

Public Finance & Performance Committee Meeting

Wed 21 January 2026, 14:00 - 15:30

Virtual - MS Teams

Agenda

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

1.1. Welcome, Introductions & Apologies

Rhian Thomas

1.2. Declarations of Interest

Rhian Thomas

1.3. Minutes from the Finance and Performance Committee meeting held on 19.11.2025

Rhian Thomas

 1.3 Draft Public Finance and Performance Minutes 19.11.25.pdf (7 pages)

1.4. Actions following the Finance and Performance Committee meeting held on 19.11.2025

Rhian Thomas

 1.4 F&P PUBLIC Central Action Log.pdf (1 pages)

1.5. Chairs Actions since previous meeting

14:05 - 15:05 **2. Items to Review and Assurance (14:05 - 15:15)** 60 min


2.1. Financial Report - Month 9 Position (including Savings Tracker)

Andrew Gough

 2.1 M09 Finance Report.pdf (20 pages)

2.2. Operational Performance Update

Paul Bostock


 2.2 Finance and Performance - Operational Performance Report Jan 26.pdf (14 pages)

 2.2a Integrated Performance Report Jan 26.pdf (16 pages)

2.3. 25-26 Annual Plan Quarter 3 Update

Catherine Phillips

 2.3 - Q3 Annual Plan 2526 Progress Report - F+P Jan26 vFinal.pdf (11 pages)

 2.3a - Appendix 1 - Summary of closed, on hold and red actions.pdf (10 pages)




15:05 - 15:15 **3. Items for Approval / Ratification** 10 min

3.1. Business Cases

Regan Nikki
20/01/2026 15:05:43

3.1.1. UHW Ward Block Roof Replacement Business Justification Case

Catherine Phillips

-  3.1 UHW Ward Block Roof Replacement BJC update (1).pdf (4 pages)
-  3.1a Roof Replacement Scheme Project Mandate (1).pdf (6 pages)
-  3.1b Ward Block Roof Replacer (1).pdf (1 pages)

15:15 - 15:15 4. Items for Information & Noting 0 min

4.1. Monthly Monitoring Return - Month 7 & 8

Andrew Gough

-  4.1 WG 2025 _26 month 7 MMR Covering Report.pdf (3 pages)
-  4.1a CV Financial Monitoring Returns 2025-26 - Month 7.pdf (14 pages)
-  4.1b 2024-25 MMR Template - Cardiff Vale UHB Month 7.pdf (4 pages)
-  4.1c CV Financial Monitoring Returns 2025-26 - Month 8.pdf (14 pages)
-  4.1d 2024-25 MMR Template - Cardiff Vale UHB Month 8.pdf (4 pages)

15:15 - 15:15 5. Any Other Business 0 min

15:15 - 15:15 6. Private Agenda 0 min

6.1. 2026-27 Plan Update

6.2. Financial Position Update

6.3. Targeted Intervention

15:15 - 15:15 7. Review and Final Closure 0 min

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

7.2. To note the date, time and venue of the next Committee meeting: Wednesday 18th February 2026 via MS Teams

Regan, Nikki
20/01/2026 15:05:43

**Draft Minutes of the Public Finance & Performance Committee Meeting
19 November 2025
Via MS Teams**

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

| | | |
|-----------------------|-----|--|
| Chair: | | |
| Rhian Thomas | RT | Independent Member – Capital & Estates / Committee Chair |
| Present: | | |
| Mike Jones | MJ | Independent Member – Trade Union |
| Rachna Uphadya | RU | Independent Member - General |
| Judi Rhys | JR | Independent Member – Third Sector |
| David Edwards | DE | Independent Member - Digital |
| Stephen Riley | SR | Independent Member - University |
| In Attendance: | | |
| Ruth Jordan | RJ | Assistant Director of Improvement |
| Matt Phillips | MP | Director of Corporate Governance |
| Andrew Gough | AG | Deputy Director of Finance (Strategic) |
| Suzanne Rankin | SR | Chief Executive |
| Jonathan Watts | JW | Regional Planning Programme Director |
| Paul Bostock | PB | Chief Operating Officer |
| Victoria LeGrys | VL | Programme Director for Acute Clinical Services Redesign |
| Nia Tate | NT | Graduate Management Trainee |
| Secretariat: | | |
| Nikki Regan | NR | Corporate Governance Officer |
| Apologies: | | |
| Susan Lloyd-Selby | SLS | Independent Member – Local Authority |
| Suzanne Rankin | SR | Chief Executive |
| Catherine Phillips | CP | Executive Director of Finance |
| Ceri Phillips | CP | Vice Chair |

| Ref: | Agenda Item: | Action: |
|------------------|--|---------|
| FPC 19/11/1.1 | <p>Welcome, Introductions & Apologies</p> <p>The Committee Chair – Rhian Thomas (RT) welcomed everyone to the meeting.</p> <p>Apologies were noted as above.</p> | |
| FPC 19/11/1.2 | <p>Declarations of Interest</p> <p>No declarations were noted.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) No declarations of interest were noted.</p> | |
| FPC 19/11/1.3 | <p>Minutes of the Finance and Performance Meeting held on 22nd October 2025</p> <p>The minutes of the meeting held on 22nd October 2025 were received and confirmed as a true and accurate record following minor amendments.</p> <p>The Finance Committee resolved that:</p> <p>a) The minutes of the Finance and Performance Committee meeting held on 22nd October 2025 were held as a true and accurate record of the meeting.</p> | |
| FPC 19/11/1.4 | <p>Actions following the Finance & Performance Meeting on 22nd October 2025</p> <p>All 3 actions on the action log were complete.</p> | |

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| | <p>The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.</p> | |
| <p>FPC 19/11/1.5</p> | <p><u>Chairs Action since previous meeting</u></p> <p>There were no Chair's Actions taken since the last meeting</p> | |
| <p>FPC 19/11/2.1</p> | <p><u>Financial Report – Month 7 Position (including savings tracker)</u></p> <p>The Assistant Director of Finance – Andrew Gough (AG) presented and highlighted the following:</p> <ul style="list-style-type: none"> • A deficit of £35.6m was reported at month 7, which was £2.816m over the planned deficit of £32.8m. • The position improved from month 6, where the deficit was £3.7m over plan. • £32.6m worth of savings schemes were identified, with a surplus of £345k in the savings programme. • Operational deficit stood at £3.161m. • The full savings plan was in place against the £32m target; £1.7m of schemes remained in amber (not fully assured). • Key Pressures included the following: • Mental health out-of-area placement costs peaked at 23 patients, now reduced by 9. • Shortfall against employer's National Insurance increase (£2.1m pressure). • Contractual performance issues in critical care and cardiology, with improvements noted. • Forecast Deficit: Forecast deficit for the year was £56.2 million; gap to forecast reduced from £5.4m to £1m after month 7. • Workforce reduced by 105 whole-time equivalents (WTE) since the start of the year; with a spike in September / October due to student onboarding. • Non-Pay Growth Areas: Largest growth in secondary care medicines, continuing healthcare, and commissioned services. • Risks included the following: • £5m recurrent shortfall in savings programme. • £7.5m potential liability from the All-Wales Risk Pool, currently outside forecast. • Band 2 to 3 corrective payments risk, awaiting national solution. • Cash Position: Strategic cash support request to Welsh Government for £56.2m; £57m in assumed allocations yet to be received. • Payment Compliance: Sector payment compliance at 96.2%, above the 95% target. • Capital Resource Limit: Approved capital resource limit is £38.4m; no current issues reported. <p>The Independent Member – General, Rachna Upadhyia (RU) highlighted a large potential year-end cash shortfall of £130.2m and noted that nearly half was expected to come from Welsh Government (WG) support. She asked about contingency plans if WG support was delayed, reduced, or conditional.</p> <p>The Deputy Director of Finance – Andrew Gough (AG) explained the main contingency was managing supplier payments until cash was confirmed, as the Health Board has no other options.</p> <p>The Deputy Director of Finance – Robert Mahoney (RM) added that the strategy was to reduce the cash deficit to a manageable level by February/March, allowing for limited delays in supplier payments without damaging relationships or payment performance. If pay awards and strategic cash were confirmed, the situation would become manageable for the organisation.</p> <p>RU asked if delayed supplier payments would incur penalties or interest; RM responded that while possible, any such costs would be immaterial given the organisation's scale.</p> <p>RM noted that such costs were possible and already occur in small amounts, but they were not material given the organisation's overall turnover.</p> <p>The Independent Member for Digital – David Edwards (DE) congratulated AG and colleagues for the improvements, acknowledging the challenging situation and noted it was good to see progress in the right direction. He observed that operational pressures and increased demand would continue, and while the underlying deficit may improve, significant challenges remain for next year. He was aware there wasn't a strict vacancy freeze and suggested it would be worthwhile for an explanation how financial pressures would be balanced with performance and delivery, emphasising that it wasn't just about reducing cost.</p> <p>AG credited the operational teams and the clinical boards for making significant progress on savings. He stated that decisions were being made sensibly, with patient safety and quality as the top priority, and</p> | |

clarified that CAV UHB was not taking a "slash and burn" approach but were focused on making decisions that are sustainable for now and the future.

The Chief Operating Officer – Paul Bostock (PB) noted that five of the seven Clinical Board reviews had taken place that week, with two more scheduled for Friday. He highlighted that much of the posts are held at clinical board level, and the process has been useful in prompting internal questions about the necessity of roles. As the executive reviews conclude, Paul expressed hope to release the Executive Vacancy Control panel and allow clinical boards to manage their own vacancies, with clear rules in place. He stated there is a further £1 million to go, reduced from £7-8 million previously, and acknowledged the good, clinically led conversations taking place. He emphasised the need for a more sophisticated approach to cost reduction than the current vacancy freeze.

RT stated that ideally, the savings plan should be understood and locked in from the start of the financial year, but given the situation a few months ago, the recent work to recover and de-risk the savings plan has been significant. She noted that the committee acknowledged the progress made in closing the gap, with only about £1m of saving opportunities left to convert from amber to green.

The Finance and Performance Committee resolved that:

- a) The reported year to date position is an overspend of £35.619m and the forecast deficit of £56.2m was noted.
- b) The month 7 operational overspend against plan of £3.162m and the (£0.346m) savings surplus was noted.
- c) The progress against the savings target, with £32.592m (101.9%) of green and amber schemes identified at Month 7 against the revised £32m target was noted.
- d) Delivery of the forecast was predicated on delivery of recovery actions and the confirmation of all expected income streams was noted.
- e) The recurrent savings shortfall and recurrent operational pressures of £8m impacting adversely on a deteriorating underlying deficit being carried into 2026/27 was noted.
- f) The potential £130.2m cash shortfall at year end before outstanding cash allocations and strategic support is confirmed by Welsh Government, was noted.

FPC
19/11/2.2

Operational Performance Update

PB presented on the Operational Performance Update and highlighted the following:

- **Pathway of Care Delays:**
- Adult physical health and mental health delays reported; mental health delays have longer average waits (116 days) compared to physical health (40 days).
- Delays mainly driven by adult social care, with some improvement but numbers remain static.
- Increased social worker support for medical wards at Llandough; more forensic review of patients in hospital over 10 days.
- Planned audit to understand reasons for EU attendance, including input from ambulance crews and self-attending patients.
- **Cancer Pathway Performance:**
- 38% increase in cancer referrals over two years; conversion rate (diagnosed cases) remains stable.
- Monthly treated patients increased from 190 to 250; performance dropped to 60% in September but previously in high 60s/70s.
- Backlog mainly in dermatology (skin), urology, and lower GI/colorectal; new consultants and pathway changes expected to improve backlog and performance.
- Most patients waiting over 62 days do not have cancer, but timely diagnosis is important to reduce anxiety.
- **Diagnostics:**
- October saw lowest number of patients waiting over 8 weeks for diagnostics since July 2023 (11,210 patients).
- Significant reductions in endoscopy, non-obstetric ultrasound, MRI, and CT waits; additional capacity and mobile units contributed to improvement.
- On track to meet improvement trajectory.
- **Urgent and Emergency Care:**
- 3.6% increase in urgent/emergency care admissions against forecast; winter plan in place and implemented earlier than anticipated.
- Flexibility built into plan, but infrastructure limits ability to isolate patients during spikes (e.g., flu, norovirus); elective work may be reduced if severe pressures occur.
- **General Observations:**
- Delayed pathway of care is not the sole reason for capacity issues; internal length of stay processes also contribute.

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- Cancer and diagnostics improvements are ongoing, with focus on sustainable solutions and maintaining standards.

The Independent Member – Third Sector, Judi Rhys (JR) commented that Cardiff and Vale UHB is standing up relatively well in terms of cancer treatment numbers. She emphasised the importance of encouraging people to come forward for assessment, even if it turns out they do not have cancer, aligning with awareness efforts. She highlighted the need for the health board to consider its duty of care for people waiting for results who may not have cancer, as part of the overall care package. She asked if there is specific recruitment or other actions being taken in urology and lower GI, noting that these problems are broader and system-dependent.

PB stated that in urology, they have appointed specialty doctors and managed to recruit one or two extra consultants. He mentioned a new clinical director (CD) who, along with colleagues, helped to approach the work differently, focusing on pathway organisation and timely diagnostics. For lower GI, PB noted that endoscopy waits had been a key driver of delays, but these were now in a better place due to additional capacity for theatre cases. Over the last 2-3 years, additional diagnostics such as PET CT and genomics had become available, making adherence to optimal pathways increasingly important.

RU noted it was good news about the diagnostics position improving. She commented positively that more patients were coming and seeking assistance. She asked if there was work being done to look at the incidence of cancer diagnosis in the increased referrals and whether there is a need to educate primary care physicians about what should be referred to specialists versus managed in primary care.

PB said they've been working on cancer standards for nearly 20 years, and the conversion rates for patients referred on a single cancer pathway had remained around 15%, meaning 85% of patients referred do not have cancer. He noted that there had been ongoing efforts to educate GPs, but ultimately, they have to deal with the referrals as they come, diagnosing and either excluding or treating cancer. He highlighted that waiting times for routine diagnostics and treatment were longer in Wales than in NHS England, making it difficult for GPs to refer patients elsewhere if concerned. He mentioned that there had been much discussion over the years about GP referral patterns and suggested that perhaps more engagement with GP services is needed to address these issues.

DE observed that urgent and emergency care activity was 3.6% up against forecast and asked if this had any implications for the winter plan.

PB responded that the forecast for the year planned for a 4% increase in emergency admissions, and the activity was tracking slightly below that but still increasing. He confirmed that the winter plan anticipated extra activity and was designed to manage it, though there was always risk if there was an unexpected spike, such as in flu cases.

The Committee resolved that:

- a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.

FPC
19/11/2.3

Planning Maturity Self-Assessment

The Graduate Management Trainee – Nia Tate (NT) highlighted the following points:

- The planning maturity matrix was used to assess organisational planning capabilities and identify areas for growth.
- Self-assessment provided assurance to the board, insight for WG, and supported de-escalation criteria.
- This was the first submission since the initial baseline; improvements included developing the clinical services plan and strengthening equality impact assessment.
- Assessment levels were co-produced with operational and clinical leads, with assigned leads for each subcategory and identified evidence and improvement actions.
- Current maturity levels are lower than desired due to financial deficit, unapproved IMTP, and limited strategic planning; a gradual improvement plan is in place.
- Actions will be monitored continuously, with an executive SRO assigned and a dashboard planned for ongoing evaluation.
- A six-monthly review at committee is proposed to track progress and incorporate Welsh Government feedback.

The actions aim to achieve an approved annual plan, integrated planning, and support de-escalation and improved patient care.

Action – to add the Planning Maturity Matrix to the forward plan for a 6-month review.

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| | <p>The Regional Planning Programme Director – Jonathan Watts (JW) publicly thanked NT for her hard work on the planning maturity matrix, describing her contribution as invaluable. He emphasised that, while mandated by WG, the real value was in doing the assessment for the organisation itself to understand and improve strategic planning maturity.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> The current assessment of the UHBs planning maturity was noted. The action plan to support the UHBs future planning maturity was noted. The submission of this self-assessment to Welsh Government was approved. | |
| <p>FPC 19/11/3.1</p> | <p><u>Accountable Officer Letter</u></p> <p>AG stated that Welsh Government requires submission of an Accountable Officer letter by Monday 8th December for strategic cash support. CAV UHB was requesting £56.233m to cover the planned deficit. If the forecast is not delivered and the deficit exceeds £56.233m, there is a risk that a further strategic cash request will need to be submitted.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> The UHBs current assessment of £17.000m working cash balance support was noted. The UHB’s Board approves the UHB’s application to Welsh Government for £56.233m Strategic Cash Support in support of its 2025/26 forecast deficit was recommended. | |
| | <p><u>Board Assurance Framework – Decarbonisation & Climate</u></p> <p>The Assistant Director of Improvement - Ruth Jordan (RJ) presented and highlighted the following:</p> <ul style="list-style-type: none"> Welsh Government targets: 16% emissions reduction by this year, 34% by 2030 (from 2018/19 baseline), and internal strategy targets for direct emissions. The baseline was under reported and Welsh Government is reviewing measurement methods. A 62.5% increase in carbon emissions was reported compared to the baseline, with most of the rise due to Scope 3 (supply chain/procurement) emissions. All three emission scopes (direct, indirect, supply chain) increased, with Scope 3 being the largest contributor. The gap between current emissions and targets is significant, with no clear plan yet to close it. Ongoing work on climate risk assessment and adaptation was described, including a heatwave survey showing impacts on services, staff, and equipment, and plans for a flooding survey. Strategic, operational, financial, and legal risks were identified, including the potential for legal action if targets are not met. A Climate Response Programme Board was established, with four project teams and executive leadership. Key challenges included limited resources, increasing demand (which drives up Scope 3 emissions), and “carbon lock” from long-term decisions. There was limited data and capability to track carbon impacts at the pathway level, and adaptation is a new area for the organisation. Early actions include integrating climate response into planning, building adaptation plans, running workshops, and promoting behavioural change. <p>DE thanked RJ for the presentation and acknowledged the large amount of information and its sobering nature. He noted the challenges regarding actions needed now versus in the future, highlighting the costs of both immediate and delayed action. He emphasised the need to start putting financial figures around this work and recognised the balance between current actions and future investment for health and avoidance, considering affordability.</p> <p>RT noted measures such as climate change risk assessments, climate adaptation plans, and the Climate Response Programme Board, recognising the current impetus behind these activities. She asked RJ if she felt these actions were enough or if more focus and attention were needed.</p> <p>RJ responded that climate response is often seen as "another problem" and may not be given the same priority as quality or finance but emphasised its strategic importance and the need for better tracking and measurement.</p> <p>RJ thanked Ruth for sharing a lot of information with the committee. She stated the issue is understanding the financial and operational modelling and specifically asked about the top clinical or operational pathways where carbon lock is most entrenched, suggesting that identifying these would help target big-ticket items.</p> <p>RJ replied that the answer was not currently known due to lack of data and systems to track and measure carbon usage across pathways, and that baseline work is needed to gain this understanding.</p> | |

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| | <p>RU acknowledged it is a lot of work to identify entrenched carbon lock but asked if there is access to comparative data from other health boards to help identify where carbon usage or carbon lock is spread, which could guide where to start looking.</p> <p>RJ responded that only headline comparative data is available, showing overall emissions compared to other health boards, but not detailed breakdowns; she suspects other boards face the same challenge due to shared services. She added that resource limitations mean reliance on networks and partners, and emphasised the need for whole system change.</p> <p>Action – the committee agreed to bring the decarbonisation and climate agenda topic back to a future meeting with more time for discussion.</p> <p>The Committee resolved that:</p> <p>a) The Board Assurance Framework – Decarbonisation & Climate was discussed and noted.</p> | |
| | <p><u>Llantrisant Health Park – Outline Business Case</u></p> <p>The Chair noted this was a topic at the regional joint committee taking place simultaneously so asked for this business case to be contextualised.</p> <p>The Programme Director for Acute Clinical Services Redesign – Victoria LeGrys (VL) highlighted the following points on the Llantrisant Health Park:</p> <ul style="list-style-type: none"> • Context and Introduction • Victoria introduced the Llantrisant Health Park business case as part of the SE Wales Regional Planning Partnership, involving Cardiff and Vale, Cwm Taf Morgannwg, Aneurin Bevan, WAST, and Velindre NHS Trust. It sits within the shaping our future clinical services portfolio and is linked to sustainability and future generations work. • Business Case Details • The business case focuses on phase two: a regional arthroplasty facility for high volume, low complexity lower limb joint replacements. The site has been purchased by Cwm Taf Morgannwg Health Board, but the programme is collaborative across the region. • The facility aims to address demand and capacity challenges that cannot be solved by individual health boards alone. It is based on best practice and benchmarking from NHS England, with support from national colleagues. • The anticipated opening is in 2028, with further planning required through the regional partnership. • Risks and Issues • Victoria highlighted two key risks: • Significant risk around securing sufficient revenue funding for the region, potentially up to £6.5m, which needs further work before the full business case. • Significant workforce planning requirements due to existing shortages, with a focus on internal efficiencies and training to meet future demand. • Next Steps • The committee was informed that the full business case would be discussed in detail in the private session, and that the item was also being discussed at the concurrent regional Joint Committee meeting. <p>The Committee Resolved that:</p> <p>a) The submission of the Phase 2 LHP OBC was referred to Board for onward discussion, pending receipt of further information from the concurrent regional Joint Committee meeting.</p> <p>b) The associated risks and potential revenue consequences and approach to seeking national support was noted.</p> | |
| <p>FPC 19/11/4.1</p> | <p><u>Monthly Monitoring Return – Month 6</u></p> <p>The monthly monitoring return for month 6 was noted.</p> <p>The Committee resolved that:</p> <p>a) The monthly monitoring return for month 6 was noted.</p> | |
| <p>FPC 19/11/5</p> | <p><u>Any Other Business</u></p> <p>No further business was raised.</p> <p>The Committee resolved that:</p> <p>a) Any other business was noted.</p> | |

FPC
19/11/013

Review & Close

To note the date, time and venue of the next Committee meeting:
Wednesday 21st January 2026 via MS Teams

Regan Nikki
20/01/2026 15:05:43

PUBLIC FINANCE & PERFORMANCE

| Minute Reference | Agenda Title | Agreed Action | Executive Lead | Action Lead | Date Assigned | Date for Review | Status | Comments |
|------------------|-----------------------------------|--|--------------------|----------------|---------------|-----------------|----------|--|
| FPC 19/11/2.3 | Planning Maturity Self assessment | It was agreed for this item to return to F&P every 6 months for review & assurance | Catherine Phillips | Jonathan Watts | 19.11.2025 | May-26 | Complete | added to the forward plan for May 2026 |
| FPC 19/11/3.2 | BAF - Decarbonisation & Climate | It was agreed for this item to come back to the committee regularly for review | Matt Phillips | Ruth Jordan | 19.11.2025 | May-26 | Complete | added to the forward plan for May 2026 |
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CARDIFF & VALE UHB FINANCE REPORT – MONTH 9





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

| Measure | Description | RAG | Trend | Target | Time Period |
|--|--|-----|-------|---|-------------|
| Deliver 2025/26 Deficit Target Control Total | The Revised Draft Annual Plan includes a forecast £56.2m deficit - £47.1m over the control total target of £9.1m. | R | → | 9.1m | M9 2025/26 |
| Return to financial balance and approved IMTP status | £56.2m underlying deficit by end of 2025/26 financial year. Currently reporting recurrent savings gap after Month 9. | R | → | £56.2m | M9 2025/26 |
| Management of operational budget pressures | Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £1.657m operational deficit reported at Month 9. | A | ↑ | Operational Spend to be maintained within Budgets | M9 2025/26 |
| Delivery of recurrent £32.0m savings target | £32.778m Green and Amber schemes identified at Month 9, of which £27.097m were recurrent. | A | ↑ | £32.0m | M9 2025/26 |
| Remain within Cash Limit | The UHB will require cash support from WG for the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 2024/25 balance sheet. | A | → | To remain within Cash Limit | M9 2025/26 |

Key Metrics

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

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

Revised
Plan

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

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

The UHB is reporting a year to date overspend of £43.250m at month 9, which includes a Planning Deficit £42.175m, a savings Programme surplus of (£0.582m) and an Operational Position deficit £1.657m

| | Plan PTD (£m) | PTD (£m) | PTD Variance to Plan (£m) | Plan YTD (£m) | YTD (£m) | YTD Variance to Plan (£m) | Plan | Forecast | Forecast Variance to Plan (£m) |
|--|---------------|----------|---------------------------|---------------|----------|---------------------------|----------|----------|--------------------------------|
| Draft Plan | 7,286 | 7,286 | 0 | 64,013 | 64,013 | 0 | 88,233 | 88,233 | 0 |
| Quality Efficiency Improvement Plans - Savings | (2,599) | (2,799) | (200) | (21,838) | (22,420) | (582) | (32,000) | (32,778) | (778) |
| Operational Variance | 0 | (1,447) | (1,447) | 0 | 1,657 | 1,657 | 0 | 778 | 778 |
| Clinical/ Service Board Variance | 4,687 | 3,040 | (1,647) | 42,175 | 43,250 | 1,074 | 56,233 | 56,233 | 0 |

At Month 9, the UHB reported an overspend of £43.250m, which is £1.074m above plan. This represents an in-month improvement of £1.647m compared to the £2.721m overspend against plan reported at Month 8. The continued reduction in overspend over the past quarter provides strong assurance that the UHB will achieve the forecast deficit of £56.233m

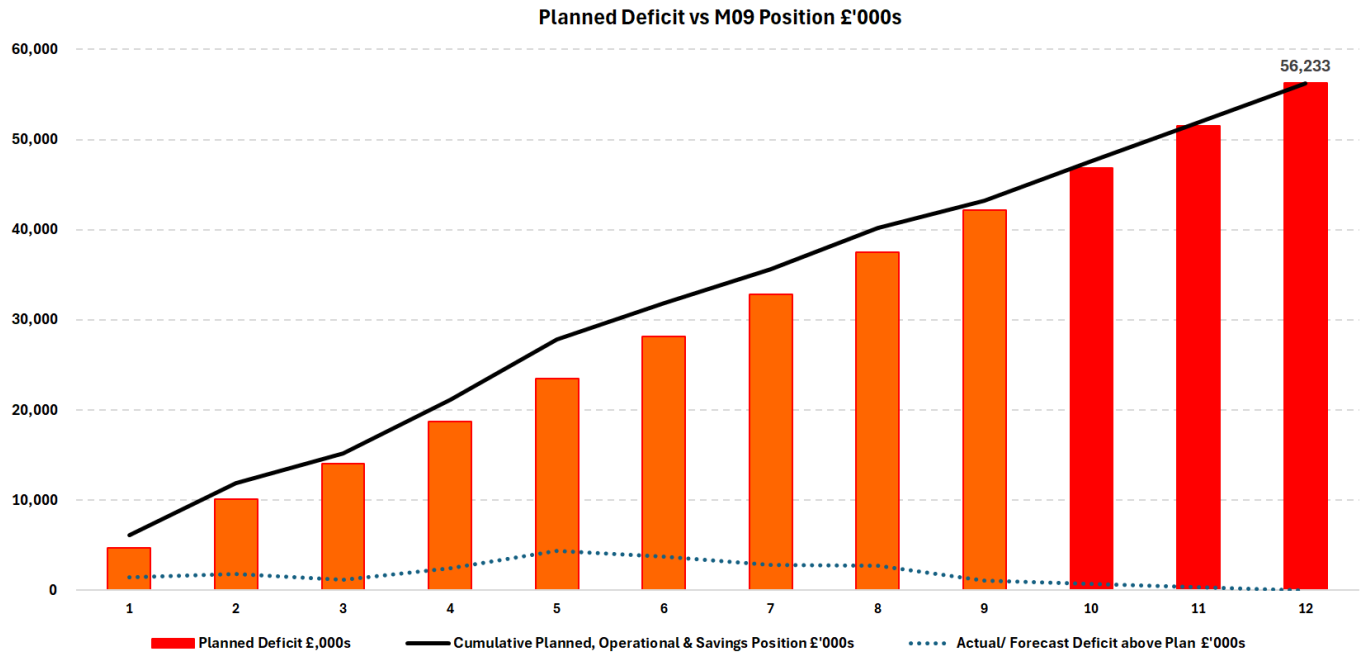
Following confirmation of the Month 5 position, the UHB undertook detailed reviews (“deep dives”) across all clinical boards to understand key issues, assess risks, and gain assurance on actions required to deliver within agreed deficit control totals. Additional measures were approved to arrest and recover the financial run rate. At Month 9, the UHB’s savings tracker reported a £0.778m surplus of green and amber schemes against the £32m in-year savings target

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

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

- Board Approved - A full vacancy freeze from 1st August
- Continued operation of an enhanced, centralised vacancy scrutiny process (in place for over nine months), which has stabilised workforce growth.
- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.
- All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

The graph below shows the reported Month 9 position against the UHB's planned deficit of £56.233m



| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Planned Deficit £,000s | 4,686 | 10,096 | 14,058 | 18,744 | 23,430 | 28,117 | 32,803 | 37,489 | 42,175 | 46,861 | 51,547 | 56,233 |
| Cumulative Planned, Operational & Savings Position £'000s | 6,096 | 11,899 | 15,216 | 21,172 | 27,809 | 31,843 | 35,619 | 40,210 | 43,250 | 47,578 | 51,905 | 56,233 |
| Actual/ Forecast Deficit above Plan £'000s | 1,410 | 1,803 | 1,158 | 2,428 | 4,379 | 3,727 | 2,816 | 2,721 | 1,075 | 717 | 358 | 0 |
| 24/25 deficit outturn of £27.7m | 6,096 | 11,899 | 15,216 | 20,149 | 20,149 | 20,993 | 22,117 | 23,241 | 24,365 | 25,489 | 26,613 | 27,737 |

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

At Month 9, the UHB reported a (£0.778m) surplus against the £32.0m savings programme target. It is anticipated that the operational pressures identified at Month 9 will be recovered and mitigated as the year progresses, enabling the UHB to deliver its planned deficit position of £56.233m. The expectation is that the monthly deficit will reduce as recovery and mitigating actions are successfully implemented in-year.

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

| | Income | Pay | Non Pay | Total |
|----------------------|----------------|----------------|---------------|---------------|
| In-Month | £'000s | £'000s | £'000s | £'000s |
| Budget | (56,539) | 88,568 | 105,483 | 137,511 |
| (Income)/Expenditure | (56,847) | 88,227 | 109,171 | 140,551 |
| Variance | (308) | (340) | 3,688 | 3,040 |
| Cumulative | £'000s | £'000s | £'000s | £'000s |
| Budget | (494,954) | 786,467 | 829,139 | 1,120,652 |
| (Income)/Expenditure | (496,658) | 784,293 | 876,266 | 1,163,902 |
| Variance | (1,704) | (2,173) | 47,127 | 43,250 |

A number of operational pressures continued into month 9 which in turn have been offset by pay vacancies.

The following operational issues were reported in month 9:

- Income – Specialist services underperformance. Cardiac services year-to-date performance has remained below target and below 2024/25 levels.
- Pay – Vacancies along with enhanced scrutiny around variable pay offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness.
- Non Pay – Pressures associated with Mental Health Out of Area (OOA) placements persist but are expected to reduce following the re-opening of the Crisis House and the expansion of Delayed Transfers of Care (DTC) capacity. The shortfall in national funding for the 2025/26 NI increase is reported against non pay at £1.200m for the year to date . £41.581m of underlying deficit was included in non pay at month 9.

