Public Finance and Performance Committee
Wednesday 18th March 2026
via MS Teams

14:00	**1. Standing Items**	Rhian Thomas
1.1	Welcome, Introductions & Apologies	
1.2	Declarations of Interest	
1.3	Minutes from the Finance and Performance Committee meeting – 18.02.2026	
1.4	Actions following the Finance and Performance Committee meeting held on 18.02.2026	
1.5	Chair's Actions since previous meeting	
14:05	**2. Items for Review and Assurance**	
2.1 *30 mins*	Financial Report – Month 11 Position (including Savings Tracker)	Andrew Gough
2.2 *20 mins*	Operational Performance Update	Paul Bostock
2.3 *20 Mins*	Cancer Deep Dive	Paul Bostock
15:15	**3. Items for Approval / Ratification**	
3.1 *10 mins*	Newborn Screening Business Justification Case	Catherine Phillips
15:25	**4. Items for Information and Noting**	
4.1 *0 Mins*	Monthly Monitoring Return – Month 10	Andrew Gough
15:25	**5. Any Other Business**	
15:25	6. Private Agenda • *Annual Plan 26/27* • *CHC Uplift* • *Organisational Update*	
15:25	**7. Review and Final Closure**	
7.1	Items to be deferred to Board / Committee and review of any actions to future meetings.	Rhian Thomas
7.2	To note the date, time and venue of the next Committee meeting: **Wednesday 22nd April 2026 via MS Teams**	

Draft Minutes of the Public Finance & Performance Committee Meeting
18th February 2026
Via MS Teams

To view a recording of this meeting, please click here: https://youtu.be/KMFLpCQbQCU

Chair:		
Kirsty Williams	KW	HEALTH BOARD Chair
Present:		
Rachna Upadhya	RU	Independent Member - General
Judi Rhys	JR	Independent Member – Third Sector
Clive Curtis	CC	Independent Member - Community
Steve Riley	SRI	Independent Member - University
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Catherine Phillips	CP	Executive Director of Finance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
David Fluck	DF	Executive Medical Director
Paul Bostock	PB	Chief Operating Officer
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Secretariat:		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Rhian Thomas	RT	Independent Member – Capital & Estates
Ceri Phillips	CP	Health Board Vice Chair
David Edwards	DE	Independent Member – Digital

Ref:	Agenda Item:	Action
FPC 2026/02/1.1	**Welcome, Introductions & Apologies** Kirsty Williams (KW), the UHB Chair, welcomed everyone to the meeting in English and Welsh. Apologies for absence were noted.	
FPC 2026/02/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 2026/02/1.3	**Minutes of the Finance and Performance Meeting held on 21st January 2026** The minutes of the meeting held on 21st January 2026 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 21st January 2026 were held as a true and accurate record of the meeting.	
FPC 2026/02/1.4	**Actions following the Finance & Performance Meeting on 21st January 2026** The Action Log following the meeting held on the 21st January 2026 was received and discussed. **The Finance and Performance Committee resolved that:** A) The Action Log for the Finance and Performance Committee was noted.	
FPC	**Chairs Action since previous meeting**	

2026/02/1.5	There were no Chair's Actions taken since the last meeting	

FPC 2026/02/2.1	**Financial Report – Month 10 Position (including savings tracker)**
	
	Andrew Gough (AG), the Deputy Director of Finance (Strategic), provided the following summary of the report to the Committee:
	
	• **Health Board Position:**
	  ○ The Health Board reported a deficit of £47.411m at Month 10 – this was £0.551m above the Month 10 planned deficit of £46.860m. The £0.5m deficit against the plan was broken down as a savings programme surplus of £0.584m, and an operational deficit of £1.135m.
	  ○ The Health Board had a full savings programme in place for the past three months. They identified £32.7m worth of schemes against the £32m target – all these schemes were now green and fully delivering with no slippage.
	  ○ It was anticipated that given the current trajectories, the Month 10 £0.551m deficit would be recovered, enabling the organisation to deliver the planned £56.2m deficit.
	
	• **Key Variances:**
	  ○ The table in the report summarised the in-month and cumulative performance of the Health Board by its major expenditure groups, which was also split by Clinical Board.
	  ○ With the savings plan now fully de-risked, it remained essential to continue driving recurrent savings and reducing operational pressures still in place.
	
	• **Operational Pressures:**
	  ○ The main issues were mental health out of area placements (22 patients at Month 10), contract underperformance in Critical Care and Cardiac services, and a £2.1m shortfall from the unfunded National Insurance (NI) increase. Non-recurrent measures had helped in-year, but long-term solutions were needed for 2026-27.
	  ○ There had also been favourable movements including vaccine price savings, reduced winter plan costs, additional radiology research income, and strong workforce controls, which had all supported confidence in delivering the £56.2m planned deficit.
	  ○ Welsh Government (WG) had confirmed funding for additional Welsh Risk Pool costs, though on a non-recurrent basis, meaning this pressure would return in 2026-27.
	
	• **Key Variances**:
	  ○ Pages 11 and 12 of the report compared cumulative spend in 2025-26 to 2024-25 across staff groups and key non-pay areas.
	  ○ Workforce controls had reduced 262 full time equivalents since April 2025, and this reduction had continued even after vacancy management was handed back to Clinical Boards, putting the Health Board in a stronger position for 2026-27.
	  ○ Non-pay growth was mainly in secondary care medicines and prescribing, continuing healthcare, and commissioned services, with several now becoming structural pressures that would need to be addressed in the 2026-27 plan.
	
	• **Savings:**
	  ○ An analysis of the savings position was received - a total of £32.7m of schemes had been identified, and all were delivering and rated green.
	
	• **Risks:**
	  ○ WG had set a £9.1m target control deficit, but with a £56.2m deficit, they were not on track to meet that. Although this year's £32m savings programme was delivering, there remained a £5.5m shortfall, which must be addressed into 2026-27.
	  ○ Recurrent operational pressures of £7.8m would also carry forward into 2026-27, adding to the challenge. Work continued with Clinical Boards through performance reviews to reduce these pressures and resolve persistent issues.
	  ○ The remaining risks noted that the Health Board continued to remain within its cash limit.
	
	• **Underlying Deficit**:
	  ○ Without addressing the recurrent savings shortfall and the recurrent operational pressures carried into 2026-27, the underlying deficit would increase by £13.3m, resulting in a £69.6m deficit going into next year.	

- This position had been closely scrutinised by NHS Performance & Improvement (P&I) and through targeted intervention work. The drivers of the deficit would need to inform the 2026-27 plan.

- **Cash Allocations**:
  - WG had confirmed strategic cash support for the £56.2m planned deficit, along with £17m in working capital. The value of unconfirmed drawing limit allocations at month 10 was £31.826m. Overall, the cash position was more positive than last month.
  - The Health Board continued to exceed the 95% public sector payment target, achieving 96.3% at the end of January 2026.
  - The approved capital resource limit was £59.5m for Month 10 (£14.3m discretionary funding and £42.5m for specific projects). The programme was monitored through the Capital Management Group (CMG), with no issues reported and full capital spend planned in close coordination with WG.

Paul Bostock (PB), the Chief Operating Officer, asked if the strategic cash provision was a loan.

AG responded that it was not a repayable loan; it was cash support that the Health Board did not need to pay back.

PB asked if the £56m cash support also improved their recurrent financial position, not just the bank balance.

AG responded that it did not help their position because it was cash support, not resource funding. It simply allowed them to meet payroll and pay creditors.

Judi Rhys (JR), the Independent Member – Third Sector, asked for clarification about the increase in employer NI contributions. She asked whether this had been accounted for by WG, as this was outside of the Health Board's control.

AG responded that when they set this year's plan, they assumed the increase in employer NI would be fully funded by WG. However, the funding announced did not cover the full cost, leaving all Health Boards with additional pressure. WG expected Health Boards to manage this within their existing plans, so in delivering their £56.2m position, they had to absorb this NI shortfall.

Steve Riley (SRI), the Independent Member – University, recognised the hard work from the Health Board in delivering these savings.

SRI asked whether any guidance had been provided from NHS P&I on actions to address the underlying deficit, which was due to increase again next year due to non-pay inflation outside of the Health Board's control.

AG responded that they met regularly with NHS P&I who had a clear understanding of the underlying deficit and want consistent reporting, in line with WG's view that these deficit drivers should guide how they address it. Whilst some pressures were structural, others resulted from Health Board decisions, so it was important to distinguish what they could control, what was structural/national, and what actions or models could be used to mitigate these pressures as far as possible.

Catherine Phillips (CP), the Executive Director of Finance, referred to PB's previous question, and explained that the £56.2m was not extra funding. Their plan required them to spend £56.2m more cash than they were allocated, so without this cash support, their bank balance would fall, and they would not be able to meet payroll or pay bills.

PB responded that he feels that getting a lump sum should improve their finances, even if the deficit started building again in April.

CP responded that WG provided this support so they could meet payments, but it was not guaranteed until their year-0end resources were confirmed. The underlying problem remained and returned in April.

KW thanked the team for their significant effort and continued commitment.

The Finance and Performance Committee resolved that:

a) The reported year to date position was an overspend of £47.411m and the forecast deficit of £56.2m was noted;

	b) The Month 10 operational overspend against plan of £1.135m and the £0.584m) savings surplus was noted; c) The progress against the in-year savings target, with £32.703m (102.2%) of green schemes identified at Month 10 against the revised £32m target was noted; d) Delivery of the forecast was contingent on delivery of recovery actions, and the confirmation of all expected income streams was noted; e) The combined recurrent savings shortfall and recurrent operational pressures of £13,4m impacting adversely on a deteriorating underlying deficit being carried into 2026/27 was noted. The underlying deficit moving into 2026/27 was currently assessed at £69.6m which was £13.4m higher than the 2025/26 forecast outturn of £56.2m. This was currently a focus of review and scrutiny. f) There were £105.1m of outstanding cash allocations was noted, and that WG had confirmed in writing that it would provide up to £56.2m strategic support in year.	
FPC 2026/02/2.2	**Operational Performance Update** PB provided the following summary of the report to the Committee: • **Urgent and Emergency Care – Hospital Flow and Discharge:** o EU attendances in January 2026 were 6% higher than last year, but less patients had been admitted. They needed to understand what was driving the demand. o Ambulance holds had risen slightly but remained far better than the previous year. o Stroke performance needed improvement – they had held a Stroke Summit, where three priority areas had been agreed: reducing pre-hospital delays, speeding up CT and thrombolysis, and shortening rehab stays at University Hospital of Llandough (UHL). More mini summits would be held throughout the year. o Pathway of Care Delays – overall number of patients increased in January as expected, but the total number of bed days lost had reduced, which was positive. Compared with this time last year, this improvement was equivalent to around 75 beds. Local Authority (LA) partners had made sustained and demonstrable improvements. o The Health Board's biggest flow issue remained internal length of stay, particularly in medicine, where they sat in the bottom 25% nationally. A PRISM review confirmed they needed major change, and a summit was planned with physicians and consultant colleagues to share the PRISM report findings and secure consultant support for a new medical model. This would involve reallocating existing resources, but reducing length of stay could release savings and allow reinvestment. A clearer plan would be brought back to the F&P Committee in April 2026. • **Planned Care, Cancer and Diagnostics**: o Cancer performance improved to 59% in December, and was expected to be around 60% in January, with trajectories now being met. A full deep dive would come to the March 2026 F&P meeting. o Planned care remained on track to deliver the agreed 450 year-end position of patients waiting 2 years for treatment, though capacity limits meant additional funding would not speed delivery. They were on track to achieve 31,000 new outpatient appointments. o Diagnostic performance had plateaued due to CT downtime and extra outpatient demand. WG had acknowledged this unexpected demand, and some outsourced non-obstetric ultrasound capacity started later than planned, but by March 2026 they still expected a backlog of around 1500 patients. • **Primary and Community Care:** o Their district and community nurses delivered 17,000 visits in January, which was 25% more activity than EU attendances, and they supported 3500 patients at home every day. • **Mental Health:** o They were on track with the key measures agreed, but out-of-area placements remained a significant challenge. This was now one of the top priorities from the 36 Degrees work, with the Clinical Board reviewing the model, patient reviews, and options for repatriation. Whilst unlikely to impact this financial year, they expected improvements and reduced costs in 2026/27 • **Productivity and Efficiency:**	

- The efficiency metrics needed refreshing, as progress on Did Not Attends (DNAs), See on Symptoms (SOS), and Patient Initiated FU (PIFU) pathways had stalled due to the intense focus on delivering the 104 position and managing outpatient subcontracting, which had demanded significant time and resource.
- As this work concludes, they would reset the planned care programme for next year, and intended to bring back the refreshed plan, including productivity and efficiency priorities, to April 2026's F&P Committee.
- The same applied to theatres, where they planned to relaunch the efficiency programme from Q1 once the Theatres Together work was fully embedded.

Rachna Upadhya (RU), the Independent Member – General, asked whether they could quantify the financial impact of continued 12-hour waits and discharge delays, and how they ensured health inequalities were addressed within operational performance.

Additionally, RU asked for Mental health, what the cost different was per patient per day for out-of-area placements compared with in-area care.

In terms of financial impact, PB responded that there was no direct financial penalty for 12-hour waits, the impact was mainly on patient safety and experience. The financial effect came from needing to open escalation or winter capacity, which carried an additional cost. The pressure was already built into the plan (around £1m) and managed, but essentially, they were keeping beds open that they would not need if length of stay were reduced.

Regarding the cost difference between in-area and out-of-area placements, PB responded that he did not have the exact number per patient, but that out-of-area placements would cost the Health Board around £3m this year. It was extremely expensive, in addition to the distress caused for patients and families. Whilst a small number of out-of-area placements may occasionally be unavoidable, having around 20 was not sustainable.

Around health inequalities, PB answered that the patients who needed their care more often did not access it, especially in their most deprived clusters. When they did attend, the Health Board provided equitable care, but they weren't consistently reaching those with the greatest need. This was also reflected in issues like stroke, where long delays before seeking help could significantly worsen outcomes. PB would return to the Committee with a clearer response.

RU asked to receive a more detailed update at a future meeting on how they addressed health inequalities within operational performance, and how they can better reach patients.

David Fluck (DF), the Executive Medical Director, agreed that health inequalities must remain a key focus, and that the Clinical Services Plan (CSP) was designed to address this.

KW noted that when the CSP and operational redesign come to the Board, a key test of their acceptability will be whether they genuinely improve health inequalities.

JR commented that once they know what has driven the rise in EU attendances, it would be useful to explore whether it linked to health inequalities, and people using the EU because they believed it was their only option.

JR asked for confirmation on whether they were working with the Stroke Association and relevant third-sector partners, as they were key links into the community.

To check involvement with the Stroke Association and the third sector and update the Committee – ACTION.

Regarding community and palliative care, JR noted they saw high levels of activity outside of hospital, but the graph demonstrated that they were still some distance from the 80% target, especially for weekend provision. JR suggested it would be useful to understand this at a future Committee.

PB responded that they had a partnership agreement with Macmillan, who had lent around £4m to help establish enhanced end-of-life and palliative care services. If they could demonstrate the benefits, they would have at least 30 beds worth of fewer patients in the acute hospital in their end-of-life stage.

Provide an update to Committee Members on the palliative care work being undertaken – ACTION.

	JR asked for assurance that the high DNA rate would be addressed, as it represented significant inefficiency. PB agreed with JR's comments. He noted they had the clinical tools and templates to manage follow-ups properly, but they needed better consultant engagement and improved internal processes. Many DNAs occurred because patients were aware of appointments or did not need them, and they had also been overbooking clinics, which created confusion and inefficiency. SRI informed the Committee that he had visited the Ely district nursing hub and saw excellent work, but there were structural issues (mainly limited IT access, as not all staff had access to a computer). Increased community pressure from hospital discharge targets also affected capacity, so staffing and system improvements were needed. SRI noted that seven-day working required a whole system approach, including weekend diagnostics. He asked whether there were UK exemplars that medical teams could visit to learn from. PB responded that this was about continuity of care and keeping patients' pathways moving; increased discharges were a bonus, not the goal. They needed to discuss what was needed to support seven-day continuity, and it was likely less extensive than some suggested. DF noted that the real issue was continuity – they often had seven-day services without consistent handover or communication, especially when patients were discharged. Weekend discharges were extremely low for a 1500-bed organisation, which was unacceptable. High-performing organisations discharged at weekends at similar levels to weekdays, because illness and recovery did not stop. The key step was getting clinicians to recognise the problem. Clive Curtis (CC), the Independent Member – Community, explained that effective engagement with the community and third sector was key around health inequalities, although the Stakeholder Reference Group (SRG) was on hold. He asked what interim arrangements could be put in place to maintain meaningful engagement, as they reshaped their engagement model. Matt Phillips (MP), the Director of Corporate Governance, responded that a meeting was scheduled with some of the Executives to capture learning from the Executive Director of AHPs, Health Scientists and Community Services Development's coproduction work, and consider how this transitioned into the SRG. This discussion was scheduled to be brought to a future Board meeting. KW highlighted that the important issues addressed in this meeting (e.g. length of stay, out-of-area mental health placements, and palliative care) were not just about performance, but about quality and patient experience. **The Committee resolved that:** a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.	
FPC 2026/02/2.3	**Board Assurance Framework – Research & Development** DF presented the slides to the Committee, and highlighted the following: • Research & Development (R&D) sat within *Shaping our Future Generations* and was a core component of Cardiff Health Partners (CHP), alongside other foundational contributions. • R&D was a key enabler of clinical services and population health plans, supporting care transformation in the short and long-term. • Evidence showed that research-active organisations achieved better patient outcomes, experience and mortality, and fostered a culture of continuous improvement. Research brought wider benefits, including workforce attraction, early adoption of innovation, economic impact, and preparation for future healthcare delivery. The proximity to a university strengthened research impact through collaboration and cross-fertilisation. • Research activity included hosted research (commercial and non-commercial studies led externally), and sponsored research (internally designed and grant-funded studies). • Patient recruitment had varied year on year, peaking in 2021-22 (COVID-related trials), with scope to increase participation going forward. • Two core ambitions for R&D – 1) position research centrally within the organisation; and 2) operate a professional, sustainable model with a clear understanding of costs, income, and benefits. • Current commercial research income was fragmented, but proposals were being developed by Health and Care Research Wales to improve coordination and transparency.	

- Proposed funding model – costs built into grants and sponsorship; and income split to support delivery, R&D capacity building (including CHP), specialty research groups, and corporate overhead. The aim was to support researchers in a more coordinated and collegiate way whilst maintaining academic control.
- A new CAV Research Strategy was in development, aligned with wider organisational strategies, focusing on:

    - Fostering a research culture
    - Aligning research structures with clinical services
    - A robust financial model for reinvestment
    - Workforce development
    - Partnership working
    - Recognising and articulating the impact of research

- Current priority research areas included:

    - Advanced therapies (including cancer and partnership with Velindre)
    - Population health
    - Paediatrics (linked to CHP)
    - Genomics and cancer research

DF explained that understanding the organisation's research position was essential to understanding its contribution to CHP, and highlighted the below:

- CHP is a strategic partnership between the Health Board, Cardiff University, and Velindre, aligned with UK Academic Health Partnerships.
- The partnership was not exclusive and would expand over time, with future memberships and agreements to be determined.
- CHP brought together complementary resources, expertise and talent across partners, extending beyond clinical trials to:

    - Translational research (lab to bedside)
    - Service organisation and management
    - Education and workforce development

- The partnership responded to significant population health challenges including lower life expectancy, high levels of ill health, and marked health inequalities linked to deprivation, smoking, and economic inactivity.
- CHP aimed to stimulate innovation, improve population health, reduce inequities, and support delivery of clinical services and population health plans.
- CHP also supported economic growth and regeneration across Cardiff and Vale through attracting and developing talent, working with industry, enabling translational research, building a future-ready workforce, and strengthening regional collaboration.
- Initial priority areas included next-generation cancer care and advanced therapies (with Cardiff University and Velindre), brain therapies, and precision medicine and genomics.
- A CHP prospectus had been developed which outlined intended outcomes to 2035, including improved economic prosperity and reduced health inequalities.
- CHP was a central element to the organisation's strategic approach to transforming clinical care, not an additional or peripheral activity.

JR referred to the growth in commercial income, largely from pharmaceutical investment, and asked if there were examples of this commercial activity expanding through partnership with others (such as WG).

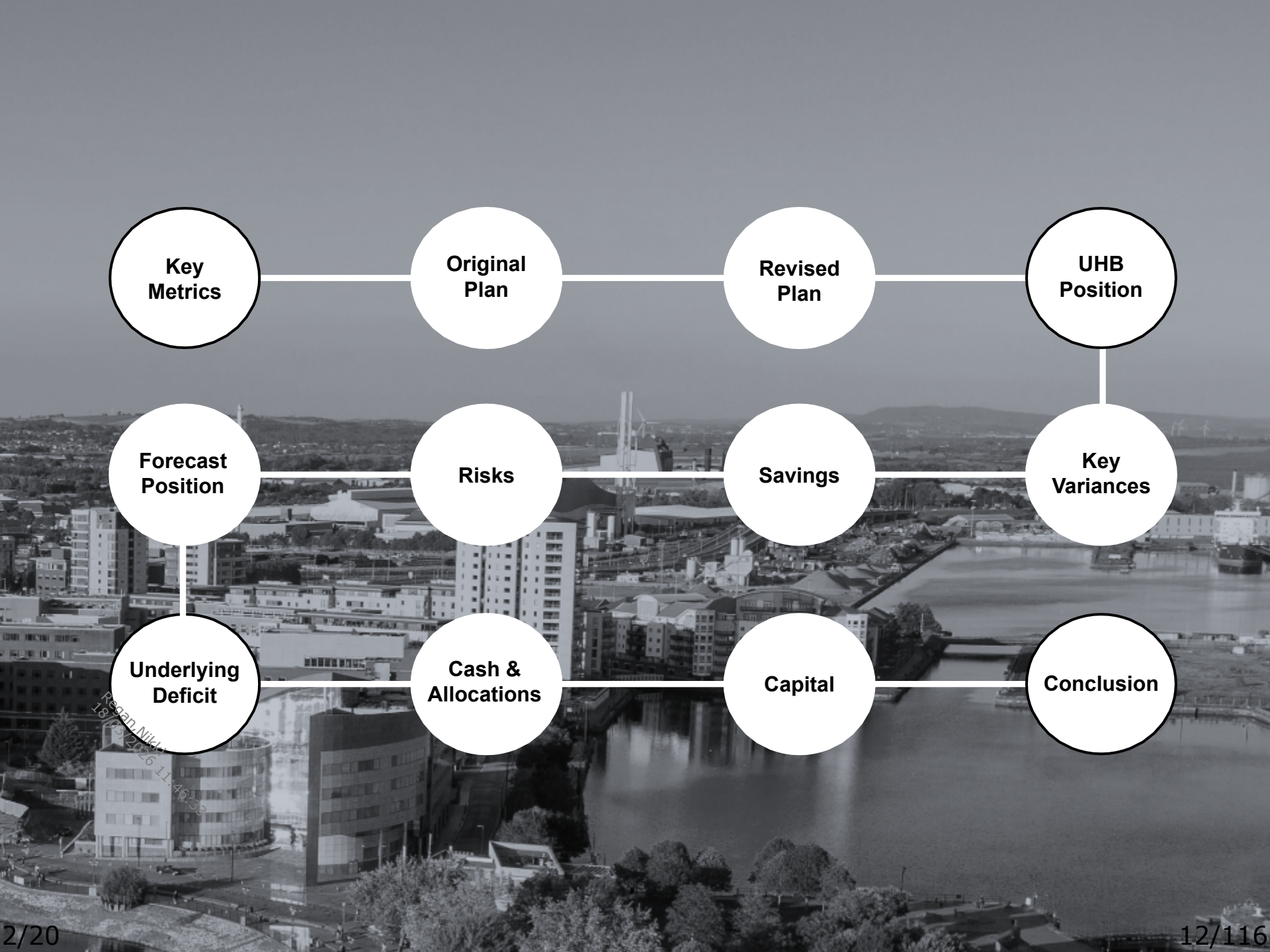
DF responded that CHP provided the opportunity to strengthen relationships with industry by combining the different expertise and resources of each partner. Existing relationships were already supporting product development. There was scope to develop further these partnerships in Wales, positioning the region as an attractive centre for industry whilst ensuring collaboration focused on innovations that benefit patients.

RU noted that whilst the growth in commercial income was positive, £4m remained small in pharmaceutical terms. She asked whether they were fully recovering the costs of running these trials, and where they currently sat within the commercial pricing framework. RU also asked whether there was scope to increase income, even with existing trial activity.

	DF responded that whilst £4m was a significant sum, the opportunity was much greater given their co-location with Cardiff University and their population base. This required strong industry relationships, clear planning, and a proven track record of delivery. Some areas, such as brain therapies, offered significant commercial advantage due to specialist expertise, but it was essential that costs were fully understood and that delivery was timely to remain attractive to industry partners. RU asked whether these payments were made upfront, or whether they were contingent on meeting specific clinical trial milestones. DF responded that the Joint Research Office (JRO) was established with agreed delivery timelines, helping to build reliability and attract further partners. Funding was often contingent on meeting recruitment targets, so failure to deliver could reduce income despite incurred costs. This reinforced the need to manage research on a professional, financially robust basis. Work was ongoing to clarify contractual arrangements within partnerships, ensuring that risks and benefits were clearly defined. SRI explained that CHP would strengthen the bi-directional flow between clinicians, researchers, and industry. Work was underway to map resources and demonstrate cost recovery and potential surplus. There was scope to increase commercial income, and the JRO was key to this. Progress was being made on partnership agreements, and the programme was moving in the right direction. Robert Mahoney (RM), the Deputy Director of Finance (Operational), reassured the Committee that consistency of offer and ease of access were key to attracting pharmaceutical partners, and the JRO provided vital support. Centralised support would help grow commercial income. Additionally, pharmaceutical trials provided significant benefit through the supply of free, cutting-edge drugs, which represented a substantial contribution. **The Committee resolved that:** a) The alignment of Research to the Future Generations strategic portfolio was noted; b) The ongoing development of the new R&D strategy and Research finance policy once they were finalised and submitted to Board for review was supported.	
FPC 2026/02/3.1	**Items for Approval / Ratification** *No items.*	
FPC 2026/02/4.1	**Monthly Monitoring Return – Month 9** The monthly monitoring return for month 9 was noted. **The Committee resolved that:** a) The monthly monitoring return for month 9 was noted.	
FPC 2026/02/5.0	**Any Other Business** *No further business was raised.*	
FPC 2026/02/7.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 18th March 2026 via MS Teams**	

MEETING	Title	Minute Refe	Agreed Action	Executive Lead	Action Lead	Date Assigne	Date for Revie	Action Status	Action Update	Comments
FINANCE & PERFORM	Planning Maturity Self Asse	FPC 19/11/2	Present Planning Maturity Self Assessment regularly for Committee review.	Catherine Phillip	Jonathan Wa	19/11/2025	20/05/2026	ON FORWARD F	Added to Forward Plan for May 2026 F&P meeting	Planning Maturity assessment was submitted to WG in November and the UHB awaits feedback. This feedback alongside a mid-year review will inform next F&P discussions in May.
FINANCE & PERFORM	BAF - Decarbonisation & Cl	FPC 19/11/3	Present BAF - Decarbonisation & Climate theme in May 2026.	Matt Phillips	Ruth Jordan	19/11/2025	20/05/2026	ON FORWARD F	On Forward Plan for May F&P meeting	
FINANCE & PERFORM	Operational Performance L	FPC 2026/02	Check involvement with the Stroke Association and the third sector and update the Committee	Paul Bostock	Paul Bostock	18/02/2026	18/03/2026	COMPLETE	Update circulated to Committee members on 23.02.2026	
FINANCE & PERFORM	Operational Performance L	FPC 2026/02	Update Committee Members on the palliative care work being undertaken	Paul Bostock	Paul Bostock	18/02/2026	18/03/2026	ON FORWARD F	To provide an update under the Operational Update during the committe meeting on 18.03.2026.	

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 11



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	The Revised Draft Annual Plan includes a forecast £56.2m deficit - £47.1m over the control total target of £9.1m.	R	"	9.1m	M11 2025/26
Return to financial balance and approved IMTP status	£56.2m underlying deficit by end of 2025/26 financial year. Currently reporting a recurrent savings gap after Month 11.	R	"	£56.2m	M11 2025/26
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.712m operational deficit reported at Month 11.	A	$	Operational Spend to be maintained within Budgets	M11 2025/26
Delivery of **recurrent** £32.0m savings target	£32.674m Green schemes identified at Month 11, of which £26.807m were recurrent.	A	$	£32.0m	M11 2025/26
Remain within Cash Limit	Welsh Government has confirmed strategic cash support for the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 2024/25 balance sheet.	G	#	To remain within Cash Limit	M11 2025/26

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

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
Draft Deficit	**111.000**
Additional Allocations	(22.768)
Savings Plans	(30.000)
Initial Planned Deficit	**58.233**
Additional In Year Savings Plans	(2.000)
Revised Planned Deficit	**56.233**

The UHB initially planned a deficit of £58.2m for submission to Welsh Government (WG), with the draft plan submitted at the end of March 2025. Following this submission, WG requested further actions to reduce the forecast deficit. In response, the UHB confirmed that progress in identifying savings provided sufficient assurance to increase planned savings delivery by £2m, reducing the forecast 2025/26 deficit to £56.2m.

