Public Finance & Performance Committee

Wed 18 June 2025, 14:00 - 15:15

Virtual - MS Teams

Agenda

14:00 - 14:05
5 min

1. Standing Items

John Union

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence

1.3. Declarations of Interest

John Union

1.4. Minutes from the Finance and Performance Committee meeting – 21st May 2025

John Union

1.4 Draft Public Finance and Performance Minutes 21.05.2025.pdf (8 pages)

1.5. Actions following the Finance and Performance Committee meeting held on 21st May 2025

John Union

1.5 Public Action Log.pdf (1 pages)

1.6. Chairs Actions since previous meeting

John Union

14:05 - 14:55
50 min

2. Items for Review & Assurance (14:05 - 14:55)

2.1. Financial Report – Month 2 Position (including Savings Tracker)

Andrew Gough

2.1 Financial Report - Month 2 Position (1).pdf (3 pages)
2.1 M02 Finance Report condensed file.pdf (20 pages)

2.2. Operational Performance Update

Paul Bostock

2.2 Operational Performance Report - Condensed file.pdf (8 pages)
2.2a - Integrated Performance Report F&P committee June 25.pdf (17 pages)

14:55 - 15:05

3. Items for Approval / Ratification (14:55 – 15:05)

10 min

3.1. Annual Plan – Draft Reporting Framework

Catherine Phillips

- 3.1 - Annual Plan Monitoring Framework.pdf (4 pages)
- 3.1a - Annex 1 DRAFT Annual Plan Deliverables dashboard Summary By Portfolio June 2025.pdf (8 pages)

15:05 - 15:15
10 min

4. Items for Information and Noting (15:05 – 15:15)

4.1. Monthly Monitoring Return - Month 1

Andrew Gough

- 4.1a WG 2024 _25 month 1 MMR Covering Report (1).pdf (2 pages)
- 4.1b CV Financial Monitoring Returns 2025-26 - Month 1 (1).pdf (7 pages)
- 4.1c 2024-25 MMR Template - Cardiff Vale UHB Month 1 (1).pdf (5 pages)

4.2. Rapid Planning Event - Report

Catherine Phillips

- 4.2 - Rapid Planning event cover paper.pdf (2 pages)
- 4.2a - Rapid Planning Event Findings.pdf (59 pages)

15:15 - 15:15
0 min

5. Any Other Business

John Union

15:15 - 15:15
0 min

6. Review and Final Closure

John Union

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

6.2. To note the date, time and venue of the next Committee meeting: Wednesday 23rd July 2025 via MS Teams

Minutes of the Public Finance & Performance Committee Meeting
21.05.2025
Via MS Teams

To view a recording of this meeting, please click here.

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Charles Janczewski	CJ	CAV UHB Chair
Ceri Phillips	CP	CAV UHB Vice Chair
Meredith Gardiner	MG	Programme Manager Health & Social Care
Mike Jones	MJ	Independent Member – Trade Union
Susan Lloyd-Selby	SL	Independent Member – Local Authority
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Chris Markall	CM	Assistant Director of Finance
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Rhian Thomas	RT	Independent Member – Capital & Estates
Rachna Upadhya	RU	Independent Member - General
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Observers:		
Bevan Howells	BH	Management Graduate Trainee
Michael Imperato	MI	Independent Member – Legal (Hywel Dda University Health Board)
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Steve Riley	SR	Independent Member – University

Ref:	Agenda Item:	Action:
FPC 21/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 21/05/002	**Apologies for Absence** Apologies for Absence were noted. **The Finance and Performance Committee resolved that:** a) Apologies for Absence were noted.	
FPC 21/05/003	**Declarations of Interest** No Declarations of Interest were noted.	
FPC 21/05/004	**Minutes of the Finance and Performance Meeting held on 16 April 2025** The minutes of the meeting held on 16 March 2025 were received and confirmed as a true and accurate record. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 16 April 2025 were held as a true and accurate record of the meeting.	

FPC 21/05/005	**Actions following the Finance & Performance Meeting on 16 April 2025** The Action log had no actions outstanding. **The Finance and Performance Committee resolved that:** a) The Action Log for the Finance and Performance Committee was noted.	
FPC 21/05/006	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 21/05/007	**Financial Report – Month 1 Position (including Savings Tracker)** The Financial Report – Month 1 Position (including Savings Tracker) was received. The Deputy Director of Finance – Strategic (DDFS) advised the Committee that he would take the report as read and highlight key points for noting which included: • The financial report for month one measured the position against the £58.2 million annual plan deficit submitted by the Health Board on March 31st It was noted that following discussions with Welsh Government (WG), steps had been outlined to de-risk the plan and achieve a sustainable financial balance over three years. • The month one deficit stood at £6.096 million, which was £420,000 over the planned deficit of £5.676 million and it was noted that the deficit was broken down into a savings programme deficit of £432,000 and a small operational surplus of £12,000 The UHB Chair raised their hand and noted that the report claimed that the Board had approved the planned deficit at a Board meeting which was not the case. He added that the plan had been supported but not approved. • **Savings Programme** - £24.8 million worth of green and amber schemes had been identified against the £30 million target, leaving a shortfall of £5.2 million. It was noted that the savings programme deficit was profiled equally across the year, with larger savings schemes expected to show in later months. The Independent Member – Local Authority (IMLA) raised a concern about the reliance on savings to be achieved later in the year, highlighting the risk that posed. She requested detailed information on the level of savings expected at different points in the year to avoid being in a challenging position if those savings could not be achieved. The DDFS responded and emphasised the importance of having a plan in place and ensuring delivery against that plan. • **Workforce and Non-Pay costs** - Workforce expenditure had grown over the last 12 months, with significant elements being pay awards and non-pay costs had also increased, particularly in secondary care medicines, continuing healthcare, and commissioned services. • **Operational Pressures:** The DDFS stressed the importance to maintain the operational surplus and manage pressures throughout the year to avoid additional challenges.	

	• **Risk Register:** The key risks noted within the report included delivering the £9.1 million deficit control target, managing operational pressures, and remaining within the cash limit. It was noted that the risk against the plan delivery would be monitored throughout the year. • **Cash Position** - Strategic cash support from WG would be required to cover the planned deficit and it was noted that further cash allocations totalling £139 million needed to be received from WG to avoid significant issues. • **Public Sector Payment Compliance**: The DDFS advised the Committee that The Health Board continued to deliver against the public sector payment compliance target of 95%, with performance at 96.5% at the end of April 2025. • **Capital Resource Limit**: The capital resource limit stood at £34.387 million, comprising discretionary funding and specific project allocations. The UHB Chair asked for a table to be presented in future reports that outlined actions being undertaken that would help to deliver the outcomes. The DDFS agreed and noted it would be added. The CC noted that it would be useful to include an assumptions column on the table that summarised 2024/25 & 2025/26 Pay expenditure run rates. The DDFS agreed and noted it would be added. The UHB Chair reminded the Committee of the DDFS's comments around the goal of moving away from the £58.2 million forecast deficit with the aim to improve the financial position to a deficit of £27.7 million and eventually to the £9.1 million deficit control total set by WG. He added that to achieve that would involve making difficult and important decisions about the service levels offered in different parts of the organisation which was important to note. **The Finance and Performance Committee resolved that:** a) The reported year to date overspend of £6.096m and the forecast deficit of £58.2m was noted b) The month 1 operational overspend against plan of £0.012m and the £0.432m savings deficit was noted. c) The progress against the savings target, with £25m (83%) of green and amber schemes identified at Month 1 against the £30m target was noted. d) Delivery of the forecast which was also predicated on the confirmation of all expected income streams was noted.	
FPC 21/05/008 	**Operational Performance Update** The Operational Performance Update was received. The Chief Operating Officer (COO) advised the Committee that he would take the report as read and would highlight any key areas for noting. • **Emergency Care Demand** – it was noted that April 2025 saw similar attendance numbers to April 2024, with slightly reduced admissions through major streams. This stabilisation was seen as potentially good news, allowing for refreshed plans.	

The Committee was advised that 12-hour waits were down, but there was a slight deterioration in ambulance performance during the Easter period. This was attributed to the increased medical patients needing to be placed in surgical beds, which caused a dip in overall performance. However, efforts were being made to get back on track and improve emergency care.

- **Delayed Pathways of Care**: The number of delayed patients decreased to 150, which was 35 fewer than the previous year. However, the number of patients in hospital beds for 7 or 21 days remained similar to last year. More work was needed to address the length of stay.

  The COO advised the Committee that the Exemplar Ward program aimed to address those issues, with an update expected the following month.

  Cancer Treatment – it was noted that March 2025 ended with a 68.7% performance rate, but April 2025 was expected to be more challenging due to a spike in referrals and issues with the prostate pathway in urology.

  It was noted that efforts were underway to improve the urology cancer and prostate pathways, with updates expected the following month.

  Planned Care: The COO advised the Committee that the focus was on delivering the Q1 position, ensuring the number of patients waiting over two years did not exceed the March 2025 numbers. The target was 1595 patients waiting over two years.

  It was noted that plans for Q2 to Q4 would be presented at the special board in June 2025, which would be aiming for no patients waiting over two years by March 2026.

  The COO highlighted that Ophthalmology, and spinal surgery were the main areas with three-year waits and that Ophthalmology issues were expected to be resolved by July 2025, and spines by the end of September 2025.

  Diagnostics: Non-obstetric ultrasound was slightly behind trajectory due to Easter, but recovery was expected by the end of May 2025. Additional capacity was planned for September 2025.

  It was noted that CT and MRI faced significant downtime due to equipment issues which had impacted patient slots. Efforts were underway to catch up on lost activity.

The UHB advised the COO that it would be good to log the significant losses in capacity due to failure or equipment and infrastructure.

The COO responded that the teams had been logging the theatre cancellations and that the data would be put that into the Integrated Performance Report slides moving forward.

He added that the data around theatre cancellations would also be included in the Integrated Quality and Performance Dashboard (IQPD) going forward which would ensure that the impact of such cancellations was clearly reported and understood.

Additionally, there was an intention to push for more data and up-to-date information to be shared through the IQPD to reflect the extensive work happening outside of secondary care.

The Committee resolved that:

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

FPC 21/05/009	**2025/26 Draft Capital Plan** The 2025/26 Draft Capital Plan was received. The Executive Director of Finance (EDF) advised the Committee that she would take the report as read and highlight key areas to note. • The discretionary capital allocation for 2025-26 had been increased to £17 million. This funding was crucial for addressing backlog maintenance and other essential schemes. • **Targeted Estates Investment Fund:** it was noted that an additional allocation of £7.8 million over two years had been awarded for specific schemes, with the Health Board required to provide 30% of the funding. This totalled £11 million for targeted estates investments. The EDF added that due to limited discretionary allocation, not all desired schemes could be funded, and some would be deferred to next year's slippage bids. • **All Wales Prioritisation**: it was noted that several business cases had been prioritised and included: - ITU expansion and refurbishment - Hybrid Theatres - Review of Bone Marrow Transplant services. It was noted that those combined schemes were initially rejected due to high costs, but efforts were ongoing to create a more affordable combined scheme. • **Pre-existing Schemes:** The Committee was advised that existing Commitments included lift and electrical infrastructure refurbishment, digital schemes, and decarbonisation projects. • **Clinical Board Priorities:** it was noted that the plan included priorities identified by clinical boards and the Health Board to advance strategic goals and that digital elements were also integrated into the plan. • **Operational Schemes:** it was noted that a pre-committed project involved moving the cardiology ward, completing the repatriation of cardiothoracic surgery from University Hospital Llandough (UHL), which began in Summer 2024. • **Governance and Monitoring:** The EDF advised the Committee that the Capital Management Group would closely monitor the reported over-commitment and address it as needed. **The Committee resolved that:** a) The content of the paper and in particular the prioritisation process undertaken was noted. b) The draft capital plan 2025/26 was supported. c) The plan would be recommended to Board for approval, recognising that the reported overcommitment would be closely monitored and addressed by the Capital Management Group Saunders.Nathan 13/06/2025 00:56:18	
FPC 21/05/010	**RPB Quarterly Update** The RPB Quarterly Update was received.	

	The Programme Manager Health & Social Care (PMHSC) presented to the Committee. It was noted that the Regional Partnership Board (RPB) oversaw various funding streams totalling just over £21 million, with the Health Board acting as the banker on behalf of the region, which included the Health Board footprint, two local authorities, and third sector providers. • **Performance Reports**: it was noted that The RPB was required to submit performance reports to WG across these funding streams. The reports for 2024-25 indicated that the RPB came in on budget with strong performances across various community services. • **Financial Intentions for 2025-26:** it was noted that the budget for 2025-26 was slightly reduced to just over £19 million and that there was an agreed over-allocation of £330,000, which had been scrutinised and approved by the Strategic Leadership Group (SLG). This over-commitment would be managed across the partners, with anticipated slippage expected to cover that variance. • **Regional Integration Fund (RIF):** The Committee was advised that The RIF was the largest fund within the RPB, with a five-year lifespan, two years of which remained. It was noted that there was significant work underway to ensure effective performance and to inform plans for the end of that funding stream. The PMHSC advised the Committee that discussions were ongoing within WG regarding the future of the RIF post-March 2027, highlighting the substantial risk to services supported by the fund if it was withdrawn. **Third Sector Funding:** it was noted that a substantial amount of funding from the RIF went to third sector services and that the current funding level was intended to remain the same for the next two years. The PMHSC advised the Committee that The RPB was supposed to support third sector services to around 20% of the overall fund, but that target was not currently met, and it was noted that the shortfall was a concern for the SLG. The Independent Member – Third Sector advised the PMHSC that she was not aware that the target was not being met and asked for an offline conversation to understand more of why that was and the impact it had. The UHB Chair asked if the RPB Quarterly Update was being received by the right Committee as it felt like it could be a potential item for the Audit & Assurance Committee. The Director of Corporate Governance (DCG) was advised to check. The PMHSC concluded that a further update would be provided in 6 months' time either by the Finance & Performance Committee or the Audit & Assurance Committee pending the outcome of the checks. **The Finance and Performance Committee resolved:** a) The report was noted. b) The Q4 report for RPB funding in 2024-25 was noted. c) The agreed RPB budget allocations for 2025-26 were noted. 	
FPC 21/05/011	**Annual CHC uplift paper** The Annual CHC uplift paper was received.	

	The Assistant Director of Finance (ADF) reminded the Committee that the Health Board provided an annual uplift to Continuing Healthcare (CHC) packages of care, which were legislatively required. The total expenditure for CHC packages was around £100 million. He added that the uplift considered inflationary pressures on providers, including employer costs, WG policy on real living wage, pay inflation, and non-pay costs. • **Proposed Uplift:** it was noted that the the proposed uplift for 2025-26 would 6.4%, assessed to impact the budget by £6.1 million, which was fully provided for in the current financial plan. The Committee were advised that the rate aligned with the local authority rates already communicated to providers for April 2025. **Risks and Implications**: it was noted that without the uplift, there could be disputes over care packages, difficulties in placing patients, and increased spot purchase arrangements to ensure patient flow The ADF advised the Committee that there was ongoing work to manage demand and decrease the overall CHC cost base, running in parallel with the uplift and included quality, efficiency, and improvement plans across clinical boards. The COO highlighted the financial risk of signing up to a 6.4% uplift when the Health Board's allocation increase was less than 2% and noted that it added significant cost pressures outside of the Health Board's control. The CEO emphasised the need to manage demand for care to apply downward pressure on costs, recognising the statutory duty to meet the payments. The ADF acknowledged the challenges and noted ongoing national work to achieve consistency in fee setting and negotiation with care homes. The Independent Member – Capital & Estates (IMCE) noted that payment on time was crucial and asked what the Health Boards performance was like in that arena. The ADF responded that he did not have the stats to hand but noted that the Health Board made every effort to comply with 28 days when invoiced. It was noted that a further update on CHC uplifts would be provided in March 2026. **The Finance and Performance Committee resolved:** a) The 2025/26 annual uplift that should be offered to care providers at 6.4%, noting this was within the growth provisions of the current financial plan. This would then be presented to Board for final approval was supported. b) The fact that joint packages of care could vary in line with Local Authority increases already offered, to be risk managed against growth provisions was noted. c) The risk that providers may not accept the new rates and/or that negotiation by exception may be required subject to market forces, benchmarking and VFM tests was noted.	
FPC 21/05/12	**Monthly Monitoring Return – Month 12** The monthly monitoring return was received. **The Finance and Performance Committee resolved:** a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 12 was noted	

FPC 21/05/013	**Planning, Performance and Finance (PPF) Highlight Report JCC** The Planning, Performance and Finance (PPF) Highlight Report JCC was received. **The Finance and Performance Committee resolved:** a) The Planning, Performance and Finance (PPF) Highlight Report JCC was noted.	
FPC 21/05/014	**Annual Committee Report** The Annual Committee Report was received. **The Finance and Performance Committee resolved:** a) The Annual Committee Report was noted.	
FPC 21/05/015	**Urgent & Emergency Care: Flow out of Hospital – Audit Wales Report** The Urgent & Emergency Care: Flow out of Hospital – Audit Wales Report was received. **The Finance and Performance Committee resolved:** a) The Urgent & Emergency Care: Flow out of Hospital – Audit Wales Report was noted.	
FPC 21/05/016	**Any Other Business** The UHB Chair concluded the meeting by emphasising the importance of conducting the meeting in public to help the conversation and ensure transparency. He noted that he had appreciated the powerful and appropriate questioning during the meeting and highlighted the Health Board's genuine concern about the current financial position and performance issues.	
FPC 21/05/017	To note the date, time and venue of the next Committee meeting: **Wednesday 18 June 2025 via MS Teams**	

Public Action Log
Finance & Performance Committee
(Updated for the meeting being held 18 June 2025)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE DUE	STATUS/COMMENTS
FPC 21/05/007	Financial Report	A table to be presented in future reports that outline actions being undertaken that would help to deliver the financial outcomes. An additional column to provide assumptions on page 10 of the report.	Andrew Gough / Rob Mahoney	18.06.2025	**COMPLETE** Table included in report from month 2
FPC 21/05/010	RPB Quarterly Update	The Director of Corporate Governance to check if report was received by correct Committee. This or Audit & Assurance. A 6-month update to then be received by relevant Committee	Matt Phillips / Catherine Phillips	18.06.2025	**COMPLETE** Correct Committee is Finance & Performance. Added to Forward Plan for November 2026
FPC 21/05/011	Annual CHC uplift	Update to be received by the Committee in March 2026	Chris Markall / Catherine Phillips	18.03.2026	**COMPLETE** Added to Forward Plan for March 2026.
ACTIONS TO BE REFERRED TO BOARD / COMMITTEES:					
FPC 21/05/008	Operational Performance Update	Theatre cancellations to be included in Integrated Performance Report (IPR) data	Paul Bostock	18.06.2025	**COMPLETE** Data included in IPR going to Board in July

Report Title:	Financial Report – Month 2 Position (including Savings Tracker)			Agenda Item no.		2.1
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	18th June 2025
			Private			
Status:	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of Finance					
Report Author:	Deputy Director of Finance					

Background and current situation:

SITUATION

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

A copy of the Financial Report – Month 2 Position (including Savings Tracker) is attached

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

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

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

1) Finance Report – Month 2 (NHS Wales Staff and Associated Organisations can click here to view the report)
   (If you cannot access, the papers are available on the Cardiff and Vale UHB website and AdminControl).

Recommendation:

The Board/Committee are requested to:

a) **NOTE** the reported year to date overspend of £11.899m and the forecast deficit of £58.2m.
b) **NOTE** the month 2 operational overspend against plan of £0.227m and the £0.585m savings deficit
c) **NOTE** the progress against the savings target, with £26.245m (87.5%) of green and amber schemes identified at Month 2 against the £30m target.
d) **NOTE** that delivery of the forecast is also predicated on the confirmation of all expected income streams.

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

Putting People First		Providing Outstanding Quality	
1.		2.	

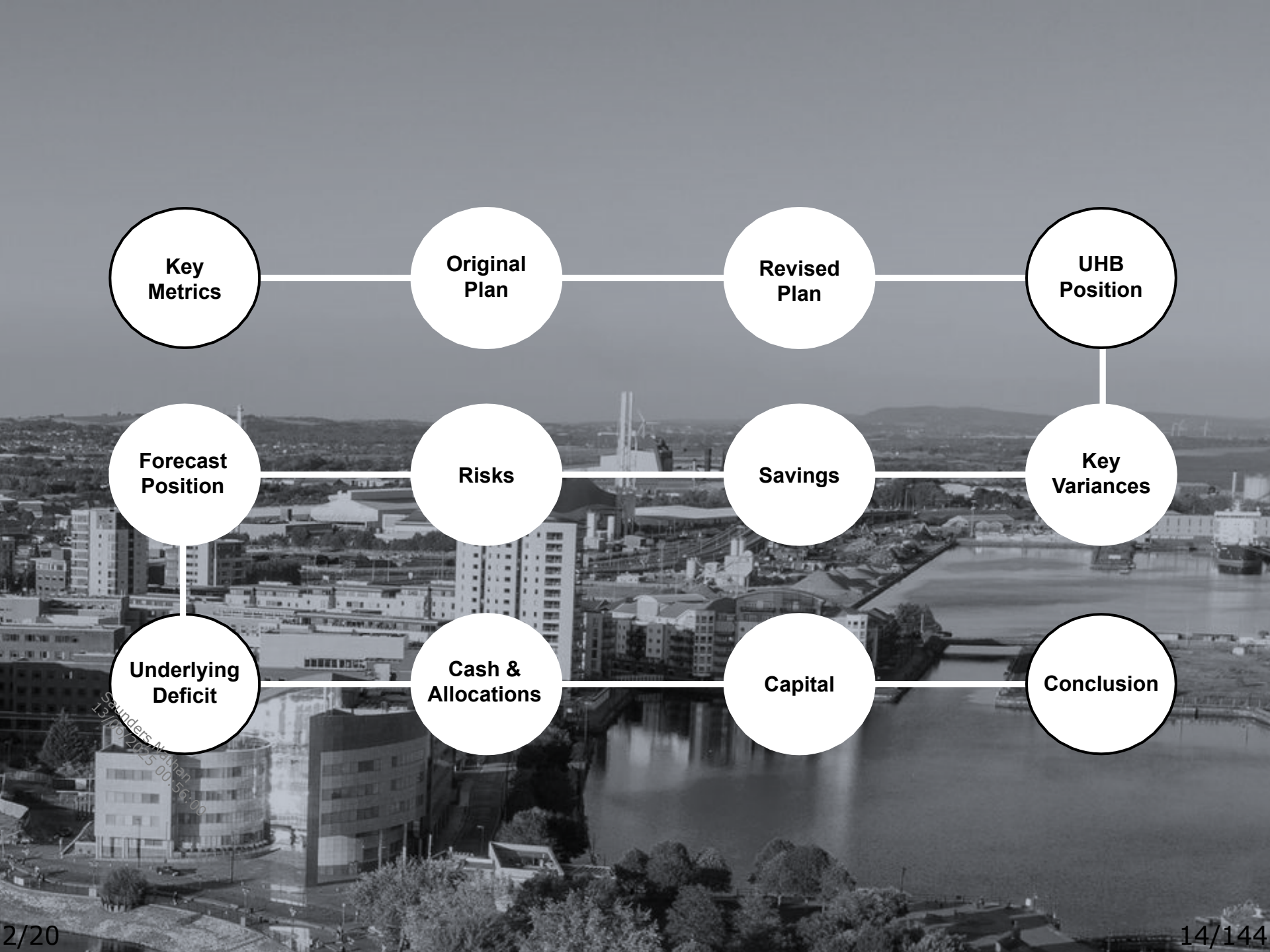
Click the objective above to view more detail.		**Click the objective above to view more detail.**	
Delivering in the Right Places 3. **Click the objective above to view more detail.**		Acting for the Future 4. **Click the objective above to view more detail.**	

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
Safety: No
Financial: Yes
Workforce: No
Legal: No
Reputational: No
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]***
Equality and Health: No
Decarbonisation: No
Welsh Language: No
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 2



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

Deliver 2025/26 Deficit Target Control Total	The Draft Annual Plan includes a forecast £58.2m deficit - £49.1m over the control total target of £9.1m.	R	"	9.1m	M2 2025/26
Return to financial balance and approved IMTP status	£58.2m underlying deficit by end of 2025/26 financial year. Currently reporting savings gap after Month 2.	R	"	£58.2m	M2 2025/26
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.227m operational deficit reported at Month 2.	A	$	Operational Spend to be maintained within Budgets	M2 2025/26
Delivery of recurrent £30.0m savings target	£26.3m Green and Amber schemes identified at Month 2, of which £24.6m were recurrent.	A	#	£30.0m	M2 2025/26
Remain within Cash Limit	The UHB will require cash support from WG for the 25/26 planned deficit of £58.2m along with likely movements in working capital from the 2024/25 balance sheet.	A	"	To remain within Cash Limit	M2 2025/26

Original Plan

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

Planning Assumption	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Investments	51.100
Draft Deficit	**111.000**

Additional Allocations	(22.768)
Savings Plans	(30.000)
Final Planned Deficit	**58.233**

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

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

At Month 2, the UHB is reporting a year to date overspend of £11.899m.

	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	6,826	6,826	0	13,985	13,985	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(1,414)	(1,261)	153	(2,897)	(2,312)	585	(30,000)	(26,487)	3,513
Operational Variance	0	239	239	0	227	227	0	0	0
Clinical/ Service Board Variance	**5,412**	**5,804**	**393**	**11,087**	**11,899**	**812**	**58,233**	**61,746**	**3,513**

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

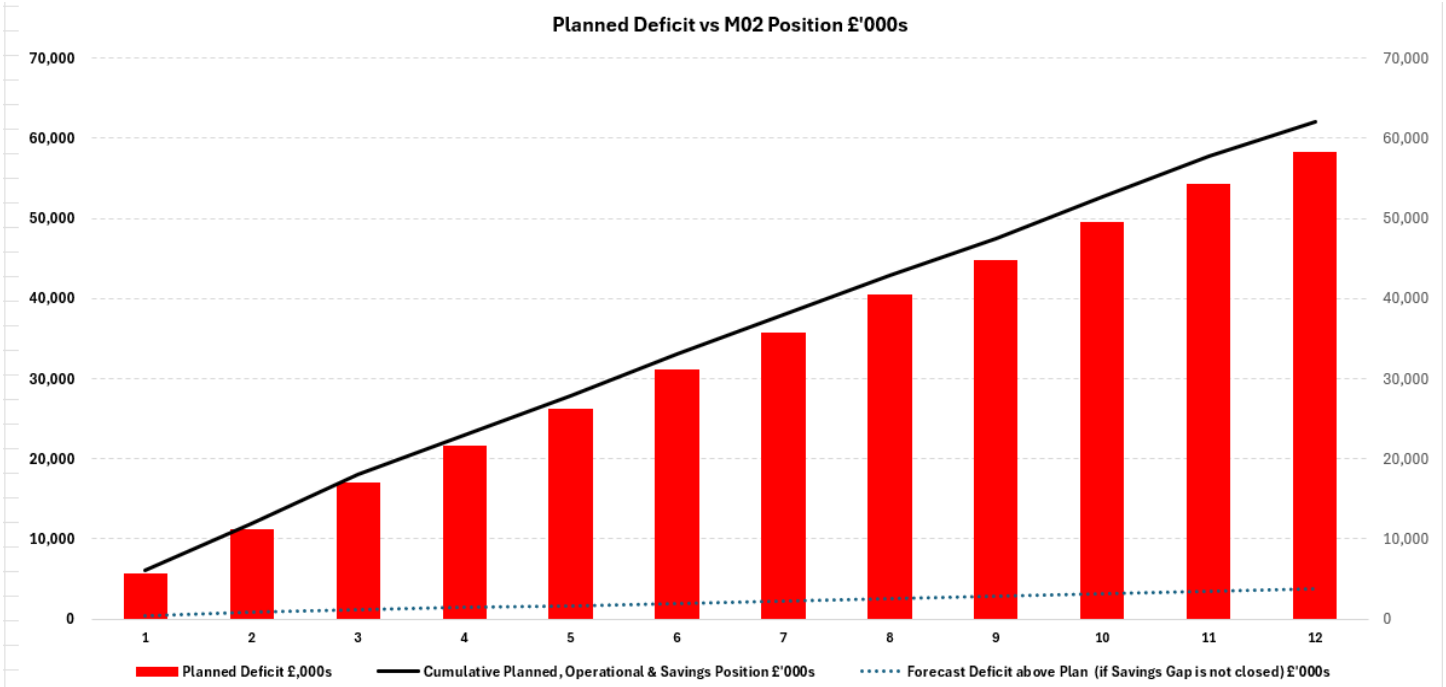
- Planning Deficit **£11.087m**
- Savings Programme deficit of **£0.585m**
- Operational Position deficit **£0.227m.**

The overall financial position at month 2 was a £11.899m deficit

At month 2 , there was a shortfall of £3.7m against the £30.0m savings programme target. This will lead to a further £3.7m overspend against the planned £58.2m deficit if further schemes are not identified and delivered as the year progresses.

UHB Position

The graph below shows the reported Month 2 position against the planned deficit per the UHB's financial plan.



	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £,000s	5,677	11,087	16,889	21,532	26,091	31,071	35,700	40,345	44,674	49,532	54,244	58,233
Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	17,996	22,933	27,786	33,060	37,983	42,923	47,546	52,698	57,705	61,988
Forecast Deficit above Plan (if Savings Gap is not closed) £'000s	419	812	1,106	1,401	1,695	1,989	2,284	2,578	2,872	3,166	3,461	3,755

The forecast monthly deficit is not evenly phased through the year and is forecast to reduce on a monthly basis as the level of savings forecast each month increases as the year progresses.

At month 2 , there was a shortfall of £3.755 m against the £30.0m savings programme target which . This will lead to a further £3.755m overspend against the planned £58.2m deficit if no further schemes are not identified and delivered as the year progresses. Clinical Boards are being pressed to find additional savings to reduce the gap in year. The expectation is that the monthly deficit will reduce as the UHB successfully identifies and delivers further savings in year.

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

	Income	Pay	Non Pay	Total
In-Month	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(52,041)	84,382	87,549	**119,890**
(Income)/Expenditure	(51,741)	84,180	93,255	**125,694**
Variance	**301**	**(203)**	**5,706**	**5,804**

Cumulative	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(103,378)	167,415	175,636	**239,673**
(Income)/Expenditure	(103,083)	167,658	186,998	**251,572**
Variance	**295**	**243**	**11,362**	**11,899**

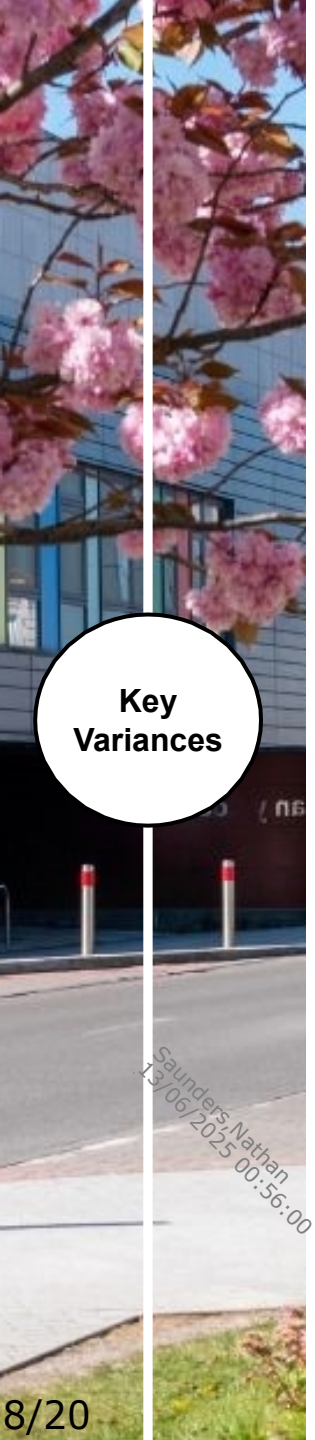
A number of operational pressures unfolded in month 2, which in turn have been offset by non recurrent operational underspends across service areas. The following operational issues were reported in month 2:

- Income – Underperformance is reported against LHB provider contracts primarily due to CAVOC month 1 activity. This is partially offset PICU & NICU income where activity is above seasonal trends.

