

Public Finance & Performance Committee

Wed 22 October 2025, 14:00 - 15:15

Virtual - MS Teams

Agenda

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

5 min

1.1. Welcome & Introductions

Rhian Thomas

1.2. Apologies for Absence

Rhian Thomas

1.3. Declarations of Interest

Rhian Thomas

1.4. Minutes from the Finance & Performance Committee – 17.09.2025

Rhian Thomas

📄 1.4 Draft Public Finance and Performance Minutes 17.09.2025.pdf (7 pages)

1.5. Action log from the Finance & Performance Committee - 17.09.2025

📄 1.5 Public Action Log.pdf (1 pages)

1.6. Chairs Actions since previous meeting

Rhian Thomas

14:05 - 15:10 **2. Items for Review & Assurance (14:05 - 15:10)**

65 min

2.1. Financial Report – Month 6 Position (including Savings Tracker)

Andrew Gough

📄 2.1 - M06 Finance Report.pdf (20 pages)

2.2. Operational Performance Update

Paul Bostock

📄 2.2 - Finance and Performance - Operational Performance Report Oct 25.pdf (12 pages)

📄 2.2a - Integrated Performance Report F&P committee October 25.pdf (16 pages)

2.3. Delivery of the Annual Plan

Jonathan Watts

📄 2.3 Q2 Annual Plan Report F+P October 25 v2.pdf (10 pages)

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

Regan Nikki
21/10/2025 11:43:06

0 min

3.1. No Items

15:10 - 15:10 4. Items for Information and Noting

0 min

4.1. Monthly Monitoring Return – Month 5

-  4.1 WG 2025 _26 month 5 MMR Covering Report.pdf (3 pages)
-  4.1a CV Financial Monitoring Returns 2025-26 - Month 5.pdf (13 pages)
-  4.1b 2024-25 MMR Template - Cardiff Vale UHB Month 5.pdf (4 pages)

15:10 - 15:10 5. Any Other Business

0 min

15:10 - 15:10 6. Private agenda - No meeting

0 min

15:10 - 15:10 7. Review & Final Closure

0 min

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

Rhian Thomas

7.2. To note the date, time and venue of the next Committee meeting: 2pm Wednesday 19th November 2025 via MS Teams

Rhian Thomas

Regan, Nikki
21/10/2025 11:43:06

**Draft Minutes of the Public Finance & Performance Committee Meeting
17 September 2025
Via MS Teams**

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

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Ceri Phillips	CP	CAV UHB Vice Chair
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Rhian Thomas	RT	Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
David Edwards	DE	Independent Member - Digital
Rachna Uphadya	RU	Independent Member - General
Clive Curtis	CC	Independent Member - Community
In Attendance:		
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Claire Beynon	CB	Executive Director of Public Health
Adam Wright	AW	Director of Operational Planning & Performance
Vicky LeGrys	VL	Programme Director Strategic Clinical Redesign
Robert Mahoney	RM	Deputy Director of Finance (Commissioning)
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Charles Janczewski	CJ	UHB Chair

Ref:	Agenda Item:	Action:
FPC 17/09/1.1	<u>Welcome & Introduction</u> The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 17/09/1.2	<u>Apologies for Absence</u> Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 17/09/1.3	<u>Declarations of Interest</u> No declarations were noted. The Finance and Performance Committee resolved that: a) No declarations of interest were noted.	
FPC 17/09/1.4	<u>Minutes of the Finance and Performance Meeting held on 23 July 2025</u> The minutes of the meeting held on 23 July 2025 were received and confirmed as a true and accurate record following minor amendments. Add Clive as apologies & amend CP as apologies only. The Finance Committee resolved that:	

	a) The minutes of the Finance and Performance Committee meeting held on 23 July 2025 were held as a true and accurate record of the meeting.	
FPC 17/09/1.5	<p><u>Actions following the Finance & Performance Meeting on 23 July 2025</u></p> <p>The CC confirmed all actions are complete.</p> <p>FPC 23/07/3.2 - The EDF noted the Parkview business case has gone back into the service to understand the service changes needed to make it more affordable and clarified it is not on the current agenda but needs to go on the forward plan.</p> <p>FPC 23/07/2.4— enabling actions in the MAG report, will now be a standing item and will provide updates as required – Action Complete.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
FPC 17/09/1.6	<p><u>Chairs Action since previous meeting</u></p> <p>There were no Chair's Actions taken since the last meeting</p>	
FPC 17/09/2.1	<p><u>Financial Report – Month 5 Position (including savings tracker)</u></p> <p>The DDFS gave an update on the financial report at month 5 and highlighted the following:</p> <ul style="list-style-type: none"> • Reported a deficit of £27.8m at month 5, which is £4.4m over the planned deficit of £23.4m. • The £4.4m variance is split into a £1.5m deficit against the savings programme and a £2.9m operational deficit. • The savings programme is £3.1m short of the £32m million target, with £28.9m identified in green and amber schemes. • Mental health out-of-area placements are above plan, with 11 patients per month versus a plan of 7, and spikes up to 19; this is a national issue post-COVID. • Cardiology contract underperformance continues; plans are in place to use additional locum consultants to address this. • Critical care income is down due to more Cardiff patients occupying beds; a review is underway to understand the change in patient mix. • A £1 million provision was made for GP out-of-hours pay resolution, impacting the month's figures. • Deep dives with clinical boards were held to identify further actions; some boards have plans to recover, but gaps remain, especially in specialist services and children/women's services. • A vacancy freeze was implemented as an additional control to help close the gap. • Welsh Government has made clear that the £56.2m planned deficit must be met, with no leeway or additional support. • Risks include the band 2-3 corrective payments (not currently in figures), underlying deficit, and cash management. <p>The IMCE questioned the confidence behind the statement in the financial report that the unachieved CRP gap and operational pressures at month five will be managed and mitigated as the year progresses, especially as the position appears to be drifting each month. She asked if the series of deep dives with clinical boards and the assurances from those meetings, along with plans to revisit boards needing more support, were providing Andrew with the confidence to maintain that statement in the report.</p> <p>The DDFS responded that while the report aligns with holding the £56.2m forecast deficit, there is not yet full confidence that the gap is closed, but progress has been made through the deep dives and further actions (like the vacancy freeze) are in place if needed.</p> <p>The IMDH asked what interactions had taken place with Welsh Government regarding the deteriorating financial position and the deep dives, especially now that the organisation is under targeted intervention.</p> <p>The DDFS explained that there have been two formal targeted intervention meetings with Welsh Government at the executive level, but the formal position on how targeted intervention will work, what support will be provided, and expectations for progress are still being discussed. He also noted that Welsh Government has made it clear there is no scope for missing the £56.2m</p>	

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target, and risks previously considered outside the plan are now expected to be managed by the organisation.

The EDF added that the process is ongoing, with 280 lines of concern/actions from Welsh Government being validated, and that more clarity is expected as part of the planning cycle.

The IMLA asked for clarification on when, during the financial year, action would be taken if the financial trajectory continued to deteriorate, referencing assurance sought at the last Board meeting and mentioning that month 6 was previously identified as a key point for intervention.

The EDF responded that month 6 was a proxy for when a clear position and profile of actions would be available but emphasized that detailed information and evidence to answer the question fully were not yet available, and plans were still being developed. She also noted that Welsh Government expects a clear position on savings and overall forecast by the end of the current month, and that the organisation is working towards having the necessary information to monitor progress.

The IMLA expressed concern that if, after completing the deep dives with the clinical boards, the organisation is still not assured of meeting the financial target, there is a risk of reaching the end of the calendar year without assurance of achieving the target. She specifically asked what steps would be taken if, after the deep dives, the gap remains.

The EDF replied that, beyond the deep dives, the main remaining tool is a vacancy freeze, which is already being implemented. If the gap persists after this, the next steps would involve considering actions that are suboptimal from a service delivery perspective, such as closing or limiting services. She emphasized that the vacancy freeze carries risks and that, if further action is needed, it would involve difficult decisions impacting service delivery.

The IMG raised concerns about ensuring that cost savings are sustainable and questioned how the organisation can be sure it is not simply deferring costs, which could create greater pressures in future years.

The DDFS responded that this issue was discussed in detail with every clinical board, emphasizing the need to achieve the £56.2m deficit target recurrently, not just in-year. He explained that the focus is on both in-year and recurrent savings, as well as identifying and addressing operational pressures that could carry over into the next year. He assured that clinical boards are providing assurance on both in-year and recurrent positions, and this will be included in future reports. He highlighted the following points:

- The sustainability of cost savings were confirmed and the need to meet the £56.2m deficit recurrently (not just in-year) was discussed in detail with each clinical board. He highlighted that the focus was on in-year savings, recurrent savings, operational pressures that could impact future years, and how these are being addressed. Clinical boards provided assurance on both the in-year and recurrent positions.
- The workforce data tracked whole time equivalent (WTE) reductions, with a decrease of 168 WTE between April and August 2025.
- The vacancy freeze has resulted in 80-90 leavers per month across CAV UHB, with an estimated 20% of those vacancies being critical posts that must be filled. This could result in a net reduction of 60-70 posts per month, contributing significantly to cost savings.
- This approach could deliver upwards of £3.1m in savings by year-end, and that vacancy control panels are in place at all levels to monitor and approve critical posts only.
- CAV UHB need to consider the influx of new staff from universities, which will offset some of the reductions.

The IMLA asked for assurance regarding the previous meeting, where there were two reports with different figures around whole-time equivalents (WTE), and it was agreed that steps would be taken to address this issue. She requested a brief update on what actions had been taken for assurance.

The DDFS confirmed that steps had been taken, explaining that the organisation uses two numbers when looking at workforce: staffing posts and WTE. He clarified that the focus is now on WTE reductions, as this directly relates to pay bill costs, and that timelines have been aligned across departments to ensure consistent reporting.

The Finance and Performance Committee resolved that:

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	<p>a) The reported year to date position is an overspend of £27.809m and the forecast deficit of £56.2m was noted.</p> <p>b) The month 4 operational overspend against plan of £2.913m and the £1.466m savings deficit was noted.</p> <p>c) The progress against the savings target, with £28.894m (90.2%) of green and amber schemes identified at Month 5 against the revised £32m target was noted.</p> <p>d) That delivery of the forecast is also predicated on the confirmation of all expected income streams was noted.</p> <p>e) The £8.480m recurrent savings shortfall impacting adversely on a deteriorating underlying deficit being carried into 2026/27 was noted.</p> <p>f) The is a potential £131.0m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government was noted.</p>	
<p>FPC 17/09/2.2</p>	<p><u>Operational Performance Update</u></p> <p>The DOPP presented on the Operational Performance Update, , focusing on five sections: urgent/emergency care, planned care, primary/community care, mental health, and productivity/efficiency and highlighted the following points:</p> <ul style="list-style-type: none"> • Urgent/emergency care: Attendance at the emergency department reduced in August compared to July but remained higher than the previous year and winter months. The usual seasonal reduction in attendances was less pronounced this year. 46:01 46:20 • Despite increased demand, improvements were seen in emergency department waiting times, with 12-hour waits to drop below 7% and only two patients waiting over 24 hours in August. • Ambulance handover delays improved significantly due to the West 45 initiative, reducing 45-minute waits from nearly 600 in July to 114 in August. • Out of hospital: General practice appointments increased slightly, and access standards were being met. Community independent prescribing also showed positive progress. • Hospital flow/discharge: Stroke care improved, with more patients scanned and admitted to the ward within target times. Pathway of care delays increased, with most delays attributed to social care or joint health/social care responsibilities. • Planned care: Single cancer pathway performance remained below target but was the best in Wales. Backlogs in skin cancer and urology were noted, with plans in place to address them. • Long-waiting patients: The number of patients waiting over 52 weeks for outpatient appointments reduced, with further improvements expected from the national insourcing scheme. • Diagnostics: Non-obstetric ultrasound, MRI, and CT positions worsened in August due to staff leave, equipment issues, and delays in independent sector support, but recovery plans were in place. Endoscopy improved and was ahead of trajectory. • Primary/community care: Increased activity in pharmacies, dental, and community services. Efforts were ongoing to build capacity for winter, including discussions to expand Barry Hospital's minor injuries unit. • Mental health: Good performance in children's services, but neurodevelopmental services continued to face long waits. Adult mental health saw improved assessment times, with further work needed on part 2 performance. • Productivity/efficiency: Some positive areas (e.g., endoscopy utilisation), but outpatient DNA rates remained high. Ongoing work was focused on improvement, with a detailed update planned for the next board meeting. <p>The CC observed that the total number of children on the neurodevelopment service waiting list for assessment (4,512) was a large figure and asked if CAV UHB was an outlier compared to other health boards.</p> <p>The DOPP responded that while the number is the highest it has been and continues to increase. Whilst all health boards face challenges, CAV UHB stood out due to some of the longest wait times.</p> <p>The IMCE noted a reference in the paper to a "reset week" and asked for an explanation of what a reset week involves, what investment is required, and what it typically delivers for the organisation.</p> <p>The DOPP explained that during a reset week, clinical boards and teams focus on inpatient positions and the front door, increasing senior clinical reviews, ward rounds, multidisciplinary team meetings, and support for discharge. It does not necessarily require additional financial</p>	

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	<p>investment, as staff reorganise their time. The aim is to improve patient flow and discharge rates, though recent reset weeks did not yield the expected improvements.</p> <p>The UHB VC noted that the Minister for Mental Health and Well-being is very active in the neurodevelopmental area, visited the team at St David's Hospital, and was impressed with their work. He highlighted the difficulty of the area due to increasing demand and the complexity of diagnosis, mentioning that some parents seek a diagnosis as a "ticket" and may obtain one online, which then needs to be validated by a professional.</p> <p>The Committee resolved that:</p> <p>a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 17/09/2.3</p>	<p><u>Board Assurance Framework</u></p> <p>The DDFS described the paper as a discussion document linked to financials, aiming to understand the impact of current decisions. He noted the organisation typically works with Welsh Government on a three-year planning cycle. He mentioned the approach involves looking at prevention and demand at a high level and considering how to assure that current decisions will have the desired impact and when these effects will begin. He proposed linking the long-term financial model to the Clinical Services Plan (CSP), with engagement across the organisation, and stated that this would be reviewed by various committees.</p> <p>The UHB VC stated that the proposal was very welcome and fully supported but questioned if it was far enough. He noted that outcomes were not mentioned in the paper and emphasized the importance of considering where resources are allocated to maximize outcomes for patients. They suggested incorporating outcomes to ensure resource allocation delivers maximum patient benefit.</p> <p>The EDPH expressed strong support for the work and suggested using return on investment and the benefits realisation/value group methodology. She noted that while people are interested in what additional investment can deliver, it's also important to consider how to reduce predicted future spending through long-term modelling, especially for expensive current expenditures and long-term conditions.</p> <p>The DOPP asked if other health boards or health systems have done something similar, questioning whether there is an off-the-shelf model that could be adapted or if it would need to be developed from scratch.</p> <p>The DDFS stated that a model has already largely been built to be populated with data and will be refined through its first iteration. He emphasized that the roadmap to financial sustainability must be steeped in the reality of demand, operational pressures, and the scale of transformation required; otherwise it will not be useful.</p> <p>The IMLA agreed that developing the long-term financial model seems essential and expressed support for it. She noted a gap regarding critical dependencies on external partners, emphasizing the importance of considering whether external dependencies might impact the ability to deliver and ensuring this is built into the plan.</p> <p>The DDFS noted there will be economic modelling available for assessing uplifts from Welsh Government and inflationary pressures, and that the model should be based on as much evidence as possible. He stated it will be tricky to monitor demand for all services over the next 10 years and while high-level demand assumptions can be made, making them granular at the specialty level will be challenging. He also said the model will be aligned to the Clinical Services Plan (CSP) and he would like to wrap financial modelling around it as a starting point.</p> <p>The Committee resolved that:</p> <p>a) The proposal for developing of a long-term financial model aligned to the Health Board Strategy and Clinical Services Plan was discussed and noted.</p>	
<p>FPC 17/09/3.1</p>	<p><u>Business Case for Information & Support</u></p> <p>Llantrisant Health Park (LHP) Outline Business Case</p> <p>The PDSCR introduced the LHP OBC and highlighted the following:</p> <ul style="list-style-type: none"> It is a capital case led by Cwm Taf Morgannwg with support from Welsh Government, and that CAV UHB is working closely in partnership on its development. She emphasized its importance for regional planning and future service delivery. 	

- The hub's alignment was described with strategy for quality and equitable care, its role in supporting workforce development, and its dependency on successful regional collaboration, highlighting key risks around revenue funding and workforce planning.
- The case supports phase one of the build, focused on the community diagnostics hub (including endoscopy suite and training academy), and aligns with the regional endoscopy plan previously approved by F&P and board.
- The unusual planning approach required by Welsh Government was noted, which asks for regional commitment before detailed service planning is complete, and outlined ongoing risk management efforts.
- Engagement with communities and communication about travel/access to LHP is being addressed through a regional portfolio, including a patient sounding board to consider concerns.

The EDF noted the risks as we don't know the full-service model and cost but seeking full support.

The IMG was interesting and suggested that when it comes to Board, it would be good to see more information about the impact LHP could have, specifically regarding the community and benefits for waiting lists.

The PDSCR responded by noting that since the endoscopy plan came earlier, they will draw out several of the benefits described in that plan and bring them forward, ready for the CAV UHB Board.

The CC asked whether there was any comment about travel for CAV UHB population to Llantrisant Health Park (LHP) and whether this was included in the business case, specifically mentioning community engagement and working with local authorities.

The PDSCR noted that engagement remains a risk for their communities but is being addressed through the regional portfolio and the LHP programme, with the Director of Comms and Engagement leading a regional piece of work. She mentioned a recent briefing by Llais and that a patient sounding board, including members of their population, has been set up to specifically look at concerns around travel and access as the programme progresses.

The DDFC stated that they know they will need the physical capacity and support it in principle as a regional solution, but at present do not have line of sight to revenue funding, costs, or the full-service model. He emphasized that their position is to recognize the need for this physical capacity, even though these variables are not yet clear.

The CC asked if, on the basis that this is delivered as a regional diagnostic hub, their provisions would move to the hub and whether they would stop providing this in their own hospitals.

The DDFC confirmed that the hub is for excess demand and that they are looking to absolutely maximise in-house provision. He clarified that this capacity is in addition to home services, which will be bolstered for efficiency, and the hub will handle demand that home services cannot meet.

The CC asked for the recommendations to be amended to include that the committee is supporting and recommending to CAV UHB Board, specifying that support is on the basis that sufficient revenue will be available should capital be agreed by Welsh Government, to enable operation for excess demand. He requested for the CGO to take this on board for the recommendations.

Action – The CGO to update the wording on the cover paper in readiness for CAV UHB Board.

The Committee resolved that:

- a) The committee agreed to support and recommend the Llantrisant Health Park business case to the board, with the condition that Welsh Government would need to fully fund additional costs to operate the additional capacity for excess demand.

FPC
17/09/4.1

Monthly Monitoring Return – Month 3 & 4

The Monthly Monitoring Report for month 3 & 4 was noted.