Of the £43.250m deficit reported at Month 9, £42.175m relates to the revised planning deficit of £56.233m, while £1.657m is attributable to in-year operational pressures. These pressures have been partially offset by the (£0.582m) surplus achieved against the target.

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

| Business Unit | Deficit Control Total/ Plan (£k) | Savings (£k) | Operational (£k) | Total (£k) | Variance to Plan (£k) |
|---|----------------------------------|--------------|------------------|---------------|-----------------------|
| Clinical Diagnostics & Therapeutics | 872 | (178) | (93) | 602 | (270) |
| Children & Women | 3,194 | 195 | 383 | 3,772 | 578 |
| Capital, Estates & Facilities | (92) | 220 | (366) | (237) | (145) |
| Executives | (1,118) | 100 | (416) | (1,434) | (316) |
| Genomics | 0 | 0 | (82) | (82) | (82) |
| Medicine | 10,666 | (81) | (511) | 10,074 | (592) |
| Mental Health | 5,243 | (356) | 1,629 | 6,515 | 1,272 |
| Primary, Community & Intermediate Care | 8,582 | (696) | (1,775) | 6,110 | (2,471) |
| Specialist | 2,957 | 330 | 2,335 | 5,622 | 2,665 |
| Surgery | 3,701 | 657 | 318 | 4,675 | 975 |
| Sub-Total (Delegated Position) | 34,004 | 192 | 1,422 | 35,619 | 1,614 |
| Central Budgets | (6,379) | (774) | 216 | (6,938) | (559) |
| Commissioning | 14,550 | 0 | 19 | 14,569 | 19 |
| Sub Total (Non-Delegated Position) | 8,171 | (774) | 235 | 7,632 | (539) |
| Sub-Total Surplus/ Deficit | 42,175 | (582) | 1,657 | 43,250 | 1,075 |

Key Variances

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The table/chart below summarises the key 2025/26 Operational pressures as at month 9:

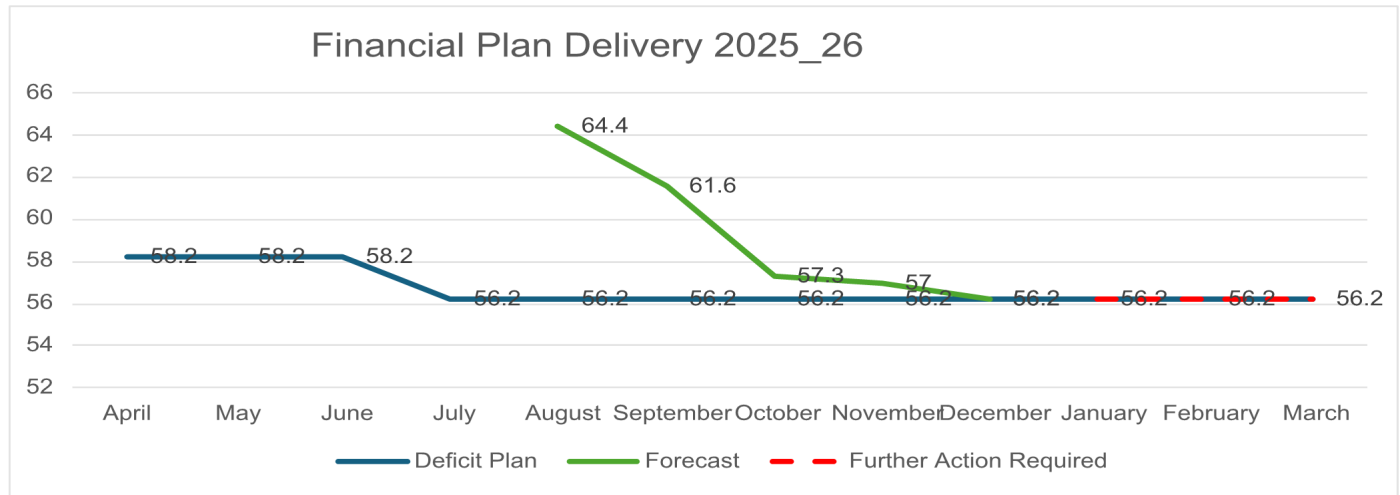
| Operational Pressure | Operational Variance YTD | Operational Variance Forecast |
|---|-----------------------------|-------------------------------------|
| | £'000s | £'000s |
| Mental Health Out Of Area Placements (OOA) | 2,000 | 2,300 |
| Specialist Services Activity Related Underperformance | 1,700 | 2,050 |
| Employers National Insurance | 1,200 | 2,150 |
| Vaccines | (750) | (1,000) |
| Winter | (770) | (1,000) |
| CD&T Activity | | (840) |
| GRNIs | 0 | (1,500) |
| Pay Underspend | (2,300) | (2,160) |
| Sub-Total Surplus/Deficit | 1,080 | 0 |

- Mental Health OOA - Year-to-date, there has been an average of 9 patients, peaking at 23. Package costs are higher than planned due to patient acuity. The reopening of the Crisis House has now reopened, along with additional DTOC capacity. This has contributed to a reduction in the forecast number of OOA placements.
- Specialist services underperformance - Cardiac services year-to-date performance has remained below target and below 2024/25 levels.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines - Combined vaccine expenditure is projected to be below budget.
- Winter - Additional winter capacity will only be used when absolutely necessary.
- CD&T Activity - Additional radiology and research income has been recovered during the year.
- GRNIs - The UHB has recognised an in year accounting gain in respect of GRNIs.
- Pay vacancies, combined with enhanced scrutiny of variable pay, have offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness.

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

Forecast and Recovery Actions

As at month 9 the Health Board's gross forecast is broadly in line with the UHB deficit plan of £56.2m. **The forecast assumes that the actions in place to halt and recover the operational position will continue up to year end to ensure that the UHB delivers the forecast deficit and minimises the underlying deficit moving into 2026/27.**



Recovery actions agreed:

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

RAG:



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

The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 9 for all staffing groups (split by fixed and variable expenditure) :

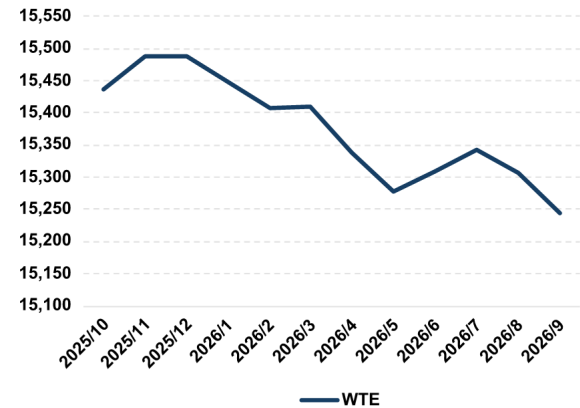
| Staffing Group | 2024/25 YTD (£m) | 2025/26 YTD (£m) | 2025/26 vs 2024/25 Growth (£m) | 2025/26 vs 2024/25 Growth (%) |
|------------------------------|------------------|------------------|--------------------------------|-------------------------------|
| Additional Clinical Services | 27,040 | 28,947 | 1,908 | 7.1% |
| Management, Admin & Clerical | 88,864 | 96,142 | 7,278 | 8.2% |
| Medical and Dental | 202,798 | 217,617 | 14,818 | 7.3% |
| Nursing (Registered) | 204,951 | 222,981 | 18,030 | 8.8% |
| Nursing (Unregistered) | 65,183 | 65,011 | (171) | -0.3% |
| Other Staff Groups | 108,892 | 116,828 | 7,936 | 7.3% |
| Scientific, Prof & Technical | 35,743 | 36,767 | 1,024 | 2.9% |
| Total | 733,471 | 784,293 | 50,822 | 6.9% |

Increased pay expenditure since April 2024 is supported by an increase in substantive headcount/Whole Time equivalent (WTE).

Part of the 2024/24 pay awards, the increase to National Insurance Employers contributions and 2025/26 Pay Awards account for 6.5% of the increase in pay costs.

The chart (right) reports substantive WTE by month – and indicates a 192 WTE reduction across the UHB over the last 12 months. A reduction of 203 wte staff is reported between April 2025 and December 2025. The majority of the increase in staff WTEs in September and October relates to registered nursing relating to nurse student streamliners.

Monthly WTE



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 | 95,764 | 99,900 | 4,136 | 4.3% |
| Continuing Healthcare | 78,619 | 89,176 | 10,557 | 13.4% |
| Drugs / Prescribing | 196,520 | 206,653 | 10,133 | 5.2% |
| Establishment Expenses | 10,520 | 11,145 | 625 | 5.9% |
| General Supplies & Services | 9,308 | 9,617 | 309 | 3.3% |
| Healthcare Provided Services | 198,687 | 224,356 | 25,670 | 12.9% |
| Other Non Pay | 59,253 | 63,727 | 4,474 | 7.6% |
| Premises & Fixed Plant | 39,564 | 41,708 | 2,144 | 5.4% |
| Primary Care Contractors | 123,584 | 129,982 | 6,399 | 5.2% |
| Total | 811,819 | 876,266 | 64,447 | 7.9% |

Key Variances

The UHB reported **£876.266m** of Non Pay expenditure for the year to Month 09 which is an increase of 8.8% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

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

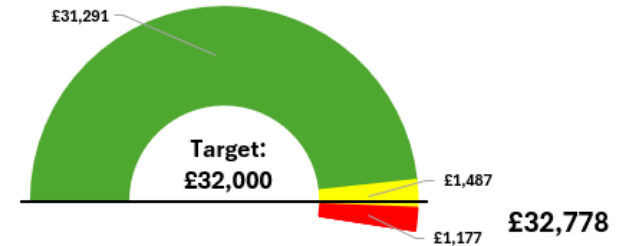
At Month 9, the UHB had identified £32.778m (102.4%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.117m were also identified and continue to be reviewed for progression to Green/Amber where possible.

The forecast delivery against amber and green schemes was £ 32.778m at the end of month 9, which is 102.4% of the £32m savings target. The reported surplus of £0.778m is expected to mitigate ongoing operational pressures.

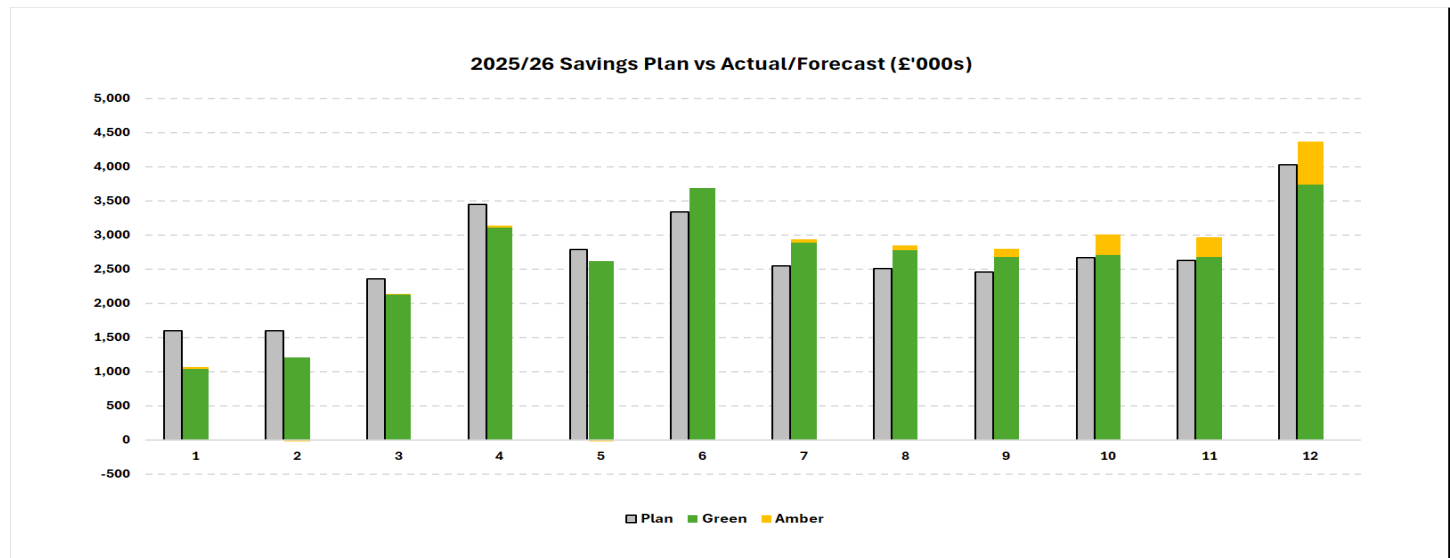
Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. £27.097m of recurrent savings were identified at month 9 leaving a gap of £4.903m against the £32m recurrent target

The chart below illustrates the back-ended profile of the UHB's 2025/26 savings programme, highlighting the concentration of savings delivery in the latter part of the year

2025/26 UHB Savings Programme: Identified vs Requirement



Savings



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

| Business Unit | Target (£m) | Green (£m) | Amber (£m) | Total (£m) |
|--|---------------|---------------|--------------|---------------|
| CD&T | - | 1,593 | 0 | 1,593 |
| Children & Women | - | 1,275 | 30 | 1,305 |
| Capital, Estates & Facilities | - | 730 | 98 | 828 |
| Executives | - | 1,446 | 0 | 1,446 |
| Genomics | - | 0 | 0 | 0 |
| Medicine | - | 482 | 0 | 482 |
| Mental Health | - | 0 | 0 | 0 |
| PCIC | - | 1,291 | 0 | 1,291 |
| Specialist | - | 1,270 | 0 | 1,270 |
| Surgery | - | 546 | 44 | 590 |
| Sub-Total (Grip & Control) | 10,000 | 8,633 | 172 | 8,805 |
| Medicines Management | 3,500 | 5,760 | 61 | 5,821 |
| Income Generation | 1,000 | 1,829 | 665 | 2,494 |
| Continuing Healthcare | 2,000 | 856 | 0 | 856 |
| Facilities and Estates / Service Reconfiguration | 1,000 | 244 | 13 | 257 |
| Value/Clinical Variation | 0 | 216 | 0 | 216 |
| Procurement | 3,500 | 3,580 | 75 | 3,655 |
| Workforce - Temporary Pay | 5,500 | 3,254 | 165 | 3,419 |
| Workforce Restructuring | 5,500 | 5,851 | 336 | 6,187 |
| Corporate Opportunities | | 1,065 | 0 | 1,065 |
| Sub Total (Cost Improvement Themes) | 22,000 | 22,656 | 1,315 | 23,971 |
| Sub-Total Surplus/Deficit | 32,000 | 31,290 | 1,487 | 32,778 |

Savings

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

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

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

| Finance Risk Title | Rating |
|---|--------|
| The submitted IMTP has a planned deficit of £58.2m for 2025/26. Following submission of the initial plan the UHB has increased planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million. This is £47.1m over and above the deficit target control total of £9.1m. | 20 |
| Ambition to improve on the £56.2m 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 the revised recurrent Cost Improvement Programme of £32m. Failure to deliver will impact on the Health Boards ability to deliver the revised planned 2025/26 deficit of £56.2m. | 20 |
| Failure to manage operational pressures to continue to deliver the revised £56.2m underlying deficit position (initial underlying deficit £59.9m). | 20 |
| 2025-26 LTA framework in NHS Wales. | 12 |
| Remain within Cash limit. | 20 |
| Potential further All Wales Risk Pool liability of £7.530m | 3 |
| Potential additional cost of band 2 & 3 pay costs estimated at £8.185m | 3 |
| Identification and Delivery of additional savings to bridge £11.8m shortfall due to gap against Recurrent Savings Target & Recurrent Operational Pressures | 20 |

Risks

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

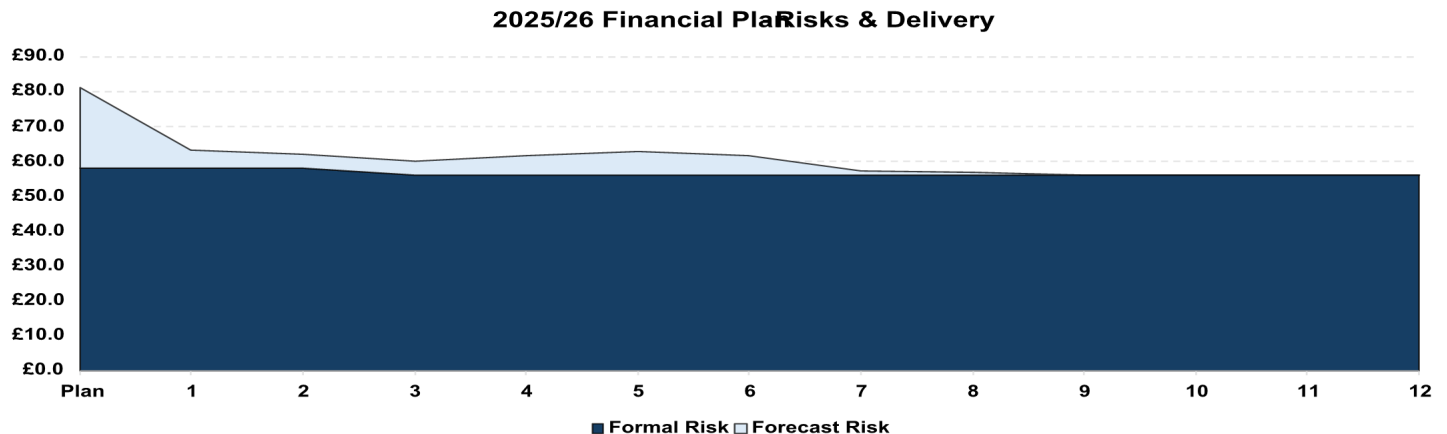
The savings gap narrowed significantly to £5.2m by the end of Month 1, driven by accelerated savings identification across the organisation. Following confirmation of the Month 5 position, the UHB undertook deep dives across all clinical boards to understand issues, assess risks, and gain assurance on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

At Month 9, the UHB's savings tracker reported a (£0.778m) surplus of green and amber schemes against the £32m in-year target. Year-to-date unplanned operational pressures total £1.657m, but plans are in place to mitigate these pressures during the final three months of the year.

As a result, the forecast risk in the plan at Month 9 is assessed as nil, as illustrated below (reported in £m):

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

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



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

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

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

After Month 9, 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 | (32.000) |
| Additional Recurrent Allocations | (22.767) |
| Planned Underlying Deficit (ULD) at end of 2025/26 | 56.233 |
| Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 9 | 11.800 |
| Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions | 68.033 |

The underlying deficit will deteriorate further if the year to date and forecast operational pressures are not mitigated. In addition, any recurrent impact which materialises from the risks highlighted in respect of the Welsh Risk Pool and band 2 band 3 pay bands is likely to increase the underlying deficit.

The UHB is pressing for further recurrent schemes to be developed to close the gap.

Underlying Deficit

The closing cash balance at the end of December was £7.346m.

Welsh Government has confirmed the 2025-26 Strategic Cash Requests submission date of Monday 8th December 2025. Following Finance Committee and Board approval the UHB submitted an Accountable Officer letter on the 3rd December 2025 to request £56.2m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

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

The value of unconfirmed drawing limit allocations at month 9 was £19.216m as outlined opposite. The outstanding confirmation of cash allocations is a cause for concern for the UHB, alongside the strategic and working cash requirement.

The table to the right summarises the potential for a £92.449m shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

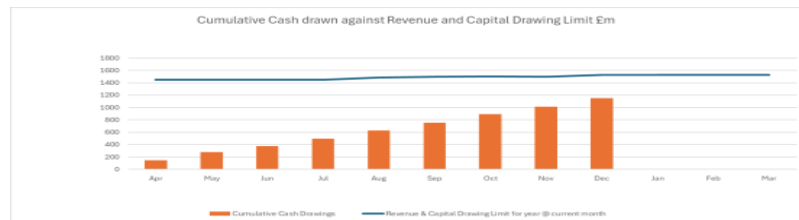
The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.

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 December was 96.6% for the year to date.

| Unconfirmed Drawing Limit Allocations as of 31st December 2025 | £'000s |
|--|---------------|
| Health & Social Worker Band 2 & 3 Estimate tbc | 6,972 |
| RTT Waiting Times_Q1 Plans | 4,758 |
| Vertex (JCC) | 3,517 |
| Planned Care Insourcing | 3,100 |
| ATMFs (JCC) | 1,388 |
| GP IM&T Refresh Programme | 1,225 |
| Consultant Clinical Excellence Award / Consultant Impact Award | 1,001 |
| Neurodivergence Improvement Programme | 793 |
| Planned Care Transformation Fund | 254 |
| Individual Placement & Support In Primary Care | 440 |
| Women's Health - Pathfinder Establishment (Women's Health Hubs) | 300 |
| Planned Care National Outpatient Flam Minor Oral Surgery | 240 |
| Dols / MCA / Advocacy (MH) | 233 |
| AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investm | 225 |
| TSW Funding | 213 |
| Buvidal - HMP Cardiff Costs | 175 |
| Childhood Immunisation Programme Changes | 154 |
| Genomics (C&V/ JCC) | 145 |
| Welsh Risk Pool | (6,045) |
| Other | 126 |
| Total Anticipated Funding £'000s | 19,216 |

| Summary of Potential Cash Shortfall at Year End | £'000s |
|--|---------------|
| Outstanding allocations (includes additional band 2 & 3 payroll costs) | 19,216 |
| Strategic Support | 56,233 |
| Working capital requirement prior year liabilities paid in 2025-26 | 17,000 |
| Welsh Risk Pool settlements in advance of reimbursement | tbc |
| Total £'000s | 92,449 |



The UHBs approved capital resource limit is £48.707m in line with the latest Capital Resource Limit (CRL) received from Welsh Government on the 8th January 2026. This comprises of £14.317m discretionary funding, £31.738m towards specific projects (including Decarbonisation Funding, Lift Refurbishment and Pentyrch Surgery) and £2.652m relating to IFRS 16 lease capital funding.

The capital programme is planned and monitored through the UHBs Capital Management Group (CMG). As at Month 9, scheme slippage has been reviewed and an amended CRL issued by Welsh Government for 2025/26. The UHB forecasts that it will remain within its 2025/26 CRL and that all schemes are expected to deliver within year.

| 2025/26 Capital Programme (£m) | M9 Ytd | | | Annual | CRL | Plan vs CRL |
|--|---------------|---------------|----------------|---------------|---------------|--------------|
| | Actual | Revised Plan | Variance | Plan | 8th Jan | |
| All Wales Schemes | | | | | | |
| Electrical Infrastructure, Tertiary Tower Block at UHW | 0.336 | 0.516 | (0.180) | 1.578 | 1.270 | 0.308 |
| Lift Refurbishment and Upgrade, UHW | 0.444 | 0.449 | (0.005) | 2.900 | 2.900 | 0.000 |
| Decarbonisation funding - Solar Canopy Car Park | 1.953 | 2.305 | (0.352) | 2.394 | 2.394 | 0.000 |
| Pentyrch Branch Surgery Development 2024-26 | 1.266 | 1.575 | (0.309) | 3.955 | 3.955 | 0.000 |
| Funding for Enabling Project Work – Cardiff & Vale UHB's Estate | 0.162 | 0.162 | 0.000 | 0.277 | 0.277 | 0.000 |
| TEF - Fire | 0.073 | 0.094 | (0.021) | 0.876 | 0.876 | 0.000 |
| TEF - Infrastructure | 0.442 | 0.958 | (0.515) | 3.004 | 2.959 | 0.045 |
| TEF - Decarbonisation | 0.036 | 0.100 | (0.064) | 0.450 | 0.450 | 0.000 |
| TEF - Mental Health | 0.071 | 0.143 | (0.072) | 0.352 | 0.352 | 0.000 |
| TEF - Infection Prevention Control | 0.000 | 0.154 | (0.154) | 0.461 | 0.461 | 0.000 |
| TEF - Decontamination | 0.179 | 0.248 | (0.068) | 0.811 | 0.811 | 0.000 |
| Non-Radiology Ultrasound Replacement | 0.000 | 0.156 | (0.156) | 0.468 | 0.468 | 0.000 |
| Mental Health Quality and Safety Schemes | 0.000 | 0.088 | (0.088) | 0.441 | 0.441 | 0.000 |
| Computed Tomography (CT), University Hospital of Wales | 0.000 | 0.140 | (0.140) | 0.700 | 0.700 | 0.000 |
| Radiology Equipment 2025-26 | 0.000 | 0.264 | (0.264) | 0.264 | 0.264 | 0.000 |
| Hospital Helicopter Landing Site Schemes 2025-26 | 0.000 | 0.087 | (0.087) | 0.348 | 0.348 | 0.000 |
| Haematology Day Centre Extension, University Hospital of Wales | 0.004 | 0.667 | (0.662) | 2.666 | 2.666 | 0.000 |
| End of Year Digital Funding 2025-26 | 0.000 | 0.388 | (0.388) | 1.550 | 1.550 | 0.000 |
| Estates & Equipment End of Year Funding 2025-26 | 0.232 | 1.096 | (0.863) | 4.382 | 4.382 | 0.000 |
| DR Detector, SCBU, University Hospital of Wales | 0.000 | 0.000 | 0.000 | 0.050 | 0.050 | 0.000 |
| Voluntary Scheme for Branded Medicines Pricing, Access and Growth | 0.000 | 0.000 | 0.000 | 0.657 | 0.657 | 0.000 |
| End of Year Estates Funding - December 2025 | 0.000 | 0.000 | 0.000 | 3.100 | 3.100 | 0.000 |
| DPIF | | | | | | |
| DPIF - Medicines and Prescribing, Electronic Prescribing and Medicines | 0.273 | 0.145 | 0.127 | 0.520 | 0.520 | 0.000 |
| DPIF - RISP | (0.063) | 0.027 | (0.090) | 0.632 | 0.632 | 0.000 |
| DPIF - Connecting Care | 0.000 | 0.189 | (0.189) | 0.755 | 0.755 | 0.000 |
| VAT recovery | (1.500) | (1.500) | 0.000 | (1.500) | (1.500) | 0.000 |
| IFRS16 | 2.652 | 2.652 | 0.000 | 2.652 | 2.652 | 0.000 |
| Discretionary | | | | | | |
| IM&T: | 1.206 | 0.934 | 0.272 | 2.094 | 0.500 | 1.594 |
| Equip | 0.856 | 0.470 | 0.386 | 1.000 | 1.000 | 0.000 |
| Stat comp | 1.683 | 1.445 | 0.238 | 2.600 | 2.800 | (0.200) |
| Other | 3.230 | 1.056 | 2.174 | 8.270 | 10.017 | (1.747) |
| Total | 13.537 | 15.007 | (1.470) | 48.707 | 48.707 | 0.000 |

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

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

The reported month 9 position is £1.074m above plan primarily due to unplanned operational pressures of £1.657m at month 9.