- Pay – vacancies in Clinical Diagnostics and Therapies. Estates, Executive functions & PCIC along with enhanced scrutiny around variable pay has offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness.

- Non Pay – An increasing number of Out of Area referrals is reported in Mental Health along with Continuing Healthcare Pressures in Women and Children, additional costs in opthalmology due to both activity levels and the move to the Llandough site. £8.227m of underlying deficit was included in non pay at month 2

The majority of the deficit at month 2, £11.087m is due to the £58.2m planning deficit. £0.812m of the deficit relates to the shortfall against the savings plan and operational pressures.



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	359	130	(58)	**431**	72
Children & Women	812	203	(213)	**802**	(10)
Capital, Estates & Facilities	97	5	(40)	**62**	(35)
Executives	(211)	26	(23)	**(209)**	2
Genomics	0	0	(26)	**(26)**	(26)
Medicine	2,992	26	103	**3,121**	129
Mental Health	1,215	(79)	514	**1,650**	435
Primary, Community & Intermediate Care	2,135	(155)	(46)	**1,934**	(201)
Specialist	796	163	(46)	**913**	117
Surgery	1,077	266	27	**1,370**	293
Sub-Total (Delegated Position)	**9,272**	**585**	**191**	**10,049**	**777**
Central Budgets	(1,417)	0	(0)	**(1,417)**	(0)
Commissioning	3,232	0	36	**3,268**	36
Sub Total (Non-Delegated Position)	**1,815**	**0**	**35**	**1,851**	**35**
Sub-Total Surplus/ Deficit	**11,087**	**585**	**227**	**11,899**	**812**

The table/chart below summarises the key 2025/26 Operational pressures as at month 2:

Operational Pressure	Operational Variance £'000s	Business Unit	Action
Medical & Dental staff	85	CD&T	Deep dive into spend areas taking place to understand trajectory, business case also in development to convert WLI payments to substantive for Cell Pathology
	250	Medicine	Weekly Task and Finish group set up to review rosters and all temporary spend and model expenditure reductions in line with changes to bed base.
	376	Specialist	To be reviewed on at directorate level to determine potential for more efficient ways to cover rota gaps
	283	Surgery	Working Group to review to Medacs reports, reasons for locum cover, and intrepid posts against paid staff.
Out Of Area Placements (OOA)	517	Mental Health	Plan assumed 7 OOA againt an average YTD of 17. Increased Twice Daily Bed Flow Meetings to identify opportunities for repatriation Discharge planning on admission to reduce DTOCs CB Investigating the opportunity to block book PICU/ Acute beds at a lower daily rate and option to open and staff internal acute beds to increase repatriations

The greater part of the operational variances highlighted above are abated and managed by vacancies across non-medical staff groups and non recurrent underspends in non pay areas .

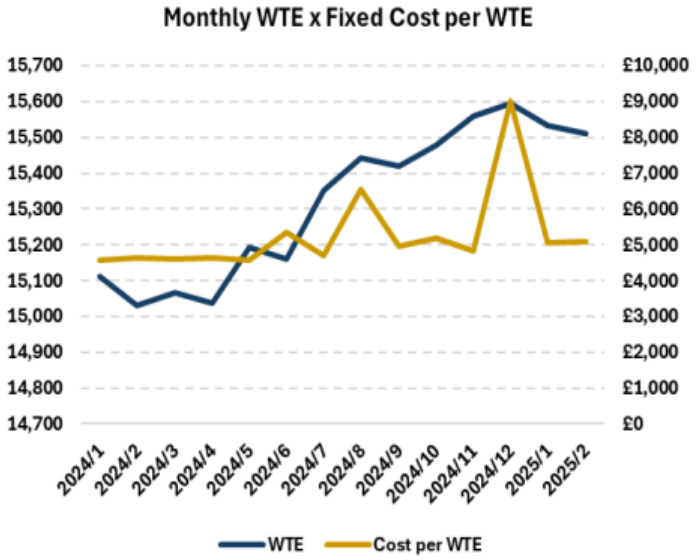
The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 2 for all staffing groups (split by fixed and variable expenditure) :

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	5,785	6,266	**480**	**8.3%**
Management, Admin & Clerical	18,819	20,644	**1,825**	**9.7%**
Medical and Dental	39,227	45,571	**6,344**	**16.2%**
Nursing (Registered)	42,707	47,756	**5,049**	**11.8%**
Nursing (Unregistered)	13,820	14,441	**621**	**4.5%**
Other Staff Groups	22,859	25,197	**2,338**	**10.2%**
Scientific, Prof & Technical	7,879	7,786	**(93)**	**-1.2%**
Total	**151,097**	**167,661**	**16,564**	**11.0%**

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

The retrospective 2023/24 medical pay awards , the 2024/24 pay awards actioned primarily in month 6 & 8 in 2024/25 and the increase to National Insurance Employers contributions in 2025/26 accounts for 9.7% of the increase in pay costs.

The chart (right) reports substantive WTE by month – and indicates a near 398.0 WTE increase across the UHB since May 2024 (to May 2025). In addition, the fixed pay cost per WTE has increased across the same period (£4,577 in May 2024 vs £5,100 in May 2025) in part due to the pay awards.
The spike in Month 12 pay costs is a result of the inclusion of £62m of notional pension costs funded directly by Welsh Government in March 2025.



Key Variances

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	21,888	21,242	(646)	-3.0%
Continuing Healthcare	17,410	19,648	2,238	12.9%
Drugs / Prescribing	41,981	44,765	2,785	6.6%
Establishment Expenses	2,289	2,078	(211)	-9.2%
General Supplies & Services	1,959	2,159	200	10.2%
Healthcare Provided Services	43,203	47,965	4,762	11.0%
Other Non Pay	11,312	13,360	2,048	18.1%
Premises & Fixed Plant	9,001	8,774	(227)	-2.5%
Primary Care Contractors	26,285	27,005	721	2.7%
Total	**175,328**	**186,998**	**11,669**	**6.7%**

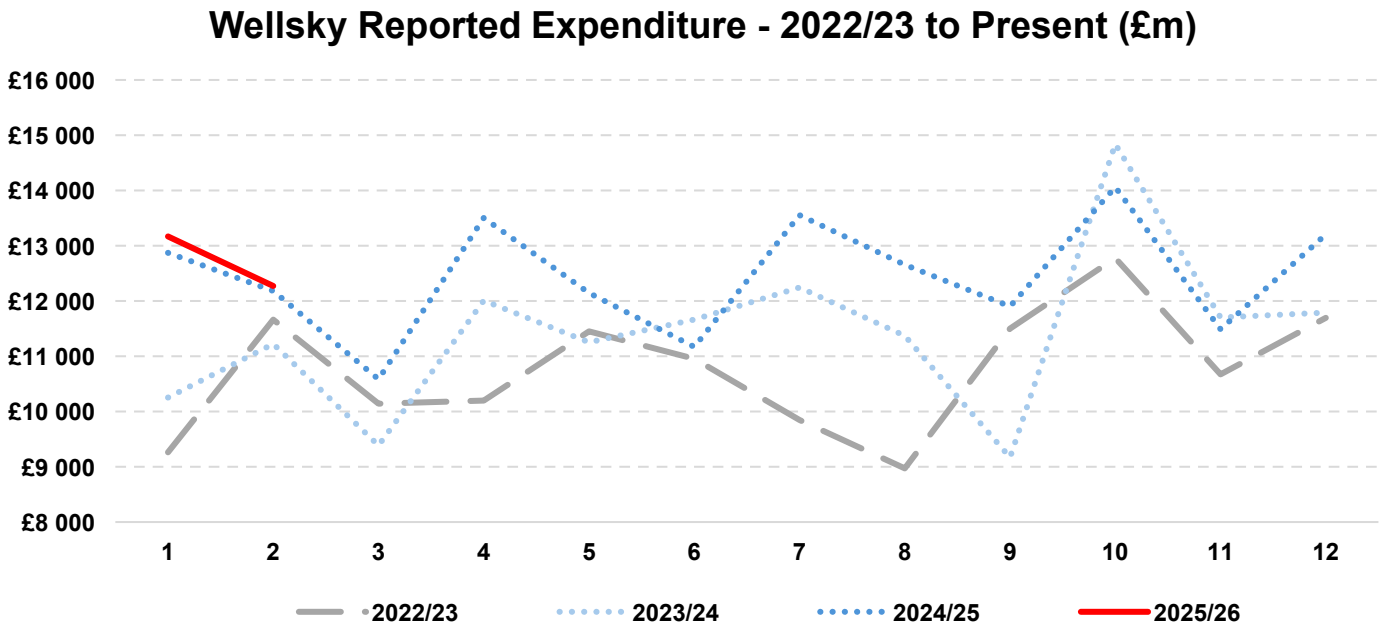
The UHB reported **£187.0m** of Non Pay expenditure in Month 02 which is an increase of 6.7% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

- Secondary Care & GP Prescribing
- Price and demand in Continuing Healthcare (CHC)
- Additional Commissioning cost including Mental Health Out of area Placements and JCC under Healthcare Provided Services.

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

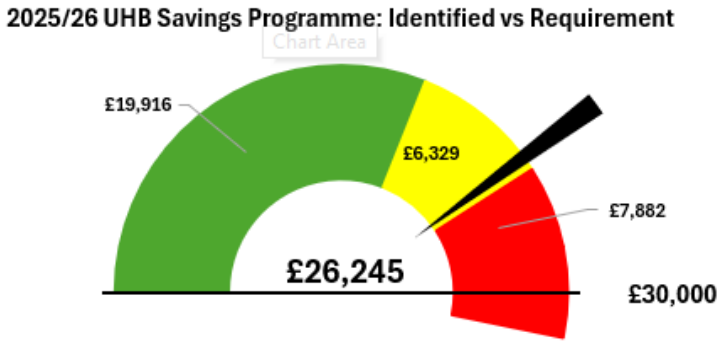
Internal analysis available via the Wellsky Dashboard reports the highest Month 1 and Month 2 expenditure (within month and cumulative) over the past 4 financial years **(£25.4m).** 2024/25 reported £149.3m of expenditure vs £129.1m in 2022/23 further highlighting the rising costs in this expenditure area.

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

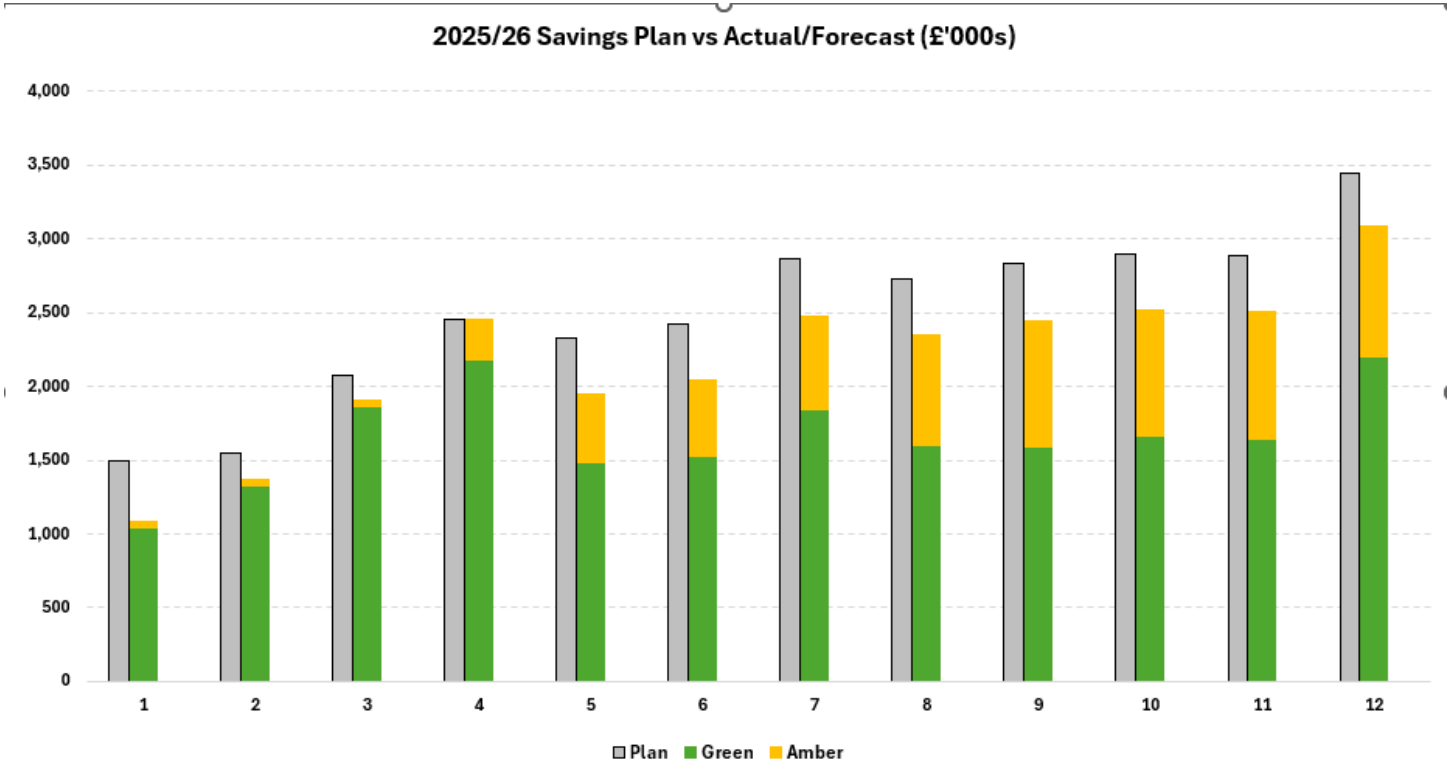


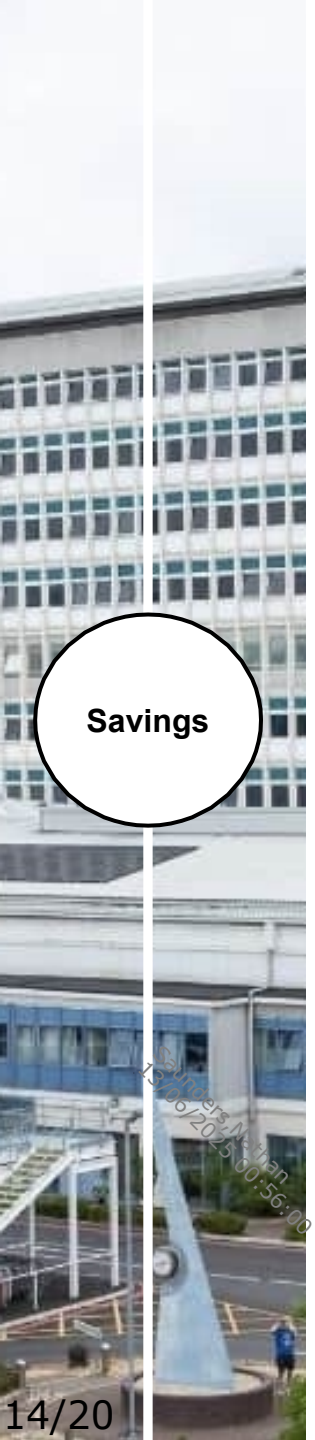
At Month 01, the UHB had identified £26.245m (87.5%) of green and amber savings to deliver against the £30.0m savings target. Red schemes of £7.882m are also identified and continue to be reviewed for progression to Green/Amber where possible.

The reported gap of £3.755m in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables.



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





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	-	620	100	**720**
Children & Women	-	1,508	75	**1,583**
Capital, Estates & Facilities	-	890	50	**940**
Executives	-	1,668	378	**2,046**
Genomics	-	0	0	**0**
Medicine	-	361	121	**482**
Mental Health	-	0	0	**0**
PCIC	-	621	696	**1,318**
Specialist	-	995	300	**1,295**
Surgery	-	681	0	**681**
Sub-Total (Grip & Control)	**8,000**	**7,344**	**1,721**	**9,065**
Medicines Management	3,500	2,179	68	**2,247**
Income Generation	1,000	1,276	686	**1,962**
Continuing Healthcare	2,000	2,158	0	**2,158**
Facilities and Estates / Service Reconfiguration	1,000	274	0	**274**
Value/Clinical Variation	0	152	0	**152**
Procurement	3,500	2,510	26	**2,536**
Workforce - Temporary Pay	5,500	2,523	201	**2,724**
Workforce Restructuring	5,500	1,500	3,628	**5,128**
Sub Total (Cost Improvement Themes)	**22,000**	**12,572**	**4,609**	**17,181**
Sub-Total Surplus/ Deficit	**30,000**	**19,916**	**6,330**	**26,246**

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

Below is a summary of UHB Corporate Risk Register at May2025. Further information of the risks can be found in the risk register:

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

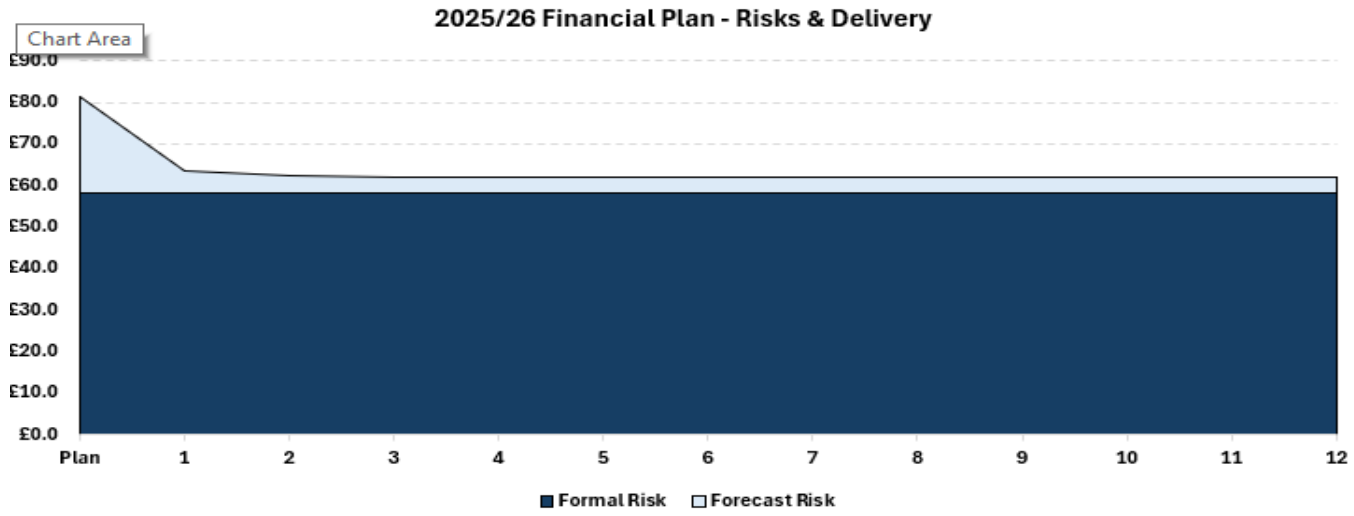
Forecast Position

When the UHB submitted its draft plan at the end of March 2025 there was an inherent risk in achieving the £58.2m planned deficit due to a £23m gap in identified savings against the £30m target. Since the submission of the plan the savings gap fell to £5.2m at the end of month 1 due to an acceleration in savings identified across the UHB and has fallen further to £3.76m at month 2. The savings gap of £3.76m would lead to an annual deficit of £61.96m in 2025/26 if no further savings or mitigating actions are identified as the year progresses.

The **forecast risk** in the plan is currently assessed at £3.76m as illustrated below (reported in £m):

Item	Plan	1	2	3	4	5	6	7	8	9	10	11	12
Formal Forecast	58.20	58.20	58.20	58.20	58.20	58.20	58.20	58.20	58.20	58.20	58.20	58.20	58.20
WGadditional 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**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**
Cumulative Savings Shortfall	0.00	0.43	0.15	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32
Cumulative Operational Pressures	0.00	(0.01)	0.24	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Agreed Recovery Actions	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 (assuming recovery of £0.227m operational overspend)	**23.00**	**5.20**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**	**3.76**

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

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

After Month 2, the non-identification and/or non-delivery of recurrent savings presents a risk of further deterioration to the UHB's underlying deficit, if further recurrent savings plans are not identified and delivered in 2025/26 as illustrated below:

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
Shortfall against Recurrent Savings Target at month 2	5.400
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings	63.633

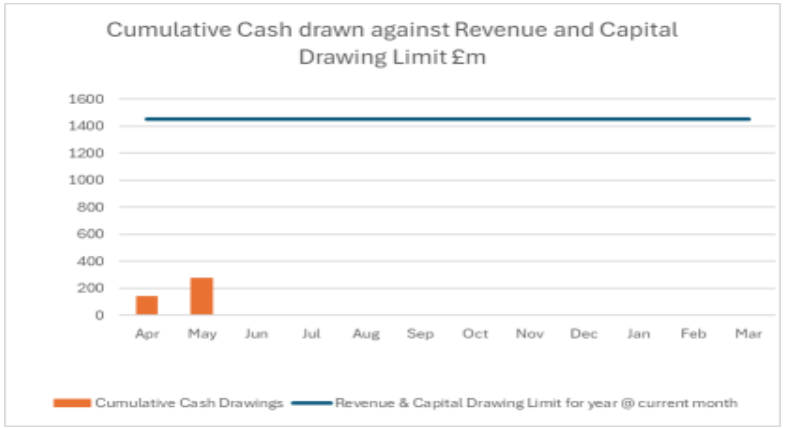
The closing cash balance at the end of May was £5.738m.

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

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to confirmed. The value of unconfirmed drawing limit allocations at month 2 was £123.1m as outlined opposite. The £123.1m of unconfirmed cash allocation combined with the forecast financial deficit (£58.2m) will need to be managed by the UHB if it remains outstanding into the Autumn period .

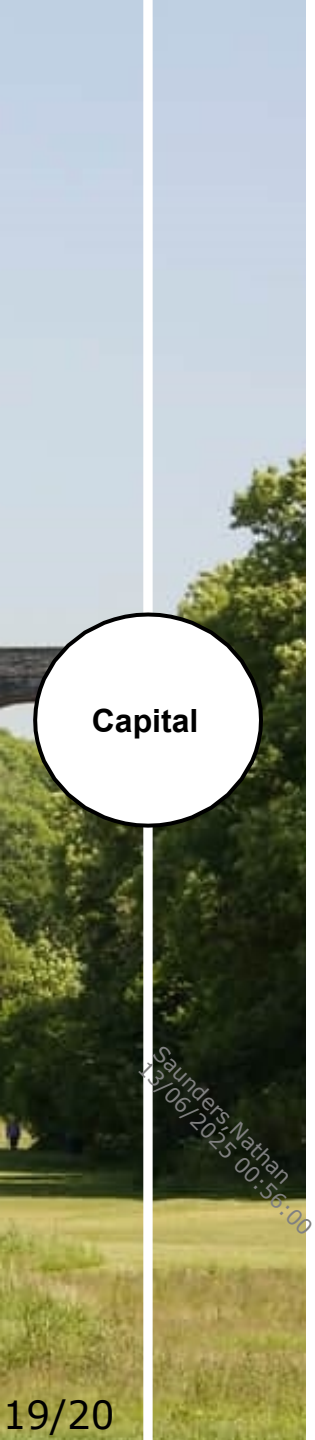
The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right

Unconfirmed Drawing Limit Allocations as of 31st May 2025	£'000s
Pay award funding 2024-25	65,729
Pay award funding REAL LIVING WAGE RLW 2025_26 - Additional E	3,344
Pay award funding 2024-25 - Bank Staff	1,550
25_26 NIER Additional 1.2% and Threshold Change	18,842
Vertex (JCC)	6,894
DPIF	4,137
Substance Misuse	2,972
Urgent & Emergency Care Fund	2,960
RTT Waiting Times _ Q1 Plans	2,783
Consultant Clinical Excellence Award / Consultant Impact Award	2,143
New Medical Training Posts 2017 to 2024	2,019
ATMPs (JCC)	1,944
Primary Care - GP Pay / Expenses, Dental	1,851
Dementia Action Plan	1,500
GP IM&T Refresh Programme	1,225
Other	3,244
Total Anticipated Funding £'000s	**123,137**



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 May was 95.8% for the year to date.



The UHBs approved capital resource limit is £33.690m in line with the latest Capital Resource Limit (CRL) received from Welsh Government on the 12th May 2025. This comprises of £14.317m discretionary funding and £19.373m towards specific projects (including Decarbonisation Funding, Lift Refurbishment and Pentyrch Surgery).

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

2025/26 Capital Cashflow (£m)	M2 Ytd Actual	Annual Plan	CRL 12th May	Plan vs CRL
All Wales Schemes				
Electrical Infrastructure, Tertiary Tower Block at UHW	0.005	1.578	1.270	0.308
Lift Refurbishment and Upgrade, UHW	0.004	4.201	4.213	(0.012)
Decarbonsation funding - Solar Canopy Car Park	0.294	2.394	2.394	0.000
Pentyrch Branch Surgery Development 2024-26	0.031	4.735	4.735	0.000
Funding for Enabling Project Work – Cardiff & Vale UHB's Estate	0.085	0.344	0.332	0.012
TEF - Fire	0.000	0.876	0.876	(0.000)
TEF - Infrastructure	0.000	3.004	2.959	0.045
TEF - Decarbonisation	0.000	0.450	0.450	0.000
TEF - Mental Health	0.000	0.352	0.352	0.000
TEF - Infection Prevention Control	0.000	0.461	0.461	0.000
TEF - Decontamination	0.000	0.811	0.811	0.000
DPIF				
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines	0.000	0.520	0.520	0.000
IFRS16		0.000	0.000	0.000
Discretionary				
IM&T:	0.015	2.094	0.500	1.594
Equip	0.078	1.000	1.000	0.000
Stat comp	0.170	2.600	2.800	(0.200)
Other	0.243	9.227	10.017	(0.790)
Contingency	0.000	1.000	0.000	1.000
Total	**0.925**	**35.647**	**33.690**	**1.957**

The £1.957m over commitment currently disclosed relates to an additional funding request to Welsh Government for the RISP programme. Whilst Welsh Government approval is still to be confirmed this is not a risk to the delivery of the capital programme, as if the business case is not supported the works will not commence.

Individual All Wales Schemes variance vs CRL are 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 approved by the Board but not by Welsh Government due to the failure to meet statutory obligations.

The reported month 2 position is £0.812m above plan primarily due to a £0.585m deficit against the month 2 Quality Improvement Programme Savings target.

At Month 2 the Committee are requested to:

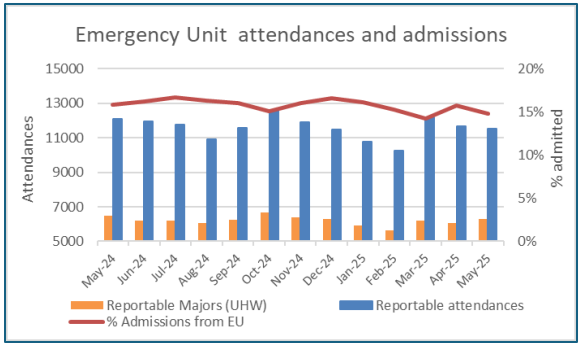
- **NOTE** the reported year to date overspend of £11.899m and the forecast deficit of £58.2m.
- **NOTE** the month 2 operational overspend against plan of £0.227m and the £0.585m savings deficit
- **NOTE** the progress against the savings target, with £26.245m (87.5%) of green and amber schemes identified at Month 2 against the £30m target.
- **NOTE** that delivery of the forecast is also predicated on the confirmation of all expected income streams.