The submitted plan still projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval.

The UHB is reporting a year to date overspend of £51.642m at month 11, which includes a Planning Deficit £51.547m, a Savings Programme surplus of (£0.617m) and an Operational Position deficit £0.712m

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	7,367	7,367	0	79,171	79,171	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(2,778)	(2,810)	(32)	(27,624)	(28,241)	(617)	(32,000)	(32,674)	(674)
Operational Variance	0	(424)	(424)	0	712	712	0	674	674
Clinical/Service Board Variance	**4,589**	**4,133**	**(456)**	**51,547**	**51,642**	**95**	**56,233**	**56,233**	**0**

At Month 11, the UHB reported an overspend of £51.642m, which is £0.095m above plan. This represents an in-month improvement of £0.456m compared to the £0.551m overspend against plan reported at Month 10. The sustained reduction in overspend against plan over the past five months provides strong assurance that the UHB will achieve the forecast deficit of £56.2m.

Following confirmation of the Month 5 position, the UHB undertook detailed reviews ("deep dives") across all clinical boards to understand key issues, assess risks, and gain assurance on actions required to deliver within agreed deficit control totals. Additional measures were approved to arrest and recover the financial run rate. At Month 11, the UHB's savings tracker reported a £0.674m surplus of green schemes against the £32m in-year savings target

It is expected that savings delivery and operational pressures will continue to be managed and mitigated throughout the remainder of the year, enabling the UHB to deliver its planned deficit position of £56.233m.

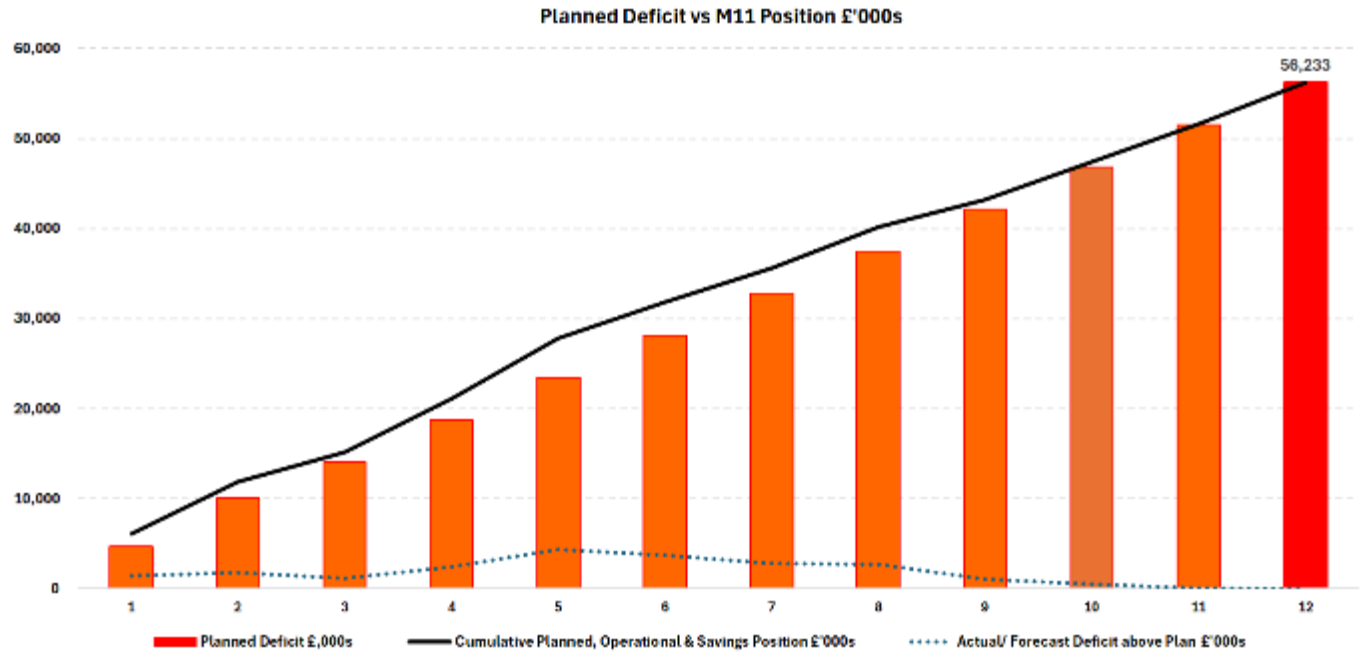
Actions identified to halt and recover the deteriorating operational position include:

- Board-approved vacancy freeze from 1 August.
- Continuation of the enhanced centralised vacancy scrutiny process, which has been in place for over 10 months and has stabilised workforce growth, delivering a reduction of 326 whole-time equivalents since the start of the financial year.
- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.

All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

UHB Position

The graph below shows the reported Month 11 position against the UHB's planned deficit of £56.233m



	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £,000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233
Cumulative Planned, Operational & Savings Position £'000s	6,096	11,699	15,216	21,172	27,809	31,843	35,619	40,210	43,250	47,411	51,642	56,233
Actual/ Forecast Deficit above Plan £'000s	1,410	1,603	1,158	2,426	4,379	3,727	2,816	2,721	1,075	551	95	0
24/25 deficit outturn of £27.7m	6,096	11,699	15,216	20,149	20,149	20,993	22,117	23,241	24,365	25,489	26,613	27,737

The monthly planned deficit is evenly phased through the year in line with Welsh Government Monthly Monitoring Return Guidance. The level of savings forecast each month increases as the year progresses.

The reported surplus of (£0.674m) against the £32.0m savings target is helping to offset ongoing operational pressures. The expectation is that recovery and mitigating actions will continue throughout March to enable the UHB to deliver a year-end financial position that meets its planned deficit.

The table 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	(60,009)	92,616	110,616	**143,224**
(Income)/Expenditure	(60,182)	91,452	116,087	**147,357**
Variance	**(173)**	**(1,164)**	**5,471**	**4,133**
Cumulative	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(613,245)	967,291	1,036,007	**1,390,053**
(Income)/Expenditure	(615,528)	963,978	1,093,245	**1,441,695**
Variance	**(2,284)**	**(3,313)**	**57,239**	**51,642**

A number of operational pressures continued into month 11 which in turn have been offset by pay vacancies.

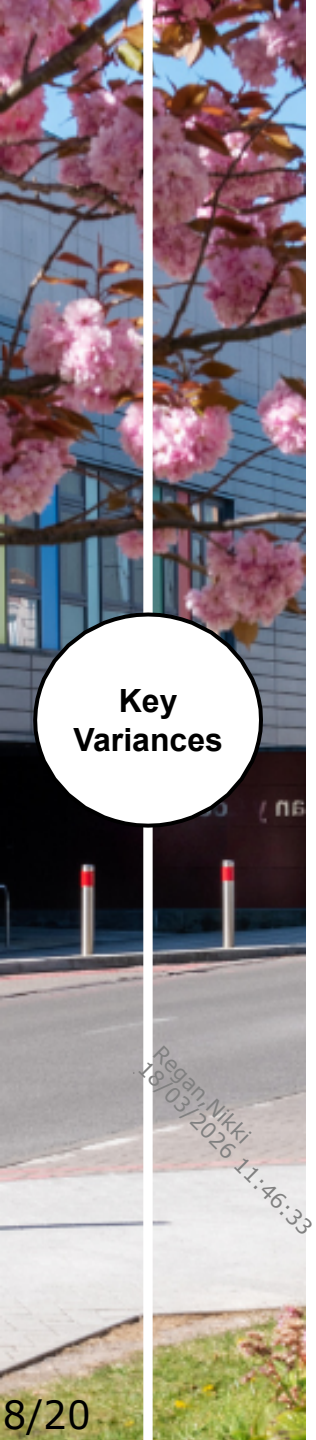
The following operational issues were reported in month 11:

- Income – Specialist services underperformance. Cardiac services year-to-date performance has remained below target and below 2024/25 levels.

- Pay – Vacancies along with enhanced scrutiny around variable pay offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness.

- Non Pay – Pressures associated with Mental Health Out of Area (OOA) placements have abated in month, with 9 patients placed out of area at the end of February. . The shortfall in national funding for the 2025/26 NI increase is reported against non pay at £1.421m for the year to date . £50.963m of underlying deficit was included in non pay at month 11.

Of the £51.642m deficit reported at Month 11, £51.547m relates to the revised planning deficit of £56.233m, while £0.712m is attributable to in-year operational pressures. These pressures have been partially offset by the (£0.617m) surplus achieved against the savings target.



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	1,305	(245)	(385)	**675**	(630)
Children & Women	3,685	384	605	**4,675**	990
Capital, Estates & Facilities	(230)	269	(448)	**(409)**	(178)
Executives	(1,373)	122	(227)	**(1,477)**	(105)
Genomics	0	0	(121)	**(121)**	(121)
Medicine	13,448	(99)	(1,308)	**12,041**	(1,407)
Mental Health	6,578	(435)	2,611	**8,754**	2,176
Primary, Community & Intermediate Care	10,505	(943)	(5,335)	**4,227**	(6,278)
Specialist	3,509	473	3,006	**6,988**	3,479
Surgery	4,435	803	(142)	**5,096**	661
Sub-Total (Delegated Position)	**41,863**	**329**	**(1,744)**	**40,449**	**(1,414)**
Central Budgets	(8,099)	(946)	2,406	**(6,640)**	1,459
Commissioning	17,783	0	51	**17,834**	51
Sub Total (Non-Delegated Position)	**9,684**	**(946)**	**2,457**	**11,195**	**1,510**
Sub-Total Surplus/Deficit	**51,547**	**(617)**	**712**	**51,642**	**95**

The table/chart below summarises the key 2025/26 Operational pressures as at month 11:

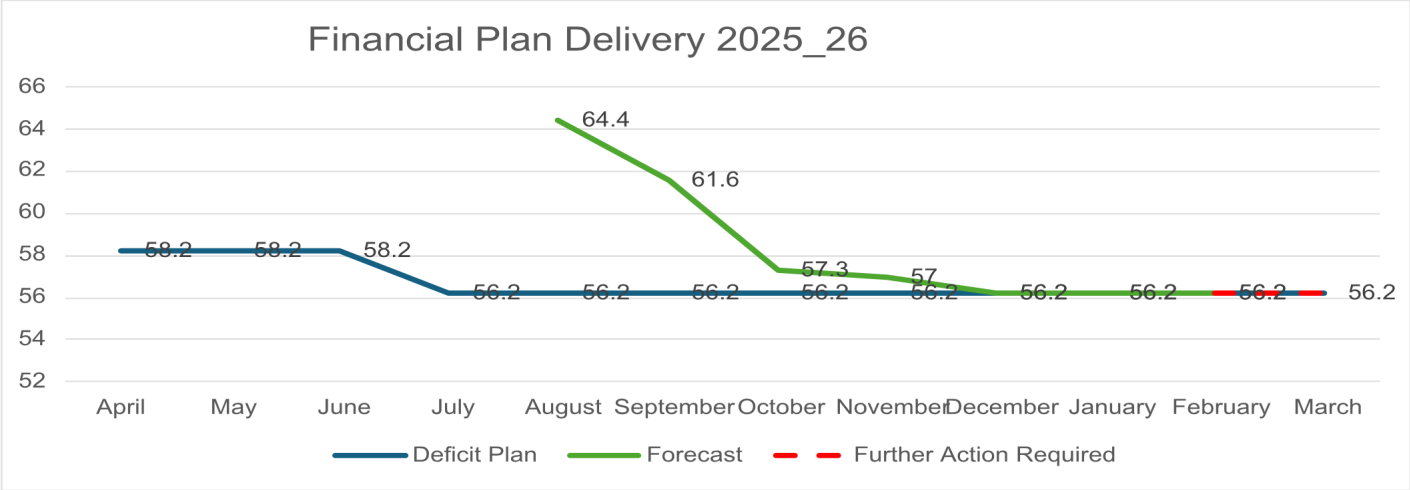
Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Mental Health Out Of Area Placements (OOA)	2,752	3,002
Specialist Services Activity Related Underperformance	1,900	1,950
Employers National Insurance	1,421	1,550
Vaccines	(917)	(1,000)
Winter	(917)	(1,000)
CD&T Activity	0	(840)
Prescribing	(340)	(1,200)
Pay Underspend	(3,804)	(2,462)
Sub-Total Surplus/Deficit	**95**	**0**

- Operational pressures have abated in month, with 9 patients placed out of area at the end of February. The impact and utilisation of the additional DTOC capacity will continue to be reviewed.
- Specialist services underperformance - Cardiac services year-to-date performance remains below target and below 2024/25 levels.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines - Combined vaccine expenditure is projected to be below budget.
- Winter - Additional winter capacity is deployed only when deemed essential.
- CD&T Activity - Additional radiology and research income has been recovered this year.
- Prescribing – GP prescribing costs fell in month primarily due to tariff changes and medicines management switches.
- Pay vacancies, combined with enhanced scrutiny of variable pay, have partially offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness.

Welsh Government has confirmed that it will cover the additional costs associated with the Welsh Risk Pool and band 2 & 3 pay for 2025/26 on a non recurrent basis. As a result, the related risks have been reassessed and are now rated as green for this financial year.

Forecast and Recovery Actions

As at month 11 the Health Board's gross forecast is broadly in line with the UHB deficit plan of £56.2m. **The forecast assumes that the actions in place to halt and recover the operational position will continue up to year end to ensure that the UHB delivers the forecast deficit and minimises the underlying deficit moving into 2026/27.**



Recovery actions agreed:

Delivery of all agreed deep dive actions
- a further £4.4m

RAG:

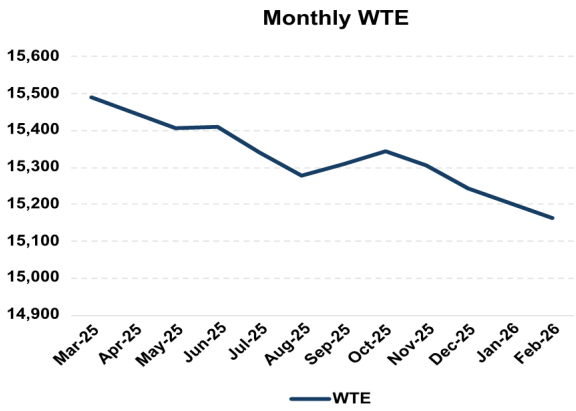
Continue all enhanced workforce controls including vacancy freeze (with exceptions) to support the delivery of the £56.2m forecast delivery

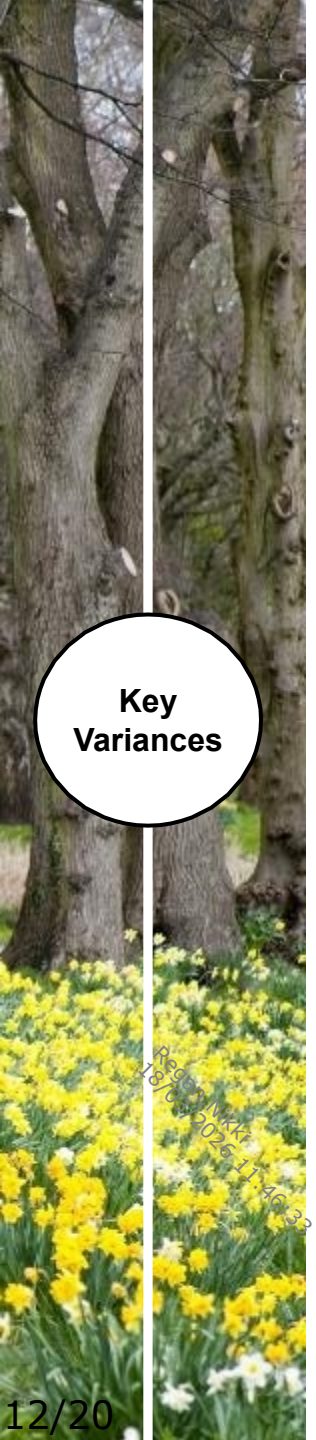
The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 11 for all staffing groups (split by fixed and variable expenditure) :

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	33,216	35,213	**1,997**	**6.0%**
Management, Admin & Clerical	108,058	117,691	**9,634**	**8.9%**
Medical and Dental	249,768	266,969	**17,200**	**6.9%**
Nursing (Registered)	251,914	272,809	**20,895**	**8.3%**
Nursing (Unregistered)	79,134	84,764	**5,630**	**7.1%**
Other Staff Groups	134,223	141,390	**7,167**	**5.3%**
Scientific, Prof & Technical	44,039	45,142	**1,103**	**2.5%**
Total	**900,351**	**963,978**	**63,627**	**7.1%**

Increased pay expenditure over the last year is primarily driven by the rise in Employers' National Insurance contributions and the 2025/26 Pay Awards, which together account for the majority of the 7.1% increase in pay costs. In addition, £5.7m of Band 2 and Band 3 back-pay costs were paid in February following the resolution of a national pay claim.

The chart (right) reports substantive WTE by month and shows a 326 WTE reduction across the UHB over the last 12 months. A reduction of 285 WTE is reported between April 2025 and February 2026. The temporary increase in staff WTEs during September and October relates to the onboarding of registered nurses from the nurse student streamliner programme. From November through February, WTEs in post have declined, returning to the trend observed prior to the onboarding period.





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	118,250	122,601	**4,351**	**3.7%**
Continuing Healthcare	96,237	109,256	**13,018**	**13.5%**
Drugs / Prescribing	240,862	254,209	**13,346**	**5.5%**
Establishment Expenses	13,206	13,902	**696**	**5.3%**
General Supplies & Services	11,231	12,454	**1,224**	**10.9%**
Healthcare Provided Services	252,265	274,761	**22,496**	**8.9%**
Other Non Pay including Depreciation & Impairments (matched by Welsh Govt Funding)	89,843	96,840	**6,996**	**7.8%**
Premises & Fixed Plant	49,685	51,499	**1,813**	**3.6%**
Primary Care Contractors	152,448	157,723	**5,276**	**3.5%**
Total	**1,024,028**	**1,093,245**	**69,217**	**6.8%**

The UHB reported **£1,093.245m** of Non Pay expenditure for the year to Month 11 which is an increase of 6.8% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

- Price and demand in Continuing Healthcare (CHC)
- Secondary Care & GP Prescribing
- Healthcare Provided Services. Additional Commissioning costs including Mental Health Out of area Placements and JCC under Healthcare Provided Services. (£6.8m of the additional cost relates to the 2024/25 pay award where the UHB has received additional funding from Welsh Government to cover)
- Primary Care contracts (including Welsh Government funded contractual uplifts).

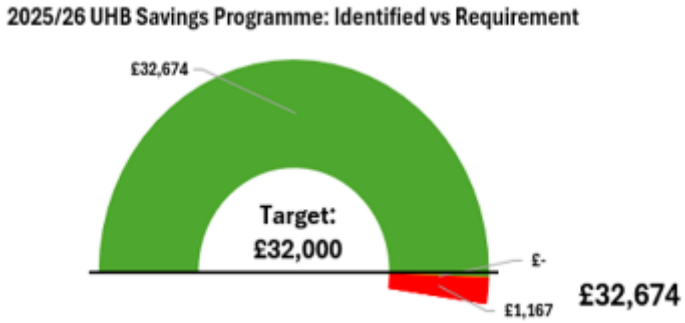
Savings

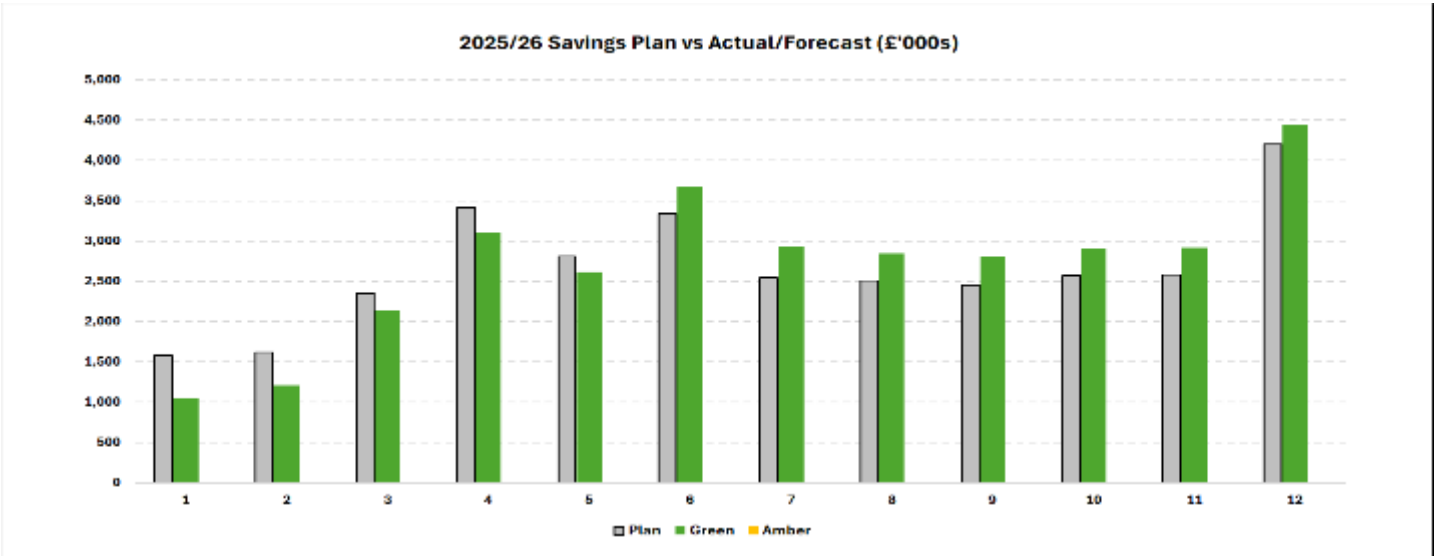
At Month 11, the UHB had identified £32.674m (102.2%) of green savings to deliver against the revised £32.0m savings target. Red schemes of £1.167m were also identified and continue to be reviewed for progression to Green/Amber where possible.

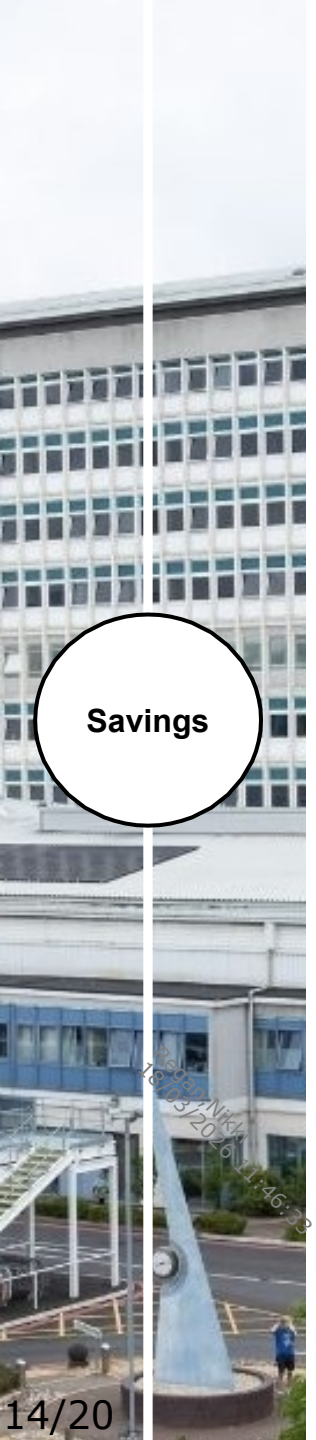
The forecast delivery against green schemes was £ 32.674m at the end of month 11, which is 102.2% of the £32m savings target. The reported surplus of £0.674m is expected to mitigate ongoing operational pressures.

Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. £26.807m of recurrent savings were identified at month 11 leaving a gap of £5.193m against the £32m recurrent target

The chart below illustrates the back-ended profile of the UHB's 2025/26 savings programme, highlighting the increase in reported savings delivery in the final month of the year







Savings

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	-	1,623	0	**1,623**
Children & Women	-	1,258	0	**1,258**
Capital, Estates & Facilities	-	828	0	**828**
Executives	-	1,446	0	**1,446**
Genomics	-	0	0	**0**
Medicine	-	482	0	**482**
Mental Health	-	0	0	**0**
PCIC	-	1,291	0	**1,291**
Specialist	-	1,270	0	**1,270**
Surgery	-	590	0	**590**
Sub-Total (Grip & Control)	**10,000**	**8,788**	**0**	**8,788**
Medicines Management	3,500	5,918	0	**5,918**
Income Generation	1,000	2,448	0	**2,448**
Continuing Healthcare	2,000	856	0	**856**
Facilities and Estates / Service Reconfiguration	1,000	257	0	**257**
Value/Clinical Variation	0	216	0	**216**
Procurement	3,500	3,648	0	**3,648**
Workforce - Temporary Pay	5,500	3,283	0	**3,283**
Workforce Restructuring	5,500	6,193	0	**6,193**
Corporate Opportunities		1,066	0	**1,066**
Sub Total (Cost Improvement Themes)	**22,000**	**23,886**	**0**	**23,886**
Sub-Total Surplus/Deficit	**32,000**	**32,674**	**0**	**32,674**

The key risk reflected in the UHB Corporate Risk Register is the potential failure to achieve a breakeven financial position by the end of the 2025/26 financial year. The current financial plan includes a control deficit of £9.1m, with the latest forecast projecting an outturn deficit of £56.2m against the revised plan.

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Below is a summary of UHB Corporate Risk Register at February 2026. 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. Following submission of the initial plan the UHB has increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million. This is £47.1m over and above the deficit target control total of £9.1m.	20
Ambition to improve on the £56.2m deficit, moving closer towards the planned £9.1m control total.	20
The Health Board must achieve its statutory capital breakeven duty. This requires the organisation to remain within its capital allocation on a three year rolling basis and ensure that capital expenditure does not exceed the limit set	8
Failure to adequately manage budget pressures. Primary budget holders are responsible for ensuring that financial performance is effectively controlled within their delegated areas. If budget pressures are not managed appropriately, this could compromise the Health Board's ability to meet its statutory revenue breakeven duty.	12
Failure to deliver the revised **recurrent** Cost Improvement Programme of £32m. Failure to deliver will impact on the Health Boards ability to deliver the revised planned 2025/26 deficit of £56.2m.	12
Failure to manage operational pressures to continue to deliver the revised £56.2m underlying deficit position (initial underlying deficit £59.9m).	4
2025-26 LTA framework in NHS Wales.	12
Remain within Cash limit.	4
Potential further All Wales Risk Pool liability of £7.530m. Welsh Government has now confirmed coverage.	3
Potential additional cost of band 2 & 3 pay costs estimated at £8.185m. Welsh Government has now confirmed coverage.	3
Identification and Delivery of additional savings to bridge £12.3m shortfall due to gap against Recurrent Savings Target & Recurrent Operational Pressures	20

Forecast Position

The UHB's draft plan, submitted at the end of March 2025, included an inherent risk to achieving the planned deficit of £58.233m due to a £23m gap in identified savings against the £30m target. At Month 3, the UHB increased its savings target by £2m, reducing the planned deficit to £56.233m.