At Month 9 the Committee are requested to:

- **NOTE** the reported year to date position is an overspend of £43.250m and the forecast deficit of £56.2m.
- **NOTE** the month 9 operational overspend against plan of £1.657m and the (£0.582m) savings surplus.
- **NOTE** the progress against the savings target, with £32.778m (102.4%) of green and amber schemes identified at Month 9 against the revised £32m target.
- **NOTE** that delivery of the forecast is contingent on delivery of recovery actions and the confirmation of all expected income streams.
- **NOTE** the combined recurrent savings shortfall and recurrent operational pressures of 11.800m impacting adversely on a deteriorating underlying deficit being carried into 2026/27. The underlying deficit moving into 2026/27 is currently assessed at £68.0m which is £11.8m higher than the 2025/26 forecast outturn of £56.2m.
- **NOTE** there is a potential £92.4m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

Conclusion

CARDIFF & VALE UHB OPERATIONAL PERFORMANCE REPORT – January 2026





**Urgent and
Emergency
Care**

**Out of
hospital
and EU**

**Flow and
discharge**

**Planned
Care**

**Primary and
Community**

**Mental
Health**

**Productivity
and efficiency**

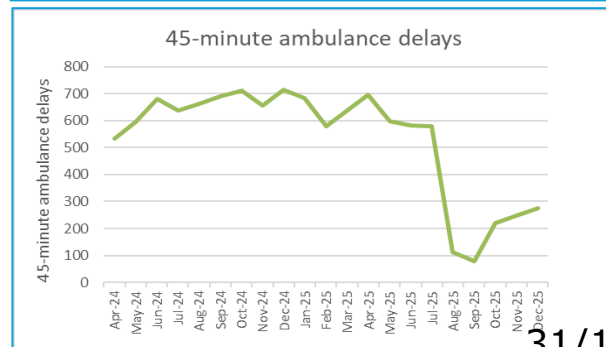
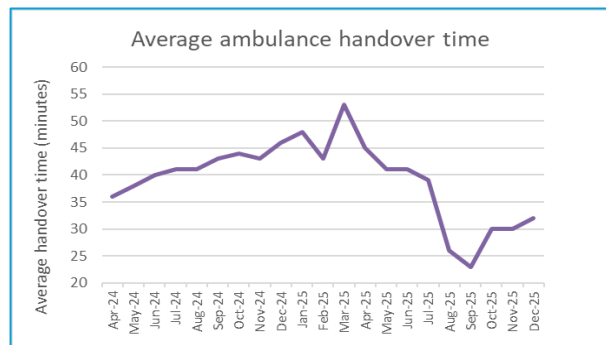
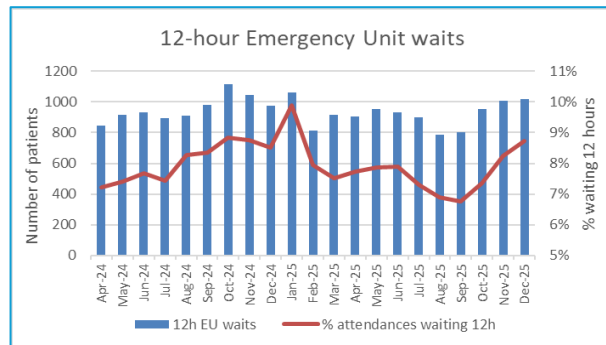
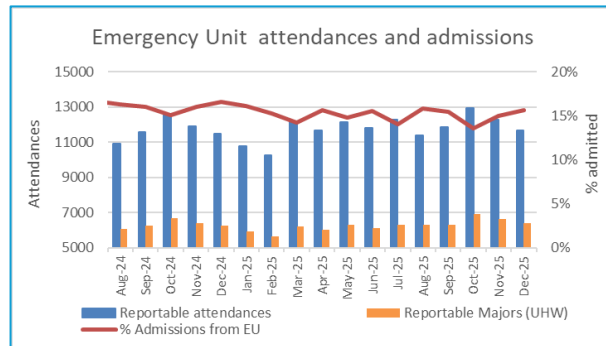
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Urgent and Emergency Care – Out of Hospital and Front Door

- In December attendances at the Emergency Unit reduced from those in November but were increased by around 1.9% compared to December '24. The number of Majors attendances was reduced from November '25. The proportion of patients admitted via EU increased to 15.7% but is reduced when compared to December '24
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%. This is putting pressure on EU as we move into winter
- Following periods of sustained operational pressure, the number of patients waiting 12 hours or more in EU increased and the proportion of attendances resulting in a 12 hour wait increased to 8.7%. The number of patients waiting 24 hours in the EU footprint was 61, the majority associated with periods of intense pressure at the beginning of the month
- The number of 1-hour ambulance holds increased in December – c9% of conveyances waited >1h at UHW. In line with the Ministerial Advisory Group recommendations, we have moved our operational focus to reducing and eliminating 45-minute ambulance holds. This has included ringfencing majors capacity to facilitate timely handovers. Operational pressure in month led to an increase in 45-minute holds, but the average handover time remains improved from the summer

Integrated Performance Report Cover Paper

Urgent and Emergency

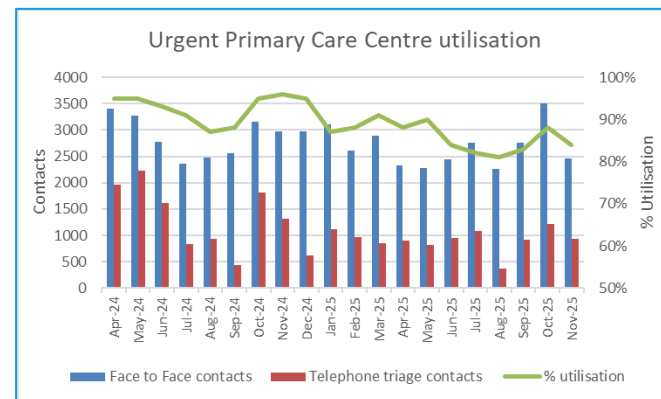


Regan Nikki
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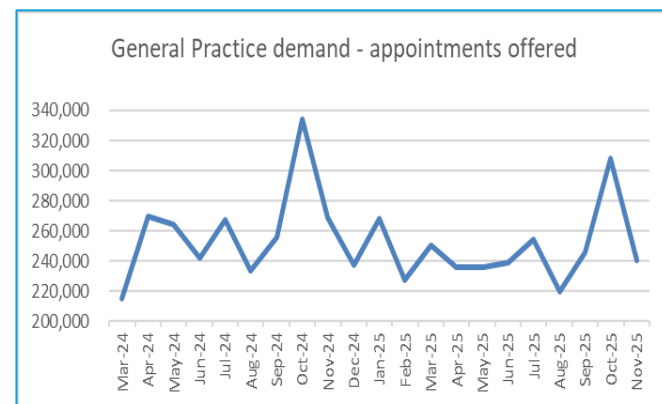
Urgent and Emergency Care – Out of Hospital and Front Door

- In November, 2,454 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 940 patients triaged by telephone. In November 84% of the available slots were utilised, reduced from October
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year nearly 2 million appointments have been offered across Cardiff and the Vale, fewer than as this point last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in November reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

Urgent and Emergency



| GMS activity | November 2025 | Year to date 25/26 |
|----------------------------------|---------------|--------------------|
| Calls to GP Surgeries | 296,668 | 2,519,848 |
| Digital requests to GP practices | 80,920 | 620,988 |
| GP appointments offered | 240,657 | 1,979,832 |
| Items issued via prescription | 675,596 | 5,860,906 |

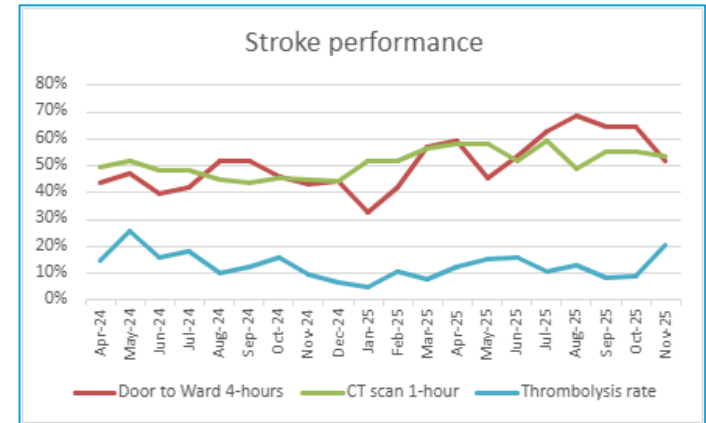


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Urgent and Emergency Care – Hospital Flow and Discharge

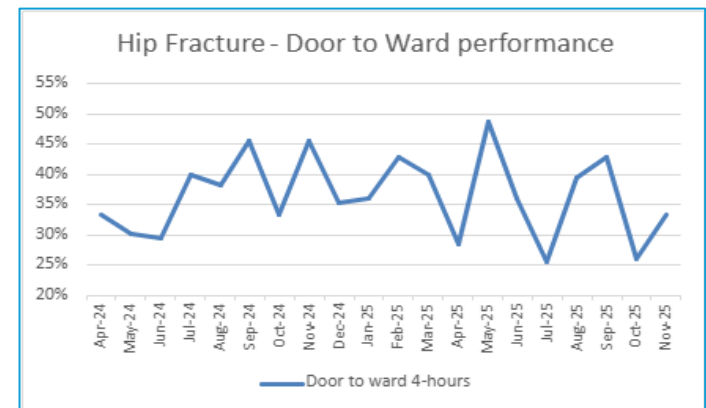
Stroke

- The most recent data from November showed a drop in compliance with the Door to Ward standard for Stroke patients. Compliance fell from 64.4% to 51.6%. In November 53.6% of patients receiving their CT scan within 1-hour, a small drop from October. The thrombolysis rate improved to 20.3% in November – our best performance since May 2024 and above Welsh Governments 20% standard. Time to needle was improved from October, but no patients met the 30-minute standard. We are holding a follow-up stroke summit in January 2026 to allow a deep dive into key aspects of the stroke pathway



Hip fracture

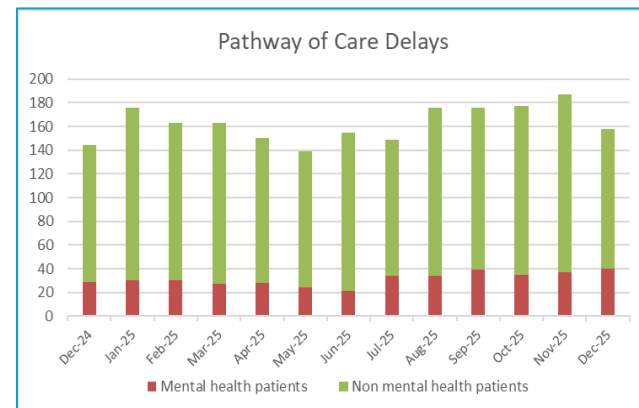
- In November, 33.3% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an increase in performance from October and remains significantly above the national average of 9.9%



Urgent and Emergency Care – Hospital Flow and Discharge

- Pathway of Care Delays reduced in December to 158, the number of non-Mental Health delays reduced to 118 with an average length of stay since becoming clinically optimised of 33 days. Mental Health delays increased to 40, with an average length of stay since becoming clinically optimised of 92 days. We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 7,556 bed days were lost in December, reduced by c900 from last month and by 2,300 from the same month last year, equating to 75 beds across adult and mental health wards. This improvement was driven by actions in partnership with Cardiff Local Authority
- In partnership with our Local Authority colleagues, we are taking the following actions:

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



Urgent and Emergency

| Top 6 reasons for non-MH delays | Number of delays |
|--|------------------|
| Awaiting completion of assessment by social care | 33 |
| Awaiting Social Worker allocation | 11 |
| Awaiting joint assessment | 9 |
| Mental Capacity assessment delay | 6 |
| Awaiting start of new community care package funded by social care | 5 |
| Awaiting reablement community care package | 5 |

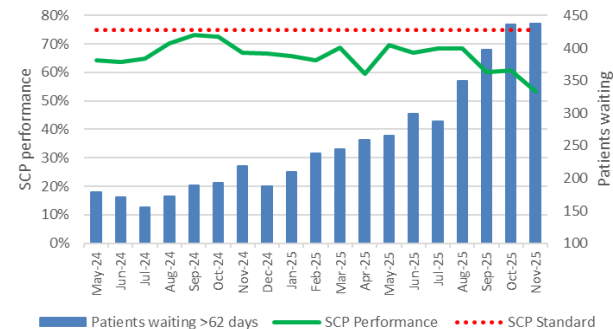
| Top 6 reasons for MH delays | Number of delays |
|---|------------------|
| Awaiting funding decision FNC/CHC | 6 |
| Awaiting joint assessment | 5 |
| Awaiting specialist bed availability | 4 |
| Awaiting care home manager (Nursing) to visit and provide outcome | 3 |
| Identifying Nursing Home | 3 |
| Awaiting Dementia nurse availability | 2 |

Planned Care, Cancer and Diagnostics

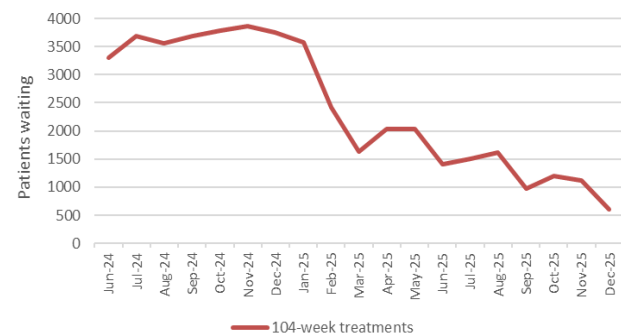
- As forecast, our SCP compliance fell to 53.3% in November, as we treat patients from the increased backlog of 62 waits. We continue to work through the actions described last month in key tumour sites – Skin, Urology and lower GI. Urology and LGI are meeting their improvement trajectories, the new Skin Consultants are starting in January and February. We are forecasting an improvement to c60% in December
- In Q3 the UHB delivered on our commitment to Welsh Government to reduce the number of patients waiting. At the end of December 609 patients had waited 2 years for treatment
- We have committed to reducing this further in Q4, to 450 patients. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair
- Diagnostic 8-week waits reduced in November 2025 to 10,138, mainly driven by reductions in endoscopy and radiology waits. This is the lowest position since July 2023
- A verbal update will be given at the meeting on the formal December position

Planned Care

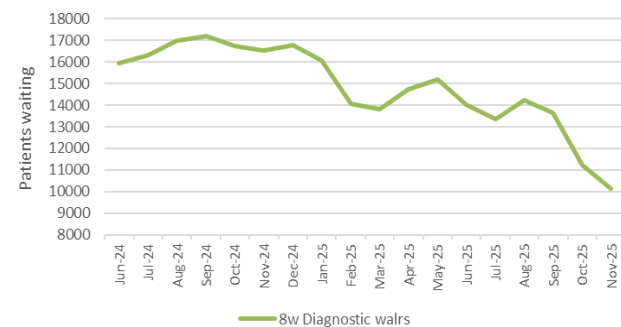
Single Cancer Pathway performance



104 week Treatment waits



8 week Diagnostic waits



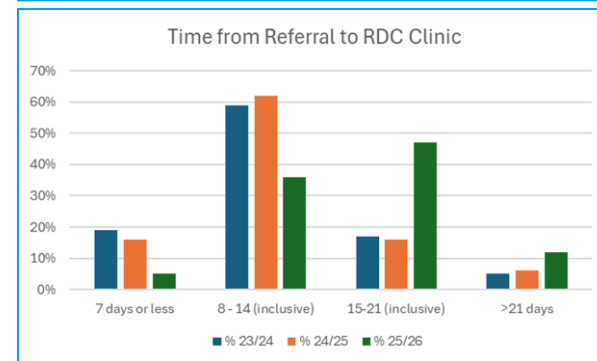
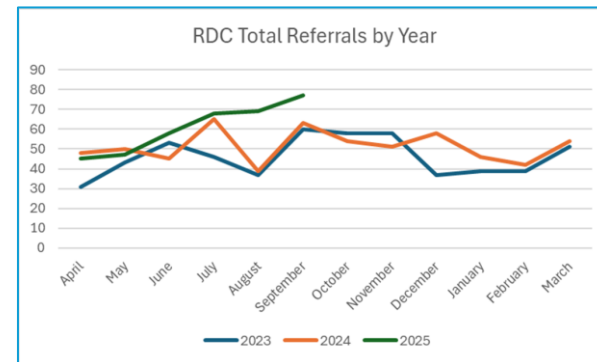
Planned Care, Cancer and Diagnostics

Cancer – Rapid Diagnosis clinic

- A new service, approved in 2022, which aims to provide rapid assessment and diagnosis for patients with vague symptoms, which could be cancer but don't often meet the traditional criteria

25/26 update

- Increasing demand:
 - Increased awareness and regular educational events for primary care
 - Increased number of 'straight to CT' requests from GPs are being redirected appropriately to RDC by radiology
 - More public awareness of vague symptoms suggestive of cancer prompting increased patient presentation
- Time to appointment:
 - Increased waiting times for patients on RDC pathway in 2025 due to rising demand and challenges with access to locum cover
 - Need to undertake updated demand and capacity review to respond to increasing demand
- Cancer diagnoses:
 - Since the launch of the service 80 cancer have been diagnosed – overall conversion rate of 8%
 - The range of tumour sites highlights the importance of the vague symptom pathway
- Non-Cancer diagnoses:
 - Significant number of non-cancer diagnoses across medicine, specialist, surgical and mental health and services



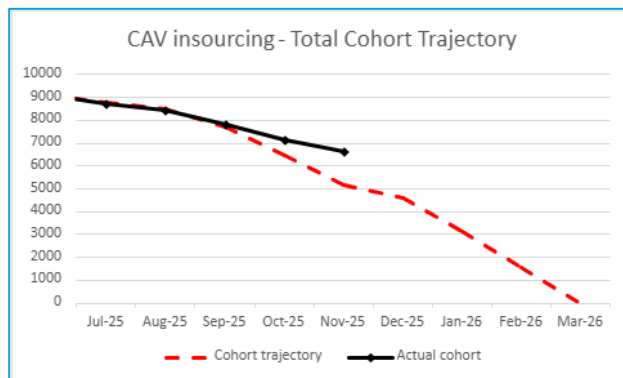
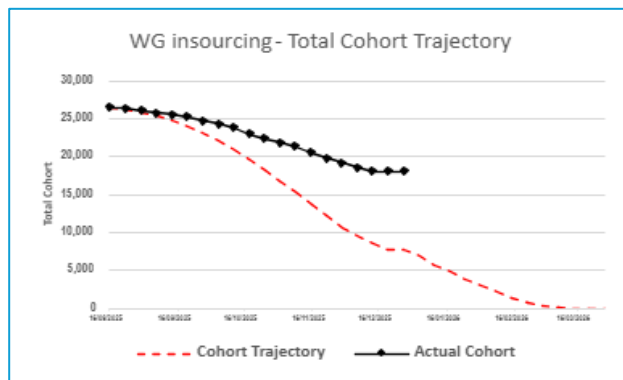
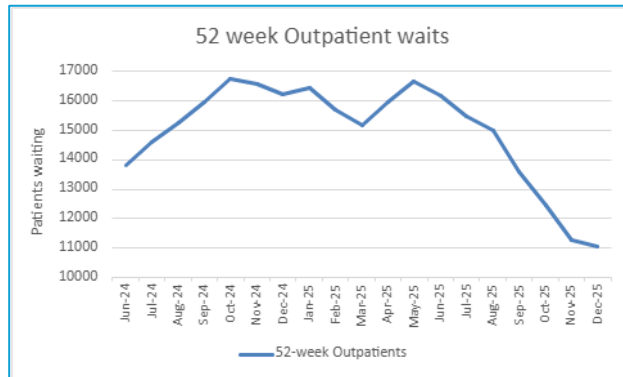
Planned Care

| Cancer site - diagnosis | No. |
|----------------------------|-----|
| Lung | 19 |
| Prostate | 7 |
| Hepatocellular | 6 |
| Renal | 6 |
| Lymphoma (subtypes) | 5 |
| Pancreas | 5 |
| Breast | 4 |
| Colorectal | 4 |
| Bladder | 3 |
| Cholangiocarcinoma | 3 |
| Ovarian | 3 |
| Leukaemia (subtypes) | 2 |
| myeloproliferative disease | 2 |
| Oesophageal | 2 |
| Gastric/GIST | 2 |
| Mesothelioma | 1 |
| Sarcoma | 1 |
| Endometrial | 1 |
| leiomyosarcoma | 1 |
| Squamous cell (metastatic) | 1 |
| Kaposi Sarcoma | 1 |
| Cancer of unknown primary | 1 |

Planned Care, Cancer and Diagnostics

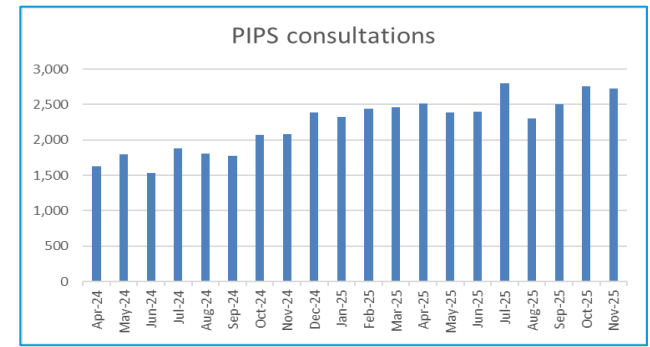
- The number of patients waiting 52-weeks for an outpatient appointment reduced again in December 2025 driven mainly by surgical specialties. We are anticipating further improvement in line with the outpatient work below
- We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- To date we have delivered c7400 appointments through the Government insourcing contract and over 2500 appointments through C&V schemes
- We hold weekly senior meetings with HBS (WG insourcing provider) and are working with Welsh Government to ensure facilitate delivery of appointments, flexing capacity between specialties to maximise delivery

Planned Care

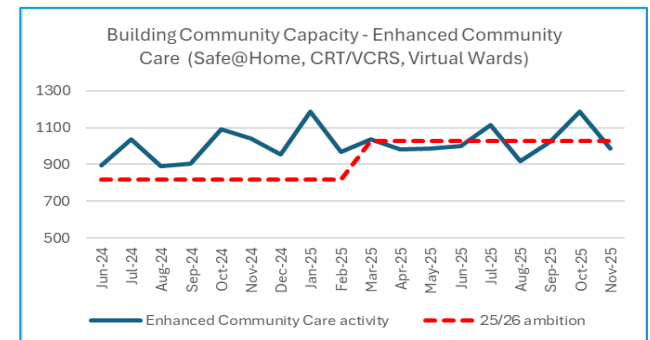
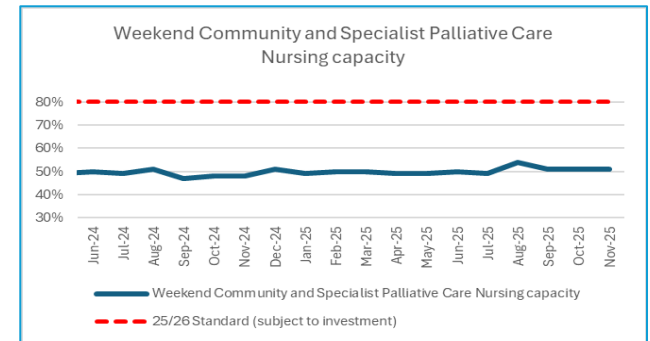


Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,723 consultations delivered in November 2025, increased from November last year
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services



| Community activity | | Nov-25 | Year to date 25/26 |
|--------------------|---|--------|--------------------|
| | District Nurse visits to patients | 16,487 | 137,282 |
| | Patients supported by Safe@Home | 66 | 593 |
| | Patients supported by CRT/VCRS to avoid admission | 35 | 307 |
| | Patients supported by CRT/VCRS with early discharge | 111 | 768 |



Primary and
Community
Care

Mental Health

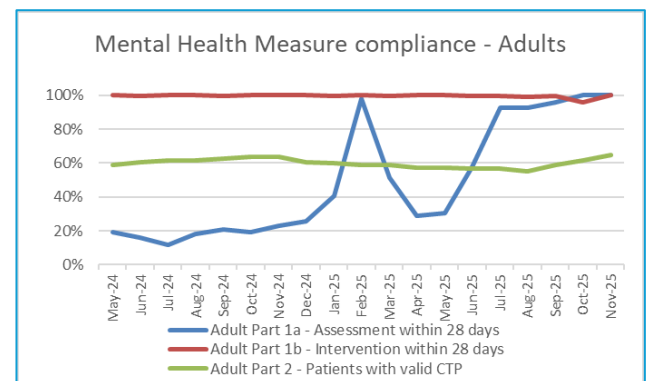
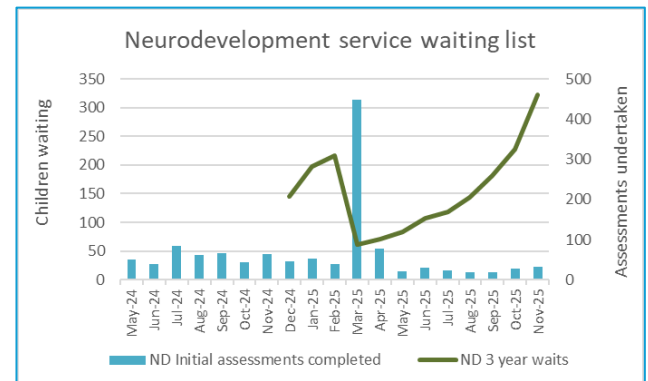
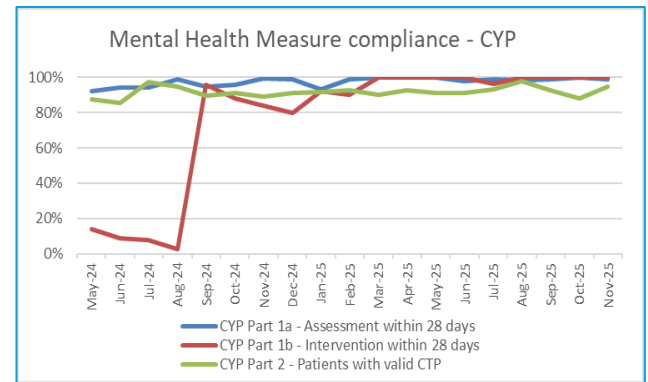
- For Children and Young People, Part 1a and 1b remain compliant despite high demand, >99% compliance reported for November 2025. Part 2 performance improved in November 2025 and is above standard
- The Neurodevelopment service waiting list continues to grow with 236 referrals in November. The number of 3-year waits increased to 323 in November. We have agreed a recovery trajectory through additional assessment capacity to achieve 0 x 3-year waits by end of March 2026. In total there are 4,989 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average
- For Adult and older people's mental health services, November saw Part 1a compliance maintained over 95%, despite referrals remaining high. Part 1b remains compliant with 100% reported in November. Part 2 remains below standard but has improved in line with our trajectory, increasing to >60% for October and November. The health board has developed an improvement trajectory with the clinical teams over a 5-month period. This approach has been shared and agreed with NHS Performance and Improvement

Mental Health Measures:

1a – assessments undertaken within 28 days

1b – therapeutic interventions undertaken within 28 days following assessment

2 – residents with a valid health and care treatment plan

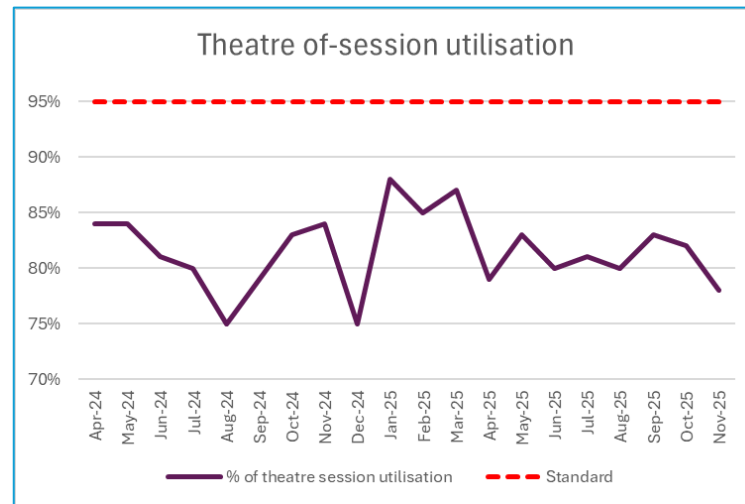
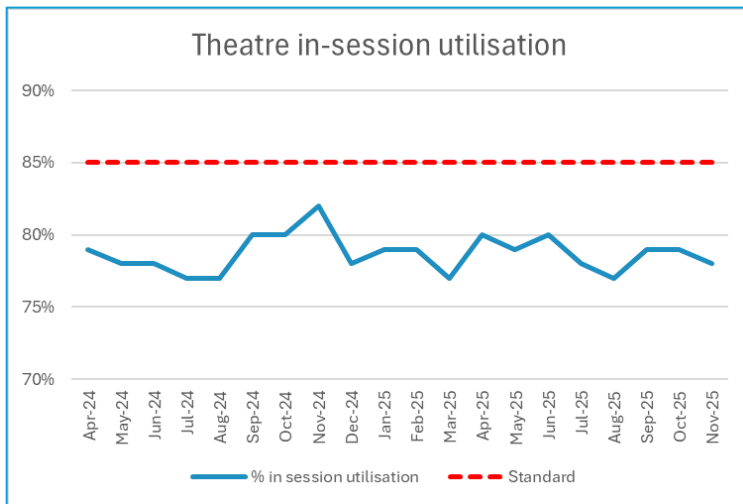
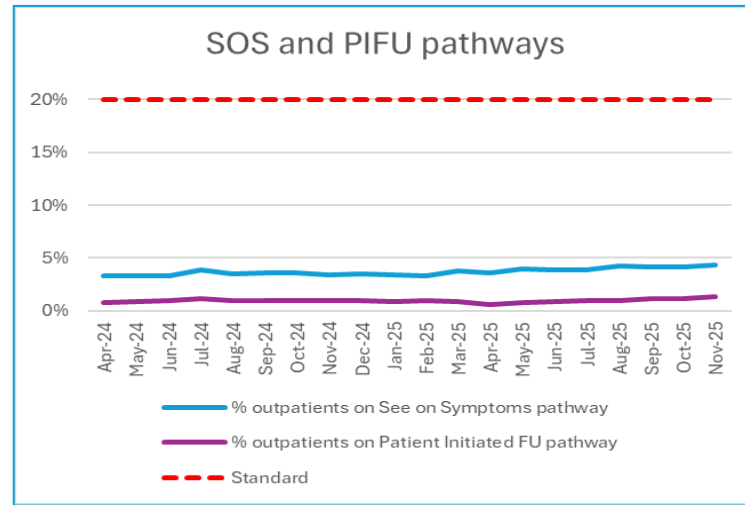
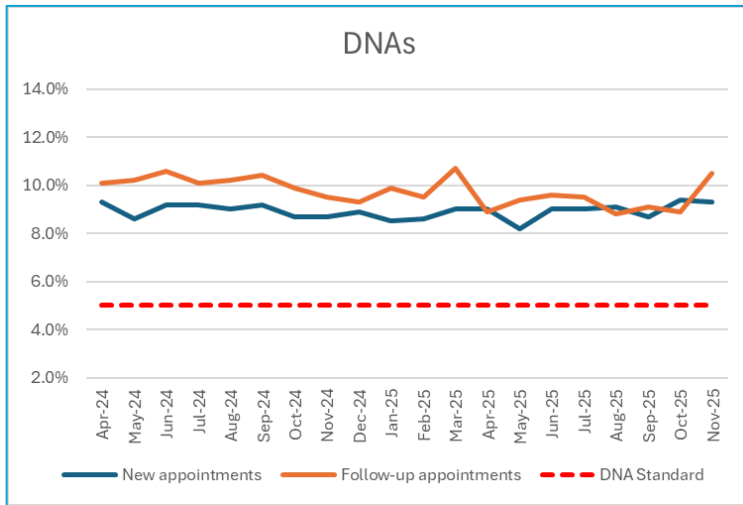


Mental Health

Productivity and Efficiency

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

Productivity and Efficiency







Recommendation:

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

- a) **NOTE** the year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

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

Quality Impact Assessment Completed?

