Public Finance & Performance Committee

Wed 23 July 2025, 14:00 - 15:35

Virtual - MS Teams

Agenda

14:00 - 14:05
5 min

1. Standing Items

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence

John Union

1.3. Declarations of Interest

1.4. Minutes form the Finance & Performance Committee Meeting on 18th June 2025

John Union

1.4 - Public Finance and Performance Minutes 18.06.2025.pdf (5 pages)

1.5. Actions following the Finance and Performance Committee meeting held on 18th June 2025

John Union

1.6. Chair's Actions since previous meeting

John Union

14:05 - 15:25
80 min

2. Items for Review & Assurance (14:05-15:25)

2.1. Financial Report – Month 3 Position (including Savings Tracker)

Andrew Gough

2.1 - Financial Report - Month 3 Position.pdf (3 pages)
2.1a - M03 Finance Report.pdf (20 pages)

2.2. Operational Performance Update (including the Quality Improvement & Efficiency Plan)

Paul Bostock

2.2 - Finance and Performance - Operational Performance Report July 25.pdf (11 pages)
2.2a - Integrated Performance Report F&P committee July 25.pdf (17 pages)

2.3. Quarterly Annual Plan Update

Ash O'Callaghan

2.3 - Q1 Annual Plan Report 2526- F+P July 2025 (3).pdf (8 pages)

2.4. Enabling Actions & Ministerial AG

Adam Wright

- 2.4 - Enabling Actions and MAG Update - F&P 23rd July.pdf (3 pages)
- 2.4a - Enabling Actions and Ministerial Advisory Group Update - July F&P.pdf (9 pages)

2.5. Board Assurance Framework

Andrew Gough

- 2.5 - Board Assurance Framework BAF F&P Comittee 23rd July 2025.pdf (6 pages)

15:25 - 15:35
10 min

3. Items for Approval / Ratification (15:25 – 15:35)

3.1. TRAMs Business Case

Andrew Gough

- 3.1 - VBRG Decision Report 25.07.02.pdf (3 pages)
- 3.1a - UHB VBRG Cover Report Template - TrAMs v2.pdf (10 pages)
- 3.1b - TRAMs South East Wales Hub Outline Business Case v1.1 for FINAL distribution 09 06 25.pdf (98 pages)

3.2. Park View Hub Business Case

Andrew Gough

- 3.1c - Wellbeing Hub at Park View development.pdf (5 pages)

15:35 - 15:35
0 min

4. Items for Information and Noting

4.1. Monthly Monitoring Return – Month 2

- 4.1 - WG 2025 _26 month 2 MMR Covering Report.pdf (3 pages)
- 4.1a - CV Financial Monitoring Returns 2025-26 - Month 2.pdf (10 pages)
- 4.1b - MMR Cardiff Vale UHB Month 2.pdf (4 pages)

15:35 - 15:35
0 min

5. Any Other Business

15:35 - 15:35
0 min

6. Private Agenda

6.1. No Items

15:35 - 15:35
0 min

7. Review & Final Closure

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

7.2. To note the date, time and venue of the next Committee meeting: Wednesday 17th September 2025 via MS Teams

Minutes of the Public Finance & Performance Committee Meeting
18 June 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
Sara Moseley	SM	Independent Member – Third Sector
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Steve Riley	SR	Independent Member – University
Rachna Upadhya	SU	Independent Member – General
Rhian Thomas	RT	Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
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
Ash O'Callaghan	AO	Head of Strategic Planning
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	CAV UHB Chair
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member - Digital
Clive Curtis	CC	Independent Member

Ref:	Agenda Item:	Action:
FPC 18/06/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 18/06/002	**Apologies for Absence** Apologies for Absence were noted. **The Finance and Performance Committee resolved that:** a) Apologies for Absence were noted.	
FPC 18/06/003	**Declarations of Interest** No Declarations of Interest were noted.	
FPC 18/06004	**Minutes of the Finance and Performance Meeting held on 21st May 2025** The minutes of the meeting held on 21st May 2025 were received and confirmed as a true and accurate record. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 21st May 2025 were held as a true and accurate record of the meeting.	
FPC 18/06/005	**Actions following the Finance & Performance Meeting on 21st May 2025** The Action log had no actions outstanding.	