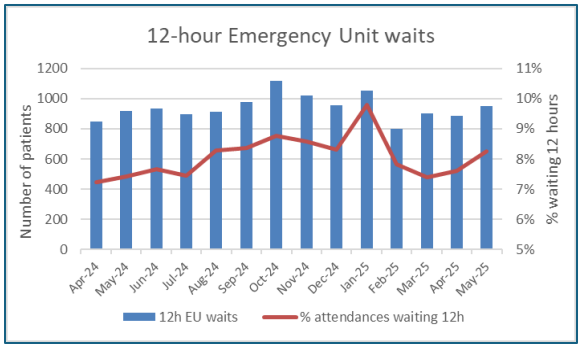
CARDIFF & VALE UHB
OPERATIONAL PERFORMANCE REPORT
– JUNE 2025

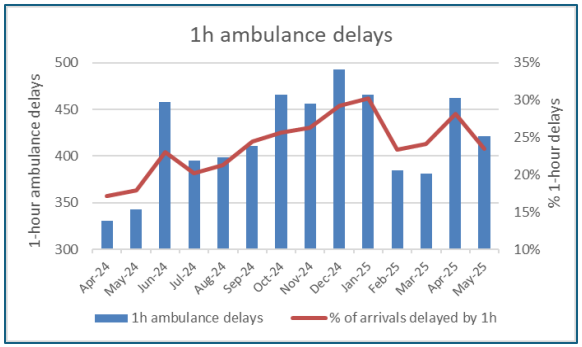

Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

Urgent and Emergency Care – Out of Hospital and Front Door

- In May attendances at the Emergency Unit remained at a similar level to April, a slight reduction compared to May '24. The number of Majors increased by over 250 from April. The proportion of patients admitted via EU dropped to 14.8% and is reduced when compared to May '24
- The number of patients wating 12 hours or more in EU increased in May and represented 8.3% of attendances. The number of patients waiting 24 hours in the EU footprint reduced to 6.
- The number of 1-hour ambulance holds reduced in May, in addition to total hours lost and the average lost minutes per ambulance arrival.
- In May, over 3,000 patients attended Urgent Primary Care Centres across Cardiff and the Vale, utilising 90% of the available slots. We continue to see high levels of demand for GP services, with the latest data from February showing over 227,000 appointments offered



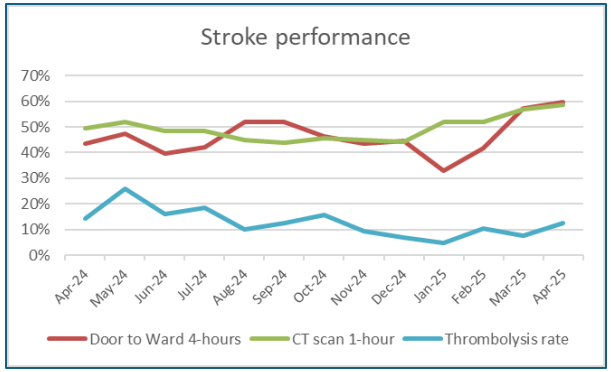


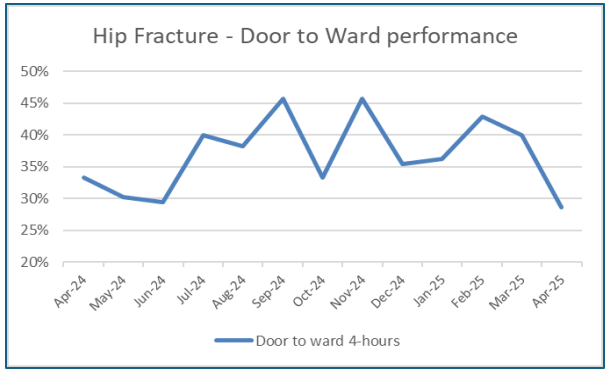


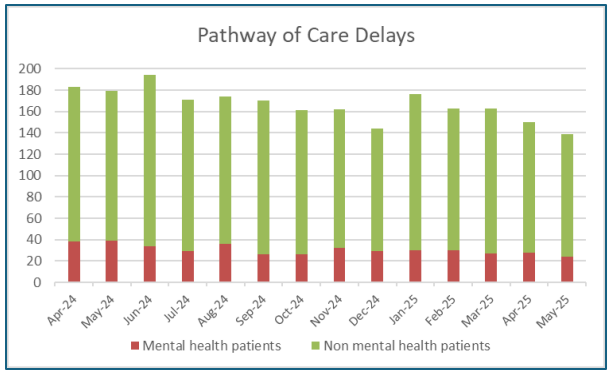
GMS activity		February 2025	Year to date 24/25
	Calls to GP surgeries	349,039	4,169,902
	GP appointments offered	227,689	2,867,528
	Items issued via presciption	646,263	8,003,919

Urgent and Emergency Care – Hospital Flow and Discharge

- The most recent data from April showed an improvement in compliance with the standards for Stroke patients. Compliance with the 4-hour door to ward standard improved to 59.6%, with 58.5% of patients receiving their CT scan within 1-hour
- In April, 29% of Hip Fracture patients were admitted to the ward within 4-hours. This represents a drop in performance from March but remains significantly above the national average of 9%.
- Pathway of Care Delays reduced again in May 2025 to 139, with reductions in the number of mental health and non-mental health delays. We continue to focus on reducing delays and the length of inpatient stays.
- We are currently refining the length of stay metric which will be tested through the Executive led clinical board reviews. We continue to review the number of long length of stay patients through the weekly COO operations meeting

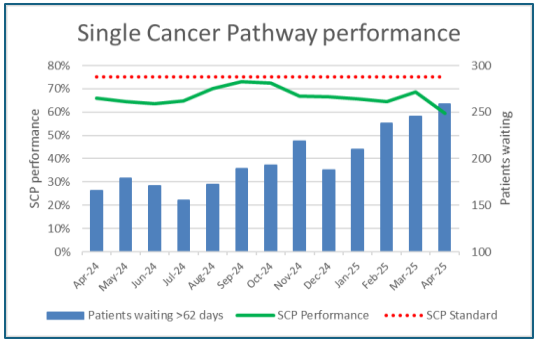


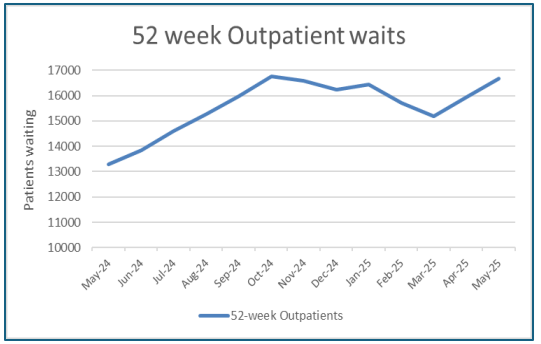


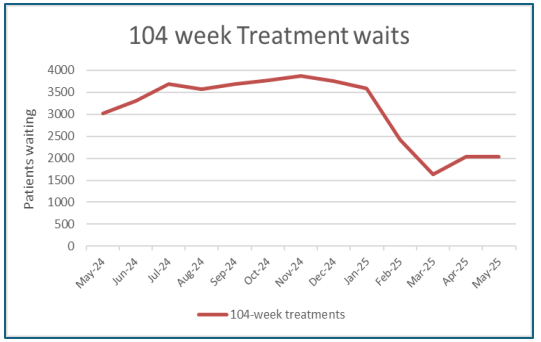


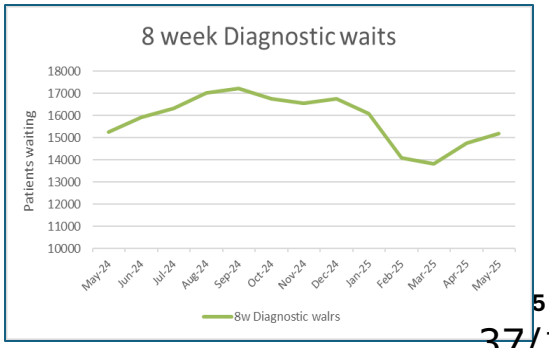
Planned Care, Cancer and Diagnostics

- The number of patients waiting >62 days for Cancer treatment has risen since last summer. As forecast, our performance dropped to 59.5% in April 2025 as we are treating an increased number of patients from the backlog
- In April 2025 the SCP standard was met in Brian/CNS, Head and Neck, Haematology and skin tumour sites
- The number of patients waiting 52-weeks for an outpatient appointment increased in May 2025. We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- The number of patients waiting 2-years for treatment was maintained in May 25 at 2,030 – we have committed to reducing to c1,595 patients by the end of Q1. This cohort is tracked daily with weekly updates to the Chair and CEO
- Diagnostic 8-week waits increased in May 2025 to 15,177, mainly riven by Radiology waits with significant CT scanner downtime throughout May. NOUS breaches reduced by 300 from April to May.



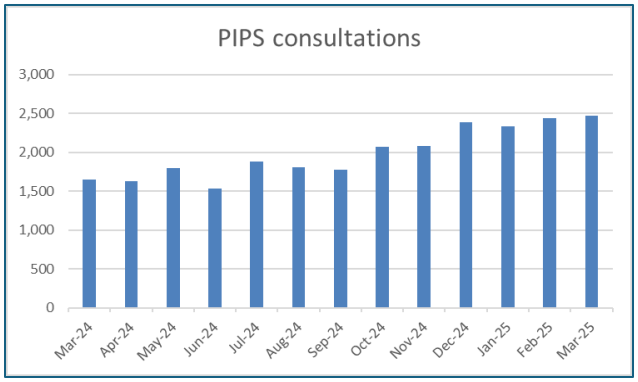


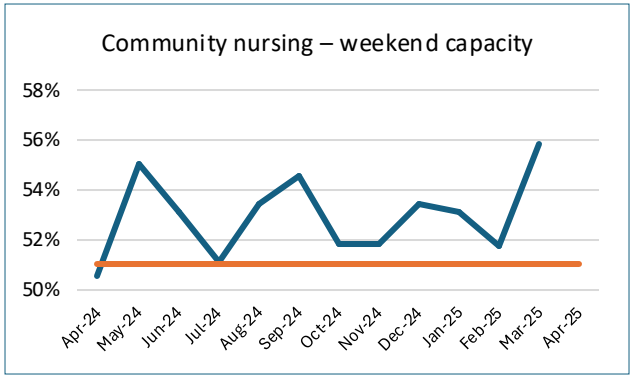


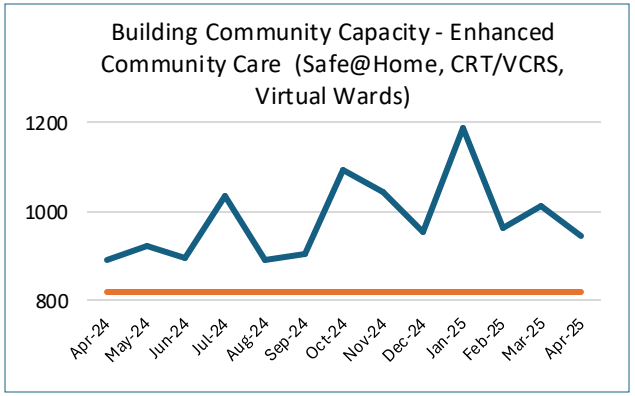


Primary and Community Care

- 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 April 2025
- The General Dental Service delivered 98.5% of the contract value in 24/25
- Community Pharmacy continues to increase the offer of the Pharmacist Independent Prescribing Service, with 2465 consultations delivered in March 2025
- 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
- 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



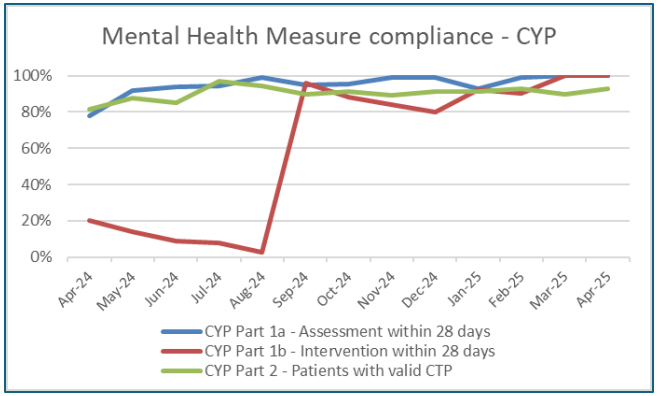


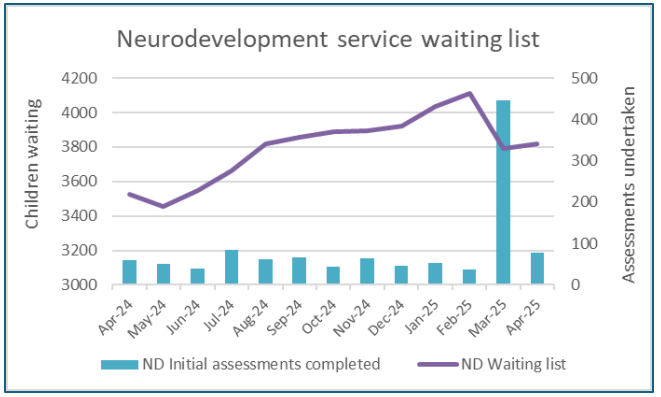


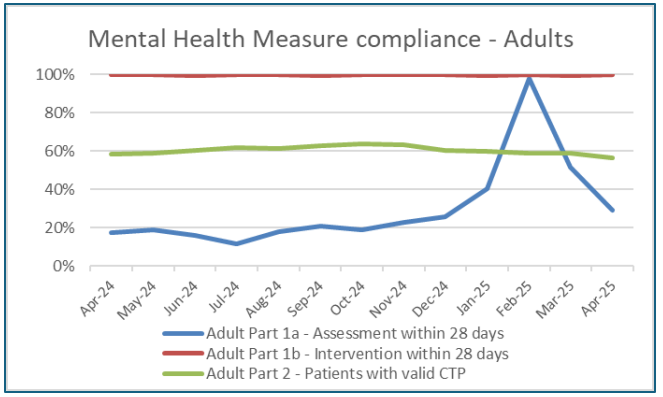
Mental Health

- Demand for adult, children and young people's mental health services remains high
- For Children and Young People, Part 1a and 1b remain compliant, with 100% compliance reported for March and April 2025. Part 2 performance also remains compliant, with over 90% compliance maintained throughout 2025
- The Neurodevelopment service waiting list continues to increase with c200 referrals received each month. The service anticipate the number of children waiting 3 years for assessment will grow throughout 2025 with the current capacity
- For Adult mental health services, March saw a 30% increase in referrals, which a subsequent drop in Part 1a performance in April to 29%. Part 1b remains compliant with 100% reported in April. Part 2 compliance dropped despite ongoing actions

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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Trend
Outpatients	% DNAs - New appointments	5%	9.5%	9.1%	9.6%	9.6%	9.9%	9.8%	9.7%	9.8%	10.2%	9.6%	9.7%	10.4%	11.3%	
	% DNAs - Follow-up appointments	5%	11.6%	11.8%	11.8%	11.4%	11.7%	11.8%	11.4%	11.2%	11.6%	12.0%	12.1%	12.7%	11.5%	
	% outpatients on See on Symptoms pathway	20%	3.3%	3.3%	3.3%	3.9%	3.5%	3.6%	3.6%	6.6%	3.5%	3.4%	3.2%	3.7%	3.6%	
	% outpatients on Patient Initiated FU pathway		0.8%	0.9%	1.0%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	
Endoscopy	% room utilisation	90%	78%	79%	89%	81%	74%	74%	68%	78%	75%	83%	82%	88%	78%	
	% utilisation (activity points available)	95%			84%	81%	80%	83%	85%	87%	85%	84%	81%	84%	87%	
Theatres	Average turnaround time (minutes)	10	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	16.2	15.9	16.0	16.9	17.4	
	% of theatre session utilisation	95%	84%	84%	81%	80%	75%	79%	83%	84%	75%	88%	85%	87%	78%	
	% in session utilisation	85%	79%	78%	78%	77%	77%	80%	80%	82%	78%	79%	79%	77%	80%	
	<24 hour elective cancellations	N/A	243	289	247	309	249	190	363	198	217	315	295	347	237	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset														
	'High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset														
Waiting list	Total RTT waiting list volume	N/A	149,805	150,199	151,888	153,560	153,673	155,063	156,194	154,994	154,605	153,519	151,069	151,226	152,150	
Inpatient	Delayed pathways of Care - Mental Health	217	38	39	34	29	36	26	26	32	29	30	30	27	28	
	Delayed Pathways of Care - non-Mental Health		145	140	160	142	138	144	135	130	115	146	133	136	122	
	7 day LOS on Acute Wards (snapshot)	<40%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	
	21 day LOS on Acute Wards (snapshot)	<20%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	
Urgent and Emergency	Reportable attendances	N/A	11,484	12,102	11,930	11,773	10,926	11,567	12,628	11,922	11,468	10,756	10,237	12,193	11,659	
	Reportable Majors attendances	N/A	6,186	6,477	6,179	6,182	6,053	6,235	6,691	6,398	6,272	5,924	5,628	6,210	6,041	
	Reportable EU admissions	N/A	1,922	1,833	1,847	1,865	1,778	1,768	1,823	1,831	1,829	1,676	1,502	1,658	1,754	
	SDEC attendances	N/A	1,625	1,700	1,638	1,699	1,736	1,730	1,847	1,716	1,601	1,786	1,609	1,770	1,678	

Cardiff and Vale
Integrated Performance Report

June 2025

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

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

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

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

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

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

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
Enhanced Care in the Community	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**Reduction against 23/24**	**Yes**	**Mar-25**	**139** May-25	Hyperlink to section
Primary and Community Care	**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**	**Mar-25**	**98.2%** **Apr-24**	Hyperlink to section
	Measure: General Dental Services - % of contract value fulfilled **National standard:** 30% of contract value by end Q2, 100% Q4 **Reporting period:** Monthly	**25% Q1 50%Q2 75% Q3 100% Q4**	**Yes**	**Mar-25**	**98.5%** (Apr-24 to Mar-25)	Hyperlink to section
Urgent and Emergency Care	**Measure:** Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** 20% reduction by September 2024, further 20% reduction by March 2025 **Reporting period:** Monthly	**670 Sept-24 532 Mar-25**	**Yes**	**Mar-25**	**952** May-25	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour **National standard/ambition:** 30% reduction by December 2024 **Reporting period:** Monthly	**232**	**Yes**	**Dec-24**	**421** May-25	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
Mental Health	**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% by end of December 2024 **Reporting period:** Monthly	**80%**	**Yes**	**Dec-24**	**99%** Apr-25	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% by end of December 2024 **Reporting period:** Monthly	**99%**	**Yes**	**Dec-24**	**30.0%** Apr-25	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
Planned Care and Cancer	**Measure:** Number of patients waiting more than 52 weeks for a new outpatient appointment **National standard/ambition:** 40% reduction by end of September 2024, 0 by end of March 2025 **Reporting period:** Monthly	**16,004** Sep-24 **15,925** Mar-25	**No**		**16,663** Apr-25	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for referral to treatment **National standard/ambition:** 0 by end of December 2024 **Reporting period:** Monthly	**4,447** Dec-24	**No**		**2,030** Apr-25	Hyperlink to section
	Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) **National standard/ambition:** 60% by end of December 2024, 70% by end of March 2025 **Reporting period:** Monthly	**70%** Mar-25	**Yes**	Dec-24	**68.7%** Mar-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition**: 95% of patients waiting less than 8 weeks by end of December 2024 **Reporting period:** Monthly	**14,796** Dec-24	**No**		**15,177** May-25	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.

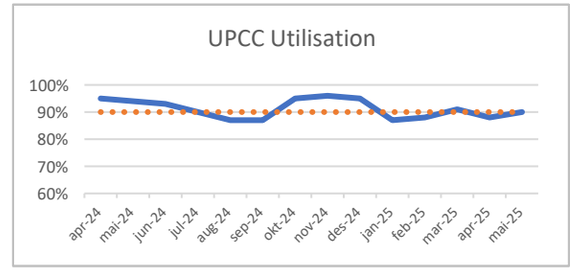
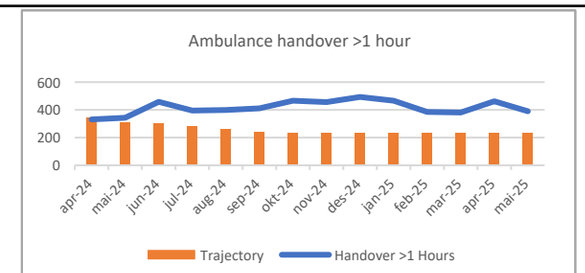
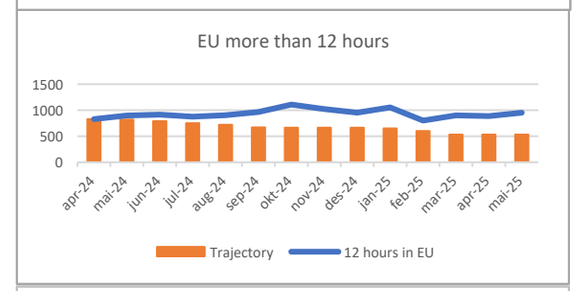
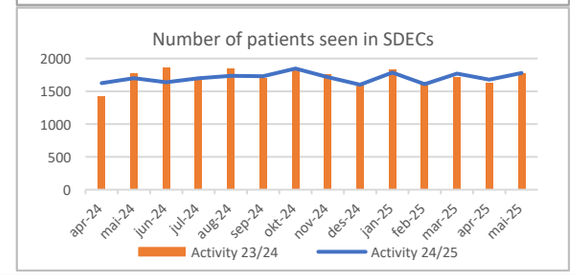
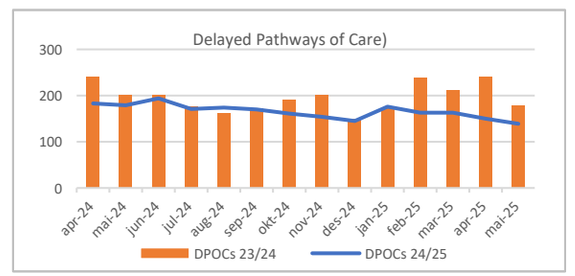
Detail on what is included under each quadruple aim is provided below.

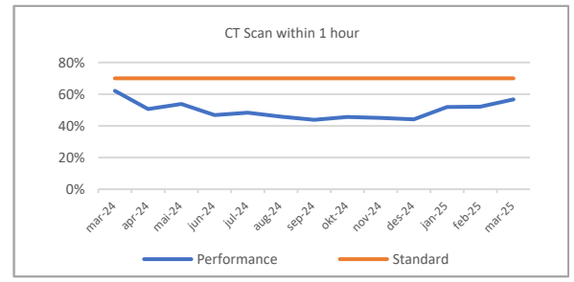
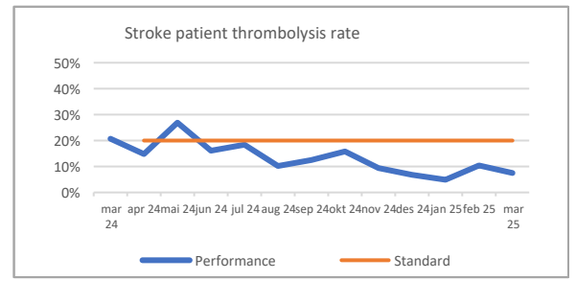
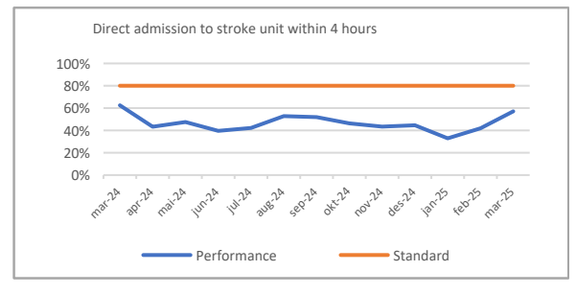
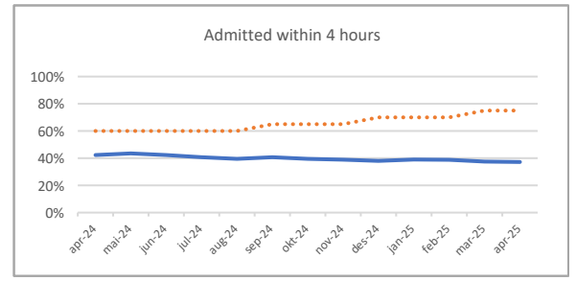
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

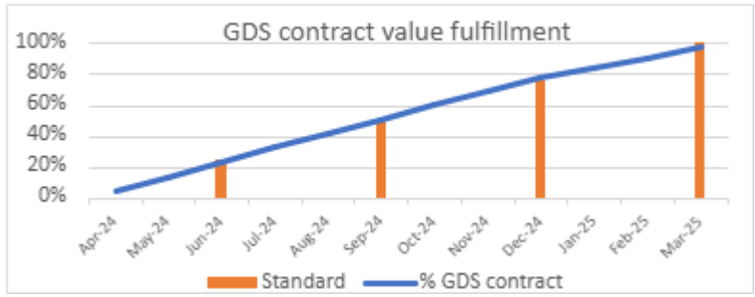
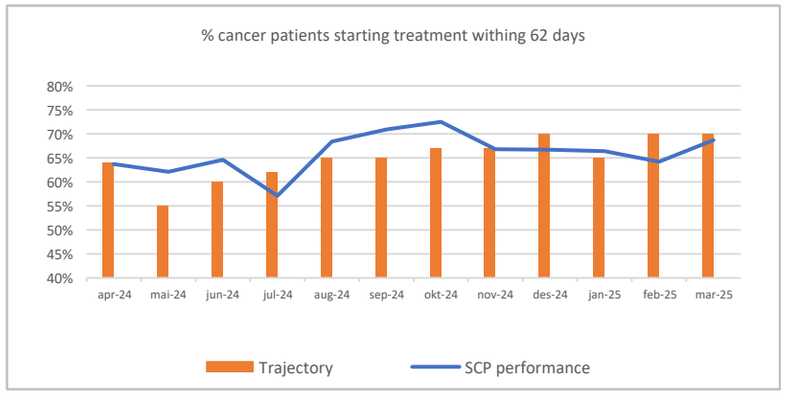
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

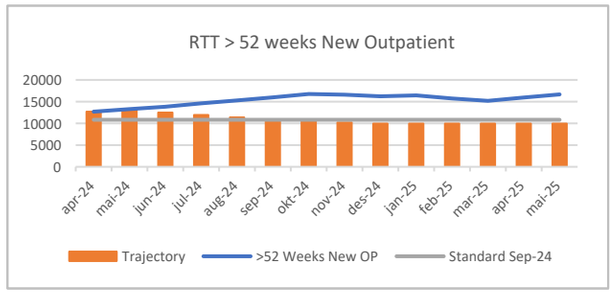
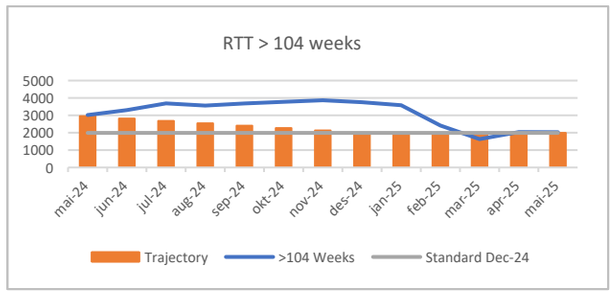
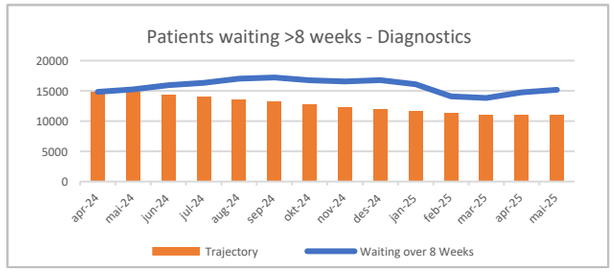
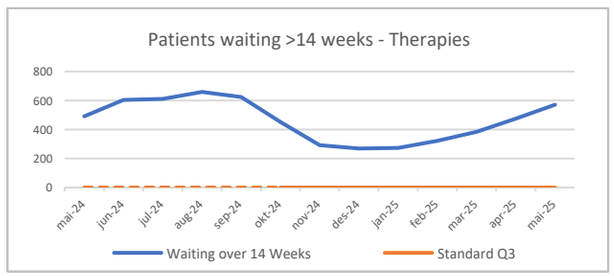
Return to Main Menu

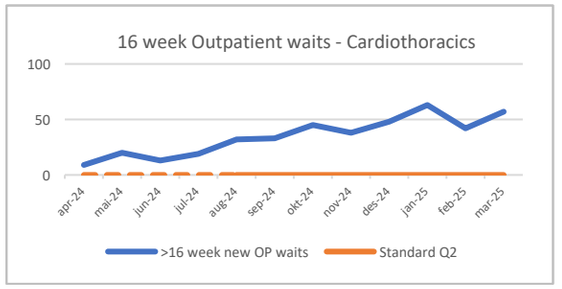
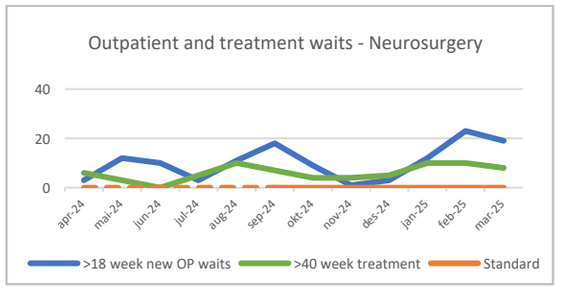
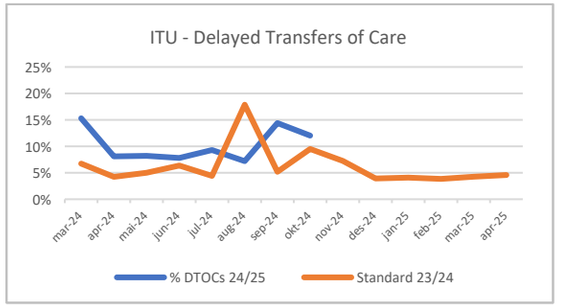
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

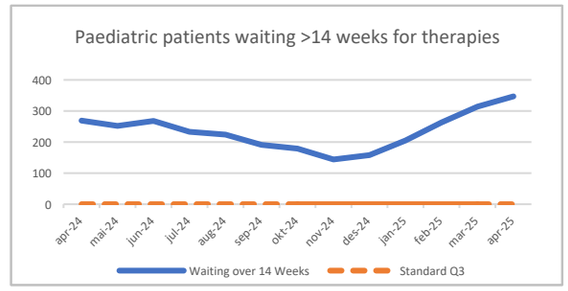
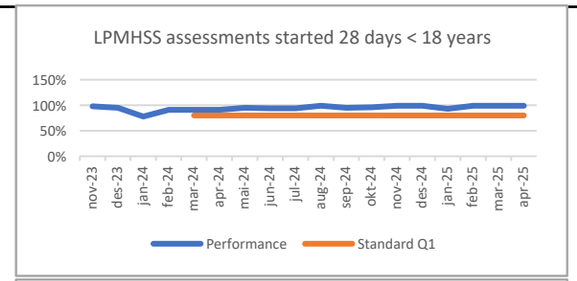
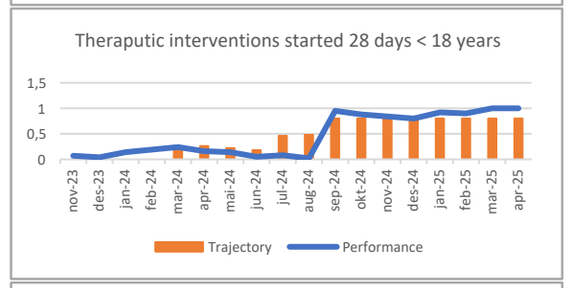
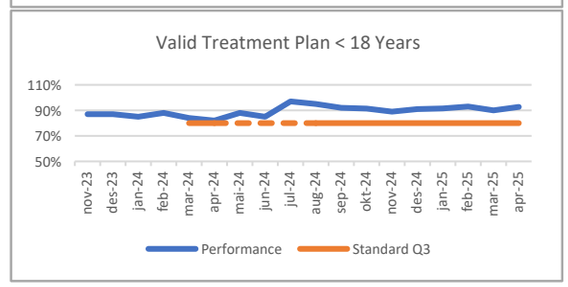
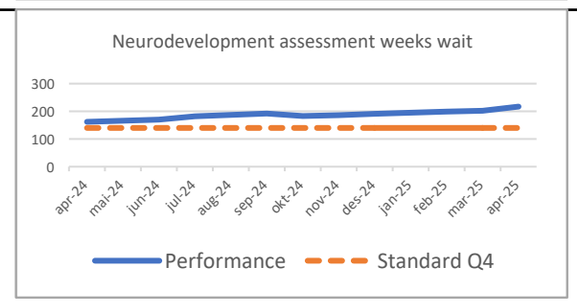
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In May utilisation was 90%, this is above our commitment	May-25	90% utilisation Below standard	
	Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024. Next update end of Q4 by end of Q1	Q1	200 accepted referrals Q1 Below standard	
	Community visits – 95% of face-to-face visits within 8 hours Q4 to date 96% compliance with 8-hour standard	May-25	96% Above standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December** In May we reported 18 2-hour ambulance delays, a reduction from April but above our ambition of 0 In May we reported 421 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In May lost minutes per arrival reduced to 26	May-25	18 2-hour delays Above standard 421 1-hour delays Above standard 26 minutes lost/arrival Above standard	
	ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In May we reported a increase in patients waiting 12-hours in EU compared to April. This equates to 92.2% of attendances waiting less than 12-hours and below our ambition for Q4	May-25	92.2% patients <12h Below standard	
	SDEC units – Increase attendances compared to the same period 23/24 In May we reported a increase in activity compared to April, but slightly below May 2024 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase	May-25	1779 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 May 61.0% of patients in acute beds had a LOS of >7 days, 33.4% >21 days – increased from April	Apr-25	61.0% >7d Above standard 33.4% >21d Above standard	
	Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In May 2025 the number of POCDs was 139 – this is below the number of delays reported in April 2025	May-25	139 Below standard	