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

Impact Assessment:

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

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

| | |
|----------------------|-------|
| Committee/Group/Exec | Date: |
| | |

Cardiff and Vale Integrated Performance Report

2025/26

January 2026

Regan, Nikki
20/01/2026 15:05:43



Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

Regan, Nikki
20/01/2026 15:05:43

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

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

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

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

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

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

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| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|-----------------------------|---|----------------------------------|---------------------------------------|---------|---|--------------------------------------|
| Building community Capacity | Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly | <160 | Yes | Q4 | 158 Dec-25 | Hyperlink to section |
| | Measure: General Medical Services – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information | 100% | Yes | Q4 | 98.2% Apr-24 | Hyperlink to section |
| | Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception National standard/ambition: Increase Reporting period: Monthly | >2,185 | Yes | Q2 | 2,723 Nov-25 | Hyperlink to section |
| | Measure: Increase in capacity at the weekend of community nursing and specialist palliate care National standard/ambition: 80% Reporting period: Monthly | >51% Increase from 24/25 | No | Q4 | 51% Nov-25 | Hyperlink to section |
| | Measure: Increase capacity of Enhanced Community Care National standard/ambition: Meet and exceed 24/25 requirement where possible (24/25 baseline) Reporting period: Monthly | 1,038 20% increase from 24/25 | Yes | Q1 | 984 Nov-25 | Hyperlink to section |

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| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|----------------------------------|--|----------------|---------------------------------------|---------|---|--------------------------------------|
| Mental health access | <p>Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p> | 80% | Yes | Q1 | 99.0% Nov-25 | Hyperlink to section |
| | <p>Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p> | 80% | Yes | Q1 | 99.9% Nov-25 | Hyperlink to section |
| | <p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p> | 80% | Yes | Q1 | 100% Nov-25 | Hyperlink to section |
| | <p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p> | 80% | Yes | Q1 | 100% Nov-25 | Hyperlink to section |
| Population health and prevention | <p>Measure: Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes</p> <p>National standard/ambition: Increase</p> <p>Reporting period: Monthly</p> | 48% | Yes | Q4 | 44.8% Dec-25 | Hyperlink to section |

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Performance Key: Meeting standard / trajectory off target/trajectory

| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|-----------------------|---|---|---------------------------------------|---------|---|--------------------------------------|
| Timely access to care | Measure: Reduce the number of ambulance patient handovers over 1 hour National standard/ambition: Zero Reporting period: Monthly | <400 | No | Q4 | 194 Dec-25 | Hyperlink to section |
| | Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: Reduce compared to 24/25 towards zero Reporting period: Monthly | <750 | Yes | Q4 | 1020 Dec-25 | Hyperlink to section |
| | Measure: Number of patients waiting more than 104 weeks for treatment National standard/ambition: Zero Reporting period: Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position | Original Submission 9,861 Revised submission 5,491 | No | Q4 | 609 Dec-25 | Hyperlink to section |
| | Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) National standard/ambition: 12m improvement trend towards 80% by March 2026 Reporting period: Monthly | 75% | No | Q4 | 53.3% Nov-25 | Hyperlink to section |
| | Measure: Number of patients waiting more than 8 weeks for a specified diagnostic National standard/ambition: Zero Reporting period: Monthly | Original submission 10,436 (endoscopy only) - TBC | No | Q4 | 10,138 Nov-25 | Hyperlink to section |

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Section 2: Cardiff and Vale Performance Report

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

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

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

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

[Return to Main Menu](#)

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

| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|--|---|---|------|
| <p>Primary, Community and Out of Hospital Care</p> | <p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In December utilisation was 85%, this is below our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 94% compliance with 8-hour standard</p> | <p>Dec-25</p> <p>Aug-25</p> | <p>85% utilisation Below standard</p> <p>94% Below standard</p> | |
| <p>Emergency Department and Same Day Emergency Care</p> | <p>Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4 In December we reported 40 2-hour ambulance delays, through a period of intense operational pressure at the end of the month. In December we reported 194 1-hour ambulance delays, an increase from November but below our commitment of <365</p> <p>In December lost minutes per arrival increased to 17, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper</p> <p>ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3 In December we reported an increase in patients waiting 12-hours in EU compared to November. This equates to 91.3% of attendances waiting less than 12-hours and below our ambition for Q4</p> <p>SDEC units In November we reported an increase in activity compared to September, and increased from October 2024 activity.</p> | <p>Dec-25</p> <p>Dec-25</p> <p>Nov-25</p> | <p>40 2-hour delays Above standard</p> <p>194 1-hour delays Below standard</p> <p>17 minutes lost/arrival Above standard</p> <p>91.28% patients <12h Below standard</p> <p>1826 SDEC attends Below standard</p> | |
| <p>Reducing time in hospital and Continuity of Care</p> | <p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of December 56.8% of patients in acute beds had a LOS of >7 days, 27.9% >21 days – a slight deterioration from November. See paper for POCD update</p> <p>Pathway of Care Delays – <160 delayed patients each month In December 2025 the number of POCDs was 158 – this is lower than October and November – actions undertaken with local authority partners are detailed in the paper</p> | <p>Dec-25</p> <p>Dec-25</p> | <p>56.8% >7d Above standard</p> <p>27.9% >21d Above standard</p> <p>158 Above standard</p> | |

| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|---|---|------------------|---|---|
| <p>High Impact Pathways - Stroke</p> | <p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In November 53.5.2% of patients were received their CT scan within 1 hour of arrival at EU, a small decrease from October</p> <p>Thrombolysis – 20% thrombolysis rate In November 20.3 % of stroke patients were thrombolysed, an increase from October. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In November 51.6.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance has improved despite pathways continuing to be impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and recruitment has taken place to embed changes to the acute pathway</p> | <p>Nov-25</p> | <p>53.6% CT Below standard</p> <p>20.3% Thrombolysis Below standard</p> <p>51.6% Door-to-ward Below standard</p> | <p>The data section for the stroke pathway includes three line charts comparing monthly performance (solid blue line) against a standard (dotted orange line) from September 2024 to November 2025. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between approximately 40% and 60%, consistently below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows performance between 5% and 20%, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows performance between 30% and 70%, below the 80% standard.</p> |
| <p>High Impact pathways – Hip fracture</p> | <p>Hip Fracture Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In November our annualised compliance showed 36.7% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9.9%.</p> | <p>Nov-25</p> | <p>36.7% (Annualised) Below standard</p> | <p>The data section for hip fracture includes one line chart titled 'Admitted within 4 hours'. It compares monthly performance (solid blue line) against a standard (dotted orange line) from September 2024 to November 2025. The performance is consistently around 36.7%, which is below the standard of approximately 70%.</p> |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|----------------------------|---|--|---|--|
| Primary and Community Care | <p>GMS access – 100% of practices achieving core access standards In June 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to September) 50.2% of the contract value has been delivered</p> <p>Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In November 100% of practices were providing CCPS services, providing 2,797 consultations</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p> | Sep-25 Nov-25 | <p>100% At standard</p> <p>50.2% At standard (Apr-25 – Sep-25)</p> <p>2,797 Above standard</p> <p>100% Above standard</p> | <p>GDS contract value fulfillment</p> |
| Cancer | <p>Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In November 53.3% 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 is challenged as a result of treating the longest waiting patients in month.</p> <p>More detail is discussed in the accompanying paper</p> | Nov-25 | <p>53.3% Below standard</p> | <p>% cancer patients starting treatment within 62 days</p> |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|--|------------------|--|------|
| <p>Outpatient and Treatment waiting times</p> | <p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In December there were 11,049 patients waiting 52 weeks for their first outpatient appointment. This is improved from November, additional actions are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In December there were 609 patients waiting 104 weeks for treatment. This is reduced from November and delivers the trajectory shared with Welsh Government for Q3.</p> | <p>Dec-25</p> | <p>11,049 patients Above standard</p> <p>609 patients Below standard (Q3)</p> | |
| <p>Diagnostics and Therapies</p> | <p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In November 10,138 patients were waiting over 8 weeks for a specified diagnostic, A reduction from October. Improvement in the radiology position this month, with NOUS waits also notably reduced.</p> <p>Therapies – National standard of zero 14 week waits In November 896 patients were waiting over 14 weeks for therapies, An decrease from October. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services</p> | <p>Nov-25</p> | <p>10,138 patients Diagnostics Above standard</p> <p>896 patients Therapies Above standard</p> | |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|--|------------------|---|--|
| <p>Paediatric waiting times</p> | <p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In December there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> | <p>Dec-25</p> | <p>0 Meeting standard</p> | |
| <p>Emotional Health and Wellbeing</p> | <p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days In November 98.6% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard In November 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In November 95% of patients had a valid Care and Treatment Plan, above our ambition</p> | <p>Nov-25</p> | <p>98.9% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>95% Part 2 Above standard</p> | <p>The data section contains three line charts comparing performance (blue line) against a standard (orange line) for under 18s from Sep-24 to Nov-25. The first chart, 'LPMHSS assessments started 28 days < 18 years', shows performance fluctuating around 98.9% against an 80% standard. The second chart, 'Therapeutic interventions started 28 days < 18 years', shows performance at 100% against an 80% standard. The third chart, 'Valid Treatment Plan < 18 Years', shows performance at 95% against an 80% standard.</p> |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------|--|---|-------|-----------------|--------------|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|-----|----|--------|----|----|--------|-----|----|
| Mental Health Measures – Part 1a | <p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days</p> <p>In November 100% of patients received their assessment within 28 days. Referrals to the service remain high.</p> | Nov-25 | <p>100% Part 1a Above standard</p> | <table border="1"> <caption>LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>20</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>30</td><td>80</td></tr> <tr><td>Jan-25</td><td>40</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>50</td><td>80</td></tr> <tr><td>Apr-25</td><td>30</td><td>80</td></tr> <tr><td>May-25</td><td>30</td><td>80</td></tr> <tr><td>Jun-25</td><td>50</td><td>80</td></tr> <tr><td>Jul-25</td><td>90</td><td>80</td></tr> <tr><td>Aug-25</td><td>90</td><td>80</td></tr> <tr><td>Sep-25</td><td>95</td><td>80</td></tr> <tr><td>Oct-25</td><td>95</td><td>80</td></tr> <tr><td>Nov-25</td><td>100</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard (%) | Sep-24 | 20 | 80 | Oct-24 | 20 | 80 | Nov-24 | 25 | 80 | Dec-24 | 30 | 80 | Jan-25 | 40 | 80 | Feb-25 | 100 | 80 | Mar-25 | 50 | 80 | Apr-25 | 30 | 80 | May-25 | 30 | 80 | Jun-25 | 50 | 80 | Jul-25 | 90 | 80 | Aug-25 | 90 | 80 | Sep-25 | 95 | 80 | Oct-25 | 95 | 80 | Nov-25 | 100 | 80 |
| Month | Performance (%) | Standard (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-24 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-24 | 25 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-24 | 30 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-25 | 40 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-25 | 50 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-25 | 30 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-25 | 30 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-25 | 50 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-25 | 90 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | 90 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | 95 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | 95 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Measures – Part 1b | <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard</p> <p>In November 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p> | Nov-25 | <p>100% Part 1b Above standard</p> | <table border="1"> <caption>Therapeutic interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>100</td><td>80</td></tr> <tr><td>Oct-24</td><td>100</td><td>80</td></tr> <tr><td>Nov-24</td><td>100</td><td>80</td></tr> <tr><td>Dec-24</td><td>100</td><td>80</td></tr> <tr><td>Jan-25</td><td>100</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>100</td><td>80</td></tr> <tr><td>Apr-25</td><td>100</td><td>80</td></tr> <tr><td>May-25</td><td>100</td><td>80</td></tr> <tr><td>Jun-25</td><td>100</td><td>80</td></tr> <tr><td>Jul-25</td><td>100</td><td>80</td></tr> <tr><td>Aug-25</td><td>100</td><td>80</td></tr> <tr><td>Sep-25</td><td>100</td><td>80</td></tr> <tr><td>Oct-25</td><td>95</td><td>80</td></tr> <tr><td>Nov-25</td><td>100</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard (%) | Sep-24 | 100 | 80 | Oct-24 | 100 | 80 | Nov-24 | 100 | 80 | Dec-24 | 100 | 80 | Jan-25 | 100 | 80 | Feb-25 | 100 | 80 | Mar-25 | 100 | 80 | Apr-25 | 100 | 80 | May-25 | 100 | 80 | Jun-25 | 100 | 80 | Jul-25 | 100 | 80 | Aug-25 | 100 | 80 | Sep-25 | 100 | 80 | Oct-25 | 95 | 80 | Nov-25 | 100 | 80 |
| Month | Performance (%) | Standard (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-24 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-24 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-24 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | 95 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | 100 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Measures – Part 2 | <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</p> <p>In November 63% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper</p> | Nov-25 | <p>63% Part 2 Below standard</p> | <table border="1"> <caption>Adults with a Valid CPT</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>62</td><td>80</td></tr> <tr><td>Nov-24</td><td>62</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> <tr><td>Jan-25</td><td>58</td><td>80</td></tr> <tr><td>Feb-25</td><td>57</td><td>80</td></tr> <tr><td>Mar-25</td><td>56</td><td>80</td></tr> <tr><td>Apr-25</td><td>55</td><td>80</td></tr> <tr><td>May-25</td><td>55</td><td>80</td></tr> <tr><td>Jun-25</td><td>55</td><td>80</td></tr> <tr><td>Jul-25</td><td>56</td><td>80</td></tr> <tr><td>Aug-25</td><td>56</td><td>80</td></tr> <tr><td>Sep-25</td><td>56</td><td>80</td></tr> <tr><td>Oct-25</td><td>58</td><td>80</td></tr> <tr><td>Nov-25</td><td>63</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard (%) | Sep-24 | 60 | 80 | Oct-24 | 62 | 80 | Nov-24 | 62 | 80 | Dec-24 | 58 | 80 | Jan-25 | 58 | 80 | Feb-25 | 57 | 80 | Mar-25 | 56 | 80 | Apr-25 | 55 | 80 | May-25 | 55 | 80 | Jun-25 | 55 | 80 | Jul-25 | 56 | 80 | Aug-25 | 56 | 80 | Sep-25 | 56 | 80 | Oct-25 | 58 | 80 | Nov-25 | 63 | 80 |
| Month | Performance (%) | Standard (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-24 | 62 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-24 | 62 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-25 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-25 | 57 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-25 | 56 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-25 | 55 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-25 | 55 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-25 | 55 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-25 | 56 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | 56 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | 56 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | 63 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|------------------|--|------------------|--|-----------------------------------|---|------------------|------------------|------------------|------------------|----------|----------|----------|----------|
| 11. | Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours | 2023/24 | 100% | 100% At standard | <table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table> | 19/20 | 20/21 | 21/22 | 22/23 | 93.4% | 95.0% | 96.5% | 98.2% |
| 19/20 | 20/21 | 21/22 | 22/23 | | | | | | | | | | |
| 93.4% | 95.0% | 96.5% | 98.2% | | | | | | | | | | |
| 12. | Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | Dec-25 | Improvement compared to the same month in the previous year | 44.8% Above standard | <table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>45.3%</td> <td>44.9%</td> <td>45.0%</td> <td>44.8%</td> </tr> </table> | Sep-25 | Oct-25 | Nov-25 | Dec-25 | 45.3% | 44.9% | 45.0% | 44.8% |
| Sep-25 | Oct-25 | Nov-25 | Dec-25 | | | | | | | | | | |
| 45.3% | 44.9% | 45.0% | 44.8% | | | | | | | | | | |
| 13. | Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) | Apr-25 - Oct-25 | A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025 | 58.2% Above standard | <table border="1"> <tr> <td>Apr-25 to Jul-25</td> <td>Apr-25 to Aug-25</td> <td>Apr-25 to Sep-25</td> <td>Apr-25 to Oct-25</td> </tr> <tr> <td>32.8%</td> <td>40.8%</td> <td>50.2%</td> <td>58.2%</td> </tr> </table> | Apr-25 to Jul-25 | Apr-25 to Aug-25 | Apr-25 to Sep-25 | Apr-25 to Oct-25 | 32.8% | 40.8% | 50.2% | 58.2% |
| Apr-25 to Jul-25 | Apr-25 to Aug-25 | Apr-25 to Sep-25 | Apr-25 to Oct-25 | | | | | | | | | | |
| 32.8% | 40.8% | 50.2% | 58.2% | | | | | | | | | | |
| 14. | Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) | Nov-25 | Increase compared to the same month in the previous year | 2723 Above standard | <table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>2299</td> <td>2508</td> <td>2755</td> <td>2723</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 2299 | 2508 | 2755 | 2723 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 2299 | 2508 | 2755 | 2723 | | | | | | | | | | |
| 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 | Nov-25 | 80% | 98.9% Above standard | <table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>99.0%</td> <td>98.6%</td> <td>100.0%</td> <td>98.9%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 99.0% | 98.6% | 100.0% | 98.9% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 99.0% | 98.6% | 100.0% | 98.9% | | | | | | | | | | |
| 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 | Nov-25 | 80% | 100% Above standard | <table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 100.0% | 100.0% | 100.0% | 100.0% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 100.0% | 100.0% | 100.0% | 100.0% | | | | | | | | | | |
| 17. | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over | Nov-25 | 80% | 99.8% Above standard | <table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>92.4%</td> <td>95.9%</td> <td>100.0%</td> <td>99.8%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 92.4% | 95.9% | 100.0% | 99.8% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 92.4% | 95.9% | 100.0% | 99.8% | | | | | | | | | | |
| 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 | Nov-25 | 80% | 100% Above standard | <table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>99.0%</td> <td>99.6%</td> <td>96.0%</td> <td>100.0%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 99.0% | 99.6% | 96.0% | 100.0% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 99.0% | 99.6% | 96.0% | 100.0% | | | | | | | | | | |
| 19. | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric | Jun-25 | 65% | 50% Below standard | <table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>50%</td> <td>51%</td> <td>50%</td> <td>50%</td> </tr> </table> | Mar-25 | Apr-25 | May-25 | Jun-25 | 50% | 51% | 50% | 50% |
| Mar-25 | Apr-25 | May-25 | Jun-25 | | | | | | | | | | |
| 50% | 51% | 50% | 50% | | | | | | | | | | |
| 20. | Median emergency response time to amber calls | Nov-25 | 12 month reduction trend | 01:44:47 Above standard | <table border="1"> <tr> <td>Aug-25</td> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> </tr> <tr> <td>01:26:17</td> <td>01:17:42</td> <td>01:23:34</td> <td>01:44:47</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 01:26:17 | 01:17:42 | 01:23:34 | 01:44:47 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 01:26:17 | 01:17:42 | 01:23:34 | 01:44:47 | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|--|-----------------|---|---------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|
| 21. | Median time from arrival at an emergency department to triage by a clinician | Nov-25 | 15 minutes or less | 5 Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 5 | 5 | 5 | 5 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 5 | 5 | 5 | 5 | | | | | | | | | | |
| 22. | Median time from arrival at an emergency department to assessment by a clinical decision maker | Nov-25 | 60 minutes or less | 78 Above standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>71</td> <td>73</td> <td>82</td> <td>78</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 71 | 73 | 82 | 78 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 71 | 73 | 82 | 78 | | | | | | | | | | |
| 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 | Dec-25 | Improvement compared to the same month in the previous year, towards the national target of 95% | 57.3% Below standard | <table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>59.7%</td> <td>60.1%</td> <td>58.2%</td> <td>57.3%</td> </tr> </table> | Sep-25 | Oct-25 | Nov-25 | Dec-25 | 59.7% | 60.1% | 58.2% | 57.3% |
| Sep-25 | Oct-25 | Nov-25 | Dec-25 | | | | | | | | | | |
| 59.7% | 60.1% | 58.2% | 57.3% | | | | | | | | | | |
| 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 | Dec-25 | Reduction compared to the same month in the previous year, towards the national target of zero | 1020 Above standard | <table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>785</td> <td>949</td> <td>1006</td> <td>1019</td> </tr> </table> | Sep-25 | Oct-25 | Nov-25 | Dec-25 | 785 | 949 | 1006 | 1019 |
| Sep-25 | Oct-25 | Nov-25 | Dec-25 | | | | | | | | | | |
| 785 | 949 | 1006 | 1019 | | | | | | | | | | |
| 25. | Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | Nov-25 | 12 month improvement trend towards a national target of 80% by 31 March 2026 | 53.3% Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>68.4%</td> <td>60.2%</td> <td>60.7%</td> <td>53.3%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 68.4% | 60.2% | 60.7% | 53.3% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 68.4% | 60.2% | 60.7% | 53.3% | | | | | | | | | | |
| 26. | Number of patients waiting more than 8 weeks for a specified diagnostic | Nov-25 | 0 | 10,138 Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>14243</td> <td>13667</td> <td>11210</td> <td>10138</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 14243 | 13667 | 11210 | 10138 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 14243 | 13667 | 11210 | 10138 | | | | | | | | | | |
| 27. | Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy | Nov-25 | 100% | 57.40% Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>64.07%</td> <td>59.41%</td> <td>57.15%</td> <td>57.40%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 64.07% | 59.41% | 57.15% | 57.40% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 64.07% | 59.41% | 57.15% | 57.40% | | | | | | | | | | |
| 28. | Number of patients (all ages) waiting more than 14 weeks for a specified therapy | Nov-25 | 0 | 896 Above standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>797</td> <td>894</td> <td>948</td> <td>896</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 797 | 894 | 948 | 896 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 797 | 894 | 948 | 896 | | | | | | | | | | |
| 29. | Number of patients (all ages) waiting more than 14 weeks for audiology | Oct-25 | 0 | 1,277 Above standard | <table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>861</td> <td>999</td> <td>1079</td> <td>1277</td> </tr> </table> | Jul-25 | Aug-25 | Sep-25 | Oct-25 | 861 | 999 | 1079 | 1277 |
| Jul-25 | Aug-25 | Sep-25 | Oct-25 | | | | | | | | | | |
| 861 | 999 | 1079 | 1277 | | | | | | | | | | |

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| 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 | Dec-25 | 0 | 11,049 Above standard | <table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>13617</td> <td>12461</td> <td>11281</td> <td>11049</td> </tr> </table> | Sep-25 | Oct-25 | Nov-25 | Dec-25 | 13617 | 12461 | 11281 | 11049 |
| Sep-25 | Oct-25 | Nov-25 | Dec-25 | | | | | | | | | | |
| 13617 | 12461 | 11281 | 11049 | | | | | | | | | | |
| 31. | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Nov-25 | Reduction compared to the same month in the previous year | 26,146 Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>24346</td> <td>24869</td> <td>26898</td> <td>26146</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 24346 | 24869 | 26898 | 26146 |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 24346 | 24869 | 26898 | 26146 | | | | | | | | | | |
| 32. | Number of patients waiting more than 104 weeks for referral to treatment | Dec-25 | 0 | 609 Above standard | <table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>981</td> <td>1202</td> <td>1026</td> <td>609</td> </tr> </table> | Sep-25 | Oct-25 | Nov-25 | Dec-25 | 981 | 1202 | 1026 | 609 |
| Sep-25 | Oct-25 | Nov-25 | Dec-25 | | | | | | | | | | |
| 981 | 1202 | 1026 | 609 | | | | | | | | | | |
| 33. | Number of patients waiting more than 52 weeks for referral to treatment | Dec-25 | Month on month reduction towards the national target of zero by 30 June 2025 | 30,286 Above standard | <table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>31707</td> <td>31728</td> <td>30964</td> <td>30286</td> </tr> </table> | Sep-25 | Oct-25 | Nov-25 | Dec-25 | 31707 | 31728 | 30964 | 30286 |
| Sep-25 | Oct-25 | Nov-25 | Dec-25 | | | | | | | | | | |
| 31707 | 31728 | 30964 | 30286 | | | | | | | | | | |
| 34. | Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment | Nov-25 | 80% | 17% Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>21.5%</td> <td>21.2%</td> <td>18.6%</td> <td>17.0%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 21.5% | 21.2% | 18.6% | 17.0% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 21.5% | 21.2% | 18.6% | 17.0% | | | | | | | | | | |
| 35. | Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | Nov-25 | 80% | 78% Below standard | <table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>71.6%</td> <td>73.4%</td> <td>72.9%</td> <td>78.1%</td> </tr> </table> | Aug-25 | Sep-25 | Oct-25 | Nov-25 | 71.6% | 73.4% | 72.9% | 78.1% |
| Aug-25 | Sep-25 | Oct-25 | Nov-25 | | | | | | | | | | |
| 71.6% | 73.4% | 72.9% | 78.1% | | | | | | | | | | |

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| | | | | | |
|-------------------------------|--|----------|---|--------------------|-----------------|
| Report Title: | 2025-26 Annual Plan: Quarter Three Report | | | Agenda Item No: | 2.3 |
| Meeting: | Finance & Performance Committee | Public | x | Meeting Date: | 21 January 2026 |
| | | Private | | | |
| Status (please only tick one) | Assurance | Approval | X | Information/Noting | |
| Lead Executive Title: | Executive Director of Finance and Planning | | | | |
| Report Author Title: | Senior Strategic Planning Manager | | | | |

Main Report
Background and Current Situation:

This report provides an overview of Quarter 3 progress in delivering the actions set out in the UHB’s 2025/2026 Annual Plan. Monitoring delivery is a key component of strategic planning, ensuring organisational agility and supporting good governance.

While the ambition is to establish a single integrated annual plan dashboard, the complexity of actions—spanning strategy, finance, workforce, performance, and external partnerships—makes full integration challenging. Many actions are already monitored through existing reporting arrangements, such as the Integrated Performance Report (IPR) and finance reports. This report consolidates relevant information from these sources into a pragmatic, structured, and consistent format.

Submission of a quarterly Annual Plan progress update is a Welsh Government requirement. This report will be submitted following approval by the F&P Committee. The UHB has not received any feedback on the position presented in Q1 and Q2.

Summary of plan priorities:

A summary of the 2025/2026 Annual Plan priorities by Portfolio can be found below.

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Brilliant basics

People and Culture

- Improve Wellbeing and Availability to Work
- Management and Leadership Development
- Build workforce planning expertise

Population Health and Places

- Improve public health communications and messaging to the public
- Focus on priorities that deliver reduced health inequities: Vaccination, smoking, diabetes and obesity
- Shift Spend to Best Value Health Buys - expand 'Help Me Quit' Services
- Develop blueprint, governance and commissioning arrangements for our Integrated Community Care System (ICCS)
- Deliver Enhanced Community Care Improvement Plan (phase 1 ICCS)- building more community capacity
- Enhance the role of the Pan Cluster Planning Group in the planning and delivery of our ICC

Quality and Value

- Build a Quality Management System
- Deliver cross system improvement programmes for each quality challenge
- * healthcare acquired infections
- * lost to follow up
- * acute deterioration
- Drive Health Informatics and Data Driven Decision Making
- Build Capacity and Capability
- Embed a Value Based Systems and Culture

Clinical Services

- Transition care to Community Settings- to include redesign of mental health model
- Improve continuity of care in secondary care -to include delivery of 6 Goals for Urgent and Emergency Care Programme
- Increase productivity and efficiency to reduce waiting times across care pathways -to include delivery of Planned Care Programme

Infrastructure

- Develop standard business intelligence dashboards to meet service needs
- Complete Digital Foundations Programme
- Deliver a sustainable clinical coding plan
- Translate the estates condition survey into a plan for sustaining service delivery
- Continue the estates capacity review with a focus on decongesting the UHW site
-

Future Generations

- Fully establish Joint Academic Health Science partnership
- Incorporate R+D, education and innovation into job plans and appraisal
- Expand external funding and identify opportunities to align research with health board priorities
- Empower staff to make day to day changes to improve our sustainability
- Develop a climate change adaption plan
- Drive and embed the strategic equality plan
- Build recruitment opportunities for our local communities

Summary of Q3 Position:

Throughout Q3 there has been an emphasis on proactive delivery management which is strongly aligned with next year's plan development.

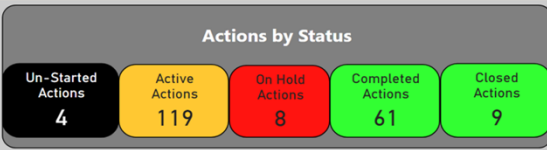
Targeted measures were implemented to strengthen plan oversight, manage risks and optimise progress. This included working closely with action leads to:

- Gain assurance on actions identified as un-started at the end of Q2
- Review amber-rated actions and their year-end positions to gain assurance that mitigating plans were in place or identify where support/ intervention may be required
- Provide guidance on action management and classification to ensure that the action completion requirements are clear and that there is consistency in status reporting

There has also been a clear alignment with next year's plan development, with Portfolio leads requested to consider all actions within the current plan in the context of next year's plan development, ensuring alignment and informed prioritisation.

A summary position of all actions within the UHBs Annual Plan 26/27 is set out below.

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Key

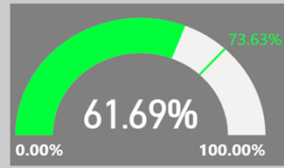
Un-started – Have not been initiated

Active – Are being worked on

Completed – Have been resolved successfully

Closed - Action is no longer relevant/ appropriate due to a change in circumstances

On Hold - Action the organisation remains committed to but will not be completed by year end due to either:
 a) conscious decision to delay to align with timings of dependent work
 b) delay due to external dependency which means work has not been progressed i.e. awaiting funding agreement

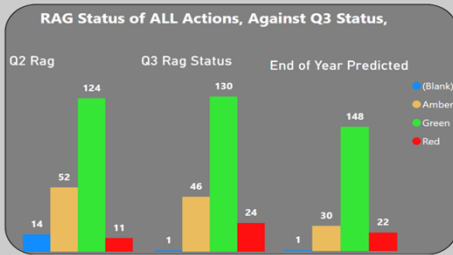


Gauge of Current Green RAG (61.69%)

- 61.69% represents:** Completed actions + the actions that are currently RAG rated Green at Q3. This shows the proportion of actions that have either already been delivered or are progressing exactly as planned at the end of Quarter 3.
- Predicted Year-End Green RAG (73.63%)**
- 73.63% represents:** Completed actions + the actions that are predicted to be RAG rated Green by the end of the year. This provides an early indication of expected year-end performance, based on current forecasts from action owners.

Together, these numbers show:

- How much of the plan is **already achieved or on track now** (61.69%)
- How much is **expected to be successfully achieved by year-end** (73.63%)

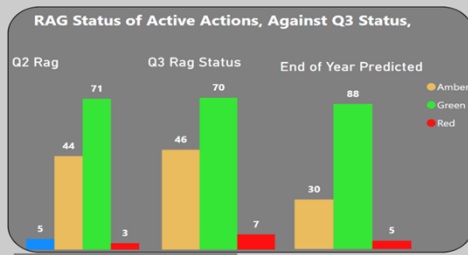


(Blank) - not currently assigned Red Amber or Green

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



RAG Status of All Actions (Explanation)
 This chart focuses on all 201 annual plan actions, including active, completed, closed, on-hold, and un-started items.

The bar on the far right shows the predicted year-end RAG position, indicating that 148 out of the 201 actions are expected to be Green or Completed by year end. This equates to 73.63%, which represents the overall delivery confidence for the full action set.

RAG Status of Active Actions Only (Explanation)
 This chart focuses specifically on the 119 active actions plus 4 un-started actions, while removing completed, closed, or on-hold actions to show true in-flight delivery performance.

The bar on the far right shows the predicted year-end position for these in-flight actions, with 88 out of 119 actions expected to be RAG Green and therefore delivered by year end.

During Quarter 3, there has been a notable increase in delivery activity, with 49 actions completed in this period. This brings the total number of completed actions to 61, which represents progress close to the target set for this stage of the plan.

A significant improvement has also been observed in the number of actions that had not yet started. This figure has reduced from 17 at the end of Q2 to just 4 at the end of Q3. The four actions that remain unstarted at the end of Q3 have been validated with leads, with assurance given that they are dependent on Q3 work before they can commence

The UHB is now forecasting that approximately 74% of actions within the annual plan will be completed by year end. This means that 26% of actions (52 in total) may be outstanding at year end. Of these:

- 4% (9 actions) have been closed as they are no longer relevant or have been identified as duplications of actions already listed within the plan.
- 4% (8 actions) have been placed on hold (due to either a conscious decision to delay until dependent/ complimentary work is complete or external dependencies such as awaiting funding agreements). These actions are not expected to progress during Q4.
- 3% (5 actions) have been assessed as RED, indicating they are off-track and unlikely to complete by year end.

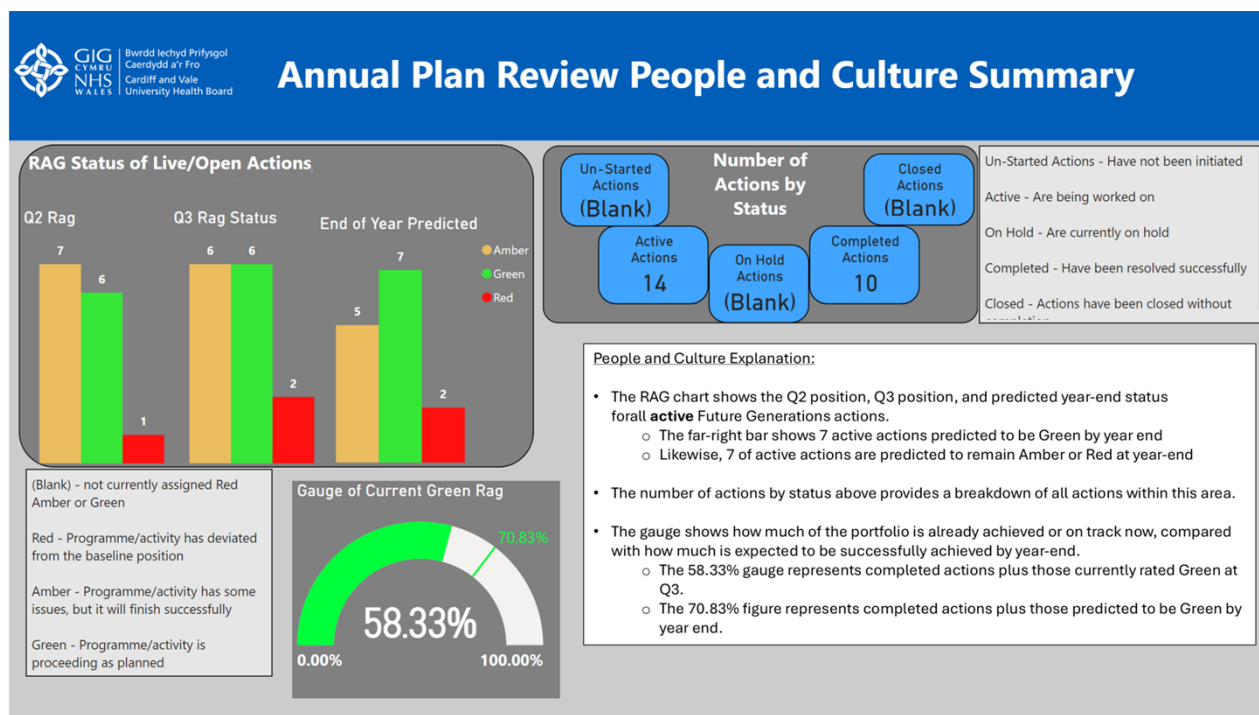
- 13% (30 actions) have been assessed as AMBER, meaning that work is progressing but there are issues that present a risk to delivery within the timeframe.

