the same period in 2022-23. This level of cancellation represents poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

What is impacting effective and timely flow of patients out of hospital?

- 30 This section sets out the issues impacting on effective discharge planning and the timely flow of patients out of hospital across the region.

- 31 We found that **the region is effectively supporting people to return home, but faces challenges due to social care capacity issues, inconsistent discharge policy application, and rising demand from an aging population.**

Volume and complexity of demand

- 32 We found that **rising age demographics and increasing physical and mental health needs are placing increasing demands on regional health and social care services.**
- 33 In the Cardiff and Vale region people between the age of 65 and 84 accounted for 14% of the population as of 2019, but that figure is expected to increase to 16.2% by 2039⁶. As people live for longer, there is a correlating increase in the numbers of people who live with multiple long-term conditions and complex health needs and who will therefore need to rely on health and care services for support.
- 34 COVID-19 exacerbated this increase in complex demand. During the pandemic demand for emergency departments declined rapidly, as people followed national advice to only access urgent and emergency care if truly needed in order to protect core frontline services. In addition, families provided additional care and support to avoid their loved ones being admitted to hospital or long-term care out of fear of contracting COVID-19.
- 35 According to data gathered by the region, in 2017-18 71.6% of older people living in the region rated their well-being as 'good' or 'very good' prior to the COVID-19 pandemic. This has since decreased and in 2022 stood at 52.8%. In addition, only 47.7% of older people in Cardiff and 50.2% in the Vale of Glamorgan reported that they live free from a limiting long-term illness. This inevitably means there will be a greater reliance on the regions' health and social services than in previous years, including urgent and emergency care services. Those we spoke to during the fieldwork cited a specific increase in mental health demand since the beginning of the pandemic and data shows that within the region the number of older adults living with severe dementia is predicted to double by 2040⁷.

Workforce capacity

- 36 We found that **there have been high levels of vacancies in social care which have had an impact on delays in discharging patients.**
- 37 Across Wales, the staff involved in discharge planning are increasingly finding their capacity stretched due to factors such as high vacancy rates and unplanned absence rates. Reduced numbers of staff leads either to a reliance on agency staff and/or to fewer permanent staff attempting to manage increasingly complex

⁶ Cardiff and Vale Regional Partnership Board Joint Area Plan 2023-28 [About – CAVRPB](#)

⁷ Cardiff and Vale Market Stability Report, 2022

patients and organise the ongoing care they need for discharge. High usage of agency staff has inevitable impacts on continuity within the workforce.

- 38 Within the region, capacity issues have been greater within social care than in health services. As of March 2024, the Health Board was reporting very few vacancies as a percentage of its total establishment, with nursing and midwifery vacancies at 2.4%, compared to 6.5% at an all-Wales level, and zero vacancies for medical staff. The unplanned absence rate for the Health Board in March 2024 was broadly in line with the all-Wales position at 5.9%, with the absence rate for nursing and midwifery at 6.9%, slightly below the all-Wales position of 7.1%. The medical unplanned absence rate was low at 1.4% compared to the all-Wales average of 2.2% figure. The use of agency staff accounted for 0.91% of the Health Board’s total pay bill in March 2024, down from 3.8% in March 2023.
- 39 According to the most recent publicly published data, as of June 2023, both Cardiff Council and the Vale of Glamorgan Council were reporting high vacancies in adult social services, with the highest rate of vacancies in Cardiff at 39%⁸. In February 2024, the unplanned absence rate in adult social services was above the all-Wales position in Cardiff, but below in Vale of Glamorgan, as shown in **Exhibit 4**. We have seen more recent data which indicates vacancies have reduced within the Vale of Glamorgan, supported through long-term agreements with agency contracts. Data on agency use has not been reported since June 2023, but up until that point, the use of agency staff in Cardiff Council was well above the all-Wales average at 11% (compared to 2% across Wales). The use of agency staff in Vale of Glamorgan was at 3%.

Exhibit 4: percentage unplanned absences in adult social services (June 2023)

| Local authority | Unplanned absence |
|--------------------------|-------------------|
| Cardiff | 7 |
| Vale of Glamorgan | 5 |
| All-Wales average | 6.4 |

Source: Welsh Government

- 40 Some of the staff challenges associated with social services correlate with the issues highlighted in **Exhibit 3** where delays due to waiting social care assessments or receiving a social worker allocation together accounted for 47% of delayed discharges across the region in February 2024. **Exhibit 5** sets out the

⁸ Cardiff 39%, Vale of Glamorgan 21%. No data has been made available since June 2023.

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extent to which adult social services in the region can meet demand for assessment.

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Exhibit 5: number of social care assessments completed and awaiting to be completed per 100,000 head of population (February 2024)

| Local authority | Social care assessments completed | Adults waiting for a social care assessment | Percentage of adults waiting that are in hospital |
|--------------------------|-----------------------------------|---|---|
| Cardiff | 116 | 60 | 28.4% |
| Vale of Glamorgan | 153 | 63 | 38.2% |
| All-Wales average | 250 | 125 | 8.7% |

Source: Welsh Government

- 41 Both the number of completed assessments and the waiting lists for social care assessments are significantly less than the all-Wales average. In fact, data since November 2022 shows that Cardiff regularly had the lowest number of assessments completed per 100,000 head of population in Wales at 80 per month. The number of social care assessments completed in Cardiff for February 2024 was higher than usual. While waiting lists for social care assessments in the region have generally been below the all-Wales average, the waiting lists are almost half the level of monthly activity which suggests there are potential pressures on capacity to meet demand. In addition, a significant percentage of the adults awaiting a social care assessment are those waiting in a hospital bed, with figures in this region among the highest in Wales.
- 42 We are aware that the region has been working to respond to its workforce challenges. A Pathways of Care Delays action plan in place for 2024-25 clearly demonstrates efforts to mitigate the delays in progressing assessments. Actions included screening referrals, streamlining the assessment process and additional supervision and accountability to ensure services are timely.

Care sector capacity

- 43 We found that **the region places a strategic emphasis on its domiciliary care services to support patients when they leave hospital and is currently successfully meeting that higher demand.**
- 44 Availability of home (domiciliary) care packages and long-term residential care home accommodation are a key cause of discharge delay across Wales. Within the Cardiff and Vale region, there is greater commitment to support people to return home with support than to place them into care homes. **Exhibit 6** sets out the number of adults receiving care sector support and the extent to which there are waits for provision. **Appendix 4** sets out waiting list performance for social care assessments and care packages since November 2022.

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Exhibit 6: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population (February 2024)

| Local authority | Domiciliary care ⁹ in receipt (waits) | Reablement ¹⁰ in receipt (waits) | Long-term care home accommodation ¹¹ receipt (waits) |
|--------------------------|--|---|---|
| Cardiff | 807 (0) | 44 (6) | 317 (7) |
| Vale of Glamorgan | 973 (13) | 34 (2) | 515 (3) |
| All-Wales average | 665 (34) | 46 (9) | 536 (11) |

Source: Welsh Government

- 45 The region appears to be managing the demand for supporting people to return home well. The exhibit shows the number of adults in receipt of domiciliary care in the region is significantly higher than the all-Wales average, whilst the numbers waiting for care are low. This correlates with data shown in **Exhibit 3**, that as of February 2024, awaiting start of a new care package accounted for only 4.2% of delayed discharges. The number of adults in receipt of reablement per 100,000 head of population is broadly in line with the all-Wales average and the number of adults in receipt of long-term care home accommodation per 100,000 head of population is mixed, with the Vale of Glamorgan in line with the average all-Wales figure while Cardiff consistently has the lowest figure in Wales. Waiting lists across all three means of ongoing support are lower in the region than at an all-Wales average.
- 46 **Exhibit 7** indicates the extent to which there are unfilled domiciliary hours, and the average number of hours provided per adult.

Exhibit 7: unfilled domiciliary hours and average hours of domiciliary care provided per adult, per 100,000 head of population (February 2024)

| Local authority | Hours waiting to be filled | Average hours per adult |
|--------------------------|----------------------------|-------------------------|
| Cardiff | 0 | 16.3 |
| Vale of Glamorgan | 160.4 | 15.7 |
| All-Wales average | 352.6 | 13.2 |

⁹ Includes domiciliary care both provided and commissioned by local authorities.