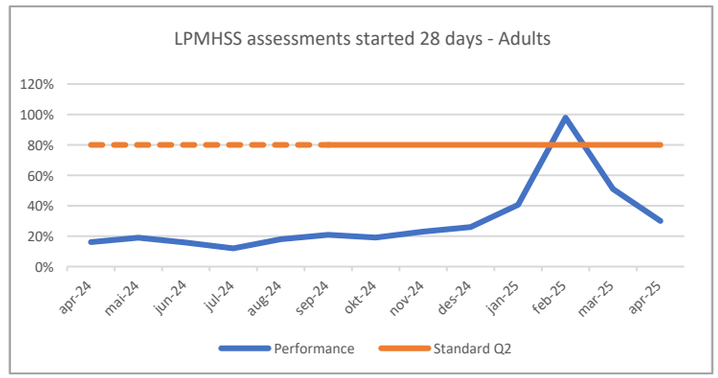
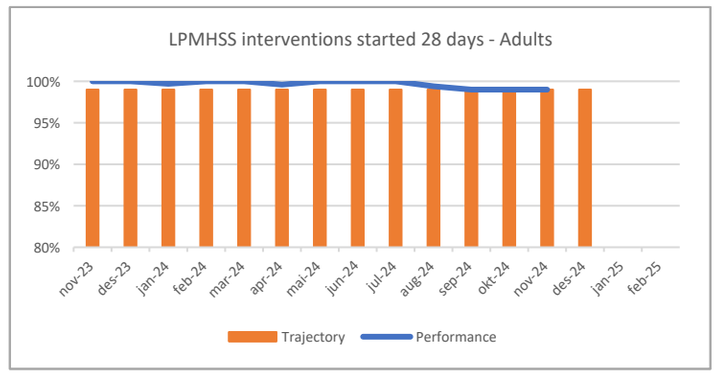
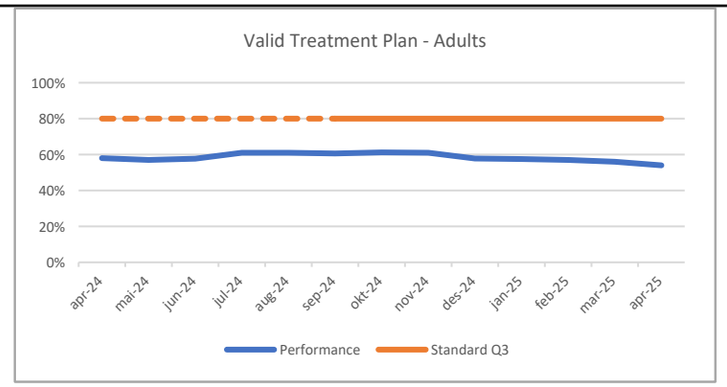
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In April 58.5% of patients were received their CT scan within 1 hour of arrival at EU, improved from March but below our ambition. **Thrombolysis – 20% thrombolysis rate** In April 12.5% of stroke patients were thrombolysed, an increase from previous months but below our ambition. 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 April 59.6% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit, but April's performance is improved from previous months Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales	Mar-25	58.5% CT Below standard 12.5% Thrombolysis Below standard 59.6% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In April our annualised compliance showed 37.2% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 8.7%.	Apr-25	37.2% (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 April 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. **Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter** In March 100% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Apr-25 Mar-25	100% At standard 98.5% Below standard (Apr-24 - Mar-25) 100% Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory** In April 59.5% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting >62 days for treatment increase and performance has dropped as a result of treating the longest waiting patients in month.	Apr-25	59.5% 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 May there were 16,663 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In May there were 2,030 patients waiting 104 weeks for treatment. This represents a small reduction from April as we seek to reduce our 2-year waits to c1595 by the end of June. We are currently working with colleagues from Welsh Government and NHS Wales to develop plans for Q2 and beyond to further reduce long waits/	May-25	16,663 patients Above standard 2,030 patients Above standard	 
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In May 15,177 patients were waiting over 8 weeks for a specified diagnostic, A increase from April, A diagnostic update was brought to the most recent Board development session and movements in key specialties are outlined in the cover paper **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In May 571 patients were waiting over 14 weeks for therapies, An increase from April. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits over the past three months	May-25	15,177 patients Diagnostics Above standard 571 patients Therapies Above standard	 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Waiting times	**Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2** In April there were 52 patients waiting over 16 weeks for a new outpatient appointment and 19 patients waiting over 52 weeks for surgery. Both improved from March. **Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4** In April there were 13 patients waiting over 18 weeks for a new outpatient appointment and 7 patients waiting over 40 weeks for surgery. Both improved from March	Apr-25	52 Outpatients Above standard 19 patients Treatment Above standard 7 patients Treatment Above standard	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month. Data for Q4 is currently unavailable, the service are working to provide this dataset	Oct-24	12.0% 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 March there were 0 patients waiting over 52 weeks for a new outpatient appointment **Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3** In April there were 347 paediatric patients waiting over 14 weeks for Therapies (182 in Dietetics and 164 in Occupational Therapy and 1 in Speech and Language)	Apr-25	0 Meeting standard 347 Above 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 Q1** In April 99% of assessments were completed within 28 days **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3** In April 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 **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In April 93% of patients had a valid Care and Treatment Plan, above our ambition	Apr-25	99% Part 1a Above standard 100% Part 1b Above standard 93% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In April the longest wait for a neurodevelopment assessment was 220 weeks, this is above our ambition for delivery in Q4	Apr-25	220 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 Q2** In April 30% of patients received their assessment within 28 days – this is below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.	Apr-25	30% Part 1a Below standard (Q2)	
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 Q1** In April 99% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Apr-25	99% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In April 54% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance	Apr-25	54% Part 2 Below standard (Q3)	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** Above standard	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	Mar-25	Improvement compared to the same month in the previous year	**46.3%** Above standard	Dec-24: 45.40%; Jan-25: 45.30%; Feb-25: 45.50%; Mar-25: 46.30%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-24/Mar-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**98.5%** Above standard	Dec-24: 77.60%; Jan-25: 84.50%; Feb-25: 90.20%; Mar-25: 98.50%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Mar-25	Increase compared to the same month in the previous year	**2,465** Above standard	Dec-24: 2390; Jan-25: 2329; Feb-25: 2440; Mar-25: 2465
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Apr-25	80%	**99%** Above standard	Jan-25: 93%; Feb-25: 99%; Mar-25: 99%; Apr-25: 99%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Apr-25	80%	**100%** Above standard	Jan-25: 92%; Feb-25: 90%; Mar-25: 100%; Apr-25: 100%
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Apr-25	80%	**30.0%** Below standard	Jan-25: 40.6%; Feb-25: 97.9%; Mar-25: 51.3%; Apr-25: 30.0%
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	Apr-25	80%	**100%** Above standard	Jan-25: 99.4%; Feb-25: 100.0%; Mar-25: 99.4%; Apr-25: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	May-25	65%	**50%** Below standard	Feb-25: 62%; Mar-25: 50%; Apr-25: 51%; May-25: 50%
20.	Median emergency response time to amber calls	Apr-25	12 month reduction trend	**01:58:55** Above standard	Jan-25: 02:04:11; Feb-25: 01:50:49; Mar-25: 01:46:41; Apr-25: 01:58:55

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Mar-25	15 minutes or less	**8** Below standard	Dec-24: 10; Jan-25: 8; Feb-25: 10; Mar-25: 8
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Mar-25	60 minutes or less	**64** Above standard	Dec-24: 78; Jan-25: 62; Feb-25: 68; Mar-25: 64
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	May-25	Improvement compared to the same month in the previous year, towards the national target of 95%	**63.9%** Below standard	Feb-25: 62.5%; Mar-25: 66.2%; Apr-25: 62.7%; May-25: 63.9%
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	May-25	Reduction compared to the same month in the previous year, towards the national target of zero	**952** Above standard	Feb-25: 801; Mar-25: 901; Apr-25: 887; May-25: 952
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Mar-25	12 month improvement trend towards a national target of 80% by 31 March 2026	**68.7%** Below standard	Dec-24: 66.7%; Jan-25: 66.4%; Feb-25: 64.2%; Mar-25: 68.7%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	May-25	0	**15,177** Above standard	Feb-25: 14086; Mar-25: 13825; Apr-25: 14750; May-25: 15177
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Mar-25	100%	**72%** Below standard	Dec-24: 86.24%; Jan-25: 82.00%; Feb-25: 76.66%; Mar-25: 71.58%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	May-25	0	**571** Above standard	Feb-25: 322; Mar-25: 384; Apr-25: 475; May-25: 571
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Apr-25	0	**295** Above standard	Jan-25: 195; Feb-25: 248; Mar-25: 308; Apr-25: 294

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	May-25	0	**16,663** Above standard	Feb-25: 15725; Mar-25: 15185; Apr-25: 15949; May-25: 16663
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-25	Reduction compared to the same month in the previous year	**22,853** Below standard	Feb-25: 19694; Mar-25: 22227; Apr-25: 21758; May-25: 22853
32.	Number of patients waiting more than 104 weeks for referral to treatment	May-25	0	**2,030** Above standard	Feb-25: 2414; Mar-25: 1632; Apr-25: 2037; May-25: 2030
33.	Number of patients waiting more than 52 weeks for referral to treatment	May-25	Month on month reduction towards the national target of zero by 30 June 2025	**35,620** Above standard	Feb-25: 33246; Mar-25: 32763; Apr-25: 34632; May-25: 35620
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Apr-25	80%	**9%** Below standard	Jan-25: 9%; Feb-25: 10%; Mar-25: 10%; Apr-25: 9%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-25	80%	**77%** Below standard	Jan-25: 71%; Feb-25: 73%; Mar-25: 75%; Apr-25: 77%

Report Title:	Annual Plan Monitoring Framework		Agenda Item no.		Corporate Governance will complete this
Meeting:	Planning and Performance Committee	Public		Meeting Date:	
		Private			
Status:	Assurance		Approval		Information
Lead Executive:	Executive Director of Finance and Planning				
Report Author:	Executive Director of Finance and Planning				

Background and current situation:

Annual Plan Monitoring Framework

Monitoring our annual plan is essential to ensure we stay on track to deliver our strategic objectives and meet our statutory and ministerial priorities.

It is essential in providing assurance to the Board that resources are used effectively, risks are being managed, and performance is being actively reviewed.

Regular oversight enables timely decision-making, helps identify and address issues early, and supports continuous improvement in quality, outcomes and value for the population we serve.

Creation of a single comprehensive report that monitors all elements of the plan is challenging because the plan spans a wider range of complex and interdependent domains- including strategy, finance, workforce, quality, performance, digital and estates.

Each has its own data sets, performance frameworks, external reporting requirements, timescales and levels of maturity.

Attempting to pull this information into one report currently risks oversimplifying key details or becoming so lengthy and technical it loses clarity and focus.

Additionally, different audiences (eg. Board, Welsh Government, operational teams) need different levels of detail and emphasis.

However, we have a number of reports that, read as a suite or framework of complementary reports, together provide a holistic picture of our plan position, to assure our Finance and Performance Committee and Board.

These are as follows:

Component	Detail	Format	Frequency of reporting	Status
Performance	55 measures in the NHS performance framework and our commitments against the 17 ministerial delivery expectations within the NHS Wales planning framework	Integrated Performance Report	Monthly	Established
Productivity and Efficiency	Measuring progress in delivering the productivity and efficiency ambitions set out in the Quality Improvement and Efficiency Plan (cash and non-cash releasing)	Quality Improvement and Efficiency Report	Monthly	In Development
Finances	Detailed financial reporting of position against plan	Finance report	Monthly	Established
Plan deliverables	Progress against the deliverables set out in the plan, aligned to the strategic portfolios	Dashboard and cover report	Quarterly	In Development/ Prototype First formal report to July Finance and Performance Committee
Enabling Actions and Ministerial Advisory Group	Progress against plan for the 35 enabling actions in the planning framework and the 34 MAG recommendations	Report	Quarterly	In Development First report to July Finance and Performance Committee

Prototype: Plan Deliverables Dashboard

Attached is a draft dashboard style report designed to track the circa 200 deliverables and milestones set out within the annual plan in two parts:

1) A summary of the progress of the actions and their status by strategic portfolio (Annex 1)
2) An in-depth report of the actions and commentary on areas that are off track and why (to be demonstrated on screen)

Deliverables are important actions and milestones recognised as central to the organisation in achieving it's plan and ultimately, strategy.

The draft report is presented today for feedback from the Finance and Performance Committee ahead of launching formal reporting in Quarter 1, whereby it will become another important tool to monitor our delivery alongside the other reports in the framework set out above.

It is the intention that a cover report summarising the key trends alongside the dashboard itself will be developed to support more focused analysis and scrutiny by the committee and Board.

Feedback was received from the Management Executive Team on 9th June emphasising the importance of triangulating the actions with the KPIs so that cause and effect can be more easily understood; the planning and digital team will work on strengthening this for July's formal report

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

The Annual Plan Monitoring framework is an essential tool in helping the organisation assess whether it remains aligned with its strategic objectives and statutory obligations.

While integrating all aspects into a single, comprehensive report is challenging currently due to the complexity and breadth of domains the plan covers, it is proposed that a suite of complementary reports offer a rounded picture of plan progress.

This approach balances assurance, narrative, and oversight, ensuring the Board and Finance and Performance Committee have the necessary visibility to make informed decisions. Striking the right balance between granularity, accessibility and strategic oversight is critical. Continued refinement and development of reporting mechanisms, such as the prototype dashboard, will further enhance transparency and accountability.

This information, alongside performance, finance and workforce forecasts, will help form the assumptions and starting point for next year's planning round (end of Q2).

Recommendation:

The Committee are requested to:

a) **NOTE** the proposed Annual Plan Monitoring Framework
b) **DISCUSS** the draft Annual Plan Deliverables Dashboard and provide feedback in readiness for formal reporting in Quarter 1

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 x	2. Providing Outstanding Quality **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

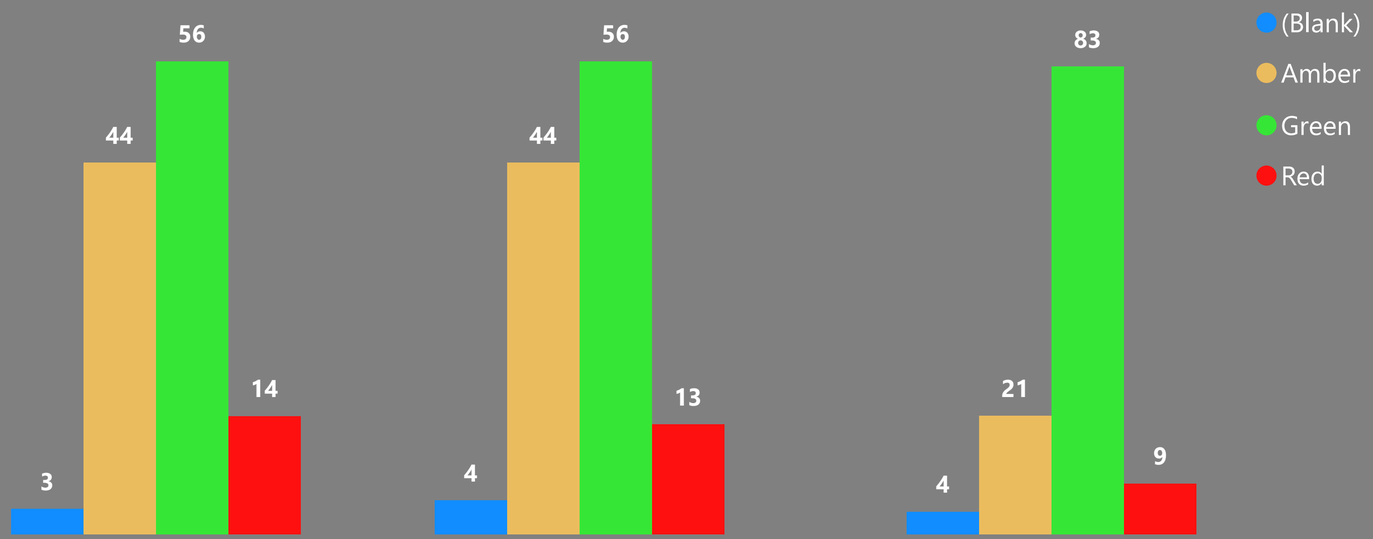
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

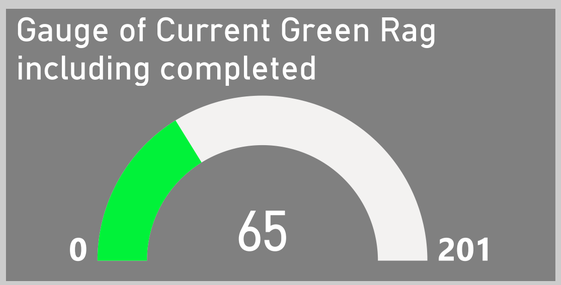
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:Management Executives on 9th June 2025

Annual Plan Review Overall Summary

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned



Number of Actions by Status

Number of Un-Started Actions: 76	
Number of Active Actions: 112	Number of On Hold Actions: 5
Number of Completed Actions: 6	Number of Closed Actions: 2

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

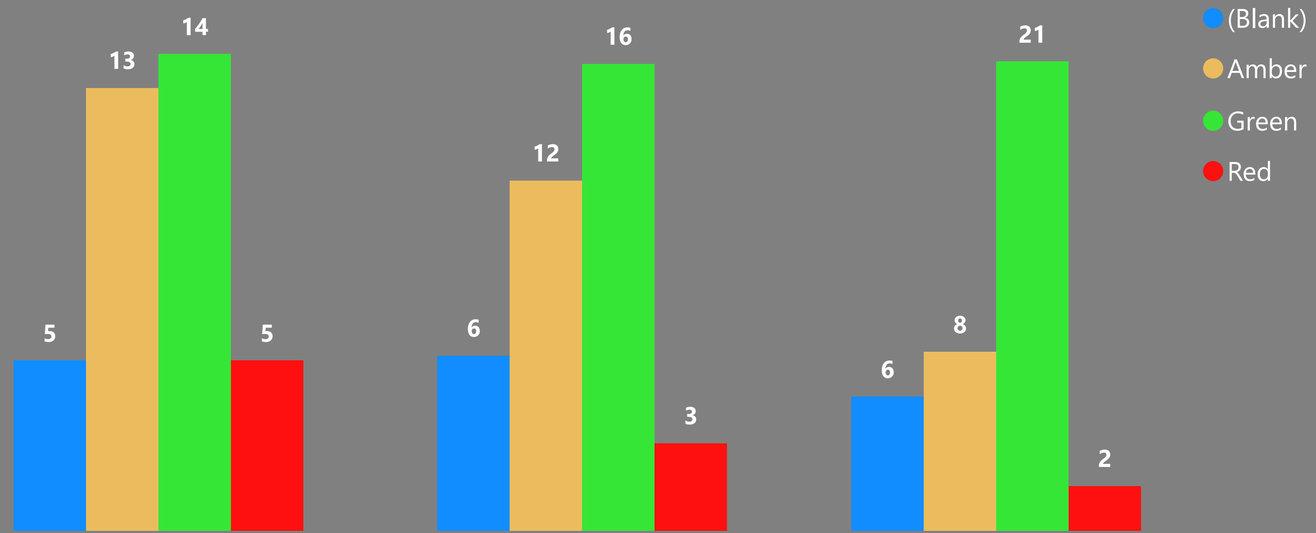
Summary
By Portfolio - Clinical Services

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Number of Actions by Status

Number of Un-Started Actions: 9	
Number of Active Actions: 26	Number of On Hold Actions: 2
Number of Completed Actions: (Blank)	Number of Closed Actions: 2

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

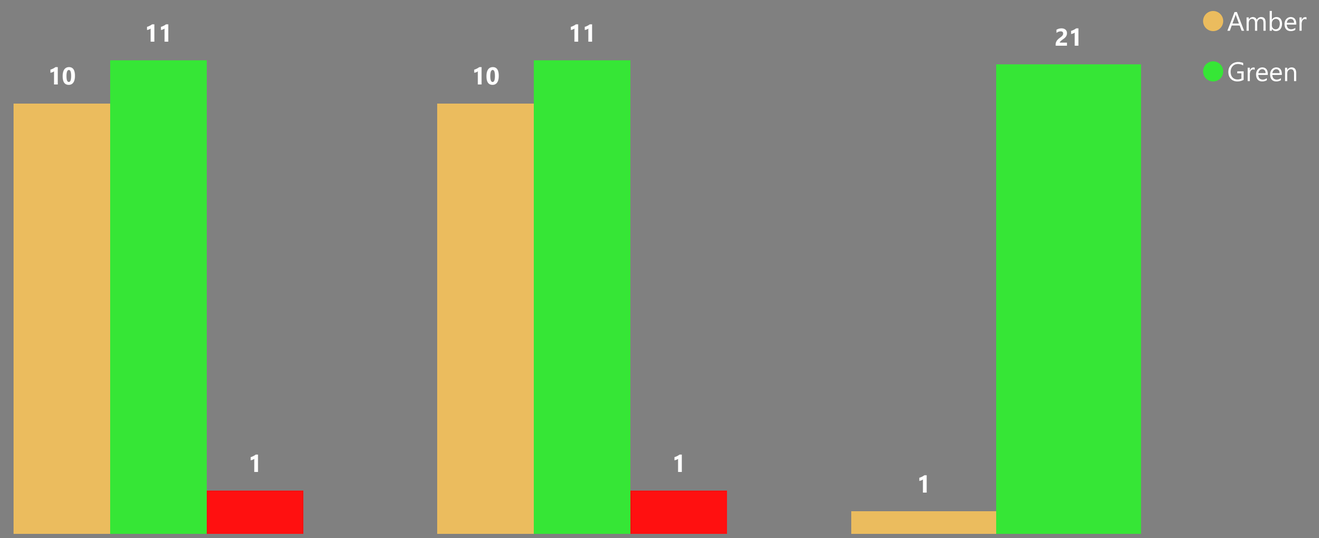
Summary by Portfolio - People & Culture

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Saunders,Nathan
13/06/2023 00:56:00

Number of Actions by Status

Number of Un-Started Actions: 7	
Number of Active Actions: 15	Number of On Hold Actions: (Blank)
Number of Completed Actions: 1	Number of Closed Actions: (Blank)

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

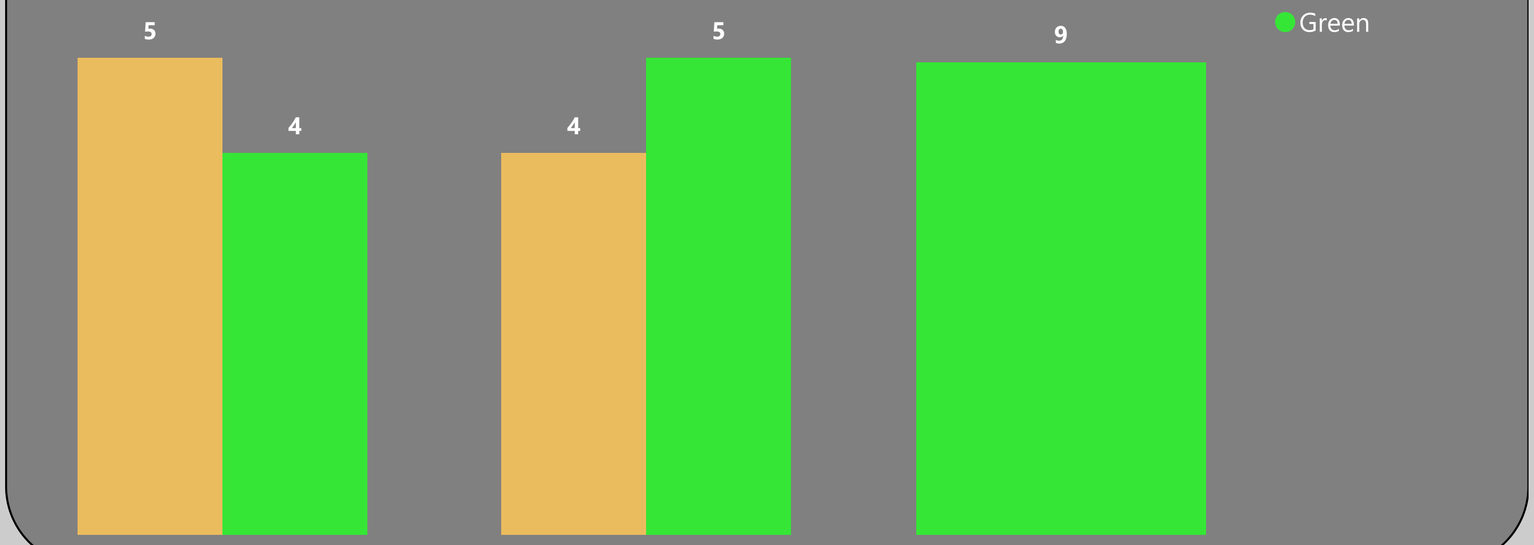
Summary by Portfolio - Quality & Value

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Number of Actions by Status

Number of Un-Started Actions
4

Number of Active Actions
5

Number of On Hold Actions
(Blank)

Number of Completed Actions
(Blank)

Number of Closed Actions
(Blank)

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

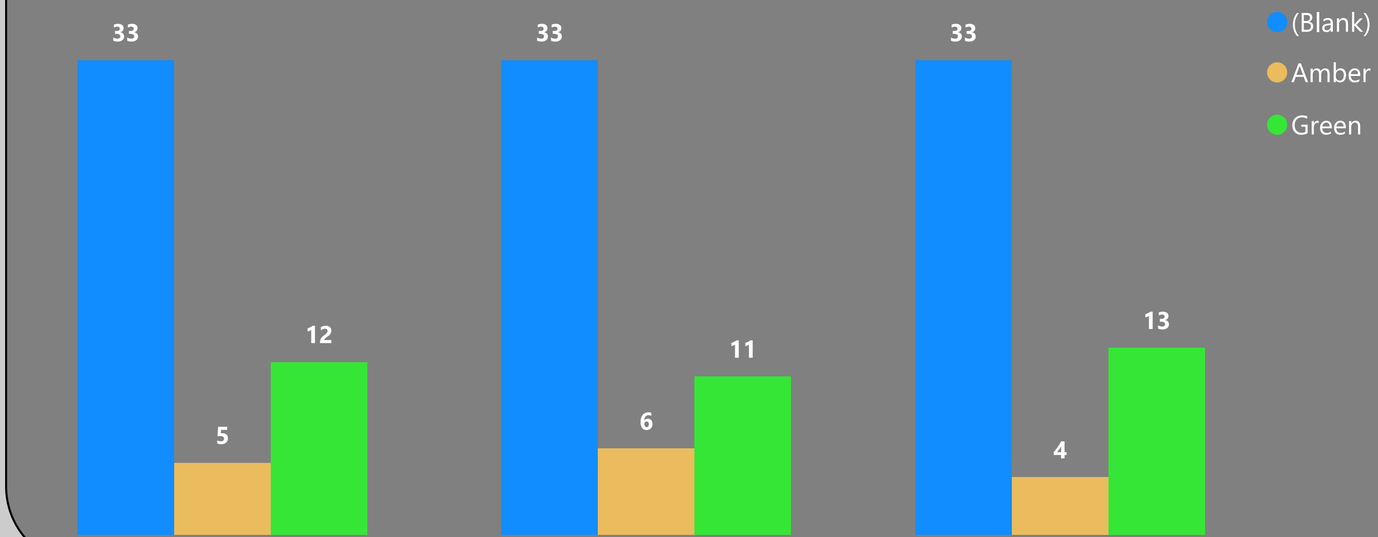
Summary by Portfolio - Future Generations

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Number of Actions by Status

Number of Un-Started Actions: 30	
Number of Active Actions: 18	Number of On Hold Actions: 2
Number of Completed Actions: 1	Number of Closed Actions: (Blank)

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

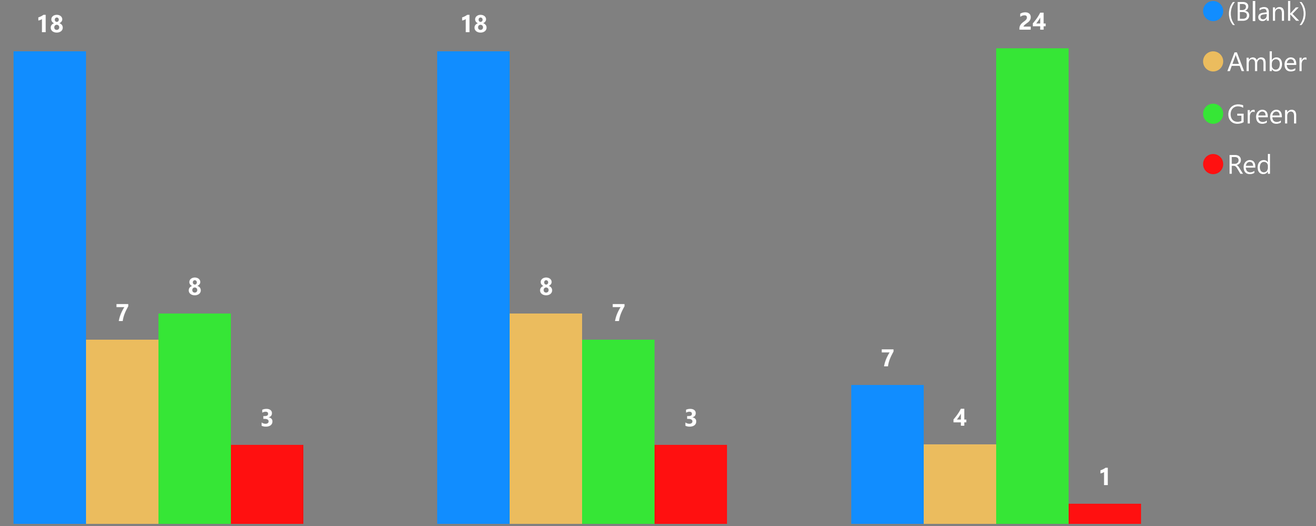
Summary by Portfolio - Population Health & Places

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Saunders Nathan
13/06/2025 00:56:00

Number of Actions by Status

Number of Un-Started Actions: 20	
Number of Active Actions: 16	Number of On Hold Actions: (Blank)
Number of Completed Actions: 1	Number of Closed Actions: (Blank)