The Committee resolved that:

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	a) The monthly monitoring return for month 3 & 4 was noted.	
FPC 17/09/5	<p><u>Any Other Business</u></p> <p>The UHB VC thanked the CC for all his hard work and commitment on behalf of the Board and colleagues.</p> <p>The Committee resolved that:</p> <p>a) Any other business was noted.</p>	
FPC 18/06/013	<p><u>Review & Close</u></p> <p>To note the date, time and venue of the next Committee meeting: Wednesday 22nd October 2025 via MS Teams</p>	

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Public Action Log
Finance & Performance Committee
(Updated for the meeting being held 22nd October 2025)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE DUE	STATUS/COMMENT S
FPC 23/07/3.2	Park View Hub – Business Case	Returned to the service to identify changes needed to make it more affordable; not on the current agenda but must be added to the forward plan. The narrative will be amended to clarify this	Catherine Phillips	19.11.2025	COMPLETE Business Case added to Forward Plan (for meeting 19.11.25)
FPC 17/09/3.1	Llantrisant Health Park – Outline Business Case	The recommendation was to be amended for Board to include the need for assurance on sufficient revenue funding before supporting the business case, and to bring forward more detail on community impact and patient benefits.	Nikki Regan	18.09.2025	COMPLETE The cover paper for Board was amended prior to publish on 19.09.2025 - Received by Board 25.09.2025
ACTIONS TO BE REFERRED TO BOARD / COMMITTEES:					

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CARDIFF & VALE UHB FINANCE REPORT – MONTH 6



Prepared by
21/08/2014
2014/08/21 14:06



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	M6 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 6.	R	"	£56.2m	M6 2025/26
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £4.035m operational deficit reported at Month 6.	A	#	Operational Spend to be maintained within Budgets	M6 2025/26
Delivery of recurrent £32.0m savings target	£32.617m Green and Amber schemes identified at Month 6, of which £27.005m were recurrent.	A	#	£32.0m	M6 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	M6 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 initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government (WG) and the draft plan was submitted at the end of March 2025. 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 submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

At Month 6, the UHB is reporting a year to date overspend of £31.843m, which includes a Planning Deficit £28.116m, a savings Programme surplus of (£0.308m) and an Operational Position deficit £4.024m

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	6,563	6,563	0	41,580	41,580	0	88,233	88,233	(0)
Quality Efficiency/Improvement Plans - Savings	(1,876)	(3,650)	(1,774)	(13,463)	(13,771)	(308)	(32,000)	(32,617)	(617)
Operational Variance	0	1,121	1,121	0	4,034	4,034	0	617	617
Clinical/ Service Board Variance	4,686	4,034	(652)	28,116	31,843	3,727	56,233	56,233	(0)

At month 6 the UHB is reporting an overspend of £31.843m, £3.727m off plan. The month 6 position represents an in-month improvement of £0.652m against the £4.379m overspend against plan reported at month 5. The position at month 6 is supported by the release of a £1.032m Provision for Fire Case at Hafen Y Coed.

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. At month 6, the UHB's savings tracker reported a £0.617m surplus of green and amber schemes against the £32m in year target.

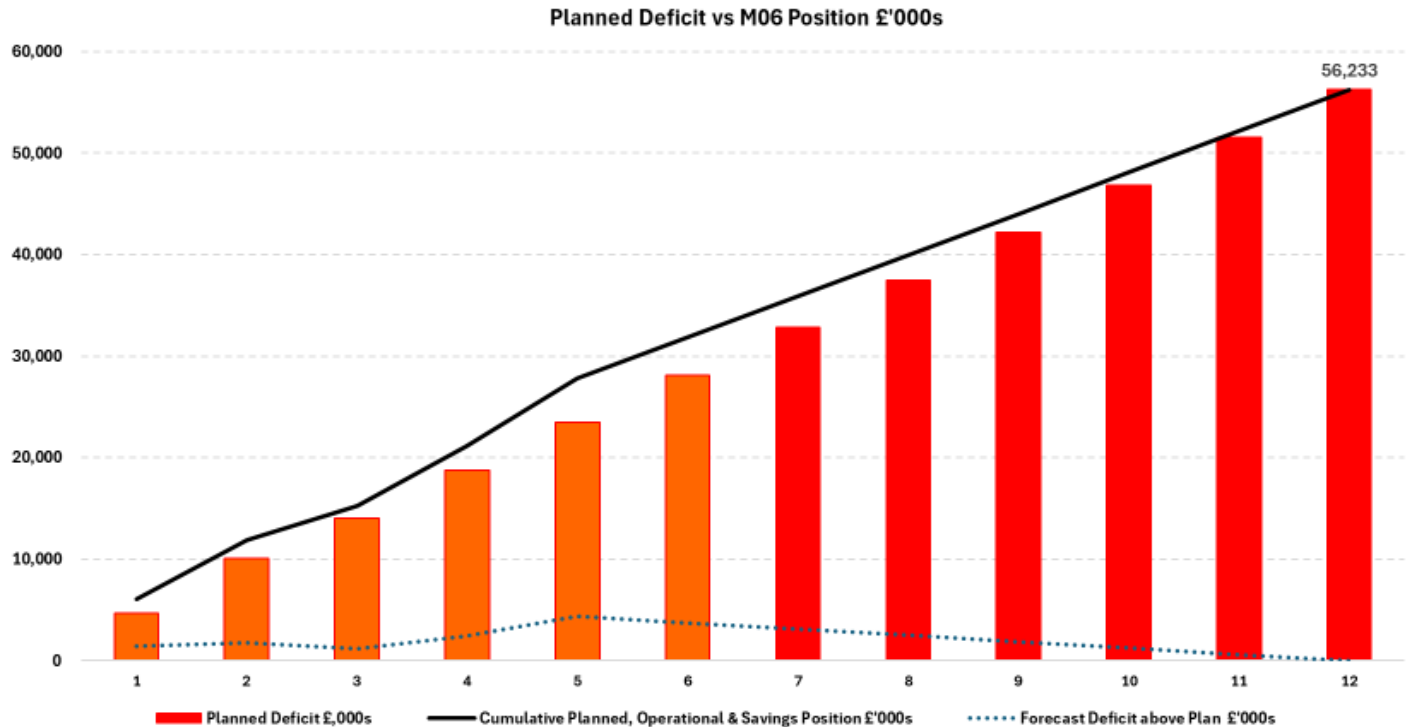
It is expected that the delivery of savings and operational pressures will be managed and mitigated as the year progresses and that the UHB will deliver its planned deficit position of £56.233m.

The following actions have been identified to halt and recover the deteriorating operational position.

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, and between February and September 2025 the overall number of staff in post has reduced by 179 WTE.
- Based on current turnover, a full vacancy freeze from 1st August (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 (£1.6m in plan)

The graph below shows the reported Month 6 position against the UHB's planned deficit of £56.233m



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 6, there was a Surplus of (£0.617m) against the £32.0m savings programme target. It is anticipated that the operational pressures reported at month 6 will be recovered and mitigated as the year progresses and that the UHB will deliver its planned deficit position of £56.233m. The expectation is that the monthly deficit will reduce as the UHB successfully identifies and delivers recovery and mitigating actions 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	(54,696)	87,498	92,285	125,086
(Income)/Expenditure	(55,119)	87,507	96,731	129,119
Variance	(423)	10	4,446	4,033
Cumulative	£'000s	£'000s	£'000s	£'000s
Budget	(316,407)	522,784	534,394	740,771
(Income)/Expenditure	(316,909)	522,914	566,608	772,614
Variance	(501)	130	32,214	31,843

A number of operational pressures continued into month 6 which in turn have been offset by pay vacancies, a slowdown in prescribing growth and the release of the of £1.032m Provision for Fire Case at Hafen Y Coed. The following operational issues were reported in month 6:

- Income –There is reported underperformance in cardiac services where the UHB is reviewing activity flows. Underperformance against out of area critical care capacity has increased in month as the proportion of beddays occupied by Cardiff & Vale patients is higher than observed in previous years.
- 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.
- Non Pay – Continuing pressures are reported against Mental Health Out of Area (OOA) referrals where there was an average of 9 additional patients against plan in month and the acuity remains high. The shortfall in national funding for the 2025/26 NI increase is reported against non pay at £1.073m for the year to date (£2.145m full year). There is a risk against the JCC forecast outturn which is abated by the reduction in the forecast cost of Velindre drugs and recognized at £0.600m for the year to date. £27.640m of underlying deficit was included in non pay at month 6.

£31.843m of the deficit at month 6, is due to the £56.233m revised planning deficit with £3.727m of the deficit relating to in year operational pressures which are in part abated by the surplus against the savings target.

Key
Variances

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

Business Unit	Deficit Control Total/ Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	195	7	(162)	41	(155)
Children & Women	2,350	(32)	(26)	2,291	(59)
Capital, Estates & Facilities	27	147	(287)	(112)	(140)
Executives	(737)	67	(351)	(1,021)	(284)
Genomics	0	0	(43)	(43)	(43)
Medicine	7,129	(5)	314	7,439	309
Mental Health	3,491	(237)	1,052	4,305	815
Primary, Community & Intermediate Care	6,052	(398)	888	6,542	490
Specialist	2,350	184	1,736	4,270	1,920
Surgery	2,386	475	178	3,039	653
Sub-Total (Delegated Position)	23,244	208	3,298	26,751	3,506
Central Budgets	(4,828)	(516)	778	(4,566)	262
Commissioning	9,700	0	(42)	9,658	(42)
Sub Total (Non-Delegated Position)	4,872	(516)	736	5,092	220
Sub-Total Surplus/ Deficit	28,116	(308)	4,034	31,843	3,727

Key Variances

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The table/chart below summarises the key 2025/26 Operational pressures as at month 6:

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Mental Health Out Of Area Placements (OOA)	1,500	1,500
Specialist Services Activity Related Underperformance	1,900	155
Employers NI (ENIC) Funding Gap	1,073	2,145
JCC Forecast Outturn Growth	600	600
GPO Out of Hours pay resolution	1,000	1,000
Pay Vacancies & other mitigating actions	(2,039)	(5,400)
Sub-Total Surplus/ Deficit	4,034	0

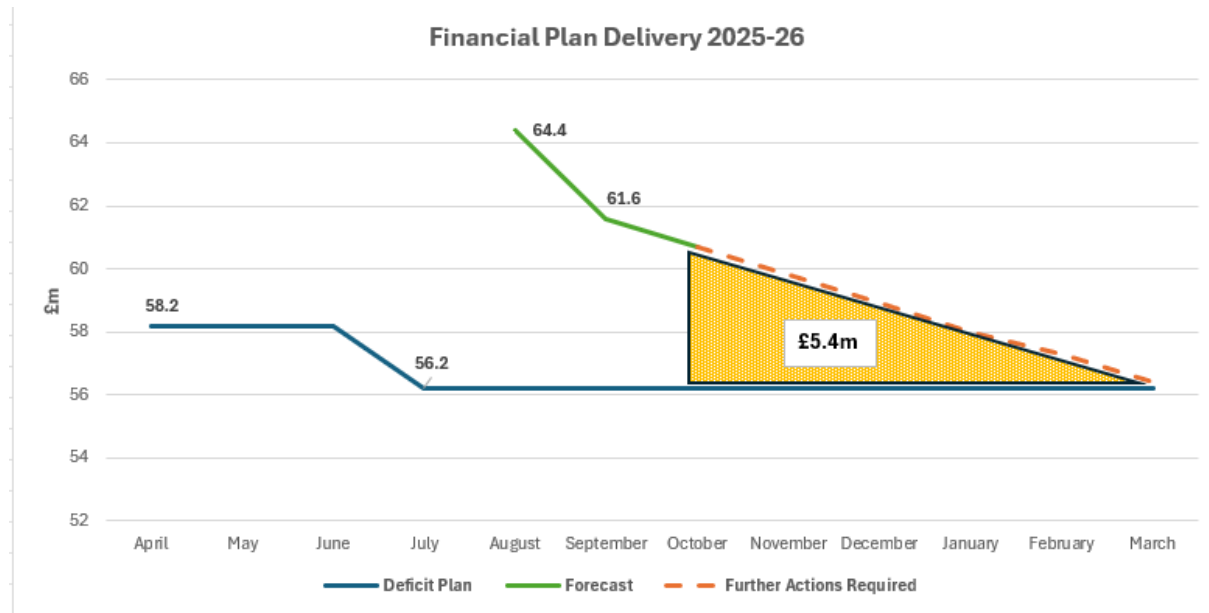
Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals. Further measures were approved to arrest and recover the financial run rate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

Further deep dive follow up meetings are scheduled with all clinical boards following month 6 reporting to understand the progress and delivery of all agreed deep dive actions with all Clinical Boards expected to deliver their target control totals supporting the Heath Board in delivery of the £56.2m deficit plan.

Operational Pressures

Forecast and Recovery Actions

As at month 6 the Health Boards gross forecast before recovery actions is £61.6m. This is £5.4m over and above our deficit plan of £56.2m.



Recovery actions agreed:

- Delivery of all agreed deep dive actions
 - a further £1.8m
- Vacancy freeze (with exception)
 - up to £4.2m
- Management of winter pressures
 - up to £1.7m

RAG:



The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 6 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	17,304	19,385	2,080	12.0%
Management, Admin & Clerical	56,443	64,247	7,804	13.8%
Medical and Dental	129,137	145,359	16,221	12.6%
Nursing (Registered)	128,110	148,310	20,200	15.8%
Nursing (Unregistered)	41,910	43,910	1,999	4.8%
Other Staff Groups	69,015	77,546	8,531	12.4%
Scientific, Prof & Technical	22,830	24,158	1,328	5.8%
Total	464,750	522,914	58,164	12.5%

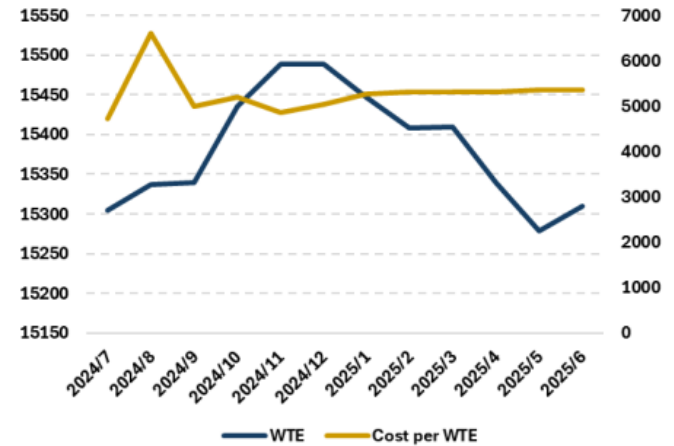
Key Variances

Increased pay expenditure since April 2024 is supported by an increase in substantive headcount/WTE.

The retrospective 2023/24 medical pay awards , the 2024/24 pay awards, the increase to National Insurance Employers contributions and 2025/26 Pay Awards account for 11.5% of the increase in pay costs.

The chart (right) reports substantive WTE by month – and indicates a 6 WTE increase across the UHB over the last 12 months. The monthly fixed pay cost per WTE has increased by 13.36% across the same period from £4,724 to £5,355 (primarily due to pay awards).Month 12 pay costs have been adjusted to exclude the annual notional pension payment funded directly by Welsh Government. A reduction of 137 wte staff is reported between April 2025 and September 2025. The impact of nurse student streamliners on the increase in staff numbers in September is under review.

Monthly WTE x Monthly Fixed Cost per WTE



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

Staffing Group	2024/ 25 YTD (£m)	2025/ 26 YTD (£m)	Growth (£m)	Growth (%)
Clinical Services & Supplies	62,378	65,604	3,226	5.2%
Continuing Healthcare	52,528	58,592	6,064	11.5%
Drugs / Prescribing	125,485	134,862	9,377	7.5%
Establishment Expenses	6,609	6,699	90	1.4%
General Supplies & Services	6,066	6,321	256	4.2%
Healthcare Provided Services	132,962	146,467	13,505	10.2%
Other Non Pay	35,217	39,133	3,916	11.1%
Premises & Fixed Plant	25,989	26,382	393	1.5%
Primary Care Contractors	76,049	82,547	6,498	8.5%
Total	523,283	566,608	43,325	8.3%

The UHB reported **£566.608m** of Non Pay expenditure for the year to Month 06 which is an increase of 8.3% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

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

At Month 6, the UHB had identified £32.617m (101.9%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £3.533m were also identified and continue to be reviewed for progression to Green/Amber where possible.

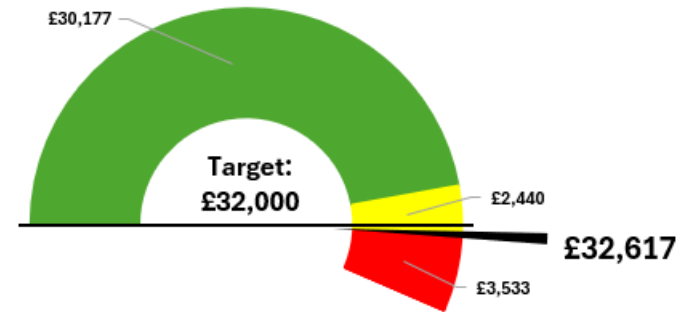
The forecast delivery against amber and green schemes increased from £28.482m at month 5 to £ 32.617m at the end of month 6, which is 101.9% of the £32m savings target.

There is a reported surplus of £0.617m against the £32.0m savings target and this is expected to mitigate ongoing operational pressures.

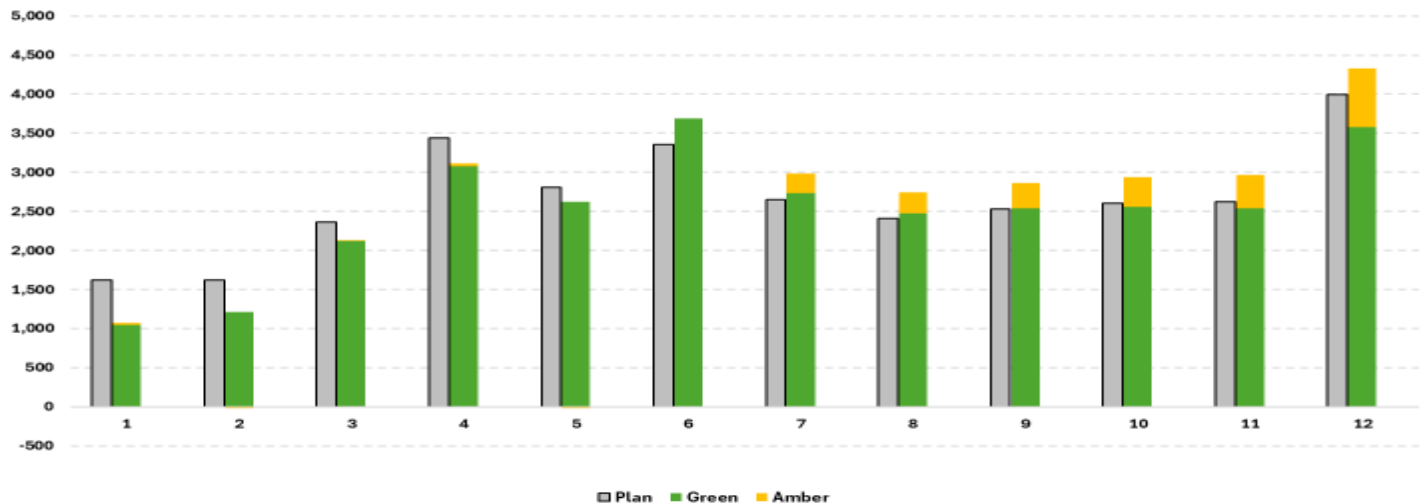
£27.005m of recurrent were identified leaving a gap of £4.995m against the £32m recurrent target.