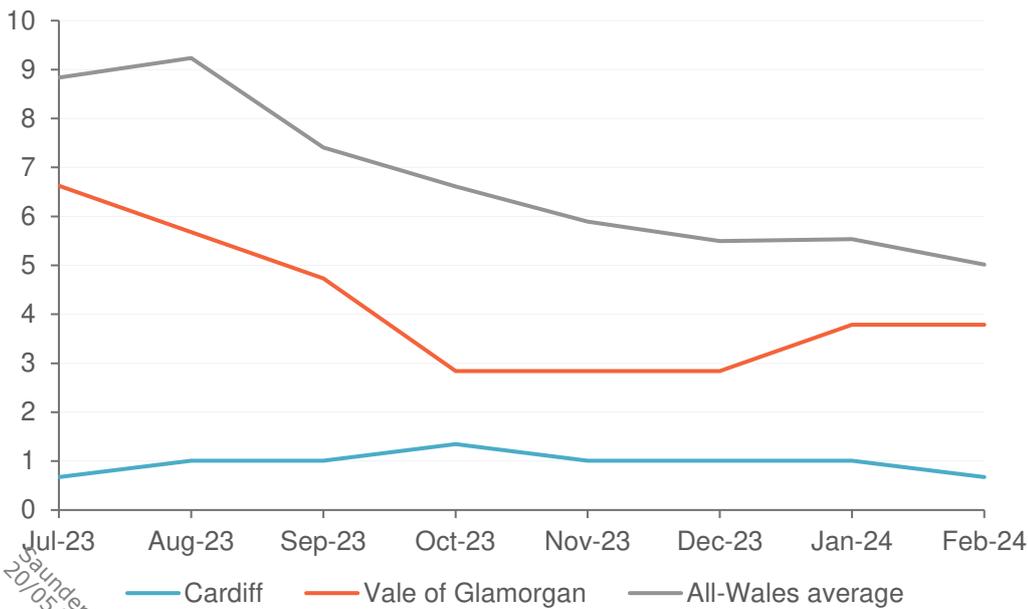
¹⁰ Includes reablement provided by local authorities.

¹¹ Includes long-term care home accommodation commissioned by local authorities.

Source: Welsh Government

- 47 The number of domiciliary care hours waiting to be filled per 100,000 head of population in Cardiff has been at zero for ten of the past sixteen months and has been very low in the other six. The number of hours waiting to be filled within the Vale of Glamorgan has decreased significantly from nearly 2,000 in November 2022 to a low of 57 in January 2024 before rising again to 160 in February 2024. Both areas in February 2024 were significantly lower than the all-Wales average. The region also purposefully provides a higher number of domiciliary care support hours on average per person than at an all-Wales level. This again shows that, while the region relies heavily on domiciliary care, it is successfully able to deal with the current levels of demand.
- 48 **Exhibit 8** sets out the extent to which unplanned short term care home accommodation is used across the region. Since November 2022, the region has had some of the lowest numbers of adults per 100,000 head of population in unplanned short term care home accommodation in Wales. This is a result of management of the domiciliary care market in reducing the need for short-term care home placements

Exhibit 8: number of adults per 100,000 head of population in unplanned short term care home accommodation for three or more months, with no end date (July 2023 – February 2024)



Source: Welsh Government

- 49 Whilst Cardiff is among the Council areas with the largest overall number of care home beds in Wales, as of July 2023, it had the lowest number of people per 100,000 head of population receiving care home provision. This, along with the fact there are generally low or no waiting lists for domiciliary care, means Cardiff Council does not rely on unplanned accommodation for a period of 3+ months in the same way as other regions and therefore fewer people are placed in unplanned temporary accommodation. The Vale of Glamorgan has significantly less care home beds than Cardiff and has a higher number of people placed in unplanned temporary accommodation for three or more months, although this is still consistently better than the all-Wales position per 100,000 head of population.

Discharge process

- 50 We found that **there is variation in adhering to the Health Board's discharge policy, with evidence of incomplete documentation.**
- 51 Awaiting joint assessment and completion of a clinical assessment by a health professional accounted for a much smaller proportion of discharge delays according to the data shown in **Exhibit 3**. However, our review found other health specific factors that lead to discharge delays.
- 52 Good discharge planning is reliant on good communication and co-ordination across different professional groups, with consideration of discharge as soon as a patient is presented to services. Good discharge planning is also facilitated by having clearly documented processes which are shared with all staff involved to promote understanding and awareness of the different roles in the discharge process.
- 53 The Health Board has a discharge policy. The discharge policy we reviewed was comprehensive and provided clarity on the various roles and responsibilities of team members to discharge patients. It promoted a co-ordinated multi-disciplinary team approach and highlighted the importance of good communication with the patient and/or their representatives. However, in our 2017 review we recommended the Health Board ensure its upcoming revision of the policy involved patients and carers. While the policy was revised in 2020, it is not clear to what extent this revision was informed by collaboration with patients and carers. The policy was again due to be revised in 2023 but this has not yet happened.
- 54 An Internal Audit report in 2020 highlighted issues with adherence to the Health Board's discharge processes. The report found variation in its review of whether staff were adhering to the Health Board's process and highlighted instances where the process had not been applied correctly. Examples included patient discharge information leaflets not distributed, lack of up-to-date Predicted Dates of Discharge and incomplete discharge checklists.
- 55 The findings of the internal audit report in 2020 were mirrored in our hospital patient case note review. Our case note review analysed a sample of patient notes from October 2022 with a length of stay beyond 21 days. We found variable quality

and completeness of discharge documentation between clinicians and wards.

Some of the key findings included:

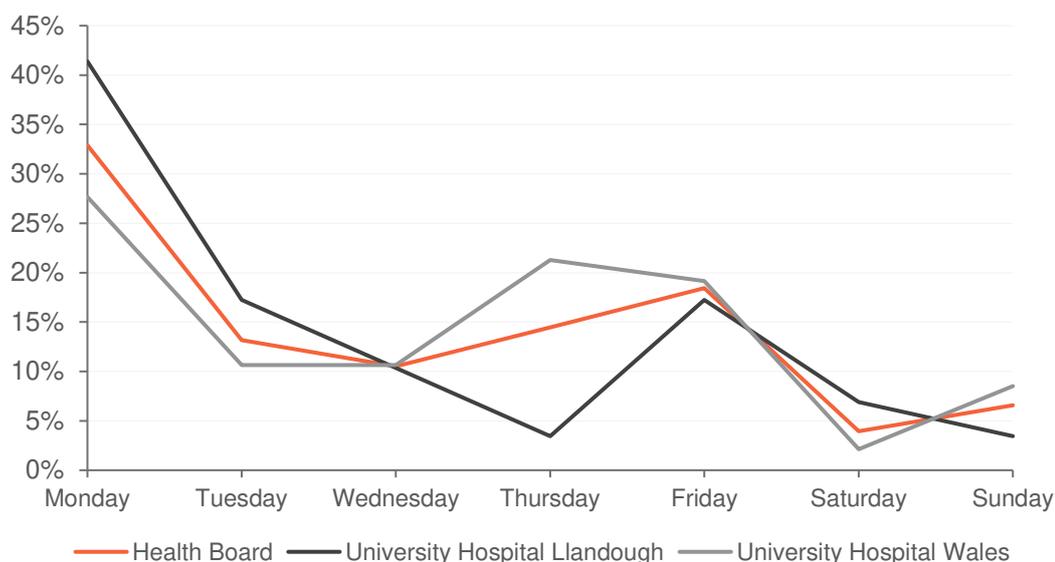
- No evidence of an expected date of discharge within 48 hours of admission in 14 of the 17 cases (82%) reviewed;
- Lack of documentation for What Matters Conversations within any of the case notes reviewed, and under half of the case notes (47%) showed the family were involved and kept informed of the patient's care plans.
- Evidence of a documented statement that the patient is clinically optimised for discharge in just over half (56%) of case notes; and
- Evidence of regular discussion and review of discharge planning during ward rounds in 58% of the case notes.

Whilst it is possible that arrangements may have changed since October 2022 the Health Board has not undertaken any recent audits to demonstrate improvements and it is likely that many of these issues remain.

- 56 In most of the case notes we reviewed, the main cause of delay in discharge was due to a delay in securing a social worker assessment. Many case notes showed that a referral was required for professionals including physiotherapists, occupational therapists, psychologists and dieticians. Positively, where referrals were needed, we found helpful and complete documentation. However, once discharges were progressing, logistical arrangements were rarely described i.e., whether the patient required transport or whether their medications had been prepared.
- 57 We also noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends due to staff working patterns in both health and social care. Our data from October 2022 showed that only 3.9% of discharges occurred on Saturdays (**Exhibit 9**). During the week, discharges peak on a Monday across both sites, with a third of all discharges occurring on this day. This may be reflective of consultants' weekly working patterns at the time the data was captured (noting the Health Board's plans to introduce 7-day consultant working as described in **paragraph 71**). It may also reflect the availability of services to support discharge over the weekend.

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Exhibit 9: day of discharge of all patients discharged from acute hospital sites in October 2022, as a percentage of total discharges¹²



Source: Audit Wales analysis

58 We were told that there are different discharge processes in place for patients from Cardiff and Vale of Glamorgan, such as the single points of contact services. We heard during our fieldwork that staff within the Health Board are not always aware of differences between social services’ processes, which can lead to delay. Staff also spoke of a culture of risk aversion, whereby staff are reluctant to discharge patients because they fear the patient may not cope as well at home. Whilst staff may be acting out of kindness, they may not be acting in a patient’s best interest. Keeping patients in hospital for longer than they clinically need has a negative impact on patient experience and outcome as well as broader patient flow within the hospital. While many we spoke to recognised the negative impact of delayed discharges on the independence and wellbeing of patients, there is a continued reluctance to take measured risks and to recognise the significant knock-on impact delayed discharges have on patient flow and the wider system.