	The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	
FPC 18/06/006	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 18/06/007	**Financial Report – Month 2 Position (including savings tracker)** The DDFO gave an update on the Financial Report New Format and highlighted the following: • The month 2 position reported against an annual plan deficit of £58.2m • The reported deficit for month 2 was £11.899m, which was £812k over the planned deficit of £11.087m • The cumulative deficit of £812k was broken down into a savings program deficit of £585k and an operational deficit of £227k • At the end of month 2, £26.3m worth of schemes were identified against a target of £30m, leaving a shortfall of £3.7m. This shortfall was previously £5.2m at month 1 • The operational deficit was largely driven by mental health out-of-area placement costs, with the number of patients placed out of area significantly above the plan • There was a reduction in the number of whole-time equivalents in April and May, aligning with the savings program and the need to reduce the workforce. • The largest growth areas in non-pay expenditure are secondary care medicines and prescribing, and continuing healthcare and commissioned services. • The live position on the savings shortfall was £1.7m, with efforts to close the gap further. • The key risks included delivering the £9.1m deficit control target, delivering the recurrent £30m savings program, managing operational pressures, and remaining within the cash limit • CAV UHB will need strategic cash support from Welsh Government to cover the £58.2m plan deficit. There are assumed cash allocations totalling £123m yet to be received. • The capital resource limit is £33.7m, with no current concerns but ongoing monitoring. The CC mentioned it was excellent news regarding the progress on the savings programme and the assurance provided to the committee members. He highlighted the update on the live situation of the shortfall, noting that the savings programme was over 90% against the target. He asked the DDFO about the level of confidence in achieving the £30m savings target in the next three months and the potential to address the gap in workforce restructuring. The DDFO responded with a high level of confidence in delivering the £30m plan and discussed the challenges and strategies involved in workforce restructuring. The IMTS mentioned the reduction in whole time equivalent numbers during the discussion on the financial report. She expressed that it was good to know that the whole-time equivalent numbers were reducing. She emphasized the importance of ensuring that the reductions were happening in the right places, particularly in relation to workforce restructuring. She highlighted the need to avoid cutting essential posts and services inadvertently and stressed the importance of progressing workforce restructuring to ensure that reductions are made in the best way possible. The DDFO explained that there is a corporate vacancy scrutiny panel in place to ensure that workforce reductions are made in the right areas. This panel includes full professional representation to make informed decisions, ensuring that services continue to run effectively. Additionally, posts are being held for staff to be redeployed into, particularly as beds are being closed in certain units. This approach aims to balance immediate financial needs with long-term organizational redesign and workforce restructuring. The IMG raised a few questions regarding the financial variances and pressures on clinical boards. Specifically, she asked about the status of month three, the difference between actual and expected variances, and how the clinical boards are managing the pressure to close the gap in the £30m savings program. She also inquired about the steps to manage the unconfirmed cash allocations and forecast deficit if they remain outstanding in the autumn period. The DDFO mentioned that the savings plan deficit would continue to grow but at a slower rate, expecting it to be around £700kat month 3 if no further improvements are made. He also noted	