Appendix 1 provides a detailed breakdown of those actions that are currently confirmed as incomplete at year-end (closed actions or actions on hold) or considered highly unlikely to be completed by year-end (actions currently assessed as RED).

Detailed breakdown of position by Portfolio:

The UHB uses Power BI to proactively track annual plan actions through interactive dashboards, enabling drill-down into each priority area for a granular view of progress and challenges. A summary of each priority area, alongside specific Q3 highlights or points of note, is set out below

People and Culture- Aligned Strategic Objective: Putting People First



Highlights

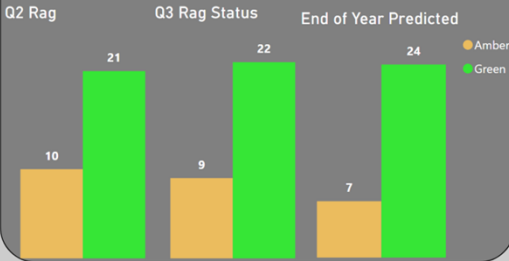
- **Wellbeing and Availability to Work:** Targeted measures to reduce staff absence and improve workforce availability remain in place, with Clinical Boards actively implementing their action plans to address sickness absence. Despite these efforts, sickness absence rates continue to exceed 6%, highlighting an ongoing challenge in achieving desired workforce stability.
- **Reducing our reliance on temporary workforce:** Implementation of effective rostering principles across the clinical workforce is progressing, alongside procurement and rollout of a unified e-rostering system for medical staff, with 'go-live' planned for February 2026.
- **Management and Leadership Development:** Mentoring and coaching schemes to support career growth are established. A New Head of Leadership and Management commenced in post in October 2025 to support expansion of management and leadership offer.

Population Health and Places - *Aligned Strategic Objective: Providing Outstanding Quality*



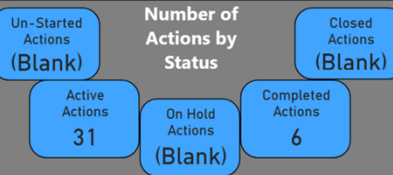
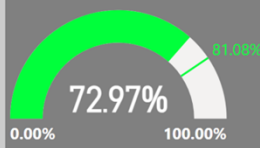
Annual Plan Review Population and Health Summary

RAG Status of Live/Open Actions



(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

Gauge of Current Green Rag



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

Infrastructure Explanation:

- The RAG chart shows the Q2 position, Q3 position, and predicted year-end status for all active Future Generations actions.
 - The far-right bar shows 24 active actions predicted to be Green by year end
- The number of actions by status above provides a breakdown of all actions within this area.
- The gauge shows how much of the portfolio is already achieved or on track now, compared with how much is expected to be successfully achieved by year-end.
 - The 72.97% gauge represents completed actions plus those currently rated Green at Q3.
 - The 81.08% figure represents completed actions plus those predicted to be Green by year end.

Highlights

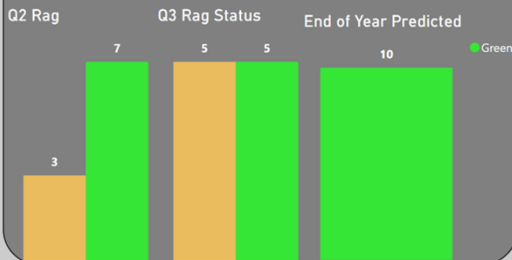
- Diabetes:** A health needs assessment for diabetes was completed in Q3. A review of the whole pathway for diabetes for the organisation and the development of a 'dashboard' to show progress against key indicators is on track for delivery in Q4
- Tobacco:** expansion of Help Me Quit (HMQ) services was completed to plan in Q3. This included an increase in capacity for HMQ services in the community.
- ICCS Design:** The programme to design the ICCS blueprint, model of care, and enabling plans was established to plan however some timelines have slipped due to the re-scheduling of the ICCS all partner-summit to Q4.
- Phase 1 Integrated Community Care System (ICCS):** Delivery of Phase 1 is on track. Key Q3 highlight: a community-based falls response pathway has been developed in collaboration with Welsh Ambulance Services University NHS Trust and Local Authorities, with go-live scheduled for January 2026.

Quality and Value-*Aligned Strategic Objective: Providing Outstanding Quality*

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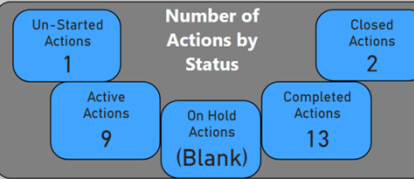
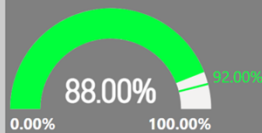
Annual Plan Review Quality In Value and Value in Health Summary

RAG Status of Live/Open Actions



(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

Gauge of Current Green Rag



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

Quality Explanation:

- The RAG chart shows the Q2 position, Q3 position, and predicted year-end status for all **active** Future Generations actions.
 - The far-right bar shows all 10 active actions predicted to be Green by year end, demonstrating strong delivery confidence for this portfolio.
- The number of actions by status above provides a breakdown of all actions within this area.
- The gauge shows how much of the portfolio is already achieved or on track now, compared with how much is expected to be successfully achieved by year-end.
 - The 88.00% gauge represents completed actions plus those currently rated Green at Q3.
 - The 92.00% figure represents completed actions plus those predicted to be Green by year end.

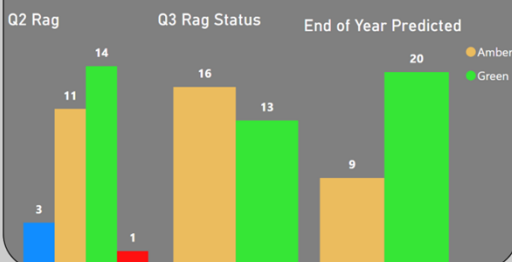
Highlights

- Value-Based Healthcare:** The Hospital Health Pathways Project is progressing to plan and is close to reaching 150 pathways added to the digital platform
- Key Quality Projects:** Quality Management System (QMS) Project and all safety improvement projects successfully launched

Clinical Services- *Aligned Strategic Objective: Providing Outstanding Quality*

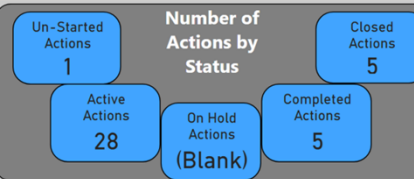
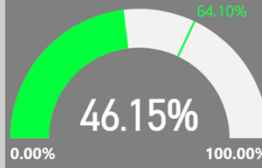
Annual Plan Review Clinical Services Summary

RAG Status of Live/Open Actions



(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

Gauge of Current Green Rag



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

Clinical Services Explanation:

- The RAG chart shows the Q2 position, Q3 position, and predicted year-end status for all **active** Clinical Services actions.
 - The far-right bar shows 20 active actions predicted to be Green by year end, indicating increased delivery confidence.
- The number of actions by status above shows a breakdown of the actions for this portfolio.
- The gauge shows how much of the portfolio is already achieved or on track now vs how much is expected to be successfully achieved by year-end.
 - The 46.15% gauge represents completed actions plus those currently rated Green at Q3.
 - The 64.10% figure represents completed actions plus those predicted to be Green by year end.

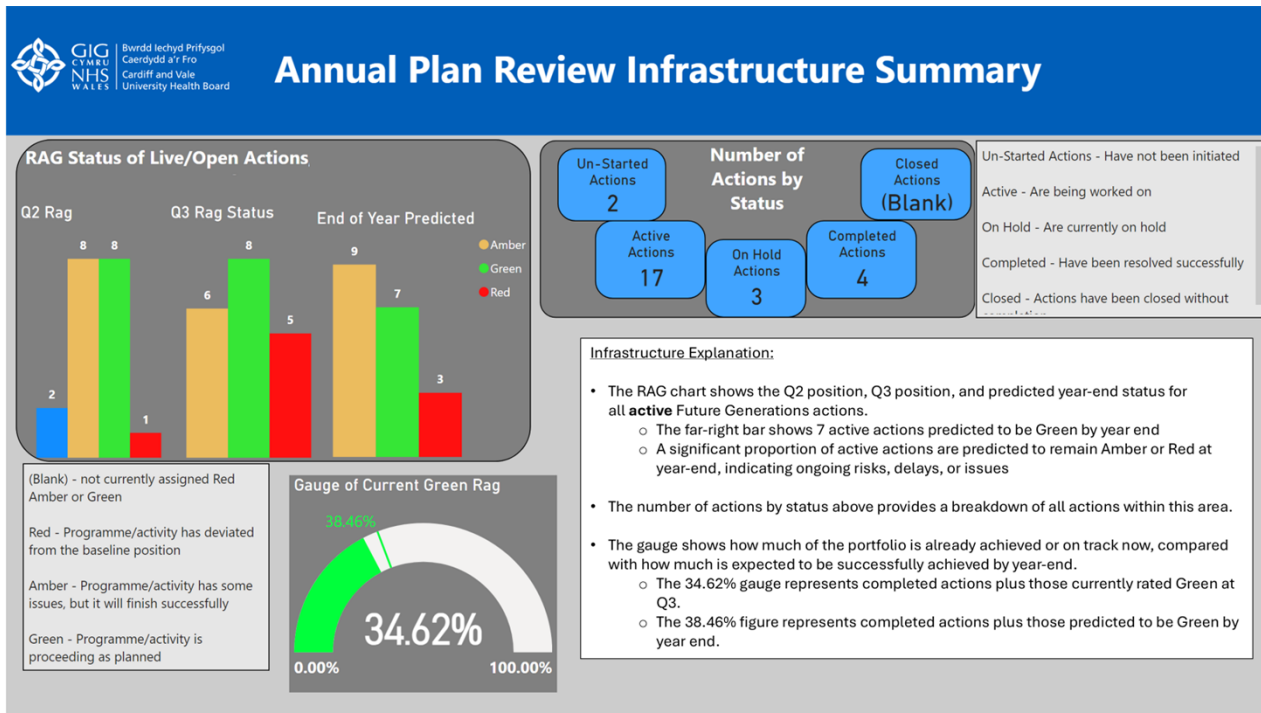
Highlights

- Clinical Services Plan:** A 20-week public engagement exercise on future clinical services was completed in Q3. Staff and Partner engagement also commenced, including

the first of two planning workshops. The second event is scheduled for January 2026, and it is anticipated that a total of 600 people will have attended across the two days.

- **Partnership and Regional Working:** The Full Business Case for Llantrisant Health Park (LHP) and a Regional Orthopaedic Plan was signed off in Q3
- **Productivity and GIRFT:** Getting it Right First Time (GIRFT) launched in an additional two specialities with support continuing throughout Q4.

Infrastructure- Aligned Strategic Objective: Delivering in the Right Places



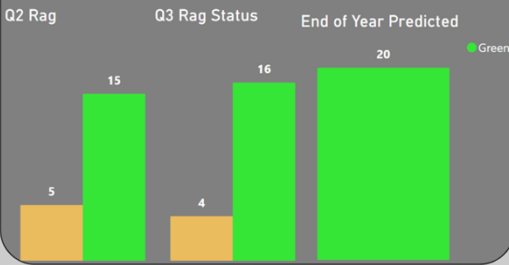
Highlights

- **Capital Priorities:** The Park View Integrated Wellbeing Hub Full Business Case (FBC) was approved by the Board and submitted to Welsh Government for consideration
- **Sustainable Service Delivery:** Estates condition survey finalised during Q3 as planned enabling work to translate the survey into a prioritised plan to commence in Q4.

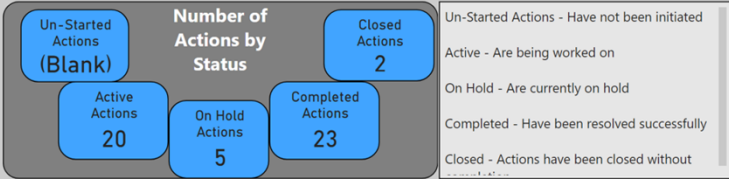
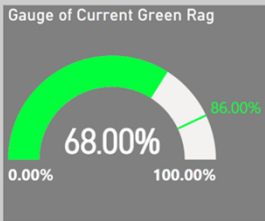
Future Generations- Aligned Strategic Objective: Acting for the Future

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RAG Status of Live/Open Actions



(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



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

Future Generations Explanation:

- The RAG chart shows the Q2 position, Q3 position, and predicted year-end status for all **active** Future Generations actions.
 - The far-right bar shows all 20 active actions predicted to be Green by year end, demonstrating strong delivery confidence for this portfolio.
- The number of actions by status above provides a breakdown of all actions within this area.
- The gauge shows how much of the portfolio is already achieved or on track now, compared with how much is expected to be successfully achieved by year-end.
 - The 68.00% gauge represents completed actions plus those currently rated Green at Q3.
 - The 86.00% figure represents completed actions plus those predicted to be Green by year end.

Highlights

- Foundational Economy:** Inclusive employment, youth engagement and equality initiatives continue to progress well and are on track for completion in Q4.
- Innovation and Research:** An Advanced Therapy Investigational Medicinal Product (ATiMP) Group has been established to support delivery of the growing Advanced Therapy Research portfolio.
- Carbon Reduction:** Development of the climate change adaptation plan continues, with an initial climate change risk list submitted to Welsh Government at the end of Q3.

Quarter 3 Finance Summary

At month 9, the Health Board is reporting an overspend of £43.250m. This is an adverse variance of £1.074m. There is a clear forecast route to the delivery of the £56.2m deficit plan. More detailed information can be found in the Financial Report.

Quarter 2 Performance Summary

A summary of performance against Key Delivery Expectations is set out in the table below.

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| Strategic Priority | Ministerial Expectation | Cardiff and Vale Plan | Current Position (RAG vs plan, blank if no Q1/2 forecast) |
|----------------------------------|--|-------------------------------|--|
| Timely Access to Care | Reduce the number of ambulance patient handovers over 1 hour – national target – zero | <365 p/m (Q1) | 172 (Dec) ● |
| | Reduce the number of patients who spend 12 hours in ED... building towards the national target of zero | <700 p/m (Q1) | 1020 (Dec) ● |
| | No patients waiting more than 104 weeks for referral to treatment | 9861 (Q4) | 609 (Dec) ● |
| | 62-day SCP performance – 12-month improvement trend | 75% (Q4) | 53.3% (Nov) |
| | 8-week diagnostic waits – zero target | 10426 (Q4) | 10,138 (Nov) |
| Population Health and Prevention | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | 48% (Q4) | 45.0% (Nov) |
| | Achievement of vaccinations targets in the performance framework | Covid Spring Booster 63% (Q2) | 56.0% (Jun) ● |
| Women's Health | Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan) | Establish one by March 2026 | In progress |
| Building Community Capacity | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | <160 (Q1) | 158 (Dec) ● |
| | 100% of GP practices achieving all National Access Standards for In-hours GMS | 100% (Q1) | 100% ● |
| | Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP | >2185 | 2508 (Sept) ● |
| | Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period | 45% adults / 78% children | Reported yearly |
| | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible | Increase vs 24/25 (51% ave.) | 51% (Nov) ● |
| | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible | Increase vs 24/25 (800 ave.) | 984 (Nov) ● |
| Mental Health Access | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral | 80% - adult and children | Adult – 100% (Oct) ● Children – 100% (Oct) ● |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS | 80% - adult and children | Adult – 96.1% (Oct) ● Children – 100% (Oct) ● |

Moving into Q3, our urgent and emergency care system has experienced periods of intense operational pressures, not unexpected as we head into winter. As a result we have seen challenges to flow through our hospitals, resulting in increases in the number of patients waiting 12 hours in the Emergency Unit and increasing the number of 1 hour ambulance delays. Our response to the national drive to eliminate 45-minute ambulance delays, including creating ringfenced space in Majors and Assessment Unit, has meant that despite the pressures on the system and an increased number of conveyances compared to Q3 last year, the number of patients waiting 1-hour and 45-minutes on ambulances remains reduced from Q1 this year.

During Q3 we have seen an increase in the number of people waiting 62 days for cancer treatment, reflected in a reduction in compliance with the SCP standard during the quarter. A summary of the challenges and actions was brought through the last F&P and Board round and we continue to work on the actions with key specialties to respond to the increases in demand and operational challenges. We do not anticipate meaningful improvement to SCP compliance until Q4.

We have seen a reduction in diagnostic 8-week waits at the end of Q3, driven by improvements in Endoscopy and Radiology. We expect the reduction to slow in December due to increased demand arising from the outpatient insourcing programme.

We have performed well against the POCD standards over the last 2 years. Data suggests that we have stabilised over recent months with a decrease in December. We continue to work with our local authority partners to support discharges and to manage an increasing demand picture.

We continue to see high demand for Primary and Community Care services. The number of patients accessing the Pharmacy Independent Prescribing service increased last month and we continue to deliver on our commitments for community nursing and Enhanced Community Care across a range of community services.

We are currently reporting high compliance with the assessment and treatment standards across children, young peoples and adult mental health services

Executive Director Opinion & Key Issues to bring to the attention of the Committee

During Q3 there has been a notable increase in the number of actions that have been completed and an improvement in the forecast year end position.

Building on discussions throughout Q3, as the UHB finalises the 2026–27 plan in Q4, a formal review will be undertaken to identify all actions that are unlikely to complete or are at risk of non-delivery. These actions will be included in the 26/27 plan prioritisation process to confirm which actions remain organisational priorities and should be incorporated into next year’s plan.

Reflecting lessons from this year’s plan—particularly the high volume of strategic actions (201 in total)—some actions, while still important, may not appear as standalone items but instead form part of a broader strategic action. It is also a possibility that some actions may not feature at all and will need to be managed through alternative forums. In such cases, clear arrangements for ongoing management will be confirmed to ensure accountability and oversight is maintained. This will be set out in the Q4 report.

This is a ‘moment in time report’ based on the position at the close of Q3. The nature of this report not being published until month 7 consequently means more recent information, particularly regarding the finance and performance, may be available. This should be considered when reviewing the following sections.

It is recognised that the UHB is not yet operating at the level of planning maturity it aspires to in translating completed actions into measurable improvements in population outcomes. This has been reinforced by the recent planning maturity assessment which the organisation undertook last November.

While progress has been made in strengthening delivery oversight and assurance, the current focus of progress reporting remains largely on action completion rather than demonstrable impact. As planning processes evolve (aligned to the planning maturity action plan), a key priority will be embedding a stronger outcomes-based approach, ensuring that future plans not only set out what will be delivered but also define how these actions will contribute to tangible improvements in health and wellbeing for our populations.

Appendices (please list all appendices that accompany this report. Do **not** embed)

Annex 1: Summary of “closed”, “on hold” and “red” actions.





Recommendations:

The Committee are requested to:

NOTE the progress highlighted in the Q3 Annual Plan Report
APPROVE submission of the Q3 position to Welsh Government

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “x” in the below boxes where relevant – *Click each item for further information.*

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

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

| | | | | | | | | | |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|
| Prevention | X | Long Term | X | Integration | X | Collaboration | X | Involvement | X |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|

Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

| | | | | |
|--|--|---|--|----------------|
| Yes (please include the complete QIA document) | | No (please provide reasoning e.g. not required) | | Not applicable |
|--|--|---|--|----------------|

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

| | |
|---------------------------------|-------|
| Name of Committee/Group/Exec NA | Date: |
| | |

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Appendix 1 - Summary of “closed”, “on hold” and “red” actions.

Table 1: Closed Actions

The 9 actions below have been classified as ‘closed’. This means that the action is no longer being progressed either due to a change in strategic direction or because of a change of circumstance.

| Portfolio | Title | Action | Action Status | Action Status Detail | Implications for 26/27 Plan |
|-------------------|---|--|---------------|--|--|
| Quality & Value | Preparing and mobilising future projects | Building Capability Project | Action closed | Change of strategic direction - project no longer being pursued | No further action required |
| Quality & Value | Preparing and mobilising future projects | Engagement and Influence Project | Action closed | Change of strategic direction - project no longer being pursued | No further action required |
| Clinical Services | Contribute to Regional and Specialised Services Provider Planning Partnership Portfolio (South Wales, West Wales and South Powys) | Establish a Shared Delivery Network to support the management of patients with Severe Acute Pancreatitis resident in Aneurin Bevan, Cwm Taf Morgannwg, Hywel Dda, and Powys Teaching health boards | Action closed | Change of strategic direction - action no longer sits with CVUHB. The National Clinical Director for NHS Wales has recently been tasked with developing a sustainable solution for Hepato-Pancreato-Biliary (HPB) services. The Joint Clinical Committee (JCC) has been invited to actively support this work, ensuring alignment with national priorities and | Ongoing consideration and discussions throughout January–February 2026 to agree the strategic plan for 2026/27 |

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| | | | | | |
|-------------------|---|---|---------------|---|--|
| | | | | contributing to the development of a robust, long-term model | |
| Clinical Services | Contribute to Regional and Specialised Services Provider Planning Partnership Portfolio (South Wales, West Wales and South Powys) | Develop a proposal and implementation plan for a Shared Delivery Directorate to manage the Liver Surgery service in CAVUHB and the Pancreatic Surgery service in Swansea Bay (SBUHB). | Action closed | Change of strategic direction - action no longer sits with CVUHB. The National Clinical Director for NHS Wales has recently been tasked with developing a sustainable solution for Hepato-Pancreato-Biliary (HPB) services. The Joint Clinical Committee (JCC) has been invited to actively support this work, ensuring alignment with national priorities and contributing to the development of a robust, long-term model | Ongoing consideration and discussions throughout January–February 2026 to agree the strategic plan for 2026/27 |
| Clinical Services | Contribute to Regional and Specialised Services Provider Planning Partnership Portfolio (South Wales, West | Development of an implementation plan to support the adoption of the Service Specification for Specialised Infectious Diseases Services | Action closed | Implementation plan developed however Regional and Specialised Provider Planning Partnership agreed Specialised Infectious Diseases is not currently a priority - no further action planned during 25/26. | Ongoing consideration and discussions throughout January–February 2026 to agree the strategic plan for 2026/27 |

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| | Wales and South Powys) | | | | |
| Clinical Services | Contribute to Regional Portfolio Priorities (South East Wales) | Take a collaborative approach to understanding and agreeing additional opportunities that the Llantrisant Health Park offers. | Action closed | Cwm Taf Morgannwg University Health Board leading refreshed Llantrisant Health Park Programme. | No further action required. |
| Clinical Services | Contribute to Regional Portfolio Priorities (South East Wales) | Agree a regional clinical care model, and develop a regional business case for sustainable stroke services (Q4). | Action closed | After developing a regional clinical care model it has been agreed that there is currently no requirement at this stage for a regional business case for stroke therefore action has been closed. | Ongoing consideration and discussions throughout January–February 2026 to agree the strategic plan for 2026/27 |
| Future Generations | Develop Strategic Plan for Research embedding research into core business | Focusing on Advanced therapies and Diabetes and weight manager | Action closed | This is a duplicate action and contains description linked to Shaping Our Future Generations action: <i>Research Management Board to lead on the develop a strategic plan for research. Incorporating the features of a supportive NHS organisation as</i> | No further action required. |

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| | | | | <i>outlined in the Research Matters framework.</i> | |
| Future Generations | Develop Strategic Plan for Research embedding research into core business | articulating the impact of research to drive quality and improvement | Action closed | This is a duplicate action and contains description linked to Shaping Our Future Generations action: <i>Research Management Board to lead on the develop a strategic plan for research. Incorporating the features of a supportive NHS organisation as outlined in the Research Matters framework.</i> | No further action required. |

Table 2: Actions On-hold

The 8 actions below have been classified as ‘on-hold’. This is either due to either a conscious decision to delay until interdependent or complementary work is complete, or because of a delay caused by external dependencies such as awaiting funding agreements. These actions are not expected to progress during Q4

| Portfolio | Title | Action | Action Status | Action Status Detail | Implications for 26/27 Plan |
|-----------|-------|--------|---------------|----------------------|-----------------------------|
|-----------|-------|--------|---------------|----------------------|-----------------------------|

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|----------------|---------------------|--|---------|---|--|
| Infrastructure | Digital Foundations | Continue working with the All Wales Directors of Digital group on developing a Full Business Case for a modular Electronic Health Record | On-hold | Pending Welsh Government decision on the future direction of the Modular Electric Health Record Programme | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27. This action is expected to progress in next year’s plan |
| Infrastructure | Capital Priorities | Submission of Hybrid/Major Trauma Theatres at University Hospital of Wales (UHW) Full Business Case to Welsh Government | On-hold | An individual business case for Hybrid/ Major Trauma Theatres no longer being pursued and instead replaced with a single combined business case covering ITU expansion and refurbishment, major trauma theatres at University Hospital of Wales (UHW) and Haematology Day Centre. This work is currently in planning stage. | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |

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| Infrastructure | Capital Priorities | Progress capital plan for new South Wales Blood & Marrow Transplant (SWBMT) facility. Assess the sustainability of the programme following outcome of the Joint Accreditation Committee ISCT-Europe (JACIE) accreditation visit and risk associated with current facilities on University Hospital of Wales (UHW) site | On-hold | An individual business case for new South Wales Blood & Marrow Transplant (SWBMT) facility is no longer being pursued and instead replaced with a single combined business case covering ITU expansion and refurbishment, major trauma theatres at University Hospital of Wales (UHW) and Haematology Day Centre. This work is currently in planning stage | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |
| Future Generations | Develop Strategic Plan for Research embedding research into core business | Research Management Board to lead on the develop a strategic plan for research. Incorporating the features of a supportive NHS organisation as outlined in the Research Matters framework | On-hold | Work to develop a strategic plan for research is progressing via the Shaping Our Future Generations Portfolio. Further development on hold whilst awaiting UHB's Clinical Service Plan to ensure strategic alignment | Ongoing discussions throughout January–February 2026 to agree strategic actions for 2026/27. This action is expected to be one of the key deliverables under the Shaping Our Future Generations strategic actions |

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|--------------------|--|--|---------|--|---|
| Future Generations | Develop Strategic Plan for Research embedding research into core business | Develop a detailed delivery plan utilising research leadership to lead on required workstreams | On-hold | Work to develop a strategic plan for research is progressing via the Shaping Our Future Generations Portfolio. Further development on hold whilst awaiting UHB's Clinical Service Plan to ensure strategic alignment | Ongoing discussions throughout January–February 2026 to agree strategic actions for 2026/27. This action is expected to be one of the key deliverables under the Shaping Our Future Generations strategic actions |
| Future Generations | Expand funding and identify opportunities to align research with Health Board priorities | Focusing on Advanced therapies and Diabetes and weight manager | On-hold | Work to develop a strategic plan for research is progressing via the Shaping Our Future Generations Portfolio. Further development on hold whilst awaiting UHB's Clinical Service Plan to ensure strategic alignment | Ongoing discussions throughout January–February 2026 to agree strategic actions for 2026/27. This action is expected to be one of the key deliverables under the Shaping Our Future Generations strategic actions |

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| Future Generations | Genomics - Newborn screening services | Aligned to expansion of New-born Screening Programme | On-hold | Awaiting progress of NHS England screening programme which is not anticipated by Q4 | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |
| Future Generations | Genomics - Genomic-enabled clinical trials | Provide the reporting of expanded pharmacogenomic and tumour panels/whole genome sequencing, to include relevant trial inclusion genomic targets | On-hold | Work currently on-hold. To be re-assessed in Q1 26/27 | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |

Table 3: Actions assessed as RED for year-end delivery

The 5 actions below have been assessed as RED for year-end delivery, indicating they are off-track and unlikely to complete by year end.

| Portfolio | Title | Action | Action Status | Action Status Detail | Implications for 26/27 Plan |
|-----------|-------|--------|---------------|----------------------|-----------------------------|
|-----------|-------|--------|---------------|----------------------|-----------------------------|

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| People & Culture | Improving staff wellbeing and availability | Reduce sickness absence to < 5.5% (cumulative rate) | Predicted RED at year end | The projected RAG has escalated from amber to red as sickness rates are not improving and remain over 6% | Scoping is underway, with discussions continuing through January–February 2026 to finalise the 2026/27 plan. This action is expected to feature as a key deliverable within the People and Culture strategic actions. |
| People & Culture | Workforce reduction plan | Work with digital to create a digitally enabled workforce able to utilise increased use of Artificial Intelligence and automated systems to reduce administrative workload. (Digital Literacy) | Predicted RED at year end | Work is progressing however full requirements of action will not be complete at year end | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |
| Infrastructure | Estates Capacity Review | Closure of Monmouth House and Glamorgan House | Predicted RED at year end | Accommodation review ongoing. Currently RAG rated as red because no alternative location has currently been identified | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |

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|----------------|-------------------------|---|---------------------------|---|--|
| Infrastructure | Estates Capacity Review | Review mental health estate in the community and find solutions to the current accommodation issues in-keeping with the community 'placed based needs assessment' | Predicted RED at year end | Review of mental health estate continues however full requirements of action not likely to be completed by year end | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27 |
| Infrastructure | Capital Priorities | Submission of Intensive Therapy Unit (ITU) expansion and refurbishment Business Justification Case to Welsh Government | Predicted RED at year end | Development of the Business Justification Case (BJC) is underway with the final design, associated capital costs and revenue implications being completed. The aim is for the case to progress through internal UHB governance structures during Q4 before submitting the BJC to WG | Ongoing consideration and discussions throughout January–February 2026 to agree strategic actions for 2026/27. |

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|-----------------|---|-----------------|-----------------|---------------|------------|
| Report Title: | UHW Ward Block Roof Replacement – Business Justification Case | | Agenda Item no. | 3.1 | |
| Meeting: | Finance & Performance | Public Meeting | ✓ | Meeting Date: | 21.01.2026 |
| | | Private Meeting | | | |
| Status: | Assurance | Approval | ✓ | Information | |
| Lead Executive: | Director of Capital, Estates & Facilities | | | | |
| Report Author: | Executive Director of Finance | | | | |

Background and current situation:

The purpose of this report is to request that the Finance & Performance (F&P) Committee consider the Business Justification Case (BJC) for the proposed University Hospital of Wales Roof Replacement Scheme and support the request for Welsh Government capital funding of £3.957m. Subject to agreement by F&P Committee the BJC will continue through the internal governance approval process, prior to the final submission to Welsh Government to seek the appropriate funding.