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

2025/26 UHB Savings Programme: Identified vs Requirement



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



Savings

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	-	1,508	0	1,508
Children & Women	-	1,386	30	1,416
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	-	1,281	60	1,341
Specialist	-	1,270	0	1,270
Surgery	-	544	44	588
Sub-Total (Grip & Control)	10,000	8,647	232	8,879
Medicines Management	3,500	5,494	72	5,566
Income Generation	1,000	1,819	615	2,434
Continuing Healthcare	2,000	726	130	856
Facilities and Estates / Service Reconfiguration	1,000	244	13	257
Value/Clinical Variation	0	194	23	216
Procurement	3,500	3,576	75	3,651
Workforce- Temporary Pay	5,500	3,036	520	3,556
Workforce Restructuring	5,500	5,375	760	6,136
Corporate Opportunities		1,066	0	1,066
Sub Total (Cost Improvement Themes)	22,000	21,530	2,208	23,738
Sub-Total Surplus/ Deficit	32,000	30,177	2,440	32,617

Savings

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2025/26 year end with a current planned deficit of £9.1m and a forecast out-turn against the revised planned deficit of £56.2m.

Below is a summary of UHB Corporate Risk Register at September 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 increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million. This is £47.1m over and above the deficit target control total of £9.1m.	20
Ambition to improve on the £56.2m 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	20
Potential additional cost of band 2 & 3 pay costs estimated at £8.310m	20

Risks

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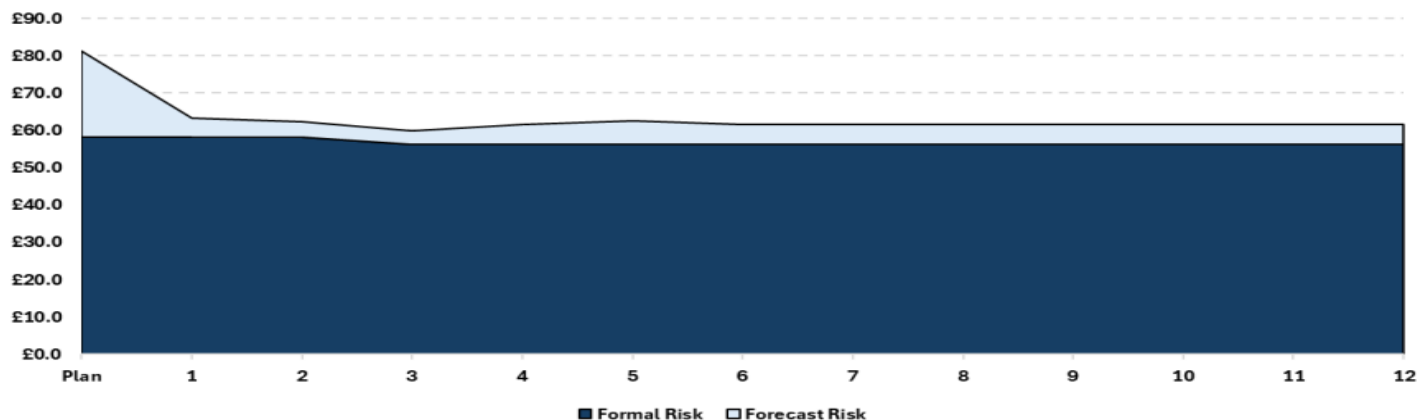
The UHB draft plan submitted at the end of March 2025 included an inherent risk to the achievement of the £58.233m planned deficit due to a £23m gap in identified savings against the £30m target. At month 3 the UHB increased its savings target by £2m which in turn reduced the planned deficit to £56.233m. The savings gap fell to £5.2m at the end of month 1 due to an acceleration in savings identified across the UHB. 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. Year to date unplanned operational pressure are reported at £4.034m. The continuation of these additional costs and the and delivery of the remedial action and mitigation to recover the year to date pressures is now considered a risk to the plan.

The **forecast risk** in the plan is currently assessed at £5.400m 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
WGadditional Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Annual Savings Shortfall	23.00	5.20	3.76	3.38	4.51	3.52	(0.62)	(0.62)	(0.62)	(0.62)	(0.62)	(0.62)	(0.62)
Cumulative Savings Shortfall/ (Surplus)	0.00	0.43	0.15	0.32	0.60	(0.04)	(2.08)	0.00	0.00	0.00	0.00	0.00	0.00
Forecast Cumulative Operational Pressures	0.00	(0.01)	0.24	0.09	0.60	2.00	3.10	0.00	0.00	0.00	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	(0.90)	(0.90)	(0.90)	(0.90)	(0.90)	(0.90)
Forecast Risk (Health Board gross forecast before recovery actions)	23.00	5.19	3.99	3.69	5.42	6.43	5.40	5.40	5.40	5.40	5.40	5.40	5.40

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

2025/26 Financial Plan - Risks & Delivery



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

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

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

After Month 6, 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 at month 6	4.995
Forecast Underlying Deficit (ULD) at end of 2025/ 26 without further identification of Savings & Actions	61.228

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.

Further recurrent schemes are being developed to close the gap.

Underlying Deficit

The closing cash balance at the end of September was £3.667m.

In due course, the UHB expects to 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 which are expected to be paid in 2025/26.

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to confirmed. The value of unconfirmed drawing limit allocations at month 6 was £54.261m 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 £127.5m shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

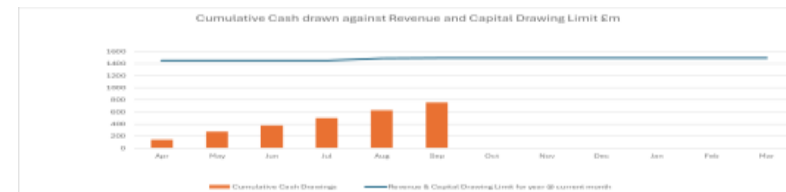
The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.

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 September was 96.2% for the year to date.

Unconfirmed Drawing Limit Allocations as of 30th September 2025	£'000s
Pay award funding 2025-26 (non RLW)	34,968
Pay Award Funding Real Living Wage RLW2025_26 - Additional Employer Costs	3,344
Vertex (JCC)	5,230
Planned Care Insourcing	3,100
New Medical Training Posts 2017 to 2024	2,019
ATMPs (JCC)	1,944
Urgent & Emergency Care Fund	1,480
GPIM&T Refresh Programme	1,225
Consultant Clinical Excellence Award / Consultant Impact Award	1,002
RTT Waiting Times_Q1 Plans	1,000
Neurodivergence Improvement Programme	793
AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investm	564
Dols / MCA/ Advocacy (MH)	233
Planned Care Transformation Fund	593
Individual Placement & Support In Primary Care	440
Genomics (C&V/ JCC)	323
Women's Health - Pathfinder Establishment (Women's Health Hubs)	300
Welsh Risk Pool	(5,702)
Other	1,405
Total Anticipated Funding £'000s	54,261

Summary of Potential Cash Shortfall at Year End	£'000s
Outstanding allocations	54,261
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	127,494



The UHBs approved capital resource limit is £37.664m in line with the latest Capital Resource Limit (CRL) received from Welsh Government on the 6th October 2025. This comprises of £14.317m discretionary funding , £22.226m towards specific projects (including Decarbonisation Funding, Lift Refurbishment and Pentyrch Surgery) and £1.121m relating to IFRS 16 lease capital funding.

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

As at Month 6, scheme slippage has been reviewed and identified in two schemes—Lift Refurbishment and Pentyrch Branch Surgery, which are now expected to underspend within the year. Consequently, CRL funding will be reduced and re-requested from Welsh Government for 2026/27.

A one-off VAT recovery was processed in Month 6 for various capital schemes, resulting in negative year-to-date expenditure figures for some schemes.

2025/26 Capital Programme (£m)	M6 Ytd			Annual	CRL	Plan vs CRL
	Actual	Original Plan	Variance	Plan	6th October 25	
All Wales Schemes						
Electrical Infrastructure, Tertiary Tower Block at UHW	0.038	0.033	0.004	1.578	1.270	0.308
Lift Refurbishment and Upgrade, UHW	(0.383)	0.464	(0.847)	2.900	4.213	(1.313)
Decarbonisation funding - Solar Canopy Car Park	1.533	0.594	0.938	2.394	2.394	0.000
Pentyrch Branch Surgery Development 2024-26	0.598	0.736	(0.138)	3.955	4.735	(0.780)
Funding for Enabling Project Work – Cardiff & Vale UHBs Estate	0.217	0.240	(0.023)	0.344	0.332	0.012
TEF - Fire	0.072	0.083	(0.011)	0.876	0.876	(0.000)
TEF - Infrastructure	0.007	0.251	(0.244)	3.004	2.959	0.045
TEF - Decarbonisation	0.000	0.000	0.000	0.450	0.450	0.000
TEF - Mental Health	0.000	0.000	0.000	0.352	0.352	0.000
TEF - Infection Prevention Control	0.000	0.117	(0.117)	0.461	0.461	0.000
TEF - Decontamination	0.115	0.106	0.009	0.811	0.811	0.000
Non-Radiology Ultrasound Replacement	0.000	0.000	0.000	0.468	0.468	0.000
Mental Health Quality and Safety Schemes	0.000	0.000	0.000	0.441	0.441	0.000
Computed Tomography (CT), University Hospital of Wales	0.000	0.000	(0.027)	0.700	0.700	0.000
Radiology Equipment 2025-26	0.000	0.000	(0.083)	0.264	0.264	0.000
Hospital Helicopter Landing Site Schemes 2025-26	0.000	0.000	0.000	0.348	0.348	0.000
DPIF						
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines	(0.027)	0.000	(0.027)	0.520	0.520	0.000
DPIF - RISP	(0.083)	0.000	(0.083)	0.632	0.632	0.000
IFRS16	1.121	1.121	0.000	1.121	1.121	0.000
Discretionary						
IM&T	0.659	0.850	(0.190)	2.094	0.500	1.594
Equip	0.395	0.199	0.196	1.000	1.000	0.000
Stat comp	0.858	0.974	(0.116)	2.600	2.800	(0.200)
Other	0.080	1.577	(1.496)	9.279	10.017	(0.738)
Donated	0.000	0.000	0.000	(1.021)	0.000	(1.021)
Total	5.200	7.346	(2.256)	35.571	37.664	(2.093)

Variations against the CRL for individual All Wales schemes, excluding the noted slippage, are being managed within the discretionary capital allocation and have been agreed as part of the draft programme. All schemes are expected to broadly deliver within the financial year, in line with forecast.

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 6 position is £3.727m above plan primarily due to unplanned operational pressures of £4.035m at month 6.

At Month 6 the Committee are requested to:

- **NOTE** the reported year to date position is an overspend of £31.843m and the forecast deficit of £56.2m.
- **NOTE** the month 6 operational overspend against plan of £4.035m and the (£0.308m) savings surplus.
- **NOTE** the progress against the savings target, with £32.617m (101.9%) of green and amber schemes identified at Month 6 against the revised £32m target.
- **NOTE** that delivery of the forecast is predicated on delivery of recovery actions and the confirmation of all expected income streams.
- **NOTE** the £4.995m recurrent savings shortfall impacting adversely on a deteriorating underlying deficit being carried into 2026/27
- **NOTE** there is a potential £127.5m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.

Conclusion

CARDIFF & VALE UHB OPERATIONAL PERFORMANCE REPORT – October 2025





**Urgent and
Emergency
Care**

**Out of
hospital
and EU**

**Flow and
discharge**

**Planned
Care**

**Primary and
Community**

**Mental
Health**

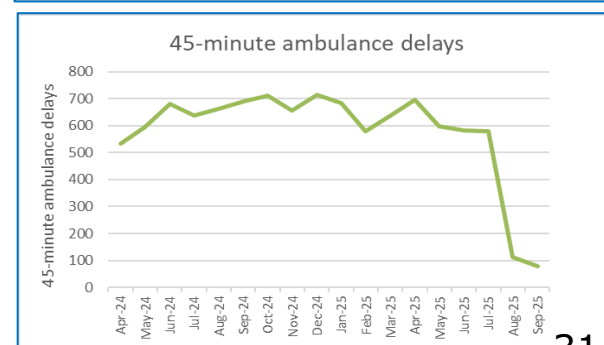
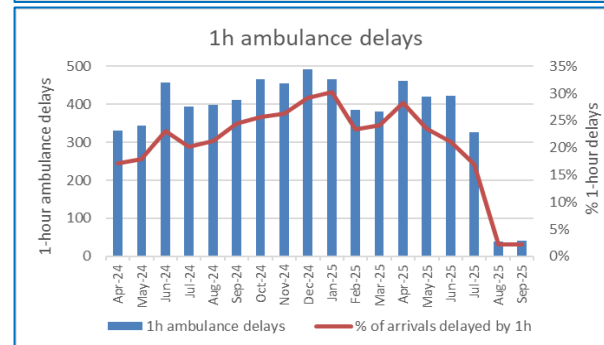
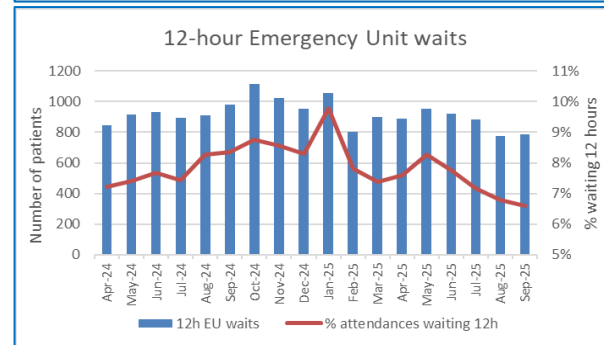
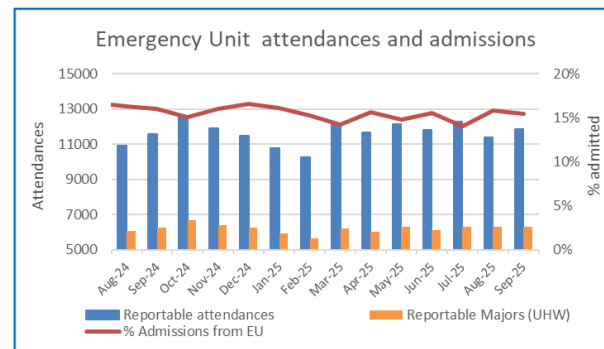
**Productivity
and efficiency**

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Urgent and Emergency Care – Out of Hospital and Front Door

- In September attendances at the Emergency Unit increased from those in August and were increased around 3% compared to September '24. The number of Majors attendances was slightly increased from August '25. The proportion of patients admitted via EU reduced to 15.5% and is reduced when compared to September '24
- We have seen a 3.6% increase in demand over the last 12 month, against a forecast of 4%. This is putting pressure on EU ahead of winter
- The number of patients waiting 12 hours or more in EU increased slightly but the proportion of attendances resulting in a 12 hour wait reduced to 6.6%. The number of patients waiting 24 hours in the EU footprint was 16
- The number of 1-hour ambulance holds remained low in September – c2% 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. Following a significant reduction in August, the number of 45-minute holds reduced again in September.

Urgent and Emergency

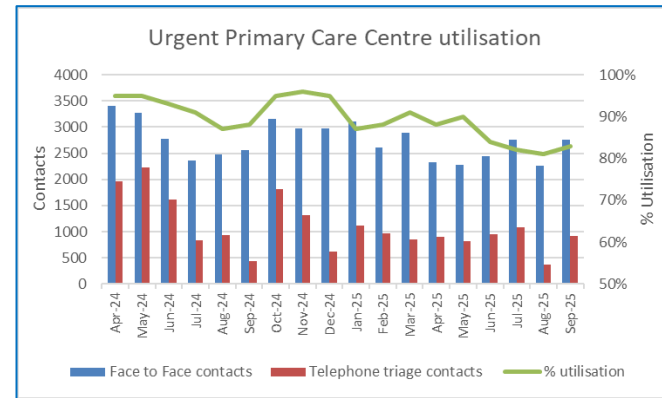


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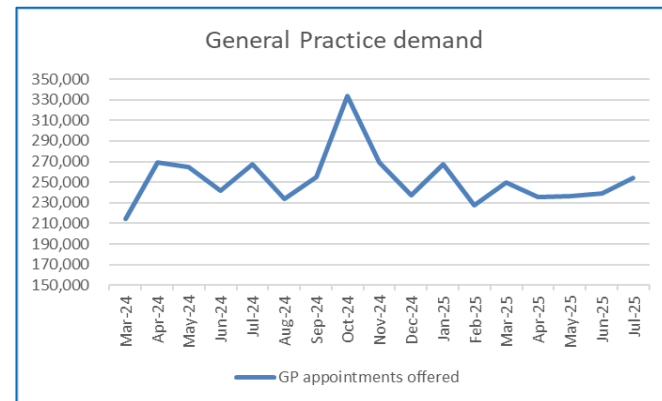
Urgent and Emergency Care – Out of Hospital and Front Door

- In September, 2,750 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 914 patients triaged by telephone. In September 83% of the available slots were utilised
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year almost 1 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 July increased from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

Urgent and Emergency



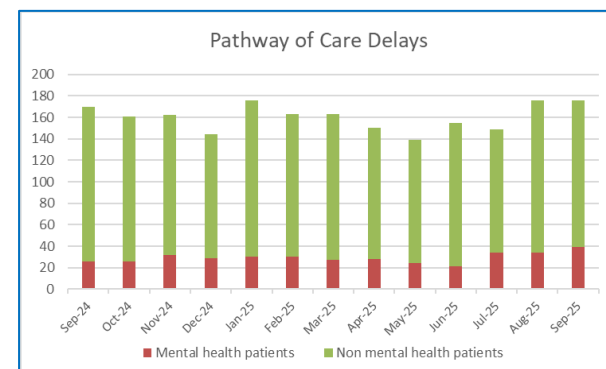
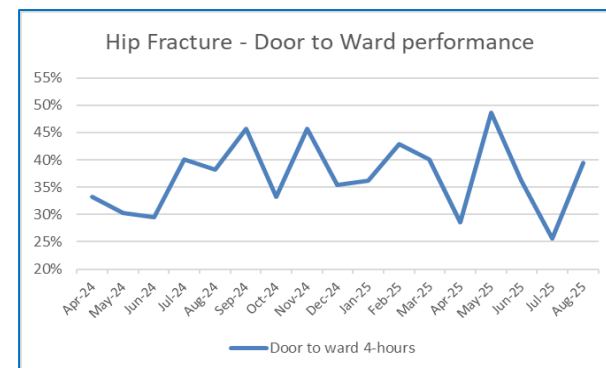
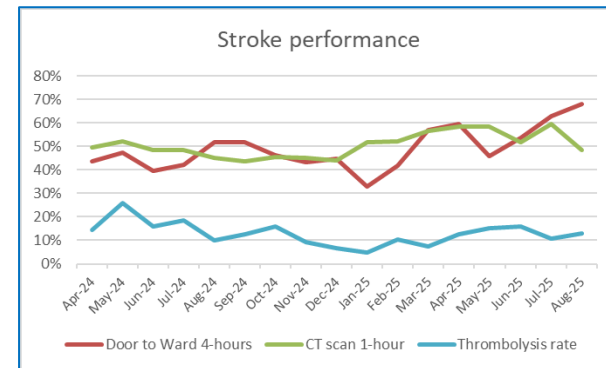
GMS activity		July 2025	Year to date 25/26
	Calls to GP surgeries	295,171	1,268,451
	Digital requests to GP practices	76,882	304,013
	GP appointments offered	254,473	964,973
	Items issued via prescription	792,405	2,938,158