	that operational pressures, particularly in mental health, are being addressed with plans to mitigate them by Q2 and Q3. He explained that the savings programme has been challenging but is being managed inclusively with senior clinical board leaders. He emphasized that sensible, long-term decisions are being made, and some clinical boards have exceeded their targets. He hoped that the cash position would be resolved by autumn. He mentioned that slowing down payments to suppliers is a potential lever to improve cash flow, but he expected significant funding issues, like the Pay award, to be resolved in the next couple of months. The DOPP discussed the savings plans for the clinical boards in detail, emphasizing the following points: • The clinical boards were under significant pressure to meet the £30m savings target. He highlighted the importance of maintaining grip and control over the savings program. • The clinical boards were committed to improving their financial position and were working hard to achieve the savings target. • The collective approach through the Senior Leadership Team (SLT) to support the clinical boards in making cross-board decisions and providing executive support for more difficult challenges. The VC supported the DOPP's comments by highlighting the importance of a whole system perspective. He noted that a meeting with a cluster where a third sector organisation was discussed. This organisation, despite requiring relatively small funding, provides significant benefits to the Health Board by avoiding admissions and referrals to hospitals. Ceri emphasized that not funding such organisations could lead to higher costs and additional expenditure in managing patients further in the system. The IMCE asked if this would put CAV UHB in a vulnerable position in terms of engaging with potential suppliers and fixing rates? The EDF noted the previous schemes were procured but they are now out of date. It would build time delays in the processes. The IMLA mentioned the £497k over commitment on discretionary capital during the public Digital and Infrastructure Committee meeting. She inquired whether there was any change in relation to that position in month two. The EDF explained that the over commitment would be in place at this time. The IMTS asked about the public communication strategy regarding the financial situation and its implications. She inquired if there was a prepared position on what was being communicated to the public. The DDFO mentioned there was a strong communications program going out across the UHB, including through the CAV website, which is available to the public. The program aims to be transparent about the challenges being faced and how they were being addressed. It included support for staff who may feel at risk and features a live question and answer session where constant questions and suggestions from staff and community members are addressed. **The Finance and Performance Committee resolved that:** a) The reported year to date overspend of £11.899m and the forecast deficit of £58.2m was noted. b) The month 2 operational overspend against plan of £0.227m and the £0.585m savings deficit was noted. c) The progress against the savings target, with £26.245m (87.5%) of green and amber schemes identified at Month 2 against the £30m target was noted. d) The delivery of the forecast is also predicated on the confirmation of all expected income streams was noted.	
FPC 18/06/008	**Operational Performance Update** The DOPP presented on the Operational Performance Update and highlighted the following points: • The new format of the cover paper for the operational performance report, aimed to make it more succinct and aligned with the monthly finance report.	

	• The operational performance was broken down into five sections: urgent and emergency care, planned care, primary and community care, mental health, and productivity and efficiency. • The challenges and performance metrics related to urgent and emergency care, including attendance rates, admission rates, and the performance of A&E • Urgent & Emergency Care saw a high number of attendances during May & June, with approx. 15% of A&E admissions admitted • Performance in key metrics like 12-hour waits and one-hour ambulance delays was challenging, with recent weeks being particularly difficult. • Out-of-hospital care and primary community care showed significant volumes of activity, with good progress in delivering against GMS standards and community independent prescribing. • Stroke and hip fracture performance was impacted by organizational pressures. Stroke performance is expected to change due to new measurement methods. • Length of stay and pathway of care delays showed some improvement, but overall length of stay remained flat. The "Reducing Time in Hospital" program was being embedded to address this. • the performance in stroke and hip fracture care, noting the impact of organizational pressures and the need for senior approval for breaching ring-fenced capacity • Single cancer pathway performance dropped to 59.5% in April, with efforts being made to improve first appointment delivery within 14 days. • The number of patients waiting over two years remained stable, with confidence in meeting the commitment to reduce these numbers by the end of Q1. • Diagnostic wait times worsened due to CT downtime, but non-obstetric ultrasound wait times improved. • Increased patient numbers in pharmacy, independent prescribing, dental, and community services. The new dental contract aims to reduce waiting lists significantly. • Challenges remain in increasing district nursing capacity at weekends, with ongoing efforts to meet Welsh Government standards. • Positive performance in children's mental health services, but neurodevelopmental services faced increasing wait times and volumes. • Adult mental health saw the highest referral numbers in March, impacting assessment performance. Plans are in place to address this through community mental health team reorganization. • The report highlighted opportunities for improvement across urgent and emergency care and planned care. Efforts are ongoing to enhance productivity and efficiency, with plans to include financial equivalents in future reports. The DPH commented on the ADHD figures, noting the low number of children seen within 26 weeks. She acknowledged that this issue was not unique to CAV UHB but was widespread across the UK and beyond. She asked for an explanation of the actions being undertaken to address this within the mental health team and further beyond. The DOPP mentioned that the waiting times and volumes for neurodevelopmental services continued to increase. He highlighted that a significant number of additional assessments were undertaken in March due to non-recurrent funding from Welsh Government. However, this was led to a spike in children waiting for medication titration and follow-up, for which there was no additional capacity. He noted that they were fully engaged with the national program and awaiting further guidance and priorities from the Minister. The VC mentioned the high level of pressure in mental health services, highlighting the unprecedented demand increase over the past few years. They noted that the team has struggled with delivering both assessment and treatment targets due to workforce pressures, sickness absences, and complex cases requiring additional resources. **The Committee resolved that:** a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.	
FPC 18/06/009	**Annual Plan – Draft Reporting Framework** The HSP provided a detailed update on the Annual Plan and highlighted the following points: • **Overview of Monitoring Framework**: the comprehensive framework for monitoring th annual plan, which includes performance, productivity and efficiency, finances, and speci deliverables. The importance of integrating various reports was emphasized to provide holistic overview.	