In May 2024, Capital Management Group and the Senior Leadership Board, now established as the Strategic Leadership Team, supported the project mandate (attached in the appendices) to address the issues experienced due to significant corrosion of the existing roof. It was acknowledged that frequent water ingress within A7 South at UHW had become a regular occurrence during heavy rainfall which resulted in the areas affected having to be frequently vacated, due to the increased risk of health and safety for patients, staff and visitors and business continuity. As a result of the immediate issues, WG provided funding to replace this section of the roof which will be completed at the end of February 2026.

A condition survey of all Tower Block roofs was undertaken to establish the extent of the corrosion and identify any potential immediate or short-term risks associated with the existing metal roof. The survey identified the following, as indicated on the drawing (Appendix 2)

- Areas for immediate attention, including A Block South and Link Block
- Areas that require attention within 1-3 years including the remainder of the ward block roof A7 North B7 North & South, C7 North & South and their associated link blocks, together with an area of tower block 1
- The remainder of the areas requiring re-surveying on a 3 year cycle

The BJC sets out the preferred option which fully satisfies the project objectives, Option 5. This includes the replacement of the Ward Block Roof (A, B & C, Link blocks 1 & 2) and the identified high-risk areas of Tower Block 1. It is anticipated that the work will be undertaken on a phased basis, over a 2-year period.

The BJC cost forms have been prepared by Gleeds Cost Management Services following a procurement process to identify the preferred contractor and the tender costs with the outturn cost projected to be £3.957m.

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

| Capital Costs | £m (Net) |
|---------------------------------------|-------------------|
| Works Cost | £3,528,792 |
| Fees | £588,000 |
| Non-Works | £272,170 |
| Equipment | £0 |
| Contingency | £222,000 |
| VAT Recovery | -£653,220 |
| Total Capital Cost/ Cost Forms | £3,957,742 |

There are no revenue implications associated with this scheme.

The Business Justification Case is available to view, on request.

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

- The replacement of the UHW Ward Block and Tower Block 1 roof has been a long-standing priority and is a critical component in ensuring the Health Board provides a safe environment for patients, staff, and visitors across the site.
- An appropriate procurement process has been undertaken to determine the capital investment requirement which is in line with Welsh Government process
- The BJC is scheduled to be considered by Capital Management Group for endorsement on Monday 19th January 2026

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

- 3.1a UHW Ward Block A Roof Replacement Scheme Project Mandate
- 3.1b Ward Block Roof Replacer

Recommendation:





The Finance & Performance Committee is requested to:

- NOTE:** the contents of the attached Executive Summary of the Business Justification Case
- ENDORSE:** the Business Justification Case to enable progression through the internal governance process with final approval by UHB Board to allow submission of the document to Welsh Government for scrutiny and funding approval.
- NOTE:** the procurement undertaken to select the preferred contractor and relevant advisors to deliver the project which will require approval by Board to allow the relevant appointments and be subject to Welsh Government approval of the BJC.
 - Central Roofing, as the preferred Supply Chain Partner at a cost of £3.5m under the NEC4 Option A contract
 - Gleeds Management Consultancy, as the preferred Project Manager at a cost of £132k under the NEC4 PSC contract
 - Gleeds Cost Consultancy, as the preferred Cost Advisor at a cost of £114k under the NEC4 PSC contract

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Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered:

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

Quality Impact Assessment Completed?

| | | | | |
|-------|--|------|---|--|
| Yes – | | No – | ✓ | |
|-------|--|------|---|--|

Impact Assessment:

Risk: Yes

Lack of capital funding to deliver the scheme has implications on clinical service delivery. Risk of catastrophic failure of the roof resulting in injury / harm.

Safety: Yes

The capital design incorporates statutory health and safety requirements. The scheme has clinical safety implications with water ingress issues impeding clinical service delivery and patient safety.

Financial: Yes

Financial implications and claims resulting from failure of the current roof causing damages to other buildings or harm to persons.

Workforce: Yes/No

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

Legal: Yes

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

Reputational: Yes/No

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

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

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

Equality and Health: Yes/No

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

Decarbonisation: Yes

The new roof structure will be more energy efficient and have a higher U Value rating for energy performance than the current structure.

Welsh Language: Yes/No

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

| Committee/Group/Exec | Date: |
|---------------------------------|-------------------------------|
| Strategic Leadership Team | 15 th January 2026 |
| Capital Management Group | 19 th January 2026 |
| Finance & Performance Committee | 21 st January 2026 |
| Board | 29 th January 2026 |

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Cardiff and Vale UHB Project Mandate

UHW Ward Block A Roof Replacement Scheme

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V1. May 2024



Project Mandate Document History

Document Revisions

| Revision Date | Previous Revision Date | Summary of Changes | Changes Marked |
|---------------|------------------------|--------------------|----------------|
| | | | |
| | | | |
| | | | |

Approvals

This document requires the following approvals. A signed copy should be placed in the project files.

| Name | Signature | Title | Date of Issue | Version |
|---------------------------|-----------|--|---------------|---------|
| Geoff Walsh | | Director of Capital Estates and Facilities | | |
| Catherine Phillips | | Executive Director of Finance / Exec. Lead | | |
| | | | | |

Distribution

This document has been distributed to:

| | | | |
|---------------------------------|--|--|--|
| Capital Management Group | | | |
| Senior Leadership Board | | | |
| | | | |

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The Project Mandate is the first document required to initiate a project. It is considered to be a pre-project document; which encapsulates the ideas and basic information that is available at this point.

The purpose of the Project Mandate is to ensure that the proposed scheme is a viable and worthwhile project. The output of the project mandate is appointment of the Project Directorate and Project Manager and authorisation for the project to progress to an agreed stage. The Project Mandate will be refined to develop the project brief.

| |
|---|
| <p>Section 1 – Clinical Board</p> <p>Clinical Board Responsible</p> <p>Capital Estates and Facilities</p> <p>Purpose</p> <p><i>The UHB has a statutory obligation to provide a safe environment for patients, staff and visitors across the estate.</i></p> <p><i>The University Hospital of Wales (UHW) comprises of significantly ageing infrastructure which is subject to deterioration and breakdown, often impacting on patient and clinical areas. A number of such potential issues are captured on the corporate risk register with risk ratings of 15+ and whilst the Capital, Estates and Facilities Service Board attempts to mitigate any failings with regular maintenance, there are some instances which are beyond its' control. In addition, there is limited discretionary capital funding availability and backlog maintenance funding to address the matters at hand.</i></p> <p><i>In recent months water ingress to the 9 bed bay on the 7th floor of Ward Block A, UHW has become a regular occurrence during heavy rainfall. This has resulted in the areas affected having to be vacated, due to the increasing the risk of health and safety for patients, staff and visitors and business continuity.</i></p> <p>Background</p> <p><i>The main roof of ward block and tower blocks one and two at UHW were originally designed and constructed as bitumen flat roofs, which after over 25 years required replacement. An options appraisal at that point in time considered the performance of a number of differing solutions and the preferred option was to cover the roofs with a steel frame and metal profile sheet material.</i></p> <p><i>The construction of the new roof was undertaken circa 20 years ago and in addition to proving protection from water ingress, it provided protection for engineering plant and equipment previously exposed to the elements.</i></p> <p><i>An additional benefit of 'over roofing' was that the construction could be undertaken without disrupting the areas below, which were protected by retaining the original flat roof construction.</i></p> <p><i>In early 2024, during periods of heavy prolonged rainfall several incidents have occurred, the water penetrated the remaining flat roof covering ward block and resulting in it leaking into occupied bed areas. Patients were relocated from the areas affected until the water stopped causing pools on the floor, were cleaned up and made safe.</i></p> |
|---|

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Investigation into the cause of the leak, identified corrosion of sections of the metal profile roof sheets, particularly on the ends which allowed water to enter the roof space and find its way through the cracks of the bitumen flat roof that has dried and shifted over the years, causing cracks in the covering.

Project Objectives

A site wide roof condition survey would be undertaken to establish the extent of the corrosion and to assess the remaining life cycle of the metal profile roof that is constructed above the Ward block and tower blocks 1 & 2.

Subject to the findings of the report and the extent to which the corrosion is evident a budget cost analysis would be undertaken to determine the level of investment required over the next few years with a view to develop a business justification case to seek Welsh Government funding to upgrade the main roof structure across the Ward block and tower blocks 1 & 2. The proposal would be to undertake the works on a phased basis, likely to be over a 3 year period.

The replacement of the roof covering would provide the best possible option to prevent water ingress into key clinical areas and therefore mitigate the loss of beds and treatment areas.

The option to monitor and continue to undertake localised repairs would continue to be disruptive to the clinical services but would be a more costly strategy, given the requirement to scaffold up to 9 storeys to affect a repair or sheet replacement.

Project Deliverables

To ensure that the building is water tight which will:

- reduce damage to internal areas*
- prevent disruption to clinical services by ensuring Business Continuity*
- improve patient, staff and visitor safety*
- support the ongoing retention of the facility until a replacement is developed*

Project Scope & Exclusions

The project will need to consider;

- the extent of the corrosion and the likely life expectancy of the roof covering along with the condition of the structure*
- Option appraisal of suitable roofing materials*
- Full market testing to inform the one stage business case*

Project Structure

The Clinical Board Lead for this project is: Geoff Walsh

The User Lead for this project is: Alex Hawkins

The Financial Lead for this project is:

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Constraints and Assumptions

Possible risks or constraints will arise during the implementation of the project and will need to be addressed at that stage. However, it's important to outline any early potential risks/constraints in achieving the project:

| Potential Risk | Description | Level of Risk | Action required to mitigate |
|---|---|---------------|--|
| Funding availability | WG funding support required to deliver the scheme | H | Early discussions with Welsh Government to provide background and the need for the upgrade |
| Logistics | Review of surrounding area for potential scaffolding / crane for the delivery of materials to roof area | L | Site review Consider approach used from previous access requirements |
| Delivery of Business Justification Case | Expertise in developing a business case to clearly articulate the need for change, ensuring all relevant information is included in the one stage business case | M | Potential to commission a healthcare planner to support with the development of the case |
| Period of construction | Dependent upon the approval of the business case and award of funding. Construction outside of the winter period would be beneficial to avoid decline in the weather which would potentially impact on delivery and business continuity | H | Temporary solution to reduce water ingress during winter period, if required |

Key: Level of risk H=High M = Medium L=Low

End result including quality expectation / specialist equipment

High quality, durable roofing material available on the market used in similar settings to ensure longevity and reduced likelihood of corrosion.

Associated Documents

Section 2 – Strategic and Capital Planning

Planning Process Required

| | |
|-----------------------------|---|
| Strategic Outline Case | |
| Outline Business Case | |
| Full Business Case | |
| Business Justification Case | X |
| Programme Business Case | |

Project Timescales and Key Milestones

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| Milestones | Target Date |
|---|---------------------------------|
| Capital Management Group support to proceed with the scheme | 20 th May 2024 |
| Develop specification for tender | 20 th June 2024 |
| Tender period, including issue, return and evaluation | 1 st August 2024 |
| Delivery of Business Justification Case | 2 nd September 2024 |
| UHB Internal Governance approval stages | 26 th September 2024 |
| Submission to WG | 2 nd November 2024 |
| WG approval | January 2025 |
| Construction commencement | February 2025 |

| AUTHORISATION – CAPITAL MANAGEMENT GROUP | |
|--|---------------------------------|
| <i>Date of Project Mandate Sign Off</i> | 20th MAY 2024 |
| <i>Minute confirmation</i> | |

| AUTHORISATION – SENIOR LEADERSHIP BOARD | |
|---|----------------------------------|
| <i>Date of Project Mandate Sign Off</i> | 20th JUNE 2024 |
| <i>Minute confirmation</i> | |

| Appointment of Project Board |
|--|
| <p><i>The Executive Lead for this project is: Catherine Phillips, Executive Director of Finance</i></p> <p><i>The Senior Responsible Owner (SRO) for this project is: Geoff Walsh, Director of Capital, Estates & Facilities</i></p> |

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|-----------------|-------------------------------------|-----------------|----------|
| Report Title: | Monthly Monitoring Return – Month 7 | Agenda Item no. | 4.1 a |
| Meeting: | Finance and Performance Committee | Public | X |
| | | Private | |
| Status: | Assurance | X | Approval |
| Lead Executive: | Executive Director of Finance | | |
| Report Author: | Deputy Director of Finance | | |

Background and current situation:

SITUATION

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

A copy of the October & November 2025/26 MMRs are attached.

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

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

Recommendation:

The Board/Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

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

Quality Impact Assessment Completed?

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

Decarbonisation: No

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

These include:

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

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

Welsh Language: Yes/No

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

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

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

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

Finance and
Performance Committee

Date: 21st January 2026

Regan, Nikki
20/01/2026 15:05:43

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE SEVEN MONTH PERIOD ENDED 31st OCTOBER 2025

INTRODUCTION

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

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

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

The draft plan assumed that:

- The 2025/26 Medical & Dental and Agenda for Change pay awards are fully funded.
- 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 in costs related to changes to the Employers NI rates would be fully funded.

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

Table 1: 2025/26 Draft Plan

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

This represents the draft financial plan of the Health Board.

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

A full commentary has been provided to cover the tables requested for the month 7 financial position.

At month 7 the UHB is reporting an overspend of £35.619m, £2.816m off plan. The month 7 position represents an in-month improvement of £0.911m against the £3.727m overspend against plan reported at month 6. The month 7 position is supported by a reduction in the provision for the GP Out of Hours pay resolution based on updated BMA guidance and draft worker terms.

The overspend of £35.619m is comprised of £3.161m of operational deficit and the planned deficit of £32.803m (7 twelfths of the revised £56.233m 2025/26 planned deficit set out in the UHB's Accountable Officer letter relayed on the 30th of June 2025) offset by a (£0.345m) surplus against savings.

BACKGROUND

The Board noted and submitted a draft financial plan to the Welsh Government at the end of March 2025. Following the submission of the plan, Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million.

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 7 for which the following should be noted:

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

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

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects a review of the risks identified in the financial plan and these will continue to be reviewed on a monthly basis. In addition, the table also reflects the following risks:

- Managing the shortfall in funding for the additional employer changes arising from changes in pay and employers NI rates £2.145m.
- The potential further Risk Pool liability of £9.284m as follows:
 - Medium Risk - £7.378m arising from the indicative apportionments of the £41.964m increased risk above IMTP Planning forecasts.
 - Low Risk - £1.906m arising from the indicative apportionments of the £11.370m further increased risk above IMTP Planning forecasts.
- The potential additional cost of band 2 & 3 pay costs is currently estimated at £8.310m in 2025/26.
- Red Savings schemes of £1.338m are recognised as an opportunity.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £35.619m and reflects the analysis contained in the annual operating plan in Table A. The deficit of £35.619m for the year to date as shown in Table 2.

Table 2: Summary Financial Position for the period ended 31st October 2025

| | Plan PTD (£m) | PTD (£m) | PTD Variance to Plan (£m) | Plan YTD (£m) | YTD (£m) | YTD Variance to Plan (£m) |
|--|---------------|----------|---------------------------|---------------|----------|---------------------------|
| Draft Plan | 7,673 | 7,673 | 0 | 49,253 | 49,253 | 0 |
| Quality Efficiency Improvement Plans - Savings | (2,987) | (3,024) | (37) | (16,450) | (16,795) | (345) |
| Operational Variance | 0 | (873) | (873) | 0 | 3,161 | 3,161 |
| Clinical/Service Board Variance | 4,686 | 3,776 | (910) | 32,803 | 35,619 | 2,816 |

The month 7 deficit of £35.619m comprised of the following:

- £32.803m planned deficit
- (£0.345m) CRP surplus
- £3.161m adverse operational variance against plan.

The £56.2m forecast deficit is profiled flat.

It is anticipated that the operational pressures reported at month 7 will be recovered and mitigated as the year progresses and that the UHB will deliver its planned deficit position of £56.233m.

The UHB notes the guidance on the reporting treatment of the Welsh Risk pool (WRP) risks which the UHB has reported in year. The UHB can confirm that the risks around the WRP Provision are not incorporated into the UHBs forecast outturn.

The in year increase in the provision for the GP Out of Hours pay resolution previously described has been removed in month based on updated BMA guidance and draft worker terms. The operational pressures reported are partly offset by operational underspends across service areas as summarized below:

Table 3: Operational Pressures for the period ended 31st October 2025

| Operational Pressure | Operational | Operational |
|---|--------------|-------------------|
| | Variance YTD | Variance Forecast |
| | £'000s | £'000s |
| Mental Health Out Of Area Placements (OOA) | 2,000 | 2,000 |
| Specialist Services Activity Related Underperformance | 1,900 | 0 |
| Employers NI (ENIC) Funding Gap | 1,251 | 2,145 |
| JCC Forecast Outturn Growth | 600 | 600 |
| Pay Vacancies & other mitigating actions to be agreed | (2,589) | (4,745) |
| Sub-Total Surplus/Deficit | 3,162 | 0 |

Further detail in relation to table 3 is provided below:

- Mental Health OOA - There was average of 15 additional patients against plan in month 7. Furthermore, the cost of packages is higher than planned due to the acuity of patients. The UHB is working to improve the condition of the estate which houses the Crisis Service to increase internal capacity to manage the flow of patients into OOA placements as well as exploring a number of further options to reduce the volume and cost of OOA.
- Specialist services underperformance. There is reported underperformance in cardiac services where the UHB is reviewing activity flows. Performance against out of area critical care and BMTs improved in month.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.

- Commissioning. The risk against the JCC forecast outturn is abated by the reduction in the forecast cost of Velindre drugs and recognized at £0.600m for the year to date.
- Pay vacancies along with enhanced scrutiny around variable pay partially offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness. The UHB has observed an increase in the number of WTE nursing staff over the last 2 months linked to the onboarding of student nurse streamliners.

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

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

Executive Performance Reviews with the UHBs Clinical Boards focus on ensuring that both planning and operational pressures are identified and managed as they arise. In addition, the UHB remains focussed on tracking delivery against its savings plans whilst identifying opportunities for further improvements through weekly Senior Leadership Team meetings and dedicated financial summits that in turn will de-risk the draft financial plan.

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals. Further measures were approved to arrest and recover the financial run rate and the UHB's saving tracker is now reporting a £0.617m surplus of green and amber schemes against the £32m in year target.

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

- Board Approved - A full vacancy freeze from 1st August.
- The UHB has operated an enhanced centralised vacancy scrutiny process for over 6 months. This approach has stabilised the growth of the workforce.
- Based on current turnover, a full vacancy freeze (with requests to advertise critical posts only approved in exceptional circumstances) would likely equate to 350 staff leaving by end of the year, which the UHB would not replace. This could release up to £4.2 million in year.

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

Table B2 – Movements from Opening Expenditure Plan

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

Regan, Niall
20/01/2026 15:05:03

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

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

| Additional Resource Limit Allocations | £'000s |
|--|----------------|
| 25_26 NIER Additional 1.2 Percent And Threshold Change | 16,697 |
| All Wales International Recruitment | 7 |
| Additional Hospice Funding | 1,029 |
| DEL & AME Depreciation & Impairments | 74,164 |
| A2A Sanctuary | (28) |
| AWTTC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment Facility | 564 |
| CAMHS In-Reach Funding | 622 |
| Children's Speech, Language And Communication (Slc) | 34 |
| Community Pharmacy Pilot Injectable Larc For Contraceptive Purpose | 10 |
| Consultant Allied Health Professional For Dementia | 30 |
| Consultant Clinical Excellence Award / Consultant Impact Award | 253 |
| Decarbonisation Secondment | 28 |
| Dementia Action Plan | 100 |
| DoLS / MCA / Advocacy (MH) | 64 |
| DPIF | 4,284 |
| ESMCP CRS MDVS ARRP | 323 |
| ESMCP Wast Resources | 38 |
| Climate-Focussed Spread And Scale Academy | 52 |
| Genomics (C&V / JCC) | 578 |
| Individual Placement & Support In Primary Care | 440 |
| Immunisation Allocation 25/26 MPOX | 18 |
| Invest To Save - Welsh Government Energy Service | (347) |
| Learning Disability Policy _Additional Funding 2025_26 | (4) |
| MOD St Athan Funding Lazurite Team Additional Reception Site For EPS | (281) |
| Neighbourhood District Nursing | 137 |
| Neurodivergence Improvement Programme | 158 |
| New Medical Training Posts 2017 to 2024 | 283 |
| OPTOMETRY PAY UPLIFT 4% | 240 |
| Pay award funding 2024-25 | (4,298) |
| Pay award funding 2024-25 funded through Pay Matrix Commissioning Shares | (10,519) |
| PGIC_MTHS 1-12_SHORT BREAKS FOR CARERS | 172 |
| Planned Care Additional Funding 2025-26 - Phase 3 Outpatients | 193 |
| Planned Care Transformation Fund | 671 |
| Planned Care National Outpatient Plan Minor Oral Surgery | 240 |
| Planned Care Transformation Fund_ High Volume Mega Clinics | 28 |
| Planned Care Insourcing | 3,100 |
| Prevention and Early Years | 43 |
| Real Living Wage (RLW) Social Care | (2,513) |
| Real Living Wage RLW 2025_26 | 3,344 |
| Removal of Donated Assets / Government Grant Receipts | (521) |
| Removal of IFRS-16 Leases (Revenue) | (679) |
| RSV Vaccination Programme | 246 |
| RSV At Risk Neo Nate Vaccine Programme | 45 |
| RTT Waiting Times _ Q1, Q3 & Q4 Plans | 6,769 |
| Save A Life Cymru (JCC) Quarters 2_4 | 61 |
| Secondment Fb Work On Medical Gases Activities | 4 |
| Support Staff Costs - All Wales Pharmacogenetics Lead Post | 96 |
| VT LTA Adjustment -Historic Pay Award 2025-26 | 110 |
| Women's Health - Pathfinder Establishment (Women's Health Hubs) | 300 |
| Pay Award 2025_26 Post RLW | 34,968 |
| JCC_25_26 English Tariff Cuf | (110) |
| GMS Global Sum/Psp List Size Adjustment | 210 |
| Total Movement in assumed Resource Limit following MDS Submission £'000s | 131,454 |

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.282m in month.

Agency Costs have reduced from an monthly average of £0.507m in 2024/25 to £0.401m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

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

- Additional Clinical Services - £0.038m – specialing cover for high acuity patient

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

The UHB acknowledges that a deadline of the 11 September 2025 (Month 5 MMR submission date) was assigned to the Health Board to finalise the 'Planned Savings' gap and that all schemes should meet the 'Green' criteria by that date.

The forecast delivery against green schemes increased from £30.117m at month 6 to £ 30.865m at the end of month 7. Forecast delivery against Green and Amber schemes is £32.592 which is 101.9% of the £32m savings target.

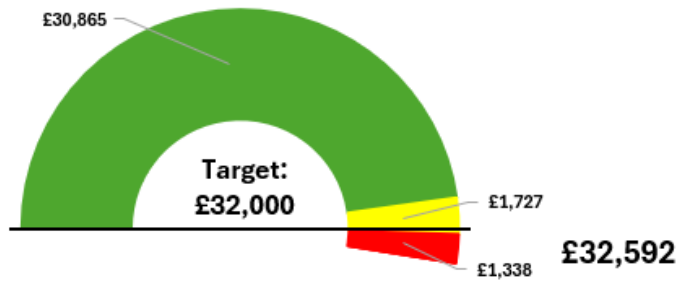
Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. The circa £7.2m shortfall in recurrent savings along with the operational pressures which have unfolded in year would lead to an increase in the underlying deficit of circa £8m if further recurrent schemes are not identified in the last 5 months of the year.

Red schemes of £1.338m are identified and continue to be reviewed for progression to Green/Amber where possible.

There is a reported surplus of £0.592m against the £32.0m savings target and this is expected to mitigate ongoing operational pressures. 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

2025/26 UHB Savings Programme: Identified vs Requirement



Welsh Government MMR rules require amber schemes which have not moved to green status within a 3 month window to be removed from the Table C3 tracker. £0.909m of amber schemes which are categorised as amber on the UHB tracker which are still deemed to be deliverable in year have breached this rule. To ensure consistency in the overall reporting of amber and green schemes between the UHB tracker and MMR, £0.909m of amber schemes (45 schemes) which have breached the 3 month rule have been included and reported on the Table C3 tracker. The UHB is confident that the majority of these schemes will deliver in year and will be reviewing the schemes with budget holders to ensure that schemes continue to be re-categorised from amber to green in future months, where there is strong assurance that schemes will release savings in year.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

INCOME ASSUMPTIONS 2025/26 (TABLE E)

Table E outlines the UHB's 2025/26 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB assumes that Welsh Government will continue to authorise the accounts adjustment of £0.222m recognised in previous financial years.

The UHBs confirmed Revenue Resource Limit as of October 31st, 2025, was £1,430.7m with a further £133.2m of assumed allocations as detailed at Table 5 below:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 31st October 2025

| Unconfirmed Resource Limit Allocations as of 30th September 2025 | £'000s |
|---|----------------|
| Depreciation, Impairments & IFRS 12 | 76,208 |
| Pay award funding 2025-26 (non RLW) | 34,968 |
| Pay Award Funding Real Living Wage RLW 2025_26 - Additional Employer Costs | 3,344 |
| Vertex (JCC) | 5,230 |
| RTT Waiting Times _ Q1 Plans | 4,758 |
| Planned Care Insourcing | 3,100 |
| New Medical Training Posts 2017 to 2024 | 2,019 |
| ATMPs (JCC) | 1,388 |
| Urgent & Emergency Care Fund | 1,480 |
| GP IM&T Refresh Programme | 1,225 |
| Consultant Clinical Excellence Award / Consultant Impact Award | 1,001 |
| Neurodivergence Improvement Programme | 793 |
| Planned Care Transformation Fund | 593 |
| Individual Placement & Support In Primary Care | 440 |
| Women's Health - Pathfinder Establishment (Women's Health Hubs) | 300 |
| AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment | 225 |
| Dols / MCA / Advocacy (MH) | 233 |
| Genomics (C&V / JCC) | 145 |
| Welsh Risk Pool | (5,702) |
| Other | 1,460 |
| Total Anticipated Funding £'000s | 133,208 |

The level of unconfirmed allocation (£133.2m) less the £76.2m depreciation funding) will present a cash management risk (£57.0m) to the UHB if it remains outstanding into the Autumn period.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of October was £4.773m.

The outstanding confirmation of cash allocations is a cause for concern for the UHB alongside the strategic and working cash requirement. Table 6 summarises the potential for a £130.2m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

Table 6 – Summary of Potential Cash Shortfall at Year End

| Summary of Potential Cash Shortfall at Year End | £'000s |
|--|----------------|
| Outstanding allocations | 57,000 |
| Strategic Support | 56,233 |
| Working capital requirement prior year liabilities paid in 2025-26 | 17,000 |
| Welsh Risk Pool settlements in advance of reimbursement | tbc |
| Band 2/3 back pay and Welsh Risk Pool Risks (potential £17.594m) | tbc |
| Total £'000s | 130,233 |

The UHB notes the 2025-26 Strategic Cash Requests submission date of Monday 8th December 2025 and will seek Finance Committee and Board approval to request £56.2m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

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

The UHB will continue to review the movement in its working balances cash for Capital and Revenue as the year progresses. Revisions to the estimate of any associated cash support required will be included in table E.

The risk associated with cash increases when it is combined with the forecast financial deficit (£56.2m); the band 2/3 pay arrears risk , the potential additional Welsh Risk Pool contribution; and the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP) where reimbursement for WRP instructed payments is always received in arrears of payment.

BALANCE SHEET (TABLE F)

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

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

The increase in the carrying value of Trade and Other receivables is predominately due to an increase in the carrying value of the WRP debtor of c£30m. The movement in the amounts disclosed as Current and Non-Current is the result of a reclassification of WRP payment dates.

The decrease in the carrying value of Trade and Other Payables is predominately due to a reduction in Non NHS Payables and Accruals. The split of Provisions reflects a reclassification of WRP payment dates.

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

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the 30 day target of 95%. Performance for the month to the end of October was 96.2%.

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

Of the UHB's approved Capital Resource Limit, 17% has been expended to date.

Following the month 6 scheme slippage review two schemes have been identified as medium risk with the lift refurbishment scheme forecasting slippage of £0.919m and Pentyrch Branch Surgery £0.780m. All other schemes are expected to deliver in line with forecast.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 7th November 2025 - £38.381m.

The month 6 return included a VAT recovery adjustment for various capital projects, and this is reflected in the negative figures against some schemes. A further £1.5m VAT recovery has been added to the CRL and will be transacted in November.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of October 2025 there were 16 invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. All invoices have now been paid. A further 19 invoices between 11 and 17 weeks remained outstanding. 7 of the invoices have since been paid

or validated for payment and one invoice for £65 has been cancelled.
Payment of the remaining 11 invoice is being pursued.

RINGFENCED ALLOCATIONS (TABLE P)

Expenditure against Ringfenced Allocations is forecast in line with allocations.

IFRS 16 (TABLE Q)

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

The CAME dilapidations figure of £0.595m in table Q comprises the following reflects the figure included in the November 2025 IFRS16 return.