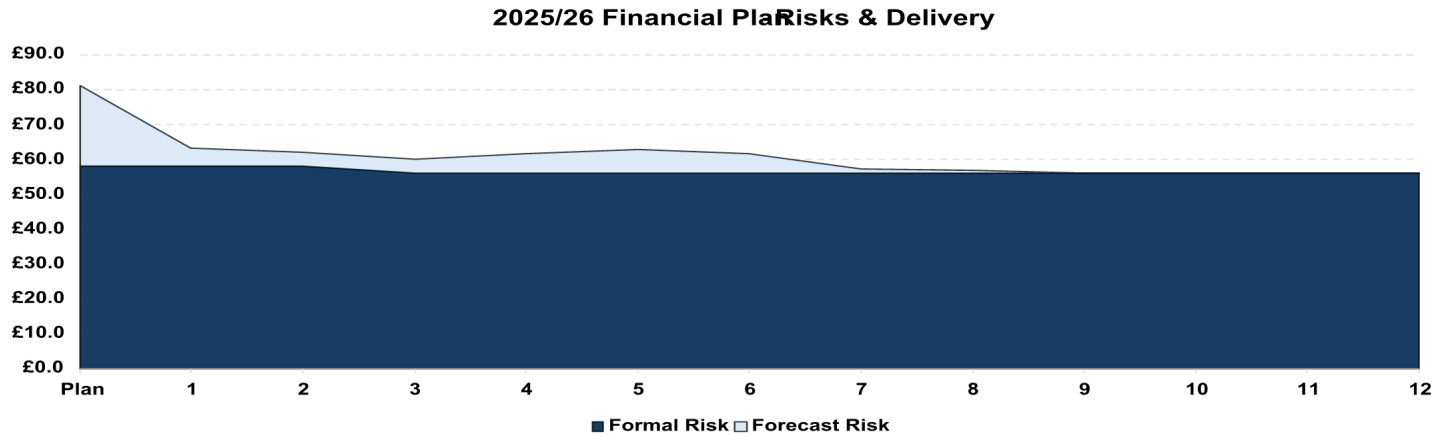
The savings gap narrowed significantly to £5.2m by the end of Month 1, driven by accelerated savings identification across the organisation. Following confirmation of the Month 5 position, the UHB undertook deep dives across all clinical boards to understand issues, assess risks, and gain assurance on actions required to deliver within deficit control totals. Additional measures were approved to arrest and recover the financial run rate.

At Month 11, the UHB's savings tracker reported a (£0.674m) surplus of green schemes against the £32m in-year target. Year-to-date unplanned operational pressures total £0.712m, but plans are in place to mitigate these pressures during the final month of the year.

As a result, the forecast risk in the plan at Month 11 is assessed as nil, as illustrated below (reported in £m):

Annual Savings Shortfall	Plan	1	2	3	4	5	6	7	8	9	10	11	12
Formal Forecast	58.20	58.20	58.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20
WG additional Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Annual Savings Shortfall	**23.00**	**5.20**	**3.76**	**3.38**	**4.51**	**3.52**	**(0.62)**	**(0.59)**	**(0.58)**	**(0.78)**	**(0.70)**	**(0.67)**	**(0.67)**
Cumulative Savings Shortfall/ (Surplus)	0.00	0.43	0.15	0.32	0.60	(0.04)	(2.08)	0.03	0.02	(0.20)	0.08	0.03	0.00
Forecast Cumulative Operational Pressures	0.00	(0.01)	0.24	0.09	0.60	2.00	3.10	(4.43)	(0.21)	(0.60)	(0.07)	(0.05)	0.00
Recovery Actions to be agreed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forecast Risk (Health Board gross forecast before recovery actions)	**23.00**	**5.19**	**3.99**	**3.69**	**5.42**	**6.43**	**5.40**	**1.00**	**0.80**	**0.00**	**0.00**	**0.00**	**0.00**

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



Underlying Deficit

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 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

The underlying deficit projected for 2025/26 is currently assessed at £68.5m, which is £12.3m higher than the 2025/26 forecast outturn of £56.2m as illustrated in the table below. There is a granular analysis and understanding of the underlying deficit. The reported increase from 2025/26 to 2026/27 is primarily driven by a shortfall in recurrent savings, (underlying drivers being growth in the cost of Continuing healthcare, prescribing and commissioning costs), mental health out of area placements and the full-year impact of a number of operational pressures experienced across the UHB during the current year. All underlying deficit drivers continue to be reviewed and where possible, actions are taken to address.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(32.000)
Additional Recurrent Allocations	(22.767)
Planned Underlying Deficit (ULD) at end of 2025/26	56.233
Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 10	12.315
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	68.548

Cash & Allocations

The closing cash balance at the end of February was £11.012m.

Welsh Government confirmed by letter dated 29 January 2026 that it would provide up to £56.2m Strategic Cash Support for 2025–26. The funding will be available for drawdown from 17 March 2026, following completion of the Senedd supplementary budget process . This approach aligns with the actual cash requirement In March.

In addition, the UHB estimates that it requires £17m of working cash support to cover 2024/25 revenue and capital working balances which are expected to be paid in 2025/26.

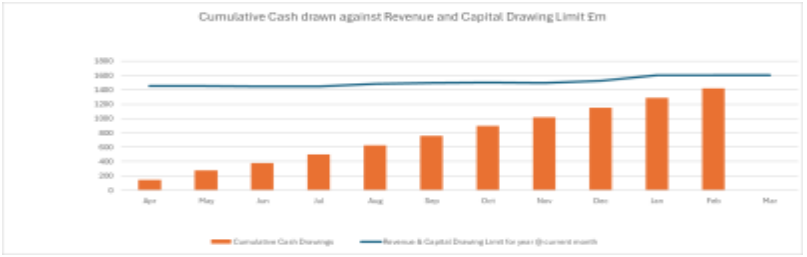
The value of unconfirmed drawing limit allocations at month 11 was £23.418m as outlined opposite. The outstanding confirmation of cash allocations is a cause for concern for the UHB, alongside the strategic and working cash requirement.

The table to the right summarises £87.551m of outstanding cash allocations, Welsh Government has confirmed in writing that it will provide up to £56.2m strategic support in year.

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

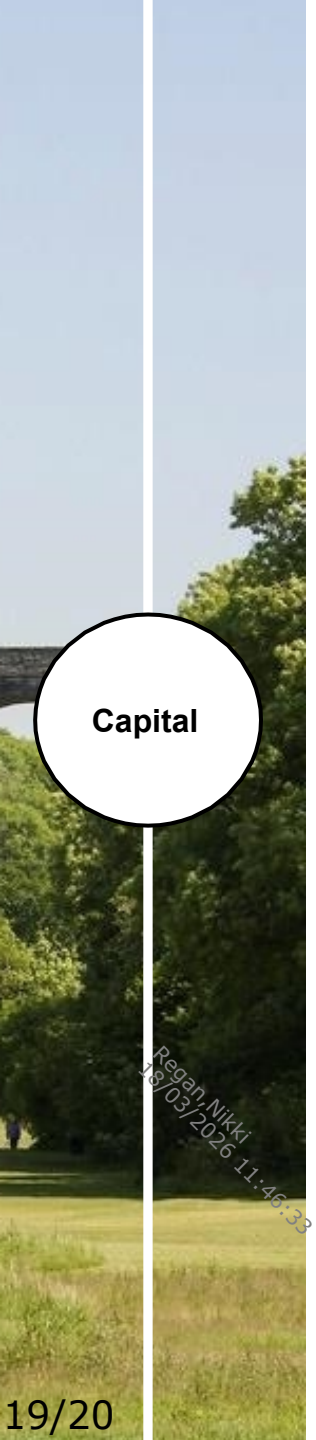
Unconfirmed Drawing Limit Allocations as of 28th February 2026	£'000s
ATMPs (JCC)	1,388
Buvidal - HMP Cardiff Costs	175
Climate Focussed Spread & Scale Academy	53
Consultant Clinical Excellence Award / Consultant Impact Award	1,001
Dols / MCA / Advocacy (MH)	233
Genomics (C&V / JCC	145
Health & Social Worker Band 2 & 3 Estimate tbc	5,724
Planned Care Diagnostic 8 Week Waits	33
Planned Care - Phase 2 - Cataracts	998
Planned Care - Phase 3 - Outpatients	6,124
Planned Care - Phase 4 - Diagnostics	2,196
Planned Care - Phase 5 - 104 Week Waits Plan	2,842
Planned Care Transformation Fund	226
Planned Care Transformation Fund	28
Vertex (JCC)	1,910
VSM Pay Award	74
Women's Health - Pathfinder Establishment (Women's Health Hubs)	268
Total Anticipated Funding £'000s	**23,418**

Summary of Potential Cash Shortfall at Year End	£'000s
Outstanding allocations (includes additional band 2 &3 payroll costs)	23,418
Strategic Support	47,133
Working capital requirement prior year liabilities paid in 2025-26 - Revenue	7,000
Working capital requirement prior year liabilities paid in 2025-26 - Capital	10,000
Total £'000s	**87,551**



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 February was 96.3% for the year to date.



The UHBs approved capital resource limit is £62.516m in line with the latest Capital Resource Limit (CRL) received from Welsh Government on the 2nd March 2026.

This includes

- **£14.317m** discretionary funding
- **£45.547m** for specific projects (additional £13.809m approved M10&11)
- **£2.652m** relating to IFRS 16 lease capital funding

The capital programme is planned and monitored through the UHBs Capital Management Group (CMG). The UHB forecasts that it will remain within its 2025/26 CRL and that all schemes are expected to deliver within year.

2025/26 Capital Programme (£m)	M11 Ytd			Annual	CRL	Plan vs CRL	Orders	Orders
	Actual	Revised Plan	Variance	Plan	2nd March		Raised	Receipted
All Wales Schemes								
Electrical Infrastructure, Tertiary Tower Block at UHW	0.807	1.183	(0.377)	1.268	0.960	0.308	1.279	0.806
Lift Refurbishment and Upgrade, UHW	1.957	2.156	(0.199)	2.900	2.900	0.000	2.900	1.957
Decarbonisation funding - Solar Canopy Car Park	2.237	1.894	0.343	2.394	2.394	0.000	2.306	2.237
Pentyrch Branch Surgery Development 2024-25	1.830	3.585	(1.755)	3.955	3.955	0.000	4.007	1.830
Funding for Enabling Project Work – Cardiff & Vale UHB's Estate	0.220	0.344	(0.124)	0.277	0.277	0.000	0.226	0.220
TEF - Fire	0.618	0.877	(0.259)	0.876	0.876	0.000	1.001	0.618
TEF - Infrastructure	1.432	2.518	(1.086)	3.004	2.959	0.045	2.958	1.432
TEF - Decarbonisation	0.060	0.375	(0.315)	0.450	0.450	0.000	0.450	0.060
TEF - Mental Health	0.140	0.352	(0.212)	0.352	0.352	0.000	0.384	0.140
TEF - Infection Prevention Control	0.155	0.462	(0.306)	0.461	0.461	0.000	0.392	0.155
TEF - Decontamination	0.202	0.651	(0.449)	0.811	0.811	0.000	0.796	0.202
Non-Radiology Ultrasound Replacement	0.000	0.468	(0.468)	0.468	0.468	0.000	0.407	0.000
Mental Health Quality and Safety Schemes	0.000	0.353	(0.353)	0.768	0.768	0.000	0.699	0.000
Computed Tomography (CT), University Hospital of Wales	0.354	0.560	(0.206)	0.550	0.550	0.000	0.575	0.354
Radiology Equipment 2025-26	0.003	0.264	(0.261)	0.264	0.264	0.000	0.249	0.003
Hospital Helicopter Landing Site Schemes 2025-26	0.000	0.261	(0.261)	0.478	0.478	0.000	0.418	0.000
Haematology Day Centre Extension, University Hospital of Wales	0.357	2.000	(1.643)	1.550	1.550	0.000	1.551	0.286
End of Year Digital Funding 2025-26	0.000	1.163	(1.163)	1.550	1.550	0.000	1.496	0.000
Estates & Equipment End of Year Funding 2025-26	0.733	3.287	(2.554)	3.952	3.952	0.000	1.536	0.724
DR Detector, SCBU, University Hospital of Wales	0.000	0.050	(0.050)	0.050	0.050	0.000	0.000	0.000
Voluntary Scheme for Branded Medicines Pricing, Access and Growth	0.406	0.657	(0.251)	0.657	0.657	0.000	0.993	0.406
End of Year Estates Funding - December 2025	0.000	1.550	(1.550)	3.100	3.100	0.000	0.985	0.000
End of Year Digital Funding - January 2026	0.620	0.000	0.620	0.700	0.700	0.000	0.700	0.620
End of Year Funding - January 2026	0.152	0.000	0.152	7.306	7.306	0.000	4.261	0.152
Entonox cracking devices	0.000	0.000	0.000	0.011	0.011	0.000	0.000	0.000
EOY - Equipment Funding – January	0.000	0.000	0.000	0.537	0.537	0.000	0.526	0.000
Further end of Year Equipment – January 2026	0.000	0.000	0.000	1.570	1.570	0.000	1.366	0.000
Demolitions at University Hospital of Wales	0.001	0.000	0.001	1.366	1.366	0.000	1.368	0.172
Further end of Year Equipment – February 2026	0.000	0.000	0.000	0.512	0.512	0.000	0.000	0.000
End of Year Equipment & Digital Funding - February 2026	0.000	0.000	0.000	3.300	3.300	0.000	0.563	0.000
Commercial Research Delivery Equipment Call Funding	0.000	0.000	0.000	0.442	0.442	0.000	0.000	0.000
DPIF								
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines	0.509	0.390	0.119	0.520	0.520	0.000	0.629	0.509
DPIF - RISP	(0.053)	0.506	(0.559)	0.632	0.632	0.000	(0.051)	(0.053)
DPIF - Connecting Care	0.570	0.566	0.004	0.755	0.755	0.000	0.705	0.570
VAT Recovery	(1.500)	(1.500)	0.000	(1.500)	(1.500)	0.000	(1.500)	(1.500)
VAT Recovery Genomics	(0.386)	0.000		(0.386)	(0.386)	0.000	(0.386)	(0.386)
IFRS16	2.652	2.652	0.000	2.652	2.652	0.000	2.652	2.652
Discretionary							0.000	0.000
IM&T	1.364	1.821	(0.457)	2.094	0.500	1.594	2.682	1.364
Equip	1.069	0.951	0.119	1.000	1.000	0.000	1.569	1.069
Stat comp	2.198	2.248	(0.050)	2.600	2.800	(0.200)	3.274	2.192
Other	6.929	7.509	(0.580)	8.270	10.017	(1.747)	9.913	6.933
Total	25.625	39.765	(14.139)	62.516	62.516	0.000	53.879	25.716

Variances against the CRL for individual All Wales schemes, are being managed within the discretionary capital allocation and have been agreed as part of the draft programme.

Conclusion

The UHB's draft financial plan of a £58.2m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations. Following the submission of the plan, Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million.

The reported month 11 position is £0.095m above plan primarily due to unplanned operational pressures of £0.712m at month 11.

At Month 11 the Committee are requested to:

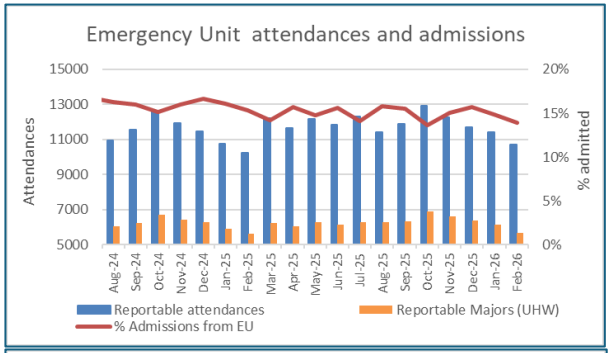
- **NOTE** the reported year to date position is an overspend of £51.642m and the forecast deficit of £56.2m.
- **NOTE** the month 11 operational overspend against plan of £0.712m and the (£0.617m) savings surplus.
- **NOTE** the progress against the in year savings target, with £32.674m (102.2%) of green schemes identified at Month 11 against the revised £32m target.
- **NOTE** that delivery of the forecast is contingent on delivery of recovery actions and the confirmation of all expected income streams.
- **NOTE** the combined recurrent savings shortfall and recurrent operational pressures of 12.3m impacting adversely on a deteriorating underlying deficit being carried into 2026/27. The underlying deficit moving into 2026/27 is currently assessed at £68.5m which is £12.3m higher that the 2025/26 forecast outturn of £56.2m. This is currently a focus of review and scrutiny.
- **NOTE** there are £87.551m of outstanding cash allocations and that Welsh Government has confirmed in writing that it will provide up to £56.2m strategic support in year.

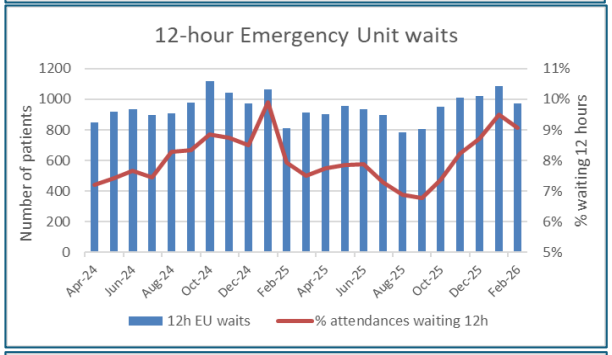
CARDIFF & VALE UHB
OPERATIONAL PERFORMANCE REPORT
– March 2026

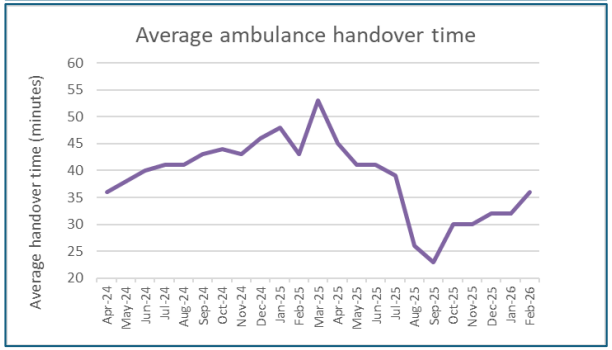

Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

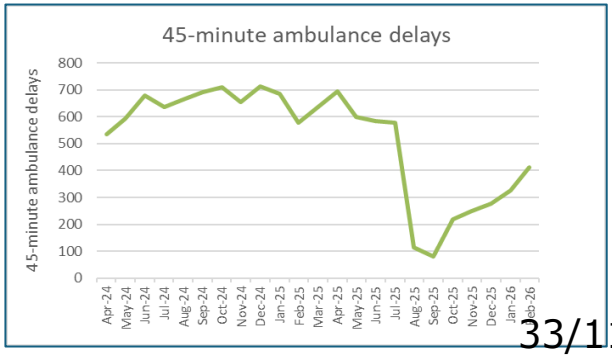
Urgent and Emergency Care – Out of Hospital and Front Door

- In February attendances at the Emergency Unit reduced from those in January but were increased by around 4.5% compared to February '25. The number of Majors attendances was decreased from January. The proportion of patients admitted via EU reduced to 13.9% and is reduced when compared to February '25
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%.
- Following periods of sustained operational pressure, the number of patients wating 12 hours or more in EU reduced but remained high, the proportion of attendances resulting in a 12 hour wait reduced to 9.1%. The number of patient that waited 24 hours in the EU footprint was 80, the majority associated with periods of intense pressure at the beginning and end of the month
- The number of 1-hour ambulance holds increased in January – c15% of conveyances waited >1h at UHW. In line with the Ministerial Advisory Group recommendations, we have moved our operational focus to reducing and eliminating 45-minute ambulance holds. This has included ringfencing majors capacity to facilitate timely handovers. Operational pressure in month led to an increase in 45-minute holds, but the average handover time remains improved from the summer



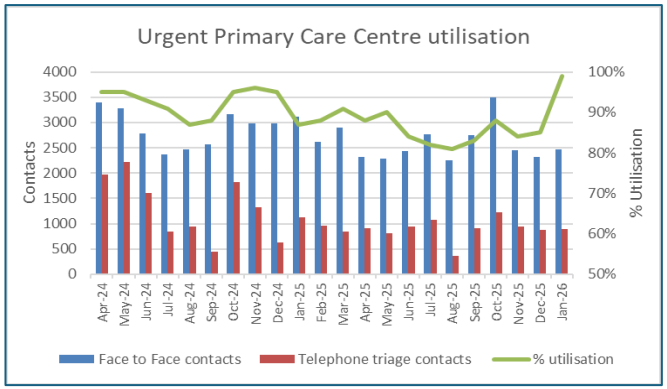




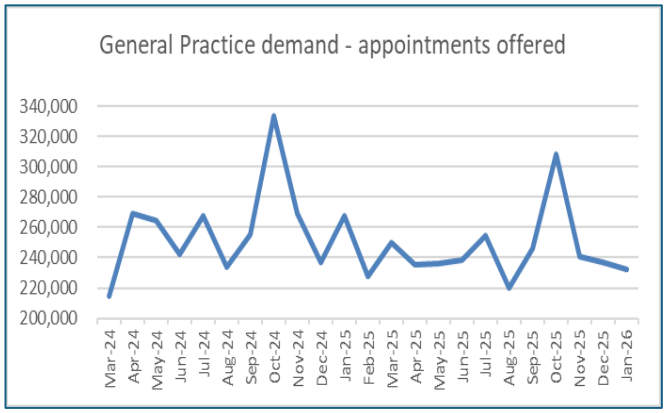


Urgent and Emergency Care – Out of Hospital and Front Door

- In January, 2,472 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 901 patients triaged by telephone. In January 99% of the available slots were utilised, improved from December
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year two and a half million appointments have been offered across Cardiff and the Vale, fewer than as this point last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in January reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required



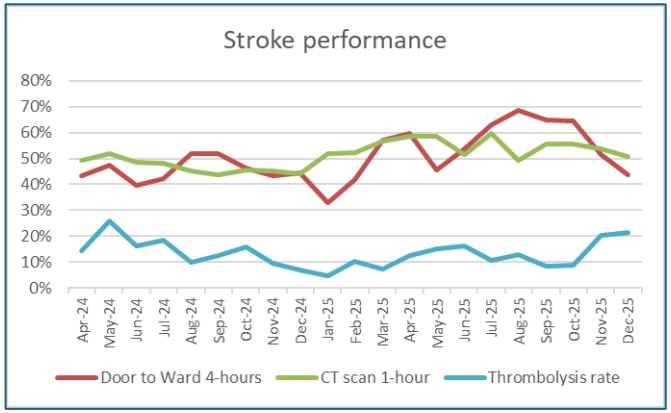
GMS activity	January 2026	Year to date 25/26
Calls to GP Surgeries	299,194	3,151,672
Digital requests to GP practices	85,891	830,377
GP appointments offered	232,059	2,449,153
Items issued via presciption	688,078	7,294,805



Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

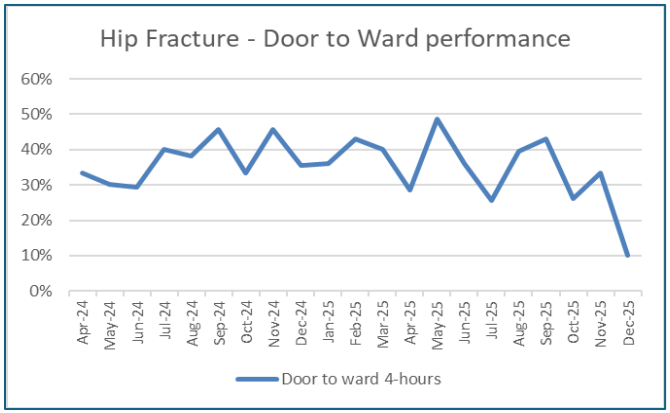
- Our January data has been delayed due to capacity within the stroke team – validated data for January will be available to update at the meeting
- The most recent data from December showed a drop in compliance with the Door to Ward standard for Stroke patients, reflecting pressure on the emergency unit and patient flow. In December 50.6% of patients received their CT scan within 1-hour and 15.2% within 20 minutes, a small drop from November. The thrombolysis rate improved again to 21.3% in December and remains above Welsh Governments 20% standard. Time to needle was improved from November, but no patients met the 30-minute standard
- There were 3 thrombectomies in December, 4 in January



EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	31.9%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	19.4%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	57.5%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	14.0%
Thrombolysis <= 30 mins	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Thrombecomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	0.8%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	68.1%

Hip fracture

- In December, 10% of Hip Fracture patients were admitted directly to the ward within 4-hours. This represents a reduction in performance from November, but our average of 30% remains significantly above the national average of 9.9%. January saw a reduction in the number of breaches

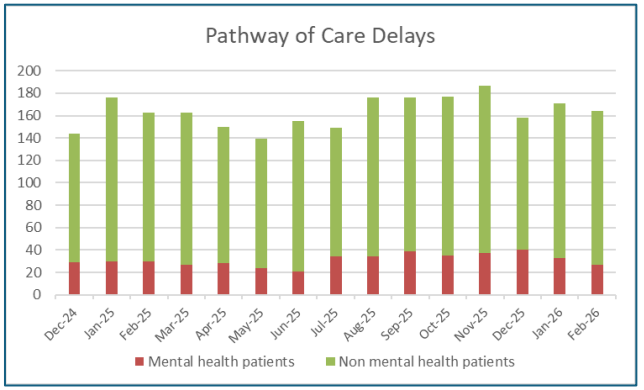


Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays reduced in February to 164. Non-Mental Health delays reduced to 137 with an average length of stay since becoming clinically optimised of 31 days. Mental Health delays reduced to 27, with an average length of stay since becoming clinically optimised of 109 days.

- We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 7,218 bed days were lost in January, reduced by c200 from last month and by 2,700 from the same month last year

- In partnership with our Local Authority colleagues, we are taking the following actions:
  - Delivering the trusted assessor model
  - Named social worker for medical wards in UHL
  - Forensic review of patients who've stayed >10 days
  - Check and challenge in our community hospitals by GPs and community clinicians
  - Daily touch points with Cardiff and VoG Local Authorities
  - Reviewing 'reason for attendance'
  - Forensic review of all non-clinically optimised patients



Top 6 reasons for non-MH delays	Number of delays
Awaiting Social Worker allocation	36
Awaiting completion of assessment by social care	27
Awaiting joint assessment	14
Awaiting completion of best interest decision	6
Patient/family care home choice	6
Home unsafe and requires attention	6

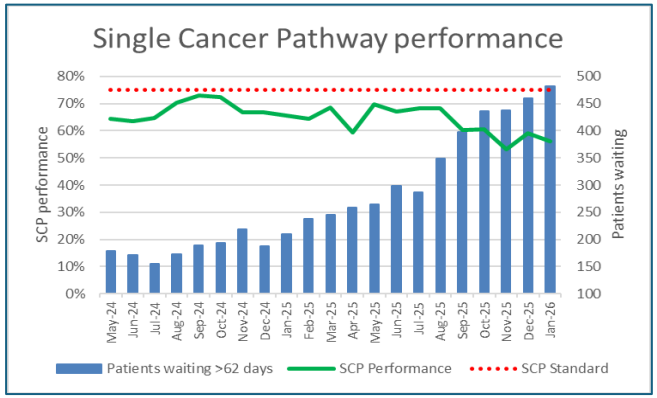
Top 6 reasons for MH delays	Number of delays
Awaiting Dementia nurse availability	6
Awaiting joint assessment	5
Awaiting completion of assessment by social care	2
Awaiting funding decision	2
Awaiting funding decision CHC/FNC	2
Awaiting care home manager (Residential) to visit and provide outcome	2

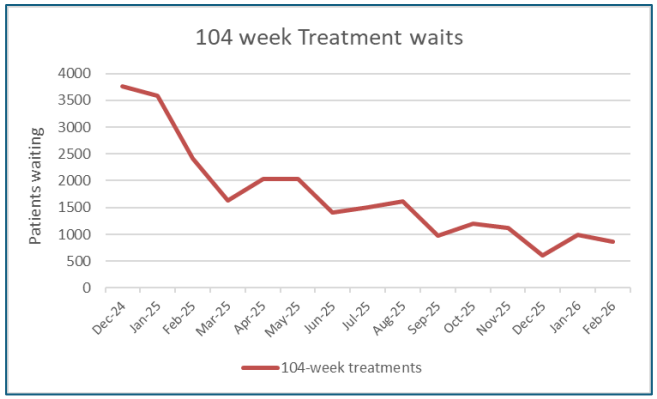
Planned Care, Cancer and Diagnostics

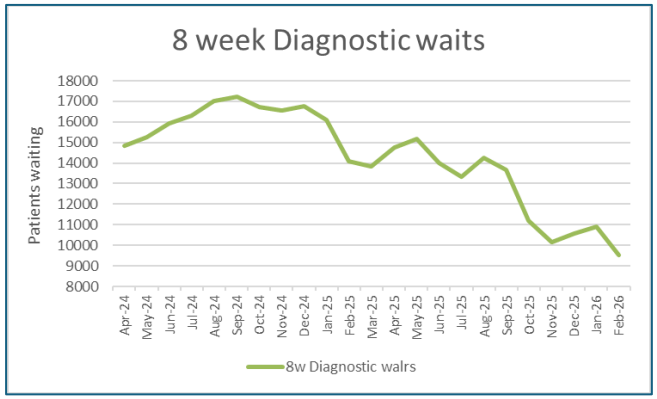
- As forecast, our Single Cancer Pathway compliance reduced to 56.1% in January, as we continue to treat patients from the increased backlog of 62 waits. In January we saw 4 tumour sites meet the SCP standard of 75%. We have seen the backlog of patients waiting 62 days reduce from over 500 in January to 317 this week. A separate deep dive will be presented to Finance and Performance Committee this month

- In Q3 the UHB delivered on our commitment to Welsh Government to reduce the number of patients waiting 2 years for treatment. This increased as forecast in January but has reduced in February, and we are on trajectory to deliver our Q4 commitment of reducing to 450, mainly spinal, patients. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair

- Diagnostic 8-week waits reduced in February 2025 to 9,544. Endoscopy, NOUS and MRI waits reduced, but CT waits were impacted by scanner downtime. We remain on track to deliver further improvement in March 2026, a more detailed update on our end of year position will be provided in Finance and Performance Committee this month







Planned Care, Cancer and Diagnostics

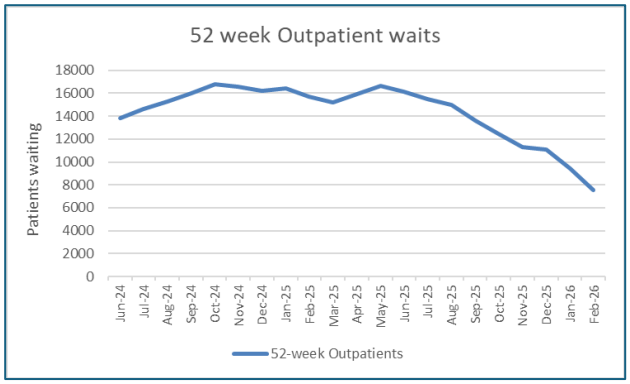
- Diagnostic – End of year

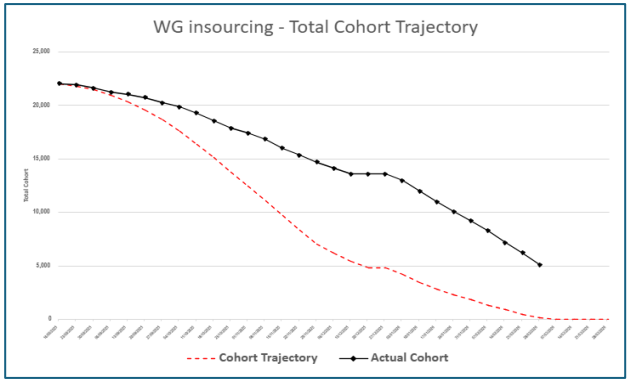
  - Diagnostic waits reduced in February 2026 to 9,554. Endoscopy, NOUS, and MRI waits improved, though CT waits were affected by scanner downtime.
  - We forecast a further reduction in March 2026, with 6,318 patients expected to be waiting over 8 weeks. This remains below our intended trajectory, largely due to increased outpatient activity via the insourcing contract, delays with outsourced providers, and scanner downtime.
  - For 2026/27, plans are in place to achieve 0 patients waiting over 8 weeks for MRI by the end of Q1, and for NOUS by the end of Q2.
  - A significant recurrent capacity gap remains within Endoscopy. The LHP development aims to address this in the longer term, though its revenue component is currently unfunded. A separate paper focused on endoscopy services will be prepared for Board, recognising that a decision on resource allocation is required.