	• **Action Tracker**: An action tracker embedded in Teams, which maps every action within the plan, categorizing them by portfolio, target completion date, and status (green, amber, red). This tracker is designed to ensure accountability and track progress. • **Power BI Report**: A demonstration was shown on how the action tracker feeds into a Power BI report, providing a visual summary of action statuses and progress by portfolio. This tool will support quarterly reporting to the committee. • **Feedback and Development**: She mentioned feedback from the management executive team, particularly the need to better triangulate actions with KPIs to show cause and effect. The team is working on incorporating this functionality. • **Continuous Planning Cycle**: The monitoring approach will help maintain a continuous planning cycle, providing a baseline for future plans and ensuring that actions are tracked and adjusted as needed. The IMLA found the visual presentation of the Power BI report helpful but noted that it was uncle where the team would expect to be at this point. She suggested including percentages to show wh percentage of actions were green. She mentioned that it would be helpful to know if the status wa good or not, for example, if 32% of actions being green is a good position for quarter one. Sh recommended adding a gage for each area being reported against to provide an immediate snapsh summary of performance. The HSP confirmed this was our approach. We need to be careful that we are not duplicating ar trying to make this streamlined as possible and focus on delivery. **The Committee resolved that:** a) The Annual Plan - Draft Reporting Framework was approved	
FPC 18/06/010	**Monthly Monitoring Return – Month 1** The monthly monitoring return was noted. **The Finance and Performance Committee resolved:** a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 1 was noted	
FPC 18/06/011	**Rapid Planning Event Report** The EDF provided an overview of the rapid planning event during the meeting. She explained th the event took place in December when financial difficulties became apparent. The purpose was bring the senior leadership team together to address performance, operational, and financi challenges. The event outcomes have been integrated into the annual plan and subsequent plannir activities. She emphasized that the final output of this event is now documented and available f reference. **The Finance and Performance Committee resolved:** a) The Rapid Planning Event report was noted	
FPC 18/06/012	**Any Other Business** No further business was raised.	
FPC 18/06/013	To note the date, time and venue of the next Committee meeting: **Wednesday 23rd July 2025 via MS Teams**	

Report Title:	Financial Report – Month 3 Position (including Savings Tracker)			Agenda Item no.	2.1	
Meeting:	Finance and Performance Committee	Public	x	Meeting Date:	23rd July 2025	
		Private				
Status:	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of Finance					
Report Author:	Deputy Director of Finance					

Background and current situation:

SITUATION

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

A copy of the Financial Report – Month 3 Position (including Savings Tracker) is attached

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

The Financial Report – Month 3 Position (including Savings Tracker) is provided for information, scrutiny and assurance.

Recommendation:

The Board/Committee are requested to:

a) **NOTE** the reported year to date overspend of £15.216m and the reduction in the forecast deficit from £58.2m to £56.2m.
b) **NOTE** the month 3 operational overspend against plan of £0.314m and the £0.844m savings deficit
c) **NOTE** the progress against the savings target, with £28.624m (89.5%) of green and amber schemes identified at Month 3 against the revised £32m target.
d) **NOTE** that delivery of the forecast is also predicated on the confirmation of all expected income streams.