OTHER ISSUES

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

CONCLUSION

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

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

- the reported year to date position is an overspend of £35.619m and the forecast deficit of £56.2m.
- the month 7 operational overspend against plan is £3.162m and in addition there is year to date surplus of (£0.346m) against the savings target.
- £32.592m (101.9%) of green and amber schemes are identified at Month 7 against the £32m target.
- Delivery of the forecast is also predicated on the confirmation of all expected income streams.
- There is a potential £130.2m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

13th November 2025



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

13th November 2025

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

This Table is currently showing 0 errors

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY YTD variance as %age of YTD | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings £'000 | | | | |
|----|--|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--|------------|----------|-----------------------|-----------|--|--------|--------|--------|--|
| | | | | | | | | | | | | | | | Green | Amber | non recurring | recurring | | | | | |
| | | | | | | | | | | | | | | | £'000 | £'000 | £'000 | £'000 | | | | | |
| 1 | Budget/Plan | 379 | 480 | 577 | 639 | 827 | 812 | 890 | 892 | 1,122 | 1,161 | 1,162 | 1,162 | 3,714 | 10,103 | | 0 | 1,191 | | | | | |
| 2 | Pay | Actual/F'cast | 379 | 556 | 814 | 799 | 1,065 | 949 | 1,063 | 1,038 | 1,254 | 1,254 | 1,294 | 1,309 | 4,562 | 11,772 | 38.75% | 10,485 | 1,287 | 4,343 | 7,429 | 11,805 | |
| 3 | Variance | 0 | 76 | 237 | 161 | 238 | 137 | 172 | 145 | 132 | 93 | 132 | 146 | 848 | 1,669 | 22.84% | 10,485 | 96 | | | | | |
| 4 | Budget/Plan | 437 | 342 | 558 | 766 | 471 | 514 | 795 | 648 | 535 | 535 | 535 | 1,075 | 3,088 | 7,211 | | 6,566 | 645 | | | | | |
| 5 | Non-Pay | Actual/F'cast | 437 | 506 | 806 | 977 | 544 | 722 | 1,004 | 768 | 685 | 679 | 679 | 1,605 | 3,991 | 9,411 | 42.41% | 9,075 | 336 | 5,775 | 3,635 | 4,464 | |
| 6 | Variance | 0 | 164 | 247 | 211 | 72 | 208 | 210 | 120 | 150 | 144 | 144 | 530 | 903 | 2,199 | 29.22% | 2,509 | -310 | | | | | |
| 7 | Primary Care - Drugs & Appliances | Budget/Plan | 73 | 73 | 73 | 87 | 87 | 87 | 97 | 97 | 97 | 111 | 111 | 111 | 481 | 1,107 | | 1,005 | 102 | | | | |
| 8 | Actual/F'cast | 73 | 73 | 73 | 687 | 87 | 175 | 403 | 403 | 403 | 431 | 431 | 431 | 1,168 | 3,671 | 31.83% | 3,563 | 108 | 661 | 3,010 | 3,207 | | |
| 9 | Variance | 0 | 0 | 0 | 600 | 0 | 88 | 306 | 306 | 306 | 319 | 319 | 319 | 688 | 2,565 | 143.16% | 2,559 | 6 | | | | | |
| 10 | Secondary Care Drugs | Budget/Plan | 49 | 82 | 85 | 85 | 85 | 87 | 87 | 87 | 87 | 87 | 87 | 471 | 992 | | 982 | 10 | | | | | |
| 11 | Actual/F'cast | 49 | 100 | 103 | 108 | 190 | 176 | 187 | 191 | 191 | 191 | 191 | 205 | 725 | 1,882 | 38.55% | 1,858 | 24 | 441 | 1,440 | 1,480 | | |
| 12 | Variance | 0 | 18 | 18 | 23 | 105 | 90 | 100 | 104 | 104 | 104 | 104 | 118 | 254 | 889 | 53.95% | 875 | 14 | | | | | |
| 13 | CHC/FNC | Budget/Plan | 59 | 59 | 142 | 170 | 170 | 220 | 273 | 273 | 273 | 273 | 273 | 273 | 820 | 2,458 | | 1,938 | 520 | | | | |
| 14 | Actual/F'cast | 59 | 59 | 86 | (23) | 66 | 334 | 126 | 126 | 126 | 126 | 126 | 126 | 582 | 1,336 | 43.54% | 1,206 | 130 | 1,120 | 216 | 1,126 | | |
| 15 | Variance | 0 | 0 | (56) | (192) | (104) | 114 | (147) | (147) | (147) | (147) | (147) | (147) | (238) | (1,122) | (29.02%) | -732 | -390 | | | | | |
| 16 | Primary Care Contractor | Budget/Plan | 0 | 0 | 0 | 9 | 10 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 30 | 103 | | 103 | 0 | | | | |
| 17 | Actual/F'cast | 0 | 0 | 0 | 9 | 10 | 12 | 21 | 21 | 21 | 21 | 21 | 21 | 30 | 155 | 19.67% | 155 | 0 | 52 | 103 | 116 | | |
| 18 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 52 | 0.00% | 52 | 0 | | | | | |
| 19 | Healthcare Services Provided by Other Healthboards | Budget/Plan | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 15 | 30 | | 30 | 0 | | | | |
| 20 | Actual/F'cast | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 15 | 30 | 50.00% | 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 | 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 | 90 | 180 | | 180 | 0 | | | | |
| 26 | Actual/F'cast | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 90 | 180 | 50.00% | 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 | 8,709 | 22,185 | | 10,804 | 0 | | | | |
| 35 | Actual/F'cast | 1,014 | 1,311 | 1,899 | 2,575 | 1,979 | 2,385 | 2,822 | 2,564 | 2,697 | 2,718 | 2,758 | 3,713 | 11,164 | 28,436 | 50.00% | 26,552 | 1,885 | 12,393 | 16,044 | 22,409 | | |
| 36 | Variance | 0 | 258 | 446 | 802 | 312 | 637 | 650 | 537 | 554 | 521 | 560 | 975 | 2,455 | 6,252 | 0.00% | 15,748 | 1,885 | | | | | |
| 37 | Variance in month | 0.00% | 24.52% | 30.69% | 45.21% | 18.70% | 36.46% | 29.92% | 26.48% | 25.83% | 23.73% | 25.49% | 35.61% | 28.19% | | | | | | | | | |
| 38 | In month achievement against FY forecast | 3.57% | 4.61% | 6.68% | 9.05% | 6.96% | 8.39% | 9.92% | 9.02% | 9.49% | 9.56% | 9.70% | 13.06% | | | | | | | | | | |

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Table C1- Savings Schemes Pay Analysis

| Month | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings |
|-------|-----------------------------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|-------------|-------|-----------------------|-----------|---------------------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | Green | Amber | non recurring | recurring | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | £'000 | £'000 | £'000 | |
| 1 | Budget/Plan | 314 | 347 | 427 | 488 | 677 | 662 | 740 | 742 | 972 | 1,011 | 1,012 | 1,012 | 3,655 | 8,403 | 0 | 1,151 | | | |
| 2 | Pay - General & Substantive | Actual/Fcast | 314 | 422 | 668 | 674 | 937 | 811 | 920 | 779 | 987 | 996 | 991 | 1,012 | 4,747 | 9,512 | 9,075 | 437 | 2,460 | 7,052 |
| 3 | Variance | 0 | 76 | 241 | 186 | 261 | 149 | 180 | 36 | 15 | (15) | (21) | 0 | 1,093 | 1,109 | 9075.304913 | (714) | | | 10,589 |
| 4 | Budget/Plan | 32 | 100 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 716 | 1,300 | 0 | 0 | | | |
| 5 | Pay - Variable | Actual/Fcast | 32 | 100 | 112 | 92 | 94 | 105 | 164 | 201 | 201 | 201 | 201 | 698 | 1,702 | 1,368 | 333 | 1,462 | 239 | 467 |
| 6 | Variance | 0 | 0 | (4) | (25) | (23) | (12) | 47 | 84 | 84 | 84 | 84 | 84 | (18) | 402 | 1,368 | 333 | | | |
| 7 | Budget/Plan | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 233 | 400 | 0 | 0 | | | |
| 8 | Pay - Agency | Actual/Fcast | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 233 | 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 | 4,604 | 10,103 | 0 | 1,151 | | | |
| 11 | Total | Actual/Fcast | 379 | 556 | 814 | 799 | 1,065 | 949 | 1,117 | 1,013 | 1,221 | 1,230 | 1,225 | 5,679 | 11,614 | 10,844 | 770 | 4,322 | 7,292 | 11,056 |
| 12 | Variance | 0 | 76 | 237 | 161 | 238 | 137 | 227 | 120 | 99 | 69 | 63 | 84 | 1,075 | 1,510 | 10,844 | (381) | | | |

Table C2- V&S Saving Categories

| Month | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast |
|-------|-----------------------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | |
| 1 | Budget/Plan | 379 | 480 | 577 | 639 | 827 | 812 | 890 | 892 | 1,122 | 1,161 | 1,162 | 1,162 | 4,604 | 10,103 |
| 2 | Workforce | Actual/Fcast | 379 | 556 | 814 | 799 | 1,065 | 949 | 1,117 | 1,013 | 1,221 | 1,230 | 1,225 | 5,679 | 11,614 |
| 3 | Variance | 0 | 76 | 237 | 161 | 238 | 137 | 227 | 120 | 99 | 69 | 63 | 84 | 1,075 | 1,510 |
| 4 | Budget/Plan | 122 | 134 | 138 | 153 | 153 | 153 | 164 | 164 | 164 | 178 | 178 | 178 | 1,017 | 1,881 |
| 5 | Medicines Management | Actual/Fcast | 122 | 153 | 156 | 782 | 264 | 337 | 578 | 584 | 611 | 611 | 625 | 2,392 | 5,407 |
| 6 | Variance | 0 | 18 | 18 | 629 | 111 | 185 | 414 | 419 | 419 | 433 | 447 | 447 | 1,375 | 3,526 |
| 7 | Budget/Plan | 454 | 379 | 571 | 778 | 484 | 527 | 807 | 660 | 547 | 547 | 547 | 1,087 | 4,000 | 7,389 |
| 8 | Procurement & Non-pay | Actual/Fcast | 454 | 544 | 793 | 974 | 541 | 719 | 919 | 857 | 674 | 663 | 663 | 4,945 | 9,487 |
| 9 | Variance | 0 | 164 | 222 | 196 | 57 | 193 | 112 | 197 | 126 | 116 | 116 | 597 | 945 | 2,098 |
| 10 | Budget/Plan | 59 | 59 | 142 | 170 | 170 | 220 | 273 | 273 | 273 | 273 | 273 | 273 | 1,093 | 2,458 |
| 11 | CHC | Actual/Fcast | 59 | 59 | 86 | (23) | 66 | 334 | 126 | 126 | 126 | 126 | 126 | 707 | 1,336 |
| 12 | Variance | 0 | 0 | (56) | (192) | (104) | 114 | (147) | (147) | (147) | (147) | (147) | (147) | (385) | (1,122) |
| 13 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Pathway | Actual/Fcast | 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 | 125 | 250 |
| 17 | Other - Commissioning | Actual/Fcast | 0 | 0 | 50 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 183 | 350 |
| 18 | Variance | 0 | 0 | 25 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 58 | 100 |
| 19 | Budget/Plan | 0 | 0 | 0 | 9 | 10 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 43 | 103 |
| 20 | Other - Primary Care | Actual/Fcast | 0 | 0 | 0 | 9 | 10 | 12 | 21 | 21 | 21 | 21 | 21 | 51 | 155 |
| 21 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 8 | 52 |
| 22 | Budget/Plan | 1,014 | 1,053 | 1,453 | 1,773 | 1,667 | 1,748 | 2,172 | 2,027 | 2,144 | 2,197 | 2,198 | 2,738 | 10,881 | 22,185 |
| 23 | Total | Actual/Fcast | 1,014 | 1,311 | 1,899 | 2,575 | 1,979 | 2,385 | 2,794 | 2,633 | 2,658 | 2,684 | 2,680 | 3,736 | 28,348 |
| 24 | Variance | 0 | 258 | 446 | 802 | 312 | 637 | 622 | 606 | 514 | 488 | 481 | 997 | 3,077 | 6,164 |

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Table C3 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustme nt | Full-year Effect |
|---|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-----------|--------------------|---------------|-----------|-----------------|------------------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 1,014 | 1,053 | 1,453 | 1,773 | 1,667 | 1,748 | 2,172 | 2,027 | 2,144 | 2,197 | 2,198 | 2,738 | 10,881 | 22,185 | 7,272 | 14,912 | 5,979 | 20,891 |
| | Month 1 - Actual/Forecast | 1,014 | 1,052 | 1,250 | 965 | 1,275 | 1,582 | 1,650 | 1,616 | 1,637 | 1,649 | 1,653 | 2,334 | 8,790 | 17,678 | 7,026 | 10,652 | 4,519 | 15,171 |
| | Variance | 0 | (0) | (204) | (808) | (392) | (165) | (521) | (412) | (507) | (548) | (545) | (404) | (2,091) | (4,506) | (246) | (4,260) | (1,460) | (5,720) |
| | In Year - Plan | 539 | 444 | 839 | 1,490 | 720 | 876 | 1,344 | 1,098 | 1,105 | 1,162 | 1,034 | 1,472 | 6,253 | 12,125 | 6,001 | 6,123 | 3,413 | 9,536 |
| | In Year - Actual/Forecast | 0 | 259 | 650 | 1,609 | 704 | 803 | 1,144 | 1,017 | 1,021 | 1,036 | 1,026 | 1,401 | 5,168 | 10,670 | 5,486 | 5,184 | 3,530 | 8,714 |
| | Variance | (539) | (186) | (190) | 120 | (16) | (74) | (200) | (81) | (84) | (126) | (7) | (71) | (1,085) | (1,455) | (516) | (939) | 117 | (822) |
| | Total Plan | 1,554 | 1,497 | 2,292 | 3,263 | 2,388 | 2,624 | 3,516 | 3,126 | 3,248 | 3,358 | 3,232 | 4,210 | 17,134 | 34,309 | 13,274 | 21,035 | 9,392 | 30,427 |
| | Total Actual/Forecast | 1,014 | 1,311 | 1,899 | 2,575 | 1,979 | 2,385 | 2,794 | 2,633 | 2,658 | 2,684 | 2,680 | 3,736 | 13,958 | 28,348 | 12,512 | 15,836 | 8,049 | 23,885 |
| Total Variance | (539) | (186) | (393) | (688) | (409) | (239) | (721) | (493) | (590) | (674) | (552) | (475) | (3,176) | (5,961) | (762) | (5,199) | (1,343) | (6,542) | |
| Net Income Generation | Month 1 - Plan | 54 | 71 | 133 | 190 | 175 | 190 | 201 | 216 | 201 | 216 | 201 | 216 | 1,014 | 2,063 | 418 | 1,645 | 505 | 2,150 |
| | Month 1 - Actual/Forecast | 54 | 71 | 83 | 72 | 109 | 128 | 88 | 140 | 125 | 175 | 160 | 205 | 605 | 1,411 | 378 | 1,032 | 458 | 1,490 |
| | Variance | 0 | 0 | (50) | (118) | (66) | (62) | (113) | (76) | (76) | (41) | (41) | (11) | (408) | (652) | (40) | (613) | (47) | (660) |
| | In Year - Plan | 102 | 110 | 64 | 133 | 40 | 142 | 88 | 37 | 45 | 258 | 56 | 230 | 678 | 1,303 | 906 | 397 | 119 | 516 |
| | In Year - Actual/Forecast | 0 | 8 | 54 | 233 | 40 | 142 | 97 | 36 | 43 | 59 | 59 | 430 | 575 | 1,202 | 805 | 397 | 118 | 515 |
| | Variance | (102) | (102) | (10) | 100 | (0) | 0 | 10 | (1) | (2) | (199) | 4 | 200 | (103) | (101) | (101) | (0) | (1) | (1) |
| | Total Plan | 155 | 181 | 198 | 323 | 215 | 332 | 289 | 253 | 245 | 474 | 257 | 446 | 1,691 | 3,366 | 1,324 | 2,042 | 624 | 2,666 |
| | Total Actual/Forecast | 54 | 79 | 138 | 305 | 149 | 270 | 186 | 176 | 168 | 234 | 219 | 635 | 1,180 | 2,612 | 1,183 | 1,429 | 576 | 2,005 |
| Total Variance | (102) | (102) | (60) | (18) | (66) | (62) | (103) | (77) | (78) | (240) | (37) | 189 | (511) | (754) | (141) | (613) | (48) | (661) | |
| Accountancy Gains | In Year - Plan | 0 | 0 | 474 | 0 | 0 | 1,032 | 0 | 0 | 0 | 0 | 0 | 0 | 1,506 | 1,506 | 1,506 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 474 | 126 | 0 | 1,032 | 0 | 0 | 0 | 0 | 0 | 0 | 1,632 | 1,632 | 1,632 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 126 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 126 | 126 | 126 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 1,068 | 1,124 | 1,586 | 1,963 | 1,842 | 1,938 | 2,373 | 2,243 | 2,345 | 2,413 | 2,399 | 2,954 | 11,894 | 24,248 | 7,690 | 16,557 | 6,484 | 23,041 |
| | Month 1 - Actual/Forecast | 1,068 | 1,123 | 1,333 | 1,037 | 1,384 | 1,711 | 1,739 | 1,756 | 1,762 | 1,824 | 1,813 | 2,539 | 9,395 | 19,089 | 7,405 | 11,684 | 4,977 | 16,661 |
| | Variance | 0 | (0) | (254) | (926) | (458) | (227) | (634) | (487) | (583) | (589) | (586) | (415) | (2,499) | (5,159) | (286) | (4,873) | (1,507) | (6,380) |
| | In Year - Plan | 641 | 554 | 1,378 | 1,622 | 760 | 2,050 | 1,432 | 1,136 | 1,149 | 1,420 | 1,089 | 1,702 | 8,437 | 14,933 | 8,413 | 6,520 | 3,532 | 10,052 |
| | In Year - Actual/Forecast | 0 | 267 | 1,178 | 1,969 | 744 | 1,976 | 1,241 | 1,053 | 1,064 | 1,095 | 1,086 | 1,831 | 7,375 | 13,503 | 7,922 | 5,581 | 3,648 | 9,229 |
| | Variance | (641) | (287) | (200) | 346 | (16) | (74) | (191) | (82) | (86) | (325) | (4) | 129 | (1,062) | (1,430) | (491) | (939) | 116 | (823) |
| | Total Plan | 1,709 | 1,678 | 2,964 | 3,586 | 2,602 | 3,988 | 3,804 | 3,379 | 3,494 | 3,832 | 3,488 | 4,656 | 20,331 | 39,181 | 16,104 | 23,077 | 10,016 | 33,093 |
| | Total Actual/Forecast | 1,068 | 1,390 | 2,511 | 3,006 | 2,128 | 3,687 | 2,980 | 2,809 | 2,826 | 2,919 | 2,899 | 4,371 | 16,770 | 32,592 | 15,327 | 17,265 | 8,625 | 25,890 |
| Total Variance | (641) | (288) | (453) | (580) | (474) | (301) | (824) | (570) | (668) | (914) | (590) | (286) | (3,561) | (6,589) | (777) | (5,812) | (1,391) | (7,203) | |

| 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 | 3,377 | 3,495 | 0 | 6,872 | 710 | 0 |
| Scheduled Care | 4,248 | 3,089 | 0 | 7,336 | 217 | 0 |
| Unscheduled Care | 50 | 125 | 0 | 175 | 0 | 0 |
| Mental Health | 764 | 911 | 0 | 1,675 | 0 | 0 |
| Community Services | 988 | 414 | 0 | 1,402 | 0 | 0 |
| Primary Care | 213 | 2,725 | 0 | 2,938 | 0 | 0 |
| Commissioned Services - CHC | 0 | 610 | 0 | 610 | 0 | 0 |
| Commissioned Services - Specialised Services | 0 | 1,212 | 0 | 1,212 | 527 | 0 |
| Other Commissioned Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinical Support | 1,371 | 2,096 | 0 | 3,467 | 661 | 600 |
| Non Clinical Support | 34 | 0 | 0 | 34 | 0 | 0 |
| Executive / Corporate Areas | 544 | 1,793 | 0 | 2,337 | 496 | 1,032 |
| Total | 11,589 | 16,469 | 0 | 28,058 | 2,612 | 1,632 |

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE EIGHT MONTH PERIOD ENDED 30th NOVEMBER 2025

INTRODUCTION

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

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

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

The draft plan assumed that:

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

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

Table 1: 2025/26 Draft Plan

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

This represents the draft financial plan of the Health Board.

The financial monitoring returns have been prepared within the framework of the UHB's revised Draft Financial Plan, which includes a planning deficit of £56.233m for 2025-26. This report details the financial position of the UHB for the period ending 30th November 2025.

A full commentary has been provided to cover the tables requested for the month 8 financial position.

At month 8 the UHB is reporting an overspend of £40.210m, £2.721m off plan. The month 8 position represents an in-month improvement of £0.095m against the £2.816m overspend against plan reported at month 7. **This position excludes the Welsh Risk Pool risk of £9.284m.**

The overspend of £40.210m is comprised of £3.104m of operational deficit and the planned deficit of £37.489m (8 twelfths of the revised £56.233m 2025/26 planned deficit set out in the UHB's Accountable Officer letter relayed on the 30th of June 2025) offset by a (£0.383m) surplus against savings.

BACKGROUND

The Board noted and submitted a draft financial plan to the Welsh Government at the end of March 2025. Following the submission of the plan, Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million.

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 8 for which the following should be noted:

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

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

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects a review of the risks identified in the financial plan and these will continue to be reviewed on a monthly basis. In addition, the table also reflects the following risks:

- The potential further Risk Pool liability of £9.284m as follows:
 - Medium Risk - £7.378m arising from the indicative apportionments of the £41.964m increased risk above IMTP Planning forecasts.
 - Low Risk - £1.906m arising from the indicative apportionments of the £11.370m further increased risk above IMTP Planning forecasts.
- The additional cost of band 2 & 3 pay costs is currently estimated at £8.911m in 2025/26. It is assumed that Welsh Government will provide coverage for this cost and the associated risk has been removed from Table A2.
- The £2.145m risk in managing the shortfall in funding for the additional employer changes arising from changes in pay and employers NI rates has been removed at month 8 on a non recurrent basis. The shortfall in funding remains a recurrent risk.
- Red Savings schemes of £1.177m are recognised as an opportunity.
- The UHBs £0.525m share of the indicative 2025/26 NWSSP Underspend distribution has been added to potential opportunities at month 8.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £40.210m and reflects the analysis contained in the annual operating plan in Table A. The deficit of £40.210m for the year to date as shown in Table 2.

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

| | Plan PTD (£m) | PTD (£m) | PTD Variance to Plan (£m) | Plan YTD (£m) | YTD (£m) | YTD Variance to Plan (£m) |
|--|---------------|----------|---------------------------|---------------|----------|---------------------------|
| Draft Plan | 7,474 | 7,474 | 0 | 56,726 | 56,726 | 0 |
| Quality Efficiency Improvement Plans - Savings | (2,788) | (2,826) | (38) | (19,238) | (19,621) | (383) |
| Operational Variance | 0 | (57) | (57) | 0 | 3,104 | 3,104 |
| Clinical/Service Board Variance | 4,686 | 4,591 | (95) | 37,489 | 40,210 | 2,721 |

The month 8 deficit of £40.210m comprised of the following:

- £37.489m planned deficit
- (£0.383m) CRP surplus
- £3.104m adverse operational variance against plan.

The £56.2m forecast deficit is profiled flat.

It is anticipated that the operational pressures reported at month 8 will be recovered and mitigated as the year progresses and that the UHB will deliver its planned deficit position of £56.233m.

The UHB notes the guidance on the reporting treatment of the Welsh Risk pool (WRP) risks which the UHB has reported in year. The UHB can confirm that the risks around the WRP Provision are not incorporated into the UHBs forecast outturn.

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

The in-month increase in JCC income is due to the confirmation of genetics funding and the pay award.

Table 3: Operational Pressures for the period ended 31st November 2025

| Operational Pressure | Operational | Operational |
|---|--------------|-------------------|
| | Variance YTD | Variance Forecast |
| | £'000s | £'000s |
| Mental Health Out Of Area Placements (OOA) | 2,000 | 2,100 |
| Specialist Services Activity Related Underperformance | 1,800 | 1,800 |
| NI | 1,000 | 2,145 |
| Employers NI (ENIC) Funding Gap | 420 | 1,100 |
| JCC Forecast Outturn Growth | | (840) |
| Winter | | (770) |
| GRNIs | | (1,500) |
| Pay Underspend | (2,500) | (4,035) |
| Sub-Total Surplus/Deficit | 2,720 | 0 |

Further detail in relation to table 3 is provided below:

- Mental Health OOA - There was average of 14 additional patients against plan in month 8. Furthermore, the cost of packages is higher than planned due to the acuity of patients. The Crisis House has now re-opened along with additional DTOC capacity which has enabled the re-patriation of 8 OOA placements which in turn has brought the number of OOA placements down to 7 at the end of the month.
- Specialist services underperformance. Cardiac services performed on plan during the month; however, year-to-date performance remains below target. Performance in out-of-area critical care and bone marrow transplants (BMTs) continued to improve during the month.

- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Commissioning. The year-to-date risk against the JCC forecast outturn is estimated at £0.600m, with an additional £0.400m risk relating to the delivery of Health Board LTAs
- Pay vacancies, combined with enhanced scrutiny of variable pay, have partially offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness. The UHB recorded an increase in WTE nursing staff during September and October, driven by the onboarding of student nurse streamliners. In November, WTEs in post declined, returning to the trend observed prior to the onboarding period.

The UHB will continue to monitor the impact of the Winter Plan and workforce model, alongside LTA performance, theatre activity, and consumable usage, with the objective of mitigating any additional financial pressures as they arise

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

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

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

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals. Further measures were approved to arrest and recover the financial run rate and the UHB's saving tracker is now reporting a £0.575m surplus of green and amber schemes against the £32m in year target.

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

- Board Approved - A full vacancy freeze from 1st August.
- The UHB has operated an enhanced centralised vacancy scrutiny process for over 8 months. This approach has stabilised the growth of the workforce.
- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.
- All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

Table B2 – Movements from Opening Expenditure Plan

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

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

| Additional Resource Limit Allocations | £'000s |
|--|----------------|
| DEL & AME Depreciation & Impairments | 74,164 |
| Pay Award 2025_26 Post RLW | 38,312 |
| 25_26 NIER Additional 1.2 Percent And Threshold Change | 16,697 |
| Health & Social Worker Band 2 & 3 Estimate TBC | 8,911 |
| RTT Waiting Times _ Q1, Q3 & Q4 Plans | 6,769 |
| DPIF | 3,777 |
| Planned Care Insourcing | 3,100 |
| Additional Hospice Funding | 1,029 |
| 2025_26 Pharmacy Pay Uplift of 4% | 973 |
| Planned Care Transformation Fund | 671 |
| CAMHS In-Reach Funding | 622 |
| Genomics (C&V / JCC) | 578 |
| AWTTC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment Facility | 564 |
| Individual Placement & Support In Primary Care | 440 |
| ESMCP CRS MDVS ARRP | 323 |
| Women's Health - Pathfinder Establishment (Women's Health Hubs) | 300 |
| New Medical Training Posts 2017 to 2024 | 283 |
| Consultant Clinical Excellence Award / Consultant Impact Award | 253 |
| RSV Vaccination Programme | 246 |
| Planned Care National Outpatient Plan Minor Oral Surgery | 240 |
| OPTOMETRY PAY UPLIFT 4% | 240 |
| GMS Global Sum/Psp List Size Adjustment | 210 |
| Planned Care Additional Funding 2025-26 - Phase 3 Outpatients | 193 |
| PGIC_MTHS 1-12_SHORT BREAKS FOR CARERS | 172 |
| Neurodivergence Improvement Programme | 158 |
| Neighbourhood District Nursing | 137 |
| VT LTA Adjustment -Historic Pay Award 2025-26 | 110 |
| Dementia Action Plan | 100 |
| Support Staff Costs - All Wales Pharmacogenetics Lead Post | 96 |
| DoLS/ MCA / Advocacy (MH) | 64 |
| 2025-26 GMS Dispensing/PADMS uplift | 61 |
| Save A Life Cymru (JCC) Quarters 2_4 | 61 |
| Climate-Focussed Spread And Scale Academy | 52 |
| RSV At Risk Neo Nate Vaccine Programme | 45 |
| ESMCP Wast Resources | 38 |
| Children's Speech, Language And Communication (Slc) | 34 |
| Consultant Allied Health Professional For Dementia | 30 |
| Planned Care Transformation Fund_ High Volume Mega Clinics | 28 |
| Decarbonisation Secondment | 28 |
| Immunisation Allocation 25/26 MPOX | 18 |
| All Wales International Recruitment | 7 |
| Secondment Fb Work On Medical Gases Activities | 4 |
| Learning Disability Policy _Additional Funding 2025_26 | (4) |
| A2A Sanctuary | (28) |
| JCC_25_26 English Tariff Cuf | (110) |
| MOD St Athan Funding Lazurite Team Additional Reception Site For EPS | (281) |
| Invest To Save - Welsh Government Energy Service | (347) |
| Removal of Donated Assets / Government Grant Receipts | (521) |
| Removal of IFRS-16 Leases (Revenue) | (679) |
| Real Living Wage (RLW) Social Care | (2,513) |
| Pay award funding 2024-25 | (4,298) |
| Pay award funding 2024-25 funded through Pay Matrix Commisioning Shares | (10,519) |
| | |
| Total Movement in assumed Resource Limit following MDS Submission £'000s | 140,839 |

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.465m in month.

Agency Costs have reduced from an monthly average of £0.507m in 2024/25 to £0.409m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

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

- Additional Clinical Services - £0.097m – specialising cover for high acuity patients & the specialist work placements.
- Administrative and Clerical - £ 0.037m – primarily clinical coders.
- Estates -£0.003m – miscoded maintenance invoices to be corrected in month 9.

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

The UHB acknowledges that a deadline of the 11 September 2025 (Month 5 MMR submission date) was assigned to the Health Board to finalise the 'Planned Savings' gap and that all schemes should meet the 'Green' criteria by that date.

The forecast delivery against green schemes increased from £30.117m at month 6 to £ 31.001m at the end of month 8. Forecast delivery against Green and Amber schemes is £32.575 which is 101.8% of the £32m savings target.

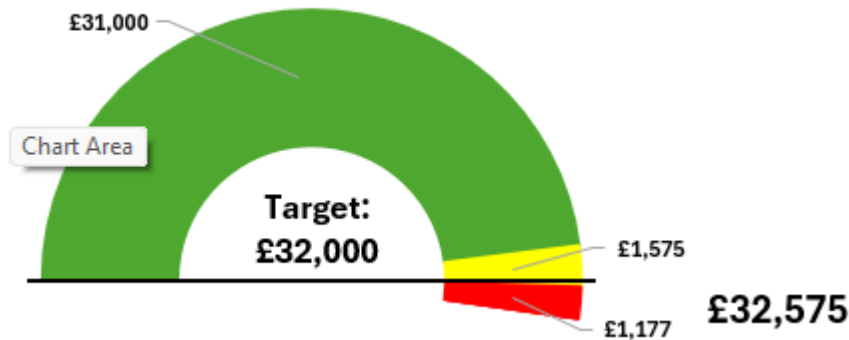
Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. The shortfall in recurrent savings along with the operational pressures which have unfolded in year would lead to an increase in the underlying deficit of circa 11.1m if further recurrent schemes are not identified in the last 4 months of the year.

Red schemes of £1.177m are identified and continue to be reviewed for progression to Green/Amber where possible.

There is a reported surplus of £0.575m against the £32.0m savings target and this is expected to mitigate ongoing operational pressures. 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

2025/26 UHB Savings Programme: Identified vs Requirement



Under Welsh Government MMR rules, amber schemes that do not transition to green within three months must be removed from the Table C3 tracker. Currently, £1.401m of amber schemes (57 in total) on the UHB tracker have breached this rule, despite being considered deliverable in year. To maintain consistency between the UHB tracker and MMR reporting, these schemes have been included on the Table C3 tracker. The UHB remains confident that most will deliver in-year and will continue working with budget holders to review and re-categorise schemes from amber to green where strong assurance of in-year savings exists

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

INCOME ASSUMPTIONS 2025/26 (TABLE E)

Table E outlines the UHB's 2025/26 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB assumes that Welsh Government will

continue to authorise the accounts adjustment of £0.222m recognised in previous financial years.

The UHB assumes that additional resources will be provided as part of the in-year settlement for Band 2 and 3 Health and Social Care Workers. This unconfirmed resource limit adjustment is reflected in Table E. The assumed allocation of £8.911m is an estimate at this stage and will be confirmed following submission of payroll data.