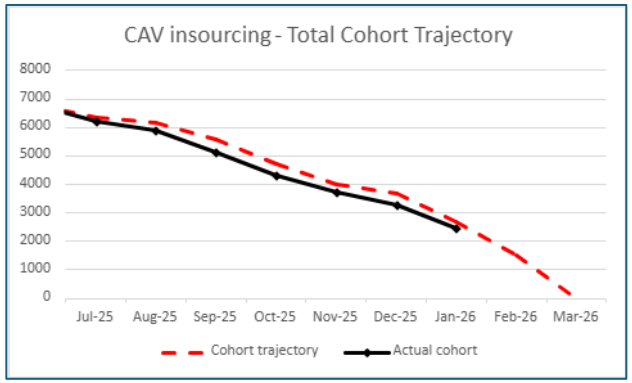
Modality	April 2025 Position	March 2026 forecast	HBS impact	Infrastructure/ Contract issues	End of Q1
NOUS	7773	2600	350	2250	800
Endoscopy/Colonoscopy	5155	1190	1190		3000
CT Exc Cardiac & GA	21	200		200	
CT Cardiac	151	155	40		100
MRI Exc Cardiac	1116	690	47	200	
MRI Cardiac	203	130	40		80
TTE (Echocardiogram)	15	900	900		TBC
Cystoscopy	160	193	193		TBC
Urodynamics	130	160	130		200
Others	100	100			
Total	**14735**	**6318**	**2890**	**2650**	**4180**

Planned Care, Cancer and Diagnostics

- The number of patients waiting 52-weeks for an outpatient appointment reduced again in February 2026 driven mainly by surgical specialties. We are anticipating further improvement in line with the outpatient work below
- We are working closely with Welsh Government on national schemes to undertake c31,000 additional outpatient appointments through this year
- To date we have delivered c17,000 appointments through the Government insourcing contract and over 4000 appointments through C&V schemes
- We hold weekly senior meetings with HBS (WG insourcing provider) and are working with Welsh Government to ensure facilitate delivery of appointments, flexing capacity between specialties to maximise delivery

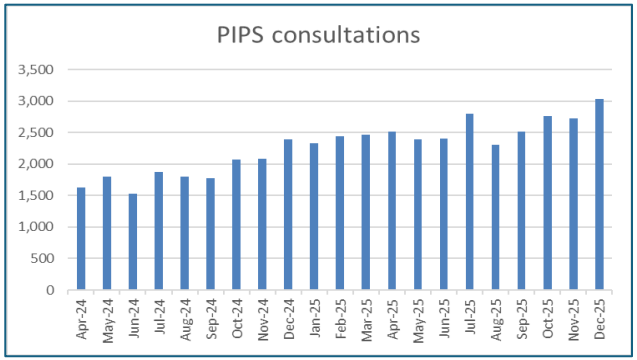




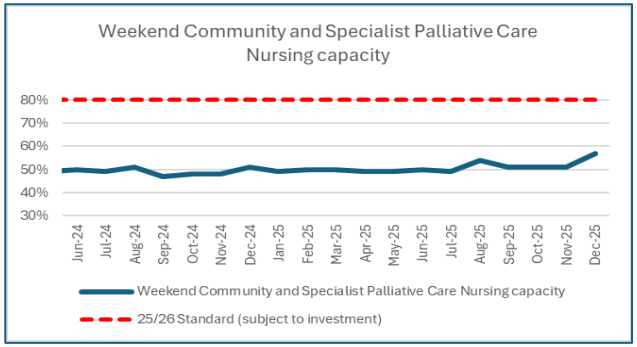


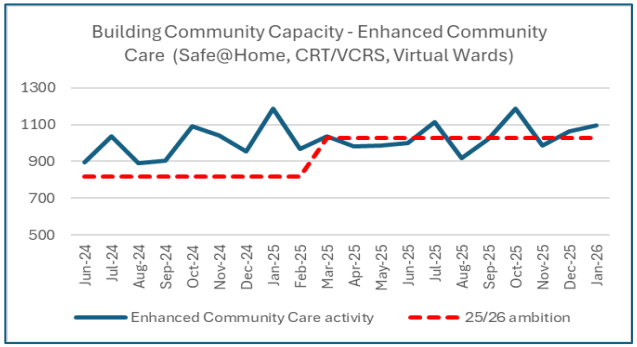
Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 3,035 consultations delivered in December 2025, out highest monthly volume to date
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services



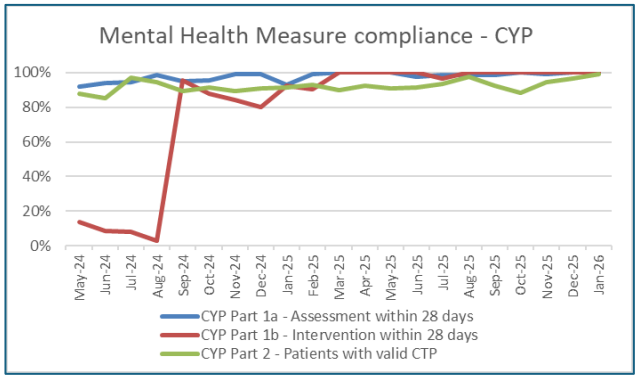
Community activity	Dec-25	Year to date 25/26
Disctrict Nurse visits to patients	17,352	154,634
Patients supported by Safe@Home	72	665
Patients supported by CRT/VCRS to avoid admission	34	341
Patients supported by CRT/VCRS with early discharge	120	888

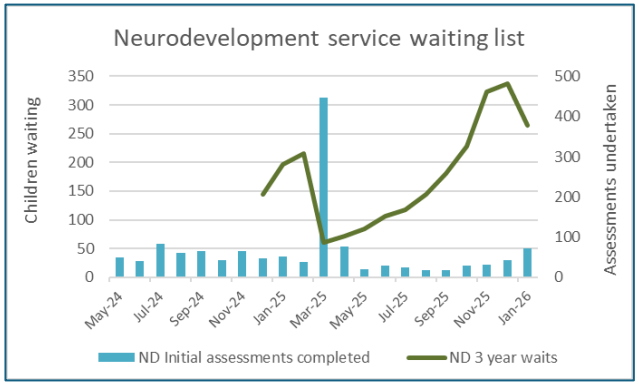


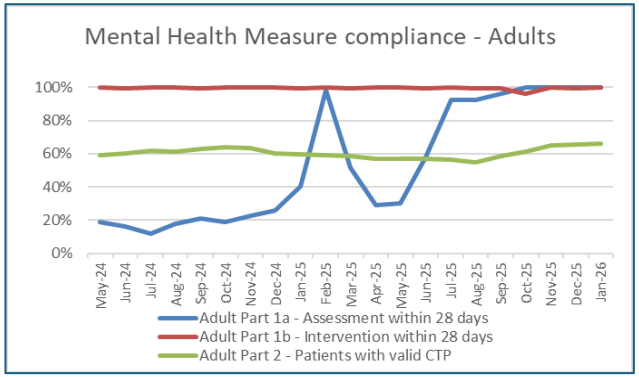


Mental Health

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, 100% compliance reported for December and January. Part 2 performance improved again in January 2025 and is above standard
- The Neurodevelopment service waiting list continues to grow with 273 referrals in January. The number of 3-year waits reduced to 264 in January. We have a plan in place to reduce this to zero by the end of March. In total there are 5,240 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average
- For adult and older people's mental health services, January saw Part 1a compliance maintained over 99%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in January. Part 2 remains below standard but has improved in line with our trajectory, increasing to >60% since October. The health board has developed an improvement trajectory with the clinical teams over a 5-month period. This approach has been shared and agreed with NHS Performance and Improvement



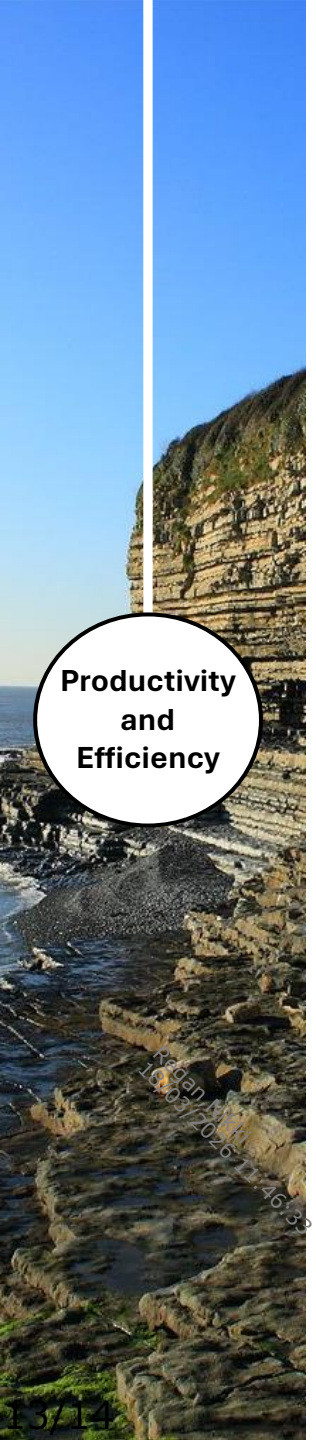




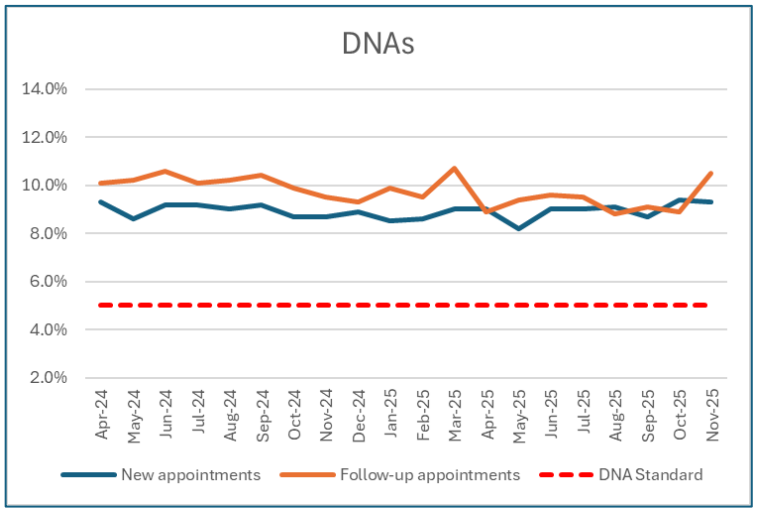
Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan

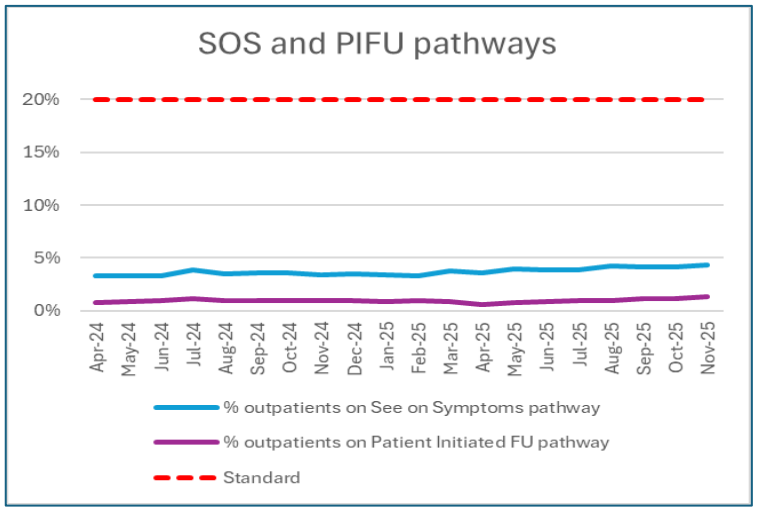
Productivity and Efficiency

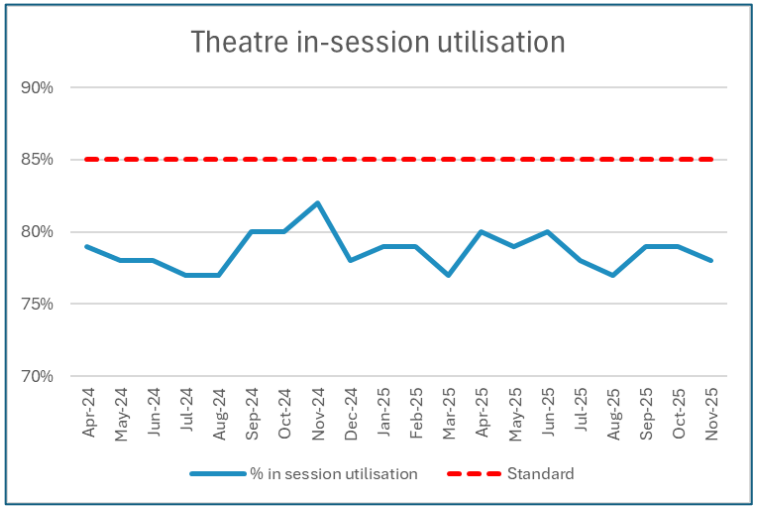
Measure		Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Trend
Outpatients	% DNAs - New appointments	5%	8.7%	8.9%	8.5%	8.6%	9.0%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.4%	9.3%	
	% DNAs - Follow-up appointments	5%	9.5%	9.3%	9.9%	9.5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	
	% outpatients on See on Symptoms pathway	20%	6.6%	3.5%	3.4%	3.3%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	
	% outpatients on Patient Initiated FU pathway		1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	
Endoscopy	% room utilisation	90%	78%	75%	83%	82%	88%	78%	88%	81%	87%	71%	72%	66%	79%	
	% utilisation (activity points available)	95%	87%	85%	84%	81%	84%	87%	89%	87%	90%	89%	87%	87%	89%	
Theatres	Average turnaround time (minutes)	10	15.9	16.2	15.9	18.2	17.1	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3	
	% of theatre session utilisation	95%	84%	75%	88%	85%	87%	79%	83%	80%	81%	80%	83%	82%	78%	
	% in session utilisation	85%	82%	78%	79%	79%	77%	80%	79%	80%	78%	77%	79%	79%	78%	
	<24 hour elective cancellations	N/A	198	217	315	295	347	237	229	281	287	220	238	329	287	
Waiting list	Total RTT waiting list volume	N/A	154,994	154,605	153,519	151,069	151,226	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	
Inpatient	Delayed pathways of Care - Mental Health	217	32	29	30	30	27	28	24	21	34	34	39	35	37	
	Delayed Pathways of Care - non-Mental Health		130	115	146	133	136	122	115	134	115	142	137	142	150	
	7 day LOS on Acute Wards (snapshot)	<40%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	10.4	10.5	9.8	12.4	11.0	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	
Urgent and Emergency	Reportable attendances	N/A	11,922	11,468	10,756	10,237	12,193	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	
	Reportable Majors attendances	N/A	6,398	6,272	5,924	5,628	6,210	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	
	Reportable EU admissions	N/A	1,831	1,829	1,676	1,502	1,658	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	
	SDEC attendances	N/A	1,716	1,601	1,786	1,609	1,770	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	

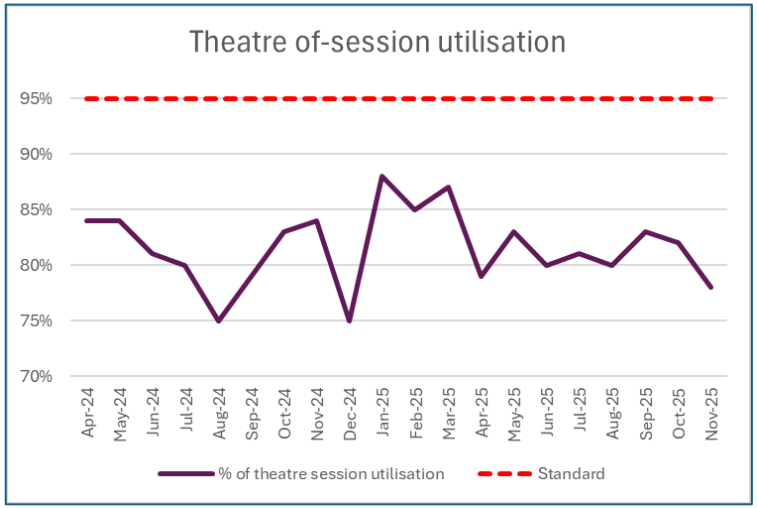


Productivity and Efficiency









Recommendation:
The Board/Committee (*delete as appropriate*) are requested to: a) **NOTE** the year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
Putting People First	Providing Outstanding Quality	Delivering in the Right Places	Acting for the Future
1. **Click the objective above to view more detail.**	2. **Click the objective above to view more detail.**	3. **Click the objective above to view more detail.**	4. **Click the objective above to view more detail.**
	x	x	

Five Ways of Working (Sustainable Development Principles) considered				
Prevention	Long term	Integration	Collaboration	Involvement
	x	x		

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – (***Please provide reasoning, e.g. not required***)	x	Not required

Impact Assessment:	
Risk: No	Reputational: No
Safety: No	Socio Economic: No
Financial: No	Equality and Health: No
Workforce: No	Decarbonisation: No
Legal: No	Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before)*:	
Committee/Group/Exec	Date:

Cardiff and Vale
Integrated Performance Report

2025/26

March 2026

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

Return to Main Menu

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:

- Timely access to care
- Population health and prevention
- Building community Capacity
- Mental health access
- Women's health

Further to these priority areas the Welsh Government and NHS Wales have identified Key Delivery Expectations 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.

Performance ambition for 25/26 are in line with our annual plan, which has not been agreed with Welsh Government

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**<160**	**Yes**	**Q4**	**164** Feb-25	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	**100%**	**Yes**	**Q4**	**98.2%** Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception **National standard/ambition:** Increase **Reporting period:** Monthly	**>2,185**	**Yes**	**Q2**	**3,035** Dec-25	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care **National standard/ambition:** 80% **Reporting period:** Monthly	**>51%** Increase from 24/25	**No**	**Q4**	**57%** Dec-25	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care **National standard/ambition:** Meet and exceed 24/25 requirement where possible (24/25 baseline) **Reporting period:** Monthly	**1,038** 20% increase from 24/25	**Yes**	**Q1**	**1094** Jan-26	Hyperlink to section

Performance Key: Meeting standard / trajectory | off target/trajectory

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Population health and prevention	**Measure:** Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes **National standard/ambition:** Increase **Reporting period:** Monthly	48%	Yes	Q4	43.8% Jan-26	Hyperlink to section
Mental health access	**Measure:** Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Jan-26	Hyperlink to section
	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Jan-26	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Jan-26	Hyperlink to section
	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 **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Jan-26	Hyperlink to section

Performance Key: Meeting standard / trajectory | off target/trajectory

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	**Measure:** Reduce the number of ambulance patient handovers over 1 hour **National standard/ambition:** Zero **Reporting period:** Monthly	**<400**	**No**	**Q4**	**273** Feb-26	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** Reduce compared to 24/25 towards zero **Reporting period:** Monthly	**<750**	**Yes**	**Q4**	**972** Feb-26	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment **National standard/ambition:** Zero **Reporting period:** Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	**Original Submission 9,861** **Revised submission 5,491**	**No**	**Q4**	**861** Feb-26	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) **National standard/ambition:** 12m improvement trend towards 80% by March 2026 **Reporting period:** Monthly	**75%**	**No**	**Q4**	**56.1%** Jan-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition:** Zero **Reporting period:** Monthly	**Original submission 10,436 (endoscopy only) - TBC**	**No**	**Q4**	**9,544** Feb-26	Hyperlink to section

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.

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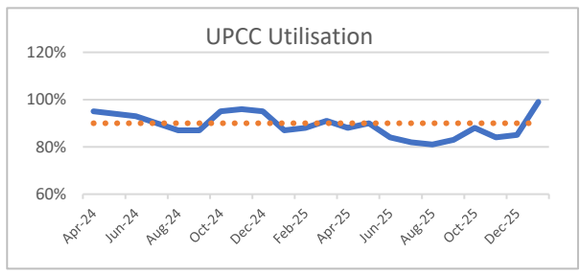
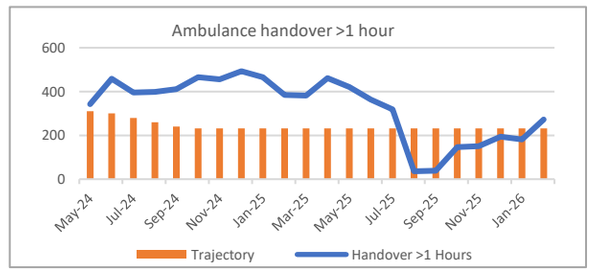
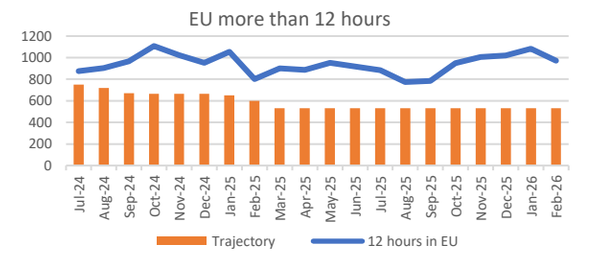
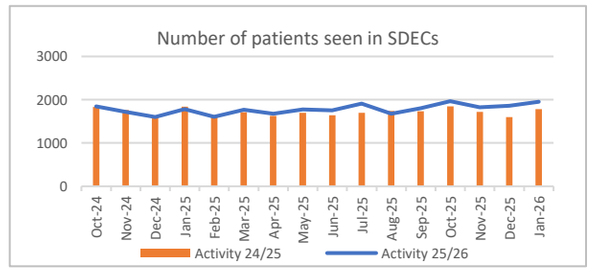
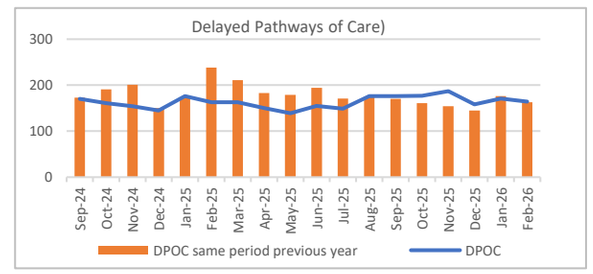
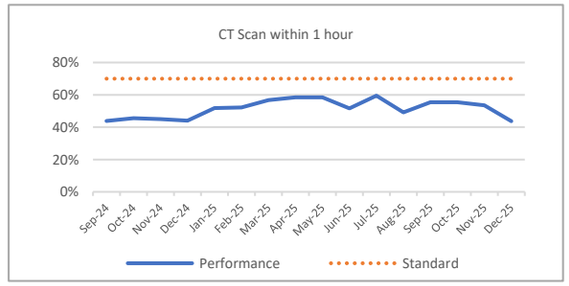
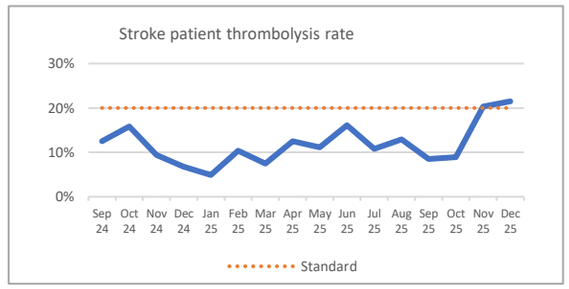
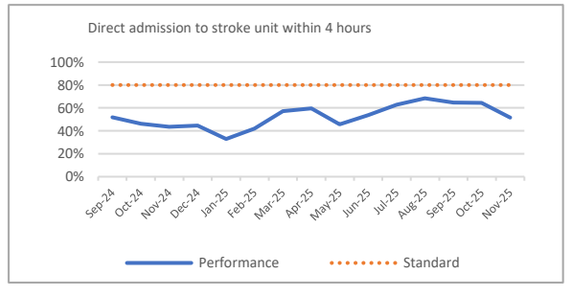
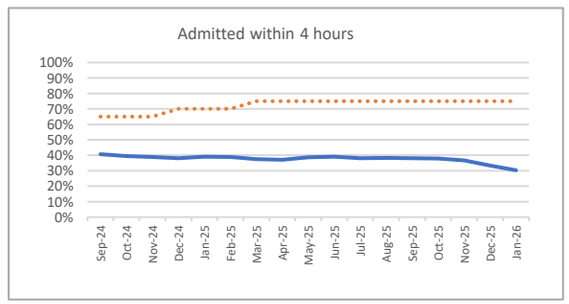
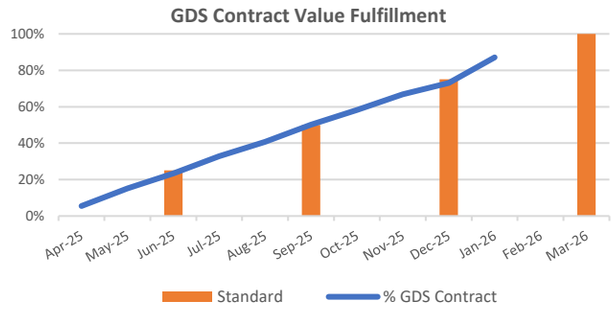
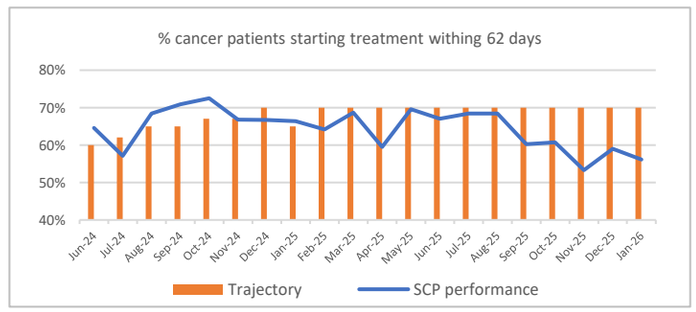
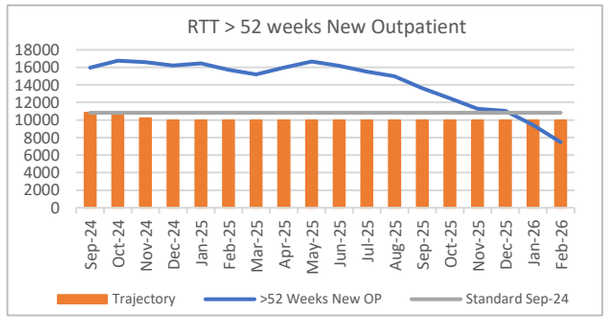
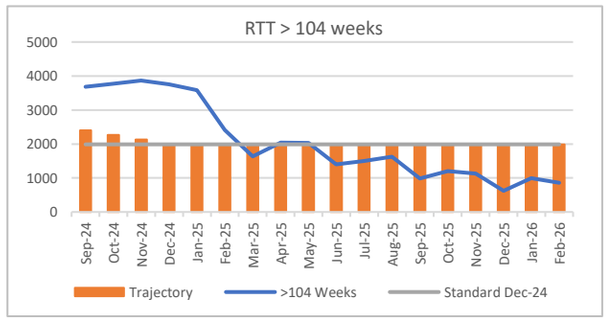
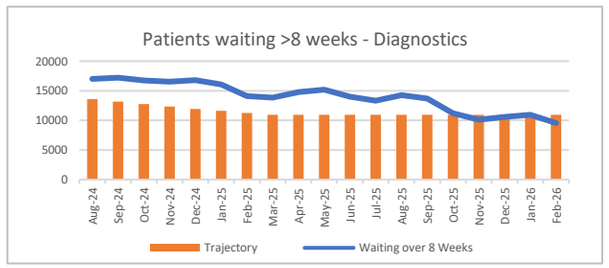
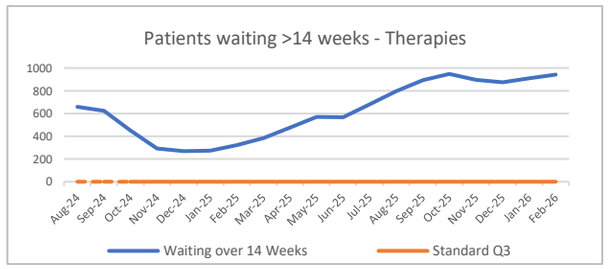
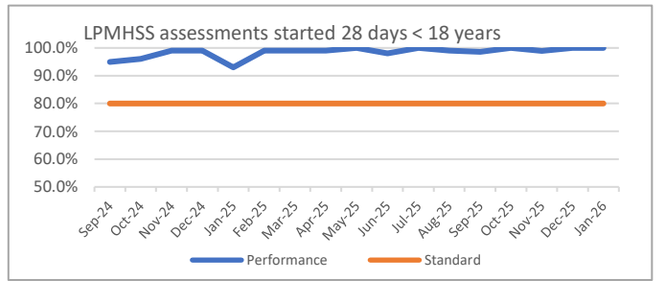
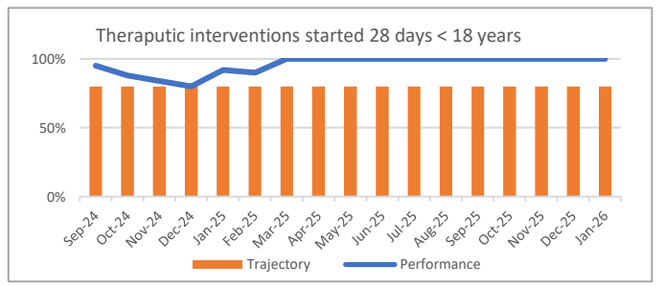
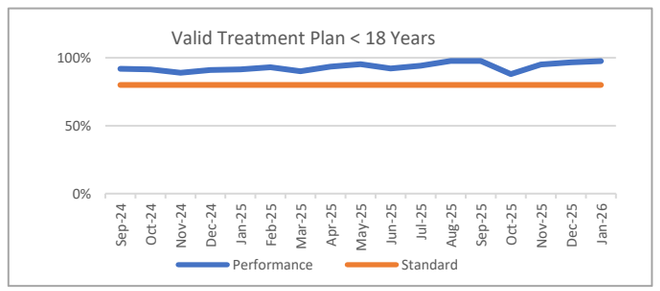
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care 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