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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

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

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

Impact Assessment:

Risk: No

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

Safety: No

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

Financial: Yes

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

Workforce: No

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

Legal: No

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

Reputational: No

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

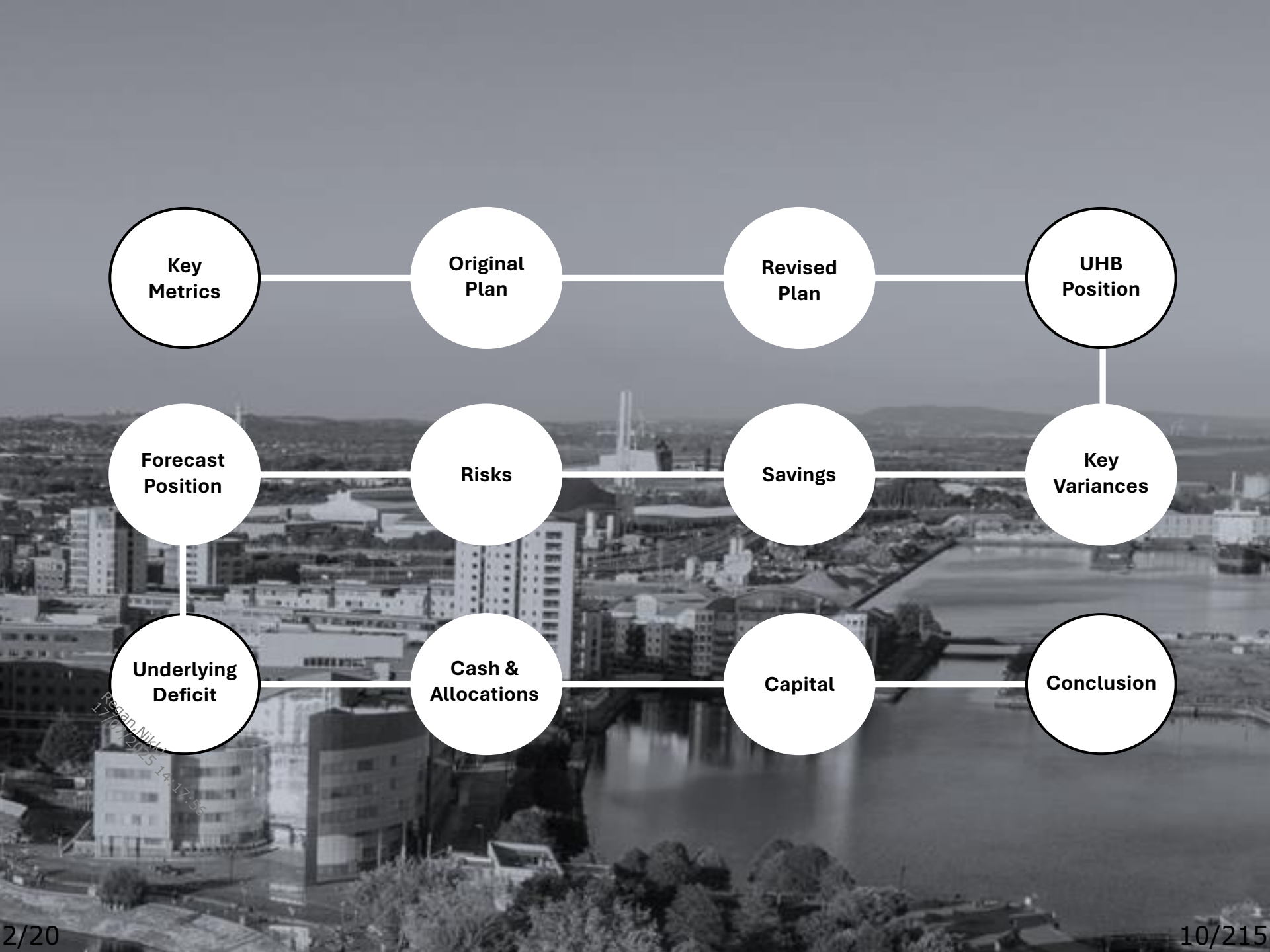
Socio Economic: No - ***Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES***

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

Equality and Health: No
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)
Decarbonisation: No
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. *These include:* • *A focus upon preventing ill health in our population* • *Saving energy or increasing throughput.* • *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions* • *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.* • *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.* • *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.* *Does the subject matter of your paper risk any of the above not being achieved?*
Welsh Language: Yes/No
Consideration should be given to potential impact on the Welsh language, including the following key aspects: *• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?* *• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.* *• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?* *• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?* *Does the subject matter of your paper risk any of the above not being achieved?*

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Finance and Performance Committee	Date: 23rd July 2025

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 3



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	M3 2025/26
Return to financial balance and approved IMTP status	£56.2m underlying deficit by end of 2025/26 financial year. Currently reporting savings gap after Month 3.	R	↓	£56.2m	M3 2025/26
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at Month 3.	A	→	Operational Spend to be maintained within Budgets	M3 2025/26
Delivery of recurrent £32.0m savings target	£28.6m Green and Amber schemes identified at Month 3, of which £25.3m were recurrent.	A	↑	£32.0m	M3 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	M3 2025/26

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

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

The 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 3, the UHB is reporting a year to date overspend of £15.216m.