59 In 2018, the Welsh Government introduced the Discharge to Recover then Assess (D2RA) model, which is designed to support people to recover at home before being assessed for any ongoing need, thereby reducing length of stay in hospital. Implementation of the model was accelerated during the pandemic, and the Welsh Government has subsequently supported regions with additional monies to embed D2RA further, with updated national guidance being issued in December 2023.

¹² Excludes patients who died.

While staff we spoke to during our fieldwork demonstrated an awareness of the model and its principles, we found no references to D2RA within the discharge policy we reviewed.

What action is being taken?

- 60 This section considers the actions being taken by the statutory organisations, including through the Regional Partnership Board to improve the flow of patients out of hospital.

Strategic and operational plans

- 61 We found that **partners demonstrate a clear focus on jointly developed strategic and operational planning to improve patient discharge**
- 62 We reviewed relevant health board and local authority plans and found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps. Plans, including the 2023 [Joint Area Plan](#) are informed by data and demand projections and reflect key Welsh Government planning requirements, including the six goals for urgent and emergency care¹³.
- 63 The Health Board's delivery plan for the six goals for urgent and emergency care 2024-25 sets out existing and new initiatives to support delivery of the six goals programme. Our review found it to be a comprehensive and well-set out plan. The Health Board has consolidated the Welsh Government six goals for urgent and emergency care into four workstreams, the fourth of which is optimising hospital flow and discharge. The action plan identifies ambitions to improve discharge arrangements through measures such as 7-day working for consultants, a reshaped frailty pathway and expansion of community services to enable a pull of patients from secondary care.
- 64 Partners in the region have also developed a joint action plan for Pathways of Care Delays. This action plan clearly sets out individual actions, responsible officers, timescales and progress updates. The version we reviewed, of January 2024, showed good progress across most actions, with particular success in terms of arrangements for regular engagement between partners to review and discuss challenges and improvements. However, we did note that a significant number of actions largely related to the establishment of meetings, with less focus on the impact and outcomes of such engagement work.

¹³ Introduced in 2021, the national six goals for urgent and emergency care programme contains two goals that are directly linked to improving discharge: 'goal five - optimal hospital care and discharge practice from the point of admission', and 'goal six: home first approach and reduce risk of readmission'

- 65 The region recognises that a key shared challenge is recruiting qualified community-based staff to support hospital discharge, including carers and occupational therapists. In 2022 the region undertook a Strengths, Challenges, Opportunities, Threats (SCOT) analysis to inform its advertising campaign, titled 'Join our Caring Community' which is designed to utilise several methods to attract applicants to roles as they appear. Cardiff Council are also working to address the shortages within domiciliary care services by launching their own Cardiff Cares Academy to train people, as well as creating a 'Grow Your Own' programme which is a pathway to becoming a qualified carer.
- 66 The Health Board's winter plan for 2022-23 was developed with partners across the region. The plan was informed by an internal demand and capacity exercise conducted by the Health Board to compare the available bed base against best, worst and pre-covid average scenarios. The plan predicted a potential bed gap during peak pressures of 152 beds. Partners then sought to mitigate this gap via initiatives described within a supporting joint action plan between the Health Board and the two local authorities. The actions include further employment of social workers, overseas recruitment and sponsorship, and increasing bed capacity and step-down facilities, including the Lakeside facility¹⁴. RPB papers from 2023 and 2024 show that these projects were successful in mitigating the challenges of winter pressures, with success of initiatives in 2022 laying a good foundation for further success in winter 2023.

Partnership working

- 67 We found that **there is clear evidence of partnership working both strategically and operationally within the region, which is leading to positive change.**
- 68 At a strategic level, there is evidence of regular engagement and partnership working between the Health Board and the two local authorities. The Health Board Chief Executive Officer and the Directors of Social Services attend monthly Strategic Leadership Group (SLG) meetings and bi-monthly Regional Partnership Board meetings. Our observations of meetings reflected constructive discussions taking place at these forums, with clear evidence of collaboration on items and good discussion including constructive challenge.
- 69 Operationally, staff we spoke to said they had witnessed a culture shift during 2022 between health and social care staff where they now saw each other as working towards a common goal. This has led to a much-reduced tendency to revert to a blame culture where another professional is deemed the cause of a delay.
- 70 Partners invest their time heavily in facilitating timely flow and we observed a range of operational meetings including ward rounds, site manager meetings and DTOC

¹⁴ <https://cayhb.nhs.wales/files/board-and-committees/quality-safety-and-patient-experience-committee-2021-22/241c-appendix-3-final-lakeside-wing-uhw-announced-scrutiny-visit-report1/>

meetings which include a wide range of professionals. There are also regular meetings between the Health Board and the local authorities to escalate and manage delayed discharges.

- 71 The Trusted Assessor Model was first established as part of the COVID-19 hospital discharge service requirements set out by the Welsh Government in 2020. Trusted Assessor refers to someone acting on behalf of and with the permission of multiple organisations carrying out an assessment of health and/or social care needs in a variety of health or social care settings. The model has the potential to support a more efficient and timely service response. Due to slow progress in implementing the model across Wales, in February 2023 Welsh Government set a requirement for regions to review and implement a Trusted Assessor Action Plan. The region reports good progress against its action plan, with increasing numbers of occupational therapist posts supporting trusted assessment.
- 72 A key action within the Health Board's six goals plan for 2024-25 included the pursuit of 7-day working for consultants. Several of those we spoke to discussed the challenges in facilitating weekend discharges during our fieldwork, as discussed in **paragraph 58**. While its positive to note that the Health Board is taking action to address this, it is likely that improvements will be limited unless 7-day working is pursued with other professionals and undertaken in collaboration with partners. For example, if care homes or domiciliary care are unable to accommodate patient discharge over weekends the initiative may fail to achieve the full potential impact.

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Operational structures

- 73 We found that **operational structures across the region and within the Health Board are providing a positive focus on patient flow.**
- 74 The Health Board's four workstreams for the six goals for urgent and emergency care are managed by groups which meet monthly to monitor the delivery of plans. Effective senior ownership of each workstream is secured via allocated clinical and operational leads. The workstreams report into the Cardiff and Vale Six Goals Delivery Board, which is chaired by the Health Board's Chief Operating Officer which, in turn reports into the Health Board's Senior Leadership Board. These arrangements demonstrate good senior ownership of the six goals agenda to drive change.
- 75 At a regional level, the activity mostly associated with improving flow out of hospital is overseen by the @Home Delivery Programme Board within the Regional Partnership Board structure. The @Home Delivery Programme contains a good mix of health and social care colleagues. Our meeting observation found evidence of effective collaboration and positive engagement between members.
- 76 The Programme Board leads the strategic development and oversight of regional programmes and their supporting projects.. The Programme Board reports to the RPB's Strategic Leadership Group (SLG), which in turn reports to the RPB. We found that membership of both the SLG and RPB included an appropriate split of representatives and seniority from partners, showing a clear focus and intent of partners to engage with and support improvements to long-standing challenges, including those relating to flow out of hospital. This was demonstrated in the partnership working to respond to the Welsh Government 1,000 bed challenge¹⁵. The Welsh Government requirement was for the region to establish 163 of the 1,000 beds or equivalent services by the end of March 2023. Welsh Government reports show that the region identified 112 beds or equivalent services. This largely mirrors the picture across Wales which saw many regions make progress but ultimately fail to achieve their notional target due to factors such as staff shortages.

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¹⁵ In July 2022 the Health and Social Care Minister set a challenge for Health Boards and Local Authorities to establish an additional 1,000 bed spaces or their equivalents to support timely discharge <https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update>

Information sharing

- 77 We found that **the Health Board is further strengthening its processes for collating and analysing information, including revising discharge forms and developing digital solutions to support effective discharge**
- 78 Professionals within and across organisations will typically be required to share information about the patient to facilitate appropriate discharge arrangements and ongoing care, especially where the patient has more complex needs. During our fieldwork, we found that arrangements for collecting information generally work well, with a good range of data available to staff.
- 79 However, challenges occur because of the patient data needed to support effective discharge being held in several IT systems. In addition, we heard that capacity constraints mean staff find it difficult to keep electronic systems up to date which can mean patients ready for discharge are not identified as early as possible. Recognising these challenges, the Health Board is rolling out a system called STAMP¹⁶ across its wards. STAMP is a digital system for monitoring and tracking patients to enable health staff to understand a patient's status in real-time. It automates the pulling of information from various sources to free up the time of staff. The Health Board had also commissioned work from data analysis agency, Lightfoot which was providing helpful insights into existing data.
- 80 During our fieldwork, staff also told us that poor referral paperwork means social services receive unhelpful or inaccurate information about a patients' needs. The Health Board had recognised weaknesses in the documentation and was planning to develop a new referral form to provide better quality information regarding patient's needs.