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

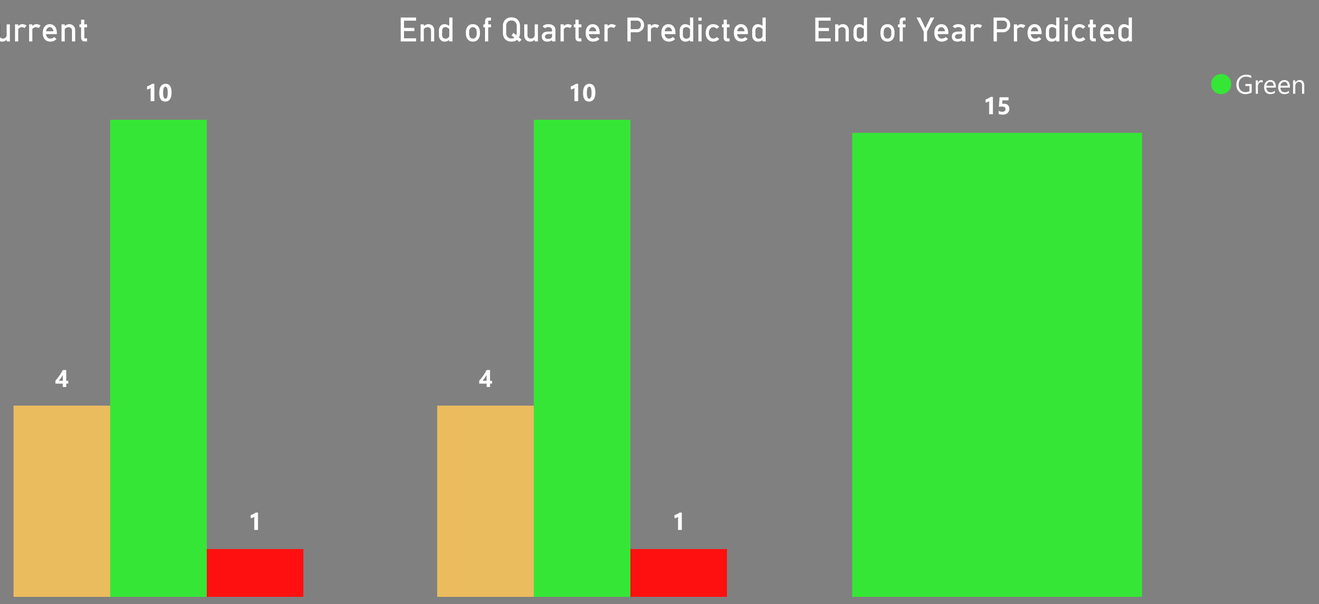
Summary by Portfolio - Value in Health

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Number of Actions by Status

Number of Un-Started Actions
(Blank)

Number of Active Actions
14

Number of On Hold Actions
1

Number of Completed Actions
1

Number of Closed Actions
(Blank)

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

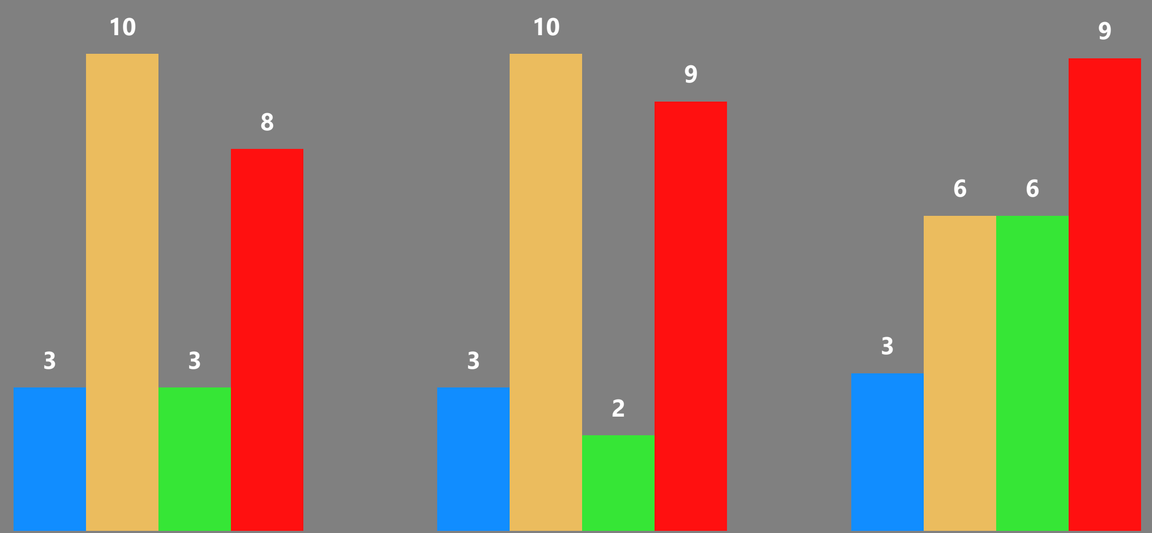
Summary by Portfolio - Infrastructure

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

Portfolio

- Clinical Services
- People & Culture
- Quality & Value
- Future Generations
- Population Health & Places
- Value in Health
- Infrastructure

RAG Status of Live/Open Actions, By Current, and Predicted Q1, Year End



(Blank) - not currently assigned Red Amber or Green
Red - Programme/activity has deviated from the baseline position
Amber - Programme/activity has some issues, but it will finish successfully
Green - Programme/activity is proceeding as planned

Saunders,Nathan
13/06/2025 00:56:00

Number of Actions by Status

Number of Un-Started Actions: 6	
Number of Active Actions: 18	Number of On Hold Actions: (Blank)
Number of Completed Actions: 2	Number of Closed Actions: (Blank)

Un-Started Actions - Have not been initiated
Active - Are being worked on
On Hold - Are currently on hold
Completed - Have been resolved successfully
Closed - Actions have been closed without completion

Report Title:	Monthly Monitoring Return – Month 1			Agenda Item no.		4.1
Meeting:	Finance and Performance Committee	Public	x	Meeting Date:	18th June 2025	
		Private				
Status:	Assurance		Approval		Information	x
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.

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.

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

1) Welsh Government financial commentary financial position for the one-month period ended 30th April 2025
2) April 2024/25 MMR

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
Safety: No
Financial: Yes
Workforce: No
Legal: No
Reputational: No
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***
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE ONE MONTH PERIOD ENDED 30th APRIL 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
- Anticipated pass-through funding on Long Term Agreements of £2.5m (1.77%)
- A £30.0m Savings programme

This results in a 2025/26 planning deficit of £58.2m.

The draft plan assumes that;

- The costs of the Real Living Wage (RLW), being paid to staff directly employed by the UHB, will be funded through the 2025-26 pay award funding in addition to the non recurrent funding for the impact of the policy on the social/third sector.
- The additional £18.8m of costs related to changes to the Employers NI rates will be fully funded
- The £58m recurrent impact of pay awards actioned in 2024/25 including bank staff pay awards will be fully funded.

At month 1 the UHB is reporting an overspend of £6.096m.

This is comprised of £0.432m unidentified savings, £0.012m of operational surplus and the planned deficit of £5.676m (the month 1 profile of the of £58.2m planned deficit set out in 2025-26 draft financial plan approved by the UHB Board and submitted to the Welsh Government.).

BACKGROUND

The Board agreed and submitted a draft financial plan to the Welsh Government at the end of March 2025. A summary of the draft financial plan submitted is provided in Table 1.

Table 1: 2025/26 Draft Plan

Planning Assumption	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Investments	51.100
Draft Deficit	**111.000**

Additional Allocations	(22.768)
Savings Plans	(30.000)
Final Planned Deficit	**58.233**

This represents the draft financial plan of the Health Board.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, which includes a planning deficit of £58.233m for 2025-26. This report details the financial position of the UHB for the period ending 30th April 2025.

A full commentary has been provided to cover the tables requested for the month 1 financial position.

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

Table A sets out the draft financial plan and latest position at month 1 for which the following should be noted:

- The UHB's £30.0m 2025/26 savings target is reported on lines 6,7 & 11.
- It is assumed that LTA inflation of £2.471m (1.77%) will be passed to the UHB from other Health Boards.
- The bought forward underlying deficit is £59.9m as outlined in the draft financial plan.

The identification and delivery of the £30.0m recurrent savings target is key to delivery of the planned in year and underlying position.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified in the financial plan and these will be reviewed on a monthly basis.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £6.096m and reflects the analysis contained in the annual operating plan in Table A. The UHB is reporting a deficit of £6.096m for the year to date as shown in Table 2.

Table 2: Summary Financial Position for the period ended 30th April 2025

	Plan PTD	PTD	PTD Var to Plan
Draft Plan	7,159	7,159	0
Quality Improvement Programme - savings	(1,483)	(1,051)	432
Operational Variance	0	(12)	(12)
Clinical/Service Board Variance	**5,676**	**6,096**	**420**

The month 1 deficit of £6.096m comprised of the following:

- £5.676m planned deficit
- £0.432m unachieved CRP gap
- £0.012m favourable variance against plan.

It is anticipated that the unachieved CRP gap at month 1 will be recovered as the year progresses and that the UHB will deliver its planned deficit position of £58.200m.

Executive Performance Reviews with the UHBs Clinical Boards focus on ensuring that both planning and operational pressures are identified and managed as they arise. In addition, the UHB continues work to develop and implement recurrent savings schemes that in turn will de-risk the draft financial plan.

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)

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

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

Table B2 – Movements from Opening Expenditure Plan

Following the submission of the draft financial paln, the UHB has reviewed and reassessed its resource limit assumptions as oulined in Table 3 below. The main change in assumptions relates to the £18.8m additional costs arising from changes in Employer NI rates and threshold values

Table 3 – Additional Resource Limit Assumptions

Additional Assumed Resource Limit Allocations	£'000s
25_26 NIER Additional 1.2% and Threshold Change	18,842
ARRP	109
CAMHS In-Reach Funding	622
Consultant Clinical Excellence Award / Consultant Impact Award	347
DEL Non Cash Depreciation - IFRS 16 Leases	3,079
DEL Non Cash Depreciation - Accelerated	1,979
ESMCP Control Room	116
ESMCP WAST Resources	38
Climate Focussed Spead and Scale Academy	52
Mental Health 111/Press 2 Service	208
Neigbourhood District Nursing	137
New Medical Training Posts 2017 to 2024	283
Pay award funding 2024-25	(2,272)
Dementia Connector	100
Memory Assessment Service	1,500
Short Breaksfor Carers	172
RTT Waiting Times _ Q1 Plans	2,783
Total Movement in assumed Resource Limit follwing MDS Submission £'000s	**28,095**

PAY & AGENCY (TABLE B2)

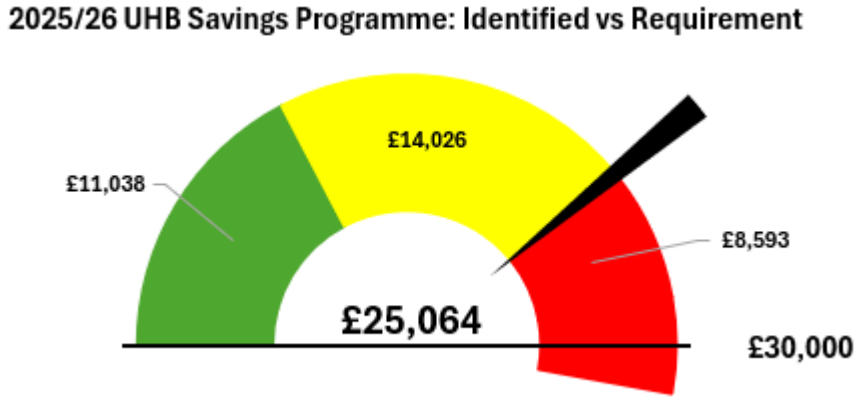
The UHB recorded Agency costs of £0.361m in month primarily due to nursing pressures. £0.257m of the costs recorded in April related to registered nursing and midwifery.

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

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

The reported gap of £4.9m in identified savings incorporates red schemes and the unidentified balance. Red schemes are excluded in accordance with the instruction from Welsh Government that red schemes are not included in the Monthly Monitoring Returns savings tables. Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes



INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

NHS organisations are 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 completed discussions to agree contract activity and financial values for all Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS organisations. It is anticipated that all agreements will be signed off within the Welsh Government deadline.

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 is assuming that Welsh Government will continue to provide resource cover for this cost, which was assessed at £0.222m in the previous financial year.

The UHBs confirmed /Revenue Resource Limit as of April 30th 2025 was £1,321m with a further £139.2m of assumed allocations as detailed at Table 4 below:

Table 4 – Unconfirmed Resource Limit Allocations as of 30th April 2025

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

This level of unconfirmed allocation (£139.2m less the £9.4m depreciation funding) will present a cash management risk to the UHB if it remains outstanding into the Autumn period and when it is combined with the forecast financial deficit (£58.2m) alongside the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP). Reimbursement for WRP instructed payments is always received in arrears of payment.

AGED WELSH NHS DEBTORS (TABLE M)

On the 30th April 2025 there were 2 invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. Both invoices have now been paid

PUBLIC SECTOR PAYMENT PERFORMANCE

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of April was 96.5%

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.

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 savings target of £30.0m.

The reported financial position for the first month is a reported overspend of £6.096m which is £0.420m above the £5.676m profile of the planned deficit.

SUZANNE RANKIN
CHIEF EXECUTIVE
14th May 2025

CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE
14th May 2025

Cardiff & Vale ULHB Period : Apr 25

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	20,890
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	5,751	0	5,751	6,959
12	**Opening IMTP / Annual Operating Plan**	-58,233	7,690	-65,924	-58,233
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-5,751	0	-5,751	-6,959
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	0	0	0	0
16	Other Movement in Month 1 Planned Savings - (Under achievement) / Over achievement	-84	-84	0	428
17	Additional In Year Identified Savings - Forecast	0	0	0	0
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0		
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	189	189	0	0
22	Unplanned Cost Pressures	-456	-456	0	0
23	Planned Mitigations Yet To Be Finalised	6,103	0	6,103	6,531
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26		0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	-58,233	7,339	-65,572	-58,233

	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	-4,992	-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	-4,258	-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	1,691	20,297
4	206	206	206	206	206	206	206	206	206	206	206	206	206	2,471
5												0	0	0
6	1,014	1,053	1,463	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	1,014	22,185
7	54	71	133	190	175	190	201	216	201	216	201	216	54	2,063
8													0	0
9													0	0
10													0	0
11		523	523	523	523	523	523	523	523	523	523	523	0	5,751
12	-6,285	-5,706	-5,243	-4,867	-4,987	-4,892	-4,457	-4,587	-4,485	-4,417	-4,431	-3,876	-6,285	-58,233
13	0	-523	-523	-523	-523	-523	-523	-523	-523	-523	-523	-523	0	-5,751
14													0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	-1	-1	-1	-1	-1	-2	-77	0	-84
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18													0	0
19													0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	189	0	0	0	0	0	0	0	0	0	0	0	189	189
22	0	0	0	0	0	0	0	0	0	-264	-192	0	0	-456
23	0	1,286	576	487	552	125	190	128	233	0	0	2,525	0	6,103
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26													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	-4,943	-5,191	-4,902	-4,959	-5,291	-4,791	-4,982	-4,776	-5,205	-5,147	-1,951	-6,096	-58,233

Cardiff & Vale ULHB

Period : Apr 25

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	379	10,103		0	6,511			
2		Actual/F'cast	379	480	577	639	827	811	890	892	1,121	1,160	1,161	1,161	379	10,098	3.75%	3,588	6,511	2,105	7,994	12,548
3		Variance	0	0	0	0	0	(0)	(0)	(0)	(0)	(1)	(1)	(1)	0	(5)	*0.00%*	3,588	0			
4	Non-Pay	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	437	7,211		4,663	2,549			
5		Actual/F'cast	437	342	558	766	471	514	794	648	535	535	535	1,000	437	7,132	6.12%	4,659	2,474	4,002	3,130	3,667
6		Variance	0	(0)	(0)	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(75)	0	(79)	*0.00%*	-4	-75			
7	Primary Care - Drugs & Appliances	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	73	1,107		947	160			
8		Actual/F'cast	73	73	73	87	87	87	97	97	97	111	111	111	73	1,107	6.58%	947	160	40	1,067	1,252
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
10	Secondary Care Drugs	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	49	992		535	457			
11		Actual/F'cast	49	82	85	85	85	85	87	87	87	87	87	87	49	992	4.94%	535	457	101	891	1,106
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
13	CHC/FNC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	59	2,458		0	2,458			
14		Actual/F'cast	59	59	142	170	170	220	273	273	273	273	273	273	59	2,458	2.41%	0	2,458	940	1,518	2,420
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
16	Primary Care Contractor	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	0	103		103	0			
17		Actual/F'cast	0	0	0	9	10	12	12	12	12	12	12	12	0	103	0.00%	103	0	0	103	116
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	3	30		30	0			
20		Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	3	3	30	8.33%	30	0	0	30	30
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
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	15	180		180	0			
26		Actual/F'cast	15	15	15	15	15	15	15	15	15	15	15	15	15	180	8.33%	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	1,014	22,185		6,458	0			
35		Actual/F'cast	1,014	1,052	1,453	1,773	1,667	1,747	2,171	2,027	2,143	2,195	2,196	2,661	1,014	22,100	8.33%	10,041	12,059	7,188	14,912	21,318
36		Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	0	(84)	*0.00%*	3,583	12,059			
37	Variance in month		0.00%	(0.04%)	(0.03%)	0.00%	(0.02%)	(0.05%)	(0.04%)	(0.04%)	(0.04%)	(0.06%)	(0.08%)	(2.80%)	0.00%							
38	In month achievement against FY forecast		4.59%	4.76%	6.57%	8.02%	7.54%	7.90%	9.82%	9.17%	9.70%	9.93%	9.94%	12.04%								

Cardiff & Vale ULHB **Period : Apr 25**

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings
1		Budget/Plan	205	240	298	343	531	533	612	614	843	882	883	883	205	6,867	0	4,941			
2	Pay - General & Substantive	Actual/F'cast	205	240	298	343	531	533	612	614	843	882	883	883	205	6,865	1,924	4,941	622	6,243	10,572
3		Variance	0	0	0	0	0	0	0	0	0	(0)	(1)	(1)	0	(2)	1924.0725	0			
4		Budget/Plan	141	207	246	262	262	245	245	245	245	245	245	245	141	2,836	0	1,570			
5	Pay - Variable	Actual/F'cast	141	207	246	262	262	245	245	245	245	245	245	245	141	2,833	1,264	1,570	1,082	1,751	1,976
6		Variance	0	0	0	0	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	0	(3)	1,264	0			
7		Budget/Plan	33	33	33	33	33	33	33	33	33	33	33	33	33	400	0	0			
8	Pay - Agency	Actual/F'cast	33	33	33	33	33	33	33	33	33	33	33	33	33	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	379	10,103	0	6,511			
11	Total	Actual/F'cast	379	480	577	639	827	811	890	892	1,121	1,160	1,161	1,161	379	10,098	3,588	6,511	2,105	7,994	12,548
12		Variance	0	0	0	0	0	(0)	(0)	(0)	(0)	(1)	(1)	(1)	0	(5)	3,588	0			

Table C2- V&S Saving Categories

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1		Budget/Plan	374	474	572	633	821	806	885	887	1,116	1,155	1,157	1,157	374	10,038
2	Workforce	Actual/F'cast	374	474	572	633	821	806	884	887	1,116	1,155	1,156	1,156	374	10,033
3		Variance	0	0	0	0	0	(0)	(0)	(0)	(0)	(1)	(1)	(1)	0	(5)
4		Budget/Plan	127	140	144	158	158	158	170	170	170	184	184	184	127	1,946
5	Medicines Management	Actual/F'cast	127	140	144	158	158	158	170	170	170	184	184	184	127	1,946
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7		Budget/Plan	454	379	571	778	484	527	807	660	547	547	547	1,087	454	7,389
8	Procurement & Non-pay	Actual/F'cast	454	379	570	778	483	526	807	660	547	547	547	1,012	454	7,310
9		Variance	0	(0)	(0)	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(75)	0	(79)
10		Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	59	2,458
11	CHC	Actual/F'cast	59	59	142	170	170	220	273	273	273	273	273	273	59	2,458
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13		Budget/Plan	0	0	0	0	0	0	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	0	250
17	Other - Commissioning	Actual/F'cast	0	0	25	25	25	25	25	25	25	25	25	25	0	250
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19		Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	0	103
20	Other - Primary Care	Actual/F'cast	0	0	0	9	10	12	12	12	12	12	12	12	0	103
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1,014	22,185
23	Total	Actual/F'cast	1,014	1,052	1,453	1,773	1,667	1,747	2,171	2,027	2,143	2,195	2,196	2,661	1,014	22,100
24		Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	0	(84)

Cardiff & Vale ULHB

Apr 25

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	1,014	22,185	7,272	14,912	5,978	20,890
	Month 1 - Actual/Fore	1,014	1,052	1,453	1,773	1,667	1,747	2,171	2,027	2,143	2,195	2,196	2,661	1,014	22,100	7,188	14,912	6,406	21,318
	Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	0	(84)	(84)	0	428	428
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total 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	1,014	22,185	7,272	14,912	5,978	20,890
	Total Actual/Forecast	1,014	1,052	1,453	1,773	1,667	1,747	2,171	2,027	2,143	2,195	2,196	2,661	1,014	22,100	7,188	14,912	6,406	21,318
	Total Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	0	(84)	(84)	0	428	428
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	54	2,063	418	1,645	505	2,150
	Month 1 - Actual/Fore	54	71	133	190	175	190	201	216	201	216	201	216	54	2,063	418	1,645	505	2,150
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	54	71	133	190	175	190	201	216	201	216	201	216	54	2,063	418	1,645	505	2,150
	Total Actual/Forecast	54	71	133	190	175	190	201	216	201	216	201	216	54	2,063	418	1,645	505	2,150
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	1,068	1,124	1,586	1,963	1,842	1,938	2,373	2,243	2,345	2,413	2,399	2,954	1,068	24,248	7,690	16,557	6,483	23,040
	Month 1 - Actual/Fore	1,068	1,123	1,586	1,963	1,842	1,937	2,372	2,242	2,344	2,411	2,397	2,877	1,068	24,163	7,606	16,557	6,911	23,468
	Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	0	(84)	(84)	0	428	428
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total 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	1,068	24,248	7,690	16,557	6,483	23,040
	Total Actual/Forecast	1,068	1,123	1,586	1,963	1,842	1,937	2,372	2,242	2,344	2,411	2,397	2,877	1,068	24,163	7,606	16,557	6,911	23,468
	Total Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	0	(84)	(84)	0	428	428

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	3,043	749	0	**3,792**	456	0
Scheduled Care	3,153	3,044	0	**6,197**	0	0
Unscheduled Care	120	0	0	**120**	0	0
Mental Health	664	911	0	**1,575**	0	0
Community Services	1,066	410	16	**1,492**	0	0
Primary Care	308	1,264	0	**1,572**	0	0
Commissioned Services - CHC	0	1,732	0	**1,732**	0	0
Commissioned Services - Specialised Services	0	250	0	**250**	615	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	1,360	1,185	0	**2,546**	312	0
Non Clinical Support	99	0	0	**99**	0	0
Executive / Corporate Areas	269	2,457	0	**2,726**	680	0
Total	**10,082**	**12,002**	**16**	**22,100**	**2,063**	**0**

Saunders,Nathan
13/06/2025 00:56:00

Report Title:	Rapid Planning Event December 2024: Findings Report		Agenda Item no.		Corporate Governance will complete this
Meeting:		Public		Meeting Date:	
		Private			
Status:	Assurance		Approval		Information
Lead Executive:	Executive Director of Finance				
Report Author:	Executive Director of Finance				

Background and current situation:

The attached report presents the findings from the Rapid Planning event held in December 2024.

The report sets out the methodology and structure used throughout the 3-day event, summarises the outputs and makes recommendations for future events.

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

The outputs of the Rapid Planning Event helped shape our Organisational strategic shifts, informed our Annual Plan priorities for 2025/2026 and refined our Strategic Portfolio priorities.

The event was valuable in enhancing understanding, fostering collaboration and developing strategic vision.

Similar exercises will be utilised as part of our next planning cycle to shape plan development and ensure senior leadership engagement in and ownership of the plan.

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

1) Slide deck – Rapid Planning Event Findings

Recommendation:

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

a) **Note** the Findings Report

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

Putting People First		Providing Outstanding Quality	
1. **Click the objective above to view more detail.**	x	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)***		

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

RAPID PLANNING EVENT DECEMBER 2024

Findings Report

Presented by:

Siapio Newid
Shaping Change
Caerdydd a'r Fro | Cardiff and Vale

Foreword

As Chief Executive, I am both excited and deeply committed to the journey we are embarking on following our recent Rapid Planning Event. Over the course of three intensive days, our dedicated team came together to address the critical challenges facing our organisation. This event was not just a meeting but a pivotal moment for us to redefine our approach to delivering quality care and improving health outcomes for our population.

Our discussions were driven by a clear and pressing problem statement: ***we fail to consistently deliver quality care and improved health to meet the needs and expectations of our population in a sustainable way.*** This inconsistency leads to inequity, delays, and inefficiencies, which ultimately impact the very people we are here to serve—our patients and communities.

We recognised that while we do deliver exceptional care in many instances, our goal must be to achieve this level of excellence consistently, for everyone, all the time. This requires a fundamental shift in how we operate, plan, and utilise our resources. With an annual budget of approximately £2 billion, it is imperative that we demonstrate the most effective use of these funds before seeking additional resources.

During the event, we focused on developing actionable plans that address our immediate challenges while also laying the groundwork for long-term improvements.

We emphasised the importance of commissioning intentions, ensuring that our plans are not only about managing risks but also about fixing the root problems. This strategic approach will help us bridge the gap between our current capabilities and the future needs of our population.

Our commitment to value-based healthcare was a central theme, recognising that prevention is key to reducing the burden on our system. By integrating preventative measures into our care pathways, we aim to provide seamless, end-to-end care that addresses the needs of our diverse and growing population, including the vulnerable groups who require our support the most.

I am immensely proud of the capability and dedication demonstrated by our team during this event. The collaborative spirit and innovative thinking displayed give me great confidence in our ability to navigate the challenges ahead. Together, we will create a sustainable, equitable, and effective healthcare system that truly meets the needs of our population.

Thank you for your unwavering commitment and hard work. Let us continue to build on the momentum from this event and drive forward the changes necessary to achieve our vision.

Suzanne Rankin
Chief Executive

Context

The Rapid Planning Event is set against a backdrop of significant political, economic, social, and legal factors impacting our organisation. Politically, the Welsh Government's lack of a majority and the upcoming Senate elections in 2026 are crucial. These elections will expand the Senate from 60 to 96 members, increasing political scrutiny and potentially affecting our service changes.

Economically, the Welsh Government's budget allocation to Health and Social Care is set to rise from 52% to 56%, highlighting the growing financial pressures. This increase, however, comes at the expense of other public services, underscoring the need for efficient resource utilisation within our organisation.

Socially, public dissatisfaction with the NHS is at its highest, despite strong support for its existence. This dissatisfaction is driven by perceived inefficiencies and unmet expectations, which our planning must address to restore public trust.

Legally, we face numerous legislative requirements, from primary care to dental services, which we must meet amidst these challenges. Understanding these PESTLE factors is essential for developing robust, responsive plans that address our immediate needs and lay the groundwork for sustainable, long-term improvements.

This context underscores the importance of our event in shaping a resilient, effective healthcare system for the future.

About Cardiff and Vale UHB

Cardiff and Vale University Health Board (CAV UHB) is one of the largest NHS organisations in Europe, serving a population of approximately 500,000 people in Cardiff and the Vale of Glamorgan.

It is structured into seven clinical boards, each responsible for different areas of healthcare delivery, supported by various corporate functions and service boards. This structure ensures comprehensive coverage of healthcare services, from primary and community care to specialised and acute services.

CAV UHB faces several challenges, including increasing demand and waiting times, financial pressures, health inequalities, workforce recruitment and retention, and public dissatisfaction. Addressing these issues requires strategic planning and innovative solutions. The Health Board is committed to improving service delivery and patient outcomes while ensuring sustainable healthcare for the future. By leveraging its structured approach and focusing on key areas such as prevention and efficient resource utilisation, CAV UHB aims to meet the evolving needs of its population.

Understanding the problem

To drive this event, senior leaders across Cardiff and Vale UHB collaboratively developed the following problem statement: *we fail to consistently deliver quality care and improved health to meet the needs and expectations of our population in a sustainable way.*

A well-defined problem statement is crucial for driving effective change at a large scale. It provides clarity, aligns stakeholders, and sets a clear direction for solutions. Without a precise problem statement, efforts can become fragmented and misaligned, leading to inefficiencies and wasted resources.

A shared understanding of the problem ensures that all team members and stakeholders are on the same page, fostering collaboration and collective ownership. This unity is essential for coordinated action, innovation, and achieving sustainable outcomes.

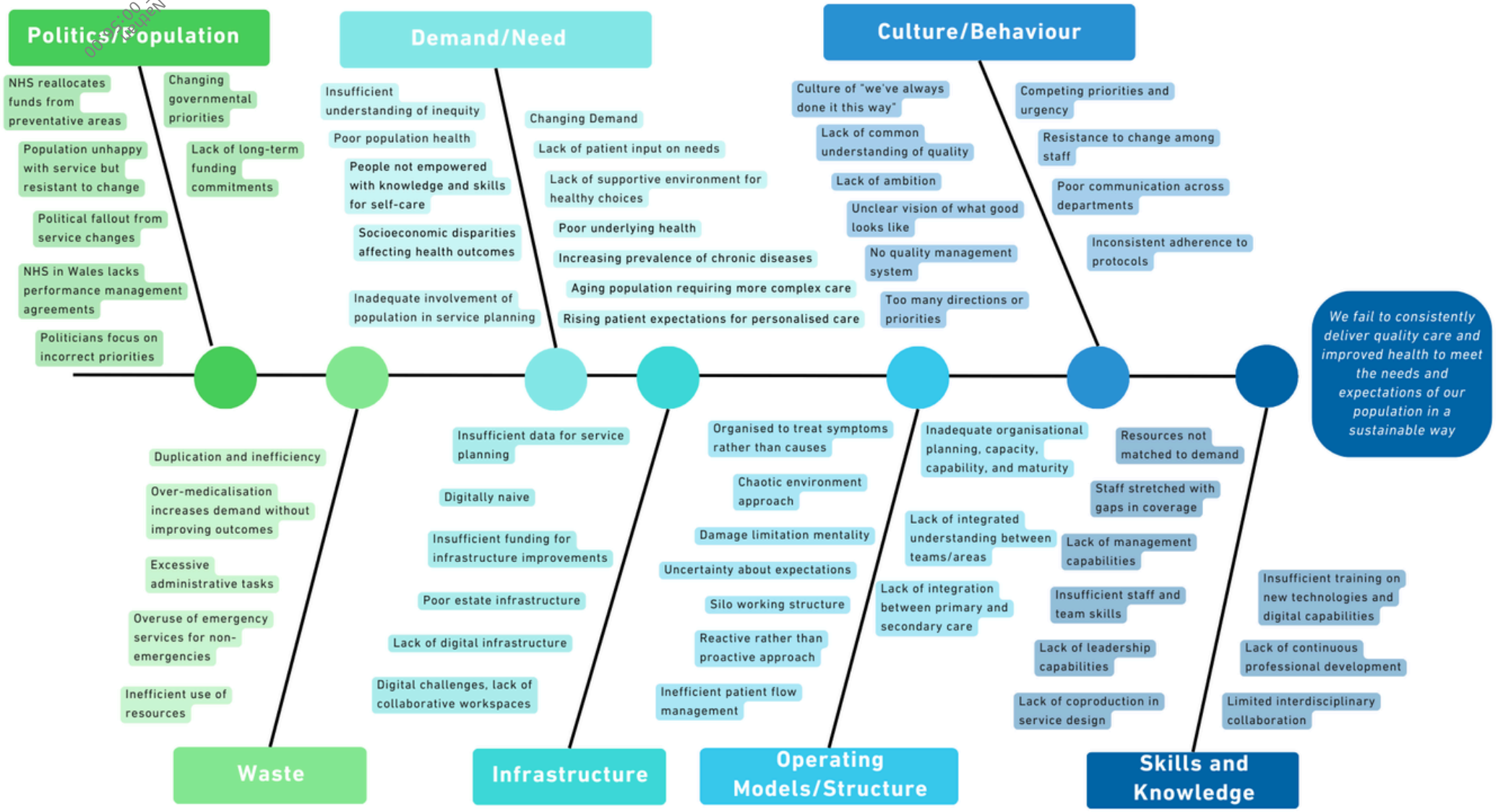
For this event, we employed methodology from *The Spread & Scale Academy* to develop the problem statement.