Prepared by Nikki
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Urgent and Emergency Care – Hospital Flow and Discharge

- The most recent data from August showed a further improvement in compliance with the Door to Ward standard for Stroke patients. Compliance rose from 62.9% to 67.9%. In August 48.4% of patients receiving their CT scan within 1-hour, reduced from July
- In August, 39.5% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an increase in performance from July and remains significantly above the national average of 9%
- Pathway of Care Delays remained steady in September 2025 at 176, the number of non-mental health delays reduced while mental health delays increased. 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
- The average length of stay for our 20 longest delayed, clinically optimised patients is 234 days (total length of stay, not length of delay). The current reasons for delays across these patients includes; housing, social work assessment and nursing/residential home placement. Common themes are identified as part of our regular review of delays



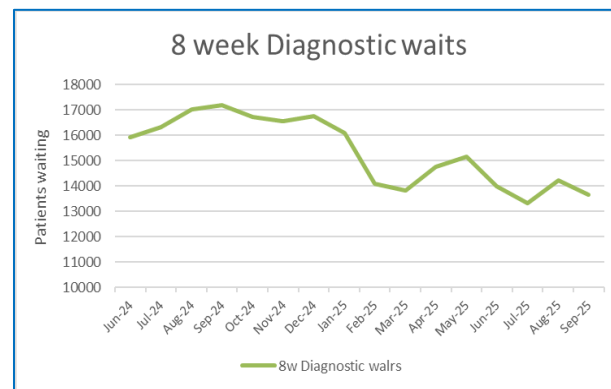
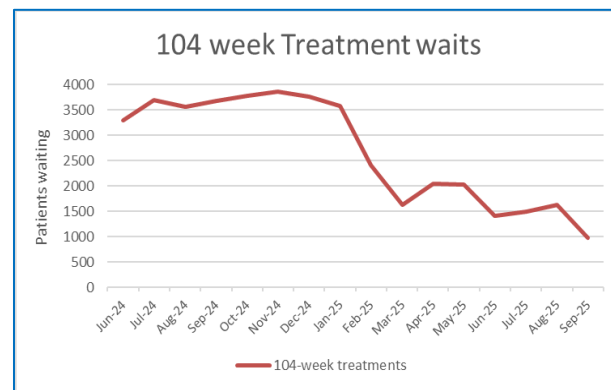
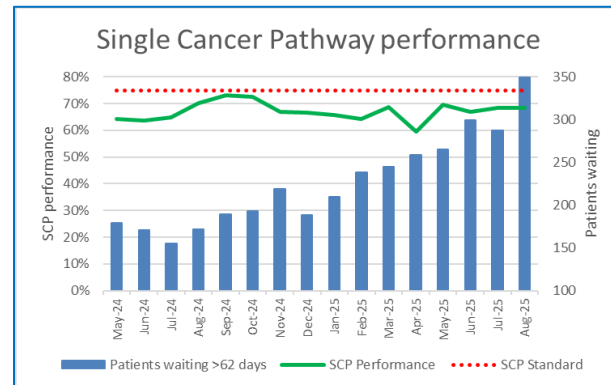
Urgent and Emergency

Report Nikki
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Planned Care, Cancer and Diagnostics

- The number of patients waiting >62 days for Cancer treatment has risen since last summer. In August compliance with the Single Cancer Pathway standard remained at 68.4%
- With the increasing backlog, cancer performance is forecast to drop from September to December:
 - National challenges with increased skin referrals will be offset with 2 Consultants from January
 - Delays for Urology outpatients are improving
 - Endoscopy delays are reducing through the use of additional capacity
- The number of patients waiting 2-years for treatment reduced in September to 981, in line with our trajectory and delivering on our commitment to Welsh Government. We are working with Welsh Government colleagues to agree funding and a trajectory for a further reduction in Q3 and Q4. Even with additional funding we are currently unable to eliminate 2-year waits for sleep studies or spinal surgery by the end of the year. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair
- Diagnostic 8-week waits reduced in September 2025 to 13,667, mainly driven by reductions in endoscopy and NOUS waits. The MRI and CT positions increased but this will be recovered with additional capacity in Q3 and Q4

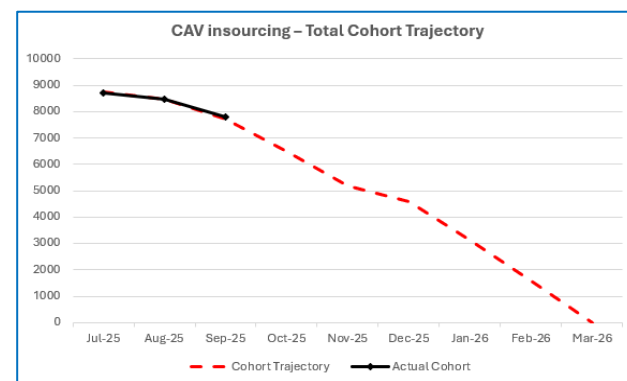
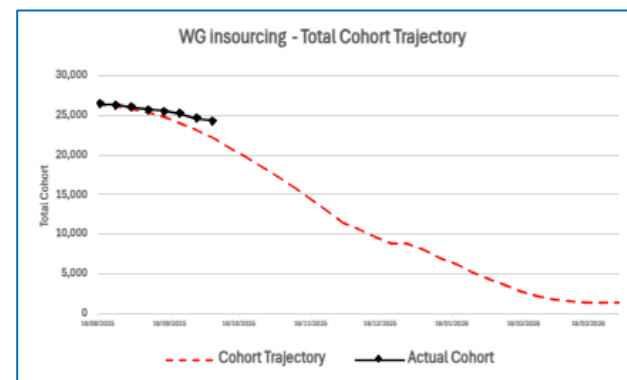
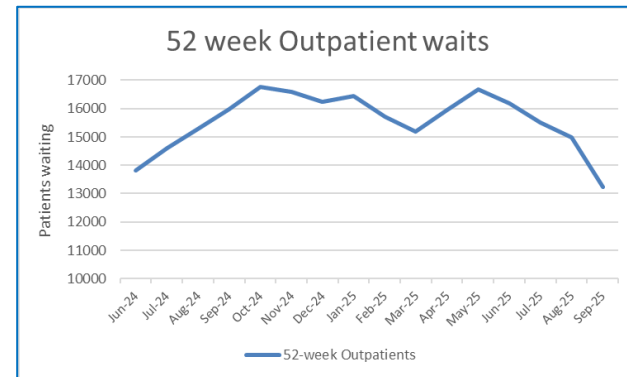
Planned Care



Planned Care, Cancer and Diagnostics

- The number of patients waiting 52-weeks for an outpatient appointment reduced in September 2025 driven mainly by surgical specialties
- 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 c2500 appointments through the Government insourcing contract and nearly 700 appointments through C&V schemes. Due to delays with the Insourcing provider and availability of their staff, we are currently behind trajectory – these are pan-Wales issues and are being addressed through Executive level actions

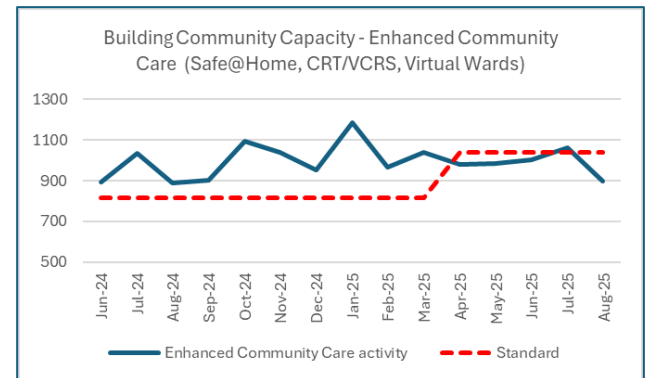
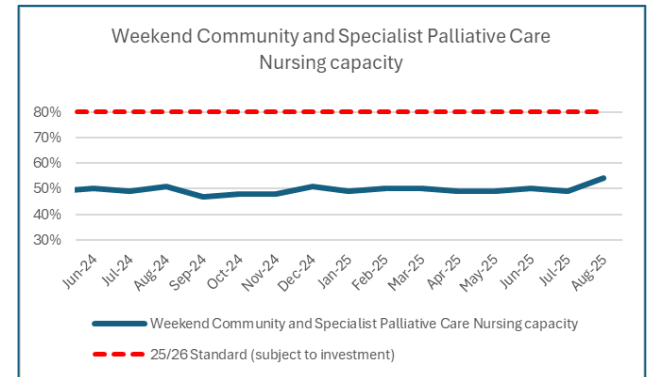
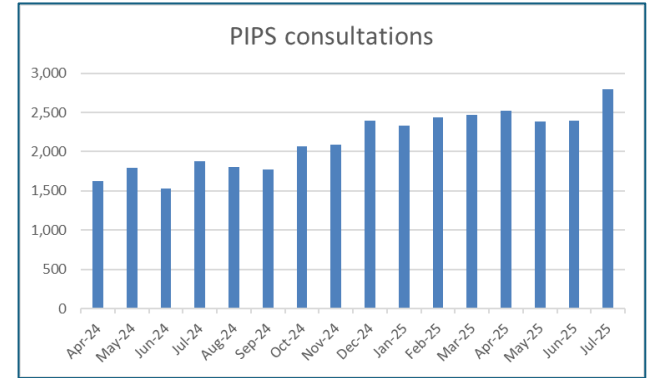
Planned
Care



Primary and Community Care

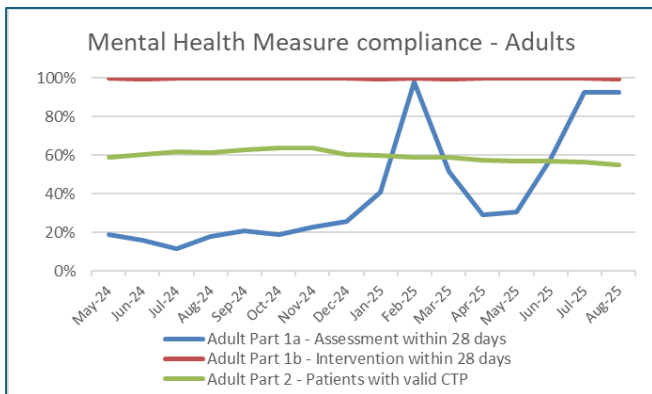
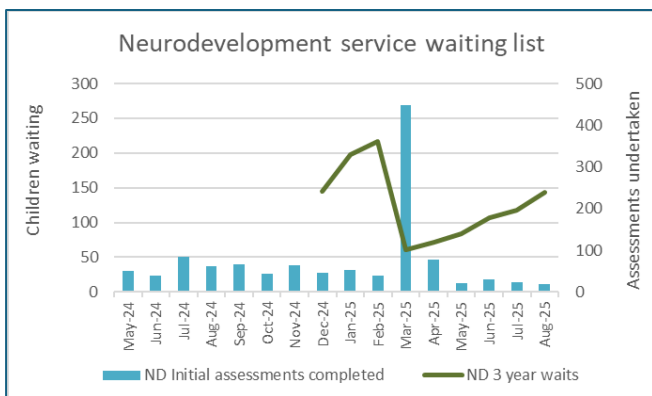
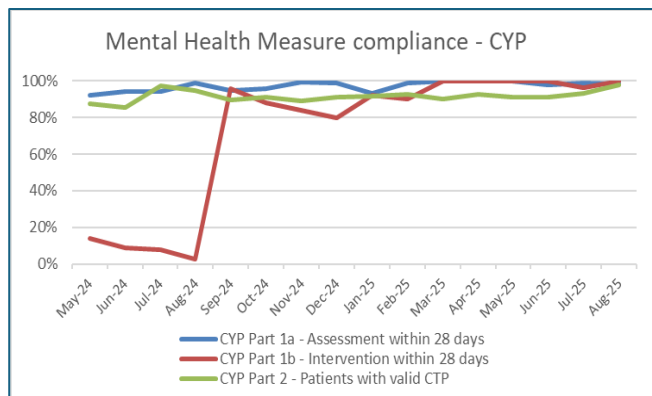
- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,797 consultations delivered in July 2025, increased from June and highest to date
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services, in July we met our ambition of a 20% increase this year. Activity dropped as forecast in August, with annual leave and reduced demand

Primary and Community Care



Mental Health

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, >98% compliance reported for August 2025. Part 2 performance also remains compliant, with over 90% compliance maintained throughout 2025
- The Neurodevelopment service waiting list continues to grow with 187 referrals in August. The service anticipate the number of children waiting 3 years for assessment will grow throughout 2025 with the current capacity. The number of 3-year waits increased to 144 in August. In total there are 4,716 children on the waiting list for assessment
- For Adult and older people's mental health services, August saw Part 1a compliance maintained over 92%, despite referrals remaining high. Part 1b remains compliant with 99.1% reported in August. Part 2 compliance remained low despite ongoing actions. 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

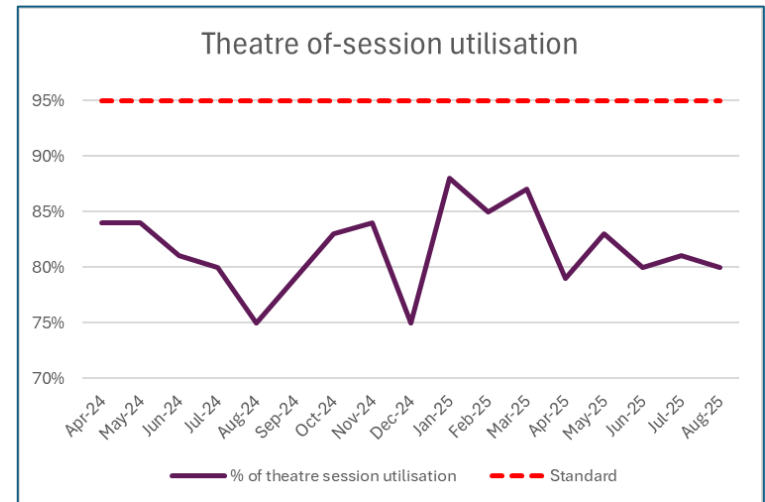
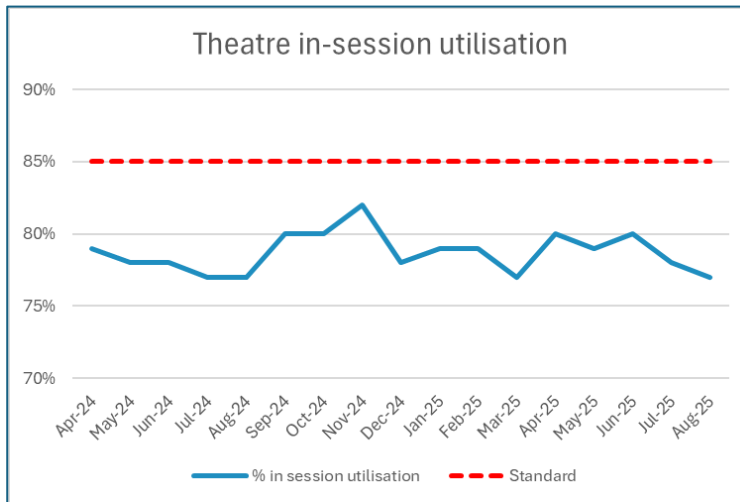
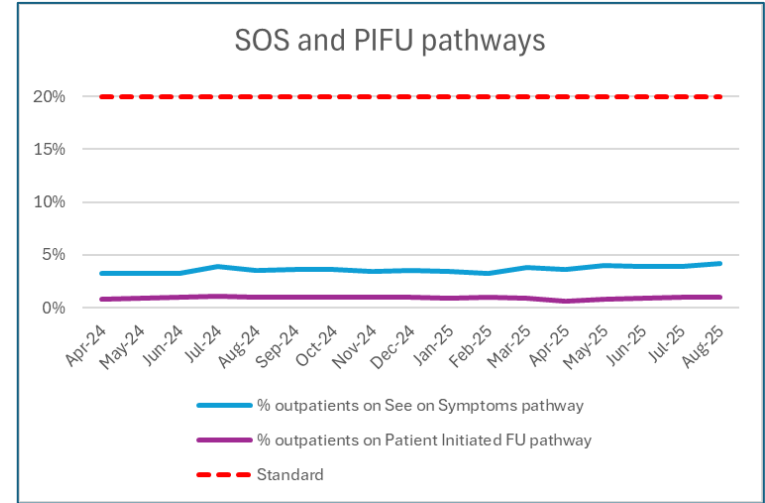
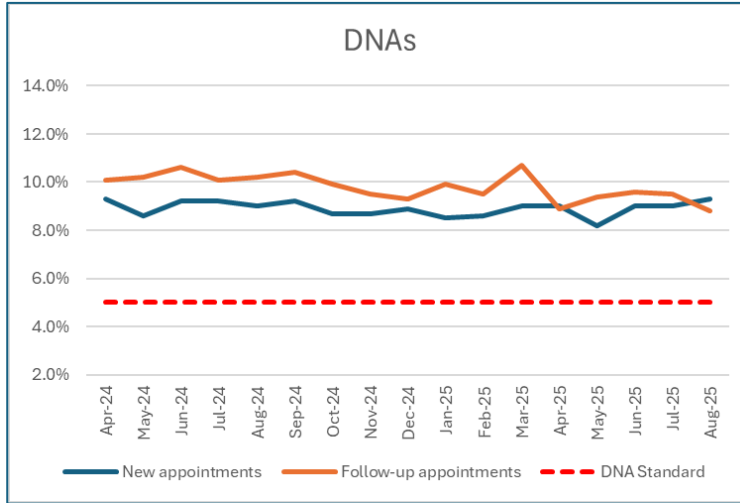
2 – residents with a valid health and care treatment plan

Mental Health

Productivity and Efficiency

Measure		Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Trend
Outpatients	% DNAs - New appointments	5%	9.0%	9.2%	8.7%	8.7%	8.9%	8.5%	8.6%	9.0%	9.0%	8.2%	9.0%	9.0%	9.3%	
	% DNAs - Follow-up appointments	5%	10.2%	10.4%	9.9%	9.5%	9.3%	9.9%	9.5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	
	% outpatients on See on Symptoms pathway	20%	3.5%	3.6%	3.6%	6.6%	3.5%	3.4%	3.3%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	
	% outpatients on Patient Initiated FU pathway		1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	
Endoscopy	% room utilisation	90%	74%	74%	68%	78%	75%	83%	82%	88%	78%	88%	81%	87%	71%	
	% utilisation (activity points available)	95%	80%	83%	85%	87%	85%	84%	81%	84%	87%	89%	87%	90%	89%	
Theatres	Average turnaround time (minutes)	10	16.0	18.9	19.9	15.9	16.2	15.9	18.2	17.1	16.6	15.9	17.5	17.0	16.8	
	% of theatre session utilisation	95%	75%	79%	83%	84%	75%	88%	85%	87%	79%	83%	80%	81%	80%	
	% in session utilisation	85%	77%	80%	80%	82%	78%	79%	79%	77%	80%	79%	80%	78%	77%	
	<24 hour elective cancellations	N/A	249	190	363	198	217	315	295	347	237	229	281	287	220	
Waiting list	Total RTT waiting list volume	N/A	153,673	155,063	156,194	154,994	154,605	153,519	151,069	151,226	152,150	152,901	151,955	150,902	150,551	
Inpatient	Delayed pathways of Care - Mental Health	217	36	26	26	32	29	30	30	27	28	24	21	34	34	
	Delayed Pathways of Care - non-Mental Health		138	144	135	130	115	146	133	136	122	115	134	115	142	
	7 day LOS on Acute Wards (snapshot)	<40%	58.0%	58.5%	59.4%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	
	21 day LOS on Acute Wards (snapshot)	<20%	32.6%	31.8%	31.4%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	11.3	11.9	10.7	10.4	10.5	9.8	12.4	11.0	10.3	11.9	9.8	10.9	9.7	
Urgent and Emergency	Reportable attendances	N/A	10,926	11,567	12,628	11,922	11,468	10,756	10,237	12,193	11,659	11,517	11,823	12,304	11,398	
	Reportable Majors attendances	N/A	6,053	6,235	6,691	6,398	6,272	5,924	5,628	6,210	6,041	6,297	6,113	6,295	6,291	
	Reportable EU admissions	N/A	1,778	1,768	1,823	1,831	1,829	1,676	1,502	1,658	1,754	1,708	1,762	1,733	1,641	
	SDEC attendances	N/A	1,736	1,730	1,847	1,716	1,601	1,786	1,609	1,770	1,678	1,779	1,753	1,908	1,676	
Mental Health	TBC	TBC - will be added from Q3														

Productivity and Efficiency







Recommendation:

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

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
	X	X		

Quality Impact Assessment Completed?