Use of funding

- 81 We found that **the region demonstrates strategic planning in its use of RIF and takes care to evaluate performance and measure outcomes for patients**
- 82 The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed at improving discharge planning. The RIF is a Welsh Government 5-year fund to deliver a programme of change from April 2022 to March 2027. The aim of the fund is to establish and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two contain a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions.
- 83 There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year 5, with Welsh Government funding for each project tapering each year to allow for successful projects to become business as

¹⁶ STAMP: System for Tracking and Managing Patients

usual. However, due to the financial pressures that the NHS is currently facing, this expectation has been relaxed.

- 84 The region received £19.2 million of RIF funding in 2022-23 and £19.4 million in 2023-24. About two fifths of the allocation is dedicated to its @Home Programme which sits under the Ageing Well priority of the RPB and supports the delivery of the national Home from Hospital Services model. The @Home Programme brings together six projects to enable older people to access the support they need, when and where they need it. In 2023-24, these included community support in hospital to support patient discharge and establishment of an MDT cluster approach including social discharge follow-up. There is regular oversight of the @Home Programme through update reports which set out how patients are accessing the services provided.
- 85 The region submits financial information on how it is managing the RIF to Welsh Government each quarter. For 2023-24 the RPB identified a forecast overcommitment of the RIF of circa £1.8 million at the beginning of the financial year. This was due to agreed expenditure to sustain the additional capacity brought in as part of the 1,000-bed challenge to create additional step-down capacity during winter 2022-23. However, a quarterly finance report from September 2023 shows that several projects were underspending due to vacancies or delayed recruitment. During our fieldwork we heard that it often takes longer to establish a project once it has been approved, including time to recruit, which can cause delays. The report also shows that partners in the region had committed £11.7 million match-funding, with £2.6 million for schemes within the Home from Hospital model.
- 86 The RPB's Annual Reports in 2022-23 and 2023-24 provide data and case studies on how the @Home Programme has benefited patients, including by providing access to intermediate care services to over 6,000 patients and achieving 70% of referrals to its 'Hospital to Home' project triaged within one day. The region also developed a case study report in 2022-23 which demonstrated the real impact of projects on the patients that received the funded services.

Scrutiny and assurance

- 87 We found that **there is reasonable scrutiny of issues relating to discharge planning within each partner organisation.**
- 88 We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital. The Health Board receives regular performance and risk reports which provide an insight into improvements related to patient flow via the Board and its committees. The Health Board demonstrates a focus on monitoring performance relating to urgent and emergency care services, and specifically patient flow through those services. The Board and the Finance Committee regularly monitor metrics including the following:
- Median emergency response time to amber calls;

- Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)
- Number of ambulance patient handovers over 1 hour;
- Patients waiting over 24 hours in the Emergency Department;
- Attendances at Same Day Emergency Care units;
- Length of stay for patients in acute beds;
- Pathways of care delays.

89 Performance reports clearly demonstrate how performance compares to targets, including ministerial priorities or the Health Board's annual plan commitments, using data and analysis to identify trends. The Finance Committee also periodically provides a focus on areas relevant to patient flow, such as in November 2023 when it received a report on length of stay and in September 2023 when it received an overview of the financial performance of the RIF and the funded initiatives for 2023-24. The Health Board also takes steps to ensure the Board are informed of progress relating to the six goals for urgent and emergency care programme, including a comprehensive presentation at its Board Development session in February 2024. There is a clear focus on impact within reports using data and trends compared to clearly defined targets.

90 In addition, the Board and the Quality, Safety and Experience Committee monitor the corporate risk associated with patient flow. The second corporate risk listed on the Health Board's register relates to patient harm due to overcrowding in the 'Emergency and Acute Medicine footprint' resulting in 'the inability to provide and maintain key quality standards. Current actions have reduced the risk score from the maximum of 25 down to 20 but it is yet to reach the target risk score of 15.

91 Both local authorities also demonstrate a focus on issues which relate to patient flow. For example, the Cardiff Adult Social Services Scrutiny Committee regularly scrutinises performance reports. Minutes from meetings evidence scrutiny with a strong focus on the social care workforce, considering capacity, recruitment, the Trusted Assessor Model and levels of sickness absence and vacancies. The committee receives a quarterly performance report which includes a range of metrics such as the number of people in residential care aged 65 or over per 100,000 population, average number of days between referral and start of package in domiciliary care, longest time between referral and start of package in domiciliary care (in days) and the average number of people waiting for domiciliary care at month end. The performance report also includes a broader section on hospital discharge, tracking packages of care delays and the reasons for delays as well as the percentage of clinically optimised people assigned to a D2RA pathway within 72 hours of triage.

92 The Vale of Glamorgan Council's Healthy Living and Social Care Scrutiny Committee also monitors key metrics such as the number of adults waiting for domiciliary care and waiting for a social care needs assessment. The council's Annual Delivery Plan sets out to reduce waiting list for domiciliary care packages

including discharges, which they reduced to zero at the end of year for 2023-24. In addition, each January, the council receives an update on the work of the RPB including use of the RIF, winter planning and the broader RPB work programme. However, there are no risks on either of the local authorities' risk registers relating to adult social services or hospital flow.

- 93 The RPB receives regular updates on RIF progress and periodic papers on key priority areas but does not receive regular operational performance reports. Consideration of performance reports would be valuable in understanding the impact of RIF activities on addressing long-standing performance challenges.

What more can be done?

- 94 There is a clear recognition by regional partners of the problems associated with discharge and a desire to sort them out aided by strategies and operational plans, and the use of funding targeted schemes. Collectively, this approach appears to be driving sustainable improvement in the overall position. Our work has found that there are several further actions that could be taken which would further help improve timely and effective flow out of hospital across the region and reduce some of the challenges currently being experienced by the health and social care system. These actions are explored in the following exhibit and align with the recommendations that are set out earlier in the report.

Exhibit 10: further actions for partners to help tackle the challenges for patient flow out of hospital

| | |
|---|--|
| <p>Improving compliance with policies and guidance</p> | <p>A more consistent application of intended discharge processes will be assisted by staff having access to up to date jointly agreed guidance which clearly sets out roles and responsibilities, and expectations around when and how staff should share information.</p> <p>In addition, having a regular cycle of audit would allow partners to assess the effectiveness and consistency of the application of discharge policies and guidance.</p> |
| <p>Improving the quality of information</p> | <p>Having clear and comprehensive information within patient case-notes which sets out the actions being taken to support discharge, enables a clearer understanding of what is happening with a patient and supports effective discharge planning by all professionals involved in the care of patients whilst in hospital.</p> |

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Maximising weekend discharges

Developing **7-day services** supports the discharge of patients over the weekend, reducing unnecessary stays in hospital.

Maximising the use of the Regional Integration Fund

Regularly considering **operational performance** at a regional level, enables more effective decision making across partners when considering how best to use the regional funding.

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Appendix 1

Audit methods

Exhibit 11 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Exhibit 11: audit methods

| Element of audit methods | Description |
|--------------------------|---|
| Documents | <p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Board, Cabinet, and committee papers; • Updates on the six goals programme and urgent and emergency care to committees; • Operational and strategic plans relating to urgent and emergency care; • RPB papers, including case studies; • Discharge procedure; and • Corporate risk registers. |
| Interviews | <p>We interviewed the following:</p> <ul style="list-style-type: none"> • Director of Adults Housing and Communities, Cardiff; • Senior Nurse Integrated Discharge; CVUHB • Director of Social Services, Vale of Glamorgan; • Head of Adult Services and Vale Alliance; • Director of Social Services Adults, Cardiff; • Operational Manager Adults Community Services, Cardiff and Operational Manager Independent Living Services, Cardiff; • Managing Director Acute Services; CVUHB • Head of Operations Patient Flow and Site Services; CVUHB • Head of Integrated Care; CVUHB • Service Improvement Programme Manager; CVUHB • Chief Operating Officer; CVUHB • RPB Lead; • Director of Operations; CVUHB • Deputy Director of Nursing; CVUHB • Executive Lead of Strategic Planning; CVUHB • Community Health Council Chief Officer; and |

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| Element of audit methods | Description |
|--------------------------|--|
| | <ul style="list-style-type: none"> • Programme Manager for Six Goals. CVUHB |
| Observations | <p>We observed the following meeting(s):</p> <ul style="list-style-type: none"> • Bed meeting, University Hospital of Wales; • Strategic Leadership Group; • @Home Programme Board; and • Regional Integrated Management Team. <p>We also observed the following individual:</p> <ul style="list-style-type: none"> • Discharge Coordinator. |
| Data analysis | <p>We analysed the following national data:</p> <ul style="list-style-type: none"> • Monthly social services dataset submitted to the Welsh Government; • Monthly delayed discharges dataset submitted to the NHS Executive; • StatsWales data; and • Ambulance service indicators. <p>We also analysed data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died)</p> |
| Focus groups | <p>We undertook focus groups with social workers from each of the local authority areas.</p> |
| Case note review | <p>We reviewed a sample of 20 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).</p> |

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Appendix 2

Reasons for delayed discharges

The following exhibit sets out the reasons for delayed discharges in the Health Board compared to the all-Wales position.