	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	5,372	5,372	0	19,349	19,349	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(2,394)	(2,135)	259	(5,291)	(4,447)	844	(32,000)	(28,623)	3,377
Operational Variance	0	79	79	0	314	314	0	0	0
Clinical/Service Board Variance	**2,979**	**3,317**	**338**	**14,058**	**15,216**	**1,158**	**56,233**	**59,610**	**3,377**

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

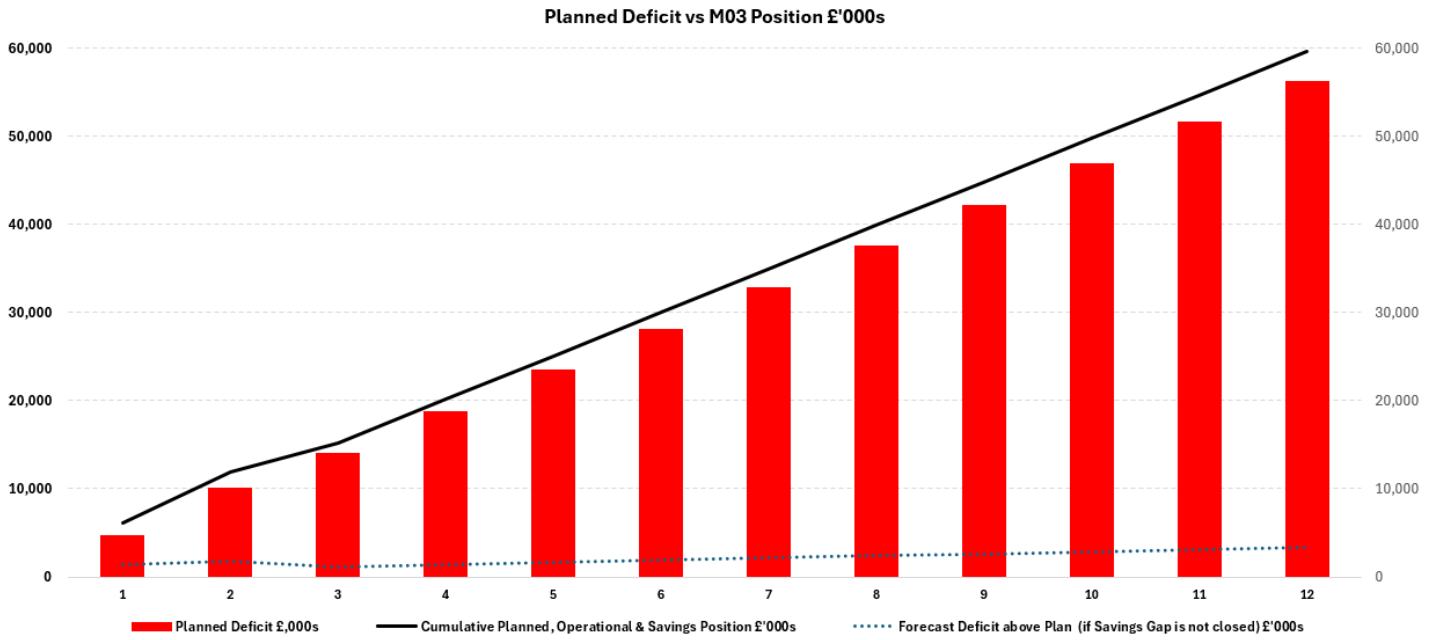
- Planning Deficit **£14.058m**
- Savings Programme deficit of **£0.844m**
- Operational Position deficit **£0.314m.**

The overall financial position at month 3 was a £15.216m deficit

At month 3, there was a shortfall of £3.377m against the revised £32.0m savings programme target. This will lead to a further £3.377m overspend against the planned £56.2m deficit if further schemes are not identified and delivered as the year progresses.