Yes – (<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

October 2025

Regan, Nikki
21/10/2025 11:43:06



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

- 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

Regan, Nikki
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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	176 Sept-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	2,797 Jul-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	54% Aug-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	899 Aug-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
Mental health access	<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	45.6% Aug-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 people age under 18 years</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	98.6% Aug-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	92.4% Aug-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% Aug-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	99.1% Aug-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
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	39 Sep-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	785 Sep-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	981 Sept-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	68.4% Aug-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	13,667 Sept-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.

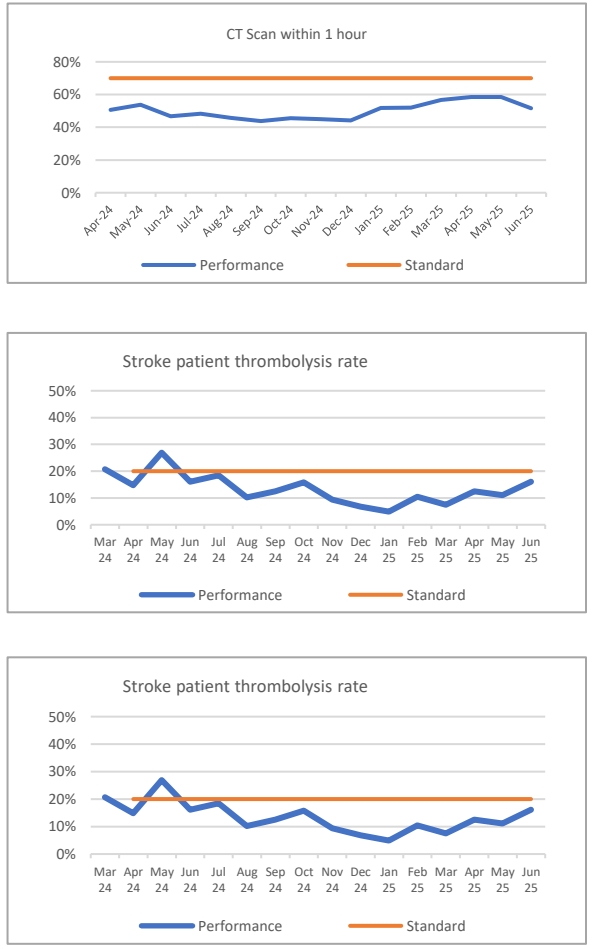
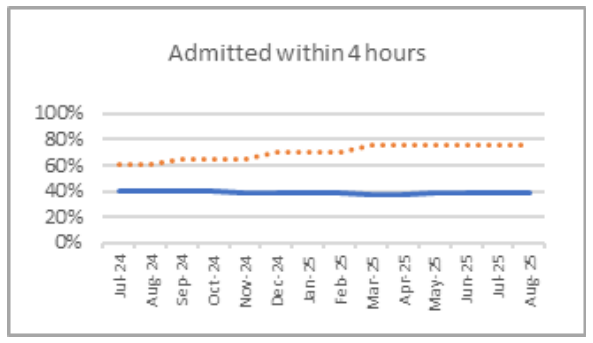
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

[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 September utilisation was 83%, 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>Sep-25</p> <p>Aug-25</p>	<p>83% 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 September we reported zero 2-hour ambulance delays, delivering our commitment to eliminate 2-hour delays. In September we reported 41 1-hour ambulance delays, a slight increase from August but below our commitment of <365</p> <p>In August lost minutes per arrival reduced further to 11, a significant improvement reflecting the reduced delays noted above</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 September we reported a decrease in patients waiting 12-hours in EU compared to August. This equates to 93.4% of attendances waiting less than 12-hours and below our ambition for Q4, but an improvement from the previous month</p> <p>SDEC units In August we reported a decrease in activity compared to July, and below August 2024 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase</p>	<p>Sep-25</p> <p>Sep-25</p> <p>Aug-25</p>	<p>0 2-hour delays At standard</p> <p>41 1-hour delays Below standard</p> <p>11 minutes lost/arrival Above standard</p> <p>93.4% patients <12h Below standard</p> <p>1676 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 September 54.4% of patients in acute beds had a LOS of >7 days, 29.4% >21 days – improved from August</p> <p>Pathway of Care Delays – <160 delayed patients each month In September 2025 the number of POCDs was 176 – this is the same number of delays reported in August. We continue to work internally and with LA partners</p>	<p>Sept-25</p> <p>Sep-25</p>	<p>54.4% >7d Above standard</p> <p>29.4% >21d Above standard</p> <p>176 Above standard</p>	

Regan, Nikki
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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 August 48.4% of patients were received their CT scan within 1 hour of arrival at EU, reduced from July.</p> <p>Thrombolysis – 20% thrombolysis rate In August 12.9% of stroke patients were thrombolysed, improved from July. 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 August 67.9% 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 will allow more sustainable improvements to be embedded</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales</p>	<p>Aug-25</p>	<p>48.4% CT Below standard</p> <p>10.8% Thrombolysis Below standard</p> <p>67.9% Door-to-ward Below standard</p>	 <p>The data section for the High Impact Pathways - Stroke contains three line charts. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between approximately 40% and 60% over the period from April 2024 to June 2025, with a standard line set at 70%. The second and third charts, both titled 'Stroke patient thrombolysis rate', show performance fluctuating between approximately 5% and 30% over the period from March 2024 to June 2025, with a standard line set at 20%.</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 August our annualised compliance showed 38.2% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9.2%.</p>	<p>Aug-25</p>	<p>38.2% (Annualised) Below standard</p>	 <p>The data section for High Impact pathways – Hip fracture contains one line chart titled 'Admitted within 4 hours'. It shows performance fluctuating between approximately 35% and 45% over the period from July 2024 to August 2025, with a standard line set at 80%.</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 August) 40.8% of the contract value has been delivered</p> <p>Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In July 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>	Jun-25	100% At standard	
		Jul-25	40.8% Below standard (Apr-25 – Aug 25) 2,797 Above standard 100% Above standard	
Cancer	<p>Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In August 68.4% 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>	Aug-25	68.4% Below standard	

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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 September there were 13,221 patients waiting 52 weeks for their first outpatient appointment. This is improved from August, 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 September there were 981 patients waiting 104 weeks for treatment. This is reduced from August and delivers the trajectory shared with Welsh Government.</p>	<p>Sept-25</p>	<p>13,221 patients Above standard</p> <p>981 patients Below standard (Q2)</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In September 13,667 patients were waiting over 8 weeks for a specified diagnostic, A reduction from August. Improvement in the radiology position this month, with NOUS waits also notably reduced.</p> <p>Therapies – National standard of zero 14 week waits In September 894 patients were waiting over 14 weeks for therapies, An increase from July. 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>Sept-25</p>	<p>13,667 patients Diagnostics Above standard</p> <p>894 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 September there were 0 patients waiting over 52 weeks for a new outpatient appointment</p>	<p>Sept-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 August 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 August 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 August 97.7% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Aug-25</p>	<p>98.6% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>97.7% Part 2 Above standard</p>	<p>The data section contains three charts:</p> <ul style="list-style-type: none"> LPMHSS assessments started 28 days < 18 years: A line chart showing performance (blue line) fluctuating around a standard of 80% (orange line). Performance in August 2025 is 98.6%. Therapeutic interventions started 28 days < 18 years: A bar chart showing performance (blue line) and trajectory (orange bars) for interventions. Performance in August 2025 is 100%. Valid Treatment Plan < 18 Years: A line chart showing performance (blue line) fluctuating around a standard of 80% (orange line). Performance in August 2025 is 97.7%.

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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 August 92.4% of patients received their assessment within 28 days. Referrals to the service remain high.</p>	Aug-25	92.4% Part 1a Above standard	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>Jun-24</td><td>15</td><td>80</td></tr> <tr><td>Jul-24</td><td>10</td><td>80</td></tr> <tr><td>Aug-24</td><td>18</td><td>80</td></tr> <tr><td>Sep-24</td><td>20</td><td>80</td></tr> <tr><td>Oct-24</td><td>18</td><td>80</td></tr> <tr><td>Nov-24</td><td>20</td><td>80</td></tr> <tr><td>Dec-24</td><td>25</td><td>80</td></tr> <tr><td>Jan-25</td><td>35</td><td>80</td></tr> <tr><td>Feb-25</td><td>95</td><td>80</td></tr> <tr><td>Mar-25</td><td>50</td><td>80</td></tr> <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>45</td><td>80</td></tr> <tr><td>Jul-25</td><td>90</td><td>80</td></tr> <tr><td>Aug-25</td><td>92.4</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Jun-24	15	80	Jul-24	10	80	Aug-24	18	80	Sep-24	20	80	Oct-24	18	80	Nov-24	20	80	Dec-24	25	80	Jan-25	35	80	Feb-25	95	80	Mar-25	50	80	Apr-25	30	80	May-25	30	80	Jun-25	45	80	Jul-25	90	80	Aug-25	92.4	80
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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 August 99.1% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Aug-25	99.1% Part 1b Above standard	<p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Dec-24 (%)</th> </tr> </thead> <tbody> <tr><td>Jun-24</td><td>100</td><td>80</td></tr> <tr><td>Jul-24</td><td>100</td><td>80</td></tr> <tr><td>Aug-24</td><td>100</td><td>80</td></tr> <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> </tbody> </table>	Month	Performance (%)	Standard Dec-24 (%)	Jun-24	100	80	Jul-24	100	80	Aug-24	100	80	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			
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Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</p> <p>In August 54.9% of patients had a valid Care and Treatment plan, a small decrease from July. Performance remains below the standard– the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance. Additional information is provided in the paper</p>	Aug-25	54.9% Part 2 Below standard	<p>Valid Treatment Plan - Adults</p> <table border="1"> <caption>Approximate data for Valid Treatment Plan - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Jul-24</td><td>60</td><td>80</td></tr> <tr><td>Aug-24</td><td>60</td><td>80</td></tr> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>60</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>58</td><td>80</td></tr> <tr><td>Mar-25</td><td>55</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>55</td><td>80</td></tr> <tr><td>Aug-25</td><td>54.9</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Jul-24	60	80	Aug-24	60	80	Sep-24	60	80	Oct-24	60	80	Nov-24	60	80	Dec-24	58	80	Jan-25	58	80	Feb-25	58	80	Mar-25	55	80	Apr-25	55	80	May-25	55	80	Jun-25	55	80	Jul-25	55	80	Aug-25	54.9	80			
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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100% 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	Aug-25	Improvement compared to the same month in the previous year	45.6% Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>45.9%</td> <td>46.1%</td> <td>46.0%</td> <td>45.6%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	45.9%	46.1%	46.0%	45.6%
May-25	Jun-25	Jul-25	Aug-25										
45.9%	46.1%	46.0%	45.6%										
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 - Aug-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026	40.8% Above standard	<table border="1"> <tr> <td>Apr25 - May-25</td> <td>Apr-25 - Jun-25</td> <td>Apr-25 - Jul-25</td> <td>Apr-25 - Aug-25</td> </tr> <tr> <td>15.1%</td> <td>23.4%</td> <td>32.8%</td> <td>40.8%</td> </tr> </table>	Apr25 - May-25	Apr-25 - Jun-25	Apr-25 - Jul-25	Apr-25 - Aug-25	15.1%	23.4%	32.8%	40.8%
Apr25 - May-25	Apr-25 - Jun-25	Apr-25 - Jul-25	Apr-25 - Aug-25										
15.1%	23.4%	32.8%	40.8%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-25	Increase compared to the same month in the previous year	2797 Above standard	<table border="1"> <tr> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> </tr> <tr> <td>2516</td> <td>2388</td> <td>2398</td> <td>2797</td> </tr> </table>	Apr-25	May-25	Jun-25	Jul-25	2516	2388	2398	2797
Apr-25	May-25	Jun-25	Jul-25										
2516	2388	2398	2797										
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	Aug-25	80%	99% Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>100%</td> <td>98%</td> <td>99%</td> <td>99%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	100%	98%	99%	99%
May-25	Jun-25	Jul-25	Aug-25										
100%	98%	99%	99%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Aug-25	80%	100% Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>100%</td> <td>100%</td> <td>96%</td> <td>100%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	100%	100%	96%	100%
May-25	Jun-25	Jul-25	Aug-25										
100%	100%	96%	100%										
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Aug-25	80%	92.5% Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>30.0%</td> <td>57.9%</td> <td>92.0%</td> <td>92.5%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	30.0%	57.9%	92.0%	92.5%
May-25	Jun-25	Jul-25	Aug-25										
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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	Aug-25	80%	99.0% Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>100.0%</td> <td>99.5%</td> <td>99.6%</td> <td>99.0%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	100.0%	99.5%	99.6%	99.0%
May-25	Jun-25	Jul-25	Aug-25										
100.0%	99.5%	99.6%	99.0%										
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	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	Jul-25	12 month reduction trend	01:27:34 Above standard	<table border="1"> <tr> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> </tr> <tr> <td>01:58:55</td> <td>01:19:34</td> <td>01:34:20</td> <td>01:27:34</td> </tr> </table>	Apr-25	May-25	Jun-25	Jul-25	01:58:55	01:19:34	01:34:20	01:27:34
Apr-25	May-25	Jun-25	Jul-25										
01:58:55	01:19:34	01:34:20	01:27:34										

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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	Aug-25	15 minutes or less	5 Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>6</td> <td>6</td> <td>5</td> <td>5</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	6	6	5	5
May-25	Jun-25	Jul-25	Aug-25										
6	6	5	5										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Aug-25	60 minutes or less	71 Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>64</td> <td>68</td> <td>65</td> <td>71</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	64	68	65	71
May-25	Jun-25	Jul-25	Aug-25										
64	68	65	71										
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	Sep-25	Improvement compared to the same month in the previous year, towards the national target of 95%	59.7% Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>61.3%</td> <td>65.5%</td> <td>61.5%</td> <td>59.7%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	61.3%	65.5%	61.5%	59.7%
Jun-25	Jul-25	Aug-25	Sep-25										
61.3%	65.5%	61.5%	59.7%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Sep-25	Reduction compared to the same month in the previous year, towards the national target of zero	785 Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>919</td> <td>883</td> <td>774</td> <td>785</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	919	883	774	785
Jun-25	Jul-25	Aug-25	Sep-25										
919	883	774	785										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jul-25	12 month improvement trend towards a national target of 80% by 31 March 2026	68.4% Below standard	<table border="1"> <tr> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> </tr> <tr> <td>59.5%</td> <td>69.6%</td> <td>67.0%</td> <td>68.4%</td> </tr> </table>	Apr-25	May-25	Jun-25	Jul-25	59.5%	69.6%	67.0%	68.4%
Apr-25	May-25	Jun-25	Jul-25										
59.5%	69.6%	67.0%	68.4%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Aug-25	0	14,243 Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>15177</td> <td>14007</td> <td>13344</td> <td>14243</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	15177	14007	13344	14243
May-25	Jun-25	Jul-25	Aug-25										
15177	14007	13344	14243										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jul-25	100%	68.4% Below standard	<table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>86.24%</td> <td>82.00%</td> <td>76.66%</td> <td>71.58%</td> </tr> </table>	Dec-24	Jan-25	Feb-25	Mar-25	86.24%	82.00%	76.66%	71.58%
Dec-24	Jan-25	Feb-25	Mar-25										
86.24%	82.00%	76.66%	71.58%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sept-25	0	894 Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>571</td> <td>566</td> <td>681</td> <td>797</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	571	566	681	797
May-25	Jun-25	Jul-25	Aug-25										
571	566	681	797										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jul-25	0	861 Above standard	<table border="1"> <tr> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> </tr> <tr> <td>294</td> <td>456</td> <td>679</td> <td>861</td> </tr> </table>	Apr-25	May-25	Jun-25	Jul-25	294	456	679	861
Apr-25	May-25	Jun-25	Jul-25										
294	456	679	861										

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NHS Wales Performance Framework Measures

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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	Sept-25	0	13,221 Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>16663</td> <td>16172</td> <td>15505</td> <td>14990</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	16663	16172	15505	14990
May-25	Jun-25	Jul-25	Aug-25										
16663	16172	15505	14990										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Sep-25	Reduction compared to the same month in the previous year	24,869 Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>22503</td> <td>23,473</td> <td>24,346</td> <td>24,869</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	22503	23,473	24,346	24,869
Jun-25	Jul-25	Aug-25	Sep-25										
22503	23,473	24,346	24,869										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Sept-25	0	981 Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>2030</td> <td>1401</td> <td>1498</td> <td>1623</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	2030	1401	1498	1623
May-25	Jun-25	Jul-25	Aug-25										
2030	1401	1498	1623										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Sept-25	Month on month reduction towards the national target of zero by 30 June 2025	31,707 Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>35620</td> <td>34374</td> <td>33323</td> <td>32990</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	35620	34374	33323	32990
May-25	Jun-25	Jul-25	Aug-25										
35620	34374	33323	32990										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Aug-25	80%	21% Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>13%</td> <td>16%</td> <td>19%</td> <td>21%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	13%	16%	19%	21%
May-25	Jun-25	Jul-25	Aug-25										
13%	16%	19%	21%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Aug-25	80%	72% Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>77%</td> <td>68%</td> <td>68%</td> <td>72%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	77%	68%	68%	72%
May-25	Jun-25	Jul-25	Aug-25										
77%	68%	68%	72%										

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Report Title:	2025-26 Annual Plan: Quarter Two Report			Agenda Item No:	2.3
Meeting:	Finance & Performance Committee	Public	X	Meeting Date:	22 nd October 2025
		Private			
Status (please only tick one)	Assurance	X	Approval		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 progress at Quarter 2 of delivery of the actions set out in the UHBs 2025/2026 Annual Plan. Monitoring delivery of the UHBs plan is an essential component of good strategic planning – it ensures the organisation is agile in its planning whilst also supporting good governance.