Fishbone Diagram

During the event, senior leaders looked to get a better understanding of the various causes of the agreed problem statement, which can be seen in this fishbone diagram.

A fishbone diagram, or cause-and-effect diagram, visually identifies potential causes of a problem, helping teams systematically analyse and address root causes for effective solutions.

The fishbone diagram from the event can be seen overleaf.



Rapid Planning Event - Methodology and Structure

The methodology for the Rapid Planning Event was inspired by military-style planning exercises, which have been adapted to suit the unique context of Cardiff and Vale University Health Board (CAVUHB) by the Health Board's Shaping Change Team. This structured approach ensured a comprehensive and collaborative process, enabling us to address our organisational challenges effectively. By leveraging these proven planning techniques, we aimed to foster a dynamic environment where teams could share insights, analyse issues, and develop actionable plans for the future.

Stage 1 - Understand

In this initial stage, each team captured and shared details about their areas, the services they provided, and the context in which they operated. Each team delivered a 5-minute brief, with the details captured in written format. This helped establish a baseline understanding of the organisation as a whole, our roles within it, and the factors contributing to our current challenges.

Stage 2 - Analysis

This stage focused on understanding the internal and external issues that presented our strengths, weaknesses, opportunities, and threats (SWOT). Each team conducted a SWOT analysis centred around the problem statement. Teams provided a short readout of their analyses, which were captured for future reference and reviewed by the executive team.

Stage 3 - Planning

In this stage, teams delved deeper into the themes identified in Stages 1 and 2 to determine priorities for future planning. Each team presented a readout of their deep analysis to ensure situational awareness across the organisation.

Stage 4 - Contribution

Teams considered the information gathered in Stages 1-3 and confirmed their contributions to the overall plan. This included readouts from each team and the executives on their respective contributions.

Stage 1 - Understand

Clinical Teams

Children and Women Clinical Board

The Children and Women's Clinical Board provides comprehensive healthcare services across Cardiff and South Wales. Our multidisciplinary team is dedicated to delivering high-quality care from maternity to specialised paediatric services, ensuring the best outcomes for women, children, and families.

Summary Understanding

- **Staff:** 2038 WTE
- **Beds:** 243 total (77 Maternity, 22 Gynaecology, 144 Paediatrics)
- **Annual Antenatal Services:** 5000
- **NICU Level 3**: Only one in Wales
- **Paediatric Critical Care**: Only unit in Wales
- **Waiting Lists**: Significant demand with long waiting times in various services

What we do (at a glance)

- **Maternity and Obstetrics:** Comprehensive services including antenatal, intrapartum, postnatal care, and foetal medicine. We provide care at UHW, UHL, and in the community, supporting over 5000 antenatal visits annually.

- **Gynaecology**: Services include emergency gynaecology, benign gynaecology, oncology, early pregnancy assessment, and pregnancy advisory services. We also offer specialised services such as colposcopy and sexual assessment referral.

- **Children's Hospital for Wales:** The only provider of tertiary paediatric services in Wales, offering care in NICU, PICU, rheumatology, endocrinology, infectious diseases, immunology, respiratory, cardiology, neurology, gastroenterology, haematology, oncology, nephrology, and general paediatrics. Our hospital is equipped with 144 beds, including specialised units for critical and high dependency care.

- **Community Services:** Providing a wide range of community-based services including early intervention, health visiting, school nursing, mental health services, and various therapies. Our services extend to special schools, community clinics, and virtual beds in the community, ensuring comprehensive care for children and young people.

Context and Challenges

- **Demand and Capacity:** Managing high demand and long waiting lists, especially in neurodevelopmental and mental health services.
- **Infrastructure and Compliance:** Addressing ageing infrastructure and ensuring compliance with regulatory standards.
- **IT and Digital Infrastructure:** Upgrading outdated IT systems and implementing new digital solutions.
- **Workforce:** Tackling high maternity leave rates, temporary staffing reliance, and workforce diversification.
- **Financial Pressures:** Managing a significant budget deficit and rising costs amidst increasing demand.

Clinical Diagnostics & Therapeutics Clinical Board

The Clinical Diagnostics & Therapeutics (CD&T) Clinical Board provides a wide range of diagnostic and therapeutic procedures on a local, regional, and UK-wide basis. These services are essential to almost every aspect of clinical activity within the UHB, supporting early detection, health optimisation, and risk reduction.

Summary Understanding

- **Staff:** 2747
- **Budget:** £135 million
- **Annual Activity:**
  - 6,000 CT scans/month
  - 2,000 MRIs/month
  - 16,000 X-rays/month
  - 275,000 phlebotomy patients/year
  - 2,500 biochemistry samples/day
  - 58,000 blood groupings/year
  - 60,000 cellular pathology specimens/year

What we do (at a glance)

- **Laboratory Medicine:** Includes Medical Biochemistry & Immunology, Haematology, Cellular Pathology, and Mortuaries. Services include newborn and antenatal screening, blood transfusion, and pathology.
- **Pharmacy and Medicines Management**: Manages pharmacovigilance, medicines optimisation, and aseptic pharmacy production.
- **Radiology and Medical Physics/Clinical Engineering:** Provides diagnostic imaging, bone densitometry, and manages 44,000 medical devices.
- **Therapies Directorate:** Offers services in Nutrition and Dietetics, Occupational Therapy, Physiotherapy, Podiatry, and Speech and Language Therapy. Supports health education, long COVID recovery, weight management, and prehabilitation.
- **Medical Illustration:** Supports teledermoscopy for early detection of skin conditions.
- **Hosted Services:** Includes AWTTC and WEQAS, focusing on safe medicine use and quality assurance.

Context and Challenges

- **Regulation and Compliance:** Subject to MHRA, UKAS, HTA, and other regulatory bodies.
- **Infrastructure:** Ageing infrastructure poses risks to compliance and service delivery. Recent upgrades include Mortuary and IR suites.
- **IT/Digital Risks:** Impact from ageing hardware and slow delivery of key IT systems.
- **Backlogs:** Significant backlogs in Cellular Pathology and Radiology, leading to delays in diagnosis and treatment.
- **Finance:** Despite a budget of £135 million, the board faces a £0.9 million CRP gap and a projected £8 million deficit for the next financial year due to rising costs and increasing demand.

Medicine Clinical Board

The Medicine Clinical Board (MCB) delivers comprehensive secondary healthcare services to a diverse population, addressing multiple, complex health needs from birth to end-of-life care. Our multidisciplinary team ensures high-quality care through both unscheduled and planned services, including public health screening and community outreach.

Summary Understanding

- **Staff:** 2175 WTEs
- **Budget:** £186m
- **Beds:** 674 (acute, rehabilitation, and transitional care)
- **Endoscopy Theatres:** 8 (6 at UHL, 2 at UHW)
- **Day Units:** Rheumatology, Dermatology, IBD, Diabetes, Endocrine, Pleural, Asthma, Lung
- **Day Hospitals:** 2 (UHL & St Davids)
- **Length of Stay:**
  - All patients average LoS in MCB = 13.9 days
  - High risk patients average LoS in MCB = 30.1 days
  - Non-high risk patients average LoS in MCB = 4.2 days
- **Emergency Unit weekly average attendances:** 2500
- **Average daily admissions to medical beds:** 60

What we do (at a glance)

- **Emergency and Acute Medicine**: Services include the Emergency Unit at UHW, Paediatric ED, Assessment Units, Medical Emergency Assessment Unit at UHL, Barry Minor Injuries, and a virtual ward.
- **Integrated Medicine**: Primary bed holding directorate with extensive outpatient and planned care activities, including cancer care, regional and tertiary speciality services, and geriatrics.
- **Specialised Medicine**: Focuses on JCC funded services with significant planned care activity and a smaller bed base supporting unscheduled care pathways.

Specialty Services

- **Respiratory:** Includes asthma, lung, and pleural services.
- **Diabetes and Endocrine:** Comprehensive care for diabetes and endocrine disorders.
- **Geriatrics:** Memory team, Parkinson's, ECAS, frailty intervention, and older persons acute clinic.
- **Infectious Diseases:** Management and treatment of infectious diseases.
- **Stroke/TIA:** Acute care and rehabilitation for stroke and transient ischemic attacks.
- **Dermatology and Rheumatology:** Outpatient facilities and dedicated treatment theatres.
- **Gastroenterology:** Includes luminal, hepatology, intestinal failure, and endoscopy services.
- **Welsh Gender Service**

Context and Challenges

- **Demand vs Capacity:** High demand in emergency care, diagnostics, diabetes, pharmacology, and memory services.
- **Quality and Safety:** Addressing healthcare-associated harm, incidents, and patient experience.
- **Length of Stay (LoS):** Managing stranded and super stranded patients.
- **Sustainability:** Overspend against operational budget and failure to meet CIP due to demand/capacity issues.
- **Service Redesign:** Ongoing efforts to redesign services for better efficiency and effectiveness.
- Workforce Resilience: Reliance on temporary staffing and future workforce needs.

Mental Health Clinical Board

The Mental Health Clinical Board (MHCB) is dedicated to assessing, diagnosing, treating, and maintaining the mental health wellbeing of our population. We provide a range of services from mild to severe mental health conditions.

Summary Understanding

- **Staff:** 1694 WTEs
- **Budget:** £113m
- **Beds:** 245 (150 Adult Inpatient, 95 Older Adult Mental Health)
- **Service Demand:** 43,000 cases handled so far this calendar year.
- **Legal and Assurance Obligations:** Extensive compliance with the Mental Health Act and other regulations.

What we do (at a glance)

- **Adult Inpatient Services:** 150 beds across acute, psychiatric intensive care, crisis, and rehabilitation units.
- **Older Adult Mental Health Services:** 95 beds for dementia, functional, and neuropsychiatry care.
- **Primary Mental Health Services:** Evidence-based treatments for mild to moderate mental health problems.
- **Specialist Services:**
  - **Early Onset Psychosis:** Headroom service for individuals aged 14 and above.
  - **High-Risk Eating Disorders:** SHED service for individuals aged 17 and above.
  - **Transition Services:** Support for young people moving from CAMHS to adult Community Mental Health Teams (CMHTs).
  - **Neurodiverse Interventions:** Diagnosis, treatment, and maintenance for neurodiverse conditions.
- **Community and Outpatient Services:** Comprehensive care pathways from pre-primary to specialist inpatient care, including crisis intervention and rehabilitation.
- **Legal and Assurance Obligations:** Compliance with the Mental Health Act and other regulations, with extensive assurance processes.
- **Stakeholder Engagement:** Collaboration with social care, Ministry of Justice, third sector, and external providers for comprehensive care delivery.

Context and Challenges

- **Demand and Capacity:** High demand with 43,000 cases this year, including planned, unscheduled, routine, urgent, and emergency care.
- **Workforce:** Young workforce with a high proportion of part-time female staff; 6.58% sickness rate.
- **Infrastructure:** Poor estate conditions and restrictive inpatient environments.
- **Public Perception:** Stigma and cultural perceptions affecting mental health treatment.
- **Digital Exclusion:** Challenges with health literacy and digital access in some communities.
- **Financial Pressures:** Rising costs, particularly in Continuing Healthcare (CHC) funding.
- **Collaboration:** Need for better integration with other clinical boards and external partners.

Primary, Community and Intermediate Care Clinical Board

The Primary, Community, and Intermediate Care (PCIC) Clinical Board delivers integrated healthcare services across primary, community, and intermediate care settings. It focuses on preventative care, chronic disease management, and supporting patients in their communities to reduce hospital admissions and improve overall health outcomes.

Summary Understanding

Approximate Annual Data Summary

- **General Medical Services (GMS)**
  - 3,060,000 consultations
- **Community Pharmacy**
  - 10,170,012 prescription items dispensed
  - 141,552 clinical service consultations
  - 137,028 flu vaccinations
- **District Nursing**
  - 221,904 visits
  - 43,128 individuals supported to stay at home
- **Vale Community Resource Service (VCRS)**
  - 37,800 visits
  - 3,000 individuals annually
- **Cardiff Community Resource Team (CRT)**
  - 4,872 individuals annually
- **Safe@Home**
  - 1,224 patients
- **Unscheduled Care**
  - CAV247: 138,264 calls
  - Urgent Primary Care Centres (UPCC): 35,400 booked appointments
- **Immunisation**
  - 359,172 COVID-19 vaccinations
  - 184,320 incoming calls to the immunisation team
- **DOSH (Directly Observed Therapy)**
  - 41,928 patients accessing clinics

- **Budget:** £380m, including:
  - Nationally set and allocated funding (£160m - Contractor Services)
  - CHC (£70m)
  - Prescribing (£85m)
  - Community (£60m)
  - Ring-fenced monies with restrictions

What we do (at a glance)

- **General Medical Services (GMS):** Provide consultations and care for registered patients.
- **Community Pharmacy:** Dispense prescriptions and offer clinical consultations and flu vaccinations.
- **District Nursing:** Conduct home visits and support individuals to stay at home.
- **Vale Community Resource Service (VCRS):** Offer visits and support for individuals in the Vale.
- **Cardiff Community Resource Team (CRT):** Provide support for individuals in Cardiff.
- **Safe@Home:** Assist patients to remain safely at home.
- **Unscheduled Care:** Operate the CAV247 service and Urgent Primary Care Centres.
- **Immunisation:** Administer COVID-19 vaccinations and handle immunisation-related calls.
- **DOSH**: Provide an integrated, accessible and confidential sexual health service

Specialist Services Clinical Board

The Specialist Services Clinical Board (SSCB) provides a range of highly specialised healthcare services, supported by a multidisciplinary team. Our services are critical for patients with complex and rare conditions, ensuring they receive the best possible care.

Summary Understanding

- **Staff:** 1,371 WTEs
- **Total Budget:** £166.2 million
- **Total Beds:** 194
  - Cardiothoracics: 63 beds
  - Critical Care: 44 beds
  - Haematology, Immunology, Metabolic Medicine, NETS, TCT: 35 beds
  - Major Trauma: 14 beds (Polytrauma Unit)
  - Nephrology & Transplant: 47 beds

What we do (at a glance)

- **Artificial Limb and Appliance Service:** Provides orthotics, prosthetics, electronic assistive technology, and posture and mobility services from Rookwood Hospital and Treforest Industrial Estate.
- **Cardiothoracics:** Includes cardiology, cardiac surgery, thoracic surgery, and cardiac physiology, serving South-East Wales and beyond.
- **Critical Care:** Manages 44 physical bed spaces, including 38 level 3 beds, with a focus on high-acuity patients.
- **Haematology, Immunology, Metabolic Medicine, NETS, TCT:** Offers outpatient, day unit, and inpatient care for a range of haematological conditions, including cancer.
- **Major Trauma:** Provides regional trauma services as part of the Major Trauma Network, with a dedicated Polytrauma Unit.
- **Nephrology & Transplant:** Specialises in renal and pancreas transplantation and dialysis services for South and West Wales.
- **Neurosciences:** Delivers comprehensive neurological care, including surgery and rehabilitation.

Context and Challenges

- **Political:** WG priorities and internal politics affecting service delivery and capacity.
- **Economic:** Impact of pensions tax, recruitment challenges, and increased costs of drugs and devices.
- **Social:** Growing patient population with chronic diseases and transitional care needs.
- **Technological:** Opportunities for research partnerships and new treatment options, but digital constraints exist.
- **Legal:** Compliance with new laws and managing legal cases involving staff and patients.
- **Environmental:** Climate change impacts on service delivery and infrastructure.

Surgical Clinical Board

The Surgical Clinical Board (SCB) provides comprehensive surgical services across multiple specialties, supported by a multidisciplinary team. Our services cater to both local and regional populations, ensuring high-quality care and advanced surgical interventions.

Summary Understanding

- **Staff:** 2368 WTEs
- **Total Budget:** £380m
- **Beds:** 335
  - UHW: 229
  - UHL: 106

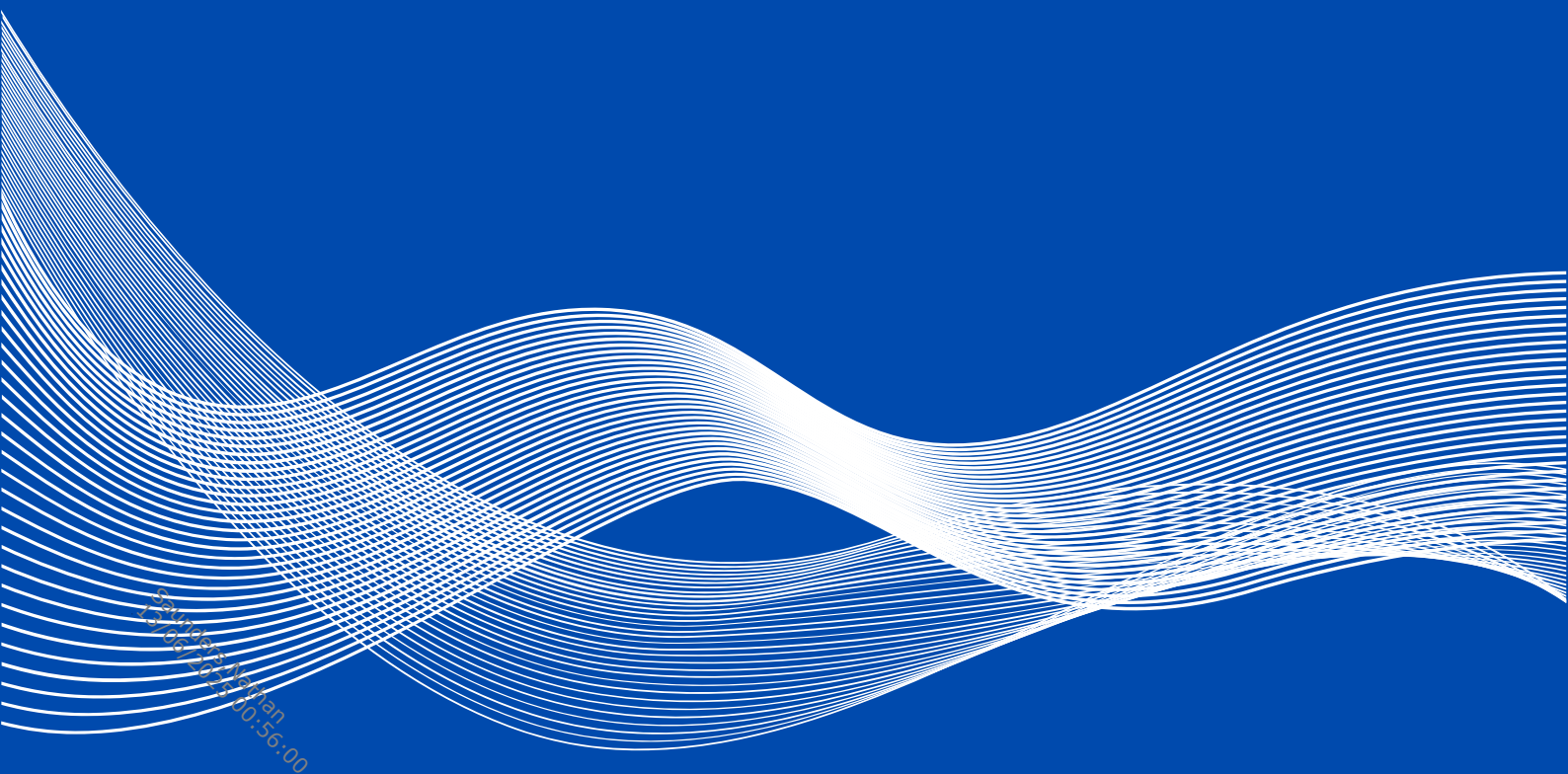
What we do (at a glance)

- **Surgical Services:** Provide clinical services across multiple specialties, including regional and tertiary services for the Welsh population.
- **Outpatient Services:** New and follow-up outpatient appointments, with a focus on reducing DNA rates and improving patient engagement.
- **Elective and Emergency Surgery:** Manage elective inpatient/day case admissions and emergency surgical services.
- **Cancer Pathways:** Specialise in cancer treatment for urology, breast, spines, upper GI, and lower GI.
- **Inpatient Services:** Provide comprehensive inpatient care, including ring-fenced beds for elective activity and hip fracture patients.
- **Emergency Services:** Operate a 24/7 SDEC model at UHW, with GP referral and on-call models ensuring timely patient review.

Context and Challenges

- **Planned Care:** Addressing the impact of COVID-19 on routine waiting lists and striving to meet patient cohort targets.
- **Cancer Delivery:** Sustaining 62-day pathways and addressing recurrent discharge issues in specific specialties.
- **Inpatient Services:** Managing bed capacity and medical outliers, especially during winter spikes.
- **Emergency Services:** Ensuring effective 24/7 emergency care with consultant-level weekend cover.
- **Finance:** Budget constraints and reliance on additional funding to clear activity backlogs.
- **Workforce:** High number of staff on secondments, reliance on locums, and challenges in attracting and retaining skilled professionals.
- **Quality and Safety:** Addressing incident outbreaks, long waiting times, and improving patient communication about care plans.

Corporate Teams



Capital, Estates and Facilities

The Capital, Estates and Facilities (CEF) department plays a crucial role in supporting our healthcare services. Managing 48 premises, including five hospitals and 18 community facilities, the CEF team addresses significant challenges such as a substantial backlog in maintenance and rising utility costs. Their efforts ensure that our infrastructure meets the needs of our patients and staff, while also supporting the strategic goals of the organisation.

Summary Understanding

- **Revenue Allocation:** £74 million per annum
- **Capital Allocation:** £43 million (including £14 million discretionary capital and additional capital slippage)
- **Premises:** 48, including 5 hospitals and 18 community facilities
- **Staff:** 1,471 employees
- **Backlog Maintenance:** £178 million
- **Annual Utilities Cost:** £17.9 million
- **Meals Served Annually:** 1.6 million
- **Maintenance Requests Annually:** 132,000
- **Waste Management:** Legal requirement to segregate waste, with fines for breaches
- **Current Capital Schemes Under Construction:** £13.2 million
- **Business Cases in Progress:** £2.064 million
- **Energy Cost Increase:** From £11.7 million in 2021/22 to £17.9 million in the current year

What we do (at a glance)

- **Housekeeping Services:** Maintain cleanliness standards and provide Rapid Response Team for emergency cleaning.
- **Patient Catering:** Provide nutritious meals to aid patient recovery.
- **Security Services:** Ensure safety and security of UHB sites
- **Helipad:** Operate the helipad for trauma and inter-hospital transfers, staffed by trained Rescue, Fire Fighting & Safety Operatives.
- **Waste Management**
- **Linen Services**: Supply linen, ensuring quality and patient dignity.
- **Postal Services:** Handle receipt, sorting, and distribution of mail and packages.
- **Residence Accommodation:** Provide accommodation for staff and students.
- **Portering Department:** Offer 24/7 support for patient and item transfers.
- **Reception Services and Switchboard**
- **Estates Services:** Maintain building and engineering services across UHB estate.
- **Restaurant Service:** Provide catering services to staff, students, and visitors.
- **Transport Services**
- **Joint Equipment Service (JES):** Deliver equipment to support patient independence.
- **Discretionary Capital:** Manage the UHB discretionary capital programme, with significant investment needs identified.
- **Estate Statutory Compliance:** Address statutory compliance issues and manage asbestos risks.
- **Strategic Capital:** Oversee major capital schemes and business cases funded by Welsh Government.
- **Estate Rationalisation:** Plan to rationalise UHB assets, including closing specific buildings.

Communications and Engagement

The Communications and Engagement Team plays a vital role in both proactive and reactive communications within the organisation. Utilising evidence-based approaches and analytics, the team manages long-term campaigns, social media, media relations, and stakeholder engagement. They facilitate two-way communication through platforms like SharePoint and Viva Engage, ensuring effective dissemination of information and fostering a collaborative environment across the Health Board.

Team Composition

- Permanent Staff: 11
- Externally Funded Staff: 4 (1 of whom is Fixed Term)
- Vacancies: 3

Summary Understanding

- **Monthly website views:** 210,000
- **Total social media following:** 88,000
- **Percentage female followers:** approx 80%
- **Percentage male followers:** approx 20%

What we do (at a glance)

Public Relations and Media Engagement

- Media Relations: Managing press releases, media inquiries, and building media relationships.
- Crisis Communication: Handling critical messaging during challenges.
- Reputation Management: Maintaining and enhancing the Health Board's reputation.

Internal Communications

- Colleague Engagement: Ensuring clear messages reach colleagues.
- Change Management: Supporting organisational changes with clear communication.

Digital and Social Media

- Social Media and Website Management: Overseeing the Health Board's presence on various platforms.
- Video Content: Creating video and animation content.

Stakeholder Engagement and Public Affairs

- Community Relations: Building relationships with local organizations and health bodies.
- Consultation and Feedback: Gathering feedback from stakeholders.

Brand and Visual Identity

- Brand Consistency: Ensuring consistent branding across all communications.
- Marketing Support: Designing promotional materials for services and campaigns.

Health Promotion and Education

- Health Campaigns: Promoting public health campaigns.
- Information Dissemination: Sharing important health advice and updates.

Cultural and Language Considerations

- Welsh Language Services: Promoting bilingual communications.
- Inclusive Messaging: Ensuring communications are accessible to all.

Digital Health & Intelligence

The Digital and Health Intelligence team is responsible for IT operations, including desktop support, networks, telecoms, and cyber security. They manage over 17,000 devices and 400 applications, ensuring data safety and security. The team also focuses on data architecture, business intelligence, and information governance. Despite challenges in digital maturity, they are committed to enhancing data accessibility and supporting the organisation's digital transformation efforts.

Team Composition

- Permanent Staff: 125
- Fixed Term or Externally Funded Staff: 20
- Total Staff: 145

What we do (at a glance)

IT Operations and Support

- PC and Laptop Support: Nearly 17,000 devices
- Phone Extensions: 14,000
- WiFi Access Points: 3,200
- Sites Supported: Over 100
- Servers Managed: 750+
- Applications Managed: Over 400 (local, national, and commercial off-the-shelf)
- Data Managed: 1.2 petabytes of active data

Cybersecurity

- Cyber Attacks: Defence against 5,000+ attacks per day

Network and Data Infrastructure

- Data and Telephony Networks: 15,000 km of cabling
- Record Systems: 400+ systems holding the equivalent of 20 million filing cabinets or 500 billion pieces of paper

Key Functions and Services

- Unified Communications: Support for extensive phone and data networks
- Data Storage and Security: Ensuring safe storage of vast amounts of data
- Information Governance: Advising and supporting on data sharing and governance
- Modelling and Reporting: Providing business intelligence and predictive analysis
- Desktop Applications: Support for applications including Microsoft 365

Context and Challenges

- Digital Maturity: Currently at level 1 (on a scale from 0 to 7)
- Operational Dependencies: Co-dependence on data and digital infrastructure for transformation
- Demand vs. Capacity: Existing digital capacity is exceeded by demand
- Governance Structure: Evolving, with bodies like the Digital Advisory Board, Clinical Design Authority, and Technical Design Authority

Finance

The Finance Team is essential in managing the financial operations of the Health Board. They handle financial accounting, business partnering, contracting, value and benchmarking, and counter fraud. The team ensures efficient allocation and utilisation of funds, supporting both internal operations and services provided to other health boards. Despite financial constraints and increasing demands, they strive to maintain financial stability and support the organisation's strategic goals.

Summary Understanding

Team Composition

- **Staff:** 100

Funding and Allocation

- Revenue Funding: £2.1 billion
- Discretionary Capital: £14 million

Financial Planning and Challenges

- 2024/25 Year-End Forecast Deficit: £27.7 million
- Projected Deficit for 2025/26: £57.1 million
- New Cost/Volume Pressures for 2025/26: £53.1 million
- Total Financial Gap: £110 million
- Expected Uplift from Welsh Government: £20 million - £30 million

Financial Projections and Trends

- Income vs. Expenditure: Projected gap between income and expenditure due to increasing demand.
- Financial Gap: Forecasted £110 million financial gap for the next year.
- Pay Expenditure Increase: 25% increase in five years without a corresponding increase in productivity.

What we do (at a glance)

- **Financial Accounts and Reporting:** Managing financial accounts and conducting monthly reporting to the Welsh Government, ensuring transparency and compliance.
- **Financial Services:** Including capital management, ledger management, managing payments, payroll, debtors, cashiers, VAT, PAYE, Salary Sacrifice ordering, losses and special payments, debt collection, and cashflow management.
- **Business Partnering:** Offering support to Clinical Boards, helping them manage their finances effectively and make informed decisions.
- **Contracting:** Handling contracting for patient services, both provided and purchased, ensuring efficient and effective service delivery.
- **Value & Benchmarking:** Conducting value assessments, benchmarking, and patient-level costing to optimise financial performance and resource allocation.
- **Charitable Funds Management:** Managing and accounting for charitable funds, ensuring they are used effectively to support the mission.
- **Counter Fraud:** Implementing measures to prevent and address fraud, protecting the organisation's financial integrity.

Operational and Strategic Programmes

The Operational Programme Team, comprising clinical leads, operational managers, and planning experts, supports Cardiff and Vale UHB's clinical boards. They ensure effective delivery of planned care, cancer services, and urgent care through structured processes and strategic planning. Their efforts focus on improving patient outcomes, reducing waste, and enhancing operational efficiency, while addressing challenges in digital infrastructure, resource capacity, and physical space utilisation.

What we do (at a glance)

Key Functions

- **Planned Care Programmes:**
  - Outpatient Improvement
  - 3Ps (Promote, prevent, prepare)
  - Ophthalmology
- **Cancer Services:** Support delivery of national and local cancer strategic plans, focusing on the Single Cancer Pathway standard and improving person-centered care.
- **Urgent and Emergency Care:** Facilitate the 6 goals for urgent and emergency care.
- **Operational Performance and Planning:** Support clinical boards in delivering care through program management, project management, internal and external reporting, and stakeholder relationship management.

Organisational Context

- GP Appointments Offered: 3,094,665
- UPCC Visits: 61,000
- A&E Attendances: 141,110
- Ambulance Conveyances: 25,299
- Referrals to Secondary Care: 185,453
- Patients on Open Pathways (Waiting Lists): 154,994
- Outpatient Attendances: 785,000
- Elective Admissions: 71,000

Performance Metrics

- Ambulance Delays: Monitoring and improvement needed.
- 104-Week Waits: Performing well compared to targets.
- Mental Health Performance: Positive performance.
- 12-Hour Waits in Emergency Units: Needs improvement despite being better than most areas in Wales.

Programme Challenges

- Digital Systems and Data: Need for better digital infrastructure and data management.
- Demand Forecasting: Gaps in patient-reported outcomes and value area.
- Physical Infrastructure: Challenges in space utilization and transformation.
- Operational Pressures: Balancing immediate operational needs with long-term transformation goals.
- Resource and Capacity: Limited resources and capacity within clinical boards.