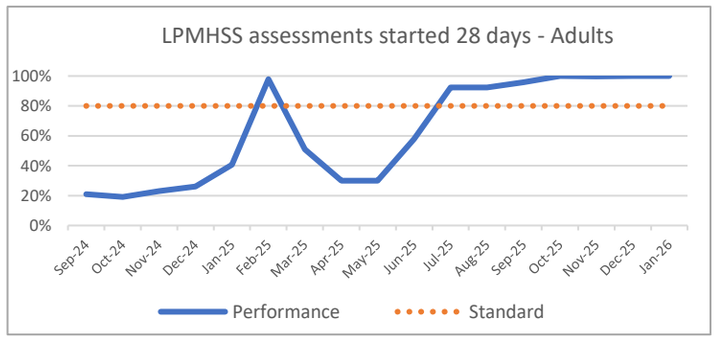
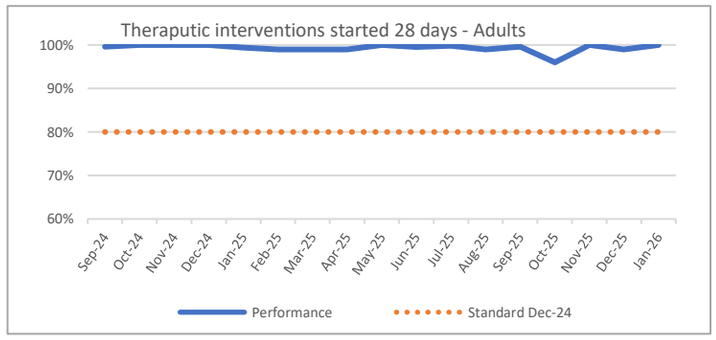
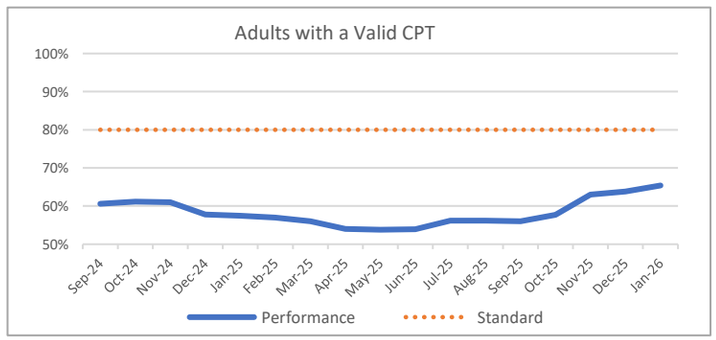
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In January utilisation was 99%, this is below our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting **Community visits – 95% of face-to-face visits within 8 hours** Q1 to date 94% compliance with 8-hour standard	Jan-26 Aug-25	99% utilisation Above standard 94% Below standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4** In February we reported 77 2-hour ambulance delays, through periods of intense operational pressure at the beginning and end of the month. In February we reported 273 1-hour ambulance delays, an increase from January but below our commitment of <365 In February lost minutes per arrival increased to 21, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper **ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3** In February we reported a decrease in patients waiting 12-hours in EU compared to January. This equates to 91.5% of attendances waiting less than 12-hours and below our ambition for Q4 **SDEC units** In January we reported an increase in activity compared to December, and an increased from January 2025 activity.	Feb-26 Feb-26 Jan-26	77 2-hour delays Above standard 273 1-hour delays Below standard 21 minutes lost/arrival Above standard 90.9% patients <12h Below standard 1951 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**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 February 58.9% of patients in acute beds had a LOS of >7 days, 32.0% >21 days – a deterioration in 7d LOS from January. See paper for POCD update **Pathway of Care Delays – <160 delayed patients each month** In February 2026 the number of POCDs was 164, a decrease from January	Feb-26 Feb-26	58.2% >7d Above standard 32.0% >21d Above standard 164 Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In December 50.6% of patients were received their CT scan within 1 hour of arrival at EU, a small decrease from November **Thrombolysis – 20% thrombolysis rate** In December 21.5 % of stroke patients were thrombolysed, an increase from November and above the standard for the second month in a row. We are clinically reviewing internally and working with colleagues from NHS Executive **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In December 43.7% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were impacted by operational pressures within the Emergency Unit 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 recruitment has taken place to embed changes to the acute pathway There is a delay in publishing January data to SSNAP. A Verbal update will be given at Committee/Board	Dec-25	50.6% CT Below standard 21.5% Thrombolysis Above standard 43.7% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In January our annualised compliance showed 30.3% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.1%.	Jan-26	30.3% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In June 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information **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. So far in 25/26 (data to January) 87% of the contract value has been delivered **Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service** In December 100% of practices were providing CCPS services, providing 3,035 consultations **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Jan-26 Dec-25	100% At standard 73% At standard (Apr-25 – Jan-25) 3,035 Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4** In January 56.1% of patients received their first definitive treatment within 62 days. This is below our ambition. More detail is discussed in the accompanying paper	Jan-26	56.1% Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In February there were 7,477 patients waiting 52 weeks for their first outpatient appointment. This is improved from November, additional actions are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In February there were 861 patients waiting 104 weeks for treatment. This is reduced from January and is delivering the trajectory shared with Welsh Government for Q4.	Feb-26	7,477 patients Below standard 861 patients Below standard (Q3)	 
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In February 9,544 patients were waiting over 8 weeks for a specified diagnostic, A decrease from January. Improvement in the radiology position this month, with NOUS waits also notably reduced. **Therapies – National standard of zero 14 week waits** In February 942 patients were waiting over 14 weeks for therapies, An increase from January. 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 since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services	Feb-26	9,544 patients Diagnostics Above standard 942 patients Therapies Above standard	 

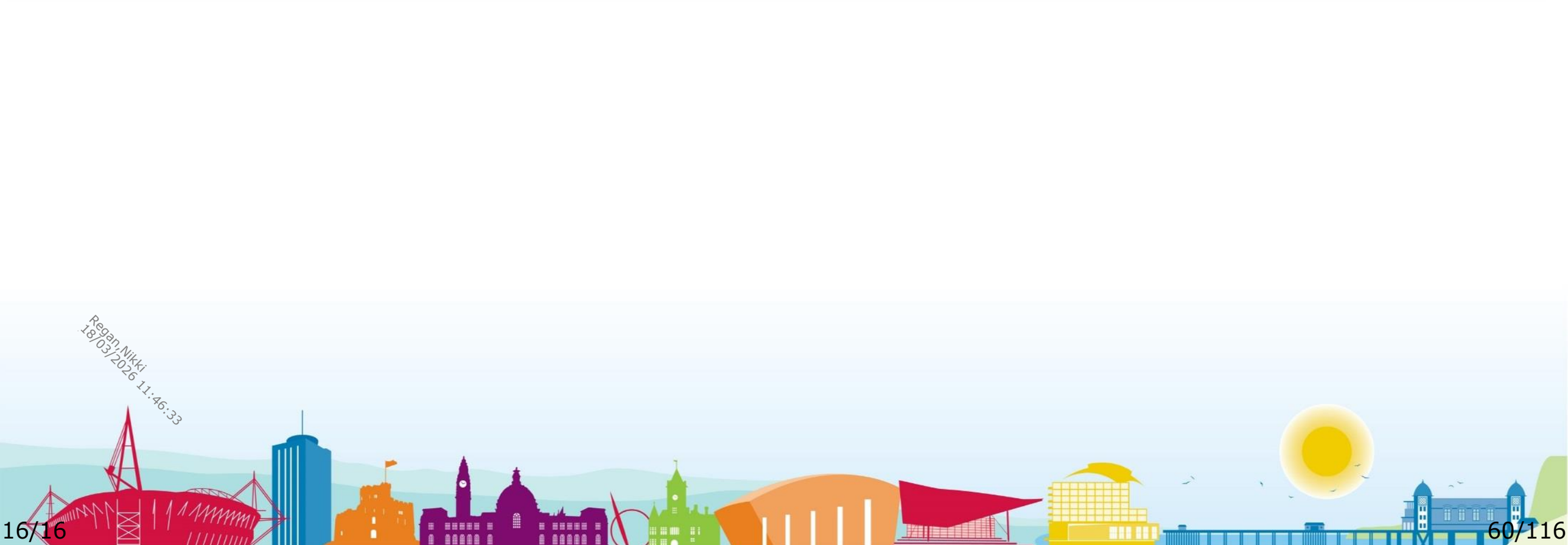
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In February there were 0 patients waiting over 52 weeks for a new outpatient appointment	Feb-26	0 Meeting standard	
Emotional Health and Wellbeing	**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 January 100% of assessments were completed within 28 days		100% Part 1a Above standard	
	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 January 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	Jan-26	100% Part 1b Above standard	
	Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In January 98% of patients had a valid Care and Treatment Plan, above our ambition		98% Part 2 Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**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 January 100% of patients received their assessment within 28 days. Referrals to the service remain high.	Jan-26	100% Part 1a Above standard	
Mental Health Measures – Part 1b	**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 January 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Jan-26	100% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In January 65% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper	Jan-26	65% Part 2 Below standard	

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%** At standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Dec-25	Improvement compared to the same month in the previous year	**44.8%** Above standard	Sep-25: 45.3%; Oct-25: 44.9%; Nov-25: 45.0%; Dec-25: 44.8%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Jan-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**87.1%** Above standard	Apr-25 to Oct-25: 58.2%; Apr-25 to Nov-25: 66.9%; Apr-25 to Dec-25: 73.0%; Apr-25 to Jan-26: 87.1%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-25	Increase compared to the same month in the previous year	**3035** Above standard	Sep-25: 2508; Oct-25: 2755; Nov-25: 2723; Dec-25: 3035
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	Jan-26	80%	**100%** Above standard	Oct-25: 100.0%; Nov-25: 98.9%; Dec-25: 100.0%; Jan-26: 100.0%
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	Jan-26	80%	**100%** Above standard	Oct-25: 100.0%; Nov-25: 100.0%; Dec-25: 100.0%; Jan-26: 100.0%
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	Jan-26	80%	**100%** Above standard	Oct-25: 100.0%; Nov-25: 99.8%; Dec-25: 100.0%; Jan-26: 100.0%
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	Jan-26	80%	**100%** Above standard	Oct-25: 96.0%; Nov-25: 100.0%; Dec-25: 99.0%; Jan-26: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	**50%** Below standard	Mar-25: 50%; Apr-25: 51%; May-25: 50%; Jun-25: 50%
20.	Median emergency response time to amber calls	Jan-26	12 month reduction trend	**02:07:24** Above standard	Oct-25: 01:23:34; Nov-25: 01:44:47; Dec-25: 01:55:43; Jan-26: 02:07:24

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	Dec-25	15 minutes or less	**5** Below standard	Sep-25: 5; Oct-25: 5; Nov-25: 5; Dec-25: 5
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Dec-25	60 minutes or less	**73** Above standard	Sep-25: 73; Oct-25: 82; Nov-25: 78; Dec-25: 73
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	Feb-26	Improvement compared to the same month in the previous year, towards the national target of 95%	**59.2%** Below standard	Nov-25: 58.2%; Dec-25: 57.3%; Jan-26: 60.1%; Feb-26: 59.2%
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	Feb-26	Reduction compared to the same month in the previous year, towards the national target of zero	**972** Above standard	Nov-25: 1006; Dec-25: 1019; Jan-26: 1083; Feb-26: 972
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-26	12 month improvement trend towards a national target of 80% by 31 March 2026	**56.1%** Below standard	Oct-25: 60.7%; Nov-25: 53.3%; Dec-25: 59.0%; Jan-26: 56.1%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Dec-25	0	**10,592** Below standard	Sep-25: 13667; Oct-25: 11210; Nov-25: 10138; Dec-25: 10592
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Feb-26	100%	**62.48%** Below standard	Nov-25: 57.40%; Dec-25: 58.67%; Jan-26: 59.02%; Feb-26: 62.48%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Feb-26	0	**942** Above standard	Nov-25: 896; Dec-25: 874; Jan-26: 910; Feb-26: 942
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Feb-26	0	**1,821** Above standard	Nov-25: 1384; Dec-25: 1606; Jan-26: 1677; Feb-26: 1821

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	Feb-26	0	**7,477** Above standard	Nov-25: 11281; Dec-25: 11049; Jan-26: 9435; Feb-26: 7477
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	**28,268** Below standard	Nov-25: 26146; Dec-25: 28065; Jan-26: 28267; Feb-26: 28268
32.	Number of patients waiting more than 104 weeks for referral to treatment	Feb-26	0	**861** Above standard	Nov-25: 1126; Dec-25: 622; Jan-26: 994; Feb-26: 861
33.	Number of patients waiting more than 52 weeks for referral to treatment	Feb-26	Month on month reduction towards the national target of zero by 30 June 2025	**24,279** Above standard	Nov-25: 30964; Dec-25: 30286; Jan-26: 29060; Feb-26: 24279
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-26	80%	**15.8%** Below standard	Oct-25: 18.6%; Nov-25: 17.0%; Dec-25: 15.9%; Jan-26: 15.8%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-26	80%	**75.6%** Below standard	Oct-25: 72.9%; Nov-25: 78.1%; Dec-25: 75.6%; Jan-26: 75.6%



Report Title:	**Cancer Performance Deep Dive**				Agenda Item no.	2.3	
Meeting:	Finance & Performance		Public	x	Meeting Date:	18/3/26	
			Private				
Status:	Assurance	x	Approval		Information		
Lead Executive:	Chief Operating Officer						
Report Author:	General Manager for Cancer Services						

Background and current situation:

Since 2021 Cardiff and Vale has seen a cumulative demand increase of 38%. Treatment volumes have increased in line with the increase in demand, this is supported by a stable conversion rate across all sites of 15 – 17%.

Despite this increasing demand, Cardiff and Vale have delivered significant improvements within the Suspected Cancer Pathway coming close to achieving the 75% compliance standard. This has been driven by a concerted effort by all tumour sites and robust operational control.

However, there have been a few key high impact factors that have caused our performance to deteriorate over recent months. In November we confirmed our lowest performance in recent years with only 53% compliance against the SCP standard with December and January remaining in the mid to high 50% range.

As such, this paper will lay out the reasons for the deterioration in performance, what corrective action is being taken and what future performance against the Suspected Cancer Pathway is projected to be.

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

Demand is anticipated to continue rising across Wales, the impact of this will be magnified in Cardiff due to the unexpected expansion in the population that places the city as one of the fastest growing in the UK. Consequently, we are working through a renewed demand and capacity model across Cancer and Planned care while carefully considering the interaction between the two areas of work. Although this is a highly complex piece of work we are committed to delivering a sustainable demand and capacity model across both areas that maximises the impact of productivity and efficiency gains. This work is already underway in Cancer Services and has initially focused on high volume sites such as Skin where we are now able to determine the estimated number of OPA and surgical appointments per month for the next year.

While performance deteriorated towards the end of 2025, it was expected due to the factors detailed in this report. We will continue to see variable performance across the start of 2026 as we clear the remaining backlog. We have robust plans in place to address key challenges across the tumour sites and continue towards our agreed trajectory of ~66% compliance by the end of March with further improvements expected throughout the spring providing there are no unexpected spikes in demand or changes to key pathways.

Recommendation:

The commitee are requested to note the contents of this report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
Putting People First 1. **Click the objective above to view more detail.**	x	Providing Outstanding Quality 2. **Click the objective above to view more detail.**	x
Delivering in the Right Places 3. **Click the objective above to view more detail.**	x	Acting for the Future 4. **Click the objective above to view more detail.**	x

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: yes

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: Yes

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: no

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: Yes

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: Yes

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: Yes/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 to 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: Yes

Equality Health Impact Assessments (EHIA) are typically undertaking 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: /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?*

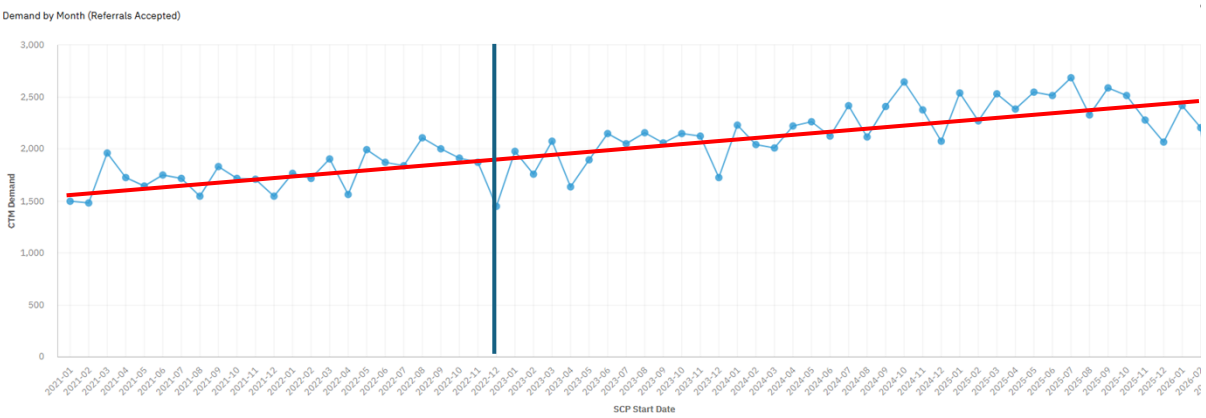
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Cardiff and Vale Cancer Deep Dive March 2026

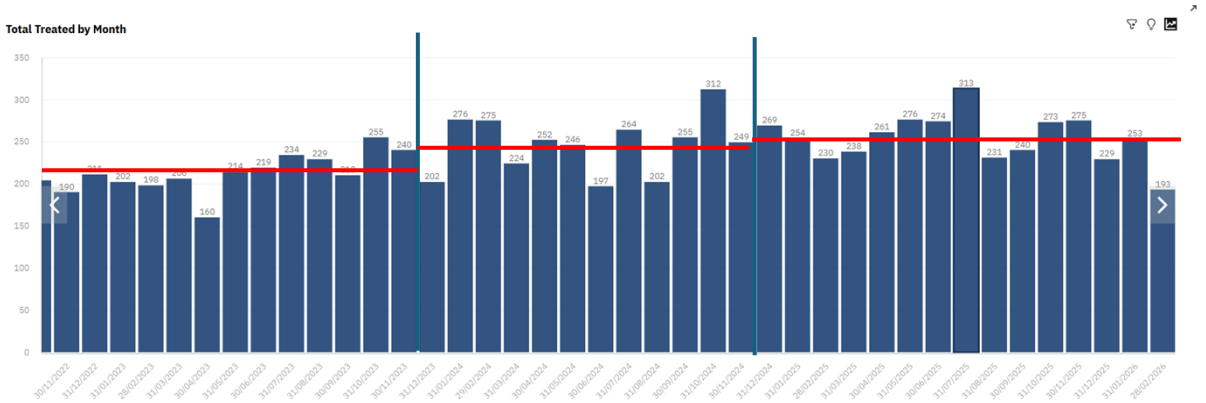
Introduction and Context

Since 2021 Cardiff and Vale has seen a cumulative demand increase of 38%. Treatment volumes have increased in line with the increase in demand, this is supported by a stable conversion rate across all sites of 15 – 17%.

The below graph shows the rising demand trend since 2021 with the most significant change coming from 2023 onwards.



The chart below shows treatments by month from 2023 to the most recent reportable month. When grouped by calendar year it is clear to see the increasing number of treatments.



The increase in treatment volumes coupled with the stable conversion rate shows that there are more patients with cancer and therefore referrals are of a similar level of appropriateness.

Despite this increasing demand, Cardiff and Vale have delivered significant improvements within the Suspected Cancer Pathway coming close to achieving the

75% compliance standard. This has been driven by a concerted effort by all tumour sites and robust operational control.

However, there have been a few key high impact factors that have caused our performance to deteriorate over recent months. In November we confirmed our lowest performance in recent years with only 53% compliance against the SCP standard with December and January remaining in the mid to high 50% range. As such, this paper will lay out the reasons for the deterioration in performance, what corrective action is being taken and what future performance against the Suspected Cancer Pathway is projected to be.

Recent Performance Deterioration

Performance against the 62-day Suspected Cancer Pathway deteriorated in November 2025, finishing the month at 53.3%, before recovering in December to 59.0%. This deterioration in performance was mainly driven by a few key factors:

1) The increasing year on year demand trend which has seen an aggregate increase of 38% since 2022.
2) The introduction and subsequent implementation of the TP biopsy pathway within prostate
3) Significant year on year seasonal demand increases in skin cancer. 2025 saw the largest recorded volume of skin cancer patients, with demand outpacing capacity by a considerable margin. This problem is known and recognised across Wales
4) Endoscopy performance and booking rate
5) General capacity/workforce availability across key sites such as Breast

Many of these key challenges, overall demand, seasonality within skin and the introduction of TP biopsy pathway in prostate were anticipated. As a result, we expected our performance to temporarily deteriorate while we organised our system to respond. During this period our backlog position deteriorated meaning our road to recovery required three phases:

- Phase 1 – Organise our services e.g. train and structure the workforce to delivery the TP biopsies
- Phase 2 – Stabilise and address the backlog position
- Phase 3 – Corrective Action - maintain a low backlog conversion rate and increase raw performance to meet the SCP 62-day standard

Phase 1 – Organising Ourselves

Sustained work on specific areas has resulted in marked improvements with the TP biopsy pathway coming down to a 7 day wait from a high of 9 weeks. Unfortunately, these positive changes have ‘flowed’ the challenges further along the individual pathways and created longer waits for treatments including surgery.

We have also reworked our demand and capacity modelling for skin cancer and have temporarily right sized our capacity to manage demand over the next 12 months. It should be noted that if skin cancer demand continues to grow and the recent rate, we will need to resize our services again to prevent becoming overwhelmed as we did in the summer of 2025.

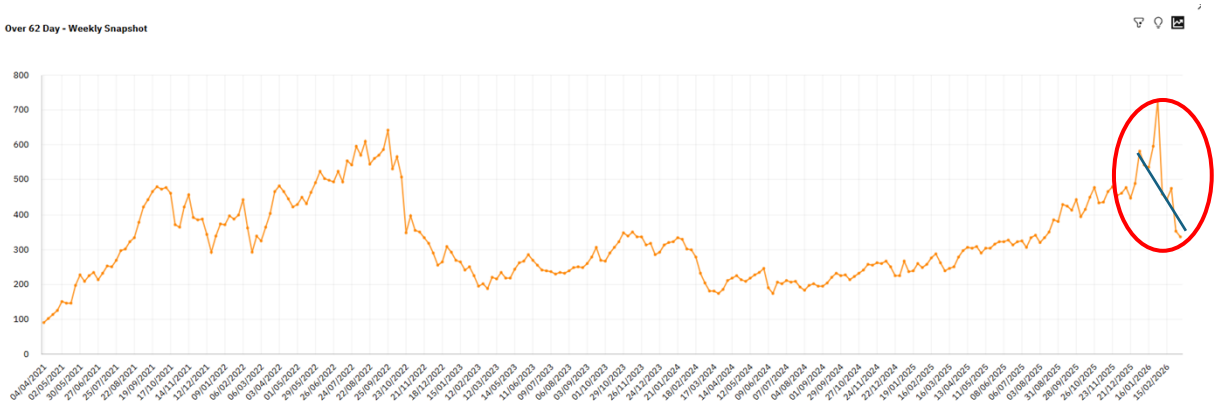
Sustained work on specific areas has resulted in marked improvements with the TP biopsy pathway seeing it improve from a high of 9 weeks to a wait of 7 days. These improvements then seen a high volume of patients progress into the next stage of the pathway and created longer waits for treatments including surgery.

Whilst we have made significant improvements across key tumour sites such as Skin and Urology, we continue to manage specific challenges within other sites such as Lower GI, Upper GI and Breast. These challenges range from significant delays within tertiary services, Bowel Screening Wales as a prime example, to lost capacity due to clinical resignations and lack of workforce capacity to book the required number of Endoscopies to meet demand. Challenges have been compounded by other tumour sites such as Gynaecology, seeing an unexpected temporary spike in demand.

Phase 2 – Backlog

Following the hard but necessary work to address the key challenges above, our focus has turned to addressing the backlog. This is where we have been over recent months and still find ourselves today - priority being backlog reduction.