While the ambition is to establish a single integrated annual plan dashboard the complexity of the plan's constituent actions spanning, but not limited to, strategy, finance, workforce, performance and external partnership working —makes full seamless integration challenging. Many actions are already reported on through pre-existing reporting arrangements including, for example, the Integrated Performance Report (IPR) and finance reports. This report therefore draws on these reporting mechanisms in order to bring the relevant information into one place in a pragmatic, structured and consistent manner.

Summary of plan priorities:

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

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

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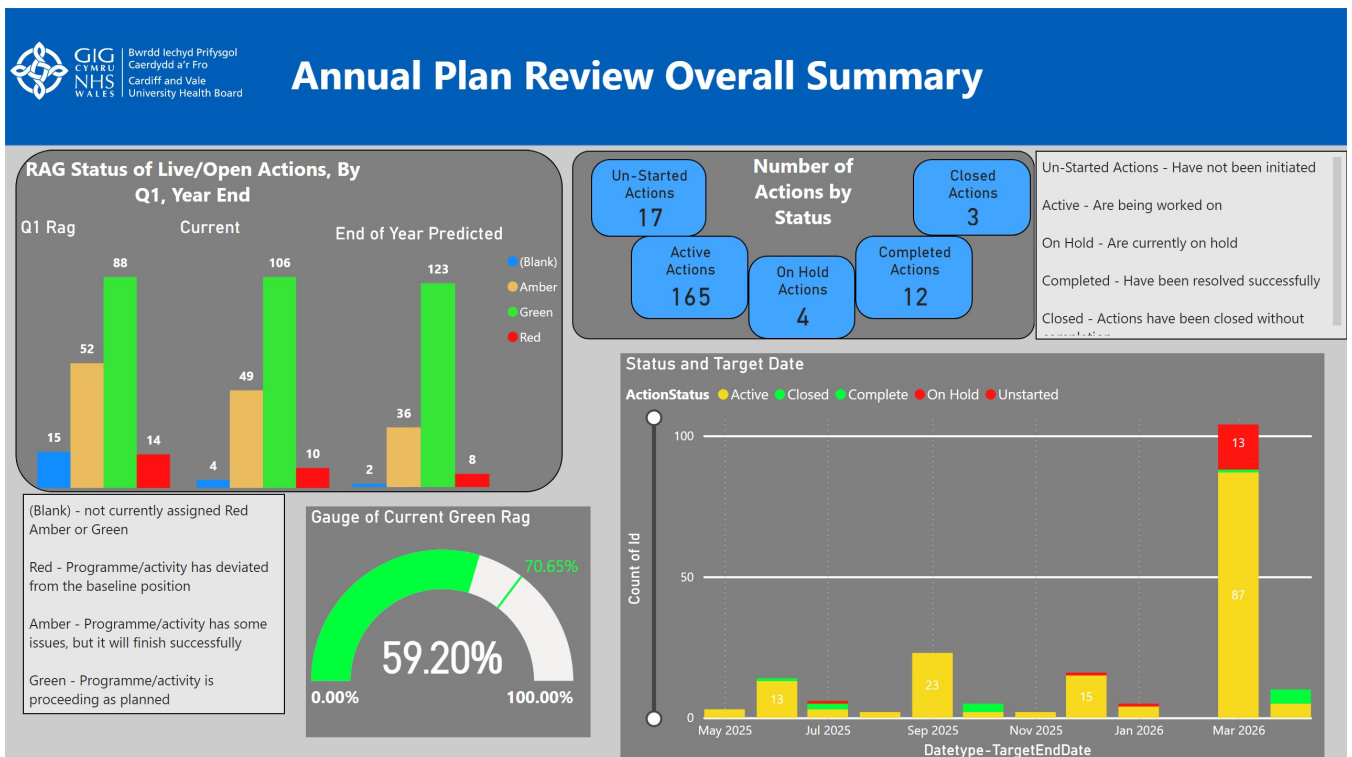
The UHB uses Power BI - a Microsoft-powered business intelligence tool to transform raw data into interactive dashboards and actionable insights as a means of proactively tracking our annual plan actions.

Below shows a summary position of all the UHBs actions at Q2. It shows a positive trend since Q1- an increase in the number of actions now GREEN with a corresponding decrease in AMBER and RED actions.

The UHB is however forecasting that 30% of its actions may be outstanding at year end.

To effectively mitigate this we are now placing an even greater emphasis of *Proactive Delivery Management*. Action leads are now asked to specify what support it required for these actions to deliver at year end so informed intelligence lead decisions can be taken. These requests for support are discussed at Management Executive Forum and/or Senior Leadership Team where appropriate.

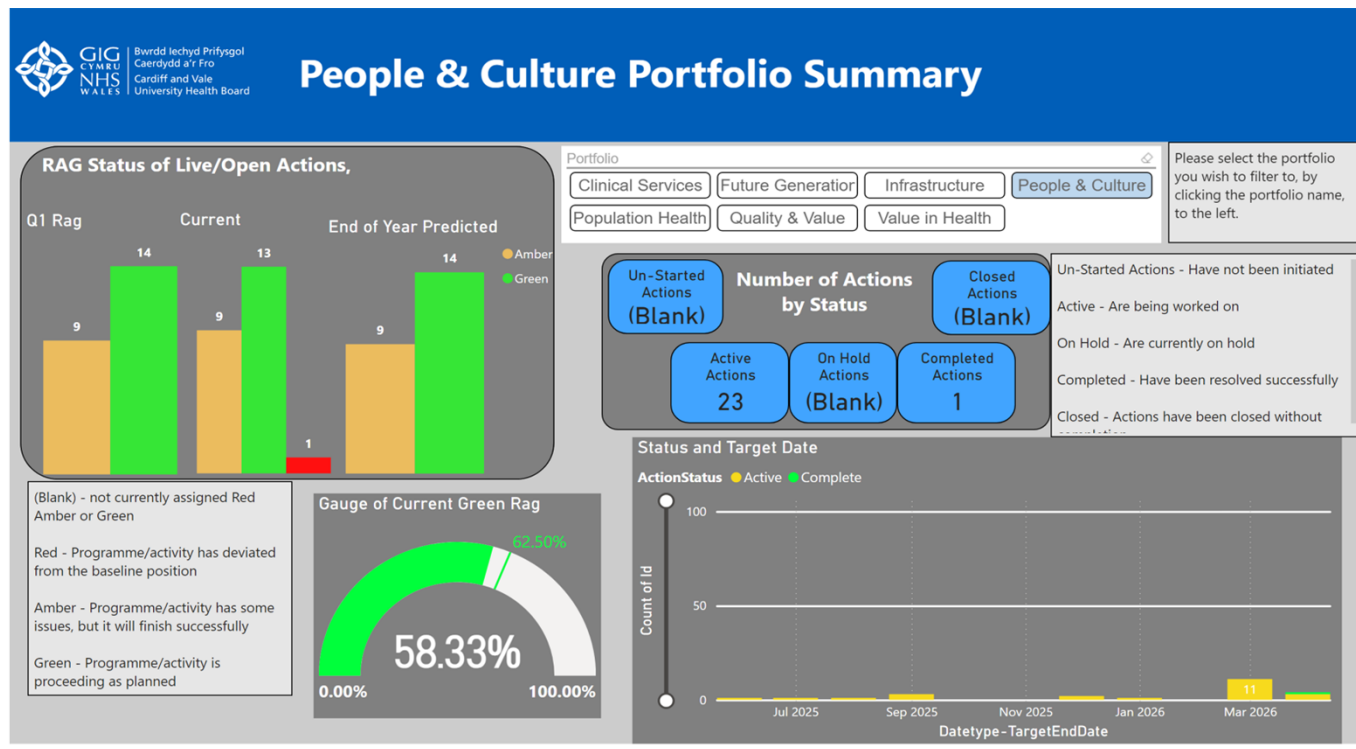
As we move into Q3 there is also now alignment between 2025-26 plan delivery and 2026-27 plan development with consideration being given to what aspects of our current actions i.e. the 30% may need to be rolled forward and/or recast into next year's annual plan. Or, which perhaps are no longer relevant due to a natural change in circumstance.



Power BI consequently also gives the UHB the ability to 'drill down' into each priority area to understand progress and/or challenges as a more granular level. A summary position of each priority area is set out below alongside some specific highlights from Q2.

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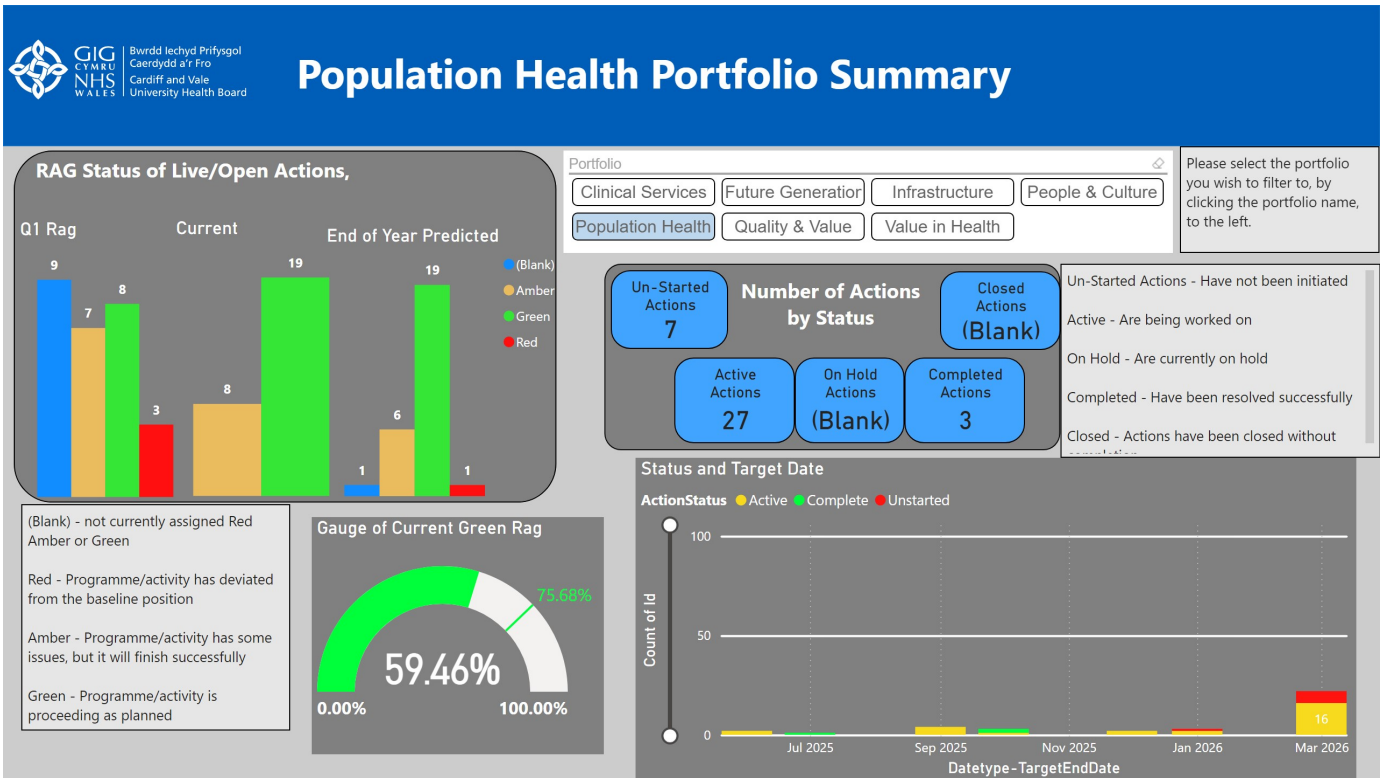
People and Culture- Aligned Strategic Objective: Putting People First



Highlights

- Wellbeing and Availability to Work:** Targeted action continues to be taken to reduce staff absence and increase availability to work. A multi-disciplinary approach to improving staff wellbeing and attendance has been adopted, involving collaboration across People Services, OD & Culture, Employee Wellbeing, and Occupational Health. A high-level action plan has been developed, and a dedicated task and finish group has been established to oversee its implementation. A new triage model within Occupational Health and Employee Wellbeing is active, enhancing referral quality and the advice provided.
- Medical Workforce (reduction by 30%):** There was a temporary spike in medical agency expenditure in July 2025, largely due to increased annual leave, sickness absence, and late timesheet submissions from earlier months. However, this was followed by a significant reduction in August, with costs decreasing by £97,038 and 5 fewer agency workers in post.
- Workforce Planning:** A Nurse Workforce Model is currently under development and will be used to inform workforce supply and demand. A Workforce group has been established to consider and plan for the implementation of Registered Nursing Associates within the UHB. Successful planning and commissioning of a new specialist mental health professional role (Clinical associate in applied psychology) with two trainees commencing in post in September.

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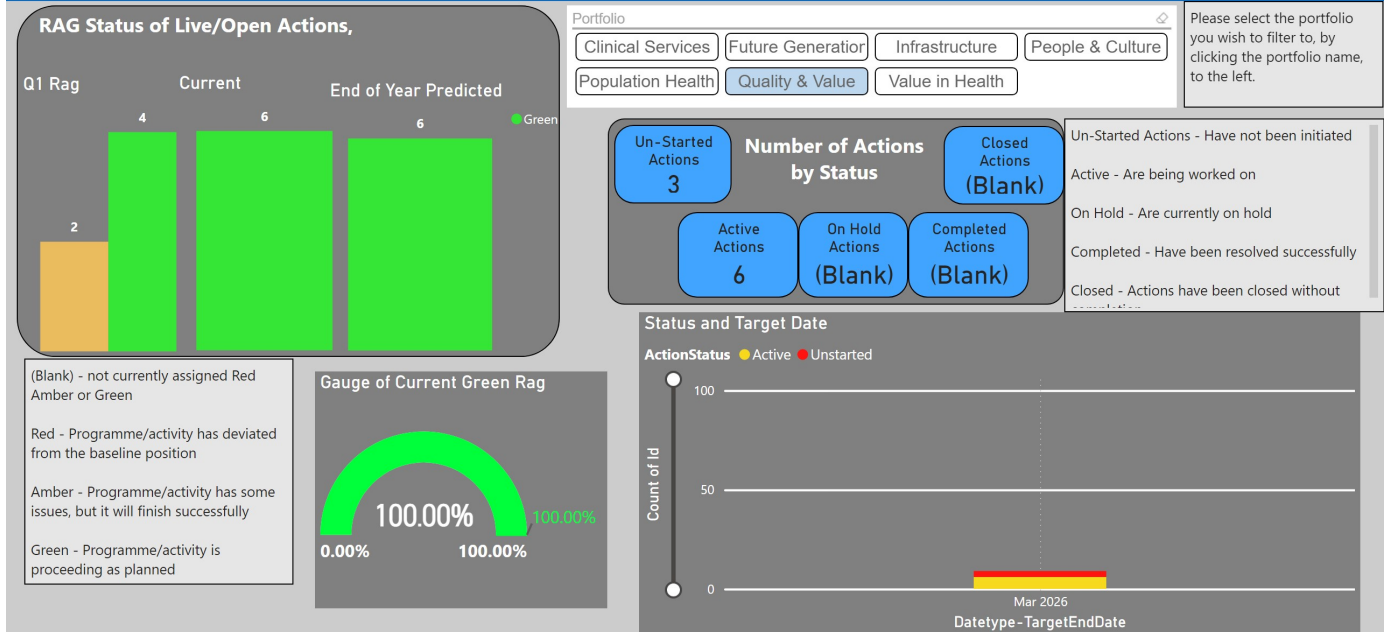


Highlights

- **Vaccination:** An outreach-based vaccination delivery model is now operational, utilising mobile units and community venues to improve access among low uptake populations
- **Diabetes:** Projects to facilitate a whole pathway review for Diabetes and to develop a 'dashboard' that tracks progress against key indicators are delivering to plan. A health needs assessment for diabetes is in development and due for completion in Q3.
- **Tobacco:** Expansion of Help Me Quit services complete.
- **Phase 1 Integrated Community Care System (ICCS):** Delivery of phase 1 is progressing to plan. Key highlights for Q2 include
 - A bid to implement a community-based falls response service has been approved by the National 6 Goals Programme, work on the implementation plan is underway with partners.
 - Allied Health Professions (AHP) Leadership embedded into ICCS programme and workstreams to support integration of AHP Supported Health and Wellbeing programmes into the ICCS approach
- **ICCS Design:** The programme to design the ICCS blueprint, model of care, and enabling plans began in Q2 and is progressing as planned. An all-partner summit is taking place in Q3.