Strategic Programmes

- Shaping our Future Quality Excellence Programme: Aims to eradicate avoidable harm through better processes, guidelines, and delivery.
- Value in Health Programme: Focuses on Value-Based Healthcare (VBHC) to improve patient outcomes, reduce waste, and deliver efficient care. Key pillars include patient-centered care, data-driven decisions, and sustainable resource use.

Patient Safety and Quality

The Patient Safety and Quality Team collaborates with clinical boards to enhance patient care across the Health Board. They oversee patient safety incidents, ensuring compliance with safe staffing levels and monitoring mortality rates. The team focuses on proactive measures to prevent harm, improve communication systems, and address issues like infection control and pressure damage. Their efforts are crucial in transforming data into actionable intelligence to support decision-making and improve overall healthcare quality.

Summary Understanding

Patient Safety Incidents:

- High reporting culture within the Health Board.
- Majority of incidents result in minor harm, with a small percentage causing severe or catastrophic harm.
- Aim to shift focus upstream to prevent harm before it occurs.

Nurse Staffing:

- Statutory duty to meet safe staffing levels.
- Compliance monitored via the Safe Staffing Dashboard.

Mortality:

- Detailed data on mortality impacts, including delays in admission to ICU and A&E, and the effects of patient movement and outlier status.
- Focus on turning this data into actionable intelligence.

Outpatient Appointments:

- 24,000 unrecorded outcomes, highlighting a need for better tracking and follow-up.

Never Events:

- Rising rates, indicating a need for a unified IT system to avoid transcription errors and improve procurement processes.

Pressure Damage:

- High incidence, with plans to address this through a new bed contract.

What we do (at a glance)

Quality Function

Includes teams like Corporate Nursing, Patient Experience, and Patient Safety & Quality, supporting systems like the Welsh Nursing Care Record (WNCR) and Datix Cymru.

Patient Safety and Quality

Oversees patient safety incidents, clinical effectiveness, and quality data. Develops strategies such as the falls strategy and national clinical audit implementation.

Corporate Nursing Team

Implements Safecare for nurse staffing compliance, develops the Nurse Staffing Dashboard and Tendable Ward Audit system, and trains users on the WNCR.

Infection Prevention and Control

Focuses on reducing infection rates and improving contamination control.

Safeguarding

Addresses abuse and neglect cases, providing training for staff to respond confidently and competently.

Patient Experience Team

Manages complaints, enquiries, and feedback, oversees the Civica Once for Wales Feedback System, and provides bereavement support.

People and Culture

The People and Culture Team supports the organisation by implementing strategic workforce planning and tracking challenges such as an ageing workforce and declining birth rates, which impact future workforce supply. Efforts are also focused on enhancing staff satisfaction and improving organisational culture. These initiatives are crucial for ensuring the organisation can effectively deliver high-quality services and adapt to changing workforce dynamics.

Summary Understanding

- **Revenue Allocation:** £9.4 million per annum
- **Staff:** 171.40 employees (Whole Time Equivalent)
- **Scope:** Includes Health and Safety, clinical education, Welsh Language, Equity and Inclusion, and more.
- **Employee Base:** Supports over 17,000 employees within the organisation.
- **Staff Satisfaction:** Decline in staff satisfaction regarding the standard of care provided, with survey results showing a drop from 75% in 2020 to 58% in 2023
- **Key Objectives:**
  a. **People Feel Valued, Developed, Supported, and Engaged:** Focus on improving staff engagement and satisfaction.
  b. **Attract and Recruit the Right People:** Strategies to recruit individuals with the right skills and values.
  c. **Sustainable Workforce:** Building an affordable, sustainable, and integrated workforce.

What we do (at a glance)

Enhancing Staff Engagement and Satisfaction:

- Promote a positive organisational culture.
- Implement strategies to reduce absenteeism and turnover.

Attracting and Recruiting Talent:

- Develop and execute recruitment strategies to bring in individuals with the right skills and values.
- Focus on diversity and inclusion in recruitment efforts.

Building a Sustainable Workforce:

- Reshape the workforce through modernisation and new roles.
- Improve workforce planning and data analytics.

Workforce Insights

- **Growth Management:**
  - Address the challenges of an ageing workforce and a declining birth rate.
  - Support a multi-generational workforce with diverse needs.

Cultural Insights

- **Improving Staff Satisfaction:**
  - Monitor and address staff satisfaction levels.
  - Promote initiatives to enhance organisational culture and service quality.

Planning, Commissioning, and Regional Programmes

The Planning, Community, and Regional Programmes team supports strategic and operational planning across the Health Board. They provide governance, process assurance, and support for major planning products, including long-term and medium-term plans. The team also manages emergency planning and engagement frameworks for major service changes.

Team Composition

Strategic Core Planning

- Total Staff: 9

Commissioning

- Total Staff: 13

Tertiary Services

- Total Staff: 3

South East Wales Partnership

- Total Staff: 6

What we do (at a glance)

Strategic Core Planning

- IMTP Development: Leading the creation of Integrated Medium Term Plans.
- Strategy Plans: Supporting long-term service plans.
- Coordination: Managing boards and programmes like Shaping Our Future Wellbeing.

Commissioning

- Framework and Advice: Establishing commissioning frameworks and managing specialised services.
- IPFR Management: Handling individual patient funding requests.
- Service Management: Overseeing substance misuse services and the Area Planning Board (APB).

Regional Planning

- Collaboration: Working with local authorities and health boards in Southeast Wales and Swansea Bay.
- Engagement: Supporting engagement for major service changes.

Emergency Planning (EPRR)

- Policies and Training: Developing emergency preparedness policies and training.
- Collaboration: Partnering with Welsh Government and other agencies.

Tertiary Services

- Clinical Services Planning: Conducting assessments and planning for service delivery.
- Regional Partnership: Aiming to reduce health inequalities and improve resilience.

Strategic Objectives and Planning Processes

- Strategic Objectives: Four key objectives with supporting priorities and milestones.
- Planning Governance: Designing governance structures to achieve objectives.
- Engagement and Co-production: Ensuring effective engagement in change processes.

Challenges and Improvements

- Identifying Gaps: Addressing gaps in the planning process.
- Strengthening Inputs: Enhancing inputs to achieve objectives.
- Collaboration: Emphasising collaboration with partners and government.

Public Health

The Public Health Team is dedicated to addressing the diverse health needs of our population, which includes the most diverse communities in Wales. With a focus on reducing health inequalities, the team targets areas of significant deprivation. They employ strategies such as proportionate universalism to direct services where they are most needed. Despite being a small team, their efforts in prevention and health promotion are crucial, offering substantial returns on investment and improving overall public health outcomes.

Summary Understanding

- **Population**: Nearly 500,000 people live in Cardiff and the Vale of Glamorgan.
- **Diversity**: Cardiff is more ethnically diverse than most of Wales, with over a quarter of the population identifying as not White British.
- **Migration**: Significant international migration, with over 10,000 people moving into Cardiff and over 500 into the Vale from overseas in 2021-22.
- **Life Expectancy Gap**: Women in the least deprived areas live 8.3 years longer, and men 9.3 years longer, than those in the most deprived areas.
- **Healthy Life Expectancy Gap:** People in the most deprived areas have 14 to 18 fewer years of healthy life compared to those in the most affluent areas.
- **Public Health Budget**: Less than 1% of the budget is spent on prevention, yet it offers a £14 return on investment for every £1 spent.

What we do (at a glance)

Taking Action Across the Life Course:
Target interventions at different age groups through partnerships like Starting Well, Living Well, and Ageing Well.
Focus on early years, emotional and mental health, and other age-specific health needs.

Priority Areas:

- Vaccination: Increase immunisation rates to prevent disease.
- Smoking: Reduce smoking prevalence through cessation support and prevention programs.
- Obesity: Address obesity through community programs and support services.
- Health Protection: Ensure robust health protection measures are in place.

Additional Areas of Prevention:
Address alcohol and substance misuse, falls prevention, workplace health, and promote healthy schools and pre-schools.

Wider Determinants of Health:
Recognise the impact of poverty, cost of living, and climate change on health.
Plan for increased extreme weather events and potential emergence of tropical diseases.
Prepare for new pandemics and antimicrobial resistance.

Public Health Interventions:
Emphasise the importance of prevention over treatment.
Highlight the cost-effectiveness of public health interventions, with significant returns on investment and improved quality-adjusted life years (QALYs).

Regional Partnership Board

The Regional Partnership Board focuses on improving health and social services through collaborative efforts. They work across multiple organisations to implement strategic plans, manage integrated community care systems, and support clinical boards. Their initiatives include integrated discharge arrangements, digital care integration, and joint service development, all aimed at enhancing outcomes for the local population.

Team Composition

13 members of staff, including planners, programme managers, data analyst and support

What we do (at a glance)

Role and Purpose

- Improving Services and Outcomes: Enhancing health and social services to benefit the community.
- Partnership Focus: Initiatives involve multiple partners, including the Vale of Glamorgan, Cardiff Council, the Health Board, and third-sector organizations.
- Budget Management: Overseeing approximately £22 million, distributed across various services and sectors.

Strategic Focus Areas

- Starting Well, Living Well, Aging Well: Addressing different life stages.
- Strategic Enablers: Essential areas such as digital systems, joint capital programs, and workforce planning.

Policy and Planning

- Driven by Policy: Aligning with national and local policies, particularly the "Healthier Wales" policy.
- Population Needs Analysis: Conducting thorough analyses to understand needs and market stability.
- Joint Planning: Developing five-year joint area plans and ten-year strategic capital plans.

Key Initiatives and Projects

- Integrated Discharge Service: Supporting an average of 337 patients per month, reducing Pathway of Care Delays by 44% between February 2023 and November 2024.
- Safe@Home: A multi-agency crisis response service supporting 807 citizens and avoiding 642 hospital admissions since January 2024.
- Goleudy: Supporting children and young people in extreme emotional distress, focusing on admission avoidance. Treated 27 children and young people this year, doubling the number seen in 2023-24.
- Cluster-Based Working: Prevention-focused services, including social prescribing, supporting 46,310 people since 2022. Model in place in 6 of 9 clusters, with plans to extend across the region.
- Inclusion and Awareness: Employing staff with lived experience of learning disabilities to raise awareness among 589 health professionals and engage with 305 people with lived experience. This approach has received four award nominations.

Research, Innovation and Clinical Education

The Research and Innovation teams support around 150-170 studies annually, driven by active clinicians. The team, including a joint research office and a research delivery team, focuses on strategic research aligned with clinical and population needs. Innovation efforts, though managed by a small team, aim to foster positive change through opportunistic funding and collaboration with internal and external partners to enhance healthcare services.

Summary Understanding

- **Research Studies Approved Annually:** 150-170
- **Annual Research Funding:** £6.5 million from Health and Care Research Wales, £3 million from commercial income
- **Innovation Funding:** £2.5 million over the past three years from various sources
- **Research Delivery Team:** 104 staff members
- **Innovation Team:** 2 members
- **Commercial Income (2023/24):** £3.5 million projected
- **Non-commercial Research Income:** Increasing due to appropriate costing of studies
- **Active Research Areas:** Surgery, Medicine, Infectious Disease, Mental Health, Early Phase, Critical Care, Obstetrics and Gynaecology, Cystic Fibrosis, Vaccines

What we do (at a glance)

Research Activities

- Oversight and Approval: The R&D office within the Cardiff Joint Research Office (JRO) oversees all research, ensuring compliance and capacity.
- Types of Research: Clinical trials, medical devices, clinical interventions, and observational studies.
- Specialty Areas: Dedicated teams in various clinical areas ensure a diverse portfolio of studies.

Innovation Activities

- Mission: Facilitate cross-sector collaboration and empower the workforce to drive positive change.
- Processes: Evaluation from concept to implementation, horizon scanning, and development of the National Innovation Framework.
- Collaboration: Partnerships with industry, academic institutions, and other healthcare organisations, and support for commercialisation.
- Workforce Support: Training programmes, regular communication, and development of a committed innovation and research network.

Strategic Goals

- Income Generation: Reinvesting income back into research and innovation.
- Efficiency and Cost Savings: Achieving cost savings through service improvements and new pathways.
- Growth and Development: Expanding the research portfolio and aligning research with clinical and population needs.

Stage 2 - Analysis

Strengths, Weaknesses, Opportunities and Threats

As part of the Rapid Planning Event, each team participating from across the Health Board participated in a SWOT analysis to evaluate their respective strengths, weaknesses, opportunities, and threats. This collaborative effort was unprecedented, with representation from every team working together in this manner for perhaps the first time. The individual SWOT analyses were then amalgamated and thematically organised to identify common trends, critical issues, and opportunities for improvement. This integrated approach ensures that the insights and strategies developed are reflective of the collective expertise and perspectives of all teams, facilitating a cohesive and informed planning process.

Summary SWOT Analysis

STRENGTHS	WEAKNESSES
• Highly skilled, adaptable, and experienced workforce • Strong multidisciplinary collaboration • Data rich organisation • Clear strategic direction focused on putting people first • Positive relationships with stakeholders	• Workforce challenges • Operational inefficiencies • Lack of integrated planning and data systems • Silo working • Underdeveloped physical and digital infrastructure
OPPORTUNITIES	**THREATS**
• Growth through digital transformation, including digital literacy • Enhanced partnerships with local authorities and universities • Focus on patient-centred care, highlighted primary care • Person-centered communication and targeted campaigns • Potential advancements through innovation and research • Leveraging relationships for funding and infrastructure development	• Workforce management issues (high sickness rates, aging workforce) • Financial constraints and pressures • Deteriorating buildings and infrastructure • System complexity and lack of integrated planning

Strengths

The key themes from the strengths listed in the SWOT analysis highlight a highly skilled, adaptable, and experienced workforce that is committed to delivering high-quality care. Colleagues demonstrate a strong ability to respond to critical incidents, showcasing resilience and the capacity to deliver under pressure. There is a notable emphasis on multidisciplinary collaboration, both within the organisation and with external partners, including the Welsh Government and local authorities. The organisation benefits from data although it is not always translated to actionable intelligence. Colleagues' and the strategic focus on patient-centred care, family-centred care, and the integration of services around the individual underscores the commitment to meeting the needs of the population.

Sentiment within these strengths is overwhelmingly positive, reflecting a motivated and dedicated workforce that values quality, safety, and innovation. The strong relationships with stakeholders, positive publicity, and the ability to attract and retain skilled staff contribute to a sense of trust and credibility. The organisation's strategic approach, combined with its ability to adapt and evolve, positions it well for future challenges. The emphasis on co-production, diversity, and the integration of public health initiatives further highlights a forward-thinking and inclusive culture. Overall, the sentiment is one of optimism and confidence in the organisation's ability to deliver exceptional care and drive continuous improvement.

Weaknesses

The key themes from the weaknesses listed in the SWOT analysis highlight several critical challenges faced by the organisation. These include issues related to workforce management, such as high sickness rates, recruitment and retention difficulties, and an ageing workforce in many areas. There are also significant operational inefficiencies, including the inability to adapt services for greater efficiency, delays in care, and a lack of integrated planning and data systems. The organisation struggles with silo working, which hinders a joined-up approach, and there is a notable lack of business intelligence and digital integration, impacting decision-making and communication. Additionally, the physical and digital infrastructure is lacking, limiting the capacity for transformation and innovation.

The sentiment within these weaknesses is predominantly negative, reflecting frustration and concern over the organisation's ability to manage its resources effectively and adapt to changing demands. There is a sense of being overwhelmed by external mandates and historical practices that impede progress. The lack of accountability, forward-thinking, and integrated planning contributes to a feeling of stagnation and inefficiency. The workforce appears to be fatigued and undervalued, with low morale and resistance to change. The challenges in communication, both internally and with patients, further exacerbate these issues, leading to a perception of disconnection and a lack of cohesive strategy. Overall, the sentiment is one of frustration and a pressing need for systemic improvements.

Opportunities

The key themes from the opportunities listed in the SWOT analysis highlight a strong potential for growth and improvement through digital transformation, enhanced partnerships, and innovative approaches. The expansion of digital systems, AI automation, and improving digital literacy are seen as crucial steps to increase efficiency, reduce waste, and enhance patient care. There is a significant focus on leveraging relationships with local authorities, universities, and research departments to pioneer new treatments and improve service delivery. The organisation also aims to maximise its asset base and attract funding, which can be used to develop facilities, reduce energy consumption, and improve overall infrastructure. Additionally, there is an emphasis on enhancing staff training and support to better utilise digital investments and improve patient outcomes.

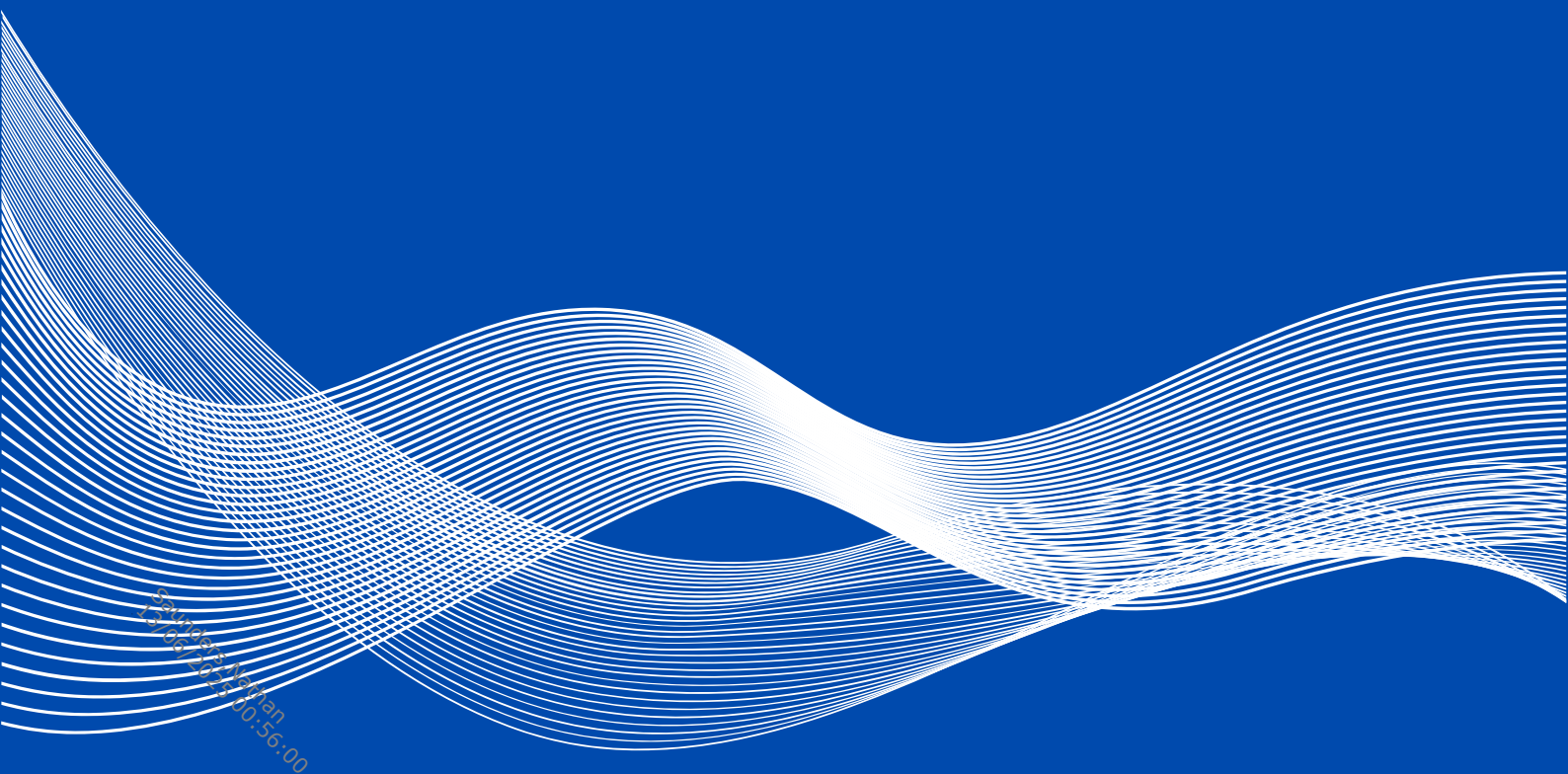
The sentiment within these opportunities is highly positive and forward-looking, reflecting a strong desire for change and improvement. There is a clear recognition of the potential benefits of digital transformation and the importance of collaboration with external partners. The focus on patient-centred care, co-production, and community-based services underscores a commitment to meeting the needs of the population in innovative ways. The opportunities also highlight the importance of research and development, with a particular emphasis on AI, robotics, and pharmacogenomics, which can drive significant advancements in patient care. Overall, the sentiment is one of optimism and a proactive approach to leveraging available resources and partnerships to achieve strategic goals and improve healthcare delivery.

Threats

The key themes from the threats listed in the SWOT analysis highlight significant challenges related to workforce management, financial constraints, and operational inefficiencies. The organisation faces issues with high sickness rates, recruitment difficulties, and an aging workforce. Financial pressures are exacerbated by the need to meet decarbonisation targets, rising energy costs, and the reliance on non-recurrent funding. The deteriorating physical infrastructure and backlog maintenance further strain resources. Additionally, there are concerns about the sustainability of primary care funding models and the impact of external market forces on recruitment and retention. The complexity of the system, with numerous priorities and legislative constraints, hampers effective planning and service delivery.

The sentiment within these threats is predominantly negative, reflecting a sense of urgency and concern over the organisation's ability to manage these challenges effectively. There is a pervasive feeling of being overwhelmed by external mandates, political pressures, and the rapid pace of societal changes. The lack of integrated planning, data sharing, and digital foundations contributes to operational inefficiencies and a reactive rather than proactive approach. The threats also highlight the potential for reputational damage, loss of public trust, and disengagement of stakeholders. Overall, the sentiment is one of apprehension and the need for strategic, long-term solutions to address these systemic issues.

Stage 3 - Planning



Planning process

Following completion of the SWOT Analysis, teams were asked to complete a high-level plan in order to maximise their identified strengths and opportunities, and mitigate the weaknesses and threats. By networking with each other, teams completed an overview of what needed to be included in their respective one- and three-year plans, alongside an ambitious list of what each team wanted to stop, start, and continue.

Following this process and a readout from each team, the Executive Team summarised and presented a draft plan for next steps, summarised below, as issued by the Chief Executive.

Summary Plan

Redefining the organisation at a corporate and structural level:

- The organisation will re-establish itself as an integrated community health system, placing more emphasis on community care and keeping people well.
- A new organisational structure and operating model will be developed in collaboration with stakeholders, taking us out of the silo working mindset.
- A financial framework will be created to support ambitious goals and enable us to be more agile.
- Implement “Brilliant Basics” to help us all improve quality and deliver savings.

Pathway-Based Care:

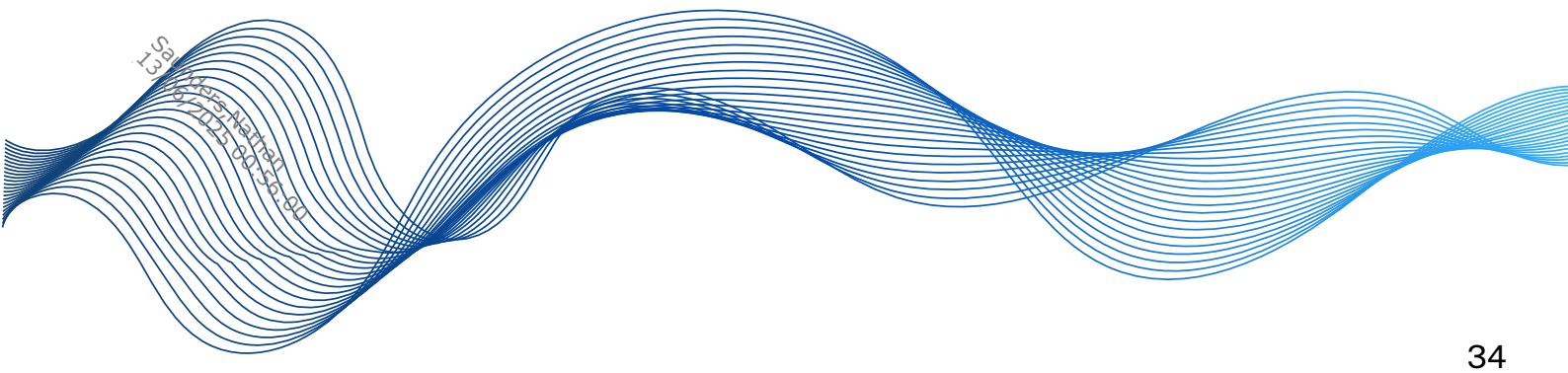
- The organisation will prioritise patient-centred pathways of care over traditional service-based approaches.
- Diabetes will be used as a model for developing comprehensive pathways - this runs from community to secondary to tertiary care.
- A learning and research culture will be fostered to improve care delivery.
- Care delivery processes will be standardised to ensure consistency and quality and release cash savings.

Stopping harm and improving efficiency:

- Mandate the list of STOPs! supported by a Quality Improvement Activities (QIA).
- Adopt Agile decision-making processes.
- Staff well-being and access to healthcare will be prioritised
- The organisation's risk appetite will be reviewed and adjusted - in co-production with senior leaders and teams.
- Partnerships with external organisations will be strengthened.

Alongside redesigning the organisation corporately and structurally, we will align this within the context of a Strategic Framework:

- The existing strategic framework will guide the transformation.
- A phased approach will be implemented for organisational redesign.
- A value-based currency will be defined to measure the impact of interventions and ensure it is taking money out of the system.
- Roles and responsibilities will be clarified to improve accountability and reduce duplication.
- The workforce will be developed to meet the needs of the new organisation.
- Investments will be made in digital infrastructure and data analytics.



Stage 4 - Contribution

Team Commitments and Next Steps

During the rapid planning event, senior leaders from each team concluded by making a series of commitments about the future of their services. They outlined what they would start, stop, and continue doing to enhance service delivery. These commitments included initiating new projects to address emerging needs, discontinuing outdated practices that no longer add value, and maintaining successful strategies that drive positive outcomes. Detailed below, each commitment will be broken down into specific actions and responsible parties to ensure accountability and transparency. This structured approach aims to foster continuous improvement and align efforts with organisational goals.

Children and Women Clinical Board

Strategic Priorities

- Reshaping our Workforce – now fully established in Nursing and Midwifery – concentrate on developing a workforce plan for Perinatal Service.
- Improve digital literacy, data quality and horizon scanning
- Stop doing additional work that we are not paid to do
- Increase and strengthen partnership working
- Babies, Children and Young People 2035 Plan

Stop

- Stop doing what we are not commissioned or paid for
- Stop thinking more of the same with workforce
- Stop accepting poor working environments

Start

- Start reviewing SLAs with other Health Boards
- Start thinking about roles and responsibilities and alternative roles within our own workforce
- Start a regular engagement forum with all relevant partners, utilising horizon scanning and population health data to identify opportunities in the future.

Continue

- Promoting our Babies, Children and Young People Plan – making it a meaningful document that helps formulate actions
- Continue engagement with staff, finding out what is important to them, what are our basics and how can we do them well. Have they got everything they need to do their role?
- Continue providing the best possible family-centered care to our population

Clinical Diagnostics & Therapeutics Clinical Board

Strategic Priorities

- Invest in pathway and system changes to harness automation and AI to reduce backlogs, risks, ensure patients receive more timely diagnosis and realise regionalisation.
- Start the journey towards an Electronic Patient Record to enable digital notes, patient appointment booking and results and improving clinical coding. Strengthen relationships between local data/informatics teams and Digital/IT teams.
- Maintain Regulatory compliance and minimise risk. Work closely with CEF preventative maintenance and contracts.
- Involve CD&T across pathways - new and old (shift left/involve CD&T across HB)
- Workforce Diversification. Maximise the current and developing skillsets within CD&T through clear structures, what we can offer.

Stop

- Manual processes
- Paper notes
- Sending letter appointments
- Stop/Reduce over investigations (map pathways)
- Stop over-treating
- Business cases that do not include CD&T elements

Start

- Share contracts with estates to improve compliance with regulators
- Digitising paper records
- Engage with RPB/Councils to make changes which impact on partners eg. Place based opportunities, JES
- Expand Point of Care into primary and secondary care pathways, where it adds value
- Start conversations about fundamentally how Clinical Boards work together to collaborate with CD&T to redesign pathways to utilise the skills of the multi-disciplinary workforce in CD &T (prescribing pharmacists, therapists, reporting radiographers, advanced scientific roles). Fora to discuss pathway impact
- New / novel equipment into labs, algorithms for AI

Continue

- Continue to invest in our workforce
- Continue to prioritise, allocate resources and maintain regulatory compliance
- Maximise opportunities of Rehabilitation Model to shape clinical pathways and Therapies Operating Model to make best use of the Therapy resource.

Medicine Clinical Board

Strategic Priorities

Purpose: Provide assessment, clinical care and treatment to medical patients within the scope of MCB service provision.

- Scope.
- Reduce demand across all functions / services within Medicine Clinical Board.
- Embed patient-centred pathways with quality outcomes delivered by a multi-disciplinary team.
- Shift left in investment and model care.

Stop

- Stop perpetuating an environment that creates harm
- Stop providing care to patients who sit outside scope of MCB
- Close IACU
- Reduce duplication of services/combine services where these services are provided elsewhere for patients
- Stop un-commissioned activity

Start

- Co-located Urgent Treatment Centres next to EU
- Repurpose therapies support within MCB
- Create GP interface roles per patient pathway
- Embed hospital health pathways
- Model ward quality, continuity and consistency across 7 days
- Re-structure MCB against internal comparators
- Building leadership resilience, capacity and capability
- Identify and review silly rules within MCB

Continue

- Continue to support self-management of patients
- Continue right sizing work
- Continue to engage with PCIC around reduction of demand into secondary care
- Continue to insource short term whilst developing long term solutions
- Continue with workforce realignment and reshaping

Mental Health Clinical Board

Strategic Priorities

- **Community Review** – Stop avoidable duplication, improve patient outcomes, simplify the journey, improve access.
- **Inpatient Sustainability and Safety** – Stopping temporary unnecessary nursing expenditure, providing a safe and therapeutic patient environment, improving care planning and discharge processes and improve patient outcomes.
- **Digital Refresh** – connecting care, improving our data, review recording processes, using our data meaningfully to inform our actions.
- **ADHD** – deliver an effective and efficient ADHD model.

Stop

- Primary Care Mental Health Liaison Service
- Multiple referral routes
- Staff working downwards
- Tier 0 contracts
- Use of unnecessary temporary staffing
- Stop ADHD diagnostic assessments

Start

- Enhanced 111p2
- Single Point of Entry
- Stable and Severe provision
- Re-evaluation of Tier 0 contracts
- Upskilling and supporting mental health and physical health nurses to provide the right care in the right environment
- ADHD business plan to develop a service that delivers effectively

Continue

- Continue complex to severe offer more efficiently
- Service user engagement
- Recovery College
- Working with data analyst for business and performance data
- Recruit to the community vacancies
- Maintain ADHD referrals for existing treatment needs

Primary, Community and Intermediary Care Clinical Board

Strategic Priorities

- Influence the 'left shift' and development of primary & community care services
- Deliver an Integrated Health and Social Community Care System and model of working through Enhanced Community Care.
- Interface GPs, Health Pathways & CAV Convention.
- Cluster based Primary Care models – population needs based (universal proportionalism).
- Clinical Board/Organisational Structure – PCIC/MH central within the organisation.
- Public Health, Therapies, School Nursing, Health Visiting to align closer with PCIC.
- PCIC becomes the commissioner of services based on population need
- EoL Care & Supportive Care Strategy
- Coordinated communication strategy across breadth of Primary & Community Care services
- Pace in which the shared care record is developed through the Digital Care Region (DCR) work
- Estate strategy to inform estates development – Be clear on the service specification and maximise opportunities with partners
- Erectile Dysfunction Service – Psychosexual holistic model
- Menopause Service- Continue to review the model of delivery for a left shift
- HMP Healthcare improvement – Removal of Healthcare Wing

Stop

- Stop delivering small cluster projects that are not scalable/aligned to priorities.
- Stop duplicating service delivery within different Clinical Boards (Menopause, etc)
- Stop confusing duplicate communication messages.
- Stop delivering the ED service in isolation of Surgery Clinical Board.