Exhibit 12: reasons for delayed discharges as a percentage of all delays (February 2024)

| Reason for delay | Percentage delayed | All-Wales average |
|--|--------------------|-------------------|
| Awaiting completion of assessment by social care | 31.5 | 15.7 |
| Awaiting social worker allocation | 15.5 | 8.5 |
| Awaiting completion of arrangements prior to placement | 10.9 | 3.5 |
| Awaiting joint assessment | 4.6 | 9.0 |
| Awaiting completion of clinical assessment (nursing /allied health professionals /medical /pharmacy) | 4.2 | 10.3 |
| Awaiting start of new home care package | 4.2 | 8.0 |
| Patient / family refusing to move to next stage of care/ discharge | 3.4 | 1.6 |
| Awaiting transfer to intermediate care bedded facility | 2.9 | 4.0 |
| Court of protection delays | 2.9 | 0.6 |
| No suitable abode | 2.1 | 2.3 |
| Awaiting extra care/supported living availability | 1.7 | 0.9 |
| Awaiting nursing care home manager to visit and assess (Standard 3 residential) | 1.7 | 2.1 |
| Awaiting restart of previous home care package | 1.7 | 0.5 |
| Homeless | 1.7 | 0.9 |
| Awaiting continuing healthcare (CHC) assessment | 1.3 | 1.7 |
| Mental capacity | 1.3 | 2.1 |
| Patient / family choice related issues | 1.3 | 0.9 |

Source: Welsh Government

Note: where the reasons for delay relate to two or less patients, these have been excluded to minimise any risk of identifying individual patients.

Top five reasons for delayed discharges by local authority

The following exhibits set out the top five reasons for delayed discharges for each of the local authorities compared to the Health Board wide and all-Wales position.

Exhibit 13: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Cardiff

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|--|--------------------|----------------------|-------------------|
| Awaiting completion of assessment by social care | 30.9 | 31.5 | 15.7 |
| Awaiting social worker allocation | 15.4 | 15.5 | 8.5 |
| Awaiting completion of arrangements prior to placement | 9.9 | 10.9 | 3.5 |
| Awaiting completion of clinical assessment (nursing /allied health professionals /medical /pharmacy) | 4.9 | 4.2 | 10.3 |
| Awaiting start of a new home care package | 4.3 | 4.2 | 8.0 |

Source: Welsh Government

Exhibit 14: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Vale of Glamorgan

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|--|--------------------|----------------------|-------------------|
| Awaiting completion of assessment by social care | 35.1 | 31.5 | 15.7 |
| Awaiting social worker allocation | 16.2 | 15.5 | 8.5 |
| Awaiting completion of arrangements prior to placement | 12.2 | 10.9 | 3.5 |
| Awaiting joint assessment | 6.8 | 4.6 | 9.0 |
| Awaiting start of a new home care package | 5.4 | 4.2 | 8.0 |

Source: Welsh Government

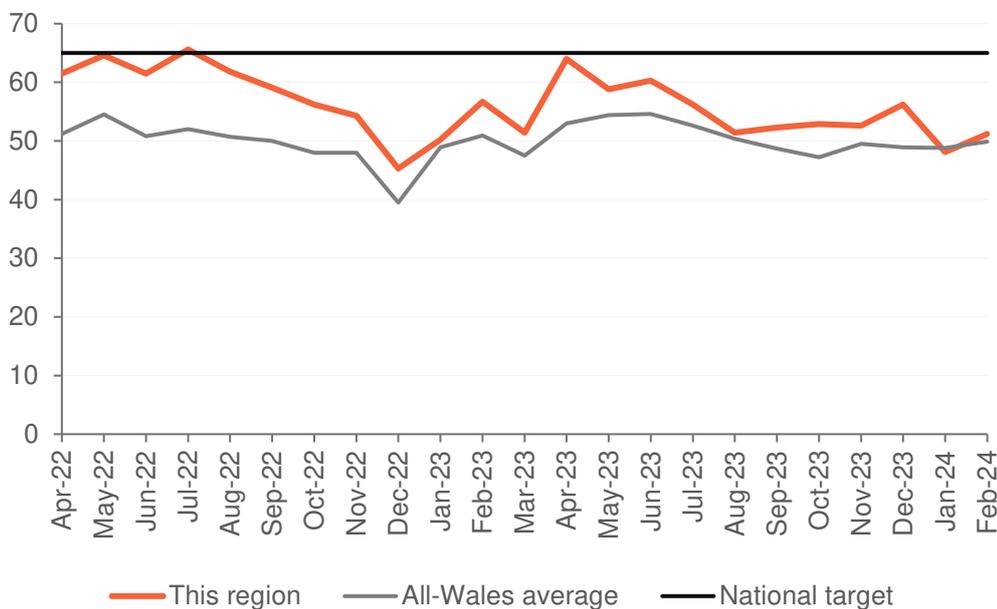
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Appendix 3

Urgent and emergency care performance

The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

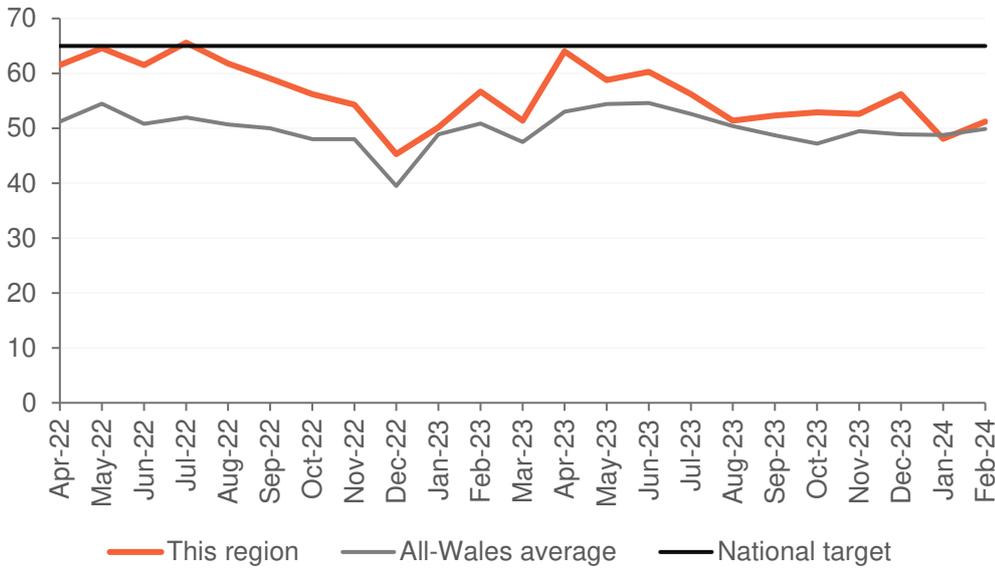
Exhibit 15: percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – national target of 65%



Source: StatsWales

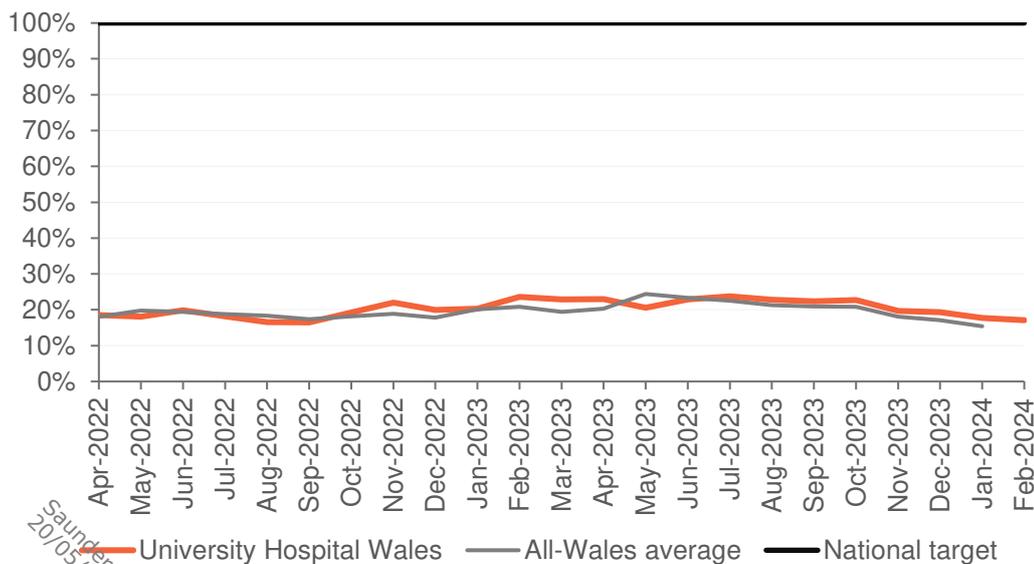
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Exhibit 16: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes



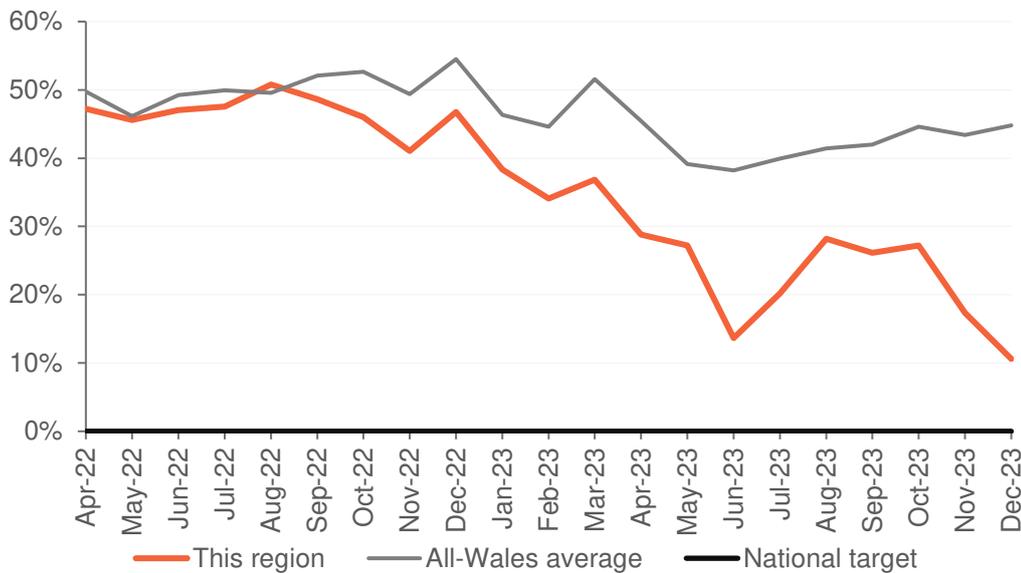
Source: Ambulance Services Indicators

Exhibit 17: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%



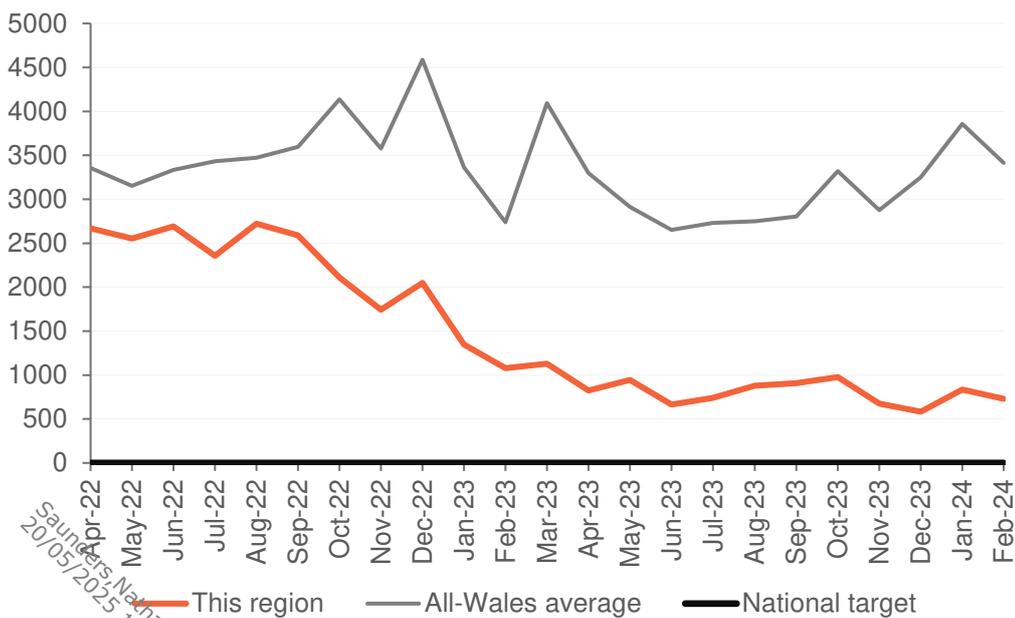
Source: Ambulance Services Indicators

Exhibit 18: percentage of ambulance handovers over 1 hour – national target of zero



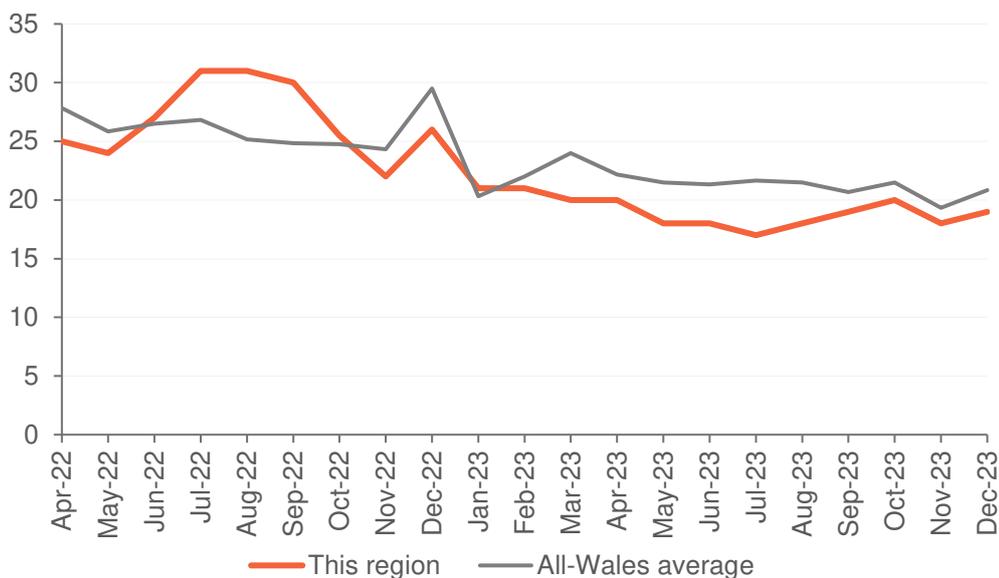
Source: Ambulance Services Indicators

Exhibit 20: total number of hours lost following notification to handover over 15 minutes



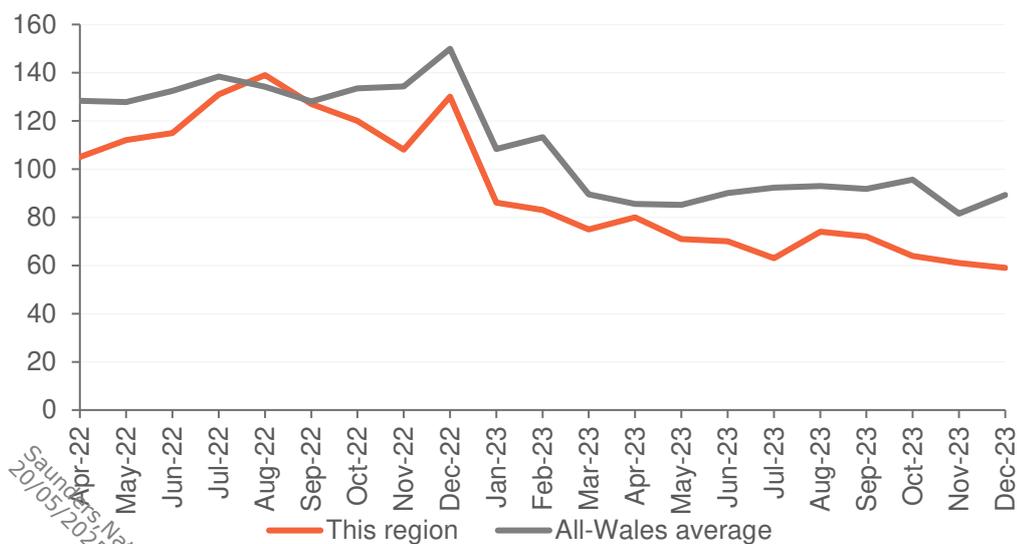
Source: Ambulance Services Indicators

Exhibit 21: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction



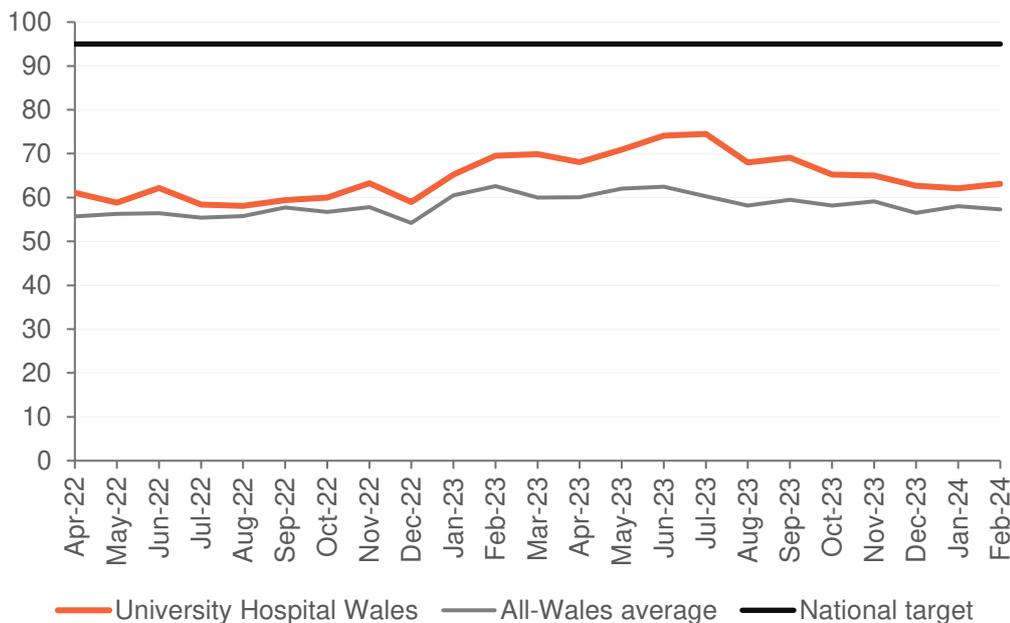
Source: Health Board performance reports