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Quality & Value Portfolio Summary

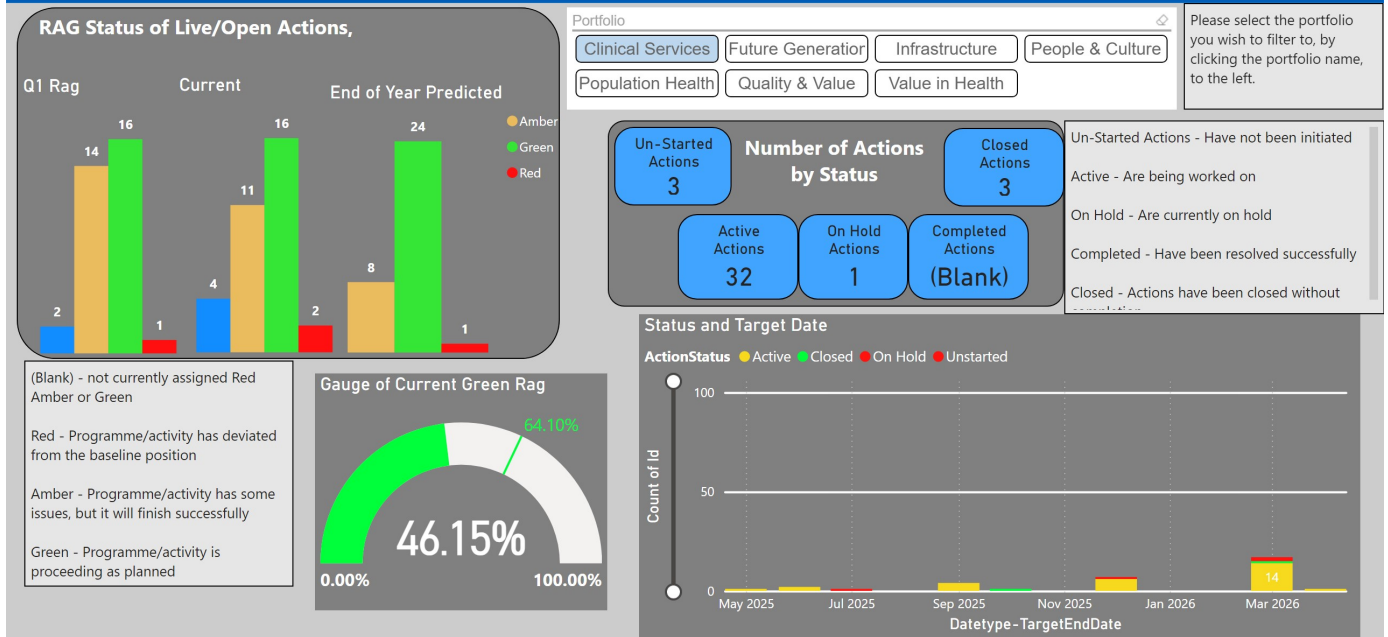


Highlights

- **Quality Management System:** Quality Management System project is live and progressing well
- **Safety and Improvement Projects:** Health Care Acquired Infections, Lost to Follow Up, Medicine Safety and Acute Deterioration projects are live and progressing well
- **Value-Based Healthcare:** Evaluation of diabetes, supportive care and cellulitis projects has been completed. Frailty project continues to progress to plan.
- **Measurement Tools:** Value Tracker developed and presented to integrated planning colleagues for initial feedback. A framework for benefits realisation is currently in development in collaboration with Shaping Change

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Clinical Services- Aligned Strategic Objective: Providing Outstanding Quality



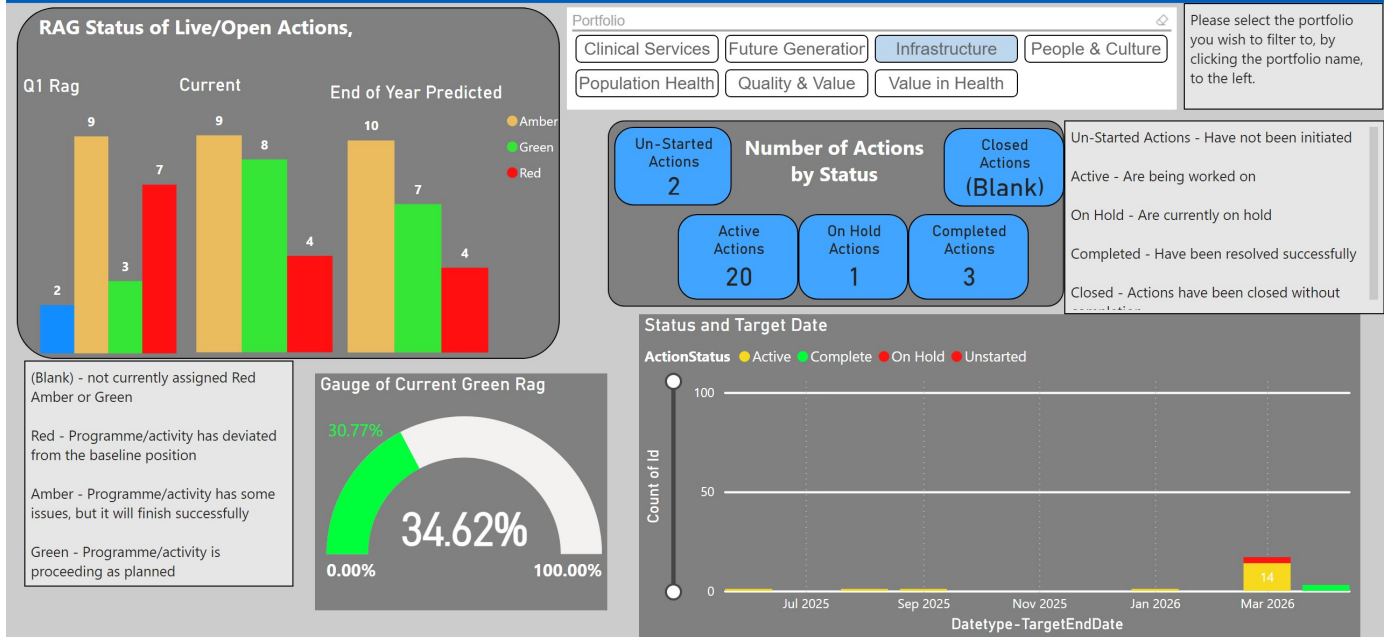
Highlights

- **Clinical Services Plan:** A 20-week engagement exercise on future clinical services commenced in Q2, designed to co-produce a strategic blueprint for clinical services to 2035.
- **Cancer and Partnership Working:** Active engagement with Velindre Cancer Centre and progress in formalising our collaborative programme of work
- **Theatre Efficiency:** Theatre Together Programme continues. Productivity levels have remained static throughout Q2 however expected activity levels have been met. The Surgical Hub at University Hospital Llandough has made good progress in Q2, with session utilisation increasing by 5% and activity levels rising by 9% on Q1 position
- **Productivity and GIRFT:** Action plans are in place across specialties, with initial assessments completed for six additional areas. Ophthalmology transformation is progressing strongly, with direct listing implemented from the end of September and ministerial cataract efficiency targets achieved and sustained from August.

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Infrastructure - Aligned Strategic Objective: Delivering in the Right Places

Infrastructure Portfolio Summary



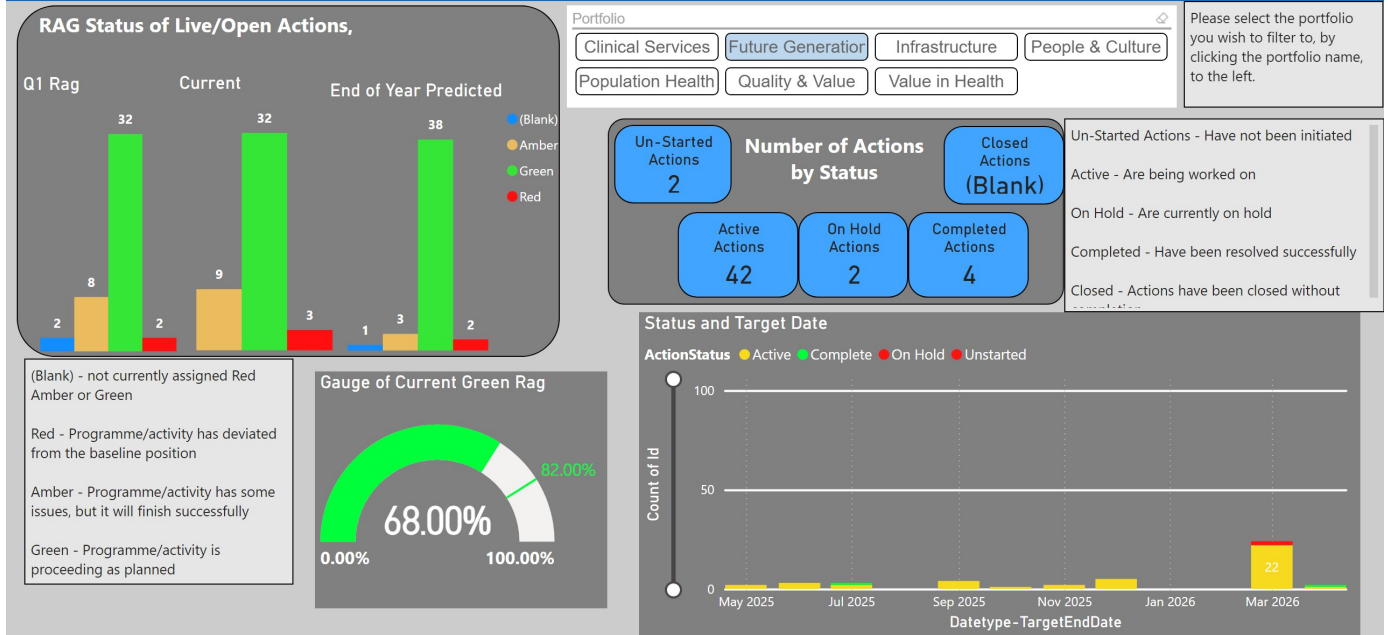
Highlights

- **Digital Enablers:** M365 and Co-Pilot AI initiative complete. Wi-Fi expansion and Power BI licensing projects making good progress.
- **Sustainable Service Delivery:** Estates condition survey complete, awaiting appraisal report to develop a prioritised plan for future capital investment.

It is noted that this Portfolio has a lower percentage of actions currently rated GREEN compared to others. This may be attributed to the fact that a significant proportion (75%) of actions are not due for completion until March 2026, and therefore may not yet have progressed to a stage where a GREEN rating is appropriate.

Future Generations - Aligned Strategic Objective: Acting For the Future

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Highlights

- **Cardiff Health Partners:** Governance structure established with Management and Executive Boards in place. Programme is progressing well with active workstreams and projects.
- **Innovation and Research:** Endoscopy project planned activity complete. Lipid optimisation and lung cancer project progressing to plan. Endoscopy Artificial Intelligence (AI) Special Interest Group established.
- **Foundational Economy:** Inclusive employment, youth engagement and equality initiatives progressing well. Ongoing work to strengthen networks with Third Sector organisations.
- **Carbon Reduction:** Climate change adaption plan currently in development

This is a 'moment in time report' based on the position at the close of Q2. The nature of this report not being published until month 7 consequently means more recent information, particularly in regards to the finance and performance, maybe available. This should be considered when reviewing the following sections in order to avoid confusion.

Quarter 2 Finance Summary

At month 6, the Health Board is reporting an overspend of £31.843m. This is an adverse variance of £3.727m against our profiled deficit plan of £56.2m. 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)	41 (Sept) ●
	Reduce the number of patients who spend 12 hours in ED... building towards the national target of zero	<700 p/m (Q1)	785 (Sept) ●
	No patients waiting more than 104 weeks for referral to treatment	9861 (Q4)	981 (Sept) ●
	62-day SCP performance – 12-month improvement trend	75% (Q4)	68.4% (Sept)
	8-week diagnostic waits – zero target	10426 (Q4)	13667 (Sept)
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)	45.6% (Aug)
	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)	176 (Sept) ●
	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	2797 (Jul) ●
	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% <u>ave.</u>)	54% (Jul) ●
	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 <u>ave.</u>)	899 (Aug) ●
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 – 92.4% (Aug) ● Children – 98.6% (Aug) ●
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% - adult and children	Adult – 99.1% (Aug) ● Children – 100% (Aug) ●

Q2 has seen some improvement in performance across some of the key delivery expectations. Ambulance handover delays have improved through the quarter, with a significant reduction in the number of 1-hour delays and lost hours overall reducing.

C&V have responded to the national drive to eliminate 45-minute holds with the implementation of additional actions, including ringfenced space in Majors and Assessment Unit to facilitate timely handover. As a result, we have seen a significant drop in 45-minute holds at UHW. 12-hour waits continue to be a challenge as we work across the system to facilitate flow, to avoid long waits in EU.

We have maintained our performance against the single cancer pathway. Our performance remains the best in Wales, but we recognise we have improvements to make to overcome challenges in Urology and increased demand for skin cancer.

We have seen a reduction in diagnostic 8-week waits at the end of Q2, driven by improvements in Endoscopy and Non-Obstetric Ultrasound (NOUS). Both CT and MRI have seen recent growth in 8-week waits, but additional capacity for Q3 and 4 should allow this to be recovered.

We have performed well against the Pathway of Care Delays (POCD) standards over the last 2 years. Data suggests that we have stabilised over recent months with a slight increase last month. 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.

Since the previous update Part 1 compliance for adult mental health services have improved and 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

The most common challenges across the portfolios relating to RED and some AMBER actions can be thematically summarised;

Reliance on dependencies

Internal - Delivery progress impacted by internal dependencies, with several actions delayed while awaiting key milestones in associated programmes or activity plans.

External - Progress in some areas delayed due to, for example national programmes and system-wide directives.

Workforce availability: A key strategic challenge across multiple projects is workforce availability. This is impacted by vacancies in critical delivery roles due to staff absence, delays in recruitment, and limited capacity within teams to engage consistently and effectively with project activities.

Strategic and Governance Complexity: Progress in some areas has remained slow, reflecting the challenges of cross-sector collaboration and the need to work within developing governance frameworks.

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





Recommendations:

The Committee are requested to:

NOTE the progress highlighted in the Q2 Annual Plan Report

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.*

1.  Putting People First	X	2.  Providing Outstanding Quality	X
3.  Delivering in the Right Places	X	4.  Acting for the Future	X

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
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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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Report Title:	Monthly Monitoring Return – Month 5	Agenda Item no.	4.1
Meeting:	Finance and Performance Committee	Public	X
		Private	
Status:	Assurance	X	Approval
Lead Executive:	Executive Director of Finance		
Report Author:	Deputy Director of Finance		

Background and current situation:

SITUATION

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

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

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

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

Recommendation:

The Board/Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

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

Quality Impact Assessment Completed?

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

Decarbonisation: No

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

These include:

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

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

Welsh Language: Yes/No

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

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

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

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

Finance and
Performance Committee

Date: 22nd October 2025

Regan, Nikki
21/10/2025 11:43:06

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE FIVE MONTH PERIOD ENDED 31st AUGUST 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 has now been 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 of costs related to changes to the Employers NI rates will 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 August 2025.

A full commentary has been provided to cover the tables requested for the month 5 financial position.

At month 5 the UHB is reporting an overspend of £27.809m, £4.379m off plan.

This is comprised of £1.466m unidentified savings, £2.913m of operational deficit and the planned deficit of £23.430m (5 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).

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 5 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.
- It is assumed that LTA inflation of £2.471m (1.77%) will be passed 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 £7.530m arising from the indicative apportionments of the £42m increased risk associated with the WRP claims that are forecast to settle in 2025/26.
- The potential additional cost of band 2 & 3 pay costs has been reviewed and updated to £8.310m in month.
- The application of the Six Goals funding. The UHB continues to work with the National Programme Director Office for Six Goals for UEC Programme to eliminate the risk relating to the use of this funding.
- The potential opportunity arising from the Microsoft DHCW Review has been removed.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £27.809m and reflects the analysis contained in the annual operating plan in Table A. The deficit of £27.809m for the year to date as shown in Table 2.

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

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	7,179	7,179	0	35,017	35,017	0
Quality Efficiency Improvement Plans - Savings	(2,491)	(2,528)	(37)	(11,587)	(10,121)	1,466
Operational Variance	0	1,987	1,987	0	2,913	2,913
Clinical/Service Board Variance	4,688	6,638	1,950	23,430	27,809	4,379

The month 5 deficit of £27.809m comprised of the following:

- £23.430m planned deficit
- £1.466m unachieved CRP gap
- £2.913m adverse operational variance against plan.

The £56.2m forecast deficit is profiled flat.

It is anticipated that the unachieved CRP gap and operational pressures at month 5 will be recovered as the year progresses and that the UHB will deliver its planned deficit position of £56.233m.

A number of operational pressures have continued into month 5, alongside non recurrent pressures around the GP out of hours pay resolution and resident doctors banding. The pressures are partly offset by operational underspends across service areas as summarized below:

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

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Mental Health Out Of Area Placements (OOA)	1,200	1,003
Specialist Services Activity Related Underperformance	1,600	0
Employers NI (ENIC) Funding Gap	894	2,145
JCC Forecast Outturn Growth	200	1,036
Medical Staff Banding Arrears	300	300
GP Out of Hours pay resolution	1,000	1,000
Prescribing & Childrens CHC Growth	200	0
Pay Vacancies & other mitigating actions to be agreed	(1,015)	(5,484)
Sub-Total Surplus/Deficit	4,379	0

Further detail in relation to table 3 is provided below:

- Mental Health OOA - The Clinical Board is reviewing Bed Flow daily and further investigating 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 against the previous year's delivery. Underperformance against out of area critical care capacity is expected to regress to the mean as the year progresses and the proportion of beddays occupied by Cardiff & Vale patients falls back to the levels observed in previous years.
- 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 recognized at an annual cost of £1.036m
- The pressures against medical staff banding and GP out of hours relate to arrears payments. The recurrent impact is expected to be managed within existing budgetary plans.
- Growth in GP prescribing unit price and Children's CHC is higher than forecast for the year to date and will continue to be reviewed as further prescribing & CHC placement data becomes available.
- Pay – vacancies in Estates, Executive functions & PCIC along with enhanced scrutiny around variable pay are 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 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.

The following actions have been identified to halt and recover the deteriorating operational position:

- 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, and between February and June 2025 the overall number of staff in post has reduced by 79 WTE.
- 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 (£1.6m in plan)

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 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 and 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.

**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
AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)	77
AME Non Cash Depreciation - Donated Assets	(168)
AME Non Cash Depreciation - Impairment	30,341
ARRP	109
AWTTC VOLUNTARY SCHEME FOR BRANDED MEDICINES PRICING, ACCESS AND GROWTH (VPAG) INVESTMENT FACILITY	600
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 FB	28
DEL Non Cash Depreciation - Accelerated	1,979
DEL Non Cash Depreciation - Baseline Surplus / Shortfall	(3,376)
DEL Non Cash Depreciation - IFRS 16 Leases	2,912
Dementia Action Plan	100
DoLS / MCA / Advocacy (MH)	256
DPIF	3,777
ESMCP CONTROL ROOM	116
ESMCP WAST RESOURCES	38
EXECS_MTH 1_CLIMATE-FOCUSSED SPREAD AND SCALE ACADEMY	52
GENOMICS (C&V / JCC)	323
INDIVIDUAL PLACEMENT & SUPPORT IN PRIMARY CARE	440
INVEST TO SAVE - WELSH GOVERNMENT ENERGY SERVICE	(347)
LEARNING DISABILITY POLICY_ADDITIONAL FUNDING 2025_26	110
MOD ST ATHAN FUNDING LAZURITE TEAM ADDITIONAL RECEPTION SITE FOR EPS	34
MOD St Athan Funding LAZURITE team additional reception site for EPs	(316)
NEIGHBOURHOOD DISTRICT NURSING	137
Neurodivergence Improvement Programme	158
New Medical Training Posts 2017 to 2024	283
Pay award funding 2024-25	(4,298)
Pay award funding 2024-25 funded through Pay Matrix Commissioning Shares	(10,519)
PCIC_MTHS 1-12_SHORT BREAKS FOR CARERS	172
PLANNED CARE ADDITIONAL FUNDING 2025-26 - PHASE 3 OUTPATIENTS	193
Planned Care Transformation Fund	671
Prevention and Early Years	43
Real Living Wage (RLW) Social Care	(1,568)
REAL LIVING WAGE RLW 2025_26	3,344
Removal of Donated Assets / Government Grant Receipts	(521)
Removal of IFRS-16 Leases (Revenue)	(744)
RSV VACCINATION PROGRAMME	246
RTT WAITING TIMES_Q1 PLANS	3,011
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
WAST MOBILE DATA VEHICLE SOLUTIONS	108
WOMEN'S HEALTH - PATHFINDER ESTABLISHMENT (WOMEN'S HEALTH HUBS)	300
PAY AWARD 2025_26 POST RLW	34,968
JCC_25_26 ENGLISH TARIFF CUJF	(110)
GMS GLOBAL SUM/PSP LIST SIZE ADJUSTMENT	210
Total Movement in assumed Resource Limit following MDS Submission £'000s	80,982

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.382m in month.

Agency Costs have reduced from an monthly average of £0.507m in 2024/25 to £0.414m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

Forecast agency spend has been reviewed to exclude expenditure on A&C, ACS and Estates categories from September onwards.

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.