As we started to manage the backlog our performance deteriorated. This deterioration in performance was expected and represents a necessary phase in the recovery plan as key stages of pathways resolved long standing issues. This can be seen in the graph below:



N.b. please note that there was a data error in the month of January 2026 which is displayed as an artificially high backlog position. This was due to the PSM data upgrade. A trend line has been added within the red circle to show the accurate backlog decline

At the time of writing this paper, our backlog consists of 317 Cardiff and Vale patients who have waited over 62 days with 116 of these patients waiting more than 104 days. For context, this has been a total backlog reduction of ~33% in 2026 and is the smallest the backlog has been since August 2025. This reduction is driven by substantial improvements throughout February from:

- Urology – 33% decrease
- Lower GI – 20% decrease
- Upper GI – 20% decrease
- Skin - ~50% decrease

To bring the backlog down and ensure we are addressing the correct stages of the pathway we have conducted detailed breach analysis of the tumour sites and listed the high-volume site breach reasons below:

November				
	Primary Reason		**Secondary Reason**	
Breast	OPA	33%	US Biopsy	15%
Lower GI	BSW	38%	Cav Endoscopy	38%
Upper GI	Complex Patient	36%	ODG	14%
Skin	OPA	67%	Vetting	18%
Urology	TP Biopsy	51%	OPA	9%
December				
	Primary Reason		**Secondary Reason**	
Breast	OPA	67%		
Lower GI	BSW	31%	CAV Endoscopy	31%
Upper GI	Multiple reasons	n/a		
Skin	OPA	57%		
Urology	Biopsy	56%		
January				
	Primary Reason		**Secondary Reason**	
Breast	Treatment/surgery	27%	OPA	20%
Lower GI	BSW	24%	Repeat Endoscopy	19%
Upper GI	Small volume of complex breaches – no trend			
Skin	Wait to outpatient appointment – backlog clearance			
Urology	Biopsy	27%	Path reporting	13%

Phase 3 - Corrective Action

Skin cancer performance, which had been under pressure through autumn due to increased outpatient recovery activity and difficulty matching surgical capacity to rising demand, showed clear improvement in December, exceeding trajectory assumptions. Seasonal reductions in demand, alongside targeted actions implemented late in 2025, are now translating into improved compliance and a more favourable outlook, albeit with short term fluctuations as backlog work continues. We anticipate that Skin will achieve 90% compliance against the SCP and reduce the backlog to <10 by the end of March 2026.

Urology performance is expected to improve over coming months to 50% compliance by the end of March. This improvement will see the backlog reduce further and the number of patients breaching reduce as the final elements of the original TP biopsy backlog is cleared. To support this we have increased the number of robotic patients being treated on a single robotic list. These are generally our longest and most complex waiting patients. Robotic capacity and activity will need ongoing focus to maintain a stable position.

Lower GI remains the most significant area of concern. Approximately half of breaches continue to be driven by waits for Bowel Screening Wales colonoscopy, compounded by booking process issues within endoscopy and the complexity of some patient pathways. Additional resources have been deployed to address booking delays with specific weekend work being undertaken by bank staff while work is underway with clinical teams to mitigate the impact of screening related waits. This will come in the form of experienced CAV screening clinicians picking up screening specific lists through the early part of 2026. Upper GI performance improved materially in December and is aligned with trajectory, though remains vulnerable to the same endoscopy constraints.

Whilst this paper has focused on high volume sites that are responsible for 77% of all breached patients, there is ongoing work to support all tumour sites to achieve the standards set out in the national optimal pathways while also delivering on key components of the MAG report such as Post Menopausal Bleeding, Symptomatic FIT and Teledermatology which are all in place. We are also working on the remaining recommendations to implement capsule sponge which has already started delivering treatment and the Breast Pain only Pathway (BPoP) which come with considerable risk and recurrent financial pressures.

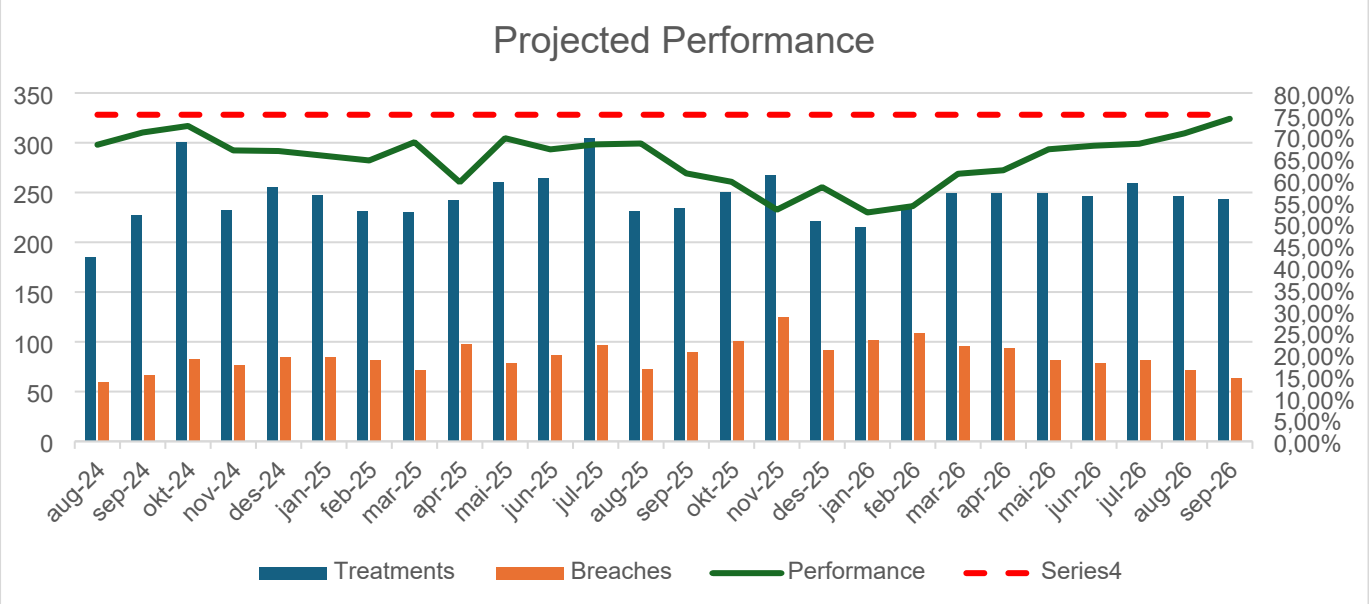
Future Performance

Given our pre-Christmas performance and the corrective actions listed above, we have reanalysed our trajectories and believe we will maintain our aggregate performance at 55 – 60% for February and further improve our position to ~66% by the end of March. This performance trajectory is lower and slower than we originally hoped. However, given the improvements in key sites such as Skin, the backlog reduction in Urology and Lower GI we believe that it is a reasonable ambition.

Although our performance is expected to improve, we recognise that we need to look beyond March. As such, we anticipate that we will continue the process of clearing the backlog and incrementally improving our raw performance.

We have chosen to address the challenges in this manner to ensure that our performance is not temporary and is not underpinned by treating out of turn. When we return to achieving high levels of performance, we can be sure that it is built on a solid foundation and can be maintained.

The graph below shows our ambition to recover our performance to 75% by September 2026 and is based on improvements in key tumour sites such as Breast, Urology, Lower GI, Upper GI and Skin. The trajectory is based on the recent rate of backlog reduction combined with historic performance across summer and autumn months. This will see the backlog clear followed by incremental improvements in our performance. This is why we anticipate it taking until September to achieve 75% SCP compliance.



While our performance against the 62 day SCP pathway is the primary measure of success, we know it is built on strong performance in the 14 day first contact and 28 day diagnostic measures.

Currently we are achieving an aggregated 14 day first contact performance of ~66% compared to the standard of 85%. This gap is primarily driven by capacity constraints and the complex clinical balance of prioritising cancer patients with others who are not on a cancer pathway but still require urgent clinical attention. Our 28 day diagnostic measure across the previous 4 months is ~71%. This means that 71% of cancer patients are receiving their diagnosis within 28 days.

We recognise that our performance across these two key metrics is below our expectations. However, alongside the actions and process listed above, we are addressing these essential metrics as part of our efforts to comply with the National Optimal Pathways and overall SCP performance. We are able to identify which sites are finding it a challenge meet these ambitions through weekly monitoring and deep dives into key sites such as Urology, Endoscopy, Breast etc. We recognise that we need to take the following key actions to achieve our performance ambitions:

- Specific right sizing review of each tumour site following the enhanced demand and capacity work
- Re-job planning consultant workforce to ensure cancer is a priority at every stage of the pathway while not putting urgent/critical non-cancer patients at higher clinical risk

Risks

We continue to manage and mitigate risk wherever possible. The key risks going forward are:

1) Workforce availability – Breast Radiologists as a key example
2) Larger than expected demand increases across high-volume tumour sites
3) Additional changes to national pathways that require considerable operational and clinical changes
4) Tertiary delays
5) Capacity across key areas such as radiology and pathology

Additional information

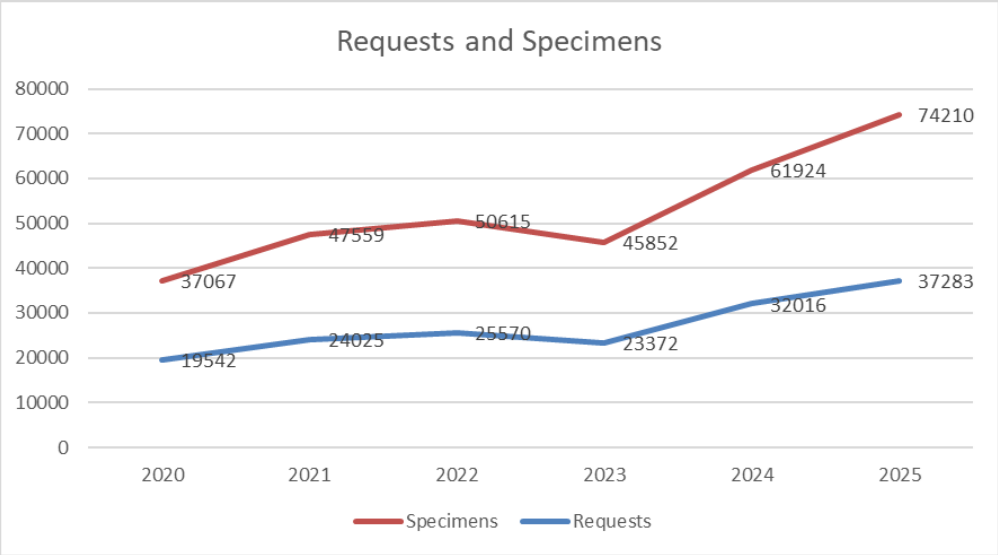
Diagnostics

Diagnostic performance remains mixed. Radiology turnaround times are strong for CT but continue to be constrained for MRI and ultrasound. Although there is a plan in place to improve MRI and ultrasound performance it has not been highlighted in the breach analysis as the primary driver behind the delays. However, Endoscopy capacity remains a critical dependency, with persistent pressure on waiting lists and is clearly seen in the breach analysis.

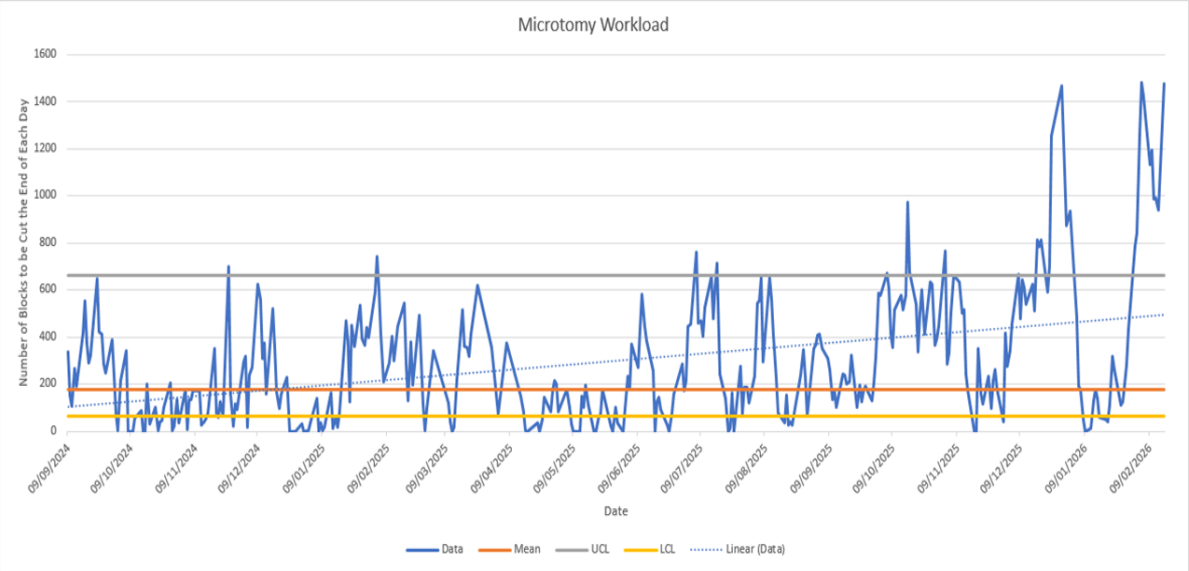
Radiology		Month											
Diagnostic	Metric	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
CT	% within 14 days	89%	89%	76%	91%	82%	87%	99%	80%	92%	94%	99%	92%
	% within 21 days	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% over 21 days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
MRI	% within 14 days	55%	55%	52%	45%	41%	47%	53%	43%	49%	59%	59%	51%
	% within 21 days	75%	75%	74%	72%	67%	82%	83%	73%	70%	76%	82%	80%
	% over 21 days	25%	25%	26%	28%	23%	18%	17%	27%	30%	24%	18%	20%
US	% within 14 days	50%	45%	57%	62%	51%	21%	43%	44%	52%	46%	49%	60%
	% within 21 days	73%	86%	84%	89%	78%	63%	70%	70%	71%	72%	62%	98%
	% over 21 days	27%	14%	16%	11%	22%	37%	30%	30%	29%	18%	38%	2%

Pathology capacity issues, largely associated with Consultant Pathology gaps, the absence of a Digital Cell Path system and the implementation of LIMS 2, are being

actively managed but remain a risk to pathway resilience. The graph below shows a doubling of the specimens and requests over the last 6 years.



This has translated into increased workload and spikes in the backlog as shown by the graph below.



Demand and Capacity

Demand is anticipated to continue rising across Wales, the impact of this will be magnified in Cardiff due to the unexpected expansion in the population that places the city as one of the fastest growing in the UK. Consequently, we are working through a renewed demand and capacity model across Cancer and Planned care while carefully considering the interaction between the two areas of work. Although this is a highly

complex piece of work we are committed to delivering a sustainable demand and capacity model across both areas that maximises the impact of productivity and efficiency gains. This work is already underway in Cancer Services and has initially focused on high volume sites such as Skin where we are now able to determine the estimated number of OPA and surgical appointments per month for the next year.

Summary

While performance deteriorated towards the end of 2025, it was expected due to the factors detailed in this report. We will continue to see variable performance across the start of 2026 as we clear the remaining backlog. We have robust plans in place to address key challenges across the tumour sites and continue towards our agreed trajectory of ~66% compliance by the end of March with further improvements expected throughout the spring providing there are no unexpected spikes in demand or changes to key pathways.

Report Title:	University Hospital of Wales New Born Screening Laboratory – Business Justification Case			Agenda Item no.	3.1	
Meeting:	Finance & Performance Committee	Public Meeting	✓	Meeting Date:	18/03/2026	
		Private Meeting				
Status:	Assurance		Approval	✓	Information	
Lead Executive:	Director of Capital, Estates & Facilities					
Report Author:	Executive Director of Finance					

Background and current situation:

The purpose of this report is to request that the Finance & Performance Committee (Committee) consider the Business Justification Case (BJC) for the proposed University Hospital of Wales (UHW) New Born Screening Laboratory scheme and endorse the request for Welsh Government capital funding of £1.21m inclusive of VAT.

The capital cost figures included within the document have been preapared following an comprehensive procurement process undertaken in conjustion with NWSSP Procurement Services.

The business case identifies an increased revenue commitment for the delivery of the increased testing as shown in the table below.Whislt it is intended that these costs are funded by the Public Health Wales (PHW) as part of the commissioning arrangement goverened by a Long Term Agreement, PHW have yet to receive Welsh Government support.

Category	Requirement		Year 1 2026/27	Year 2 2027/28	Year 3 2028/29	Year 4 2029/30	Year 5 2030/31
Staffing	Programme Team Expansion	Recurrent	£120,425	£122,557	£124,726	£126,933	£129,180
	Project Manager for implementation	Non-recurrent	£24,709	£0	£0	£0	£0
	Laboratory Team Expansion	Recurrent	£69,229	£70,454	£71,701	£72,971	£74,262
Non-Pay Set up	Participant information & Training Materials	Non-recurrent	£4,550	£0	£0	£0	£0
	Mobile phones and MS365 licenses	Non-recurrent	£1,000	£0	£0	£0	£0
	UKAS Extended Scope	Non-recurrent	£3,000	£0	£0	£0	£0
Consumables	Laboratory Consumables – Additional Screening activity	Recurrent	£51,710	£52,824	£53,961	£55,123	£56,310
Equipment	HT1 Screening Equipment Lease	Recurrent	£53,893	£64,671	£64,671	£64,671	£64,671
	HT1 Screening Equipment Maintenance	Recurrent	£36,457	£43,749	£43,749	£43,749	£43,749
	Lab Relocation Equipment Maintenance	Recurrent	£13,553	£16,263	£16,263	£16,263	£16,263
	Replacement equipment maintenance and reagent costs *	Recurrent	£50,909	£98,805	£108,454	£118,759	£129,705
	Total		**£429,434**	**£469,322**	**£483,525**	**£498,468**	**£514,140**

* Replacement equipment required because of the laboratory move is being purchased by Cardiff and Vale using end of year discretionary capital. Costs associated with maintenance/servicing and reagents required to fund the laboratory SLA are included in the table above.

The capital element of the BJC is scheduled to be considered at Capital Management Group on the 16th March 2026, and subject to the support of the committee at their meeting of 18th March 2026 the case will be considered by the Board at their meeting on 26th March 2026.

In discussion with WG it has been confirmed that whilst no approval can be obtained prior to the Senedd elections, the BJC can move through the scrutiny process.

Public Health Wales commission the Wales Newborn Screening Laboratory within the Department of Medical Biochemistry at the UHW, which currently tests for nine conditions. Effective NBS testing is essential for the early identification of rare conditions with life limiting or fatal consequences, enabling treatment which prevents or substantially mitigates their impact on affected babies. As such, the NBS laboratory is essential to the delivery of a high quality NBS programme in Wales, of which is a key clinical and political priority; impacting on individual families and saving NHS resources linked to irreversible harm. Furthermore, NBS is a key component of the Wales Rare Disease Strategy.

In 2023, the UK National Screening Committee (UK NSC) recommended that screening for Tyrosinemia Type 1 should be implemented. In addition, the UK NSC are currently looking to endorse NBS for Severe Combined Immune Deficiency (SCID) following a successful pilot programme in England. As such PHW has requested that the NBS Laboratory plan for the introduction of these new tests for Tyrosinemia Type 1.

Due to the limited space within the main biochemistry laboratory at UHW the Wales NBS service is unable to implement any further tests in line with the rest of the UK, unless suitable laboratory and support space is commissioned. Cardiff University released an area to the UHB which was identified a suitable in size to provide the suitable space. However, the space does require refurbishment to meet the requirements of the service and compliance with the relevant Health Technical memorandum (HTM) and Health Building Note (HBN)

The BJC cost forms have been prepared by Gleeds Cost Management Services following a procurement process to identify the preferred supply chain partner and the tender costs with the outturn cost projected to be £1.21m.

A summary of the capital costs for the preferred way forward is as follows:

Capital Costs	£m
Works Cost	£743,179
Fees	£190,285
Non-Works	£ 58,200
Equipment	£188,997
Contingency	£ 69,120
VAT Recovery	£ -31,714
Total Capital Cost/ Cost Forms	**£1,218,067 INC**

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

- The laboratory is essential to the delivery of a high quality New Born Screening programme in Wales which is a key clinical and political priority.

- Public Health Wales are submitting a revenue case to Welsh Government, therefore the UHB has no revenue implications associated with the scheme

- It is proposed that the scheme progresses through the internal governance process with the intention to submit the BJC for scutiny for the proposed capital solution, recognising that the overall delivery of the project will be subject to confirmation from PHW that the revenue consequences will be supported by WG

- An appropriate procurement process has been undertaken to determine the capital investment requirement which is in line with Welsh Government process

Appendices *(Please list any appendices that will accompany this report)*

All Wales Newborn Screening Laboratory at UHW BJC Executive Summary

Recommendation:

The Committee is requested to:

a) NOTE: the paper and contents of the attached Executive Summary for the Business Justification Case for the UHB to deliver additional All Wales New Born Screening at UHW

b) **SUPPORT:** the Business Justification Case to proceed through the agreed governance process, allowing submission of the document to be submitted to Welsh Government for scrutiny and to seek capital funding approval of £1.21m

c) NOTE: the project will not proceed until the UHB receive written confirmation of the revenue support for the delivery of the additional services

d) NOTE: the procurement undertaken to select the preferred supply chain partner and relevant advisors to deliver the project. **RECOMMEND** that the **Board APPROVE** the following appointments which will be subject to Welsh Government approval of the BJC.

I. The intention to award the construction contract to ET&S Construction Ltd at a value of £0.744m inclusive of VAT under the NEC4 Option A contract.
II. The intention to award Gleeds Management Services the commission to provide Project Management and Cost Advisor services at a cost of £0.062m inclusive of VAT under the SBS Framework contract.

Link to Strategic Objectives of Shaping our Future Wellbeing:
https://shapingourfuturewellbeing.com/

1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	
3. Delivering in the Right Places **Click the objective above to view more detail.**	✓	4. Acting for the Future **Click the objective above to view more detail.**	✓

Regan, Nikki 18/03/2026 13:46:33

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: Yes / ~~No~~

Lack of capital funding to deliver the scheme has implications on clinical service delivery.

Safety: Yes/~~No~~

Screening is essential for the early identification of rare conditions with life limiting or fatal consequences.

Financial: ~~Yes~~ / No

Workforce: ~~Yes~~/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: Yes/~~No~~

Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.

Reputational: Yes/~~No~~

The all Wales NBS service are not be able to implement any further tests in line with the rest of the UK resulting in possible reputational damage for the Health Board if unable to provide this service.

Socio Economic: ~~Yes~~/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 to 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: ~~Yes~~/No

Equality Health Impact Assessments (EHIA) are typically undertaking 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: Yes

New ventilation, heating and cooling equipment provided under the scheme will help lower carbon emissions produced by the current heating system.

Welsh Language: ~~Yes~~/No

Approval/Scrutiny Route *(**please note anywhere else this paper has been before**)*:	
Committee/Group/Exec	Date:
Capital Management Group	16/03/2026
Finance & Performance Committee Team	18/03/2026
Board	26/03/2026

All Wales Newborn Screening Laboratory at University Hospital Wales

Business Justification Case: Executive Summary

March 2026 – Final v2

Document Information

Status	Final
Date	12th March 2026
Authors	Adcuris/CVUHB
Circulation	CVUHB Project Team / CMG / PHW

Version	Date Issued	Summary of Change	Document Owner
Draft v1	3rd March 2026	Produced from final Business Case	Sarah Lloyd
Final v1	12th March 2026	Revenue informtio updated	Sarah Lloyd

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GLOSSARY

AME	Annually Managed Expenditure
BAU	Business As Usual
BECS	Built Environment Consultancy Services
BJC	Business Justification Case
CD&T	Clinical Diagnostics and Therapeutics Clinical Board
CEF	Capital, Estates and Facilities
CF	Cystic Fibrosis
CHT	Congenital Hypothyroidism
CMG	Capital Management Group
CRI	Cardiff Royal Infirmary
CRL	Capital Resource Limit
CSF	Critical Success Factors
CVUHB	Cardiff and Vale University Health Board
DEL	Departmental Expenditure Limit
GA1	Glutaric Aciduria Type 1
HCU	Homocystinuria
HM	His Majesty's
HT1	Hereditary Tyrosinaemia Type 1
IAAP	Integrated Assurance and Approval Plan
IM&T	Information Management & Technology
ISO	International Organization for Standardization
IT	Information Technology
IVA	Isovaleric Acidaemia
M&E	Mechanical & Electrical
MCADD	Medium-Chain Acyl-CoA Dehydrogenase Deficiency
MECC	Making Every Contact Count
MSUD	Maple Syrup Urine Disease
NBS	Newborn Screening
NEC	New Engineering Contract
NHS	National Health Service
OJEU	Official Journal of the European Union
ONS	Office for National Statistics
PBA	Project Bank Account
PER	Project Evaluation Reviews
PHW	Public Health Wales
PIR	Post Implementation Review
PKU	Phenylketonuria
PPE	Post Project Evaluation
PRINCE	PRojects IN Controlled Environments
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
SBS	Shared Business Services
SCD	Sickle Cell Disorders
SCID	Severe Combined Immune Deficiency
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SO	Spending Objectives
SOFW	Shaping Our Future Wellbeing
SRO	Senior Responsible Owner
TOR	Terms of Reference
UHB	University Health Board
UHL	University Hospital Llandough
UHW	University Hospital Wales
UK NSC	UK National Screening Committee
UKAS	United Kingdom Accreditation Service
VAT	Value Added Tax
VFM	Value for Money
WFG	Wellbeing of Future Generations
WG	Welsh Government
WHBN	Welsh Health Building Note
WHC	Welsh Health Circular

1.0 INTRODUCTION

Public Health Wales (PHW) commission the All Wales Newborn Bloodspot Screening (NBS) Laboratory within the Department of Medical Biochemistry at Cardiff and Vale University Health Board (CVUHB), which currently tests for nine conditions, listed within section 3.2 of this document.

Effective NBS testing is essential for the early identification of rare conditions with life limiting or fatal consequences, enabling treatment which prevents or substantially mitigates their impact on affected babies. As such, the NBS laboratory is essential to the delivery of a high quality NBS programme for the entire population of Wales, of which is a key clinical and political priority; impacting on individual families and saving NHS resources linked to irreversible harm that can be prevented by the screening programme. Furthermore, NBS is a key component of the Wales Rare Disease Strategy 2021 - 2026.

In 2023, the UK National Screening Committee (UK NSC) recommended that screening for Hereditary Tyrosinaemia Type 1 (HT1) should be implemented. In addition, the UK NSC are progressing NBS In Service Evaluations for Severe Combined Immune Deficiency (SCID) and Spinal Muscular Atrophy (SMA) with further expansion planned as part of the EquipoISE project. As such PHW has requested that the NBS Laboratory at Cardiff plan for the introduction of these new tests, noting that England and Scotland have already implemented HT1 in the intervening period.

Due to the lack of laboratory, office space and appropriate infrastructure (electrical supply, air conditioning, IT etc.) within the main biochemistry laboratory at University Hospital Wales (UHW) the Wales NBS service would not be able to implement any further tests in line with the rest of the UK as additional staff and equipment are required to carry out the testing.

This business case seeks therefore the approval for a capital investment of £1.218m to enable the Health Board to provide a laboratory and office space for the All Wales Newborn Bloodspot Screening Service at UHW site to provide a service that offers expanded bloodspot screening for all new born babies.

2.0 STRATEGIC CONTEXT

2.1 Organisational Overview

2.1.1 Public Health Wales (PHW)

PHW NHS Trust is the national public health agency in Wales and works to protect and improve health and well-being and reduce health inequalities for the people of Wales.

As the National Public Health Institute for Wales, PHW provides data and science-based leadership, expertise, coordination, advice, and delivery of key public health services. It has an annual income of £256 million with expenditure of £174m and employs around 2,445 employees 46% of whom are clinical, professional, scientific, and technical staff. The estate

is located across Wales and currently comprises multiple properties, including screening centres, laboratories and support accommodation.