Exhibit 22: median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction



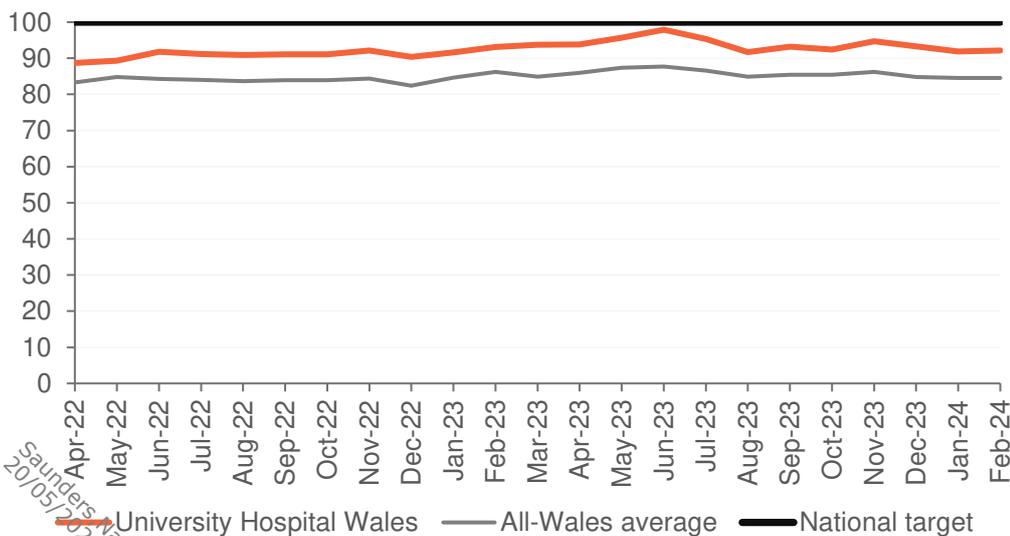
Source: Health Board performance reports

Exhibit 23: percentage of patients spending less than four hours in a major emergency department – national target of 95%



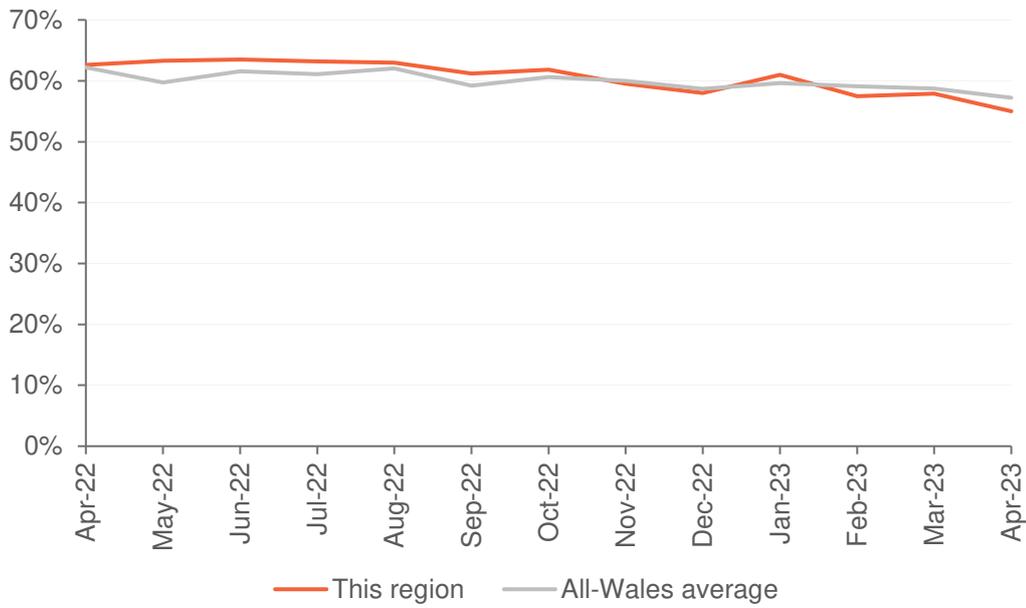
Source: StatsWales

Exhibit 24: percentage of patients spending less than 12 hours in a major emergency department – national target of 100%



Source: StatsWales

Exhibit 25: percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction



Source: Health Board performance reports

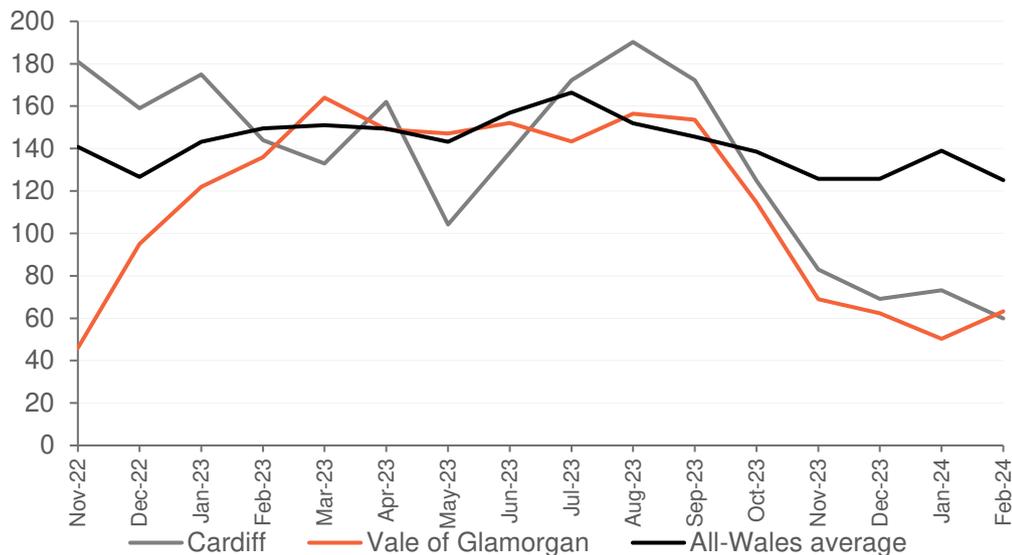
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Appendix 4

Waits for social care assessments and care packages

The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

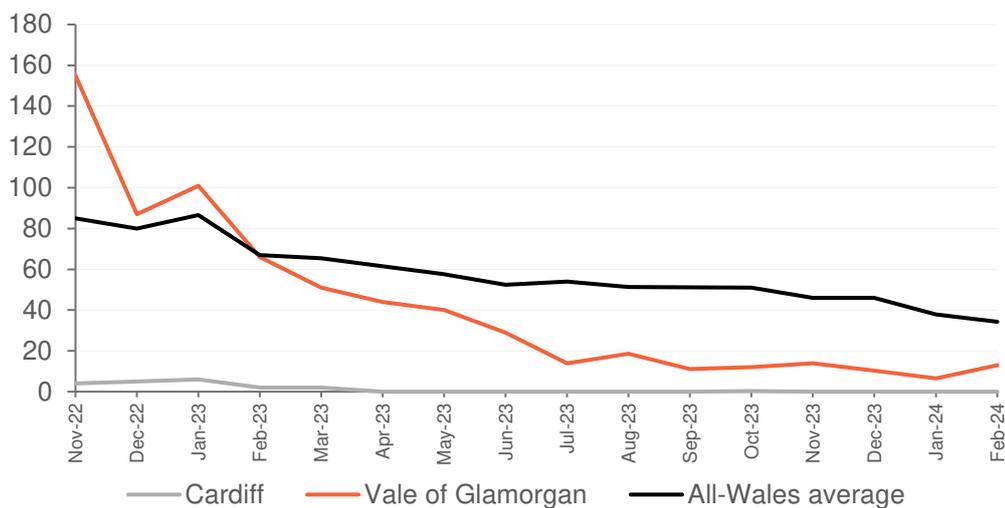
Exhibit 26: number of adults waiting for a social care assessment (per 100,000 head of population)