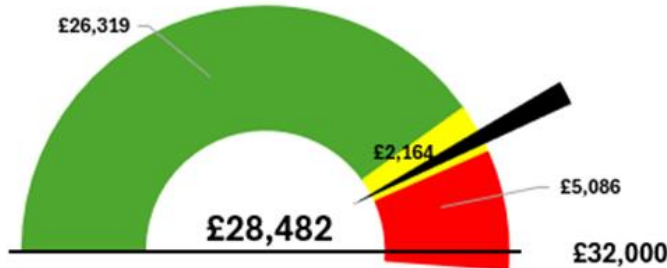
The forecast delivery against amber and green schemes increased from £27.491m at month 4 to £ 28.482m at the end of month 5, which is 89.0% of the £32m savings target. In light of the further savings required to meet the target, the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate the savings required. As series of Executive Reviews with each of the UHBs Clinical boards has been scheduled so that decisions around reducing expenditure rates can be fast tracked.

Red schemes of £5.086m were identified and continue to be reviewed for progression to Green/Amber where possible.

There is a reported gap of £3.518m against the £32.0m savings target. 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. £0.744m of amber screens 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, £0.744m of amber 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 are re-categorised from amber to green between months 5 and 6, where there is strong assurance that schemes will release savings in year. Work to accelerate schemes since the end of August has already increased the level of green and amber schemes identified to £28.894m.

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 August 31st, 2025, was £1,422m with a further £91.5m of assumed allocations as detailed at Table 5 below:

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

Unconfirmed Resource Limit Allocations as of 31st August 2025	£'000s
Depreciation, Impairments & IFRS 12	33,744
Payaward funding 2025-26 (non RLW)	34,968
PayAward Funding Real Living Wage RLW 2025_26 - Additional Employer Costs	3,344
Vertex (JCC)	5,230
Real Living Wage (Care Homes)	4,612
New Medical Training Posts 2017 to 2024	2,019
ATMPs (JCC)	1,944
Urgent & Emergency Care Fund	1,480
GP IM&T Refresh Programme	1,225
Consultant Clinical Excellence Award / Consultant Impact Award	1,002
RTT Waiting Times _Q1 Plans	1,000
Prevention And Early Years AHW - Early Prevention	881
Neurodivergence Improvement Programme	793
AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investment	600
Dols / MCA / Advocacy (MH)	572
Planned Care Transformation Fund	565
A2A Sanctuary	503
Individual Placement & Support In Primary Care	440
Genomics (C&V / JCC)	323
Women's Health - Pathfinder Establishment (Women's Health Hubs)	300
Welsh Risk Pool	(5,702)
Other	1,688
Total Anticipated Funding £'000s	91,530

This level of unconfirmed allocation (£91.5m less the £33.7m depreciation funding) will present a cash management risk (£57.6m) to the UHB if it remains outstanding into the Autumn period.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of August, was £3.447m.

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 £131.0m 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	57,786
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	131,019

In due course, the UHB expects to 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. Estimates of any associated cash support required will be included in table E.

The risk increases when it is combined with the forecast financial deficit (£56.2m) alongside the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP). Reimbursement for WRP instructed payments is always received in arrears of payment.

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 small decrease in the carrying values of Trade and Other receivables is predominantly due to movements within the WRP values. The movement in

amounts disclosed as Current and Non-Current is the result of a number of WRP cases being reclassified as Non-Current.

The carrying value of Trade and Other Payables has remained constant. The split of Provisions reflects a reclassification of the timing.

The forecast balance sheet reflects the UHB's latest non-cash estimates and its anticipated capital funding.

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 August was 96%.

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

Of the UHB's approved Capital Resource Limit, 12% has been expended to date.

All schemes are currently expected to broadly deliver in year in line with forecast. There is a risk with the lift refurbishment programme that an element of this may slip into 26/27, this is currently being reviewed.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 11th August 2025 - £37.052m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of August 2025 there were 2 invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. Both invoices have now been paid.

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure at quarter 1 are reported on tables N & O.

IFRS 16 (TABLE Q)

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

The CAME dilapidations figure of £0.555m in table Q comprises the following reflects the figure included in the July 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 £27.809m and the forecast deficit of £56.2m.
- the month 5 operational overspend against plan is £2.913m and in addition there is year to date £1.466m savings deficit.
- £28.482m (89.0%) of green and amber schemes are identified at Month 5 against the £32m target.
- Delivery of the forecast is also predicated on the confirmation of all expected income streams.
- There is a potential £131.0m cash shortfall at year end before outstanding cash allocations and strategic support are confirmed by Welsh Government.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

11th September 2025



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

11th September 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	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 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-59,900	0	-59,900	-59,900	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-24,958	-59,900
2 Cost Pressures (Negative Value)	-51,100	0	-51,100	-51,100	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-21,292	-51,100
3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,297	0	20,297	20,297	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	8,457	20,297
4 Other Income Uplift / (Reduction)	2,471	0	2,471	2,471	206	206	206	206	206	206	206	206	206	206	206	206	1,030	2,471
5 RRL Profile - phasing only (in-year effect should total nil / Column C)	0	0	0	0	1,432	853	391	14	135	39	-396	-266	-367	-435	-422	-977	2,825	0
6 Planned (Finalised) Green and Amber Savings Plan	22,185	7,272	14,912	20,891	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	6,961	22,185
7 Planned (Finalised) Net Income Generation	2,063	418	1,645	2,150	54	71	133	190	175	190	201	216	201	216	201	216	623	2,063
8 Planned Profit / (Loss) on Disposal of Assets	0	0	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		523	1,023	689	689	689	689	689	689	689	689	689	2,925	7,751
12 Opening IMTP / Annual Operating Plan	-56,233	7,690	-63,924	-56,232	-4,853	-4,853	-4,353	-4,686	-4,686	-4,686	-4,686	-4,686	-4,686	-4,686	-4,686	-4,687	-23,430	-56,233
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-7,751	0	-7,751	-8,959	0	-523	-1,023	-689	-689	-689	-689	-689	-689	-689	-689	-689	-2,925	-7,751
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	298	534	-235	5	0	8	4	115	-26	-21	-41	-41	-33	2	2	329	102	298
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-3,924	-430	-3,494	-4,583	0	0	-204	-808	-392	-186	-401	-402	-394	-454	-412	-271	-1,404	-3,924
17 Additional In Year Identified Savings - Forecast	7,261	4,045	3,216	3,257	0	259	650	1,609	704	598	561	562	568	565	566	619	3,222	7,261
18 Variance to Planned RRL	-1	-1					-489	-1,012	726	-34	237	236	215	243	201	-324	-775	-1
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-6,255	-6,255	0	0	2,589	3,002	-7,155	-521	-521	-521	-521	-521	-521	-521	-521	-521	-2,606	-6,255
20 In Year Accountancy Gains	600	600	0	0	0	0	474	126	0	0	0	0	0	0	0	0	600	600
21 Unplanned Spend Reductions	9,412	9,412	0	0	189	3,015	296	804	521	655	655	655	656	655	655	655	4,825	9,412
22 Unplanned Cost Pressures	-7,537	-7,537	0	0	0	-2,133	-117	-894	-2,273	-303	-303	-303	-303	-303	-303	-303	-5,417	-7,537
23 Planned Mitigations Yet To Be Finalised	3,518	0	3,518	3,518	0	523	-523	0	503	503	503	503	503	503	503	503	0	3,518
24 Unplanned Additional Required Mitigations Yet To Be Finalised	4,379	4,379	0	4,961	0	0	0	0	0	626	626	626	626	626	626	626	0	4,379
25 Other	0	0	0	0	0	2,066	-2,067	0	0	0	0	0	0	0	0	0	0	0
26 Planned Expenditure - Timing, Profiling and Confirmation	0	0	0	0	-4,021	-7,167	11,189										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	12,437	-68,670	-58,033	-6,096	-5,803	-3,317	-5,956	-6,637	-4,060	-4,060	-4,060	-4,060	-4,060	-4,060	-4,064	-27,809	-56,233

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		
1	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	2,902	10,103		0	1,191				
2	Pay	Actual/F'cast	379	556	814	799	1,065	903	958	943	1,157	1,150	1,194	1,209	3,613	11,127	32.47%	10,503	624	3,396	7,731	12,516
3	Variance	0	76	237	161	238	91	68	51	35	(11)	32	46	711	1,023	24.50%	10,503	-568				
4	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	2,574	7,211		6,566	645				
5	Non-Pay	Actual/F'cast	437	506	806	977	544	744	868	739	656	639	639	1,345	3,269	8,899	36.74%	8,563	336	5,478	3,421	4,219
6	Variance	0	164	247	211	72	230	73	91	121	104	104	270	695	1,688	26.99%	1,997	-310				
7	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	393	1,107		1,005	102				
8	Primary Care - Drugs & Appliances	Actual/F'cast	73	73	73	687	87	170	180	180	194	194	194	993	2,287	43.43%	2,185	102	640	1,647	1,832	
9	Variance	0	0	0	600	0	83	83	83	83	83	83	83	600	1,180	152.60%	1,180	0				
10	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	386	992		982	10				
11	Secondary Care Drugs	Actual/F'cast	49	100	103	108	190	159	161	161	161	161	175	550	1,688	32.58%	1,320	368	381	1,307	1,347	
12	Variance	0	18	18	23	105	74	74	74	74	74	88	88	164	696	42.44%	338	358				
13	Budget/Plan	59	59	142	170	220	273	273	273	273	273	273	273	600	2,458		1,888	570				
14	CHC/FNC	Actual/F'cast	59	59	86	(23)	66	154	126	126	126	126	126	248	1,156	21.42%	976	180	940	216	1,126	
15	Variance	0	0	(56)	(192)	(104)	(66)	(147)	(147)	(147)	(147)	(147)	(147)	(352)	(1,302)	(58.71%)	-912	-390				
16	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	18	103		103	0				
17	Primary Care Contractor	Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	18	155	11.87%	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	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	13	30		30	0				
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	13	30	41.67%	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	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/F'cast	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	75	180		180	0				
26	Other Private & Voluntary Sector	Actual/F'cast	15	15	15	15	15	15	15	15	15	15	15	75	180	41.67%	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/F'cast	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	6,961	22,185		10,754	0				
35	Total	Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,160	2,331	2,188	2,318	2,308	2,352	3,086	8,779	25,522	41.67%	23,913	1,609	10,887	14,635	21,365
36	Variance	0	258	446	802	312	412	159	160	174	111	154	348	1,818	3,337	0.00%	13,159	1,609				
37	Variance in month	0.00%	24.52%	30.69%	45.21%	18.70%	23.58%	7.34%	7.91%	8.13%	5.06%	6.99%	12.72%	26.11%								
38	In month achievement against FY forecast	3.97%	5.14%	7.44%	10.09%	7.75%	8.46%	9.13%	8.57%	9.08%	9.04%	9.22%	12.09%									

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Table C1- Savings Schemes Pay Analysis

Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	314	347	427	488	677	662	740	742	972	1,011	1,012	1,012	2,253	8,403	0	1,191				
2	Pay - General & Substantive	Actual/F'cast	314	422	668	674	937	750	806	791	1,005	998	1,042	1,056	3,016	9,464	8,840	624	2,001	7,463	12,049
3	Variance	0	76	241	186	261	89	66	49	33	(13)	30	44	763	1,061	8840.308301	(568)				
4	Budget/Plan	32	100	117	117	117	117	117	117	117	117	117	117	482	1,300	0	0				
5	Pay - Variable	Actual/F'cast	32	100	112	92	94	119	119	119	119	119	119	430	1,263	1,263	0	995	268	467	
6	Variance	0	0	(4)	(25)	(23)	2	2	2	2	2	2	2	(52)	(37)	1,263	0				
7	Budget/Plan	33	33	33	33	33	33	33	33	33	33	33	33	167	400	0	0				
8	Pay - Agency	Actual/F'cast	33	33	33	33	33	33	33	33	33	33	33	167	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	490	577	639	827	812	890	892	1,122	1,161	1,162	1,162	2,902	10,103	0	1,191				
11	Total	Actual/F'cast	379	556	814	799	1,065	903	958	943	1,157	1,150	1,194	1,209	3,613	11,127	10,503	624	3,396	7,731	12,516
12	Variance	0	76	237	161	238	91	68	51	35	(11)	32	46	711	1,023	10,503	(568)				

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	2,902	10,103	
2	Workforce	Actual/F'cast	379	556	814	789	1,065	903	958	943	1,157	1,150	1,194	1,209	3,583	11,097
3	Variance	0	76	237	131	238	91	68	51	35	(11)	32	46	681	993	
4	Budget/Plan	122	134	138	153	153	153	164	164	164	178	178	178	700	1,881	
5	Medicines Management	Actual/F'cast	122	153	156	782	264	316	328	328	342	342	356	1,477	3,815	
6	Variance	0	18	18	629	111	163	163	163	163	163	163	177	777	1,934	
7	Budget/Plan	454	379	571	778	484	527	807	860	547	547	547	1,087	2,666	7,389	
8	Procurement & Non-pay	Actual/F'cast	454	544	793	1,004	541	742	865	737	653	636	1,342	3,336	8,948	
9	Variance	0	164	222	226	57	215	58	76	106	89	89	255	670	1,559	
10	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	600	2,458	
11	CHC	Actual/F'cast	59	59	86	(23)	66	154	126	126	126	126	126	248	1,156	
12	Variance	0	0	(56)	(192)	(104)	(66)	(147)	(147)	(147)	(147)	(147)	(147)	(352)	(1,302)	
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Pathway	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	
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	75	250	
17	Other - Commissioning	Actual/F'cast	0	0	50	33	33	33	33	33	33	33	33	117	350	
18	Variance	0	0	25	8	8	8	8	8	8	8	8	8	42	100	
19	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	18	103	
20	Other - Primary Care	Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	18	155	
21	Variance	0	0	0	0	0	0	9	9	9	9	9	9	0	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	6,961	22,185	
23	Total	Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,331	2,188	2,318	2,308	2,352	3,086	8,779	25,522	
24	Variance	0	258	446	802	312	412	159	160	174	111	154	348	1,818	3,337	

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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	6,961	22,185	7,272	14,912	5,979	20,891
	Month 1 - Actual/Forecast	1,014	1,052	1,250	965	1,275	1,561	1,771	1,626	1,750	1,743	1,786	2,467	5,557	18,260	6,842	11,419	5,724	17,143
	Variance	0	(0)	(204)	(808)	(392)	(186)	(401)	(402)	(394)	(454)	(412)	(271)	(1,404)	(3,924)	(430)	(3,494)	(255)	(3,748)
	In Year - Plan	539	444	839	1,490	720	676	646	630	645	677	552	571	4,033	8,431	4,296	4,134	1,598	5,733
	In Year - Actual/Forecast	0	259	650	1,609	704	598	561	562	568	565	566	619	3,222	7,261	4,045	3,216	1,006	4,223
	Variance	(539)	(186)	(190)	(120)	(16)	(78)	(86)	(68)	(77)	(112)	14	48	(812)	(1,170)	(251)	(918)	(592)	(1,510)
	Total Plan	1,554	1,497	2,292	3,263	2,388	2,424	2,818	2,657	2,789	2,873	2,750	3,309	10,994	30,615	11,569	19,047	7,577	26,624
	Total Actual/Forecast	1,014	1,311	1,899	2,575	1,979	2,160	2,331	2,188	2,318	2,308	2,352	3,086	8,779	25,522	10,887	14,635	6,731	21,365
Total Variance	(539)	(186)	(393)	(688)	(409)	(264)	(487)	(470)	(471)	(566)	(398)	(222)	(2,216)	(5,094)	(682)	(4,412)	(846)	(5,258)	
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	623	2,063	418	1,645	505	2,150
	Month 1 - Actual/Forecast	54	71	83	72	109	140	125	140	125	175	160	205	389	1,459	397	1,063	627	1,690
	Variance	0	0	(50)	(118)	(66)	(50)	(76)	(76)	(76)	(41)	(41)	(11)	(234)	(604)	(21)	(582)	122	(460)
	In Year - Plan	102	110	64	133	40	29	35	35	43	239	37	137	448	1,003	656	347	119	466
	In Year - Actual/Forecast	0	8	54	233	40	29	35	35	43	43	43	339	336	902	555	347	118	465
	Variance	(102)	(102)	(10)	100	(0)	(0)	(0)	(0)	(0)	(197)	5	202	(113)	(102)	(102)	(0)	(1)	(1)
	Total Plan	155	181	198	323	215	219	236	251	243	455	238	353	1,071	3,067	1,075	1,992	624	2,616
	Total Actual/Forecast	54	79	138	305	149	169	160	175	168	218	203	544	725	2,361	952	1,410	745	2,155
Total Variance	(102)	(102)	(60)	(18)	(66)	(50)	(76)	(76)	(76)	(238)	(35)	191	(346)	(705)	(123)	(582)	121	(461)	
Accountancy Gains	In Year - Plan	0	0	474	0	0	0	0	0	0	0	0	0	0	474	474	0	0	0
	In Year - Actual/Forecast	0	0	474	126	0	0	0	0	0	0	0	0	0	600	600	600	0	0
	Variance	0	0	0	126	0	0	0	0	0	0	0	0	0	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	7,584	24,248	7,690	16,557	6,484	23,041
	Month 1 - Actual/Forecast	1,068	1,123	1,333	1,037	1,384	1,701	1,896	1,766	1,875	1,918	1,946	2,672	5,946	19,720	7,238	12,481	6,351	18,833
	Variance	0	(0)	(254)	(926)	(458)	(236)	(477)	(478)	(470)	(495)	(453)	(282)	(1,638)	(4,528)	(452)	(4,076)	(132)	(4,208)
	In Year - Plan	641	554	1,378	1,622	760	705	681	665	688	916	589	708	4,955	9,908	5,427	4,481	1,717	6,199
	In Year - Actual/Forecast	0	267	1,178	1,969	744	627	596	598	611	607	608	959	4,157	8,763	5,200	3,563	1,124	4,688
	Variance	(641)	(287)	(200)	346	(16)	(78)	(86)	(68)	(77)	(309)	19	251	(798)	(1,145)	(227)	(918)	(593)	(1,511)
	Total Plan	1,709	1,678	2,964	3,586	2,602	2,643	3,054	2,909	3,032	3,329	2,988	3,662	12,539	34,156	13,117	21,039	8,201	29,240
	Total Actual/Forecast	1,068	1,390	2,511	3,006	2,128	2,329	2,492	2,363	2,486	2,525	2,554	3,631	10,103	28,483	12,438	16,045	7,476	23,520
Total Variance	(641)	(288)	(453)	(580)	(474)	(314)	(563)	(545)	(547)	(803)	(434)	(31)	(2,436)	(5,673)	(679)	(4,994)	(725)	(5,719)	

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	3,362	3,303	0	6,665	678	0
Scheduled Care	3,421	2,983	0	6,403	167	0
Unscheduled Care	50	125	0	175	0	0
Mental Health	764	911	0	1,675	0	0
Community Services	1,066	410	0	1,476	0	0
Primary Care	330	1,467	0	1,796	0	0
Commissioned Services - CHC	0	430	0	430	0	0
Commissioned Services - Specialised Services	0	1,078	0	1,078	558	0
Other Commissioned Services	0	0	0	0	0	0
Clinical Support	1,531	1,631	0	3,162	462	600
Non Clinical Support	34	0	0	34	0	0
Executive / Corporate Areas	544	1,793	0	2,337	496	0
Total	11,102	14,129	0	25,231	2,361	600