Start

- Start a discussion with Executives and Values based team to describe the benefit and value of Integrated GPs.
- Start to form relationships with Co-Production Lead/Forums
- Start to priorities schemes at Cluster level for scaling.
- Start to develop the partnership model of working with MH.
- Start to explore and further develop relationships with other areas where delivery sits within the Community
- Start to explore the potential of this model, building upon the primary care commissioning role.
- Start to use a consistent communication slogan/theme/direction
- Start to review primary choice campaign against Help us to Help you/Keeping me well
- Start having PCIC Clinical Representation at the Digital Care Region Board
- Start to priorities system integration priorities for a single view of a health record
- Start to invest in Information Governance specific to Primary Care/Cluster Integrated working
- Start to influence Regional Capital development plans across the breadth of integrated health and social care services
- Start to deliver if adequate funding resource/available (PCIC Commission) through assessing 'stop' areas.

Continue

- Continue to develop the 3 Year Plan of Enhanced Community Care
- Continue to engage with RPB and wider partners in Local Authority and 3rd Sector
- Continue the discussion with Surgery CB to better integrate Health Pathways within PCIC.
- Continue to advocate/develop the CAV Convention way of working
- Continue to develop Cluster based understanding of population needs to inform plans and strategies
- Continue and enhance the Clinical Board realignment discussions between PCIC & MH.
- Continue to develop the business case, underpinned by MacMillan Social Finance.
- Continue to describe the problem and analytic capabilities required to support system planning.
- Continue to build upon local Primary and Community Care estates strategy through the LDP reference group and SOFW in the Community.
- Continue to develop a model of delivery, including where it best sits.
- Continue to assess the risk of removal of a healthcare unit with a view to Stopping in line with Healthcare needs .

Specialist Clinical Board

Strategic Priorities

- Utilise the expertise we already have in commissioning, planning, activity & performance delivery for tertiary services to clearly define the service specifications, population health needs and annual activity requirements for secondary care services.
- Leverage the strong clinical trials portfolio to utilise the halo, hawthorn and Pygmalion effects.
- Use the halo effect of having specialised services to attract and retain staff. Use networking opportunities to develop a talent pipeline.
- Develop structured mentorship and development programmes to minimise the risk around succession planning.
- World class basics.

Stop

- STOP some SERVICES that do not provide value through work to understanding our service specifications / population health needs.

Start

- CLARITY on SECONDARY care services.
- MENTORSHIP across all groups.

Continue

- RESEARCH – embed as part of normal patient care and jobs.
- Establish a clear PURPOSE and IDENTITY for specialist services.

Surgery Clinical Board

Strategic Priorities

- Be the best
  - Do the work we should do (coding)
  - Do what we do better (variation)
  - Attract and invest in people to build a lasting team.
- Do the basics well
  - Quality of Care
  - Sustainable healthcare (including operational management and clarified roles and responsibilities)
  - Value-based healthvcare
  - Communication (internal and external)

Stop

- Miscoding pathways.
- Stop accepting non tertiary patients into our CAV pathways.
- Stop doing work for neighbouring Health Boards unless funded.
- Stop the variation in processes.

Start

- Empower clinicians to return referrals for non-commissioned activity.
- Start working up formal SLAs for activity we know that we provide outside of current formal arrangements.
- Reinvesting in services generating incoming.
- Start ensuring we have the right workforce models for sustainable care: 7-day clinical services including admin support
- Better understanding of our pathways (PhD student)
- Better align ourselves to CHKS dataset

Continue

- Treat patients already accepted onto Waiting Lists
- Continue to use SDEC models to provide same day emergency care
- Continue to plan for implementation of Trauma SDEC
- Support our staff better with referrals and waiting times for treatment - this will enable better patient care as we reduce sickness absence

Capital, Estates and Facilities

Strategic Priorities

- Improving Staff Culture and Wellbeing across the Service Board.
- Development of the revised Estates Strategy – UHB Wide Condition Survey/Clinical Services Plan
- Service Efficiency & Effectiveness.
- Working Relationships with Welsh Government and Local Authorities.
- Investment & Improvement of Digital Systems across the Service Board.
- Reduce Base Load Energy Usage & Carbon Footprint.
- Improve collaboration between the Clinical Board and CEF Service Board.
- Organisational Change to Traditional Services to allow efficiencies within CEF.

Stop

- Being subject to clinical board strategies

Start

- Service Efficiency & Effectiveness.
- Improving Staff Culture & Wellbeing across the Service Board.
- Improve collaboration between the Clinical Board and CEF Service Board.
- Organisational Change to Traditional Services to allow efficiencies within CEF.

Continue

- Development of the revised Estates Strategy
- Working Relationships with Welsh Government and Local Authorities.
- Investment & Improvement of Digital Systems across the Service Board.
- Reduce Base Load Energy Usage & Carbon Footprint.

Communications and Engagement

Strategic Priorities

- We need to analyse and understand the data and the demographics of our population to deliver evidence-based campaign that invoke real behavioural change to support the whole system and population.
- Redefining the strategic aims of the communications team to support the four areas of the Shaping Our Future Wellbeing Strategy

Stop

- Avoid tokenistic communications that do not add value to our organisation and population i.e. awareness days.
- Stop doing campaigns that are not evidence-based or if they do not have a clear outcome; ensure clear evaluation and measurement of campaign success

Start

- Workshops / engagement with clinical and service boards to identify clear focus that aligns with the organisation's strategy.
- Set up a process where data is shared with the communications team and allows us to analyse and understand the behaviours and demographics of our population.

Continue

- Continue gathering human interest stories and maximise the opportunities across our channels
- Continue to promote the work the Health Board does to improve the health and wellbeing of the population and inspire them to keep themselves well

Digital Health & Intelligence

Strategic Priorities

- Improve quality and completeness of data to support better decision making
- Provide appropriate tools and access to digital systems for managing care information
- Create a central Care Data Repository to support unified view of the individual patient
- Break down data silos by embedding open standards into systems and tools, giving us real time data
- Addressing technical debt and legacy (cloud and web-based applications)
- Enable greater sharing (via an Integrated care record) across regional health and social care partners.

Stop

- The disjoin between corporate strategy planning and digital proritisation/planning.
- System wide variation in how digital systems are used throughout the health board, a commitment to standards needs to achieved.
- Reacting to tactical requests that don't align to the organisation-wide priorities

Start

- Better articulation to the organisation on the concept of the digital foundations roadmap, co-production ownership of the process/journey.
- Addressing the modernisation of all digital devices (tablets, laptops, smart devices).
- Assess and improve the digital competency skills of all staff.
- Align our prioritisation process more to the value agenda
- Prioritise continual professional development of existing resource to support new technologies.

Continue

- Engagement and delivery of the national/mandated programmes, EPMA, WECDS, LIMS, Radiology, Intensive Care system
- Regulatory and Statutory requirements e.g. FOIs, Cyber action plan.

Finance

Strategic Priorities

- Reshaping of the finance department – Fit for now, Fit for the future
- Maximise use of data to enhance reporting requirements and needs across the organisation
- Review Clinical Board finance team model – does it serve its purpose?
- Budget setting alignment finance, service and workforce
- Drive automation to reduce cost or create capacity for support
- Project Management Office approach to opportunity identification
- Enhance all financial governance arrangements including robust training programme for all budget holders
- More forward looking with a financial model aligned to the financial strategy of the organisation.

Stop

- Manual Processes – posting journals, de minimis value transactions (freeing up resource)
- Repetitive meeting that do not have a clear focus / output/outcome
- Recruiting like for like posts – use turnover to reshape our workforce aligned to our workforce plan.

Start

- Automation
- Huddle approach to identify and work on quick turnaround for the pressing finance problems with focused outputs and outcomes
- Review of offering to Clinical Boards.

Continue

- Reforming information packs "Changing the Conversation" (CHKS benchmarking opportunities, Nurse roster anomalies, Activity and Performance).

Operational and Strategic Programmes

Strategic Priorities

- Digital
- Value- based Operating Model

Stop

- Tolerating poor data input and management
- Tolerating antiquated digital platforms and infrastructure
- Interpreting GDPR as a barrier to data sharing and instead see it as a tool to support us.
- Accepting the status quo
- Allowing programmes and projects to continue running if they are not achieving objectives
- Focusing on service change that is not able to demonstrate measurable benefits and does not deliver value.

Start

- Redistributing our financial resources to pump prime the digital agenda
- Maximising use of existing capabilities by Operationalising Theme 4 of the People & Culture Plan (Building a Digitally Ready Workforce) that includes digital training and literacy
- Consider new UHB value that we are committed to working in a digital way/ Digitally led
- Prioritising investment in preventative healthcare
- Working closer with Digital to describe what we want and how we want to use it (being better customers).
- Committing to detailed modelling.
- Begin actioning radical change about how we organise ourselves i.e., by condition types, by pathways etc.
- Holding ourselves to account for productivity and efficiency (internally commissioning activity and finance)
- Creating our own payment by results process/ transform our approach to internal commissioning
- Challenging short term politically driven changes that do not benefit our long-term strategy.

Continue

- The Digital business case development, focusing on getting the basics right, and consider taking this forward sooner.
- Developing detailed specification for business intelligence and modelling.
- Commitment to getting the basics right

Patient Safety and Quality

Strategic Priorities

- Redesign and evaluate the QSE structure ensuring whole system approach supporting flow of information and informing organisational learning.
- Explore potential to review themes and trends from information including that that does not relate to harm, in collaboration with the clinical boards (prevention of significant harm).
- Integration of quality digital data to empower quality based decision making.
- Co-produce an overarching quality framework with a set of principles with specific measures developed in collaboration and relevant to the clinical boards.

Stop

- Manual reporting for digital solutions, manual reporting not aligned to quality and safety strategy. Multiple unfocussed reports giving rise to "Report fatigue"

Start

- Increase collaboration, improve organisational learning opportunities through all levels of Clinical Boards.
- Focus on lower level harm to prevent progression to significant harm. Linking data sets to improve efficiency and build knowledge. Linking with education and training agenda.
- Learning from what goes right, as well as what goes wrong.

Continue

- Collecting data relevant to quality and harm, maintaining expertise and historical organisational knowledge within the Q&S agenda. Cross Clinical Board, Corporate service conversations

People and Culture

Strategic Priorities

- Putting People First
  - Mitigate against impact of societal and demographic changes, and workforce supply issues through robust intermediate and long-term workforce planning.
  - Develop a People and Culture MDT approach to support clinical and service boards (e.g. round table, analytics, people experience).
  - Utilise 'making every contact count' and a preventative approach to negative staff experiences (avoidable harm) by embedding a leadership and management framework.

Stop

- Less reactive / scatter approach and trying to do everything.
- To achieve this we will need to stop other activity and re-invest in ourexpertise, at the detriment of what we can offer to the organisation.
- Duplication , hand holding , meetings which don't add value

Start

- Explore the Recovery & Wellbeing College ethos to develop and implement an organisational recovery approach
- Start and implement a leadership and development framework inc. Mentorship / talent and succession planning.

Continue

- Prioritisation of health pathways (e.g. mental health / diabetic pathway)
- Workforce planning - baseline assessment and understanding of context, key stakeholder.

Planning, Commissioning, and Regional Programmes

Strategic Priorities

- **Enable focus shift from a tactical to strategic (not one or the other) commissioning and planning approach for the organisation. Enabling integration between the two through:**
  - Development of a strategic planning and commissioning SOP for the organisation
  - Application of a consistent and transparent approach for development of our strategic long-term plans (i.e BCYP plan).
  - Application of consistent and transparent approach for development of commissioning & service specifications for all services.
  - Taking a whole pathway value based approach & Co-producing with our populations
  - This will provide: a clear understanding of what good looks like, what the basics are, what the key quality metrics will be for each service, informs: workforce, infrastructure, and financial planning
- **Reshaping our strategic planning and commissioning department**
- **Embed core strategic planning and commissioning expertise effectively within clinical boards and corporate teams**
- **Development of an organisation wide Business Intelligence service specification to support the planning, delivery & measuring of these specifications**

Stop

- Doing what we've always done – spreading the team too thin and working in silos. Diving into detailed service development through the delivery of programmes/projects for specific services
- Running the internal planning cycle the way it traditionally has been done – learning from this event!
- Owning 'planning' - rather than just the process, instead enabling a collective approach through providing context, knowledge & expertise and spreading best practice

Start

- Working with partners in a different way – focus on outcomes not just immediate solutions
- Operating as one core integrated strategic planning and commissioning team
- Work with clinical, corporate teams to look at how they can more effectively build strategic planning and commissioning into their core function
- Systematically working with strategic portfolio leads to ensure new/further development of longer term plans that are connected (estates, digital people)

Continue

- Maintain our statutory duties for planning and commissioning and retain a single point of contact
- Make CAVUHB to be a place that planning and commissioning professionals want to come and work
- To build good partnership relationships – internally & externally.

Public Health

Strategic Priorities

- Our Shaping Our Future Wellbeing Strategy includes key milestones under the Outstanding Quality objective:
  - We will increase the proportion of the Health Board resources to support people to live healthy lives and reduce the risk of ill health by 2027
  - By 2027 we will see a reduction in inequity

- Our priority strategies:
  - Fund business cases for smoking and obesity - ready to go
  - Embed a strategic approach to prevention and tackling inequalities across the Health Board
  - Introduce a financial incentive programme for prevention proportionate to need
    - e.g. Primary Prevention Improvement Programme for each Clinical Board with a minimum of 5% incentive of their own budget if they demonstrate action against specified primary prevention work
  - Develop a system that better connects data
  - Strengthen public health Comms capacity

Stop

- Stop spending the vast majority of our money (>97%) and time on treatment rather than prevention
- Minimise inefficient organisational processes e.g. recruitment, procurement

Start

- Embed a strategic approach to prevention and tackling inequalities across the Health Board
- Implement shift to upstream primary prevention
- Consider public health requests and actions as part of this wider strategic approach

Continue

- The many and varied conversations that we have started over the last 3 days
- Maintain and further strengthen internal and external partnerships e.g. Local Authorities, third sector, private, communities

Regional Partnership Board

Strategic Priorities

- **Turn the hospital inside out and deliver an Integrated Community Care System**
  - Drive the delivery of an Integrated Community Care System as a shared ambition
  - Move towards an out of hospital integrated care organisation

- **Enablers**
  - Shared intelligence
    - Through linked/shared data and business intelligence capability, enable tactical and strategic planning.
    - Planning - Prioritise understanding our shared population and services
    - Delivery - Impact, outcomes, capacity, demand etc
    - Make better decisions
  - This needs to be a cross-organisational effort, and include digital, planning, partnership and clinical boards.

- **Shared care records**
  - Prioritise development of shared care records as an enabler of integrated delivery/crisis avoidance.

- **Integrated planning**
  - Get better at joint understanding of population -> joint planning -> joint delivery = improved impact

- **Delivery through relationships - ignore at your peril!**
  - Provide a platform for execs and directors to find common ground and explore opportunities to work across CBs and organisations.

Stop

- Stop thinking hospital first – and shift focus to home
- Stop blaming our partners and work with them
- Stop silo thinking, planning and delivery, and think whole system

Start

- **Integrated community care system:** make the 'main effort' as an organisation
- **Understand total potential ICCS resource** across CBs and organisations to achieve greater impact
- **Shared intelligence:**
  - Define requirements (spec) and case for change for integrated business intelligence capability including dynamic modelling
  - recognition of this as a critical enabler of operational, tactical and strategic delivery
- **Planning:** place-based planning as a common tool to align HB and LA priorities

Continue

- Keep building relationships, respect, humility, understanding, will
- Keep building the case for change for an Integrated Community Care System
- Keep building the Digital Care Region (shared care records, integrated intelligence)
- Keep doing the good stuff – discharge, Safe@home, Goleudy

Research, Innovation and Clinical Education

Strategic Priorities

- **Embed Research, Innovation and Clinical Education into CAVUHB core business**
  - Establishing a mandate from the Executive Board that this is a priority
  - Integrate with operational and clinical teams to address population needs;
  - Develop plan that is strategic
    - Informed by population need; not reactive
    - Sustainable
    - Future proofing infrastructure and capabilities
- Integration of Research, Innovation and Medical Education to align with the JAHS programme

Stop

- Stop working in isolation
- Innovation: Opportunistic activity that encourages 'breadth rather than depth'
- Medical Education - Stop low value clinical attachments

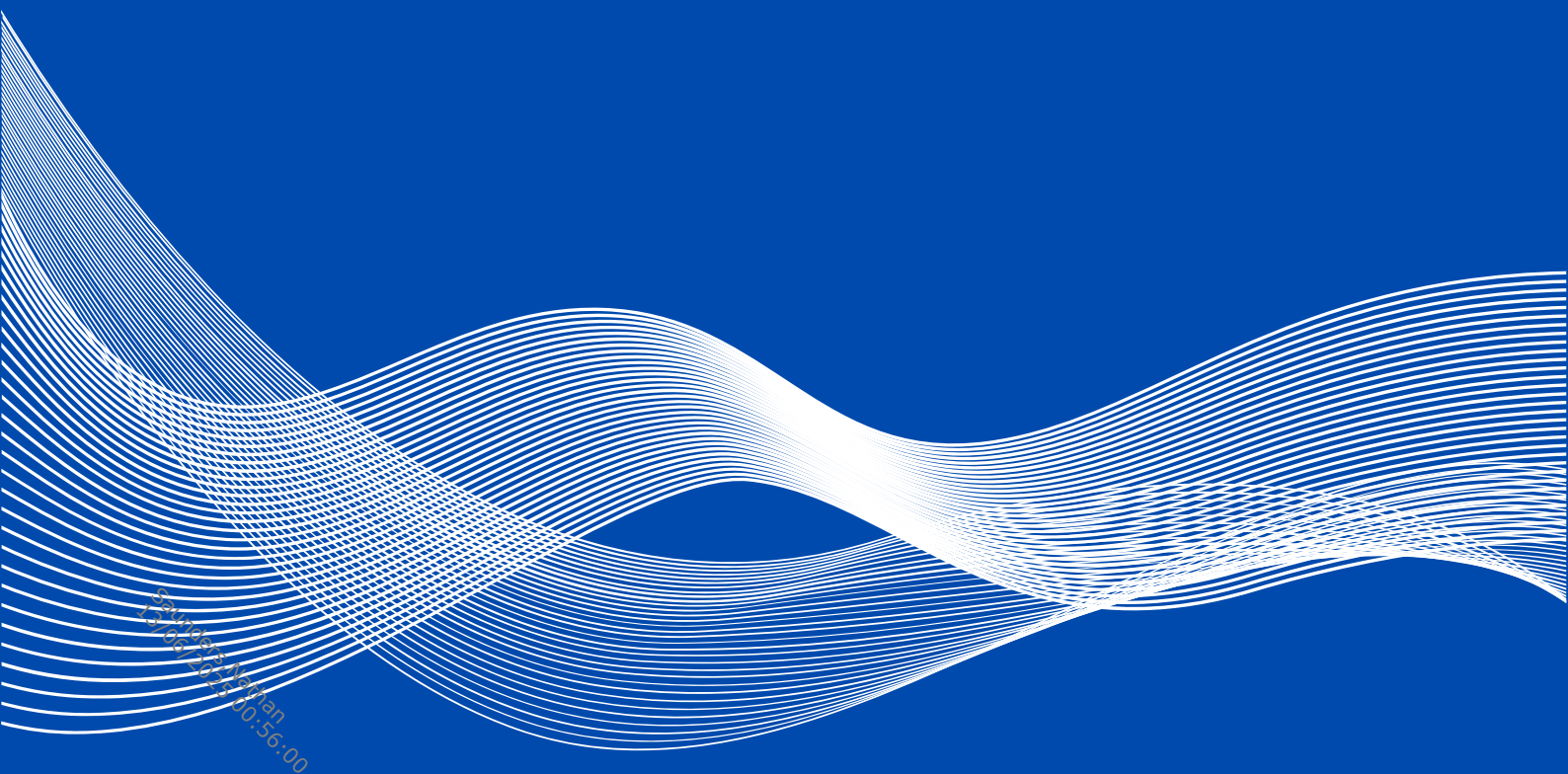
Start

- Integrate with Quality, Operational and Clinical teams to address population needs
- Improved communication and awareness of RD&I offering, activity and outcomes
- Develop strategic R&I portfolio informing Joint Academic Health Science (JAHS) Programme

Continue

- Education - Core responsibility and obligation of Health Board
- Strive for partnership working
- Benchmark and baseline against National leaders and centres of excellence

Learning from Event



Summary of Learning from Rapid Planning Event

Throughout the three-day event, members of the Shaping Change team undertook an in-depth learning exercise to capture feedback and lessons on this event, which was the first of its kind at Cardiff and Vale UHB. The information captured highlights the invaluable networking opportunities that the event afforded its participants and suggests some areas for improvement should this style of rapid planning event be deployed in the future. Feedback was captured through a daily comprehensive feedback questionnaire alongside a "rapid reflection" space in which delegates could come and anonymously leave their reflections on sticky notes. The feedback response rate was generally low, with approximately 20% of the delegation completing the questionnaire. What follows is the Shaping Change team's summary of this learning.

Positives

Enhanced Understanding and Awareness: On Day 1, participants gained a better understanding of the breadth of services provided by the organisation, as well as the challenges facing the various parts of the UHB. By Day 2, this understanding deepened, with participants identifying how different departments and clinical boards interconnect and are dependent on one another. By Day 3, there was a clearer understanding of the Health Board's direction and strategic coordination, which helped align the goals of various teams with others.

Networking and Collaboration: Throughout the event, there was significant emphasis on networking and collaboration. On Day 1, participants had the opportunity to discuss their work with colleagues, leading to a common understanding of roles and responsibilities. Day 2 saw increased interaction to understand strengths and share opportunities, increasing collaboration by building connections with other teams. By Day 3, opportunities for cross-department and inter-department conversations were created, enhancing collaboration and breaking down silos.

Reflection and Learning: The event provided ample space for reflection and learning. On Day 1, participants reflected on the organisation's performance and learned new information from clinical boards and corporate teams. Day 2 allowed for further reflection on the event's outcomes, leading to the discovery of new solutions and ideas. By Day 3, there was a better understanding of the pressures and demands on different parts of the organisation, which fostered a commitment to change and improvement.

Strategic Vision and Planning: A key outcome of the event was the development of a strategic vision and planning. On Day 1, there was a consensus on focusing on prevention and aligning core purposes with actual activities. Day 2 involved starting to construct strategic visions and action plans, with a focus on long-term planning and aligning challenges with transformation plans. By Day 3, participants were developing tangible actions to address the financial deficit and setting objectives for sustainability, demonstrating a clear strategic direction.

Engagement and Positive Energy: The event was marked by great attendance and engagement. On Day 1, there was a positive direction of travel, with participants showing enthusiasm and willingness to engage. Day 2 continued this trend, with participants enjoying time with colleagues and engaging when interdependencies were identified. By Day 3, there was a strong sense of working towards a common mission, with positive engagement and energy driving the discussions.

Areas for Improvement

Preparation and Clarity: One area for improvement identified was the need for better preparation and clarity. On Day 1, some participants felt that bringing detailed information beforehand could have allowed more time for analysis. Day 2 highlighted the need for more preparation time and clear guidance on tools like TOWS. By Day 3, initial apprehensions about the event's purpose and format were assuaged but indicate a need for clearer communication and expectations.

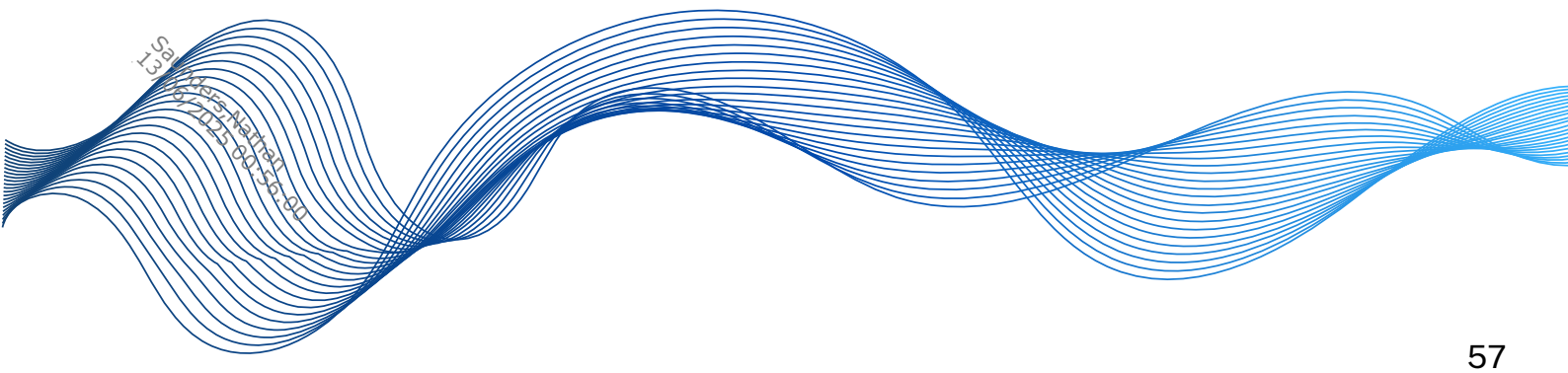
Tool Utilisation: Effective utilisation of strategic tools was another area for improvement. On Day 1, there was a need for more data-driven discussions and better information sharing. Day 2 suggested considering alternative methods or additional training for tools like TOWS. By Day 3, providing detailed guidance on strategic tools and ensuring support was readily available was seen as crucial for effective planning.

Pace and Structure: Adjusting the pace and structure of the event was also highlighted. On Day 1, time constraints in preparing and presenting information were noted. Day 2 suggested adjusting the pace to ensure it was neither too slow nor too fast, and balancing presentations with interactive sessions to keep participants engaged. By Day 3, ensuring the agenda allowed adequate time for activities was seen as important for maintaining focus and productivity.

Collaboration and Engagement: Encouraging more collaboration and engagement was a recurring theme. On Day 1, limited interaction with corporate or other clinical board areas was noted. Day 2 emphasised the need for more interaction between different clinical boards and departments. By Day 3, creating opportunities for cross-board conversations in non-operational settings was seen as a way to build stronger connections and facilitate collaboration.

Follow-Through and Implementation: Ensuring follow-through and effective implementation of plans was another key area for improvement. On Day 1, the importance of having relevant data available and improving communication was emphasised. Day 2 suggested continuously reflecting on and refining processes based on feedback. By Day 3, ensuring follow-through on plans and actions agreed upon during the event was seen as crucial for achieving meaningful change going forward.

Infrastructure and Resources: Improving infrastructure and resources was also highlighted. On Day 1, the need for better integration and planning for future events was recognised. Day 2 identified the lack of digital infrastructure as a barrier. By Day 3, developing plans to improve infrastructure and support patient safety was seen as essential for effective service delivery.



Recommendation

Based on the feedback from the recent rapid planning event at Cardiff and Vale UHB, it is recommended to undertake similar planning exercises in the future. This event have proven to be valuable in enhancing understanding, fostering collaboration, and developing strategic vision. However, to maximise future effectiveness, the following improvements should be incorporated:

Enhanced Preparation and Clarity: Provide detailed information and guidance on strategic tools well in advance. Ensure participants have adequate preparation time to avoid thinking off the cuff. Clear communication of the event's purpose and format will help set expectations and reduce initial apprehensions.

Effective Tool Utilisation: Offer training on tools like TOWS or consider alternative methods if they are not fit for purpose. Use interactive tools like Mentimeter for collective input and discussions, making the process more engaging and inclusive.

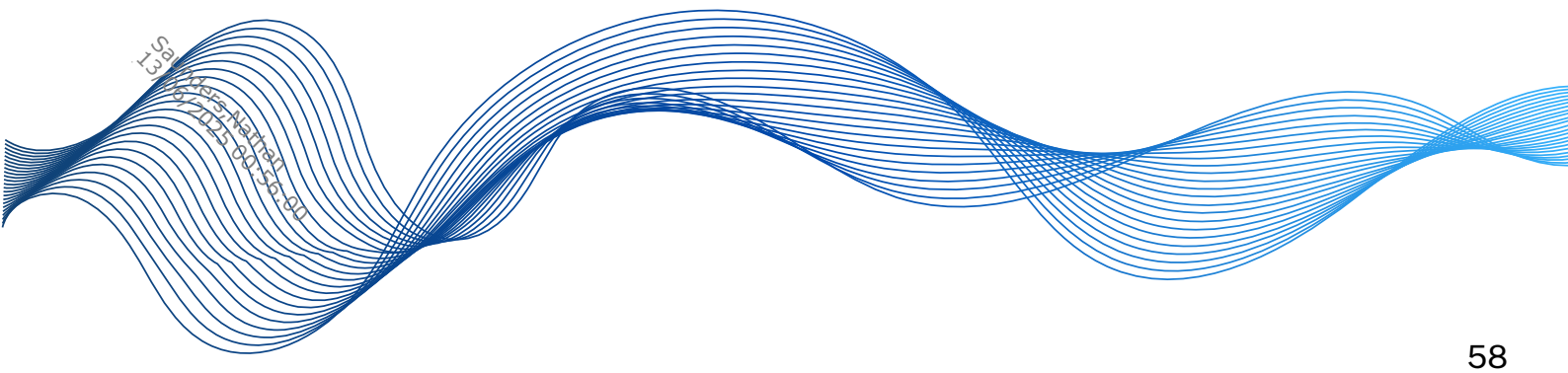
Balanced Pace and Structure: Adjust the pace to ensure it is neither too slow nor too fast. Balance presentations with interactive sessions to keep participants engaged. Ensure the agenda allows adequate time for activities, maintaining focus and productivity.

Improved Collaboration and Engagement: Encourage more interaction between different clinical boards and departments. Create opportunities for cross-board conversations in non-operational settings to build stronger connections and facilitate collaboration.

Follow-Through and Implementation: Implement an action tracker to monitor progress and ensure alignment with agreed objectives. Schedule regular check-ins to review progress, address challenges, and adjust plans as needed. Continuous reflection and refinement of processes based on feedback will help maintain momentum.

Infrastructure and Resources: Develop plans to improve digital infrastructure and support patient safety. Ensure that all teams have the necessary resources to implement their plans effectively. Addressing infrastructure barriers will enhance service delivery and support strategic goals.

By addressing these areas for improvement, future planning exercises can build on the successes of the recent event and drive meaningful change within the organisation. Regular updates, clear communication, and continuous reflection will help maintain momentum and ensure that the organisation continues to move towards its strategic goals.



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