The UHBs confirmed Revenue Resource Limit as of December 3rd, 2025, was £1,471.8m with a further £101.4m of assumed allocations as detailed at Table 5 below:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 30th November 2025

| Unconfirmed Resource Limit Allocations as of 30th November 2025 | £'000s |
|--|----------------|
| Depreciation, Impairments & IFRS 12 | 76,208 |
| Health & Social Worker Band 2 & 3 Estimate tbc | 8,911 |
| RTT Waiting Times _ Q1 Plans | 4,758 |
| Vertex (JCC) | 3,517 |
| Planned Care Insourcing | 3,100 |
| New Medical Training Posts 2017 to 2024 | 2,019 |
| Urgent & Emergency Care Fund | 1,480 |
| ATMPs (JCC) | 1,388 |
| GP IM&T Refresh Programme | 1,225 |
| Consultant Clinical Excellence Award / Consultant Impact Award | 1,001 |
| Neurodivergence Improvement Programme | 793 |
| Planned Care Transformation Fund | 593 |
| Individual Placement & Support In Primary Care | 440 |
| Women's Health - Pathfinder Establishment (Women's Health Hubs) | 300 |
| Planned Care National Outpatient Plam Minor Oral Surgery | 240 |
| Dols / MCA / Advocacy (MH) | 233 |
| AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment Facility | 225 |
| TSW Funding | 213 |
| Genomics (C&V / JCC) | 145 |
| Welsh Risk Pool | (5,702) |
| Other | 348 |
| Total Anticipated Funding £'000s | 101,437 |

The level of unconfirmed allocation (£101.4m) less the £76.2m depreciation funding) will present a cash management risk (£25.2m) to the UHB if it remains outstanding into the new year period.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of November was £6.190m.

The outstanding confirmation of cash allocations is a cause for concern for the UHB alongside the strategic and working cash requirement. Table 6 summarises the potential for a £98.4m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

Table 6 – Summary of Potential Cash Shortfall at Year End

| Summary of Potential Cash Shortfall at Year End | £'000s |
|--|---------------|
| Outstanding allocations (includes additional band 2 & 3 payroll costs) | 25,229 |
| Strategic Support | 56,233 |
| Working capital requirement prior year liabilities paid in 2025-26 | 17,000 |
| Band 2/3 back pay and Welsh Risk Pool Risks (potential £17.594m) | tbc |
| Welsh Risk Pool settlements in advance of reimbursement | tbc |
| Total £'000s | 98,462 |

The UHB submitted an Accountable Officer letter Welsh Government on 3 December 2025 to confirm the Health Board's request for £56.233m Strategic Cash support to address the forecast financial deficit in 2025/26.

In addition, the UHB estimates that it requires £17m of working cash support to cover 2024/25 revenue and capital working balances at April 2025.

The UHB will continue to review the movement in its working balances cash for Capital and Revenue as the year progresses. Revisions to the estimate of any associated cash support required will be included in table E.

The risk associated with cash increases when it is combined with the forecast financial deficit (£56.2m); the potential additional Welsh Risk Pool contribution; and the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP) where reimbursement for WRP instructed payments is always received in arrears of payment.

BALANCE SHEET (TABLE F)

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

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

The increase in the carrying value of Trade and Other receivables is predominately due to an increase in the carrying value of the WRP debtor. The movement in the amounts disclosed as Current and Non-Current is the result of a reclassification of WRP payment amounts and dates.

The carrying value of Trade and Other Payables has remained consistent with Month 7. The increase in the split of Provisions reflects a reclassification of WRP amounts and payment dates.

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

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

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the 30 day target of 95%. Performance for the month to the end of November was 96.5%.

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

Of the UHB's approved Capital Resource Limit, 21% has been expended to date.

Following the month 6 scheme slippage review two schemes were identified as medium risk with the lift refurbishment scheme forecasting slippage of £0.919m and Pentyrch Branch Surgery £0.780m. All other schemes are expected to deliver in line with forecast.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 25th November 2025 - £46.704m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 30th of November 2025 there was 1 invoice raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17

weeks. The invoice was paid in error with a refund pending. A further 12 invoices between 11 and 17 weeks remained outstanding. 1 of the invoices have since been paid or validated. Payment of the remaining 11 invoices is being pursued.

RINGFENCED ALLOCATIONS (TABLE P)

Expenditure against Ringfenced Allocations is forecast in line with allocations.

IFRS 16 (TABLE Q)

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

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

OTHER ISSUES

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

CONCLUSION

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

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

- the reported year to date position is an overspend of £40.210m and a forecast deficit of £56.2m.
- the month 8 operational overspend against plan is £3.104m which is abated by a year to date surplus of (£0.383m) against the savings target.
- £32.575m (101.8%) of green and amber schemes are identified at Month 8 against the £32m target.
- Delivery of the forecast is contingent on the confirmation of all expected income streams.
- There is a potential £98.4m cash shortfall at year end prior to confirmation of outstanding cash allocations and strategic support by Welsh Government.
- The underlying deficit moving into 2025/26 is currently assessed at £67.3m which is £11.1m higher than the 2025/26 forecast outturn of £56.2m



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

11th December 2025



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

11th December 2025

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 £'000 | Non Recurring £'000 | Recurring £'000 | FYE of Recurring £'000 |
|---|-------------------------|---------------------------|--------------------|------------------------------|
| 1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -59,900 | 0 | -59,900 | -59,900 |
| 2 Cost Pressures (Negative Value) | -51,100 | 0 | -51,100 | -51,100 |
| 3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift | 20,297 | 0 | 20,297 | 20,297 |
| 4 Other Income Uplift / (Reduction) | 2,471 | 0 | 2,471 | 2,471 |
| 5 RRL Profile - phasing only (in-year effect should total nil / Column C) | 0 | 0 | 0 | 0 |
| 6 Planned (Finalised) Green and Amber Savings Plan | 22,185 | 7,272 | 14,912 | 20,891 |
| 7 Planned (Finalised) Net Income Generation | 2,063 | 418 | 1,645 | 2,150 |
| 8 Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | 0 | 0 |
| 10 | 0 | 0 | 0 | 0 |
| 11 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | 7,751 | 0 | 7,751 | 8,959 |
| 12 Opening IMTP / Annual Operating Plan | -56,233 | 7,690 | -63,924 | -56,232 |
| 13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | -7,751 | 0 | -7,751 | -8,959 |
| 14 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 15 Other Movement in Month 1 Planned & In Year Net Income Generation | 518 | 759 | -241 | -140 |
| 16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | -4,521 | -246 | -4,275 | -5,720 |
| 17 Additional In Year Identified Savings - Forecast | 10,700 | 5,560 | 5,140 | 8,714 |
| 18 Variance to Planned RRL | -1 | -1 | 0 | 0 |
| 19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional) | 0 | 0 | 0 | 0 |
| 20 In Year Accountancy Gains | 1,632 | 1,632 | 0 | 0 |
| 21 Unplanned Spend Reductions | 7,895 | 7,895 | 0 | 0 |
| 22 Unplanned Cost Pressures | -8,471 | -8,471 | 0 | -6,373 |
| 23 Planned Mitigations Yet To Be Finalised | 0 | 0 | 0 | 1,374 |
| 24 Unplanned Additional Required Mitigations Yet To Be Finalised | 0 | 0 | 0 | 0 |
| 25 Other | 0 | 0 | 0 | 0 |
| 26 Planned Expenditure - Timing, Profiling and Confirmation | 0 | 0 | 0 | 0 |
| 27 | 0 | 0 | 0 | 0 |
| 28 | 0 | 0 | 0 | 0 |
| 29 | 0 | 0 | 0 | 0 |
| 30 | 0 | 0 | 0 | 0 |
| 31 | 0 | 0 | 0 | 0 |
| 32 | 0 | 0 | 0 | 0 |
| 33 | 0 | 0 | 0 | 0 |
| 34 | 0 | 0 | 0 | 0 |
| 35 Forecast Outturn (- Deficit / + Surplus) | -56,233 | 14,818 | -71,052 | -67,336 |

| | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | YTD £'000 | In Year Effect £'000 |
|----|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------------------|
| 1 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -4,992 | -39,933 | -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 | -34,067 | -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 | 13,531 | 20,297 |
| 4 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 1,647 | 2,471 |
| 5 | 1,432 | 853 | 391 | 14 | 135 | 39 | -396 | -266 | -367 | -435 | -422 | -977 | 2,202 | 0 |
| 6 | 1,014 | 1,053 | 1,453 | 1,773 | 1,667 | 1,748 | 2,172 | 2,027 | 2,144 | 2,197 | 2,198 | 2,738 | 12,908 | 22,185 |
| 7 | 54 | 71 | 133 | 190 | 175 | 190 | 201 | 216 | 201 | 216 | 201 | 216 | 1,230 | 2,063 |
| 8 | | | | | | | | | | | | | 0 | 0 |
| 9 | | | | | | | | | | | | | 0 | 0 |
| 10 | | | | | | | | | | | | | 0 | 0 |
| 11 | | 523 | 1,023 | 689 | 689 | 689 | 689 | 689 | 689 | 689 | 689 | 689 | 4,993 | 7,751 |
| 12 | -4,853 | -4,853 | -4,353 | -4,686 | -4,686 | -4,686 | -4,686 | -4,686 | -4,686 | -4,686 | -4,686 | -4,687 | -37,489 | -56,233 |
| 13 | 0 | -523 | -1,023 | -689 | -689 | -689 | -689 | -689 | -689 | -689 | -689 | -689 | -4,993 | -7,751 |
| 14 | | | | | | | | | | | | | 0 | 0 |
| 15 | 0 | 8 | 4 | 115 | -26 | 80 | -15 | -77 | -33 | 18 | 18 | 424 | 90 | 518 |
| 16 | 0 | 0 | -204 | -808 | -392 | -165 | -521 | -427 | -507 | -548 | -545 | -404 | -2,517 | -4,521 |
| 17 | 0 | 259 | 650 | 1,609 | 704 | 803 | 1,144 | 1,111 | 1,024 | 1,039 | 1,028 | 1,330 | 6,279 | 10,700 |
| 18 | | | -489 | -1,012 | 726 | 395 | -192 | 82 | 348 | 325 | 332 | -516 | -490 | -1 |
| 19 | 2,589 | 3,002 | -7,155 | -521 | -521 | -521 | 3,128 | | | | | | 0 | 0 |
| 20 | 0 | 0 | 474 | 126 | 0 | 1,032 | 0 | 0 | 0 | 0 | 0 | 0 | 1,632 | 1,632 |
| 21 | 189 | 3,015 | 296 | 804 | 521 | 1,446 | -1,717 | 512 | 707 | 707 | 707 | 707 | 5,067 | 7,895 |
| 22 | 0 | -2,133 | -117 | -894 | -2,273 | -1,727 | -227 | -417 | -171 | -171 | -171 | -171 | -7,788 | -8,471 |
| 23 | 0 | 523 | -523 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | 0 | 2,066 | -2,067 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | -4,021 | -7,167 | 11,189 | | | | | | | | | | 0 | 0 |
| 27 | | | | | | | | | | | | | 0 | 0 |
| 28 | | | | | | | | | | | | | 0 | 0 |
| 29 | | | | | | | | | | | | | 0 | 0 |
| 30 | | | | | | | | | | | | | 0 | 0 |
| 31 | | | | | | | | | | | | | 0 | 0 |
| 32 | | | | | | | | | | | | | 0 | 0 |
| 33 | | | | | | | | | | | | | 0 | 0 |
| 34 | | | | | | | | | | | | | 0 | 0 |
| 35 | -6,096 | -5,803 | -3,317 | -5,956 | -6,637 | -4,034 | -3,776 | -4,591 | -4,007 | -4,005 | -4,006 | -4,005 | -40,210 | -56,233 |

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

This Table is currently showing 0 errors

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY YTD variance as %age of YTD | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings £'000 |
|----|--|--------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--|------------|-------|-----------------------|-----------|--|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | Green | Amber | non recurring | recurring | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | |
| 1 | | Budget/Plan | 379 | 480 | 577 | 639 | 827 | 812 | 890 | 892 | 1,122 | 1,161 | 1,162 | 1,162 | 5,496 | 10,103 | | 0 | 1,151 | | | |
| 2 | Pay | Actual/Fcast | 379 | 556 | 814 | 799 | 1,065 | 949 | 1,117 | 1,076 | 1,224 | 1,233 | 1,227 | 1,248 | 6,755 | 11,687 | 57.80% | 10,987 | 700 | 4,424 | 7,263 | 11,056 |
| 3 | | Variance | 0 | 76 | 237 | 161 | 238 | 137 | 227 | 184 | 102 | 72 | 65 | 85 | 1,259 | 1,584 | 22.91% | 10,987 | -450 | | | |
| 4 | | Budget/Plan | 437 | 342 | 558 | 766 | 471 | 514 | 795 | 648 | 535 | 535 | 535 | 1,075 | 4,531 | 7,211 | | 6,566 | 645 | | | |
| 5 | Non-Pay | Actual/Fcast | 437 | 506 | 806 | 977 | 544 | 722 | 928 | 887 | 687 | 677 | 677 | 1,625 | 5,806 | 9,472 | 61.30% | 9,159 | 313 | 5,888 | 3,583 | 4,828 |
| 6 | | Variance | 0 | 164 | 247 | 211 | 72 | 208 | 134 | 239 | 152 | 142 | 142 | 550 | 1,275 | 2,260 | 28.14% | 2,592 | -332 | | | |
| 7 | Primary Care - Drugs & Appliances | Budget/Plan | 73 | 73 | 73 | 87 | 87 | 87 | 97 | 97 | 97 | 111 | 111 | 111 | 675 | 1,107 | | 1,065 | 42 | | | |
| 8 | | Actual/Fcast | 73 | 73 | 73 | 687 | 87 | 175 | 395 | 395 | 395 | 422 | 422 | 422 | 1,959 | 3,621 | 54.09% | 3,573 | 48 | 661 | 2,960 | 5,006 |
| 9 | | Variance | 0 | 0 | 0 | 600 | 0 | 88 | 298 | 298 | 298 | 311 | 311 | 311 | 1,283 | 2,515 | 190.06% | 2,509 | 6 | | | |
| 10 | | Budget/Plan | 49 | 82 | 85 | 85 | 85 | 85 | 87 | 87 | 87 | 87 | 87 | 87 | 645 | 992 | | 982 | 10 | | | |
| 11 | Secondary Care Drugs | Actual/Fcast | 49 | 100 | 103 | 108 | 190 | 176 | 186 | 189 | 191 | 191 | 191 | 205 | 1,100 | 1,878 | 58.58% | 1,858 | 21 | 441 | 1,437 | 1,539 |
| 12 | | Variance | 0 | 18 | 18 | 23 | 105 | 90 | 99 | 103 | 104 | 104 | 104 | 118 | 455 | 886 | 70.62% | 875 | 11 | | | |
| 13 | | Budget/Plan | 59 | 59 | 142 | 170 | 170 | 220 | 273 | 273 | 273 | 273 | 273 | 273 | 1,366 | 2,458 | | 2,458 | 0 | | | |
| 14 | CHC/FNC | Actual/Fcast | 59 | 59 | 86 | (23) | 66 | 334 | 126 | 126 | 126 | 126 | 126 | 126 | 833 | 1,336 | 62.36% | 1,336 | 0 | 1,120 | 216 | 1,126 |
| 15 | | Variance | 0 | 0 | (56) | (192) | (104) | 114 | (147) | (147) | (147) | (147) | (147) | (147) | (532) | (1,122) | (38.99%) | -1,122 | 0 | | | |
| 16 | | Budget/Plan | 0 | 0 | 0 | 9 | 10 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 55 | 103 | | 103 | 0 | | | |
| 17 | Primary Care Contractor | Actual/Fcast | 0 | 0 | 0 | 9 | 10 | 12 | 21 | 21 | 21 | 21 | 21 | 21 | 72 | 155 | 46.44% | 155 | 0 | 52 | 103 | 116 |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 17 | 52 | 31.69% | 52 | 0 | | | |
| 19 | | Budget/Plan | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 20 | 30 | | 30 | 0 | | | |
| 20 | Healthcare Services Provided by Other Healthboards | Actual/Fcast | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 24 | 34 | 70.54% | 34 | 0 | 0 | 34 | 34 |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 19.75% | 4 | 0 | | | |
| 22 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 23 | Non-healthcare Services Provided by Other Healthboards | Actual/Fcast | 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 | | Budget/Plan | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 120 | 180 | | 180 | 0 | | | |
| 26 | Other Private & Voluntary Sector | Actual/Fcast | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 120 | 180 | 66.67% | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 29 | Joint Financing & Other | Actual/Fcast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 30 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 34 | | Budget/Plan | 1,014 | 1,053 | 1,453 | 1,773 | 1,667 | 1,748 | 2,172 | 2,027 | 2,144 | 2,197 | 2,198 | 2,738 | 12,908 | 22,185 | | 11,384 | 0 | | | |
| 35 | Total | Actual/Fcast | 1,014 | 1,311 | 1,899 | 2,575 | 1,979 | 2,385 | 2,794 | 2,712 | 2,661 | 2,687 | 2,681 | 3,664 | 16,670 | 28,363 | 70.54% | 27,281 | 1,082 | 12,586 | 15,777 | 23,885 |
| 36 | | Variance | 0 | 258 | 446 | 802 | 312 | 637 | 622 | 684 | 517 | 491 | 483 | 926 | 3,762 | 6,179 | 19.75% | 15,897 | 1,082 | | | |
| 37 | Variance in month | | 0.00% | 24.52% | 30.69% | 45.21% | 18.70% | 36.46% | 28.66% | 33.75% | 24.14% | 22.34% | 21.97% | 33.82% | 29.14% | | | | | | | |
| 38 | In month achievement against FY forecast | | 3.58% | 4.62% | 6.70% | 9.08% | 6.98% | 8.41% | 9.85% | 9.56% | 9.38% | 9.47% | 9.45% | 12.92% | | | | | | | | |

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Table C1- Savings Schemes Pay Analysis

| | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings |
|-------------------------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|-------------|-------|-----------------------|-----------|---------------------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | Green | Amber | non recurring | recurring | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | £'000 | £'000 | £'000 | |
| 1 Pay - General & Substantive | Budget/Plan | 314 | 347 | 427 | 488 | 677 | 662 | 740 | 742 | 972 | 1,011 | 1,012 | 1,012 | 4,397 | 8,403 | 0 | 1,151 | | | |
| | Actual/F'cast | 314 | 422 | 668 | 674 | 937 | 811 | 920 | 885 | 990 | 999 | 993 | 1,014 | 5,633 | 9,628 | 9,223 | 406 | 2,590 | 7,038 | 10,589 |
| | Variance | 0 | 76 | 241 | 186 | 261 | 149 | 180 | 143 | 18 | (11) | (19) | 2 | 1,236 | 1,225 | 9222.657913 | (745) | | | |
| 5 Pay - Variable | Budget/Plan | 32 | 100 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 117 | 833 | 1,300 | 0 | 0 | | | |
| | Actual/F'cast | 32 | 100 | 112 | 92 | 94 | 105 | 164 | 158 | 201 | 201 | 201 | 201 | 856 | 1,659 | 1,364 | 295 | 1,434 | 225 | 467 |
| | Variance | 0 | 0 | (4) | (25) | (23) | (12) | 47 | 41 | 84 | 84 | 84 | 84 | 23 | 359 | 1,364 | 295 | | | |
| 8 Pay - Agency | Budget/Plan | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 267 | 400 | 0 | 0 | | | |
| | Actual/F'cast | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 267 | 400 | 400 | 0 | 400 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 400 | 0 | | | |
| 11 Total | Budget/Plan | 379 | 480 | 577 | 639 | 827 | 812 | 890 | 892 | 1,122 | 1,161 | 1,162 | 1,162 | 5,496 | 10,103 | 0 | 1,151 | | | |
| | Actual/F'cast | 379 | 556 | 814 | 799 | 1,065 | 949 | 1,117 | 1,076 | 1,224 | 1,233 | 1,227 | 1,248 | 6,755 | 11,687 | 10,987 | 700 | 4,424 | 7,263 | 11,056 |
| | Variance | 0 | 76 | 237 | 161 | 238 | 137 | 227 | 184 | 102 | 72 | 65 | 85 | 1,259 | 1,584 | 10,987 | (450) | | | |

Table C2- V&S Saving Categories

| | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast |
|--------------------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | |
| 1 Workforce | Budget/Plan | 379 | 480 | 577 | 639 | 827 | 812 | 890 | 892 | 1,122 | 1,161 | 1,162 | 1,162 | 5,496 | 10,103 |
| | Actual/F'cast | 379 | 556 | 814 | 799 | 1,065 | 949 | 1,117 | 1,076 | 1,224 | 1,233 | 1,227 | 1,248 | 6,755 | 11,687 |
| | Variance | 0 | 76 | 237 | 161 | 238 | 137 | 227 | 184 | 102 | 72 | 65 | 85 | 1,259 | 1,584 |
| 4 Medicines Management | Budget/Plan | 122 | 134 | 138 | 153 | 153 | 153 | 164 | 164 | 164 | 178 | 178 | 178 | 1,181 | 1,881 |
| | Actual/F'cast | 122 | 153 | 156 | 782 | 284 | 337 | 578 | 582 | 584 | 611 | 611 | 625 | 2,974 | 5,405 |
| | Variance | 0 | 18 | 18 | 629 | 111 | 185 | 414 | 418 | 419 | 433 | 433 | 447 | 1,793 | 3,524 |
| 8 Procurement & Non-pay | Budget/Plan | 454 | 379 | 571 | 778 | 484 | 527 | 807 | 660 | 547 | 547 | 547 | 1,087 | 4,660 | 7,389 |
| | Actual/F'cast | 454 | 544 | 793 | 974 | 541 | 719 | 919 | 873 | 674 | 663 | 663 | 1,611 | 5,818 | 9,430 |
| | Variance | 0 | 164 | 222 | 196 | 57 | 193 | 112 | 213 | 126 | 116 | 116 | 524 | 1,158 | 2,041 |
| 10 CHC | Budget/Plan | 59 | 59 | 142 | 170 | 170 | 220 | 273 | 273 | 273 | 273 | 273 | 273 | 1,366 | 2,458 |
| | Actual/F'cast | 59 | 59 | 86 | (23) | 66 | 334 | 126 | 126 | 126 | 126 | 126 | 126 | 833 | 1,336 |
| | Variance | 0 | 0 | (56) | (192) | (104) | 114 | (147) | (147) | (147) | (147) | (147) | (147) | (532) | (1,122) |
| 13 Pathway | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Actual/F'cast | 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 |
| 17 Other - Commissioning | Budget/Plan | 0 | 0 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 150 | 250 |
| | Actual/F'cast | 0 | 0 | 50 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 217 | 350 |
| | Variance | 0 | 0 | 25 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 67 | 100 |
| 19 Other - Primary Care | Budget/Plan | 0 | 0 | 0 | 9 | 10 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 55 | 103 |
| | Actual/F'cast | 0 | 0 | 0 | 9 | 10 | 12 | 21 | 21 | 21 | 21 | 21 | 21 | 72 | 155 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 17 | 52 |
| 22 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 | 12,908 | 22,185 |
| | Actual/F'cast | 1,014 | 1,311 | 1,899 | 2,575 | 1,979 | 2,385 | 2,794 | 2,712 | 2,661 | 2,687 | 2,681 | 3,664 | 16,670 | 28,363 |
| | Variance | 0 | 258 | 446 | 802 | 312 | 637 | 622 | 684 | 517 | 491 | 483 | 926 | 3,762 | 6,179 |

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Table C3 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustme nt | Full-year Effect |
|---|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-----------|--------------------|---------------|-----------|-----------------|------------------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 1,014 | 1,053 | 1,453 | 1,773 | 1,667 | 1,748 | 2,172 | 2,027 | 2,144 | 2,197 | 2,198 | 2,738 | 12,908 | 22,185 | 7,272 | 14,912 | 5,979 | 20,891 |
| | Month 1 - Actual/Forecast | 1,014 | 1,052 | 1,250 | 965 | 1,275 | 1,582 | 1,650 | 1,601 | 1,637 | 1,649 | 1,653 | 2,334 | 10,391 | 17,663 | 7,026 | 10,637 | 4,534 | 15,171 |
| | Variance | 0 | (0) | (204) | (808) | (392) | (165) | (521) | (427) | (507) | (548) | (545) | (404) | (2,517) | (4,521) | (246) | (4,275) | (1,445) | (5,720) |
| | In Year - Plan | 539 | 444 | 839 | 1,490 | 720 | 876 | 1,344 | 1,257 | 1,108 | 1,165 | 1,035 | 1,474 | 7,510 | 12,291 | 6,168 | 6,123 | 3,413 | 9,536 |
| | In Year - Actual/Forecast | 0 | 259 | 650 | 1,609 | 704 | 803 | 1,144 | 1,111 | 1,024 | 1,039 | 1,028 | 1,330 | 6,279 | 10,700 | 5,560 | 5,140 | 3,574 | 8,714 |
| | Variance | (539) | (186) | (190) | 120 | (16) | (74) | (200) | (146) | (84) | (126) | (7) | (144) | (1,232) | (1,592) | (608) | (983) | 161 | (822) |
| | Total Plan | 1,554 | 1,497 | 2,292 | 3,263 | 2,388 | 2,624 | 3,516 | 3,284 | 3,251 | 3,361 | 3,233 | 4,212 | 20,418 | 34,476 | 13,441 | 21,035 | 9,392 | 30,427 |
| | Total Actual/Forecast | 1,014 | 1,311 | 1,899 | 2,575 | 1,979 | 2,385 | 2,794 | 2,712 | 2,661 | 2,687 | 2,681 | 3,664 | 16,670 | 28,363 | 12,586 | 15,777 | 8,108 | 23,885 |
| Total Variance | (539) | (186) | (393) | (688) | (409) | (239) | (721) | (573) | (590) | (674) | (552) | (548) | (3,749) | (6,113) | (854) | (5,259) | (1,284) | (6,542) | |
| Net Income Generation | Month 1 - Plan | 54 | 71 | 133 | 190 | 175 | 190 | 201 | 216 | 201 | 216 | 201 | 216 | 1,230 | 2,063 | 418 | 1,645 | 505 | 2,150 |
| | Month 1 - Actual/Forecast | 54 | 71 | 83 | 72 | 109 | 128 | 88 | 103 | 125 | 175 | 160 | 205 | 709 | 1,374 | 372 | 1,002 | 488 | 1,490 |
| | Variance | 0 | 0 | (50) | (118) | (66) | (62) | (113) | (112) | (76) | (41) | (41) | (11) | (521) | (689) | (46) | (643) | (17) | (660) |
| | In Year - Plan | 102 | 110 | 64 | 133 | 40 | 142 | 88 | 37 | 45 | 258 | 56 | 235 | 715 | 1,308 | 906 | 402 | 114 | 516 |
| | In Year - Actual/Forecast | 0 | 8 | 54 | 233 | 40 | 142 | 97 | 36 | 43 | 59 | 59 | 435 | 610 | 1,207 | 805 | 402 | 113 | 515 |
| | Variance | (102) | (102) | (10) | 100 | (0) | 0 | 10 | (1) | (2) | (199) | 4 | 200 | (104) | (101) | (101) | (0) | (1) | (1) |
| | Total Plan | 155 | 181 | 198 | 323 | 215 | 332 | 289 | 253 | 245 | 474 | 257 | 451 | 1,944 | 3,371 | 1,324 | 2,047 | 619 | 2,666 |
| | Total Actual/Forecast | 54 | 79 | 138 | 305 | 149 | 270 | 186 | 139 | 168 | 234 | 219 | 640 | 1,319 | 2,581 | 1,177 | 1,404 | 601 | 2,005 |
| Total Variance | (102) | (102) | (60) | (18) | (66) | (62) | (103) | (114) | (78) | (240) | (37) | 189 | (625) | (790) | (147) | (643) | (18) | (661) | |
| Accountancy Gains | In Year - Plan | 0 | 0 | 474 | 0 | 0 | 1,032 | 0 | 0 | 0 | 0 | 0 | 0 | 1,506 | 1,506 | 1,506 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 474 | 126 | 0 | 1,032 | 0 | 0 | 0 | 0 | 0 | 0 | 1,632 | 1,632 | 1,632 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 126 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 126 | 126 | 126 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 1,068 | 1,124 | 1,586 | 1,963 | 1,842 | 1,938 | 2,373 | 2,243 | 2,345 | 2,413 | 2,399 | 2,954 | 14,138 | 24,248 | 7,690 | 16,557 | 6,484 | 23,041 |
| | Month 1 - Actual/Forecast | 1,068 | 1,123 | 1,333 | 1,037 | 1,384 | 1,711 | 1,739 | 1,704 | 1,762 | 1,824 | 1,813 | 2,539 | 11,100 | 19,037 | 7,399 | 11,639 | 5,022 | 16,661 |
| | Variance | 0 | (0) | (254) | (926) | (458) | (227) | (634) | (539) | (583) | (589) | (586) | (415) | (3,038) | (5,210) | (291) | (4,919) | (1,461) | (6,380) |
| | In Year - Plan | 641 | 554 | 1,378 | 1,622 | 760 | 2,050 | 1,432 | 1,294 | 1,152 | 1,423 | 1,091 | 1,708 | 9,731 | 15,105 | 8,580 | 6,525 | 3,527 | 10,052 |
| | In Year - Actual/Forecast | 0 | 267 | 1,178 | 1,969 | 744 | 1,976 | 1,241 | 1,147 | 1,067 | 1,098 | 1,087 | 1,765 | 8,521 | 13,538 | 7,996 | 5,542 | 3,687 | 9,229 |
| | Variance | (641) | (287) | (200) | 346 | (16) | (74) | (191) | (148) | (86) | (325) | (3) | 57 | (1,210) | (1,567) | (584) | (983) | 160 | (823) |
| | Total Plan | 1,709 | 1,678 | 2,964 | 3,586 | 2,602 | 3,988 | 3,804 | 3,538 | 3,497 | 3,835 | 3,490 | 4,662 | 23,869 | 39,353 | 16,271 | 23,082 | 10,011 | 33,093 |
| | Total Actual/Forecast | 1,068 | 1,390 | 2,511 | 3,006 | 2,128 | 3,687 | 2,980 | 2,851 | 2,829 | 2,922 | 2,900 | 4,304 | 19,621 | 32,576 | 15,395 | 17,180 | 8,710 | 25,890 |
| Total Variance | (641) | (288) | (453) | (580) | (474) | (301) | (824) | (687) | (668) | (914) | (589) | (358) | (4,248) | (6,777) | (875) | (5,902) | (1,301) | (7,203) | |

| 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 | | 3,378 | 3,534 | 0 | 6,912 | 704 |
| Scheduled Care | | 4,281 | 3,089 | 0 | 7,370 | 217 |
| Unscheduled Care | | 40 | 125 | 0 | 165 | 0 |
| Mental Health | | 764 | 911 | 0 | 1,675 | 0 |
| Community Services | | 988 | 414 | 0 | 1,402 | 0 |
| Primary Care | | 213 | 2,700 | 0 | 2,913 | 0 |
| Commissioned Services - CHC | | 0 | 610 | 0 | 610 | 0 |
| Commissioned Services - Specialised Services | | 0 | 1,212 | 0 | 1,212 | 497 |
| Other Commissioned Services | | 0 | 0 | 0 | 0 | 0 |
| Clinical Support | | 1,419 | 2,023 | 0 | 3,442 | 666 |
| Non Clinical Support | | 34 | 0 | 0 | 34 | 0 |
| Executive / Corporate Areas | | 544 | 1,793 | 0 | 2,337 | 1,032 |
| Total | | 11,662 | 16,410 | 0 | 28,072 | 1,632 |