Source: Welsh Government

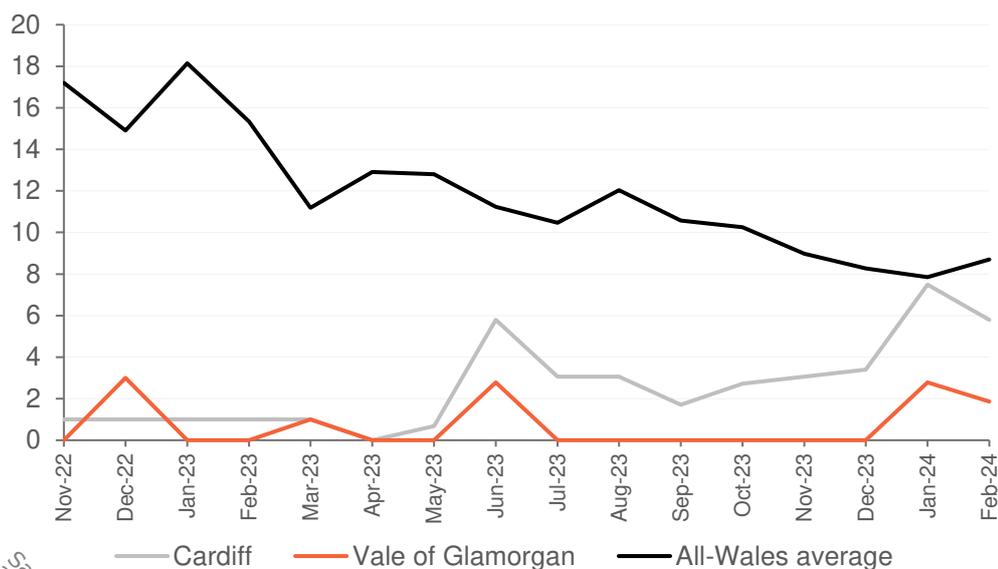
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Exhibit 27: number of adults waiting for domiciliary care (per 100,000 head of population)



Source: Welsh Government

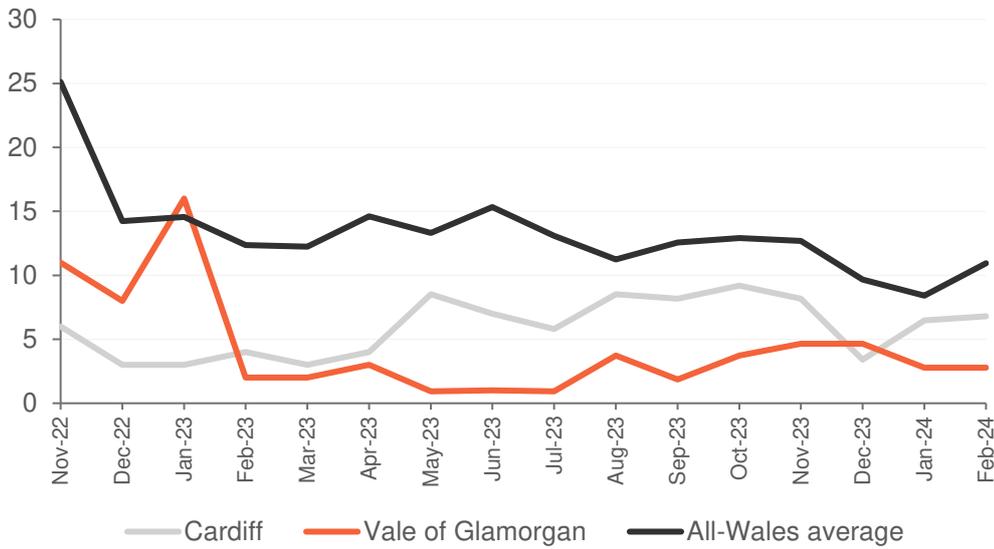
Exhibit 28: number of adults waiting for reablement (per 100,000 head of population)



Source: Welsh Government

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Exhibit 29: number of adults waiting for long-term care home accommodation (per 100,000 head of population)



Source: Welsh Government

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Appendix 5

Combined management response to audit recommendations

Exhibit 30: combined management response

Exhibit summary (to make your document accessible, provide a short summary (in addition to the title) to explain what the table represents)

| Ref | Recommendation | Organisational response | Completion date | Responsible officer |
|-----|--|--|------------------|----------------------------|
| R1 | To help inform discussions around discharge, the local authorities should capture the risks associated with social care capacity on the provision of services at a local and regional level, including the impact on patient flow out of hospital. | <p>i. Capacity is monitored and reported to Welsh Government on a monthly basis via 2 routes:</p> <ul style="list-style-type: none">• Social care checkpoint data which has a RAG rating• PoCD regional meetings which relate directly to hospital flow <p>Issues can then be escalated through local or regional governance.</p> | Already in place | LA Heads of Adult Services |

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| Ref | Recommendation | Organisational response | Completion date | Responsible officer |
|-----|--|--|-----------------|------------------------------|
| | | <p>ii. Local Authorities have existing internal risk monitoring and management arrangements.</p> <p>iii. The RPB undertakes a 5-yearly Market Stability Report to inform care commissioners of social care market sufficiency and stability. A Regional Commissioning Board is in place to monitor capacity and address identified issues.</p> | | |
| R2 | <p>The Health Board, working with local authorities, should update its discharge policy and associated policies, including the choice of accommodation policy, to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023, set out clearly</p> | <p>i. The Health Board is developing a new discharge policy to include the key elements from the most recent national discharge guidance in September 2024. The policy is being developed with input from local authorities.</p> <p>ii. The policy will be reviewed by the partnership governance</p> | April 2025 | Head of Integrated Discharge |

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| Ref | Recommendation | Organisational response | Completion date | Responsible officer |
|-----|--|--|-----------------|------------------------------|
| | defined roles and responsibilities, and expectations, and reflect the Discharge to Recover then Assess model. The process for updating the policy should include patients and carers | arrangements through the Strategic Leadership Group. iii. Advice and support will be sought from Llais on involvement of patients and carers. | | |
| R3 | The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of the discharge policy and associated training programmes. | The Health Board will complete a baseline using the ward-based audit tool, Tendable, prior to adoption of the new policy and then review monthly to assess impact. | June 2025 | Head of Integrated Discharge |
| R4 | The Health Board should improve record keeping by: 4.1 ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes | i. This is being incorporated into the rolling programme of education for ward teams. In addition, there is a pilot underway in which a discharge booklet is being trialled on the winter ward in UHL to support clear documentation of discharge processes in patient case notes. | June 2025 | Head of Integrated Discharge |

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| Ref | Recommendation | Organisational response | Completion date | Responsible officer |
|-----|---|--|-------------------|------------------------------|
| | to support effective discharge planning. 4.2 establishing a programme of case-note audits focused on the quality of record keeping. | ii. The Health Board will assess the best tools and process for auditing record keeping and, if appropriate, roll this out with ongoing training and audit cycles. | | |
| R5 | The Health Board, in partnership with its local authorities, should ensure it has the necessary arrangements in place to embed and deliver a 7-day working week approach to hospital discharge to minimise unnecessary stays in hospital. | Consultant 7-day working in the acute footprint is now in place to support weekend discharge. In addition, there is a 7-day working group set up to embed the improvements and look to develop this further as part of the ministerial initiative 50-day winter challenge. | Already in place | Chief Operating Officer |
| R6 | The region should ensure its action plan for pathways of care is clearer on the intended outcomes from the actions it has identified. It should also undertake regular review to assess whether outcomes are being achieved. | i. A detailed POCD action plan is in place. ii. POCD action plan is reviewed monthly through a local partnership forum and is reviewed quarterly by WG in line with the Care Action | Already in place. | Head of Integrated Discharge |

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| Ref | Recommendation | Organisational response | Completion date | Responsible officer |
|-----|----------------|---|-----------------|---------------------|
| | | <p>Committee Cabinet Secretary priorities.</p> <p>iii. The Care Action Committee reviews the impact and outcomes achieved by the plan on a monthly basis as one of its three national priorities.</p> <p>iv. The national Six Goals for Urgent and Emergency Care team undertakes a detailed review of POCD data with the local team and supports identification of priorities for action locally. We will continue with these governance arrangements and monitor the impact on an ongoing basis.</p> <p>v. The impact of the action plan and associated data are regularly reviewed through partnership governance arrangements</p> | | |

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| Ref | Recommendation | Organisational response | Completion date | Responsible officer |
|-----|--|--|-----------------|--|
| R7 | To help inform decision-making and discussions, the Health Board and local authorities should ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages | i. POCD data is currently regularly shared with the RPB Strategic Leadership Group through both specific programme reporting and CAC priority briefings. ii. The RPB team will review the key performance indicators already collected and ensure they are shared in the appropriate forums. | April 2025 | Director of Health and Social Care Integration |

Exhibit source: Cardiff and Vale Regional Partnership Board partners.

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galwadau ffôn yn Gymraeg a Saesneg.