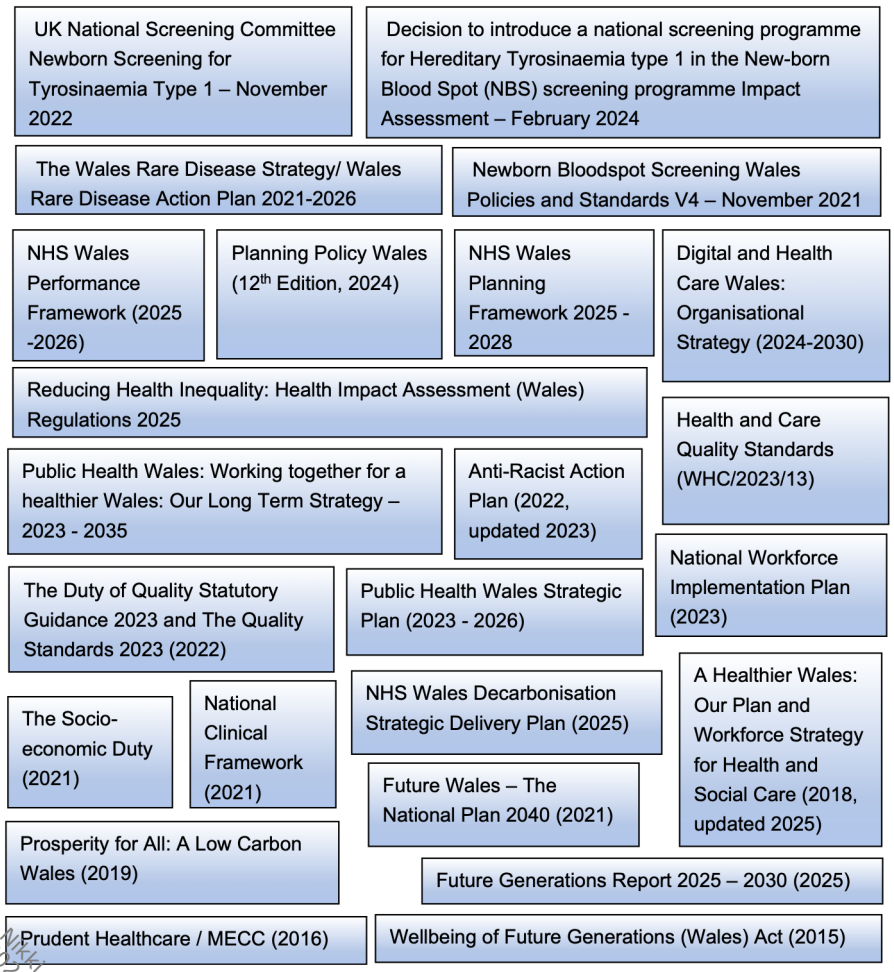
2.1.2 Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (CVUHB) was established in October 2009 and is one of the largest NHS organisations in the UK.

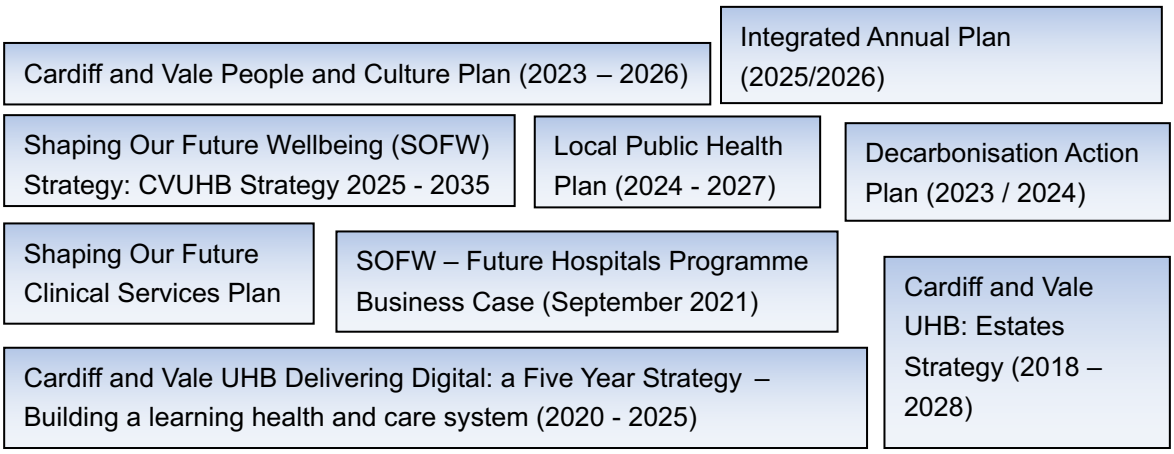
Since its establishment, the Health Board's priority has been to provide safe, high quality and sustainable services that compare well with the best in the world, with a focus on developing centres of excellence that support the actions needed to progress and deliver the vision 'to reduce health inequalities and deliver outstanding services for the population we serve'.

2.2 Business Strategies

The Health Board is confident that the strategic drivers for this investment and associated objectives, programmes and plans are consistent with national, regional and local strategy and policy documents. Some of the key Welsh Government policies that have shaped this infrastructure BJC are:



Executive Summary Figure 1: Overarching National Policies considered within this BJC



Executive Summary Figure 2: Local policies considered within this BJC

This business case will contribute to delivering these overarching national, regional and local strategies through:

- Delivery of the NBS Programme
- Additional testing and future proofing to bring on line additional screening disorders endorsed by the UK National Screening Committee
- Ability to deliver the population screening requirements of the Rare Diseases Plan
- Provision of a sustainable delivery of the All Wales Newborn Screening Service
- Provision of enhanced estate and digital connectivity
- Provision of clear and consistent pathways by ensuring seamless service delivered to nationally agreed standards
- Ensuring practice is evidence based and clinically led

3.0 CASE FOR CHANGE

The specific spending objectives for this business case are:

Spending Objective 1: High Quality and Safe Service
Ensuring the safety of patients and the quality of care through the provision of high quality services that fully meet required clinical standards and will support delivery of the highest possible standard of care, the rapid adoption of best practice, research and development
Spending Objective 2: Provide a High Quality and Compliant Environment
Compliance, wherever possible, with Welsh Health Building Notes (WHBNs) and other relevant guidelines to enable the delivery of high-quality care and provide the laboratory teams the appropriate environment in which to deliver the screening service
Spending Objective 3: Capacity to Meet Expected Demand
To improve productivity, capacity and access times for newborn baby bloodspot screening tests
Spending Objective 4: Effective Use of Resources
To maximise infrastructure to support the use of available resource and provide an environment that promotes improved service efficiencies and delivers a cost effective service with good use of available technology
Spending Objective 5: Sustainability
To provide a solution that will enhance the reputation of the Health Board and will support the delivery of safe and sustainable services and to continue to deliver a sustainable solution for newborn bloodspot screening

Executive Summary Table 1: Spending Objectives

3.1 Current Arrangements

All Wales Newborn Bloodspot Screening identifies babies who may have rare but serious conditions and if a baby is found to have any of the conditions, they will receive early specialist care and treatment. Early treatment can improve an affected baby's health and prevent severe disability or even death.

In Wales all babies are offered screening for the following conditions:

- Inherited metabolic disorders:
  - Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
  - Phenylketonuria (PKU)
  - Maple syrup urine disease (MSUD)
  - Isovaleric acidaemia (IVA)
  - Glutaric aciduria type 1 (GA1)
  - Homocystinuria (HCU)
- Congenital hypothyroidism (CHT)
- Cystic fibrosis (CF)
- Sickle cell disorders (SCD)

The Newborn Screening Laboratory at the University Hospital of Wales screens all babies (approximately 28,000 per year) born in Wales, or resident within the country when aged 5 days. All newborn babies are screened, using dried blood spots, collected between 4-6 days of age, for the nine disorders listed above. Babies moving in to Wales up to the age of 1 are also offered bloodspot screening, for the above conditions, excluding Cystic Fibrosis.

The Wales Newborn Screening Laboratory is commissioned by Screening Division, Public Health Wales to undertake these tests.

The laboratory also provides a dietary monitoring service for patients with PKU and Maple Syrup Urine Disease on dried blood spots collected by the patients at home.

Public Health Wales commission the Wales Newborn Bloodspot Screening Laboratory within the Department of Medical Biochemistry at CVUHB. The NBS laboratory is essential to the delivery of a high quality NBS programme in Wales, which is a key clinical and political priority; impacting on individual families and saving NHS resources linked to irreversible harm. Furthermore, NBS is a key component of the Wales Rare Disease Strategy.

3.1.1 Activity

The following table shows the national position from April 2023 to March 2024:

Health Board	Births	Tested	Rate (%)
Aneurin Bevan	5,697	5,678	99.7
Betsi Cadwaladr	5,782	5,750	99.4
Cardiff & Vale	4,655	4,621	99.3
Cwm Taf	4,044	4,032	99.7
Hywel Dda	3,077	3,052	99.2
Powys	983	971	99.8
Swansea Bay	3,358	3,336	99.3
Wales	**28,014**	**27,856**	**99.4**

Executive Summary Table 2: Number of eligible births and number tested in Wales April 2023 to March 2024

NB: The Wales total in the table above includes some babies who do not map to a health board.

Across the UK, there is active consideration of increasing the number of screened for conditions through in service evaluations and consideration of rapid implementation of conditions that can be screened for using the same commercial test kit required for HT1 introduction. It is anticipated that the next phase of screening expansion will occur at significant pace compared to previous experience.

3.2 Business Need

In 2023, the UK National Screening Committee (UK NSC) recommended that screening for Tyrosinaemia Type 1 should be implemented. In addition, the UK NSC are progressing NBS in service evaluations for Severe Combined Immune Deficiency (SCID) and Spinal Muscular Atrophy (SMA) England and Scotland. As such PHW has requested that the NBS Laboratory in Cardiff plan for the introduction of these new tests.

Rapid implementation of HT1 is required to align the screening offer in Wales with those universally offered in England and Scotland since their HT1 introduction in September 2025 (England) and January 2026 (Scotland). Other UK regions have already planned the implementation of as early as April 2026. Due to the lack of laboratory and office space and appropriate infrastructure (electrical supply, air conditioning, IT etc.) within the main biochemistry laboratory at UHW the Wales NBS service would not be able to implement any further tests in line with the rest of the UK as additional staff and equipment are required to carry out the testing.

3.3 Proposed Scope

The usual process is to comply with Welsh Government guidance is to assess the scope against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes
- An intermediate – essential and desirable requirements/outcomes
- A maximum – essential, desirable and optional requirements/outcomes

However, with regards to this business case there is only one scope that is possible as there can be no partial implementation of the screening programme and there is a defined requirements for the laboratory and office space required to deliver this.

3.4 Main Benefits

This section describes the main outcomes and benefits associated with the implementation of the investment in relation to the identified business needs and potential scope.

The benefits of the national screening programme are included within the impact assessment of the decision to introduce a national screening programme for Hereditary Tyrosinaemia Type 1 in the Newborn Bloodspot Screening programme and the cost-effectiveness of newborn blood spot screening for Tyrosinaemia Type 1 using tandem mass spectrometry - Final report and the UK National Screening Committee additional modelling report that evaluates the clinical and cost effectiveness of screening compared to current UK practice. The arrangements for the realisation of benefits are detailed within the Management Arrangements section of this business case with any community benefits through the construction phase referenced within the procurement section.

3.5 Main Risks

The table below provides a summary of the key risks that might affect the delivery of the project along with counter measures:

Risk Description	Counter Measure
Unexpected inflation impacting on the anticipated not to exceed cost	Where unexpected cost increases occur escalation to WG
Funding availability – WG funding support not achieved to deliver the scheme	Early discussions with Welsh Government to provide background and business needs
Aging equipment for the service (PHW/ MEG/ relocation)	Included in business cases (PHW/WG), MEG and lab relocation
Provisions for future development of new tests/techniques – SCID/SMA	New lab space has been designed with these future conditions/techniques in mind - separate room within lab for clean room

Executive Summary Table 3: Main Risks

4.0 AVAILABLE OPTIONS

This section describes the options considered by the Health Board and the assessment of the benefits and costs of those that were shortlisted. In consultation with key stakeholders including the Project Team the following list of options were identified and assessed:

Development of Options	
Option	**Description**
Option 1	Business As Usual (BAU)
Conclusion	There is no viable business as usual option as the required screening cannot be provided from existing facilities
Option 2	Extend into adjacent areas of the main biochemistry laboratory at UHW
Conclusion	This option has been discounted as the there is no available space without relocating other services
Option 3	Refurbish the vacant genomics building on the UHW site
Conclusion	This option has been discounted as the building would require significant remodelling and refurbishment and would likely not provide suitable laboratory facilities without considerable expense. The location is remote from other laboratory areas, and the current service utilises the 24/7 reception in biochemistry for receipt of samples from across Wales delivered by couriers. This would not be possible in a separate building leading to the requirement for additional staffing to allow out of hours sample delivery and tracking
Option 4	Refurbish the former Cardiff University Research Laboratory (the 5th floor of Tower Block 1b and the link corridor between Ward Blocks B and C) at UHW
Conclusion	This option is the only viable option. Once refurbished this area can provide the required laboratory and office provision to enable the service to be delivered in a suitable safe environment

Executive Summary Table 4: Development of Options

4.1 Conclusion

The drive of this project is to provide the required laboratory facilities to enable implementation of the All Wales Newborn Screening Programme.

Therefore, based on the spending objectives and the analysis above the only viable option that can be considered is:

Option 4	Refurbish the former Cardiff University Research Laboratory (the 5th floor of Tower Block 1b and the link corridor between Ward Blocks B and C) at UHW

Executive Summary Table 5: Summary of Short-Listed Options

Therefore, no further option appraisal or economic appraisal has been undertaken.

5.0 PREFERRED OPTION

The preferred way forward has been identified as the refurbishment of the former Cardiff University research laboratory on the 5th floor of Tower Block 1b and the link corridor between Ward Blocks B and C at UHW.

A vacant laboratory area and supporting office space has been identified on the 5th floor of the hospital has been identified as a suitable location for the newly expanded Newborn Bloodspot Screening Laboratories.

The works include an element of re-planning of the existing accommodation, including some structural alterations, full redecoration, flooring replacement throughout, replacement laboratory fitted benches and storage, equipment both loose and fixed, full mechanical ventilation system, electrical upgrade, staff and office accommodation.

This option will provide a suitable laboratory facility to support the expanding Newborn Bloodspot Screening services for Wales in line with the Public Health Wales Screening Programme. This is to ensure all eligible babies are screened for rare but serious diseases that can lead to sever health issues if not treated early.

6.0 PROCUREMENT ROUTE

Due to the nature and scale of the scheme, the procurement route to be utilised is Cardiff and Vale Health Board's Building Framework. As a result of this process ET&S Construction Ltd have been appointed as the main contractor.

The procurement strategies are in line with the procedures and practices as laid down in the framework. The construction elements of the proposed scheme were formally competitively tendered as part of the production and agreement of the target price. An open book approach to prices was adopted in line with the framework and all costs were closely scrutinised to ensure that the Health Board is getting the best value for money.

7.0 FUNDING AND AFFORDABILITY

7.1 Capital Costs

This Business Case seeks approval to invest £1.218m from the All-Wales Capital Programme, a breakdown of the capital costs is summarised in the table below:

	£000
Building/Engineering Costs	743
Fees	190
Non-works Costs	58
Equipment Costs	189
Contingency	69
Forecast Project Out-turn Cost (pre VAT Recovery)	**1,249**
Recoverable VAT	31
Forecast Project Out-turn Cost	**1,218**

Executive Summary Table 6: Capital Costs for the Preferred Option

7.2 Capital Charges and Depreciation

A summary of the capital and depreciation for the project is as follows:

	£000
Impairment	-675
Reversal of Impairment	0
Depreciation - Building/Engineering	-23
Depreciation – Equipment	23
Accelerated Depreciation	0
Total Capital Charges/Depreciation	**-675**

Executive Summary Table 7: Capital Charges and Depreciation

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimated useful economic life provided by the District Valuer. The following is a summary of the total impact of impairment by year:

	2026/27 £000	2027/28 £000
Departmental expenditure limit (DEL) Impairment		
Annually managed expenditure (AME) Impairment	-675	
AME Reversal of Impairment		
Total Impairment	**-675**	
Depreciation – Build	-6	-23
Depreciation - Equipment	6	23
Total Depreciation	**0**	**0**

Executive Summary Table 8: Impairment and Depreciation for the Preferred Option

This BJC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years as per the above.

7.3 Revenue Costs

Revenue costs of service provision are funded by PHW as part of the commissioning arrangement governed by a Long Term Agreement.

A revenue case for expansion of NBS in Wales to include HT1 has been finalised and is in the final stages of internal approval within PHW. Welsh Government colleagues have been kept informed of progress, including projected costs, and are keen to receive the final document for rapid progression to the Minister. Submission to Welsh Government is expected imminently.

Both capital and revenue proposals will move forward together, ensuring they are aligned so that both types of funding can be approved for this development.

7.4 Impact on the Income and Expenditure Account

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2025/26 £000	2026/27 £000	2027/28 £000	Total £000
Depreciation	0	0	0	0
Total	**0**	**0**	**0**	**0**

Executive Summary Table 9: Impact on Income and Expenditure Account

7.5 Impact on the Balance Sheet

The anticipated cashflow of the project (excluding VAT) is as follows:

	2025/26 £000	2026/27 £000	2027/28 £000	Total £000
Capital (Excluding VAT) - DEL	49	992		1,041
Total	**49**	**992**	**0**	**1,041**

Executive Summary Table 10: Impact on Balance Sheet

The anticipated capital resource limit (CRL) funding flow is as follows (including VAT):

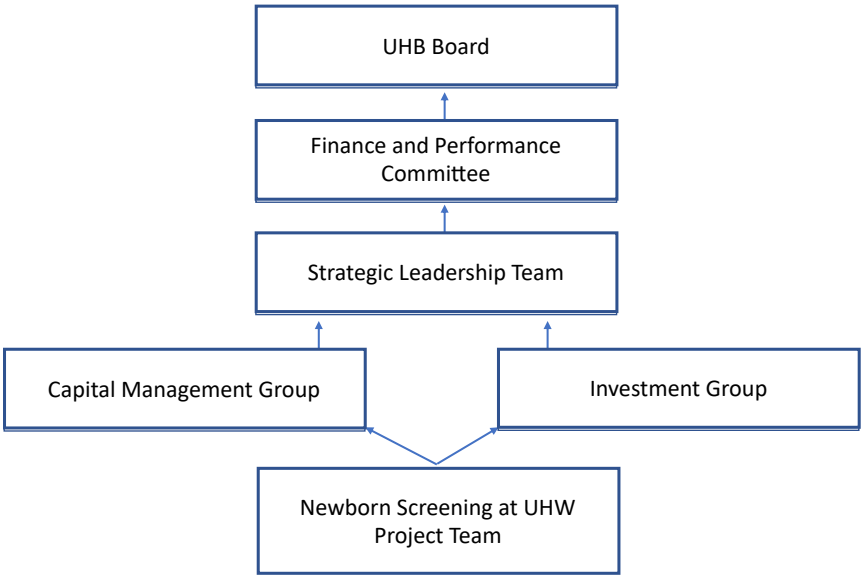
	2025/26 £000	2026/27 £000	2027/28 £000	Total £000
Capital Funding (including VAT) - DEL	0	1,218	0	1,218
Total	**0**	**1,218**	**0**	**1,218**

Executive Summary Table 11: Anticipated CRL Funding Flow

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

8.0 MANAGEMENT ARRANGEMENTS

Robust project management arrangements are vital to ensure the implementation of the overall project, and that effective control is maintained over the capital scheme. The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 3: Project Reporting Structure

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
BJC submission to WG	April 2026
Start of Works	July 2026
Works completion	October 2026

Executive Summary Table 12: Project Plan

8.1 Risk Management

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. A project risk register has also been established and is subject to review and update on a regular basis.

8.2 Post Project Evaluation

The Health Board has identified a robust plan for undertaking post-project evaluation (PPE) in line with current guidance, which is fully embedded in the project management arrangements of the project.

All processes will be managed by the project team and endorsed by the appropriate boards.

8.3 Contingency Plans and Recommendation

The proposed programme of refurbishment will allow the All Wales Newborn Programme to deliver the UK National Screening Committee recommendation that screening for Hereditary Tyrosinaemia Type 1 should be implemented along with future proofing to enable the introduction of screening for a number of additional disorders (SCID, Spinal Muscular Atrophy).

Should this business case not be approved the service will not be able to deliver any additional testing and would not meet the recommended implementation of screening for HT1 due to the lack of laboratory, office space and appropriate infrastructure.

The Health Board would, therefore, recommend that Welsh Government give due consideration to the request for funding and approve this BJC enabling the scheme to progress to the construction stage.

Report Title:	Monthly Monitoring Return – Month 10				Agenda Item no.	4.1	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	18th March 2026	
			Private				
Status:	Assurance	x	Approval		Information		
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 January 2025/26 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/

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

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

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 to 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 undertaking 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: 18th March 2026

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE TEN MONTH PERIOD ENDED 31st JANUARY 2025

INTRODUCTION

The Health Board submitted an initial draft financial plan to the Welsh Government at the end of March 2025.The draft plan incorporated: -

- Brought forward underlying deficit of £59.9m
- 2025/26 Demand and cost growth and unavoidable investments of £51.1m
- Additional Allocations of £20.3m
- Pass-through funding on Long Term Agreements of £2.5m (1.77%)
- A £30.0m Savings Target.

This results in a 2025/26 planning deficit of £58.2m which was amended to £56.2m as a result of the additional £2m savings target actioned in year.

The draft plan assumed that:

- An additional £18.8m in costs related to changes to the Employers NI rates would be fully funded.

A summary of the revised draft financial plan submitted is provided in Table 1.

Table 1: 2025/26 Draft Plan

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
Draft Deficit	**111.000**
Additional Allocations	(22.768)
Savings Plans	(32.000)
Initial Planned Deficit	**56.233**

This represents the draft financial plan of the Health Board.

The financial monitoring returns have been prepared within the framework of the UHB's revised Draft Financial Plan, which includes a planning deficit of £56.233m for 2025-26. This report details the financial position of the UHB for the period ending 31st January 2026.

A full commentary has been provided to cover the tables requested for the month 10 financial position.

At month 10 the UHB is reporting an overspend of £47.411m, £0.551m off plan. The month 10 position represents an in-month improvement of £0.523m against the £1.074m overspend against plan reported at month 9.

The overspend of £47.411m is comprised of £1.136m of operational deficit and the planned deficit of £46.860m (10 twelfths of the revised £56.233m 2025/26 planned deficit set out in the UHB's Accountable Officer letter relayed on the 30th of June 2025) offset by a (£0.584m) surplus against savings.

The continued reduction in overspend against plan over the last 4 months provides the UHB with strong assurance that it will achieve the forecast deficit of £56.2m.

BACKGROUND

The Board noted the position and submitted a draft financial plan, which included a forecast deficit of £58.2m, to the Welsh Government at the end of March 2025. Following this submission, the Welsh Government requested that the UHB set out further actions to reduce the forecast deficit. In response, the UHB confirmed that ongoing progress in identifying savings provided sufficient assurance to increase the planned savings target by a further £2m. As a result, the forecast deficit for 2025/26 was reduced to £56.2m

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

Table A sets out the draft financial plan and latest position at month 10 for which the following should be noted:

- The UHB's initial £30.0m 2025/26 savings target is reported on lines 6,7 & 11. The forecast achievement of the further target of £2.0m is also reported on lines 6,7 & 11 with the further £2m schemes required to meet the £32m target being reported on line 24.
- Assumed LTA inflation of £2.471m (1.77%) to the UHB from other Health Boards (line 4).
- The brought forward underlying deficit is £59.9m as outlined in the draft financial plan.

The identification and delivery of the £32.0m recurrent savings target is key to delivery of the planned in year and underlying position.

The underlying deficit projected for 2025/26 is currently assessed at £69.6m, which is £13.4m higher than the 2025/26 forecast outturn of £56.2m. There is

a granular analysis and understanding of the underlying deficit. The reported increase from 2025/26 to 2026/27 is primarily driven by a shortfall in recurrent savings, (underlying drivers being growth in the cost of Continuing healthcare, prescribing and commissioning costs), mental health out of area placements and the full-year impact of a number of operational pressures experienced across the UHB during the current year. All underlying deficit drivers are being reviewed and where possible, actions being taken to address.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects a review of the risks identified in the financial plan and these will continue to be reviewed on a monthly basis. The table outlines the identified risk, which has been assessed as having a low likelihood.

- The net risk relating to JCC is reported at £0.238m, comprising gross risks of £0.364m partially offset by risks of £0.126m.
- Red Savings schemes of £1.152m are recognised as an opportunity.
-

The UHB will manage and mitigate any risks currently highlighted by the JCC that may crystalise over the next two months.

It is assumed that no further risk remains in relation to the Welsh Risk Pool, and that coverage will be provided for the additional Band 2 and Band 3 pay costs, which are currently estimated at £5.759m for 2025/26 and due for payment in February.

ACTUAL YEAR TO DATE (TABLE B AND B2)

able B and Table 2 below confirm the year-to-date deficit of £47.411m, consistent with the analysis set out in the annual operating plan (Table A).

Table 2: Summary Financial Position for the period ended 31st January 2026

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	7,694	7,694	0	71,707	71,707	0
Quality Efficiency Improvement Plans - Savings	(3,009)	(3,011)	(2)	(24,846)	(25,431)	(584)
Operational Variance	0	(521)	(521)	0	1,135	1,135
Clinical/Service Board Variance	**4,685**	**4,162**	**(523)**	**46,860**	**47,411**	**551**

The month 10 deficit of £47.411m comprised of the following:

- £46.860m planned deficit
- (£0.584m) CRP surplus
- £1.135m adverse operational variance against plan.

The £56.2m forecast deficit is profiled flat.

The UHB is actively working to recover the operational pressures reported at Month 10, to ensure delivery of its planned deficit position of £56.233m

The operational pressures reported are partly offset by operational underspends across service areas as summarized below:

Table 3: Operational Pressures for the period ended 31st January 2026

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Mental Health Out Of Area Placements (OOA)	2,400	2,800
Specialist Services Activity Related Underperformance	1,900	1,950
Employers National Insurance	1,200	1,550
Vaccines	(750)	(1,000)
Winter	(770)	(1,000)
CD&T Activity		(840)
GRNIs	0	(1,300)
Pay Underspend	(3,429)	(2,160)
Sub-Total Surplus/Deficit	**551**	**0**

Further detail in relation to table 3 is provided below:

- Mental Health OOA. Operational pressures have continued, with 22 patients placed out of area at the end of January. The impact and utilisation of the additional DTOC capacity is currently being reviewed to determine whether it is delivering the intended benefits.
- Specialist services underperformance. Cardiac services year-to-date performance remains below target and below 2024/25 levels.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines. Combined vaccine expenditure is projected to be below budget.

- CD&T Activity. Additional radiology and research income has been recovered during the year.
- GRNIs - The UHB has recognised an in year accounting gain in respect of GRNIs.
- Pay vacancies, combined with enhanced scrutiny of variable pay, have partially offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness. The UHB recorded an increase in WTE nursing staff during September and October, driven by the onboarding of student nurse streamliners. In November, December and January, WTEs in post declined, returning to the trend observed prior to the onboarding period.

The UHB financial plan has been established at a Clinical Board level with each Board working towards an agreed control total based on the following:

- Underlying Deficit b/f to 2025-26
- Cost Growth
- Demand/Volume Growth
- Commissioning pressures
- Allocation of 1.77% Welsh Government Uplift against assessed Growth and Pressures
- Quality Improvement Programmes (savings)

Executive Performance Reviews with the UHB's Clinical Boards focus on proactively identifying and addressing emerging planning and operational pressures. At the same time, the UHB remains committed to tracking progress against savings plans and pursuing further improvement opportunities through weekly Senior Leadership Team meetings and dedicated financial summits, aimed at reducing risk within the draft financial plan.

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals. Further measures were approved to arrest and recover the financial run rate and the UHB's saving tracker is now reporting a £0.703m on year surplus of green and amber schemes against the £32m in year target.

As previously outlined, the following additional actions have been identified to halt and recover the deteriorating operational position across all delegated budgets:

- Board Approved - A full vacancy freeze from 1st August.
- The UHB has operated an enhanced centralised vacancy scrutiny process for over 9 months. This approach has stabilised the growth of the workforce. There has been a reduction of 303wte since the start of the financial year.

- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.
- All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

Table B2 – Movements from Opening Expenditure Plan

Following submission of the draft financial plan, the UHB has reviewed and reassessed its resource limit assumptions, as outlined in Table 4 below. The main change relates to the June and November 2025 non-cash return for depreciation and impairments. In addition, there are £16.7m of additional costs arising from changes in Employer NI rates and threshold values, alongside confirmation of DPIF programme funding, additional planned care funding, the impact of the Real Living Wage increase on Bands 2 and 3, and the pay awards implemented in August 2025.

Table 4 – Additional Resource Limit adjustments since initial plan (Confirmed and Anticipated)

Additional Resource Limit Allocations	£'000s
Depreciation, Impairments and IFRS12	73,497
Pay Award 2025_26	38,312
Planned Care	21,016
Employers NI increase	16,697
Health & Social Worker Band 2 & 3 Estimate tbc	5,759
2025-26 GMS Pay and Expenses Agreement	5,470
Digital Priority Investment Fund	3,775
2025_26 Dental Pay Uplift of 4%	1,538
Hospice At Home Funding	1,029
2025_26 Pharmacy Pay Uplift of 4%	973
Planned Care Transformation Fund	699
CAMHS In-Reach Funding	622
Genomics (C&V / JCC)	578
VPAG	564
Immunisation Programme Changes	548
Individual Placement & Support in Primary Care	440
ESMCP CRS MDVS ARRP	361
New Medical Training Posts 2017 to 2024	356
WOMEN'S HEALTH - Pathfinder Establishment (Women's Health Hubs)	300
Consultant Clinical Excellence Award / Consultant Impact Award	253
Optometry Pay Uplift	240
GMS Global Sum/PSP List Adjustment	210
Short Breaks for Carers	172
Neighbourhood District Nursing	137
VT LTA Adjustment -Historic Pay Award 2025-26	110
Dementia Action Plan	100
All Wales Pharmacogentics Post	96
Climate Emergency National Programme	90
DoLS / MCA / Advocacy (MH)	64
2025-26 GMS Dlispensing/PADMS Uplift	61
Save a Life Cymru (JCC)	61
Children's Speech, Language and Communication (SLC)	44
Consultant Allied Health for Dementia	30
All Wales International Recruitment	7
Learning Disabilities Policy	(4)
A2A Sanctuary	(28)
Shingles Vaccination Programme (GMS & HCHS)	(85)
JCC English Contracting Income	(110)
MOD St Athan Funding LAZURITE team additional reception site for EPs	(281)
Welsh Risk Pool	(343)
Invest to Save	(347)
Removal of Donated Assets / Government Grant Receipts	(521)
Real Living Wage (RLW) Social Care	(2,513)
Pay award funding 2024-25	(4,298)
Pay award funding 2024-25 funded through Pay Matrix Commisioning Shares	(10,519)
Total Movement in assumed Resource Limit following MDS Submission £'000s	**155,162**

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.460m in month.

Agency Costs have reduced from an monthly average of £0.480m in 2024/25 to £0.421m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

The UHB recorded expenditure on A&C, ACS and Estates categories January as follows:

- Additional Clinical Services - £0.064m – Providing specialist cover for high-acuity patients, primarily within Mental Health services
- Administrative and Clerical - £ 0.024m – mostly clinical coders.
- Estates -£0.002m – miscoded maintenance invoices to be corrected in month 11.

Savings Programme 2025-26 (TABLE C, C1, C2, C3 & C4)

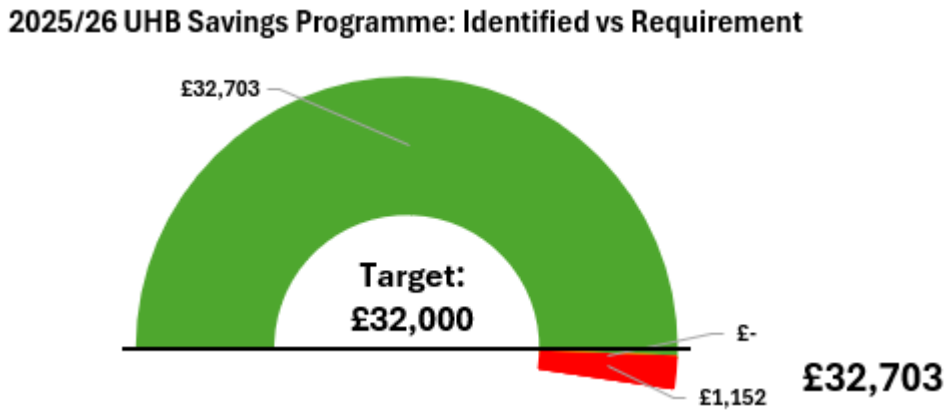
The forecast delivery against green schemes is £32.703m at month10, which is 102.2% of the £32m savings target.

Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. The shortfall in recurrent savings, combined with operational pressures experienced during the year, is projected to increase the underlying deficit by approximately £13.4m if further recurrent schemes are not identified within the final three months of the year.

Red schemes of £1.152m are identified and continue to be reviewed for progression to Green/Amber where possible.

The reported surplus of £0.703m against the £32.0m savings target is helping to offset ongoing operational pressures. Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes



Under Welsh Government MMR rules, amber schemes that do not transition to green within three months must be removed from the Table C3 tracker. To maintain alignment between the UHB tracker and MMR reporting, these schemes had previously remained on the Table C3 tracker. During Month 10, the UHB worked with budget holders to review and re-categorise schemes from amber to green where there was strong assurance of in-year delivery. As a result, these schemes have now been converted to green at Month 10. A total of 27 amber schemes continue to be reported in Table C3 to maintain consistency with the opening plan. At present, none of these schemes are forecast to deliver any savings in 2025/26.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

NHS organisations were expected to have concluded discussions and signed contracts (Long Term Agreements and Service Level Agreements) between each other by June 12th, 2025.

The UHB has concluded and signed all Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS LHBs for 2025-26.

INCOME ASSUMPTIONS 2025/26 (TABLE E)

Table E outlines the UHB's 2025/26 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 assumes that Welsh Government will continue to authorise the accounts adjustment of £0.222m recognised in previous financial years.

The UHB assumes that additional resources will be provided as part of the in-year settlement for Band 2 and 3 Health and Social Care Workers. This

unconfirmed resource limit adjustment is reflected in Table E. The assumed allocation of £5.759m is an estimate at this stage and will be confirmed following processing of payroll data.

The UHB is currently gathering information to validate Planned Care HBS Insourcing Diagnostic activity. The current financial forecast assumes that funding will cover all associated costs, with confirmation expected in due course. This work is being undertaken internally because HBS has not provided patient-level activity data, as required by the SOP issued by Welsh Government for this tariff-based funding stream. Although this has been challenging, progress is being made within certain diagnostic groups.

The UHBs confirmed Revenue Resource Limit as of January 27th, 2026, was £1,557.2m with a further £30.4m of assumed allocations as detailed at Table 5 below:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 31st January 2026

Unconfirmed Resource Limit Allocations as of 31st January 2025	Resource Limit £'000s	Cash Limit £'000s
DEL Non Cash Depreciation - Accelerated	724	0
DEL Non Cash Depreciation - Impairment	1,321	0
DEL Non Cash Depreciation - IFRS 16 Leases	235	0
AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)	(16)	0
Removal of IFRS-16 Leases (Revenue)	(3,688)	(3,688)
ATMPs (JCC)	1,388	1,388
Buvidal - HMP Cardiff Costs	175	175
Climate Emergency National Programme – Needless Needles	5	5
Consultant Clinical Excellence Award / Consultant Impact Award	1,001	1,001
Dols / MCA / Advocacy (MH)	233	233
ESMCP -CRS,MDVS and ARRP -25% of allocation (JCC)	81	81
ESMCP Wast Resources	38	38
Genomics (C&V / JCC	145	145
GP Im&T Refresh Programme	1,225	1,225
Health & Social Worker Band 2 & 3 Estimate tbc	5,759	5,759
Individual Placement & Support In Primary Care	440	440
PLANNED CARE DIAGNOSTIC 8 WEEK WAITS	33	33
PLANNED CARE - PHASE 1 - QUARTER 1 PLAN - SPINAL VALIDATION AUDIT	15	15
PLANNED CARE - PHASE 2 - CATARACTS - CATARACTS	998	998
PLANNED CARE - PHASE 3 - OUTPATIENTS - DERMATOLOGY MOPS	744	744
PLANNED CARE - PHASE 3 - OUTPATIENTS - LOCAL 50K PLAN	2,355	2,355
PLANNED CARE - PHASE 3 - OUTPATIENTS - MOS PROCEDURE AND DECONTAMINATION	240	240
PLANNED CARE - PHASE 3 - OUTPATIENTS - OVERHEAD/PATIENT TRANSPORT	359	359
PLANNED CARE - PHASE 3 - OUTPATIENTS - SOUTH WALES PROCUREMENT	3,011	3,011
PLANNED CARE - PHASE 4 - DIAGNOSTICS - 8 WEEK DIAGNOSTICS	5,180	5,180
PLANNED CARE - PHASE 4 - DIAGNOSTICS - ENDOSCOPY ADMIN COSTS	40	40
PLANNED CARE - PHASE 4 - DIAGNOSTICS - PLAIN FILM - ORAL SURGERY	7	7
PLANNED CARE - PHASE 4 - DIAGNOSTICS - PLAIN FILM ´┐¢ ORTHOPAEDICS	15	15
PLANNED CARE - RTT WAITING TIMES _ Q3 & Q4 PLANS	4,258	4,258
Planned Care Transformation Fund	226	226
Planned Care Transformation Fund	28	28
TALK WITH ME ´┐¢´┐¢´┐¢ CHILDRENS SPEECH LANGUAGE AND COMMUNICATION SLC	10	10
Vertex (JCC)	3,517	3,517
Women's Health - Pathfinder Establishment (Women's Health Hubs)	300	300
Strategic Cash Support		56,233
Revenue Working Balances Request		7,000
Total Anticipated Funding	30,402	91,371

In addition to the resource limit adjustments the UHB is current assuming the following drawing limit only adjustments:

- Strategic Cash Support £56.233m
- Revenue Working Balances request £7.0m
- Capital Working Balances request £10.0m

The level of unconfirmed allocation (£30.4m) will present a cash management risk to the UHB if it remains outstanding into the second half of February.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of January was £2.780m.

The outstanding confirmation of cash allocations is a cause for concern for the UHB alongside its strategic and working cash requirement. As outlined in Table 6, the current assessment indicates a potential cash shortfall of £105.1m at year-end, prior to the drawdown of outstanding cash allocations, working capital and strategic support from Welsh Government.

Table 6 – Summary of Potential Cash Shortfall at Year End

Summary of Potential Cash Shortfall at Year End	£'000s
Outstanding allocations (includes additional band 2 &3 payroll costs)	31,826
Strategic Support	56,233
Working capital requirement prior year liabilities paid in 2025-26	17,000
Welsh Risk Pool settlements in advance of reimbursement	tbc
Total £'000s	**105,059**

The UHB acknowledges receipt of the Welsh Government letter dated 29 January 2026 regarding the provision of Strategic Cash Support for 2025–26. It is noted that the funding will be available for drawdown from 17 March 2026, following completion of the Senedd supplementary budget process and that this approach ensures that the level of support released aligns with the actual cash requirement rather than the forecast position.

The working capital cash request is estimated at £17m and the UHB will continue to review the movement in its working balances cash for Capital and Revenue in the final 2 months of the year. Revisions to the estimate of any associated cash support required will be included in table E.

BALANCE SHEET (TABLE F)

The Opening Balances at the beginning of April 25 reflect the closing balances in the 2024/25 Final accounts.

Property, plant & equipment is in line with the start of the year. This is due to capital purchases combined with the impact of monthly depreciation charges.

The carrying value of Trade and Other receivables is in line with the Month 9 reported figures. The movement in the amounts disclosed as Current and Non-Current is the result of a reclassification of WRP payment amounts and dates.

The carrying value of Trade and Other Payables is in line with the Month 9 reported figures. The movement in the amounts disclosed as Current and Non-Current Provisions reflects a reclassification of the WRP payment amounts and dates.

The forecast balance sheet reflects the University Health Board's latest non-cash estimates and anticipated capital funding.

It also accounts for the 2024/25 capital programme being heavily weighted towards Month 12, resulting in a high level of capital creditors carried forward into 2025/26. In response to an audit risk query, efforts are underway to complete capital works earlier in the financial year, with a forecast reduction in capital creditor levels (c.£10m). Movements in other accruals—totaling around £6 million across various areas of the UHB, have also been incorporated. Additionally, the successful resolution of an ongoing claim has enabled the forecasted release of a £1 million provision. These Statement of Financial Position (SoFP) changes are reflected in the accompanying cash working capital requirements in Table E.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the 30 day target of 95%. Performance for the month to the end of January was 96.3%.

Performance for the month to the end of January for NHS invoices was 80.370%. The UHB acknowledges the opportunity to further improve this measure and is working internally and with NWSSP to enhance the score.

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

Of the UHB's approved Capital Resource Limit, 28% has been expended to date.

Following reviews of scheme slippage, all projects are currently expected to be delivered as forecast in line with the revised CRL.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 2nd February 2026 - £59.491m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of January 2026 there were 4 invoices and 1 credit note raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. The 4 invoices have since been paid and the credit note is to be cancelled. A further 11 invoices between 11 and 17 weeks remained outstanding. 8 of the invoices have since been paid and a further 2 have been validated for payment. Payment of the remaining 1 invoice is being pursued.

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure at quarter 3 is reported on tables N & O. Forecast additional expenditure relating to 2025/26 GMS and Dental settlements which were confirmed in December will be reviewed for the month 12 quarterly update.

RINGFENCED ALLOCATIONS (TABLE P)

Expenditure against Ringfenced Allocations is forecast broadly in line with allocations.

IFRS 16 (TABLE Q)

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

The CAME dilapidations figure of £0.595m in Table Q reflects the amount included in the November 2025 IFRS16 return.

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 the next available meeting of the Finance Committee for information.

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2025 which included a forecast deficit of £58.200m. Progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by a further £2m which in turn reduced the forecast deficit position to £56.2 million for 2025/26 at month 3.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB currently has a draft financial plan for 2025-26 which aims to deliver financial stability and ensure that the underlying position is maintained. The plan includes a revised savings target of £32.0m.

- the reported year to date position is an overspend of £47.411m and a forecast deficit of £56.2m.
- At Month 10, the operational overspend against plan is £1.136m, partially offset by a year-to-date surplus of (£0.584m) against the savings target.
- £32.703m (102.2%) of green schemes are identified at Month 10 against the £32m target.
- Delivery of the forecast is contingent on the confirmation of all expected income streams.
- There is a potential £105.1m cash shortfall at year end prior to confirmation of outstanding cash allocations and strategic support by Welsh Government.
- The underlying deficit moving into 2026/27 is currently assessed at £69.6m which is 13.4m higher that the 2025/26 forecast outturn of £56.2m. This is currently a focus of review and scrutiny.

……..
SUZANNE RANKIN
CHIEF EXECUTIVE

12th February 2026

……..
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE

12th February 2026

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-59,900	0	-59,900	-59,900
2	Cost Pressures (Negative Value)	-51,100	0	-51,100	-51,100
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,297	0	20,297	20,297
4	Other Income Uplift / (Reduction)	2,471	0	2,471	2,471
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	22,185	7,272	14,912	20,891
7	Planned (Finalised) Net Income Generation	2,063	418	1,645	2,150
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	7,751	0	7,751	8,959
12	**Opening IMTP / Annual Operating Plan**	**-56,233**	**7,690**	**-63,924**	**-56,232**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-7,751	0	-7,751	-8,959
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	471	753	-282	-217
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,630	-268	-4,362	-5,653
17	Additional In Year Identified Savings - Forecast	10,982	5,573	5,409	9,117
18	Variance to Planned RRL	-1	-1		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0	0	0
20	In Year Accountancy Gains	1,632	1,632	0	0
21	Unplanned Spend Reductions	10,181	10,181	0	0
22	Unplanned Cost Pressures	-10,884	-6,936	-3,948	-7,609
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	Planned Expenditure - Timing, Profiling and Confirmation	0	0	0	0
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**-56,233**	**18,624**	**-74,858**	**-69,552**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-49,917	-59,900
2	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-42,583	-51,100
3	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	16,914	20,297
4	206	206	206	206	206	206	206	206	206	206	206	206	2,059	2,471
5	1,432	853	391	14	135	39	-396	-266	-367	-435	-422	-977	1,399	0
6	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	17,248	22,185
7	54	71	133	190	175	190	201	216	201	216	201	216	1,646	2,063
8													0	0
9													0	0
10													0	0
11		523	1,023	689	689	689	689	689	689	689	689	689	6,372	7,751
12	**-4,853**	**-4,853**	**-4,353**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,687**	**-46,861**	**-56,233**
13	0	-523	-1,023	-689	-689	-689	-689	-689	-689	-689	-689	-689	-6,372	-7,751
14													0	0
15	0	8	4	115	-26	80	-15	-77	-51	-11	18	424	28	471
16	0	0	-204	-808	-392	-165	-521	-427	-545	-582	-563	-422	-3,644	-4,630
17	0	259	650	1,609	704	803	1,144	1,111	1,051	1,119	1,116	1,418	8,448	10,982
18			-489	-1,012	726	395	-192	82	232	751	176	-670	493	-1
19	2,589	3,002	-7,155	-521	-521	-521	3,128						0	0
20	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632
21	189	3,015	296	804	521	1,446	-1,717	512	1,423	1,074	1,309	1,309	7,564	10,181
22	0	-2,133	-117	-894	-2,273	-1,727	-227	-417	224	-1,137	-1,090	-1,093	-8,701	-10,884
23	0	523	-523	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	2,066	-2,067	0	0	0	0	0	0	0	0	0	0	0
26	-4,021	-7,167	11,189										0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**-6,096**	**-5,803**	**-3,317**	**-5,956**	**-6,637**	**-4,034**	**-3,776**	**-4,591**	**-3,041**	**-4,161**	**-4,410**	**-4,411**	**-47,413**	**-56,233**

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	7,779	10,103		0	430			
2		Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,189	1,222	1,243	9,108	11,572	78.71%	11,572	0	4,417	7,156	12,530
3		Variance	0	76	237	161	238	137	227	184	42	29	59	80	1,329	1,469	*17.09%*	11,572	-430			
4	Non-Pay	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	5,601	7,211		6,050	1,161			
5		Actual/F'cast	437	506	806	977	544	722	928	887	672	695	680	1,628	7,174	9,483	75.65%	9,483	0	5,919	3,563	4,359
6		Variance	0	164	247	211	72	208	134	239	137	160	145	553	1,573	2,271	*28.08%*	3,432	-1,161			
7	Primary Care - Drugs & Appliances	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	884	1,107		1,107	0			
8		Actual/F'cast	73	73	73	687	87	175	395	395	460	494	494	494	2,913	3,900	74.68%	3,900	0	680	3,220	5,268
9		Variance	0	0	0	600	0	88	298	298	363	382	382	382	2,029	2,793	*229.48%*	2,793	0			
10	Secondary Care Drugs	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	819	992		992	0			
11		Actual/F'cast	49	100	103	108	190	176	186	189	189	191	191	205	1,481	1,877	78.90%	1,877	0	441	1,435	1,549
12		Variance	0	18	18	23	105	90	99	103	103	104	104	118	662	884	*80.89%*	884	0			
13	CHC/FNC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	1,912	2,458		1,546	912			
14		Actual/F'cast	59	59	86	(23)	66	334	126	126	126	126	126	126	1,085	1,336	81.18%	1,336	0	1,120	216	216
15		Variance	0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(827)	(1,122)	*(43.27%)*	-210	-912			
16	Primary Care Contractor	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	79	103		103	0			
17		Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	21	114	155	73.22%	155	0	0	155	220
18		Variance	0	0	0	0	0	0	9	9	9	9	9	9	35	52	*43.94%*	52	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	25	30		30	0			
20		Actual/F'cast	3	3	3	3	3	3	6	3	3	3	3	3	29	34	85.27%	34	0	0	34	34
21		Variance	0	0	0	0	0	0	4	0	0	0	0	0	4	4	*15.80%*	4	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	15	15	15	15	15	15	15	15	15	15	15	15	150	180		180	0			
26		Actual/F'cast	15	15	15	15	15	15	15	15	15	15	15	15	150	180	83.33%	180	0	0	180	180
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	17,248	22,185		10,008	0			
35		Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,751	3,734	22,052	28,537	85.27%	28,537	0	12,577	15,959	24,356
36		Variance	0	258	446	802	312	637	622	684	506	537	553	996	4,804	6,352	*15.80%*	18,528	0			
37	Variance in month		0.00%	24.52%	30.69%	45.21%	18.70%	36.46%	28.66%	33.75%	23.59%	24.44%	25.14%	36.36%	27.85%							
38	In month achievement against FY forecast		3.55%	4.59%	6.65%	9.02%	6.94%	8.36%	9.79%	9.50%	9.28%	9.58%	9.64%	13.08%								

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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	
1		Budget/Plan		314	347	427	488	677	662	740	742	972	1,011	1,012	1,012	6,379	8,403	0	180			
2	Pay - General & Substantive	Actual/F'cast		314	422	668	674	937	811	920	885	965	1,006	977	998	7,604	9,579	9,579	0	2,620	6,959	12,063
3		Variance		0	76	241	186	261	149	180	143	(7)	(5)	(35)	(14)	1,224	1,176	9579.455823	(180)			
4		Budget/Plan		32	100	117	117	117	117	117	117	117	117	117	117	1,066	1,300	0	250			
5	Pay - Variable	Actual/F'cast		32	100	112	92	94	105	164	158	165	150	211	211	1,171	1,593	1,593	0	1,397	196	467
6		Variance		0	0	(4)	(25)	(23)	(12)	47	41	48	33	94	94	105	293	1,593	(250)			
7		Budget/Plan		33	33	33	33	33	33	33	33	33	33	33	33	333	400	0	0			
8	Pay - Agency	Actual/F'cast		33	33	33	33	33	33	33	33	33	33	33	33	333	400	400	0	400	0	0
9		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	400	0			
10		Budget/Plan		379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	7,779	10,103	0	430			
11	Total	Actual/F'cast		379	556	814	799	1,065	949	1,117	1,076	1,163	1,189	1,222	1,243	9,108	11,572	11,572	0	4,417	7,156	12,530
12		Variance		0	76	237	161	238	137	227	184	42	29	59	80	1,329	1,469	11,572	(430)			

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		379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	7,779	10,103
2	Workforce	Actual/F'cast		379	556	814	799	1,065	949	1,117	1,076	1,163	1,215	1,222	1,243	9,133	11,598
3		Variance		0	76	237	161	238	137	227	184	42	54	59	80	1,354	1,494
4		Budget/Plan		122	134	138	153	153	153	164	164	164	178	178	178	1,524	1,881
5	Medicines Management	Actual/F'cast		122	153	156	782	264	337	578	582	647	682	682	696	4,304	5,682
6		Variance		0	18	18	629	111	185	414	418	483	504	504	518	2,780	3,801
7		Budget/Plan		454	379	571	778	484	527	807	660	547	547	547	1,087	5,755	7,389
8	Procurement & Non-pay	Actual/F'cast		454	544	793	974	541	719	919	873	659	657	667	1,615	7,134	9,416
9		Variance		0	164	222	196	57	193	112	213	112	109	120	528	1,379	2,026
10		Budget/Plan		59	59	142	170	170	220	273	273	273	273	273	273	1,912	2,458
11	CHC	Actual/F'cast		59	59	86	(23)	66	334	126	126	126	126	126	126	1,085	1,336
12		Variance		0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(827)	(1,122)
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	0	0	0	0	0	0	0	0
15		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
16		Budget/Plan		0	0	25	25	25	25	25	25	25	25	25	25	200	250
17	Other - Commissioning	Actual/F'cast		0	0	50	33	33	33	33	33	33	33	33	33	283	350
18		Variance		0	0	25	8	8	8	8	8	8	8	8	8	83	100
19		Budget/Plan		0	0	0	9	10	12	12	12	12	12	12	12	79	103
20	Other - Primary Care	Actual/F'cast		0	0	0	9	10	12	21	21	21	21	21	21	114	155
21		Variance		0	0	0	0	0	0	9	9	9	9	9	9	35	52
22		Budget/Plan		1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	17,248	22,185
23	Total	Actual/F'cast		1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,751	3,734	22,052	28,537
24		Variance		0	258	446	802	312	637	622	684	506	537	553	996	4,804	6,352

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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 Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	17,248	22,185	7,272	14,912	5,979	20,891
	Month 1 - Actual/Forecast	1,014	1,052	1,250	965	1,275	1,582	1,650	1,601	1,598	1,615	1,635	2,316	13,604	17,554	7,004	10,550	4,688	15,238
	Variance	0	(0)	(204)	(808)	(392)	(165)	(521)	(427)	(545)	(582)	(563)	(422)	(3,644)	(4,630)	(268)	(4,362)	(1,290)	(5,653)
	In Year - Plan	539	444	839	1,490	720	876	1,344	1,257	1,210	1,308	1,123	1,562	10,028	12,713	6,249	6,464	3,576	10,040
	In Year - Actual/Forecast	0	259	650	1,609	704	803	1,144	1,111	1,051	1,119	1,116	1,418	8,448	10,982	5,573	5,409	3,708	9,117
	Variance	(539)	(186)	(190)	120	(16)	(74)	(200)	(146)	(159)	(189)	(7)	(144)	(1,580)	(1,731)	(676)	(1,054)	131	(923)
	Total Plan	1,554	1,497	2,292	3,263	2,388	2,624	3,516	3,284	3,354	3,505	3,321	4,300	27,277	34,898	13,522	21,376	9,555	30,931
	Total Actual/Forecast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,751	3,734	22,052	28,537	12,577	15,959	8,396	24,356
	Total Variance	(539)	(186)	(393)	(688)	(409)	(239)	(721)	(573)	(704)	(771)	(570)	(566)	(5,224)	(6,361)	(944)	(5,416)	(1,159)	(6,575)
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	1,646	2,063	418	1,645	505	2,150
	Month 1 - Actual/Forecast	54	71	83	72	109	128	88	103	108	146	160	205	962	1,327	366	961	529	1,490
	Variance	0	0	(50)	(118)	(66)	(62)	(113)	(112)	(93)	(70)	(41)	(11)	(684)	(736)	(52)	(684)	24	(660)
	In Year - Plan	102	110	64	133	40	142	88	37	45	258	56	235	1,018	1,308	906	402	114	516
	In Year - Actual/Forecast	0	8	54	233	40	142	97	36	43	59	59	435	712	1,207	805	402	36	438
	Variance	(102)	(102)	(10)	100	(0)	0	10	(1)	(2)	(199)	4	200	(305)	(101)	(101)	(0)	(78)	(78)
	Total Plan	155	181	198	323	215	332	289	253	245	474	257	451	2,664	3,371	1,324	2,047	619	2,666
	Total Actual/Forecast	54	79	138	305	149	270	186	139	150	205	219	640	1,674	2,534	1,171	1,363	565	1,928
	Total Variance	(102)	(102)	(60)	(18)	(66)	(62)	(103)	(114)	(95)	(269)	(37)	189	(989)	(837)	(153)	(684)	(54)	(738)
Accountancy Gains	In Year - Plan	0	0	474	0	0	1,032	0	0	0	0	0	0	1,506	1,506	1,506	0	0	0
	In Year - Actual/Forecast	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632	1,632	0	0	0
	Variance	0	0	0	126	0	0	0	0	0	0	0	0	126	126	126	0	0	0
Total	Month 1 - Plan	1,068	1,124	1,586	1,963	1,842	1,938	2,373	2,243	2,345	2,413	2,399	2,954	18,895	24,248	7,690	16,557	6,484	23,041
	Month 1 - Actual/Forecast	1,068	1,123	1,333	1,037	1,384	1,711	1,739	1,704	1,706	1,760	1,795	2,521	14,566	18,882	7,371	11,511	5,217	16,728
	Variance	0	(0)	(254)	(926)	(458)	(227)	(634)	(539)	(638)	(652)	(604)	(433)	(4,329)	(5,366)	(320)	(5,046)	(1,266)	(6,313)
	In Year - Plan	641	554	1,378	1,622	760	2,050	1,432	1,294	1,255	1,566	1,179	1,796	12,552	15,527	8,661	6,866	3,690	10,556
	In Year - Actual/Forecast	0	267	1,178	1,969	744	1,976	1,241	1,147	1,094	1,178	1,175	1,853	10,793	13,821	8,010	5,811	3,744	9,555
	Variance	(641)	(287)	(200)	346	(16)	(74)	(191)	(148)	(161)	(388)	(3)	57	(1,759)	(1,706)	(652)	(1,054)	53	(1,001)
	Total Plan	1,709	1,678	2,964	3,586	2,602	3,988	3,804	3,538	3,599	3,979	3,578	4,750	31,447	39,775	16,352	23,423	10,174	33,597
	Total Actual/Forecast	1,068	1,390	2,511	3,006	2,128	3,687	2,980	2,851	2,800	2,938	2,970	4,374	25,359	32,703	15,380	17,322	8,961	26,284
	Total Variance	(641)	(288)	(453)	(580)	(474)	(301)	(824)	(687)	(800)	(1,040)	(608)	(377)	(6,088)	(7,072)	(972)	(6,100)	(1,213)	(7,313)

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	3,408	3,546	0	**6,955**	698	0
Scheduled Care	4,164	3,089	0	**7,253**	217	0
Unscheduled Care	30	125	0	**155**	0	0
Mental Health	764	911	0	**1,675**	0	0
Community Services	988	414	0	**1,402**	0	0
Primary Care	213	2,666	0	**2,879**	0	0
Commissioned Services - CHC	0	610	0	**610**	0	0
Commissioned Services - Specialised Services	0	1,212	0	**1,212**	456	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	1,401	2,073	0	**3,474**	666	600
Non Clinical Support	34	0	0	**34**	0	0
Executive / Corporate Areas	544	2,053	0	**2,597**	496	1,032
Total	**11,547**	**16,699**	**0**	**28,246**	**2,534**	**1,632**