UHB Position

The graph below shows the reported Month 3 position against the planned deficit per the UHB's financial plan.



	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £,000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233
Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	15,216	20,149	25,081	30,014	34,947	39,879	44,812	49,745	54,677	59,610
Forecast Deficit above Plan (if Savings Gap is not closed) £'000s	1,410	1,803	1,158	1,405	1,651	1,897	2,144	2,391	2,637	2,884	3,130	3,377

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 3 , there was a shortfall of £3.377m against the £32.0m savings programme target which includes an additional target of £2m on top of the initial target. This will lead to a further £3.377m overspend against the planned £56.2m deficit if no further schemes are identified and delivered as the year progresses. Clinical Boards are being pressed to find additional savings to reduce the gap in year. The expectation is that the monthly deficit will reduce as the UHB successfully identifies and delivers further savings in year.

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

	Income	Pay	Non Pay	Total
In-Month	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(51,763)	84,764	90,000	**123,001**
(Income)/Expenditure	(51,606)	84,470	93,453	**126,317**
Variance	**157**	**(294)**	**3,453**	**3,317**
Cumulative	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(155,142)	252,179	265,636	**362,673**
(Income)/Expenditure	(154,689)	252,128	280,451	**377,890**
Variance	**452**	**(50)**	**14,815**	**15,216**

A number of operational pressures unfolded in month 3, which in turn have been offset by non recurrent operational underspends across service areas. The following operational issues were reported in month 3:

- Income – Underperformance is reported against CAVOC LHB & Cardiac JCC provider contracts based on month 2 activity. There is also a shortfall in income for St Marys pharmacy Unit and Radio-pharmacy where performance is expected to regress towards the mean as the year advances.. This is partially offset by income in other patient areas where activity is above seasonal trends.

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

- Non Pay – Continuing pressures are reported against Mental Health Out of Area (OOA) referrals where numbers have reduced but the acuity remains high. In addition, continuing water leaks on the UHB site due to deterioration of the estate are driving an operational pressure. The shortfall in national funding for the 2025/26 NI increase is reported against non pay at £0.358m for the year to date (£1.432m full year). £10.710m of underlying deficit was included in non pay at month 3

Some of the pressures are mitigated by a surplus against the initial assessment of prescribing growth where the net upside of £0.279m is in part offset by YTD unplanned growth in Children's CHC £0.040m and Commissioning JCC pressures £0.187m. This will be closely monitored as the financial year progresses

£14.058m of the deficit at month 3, is due to the £56.2m revised planning deficit with £1.158m of the deficit relating to the shortfall against the savings plan and operational pressures.

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

Business Unit	Deficit Control Total/Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	330	181	(33)	**478**	148
Children & Women	1,289	204	(266)	**1,228**	(62)
Capital, Estates & Facilities	71	55	(210)	**(83)**	(154)
Executives	(355)	63	(138)	**(430)**	(75)
Genomics	0	0	(38)	**(38)**	(38)
Medicine	4,136	51	128	**4,314**	178
Mental Health	1,767	(119)	619	**2,267**	500
Primary, Community & Intermediate Care	3,049	(18)	(447)	**2,584**	(464)
Specialist	1,189	212	273	**1,674**	486
Surgery	1,352	214	(154)	**1,411**	60
Sub-Total (Delegated Position)	**12,828**	**844**	**(266)**	**13,406**	**579**
Central Budgets	(3,619)	0	357	**(3,262)**	357
Commissioning	4,850	0	223	**5,072**	223
Sub Total (Non-Delegated Position)	**1,231**	**0**	**580**	**1,810**	**580**
Sub-Total Surplus/Deficit	**14,058**	**844**	**314**	**15,216**	**1,158**

The table/chart below summarises the key 2025/26 Operational pressures as at month 3:

Operational Pressure	Operational Variance £'000s	Business Unit	Action
NHS Patient Related Income	690	Commisioning	Underperformance on LHB provider contracts, includes CAVOC activity reduction - offset by commissioner benefit. Review of CAVOC activity with directorate
Medical & Dental Staff	321	Medicine	Weekly Task and Finish group set up to review rosters and all temporary spend and model expenditure reductions in line with changes to bed base.
	195	Specialist	To be reviewed on at directorate level to determine potential for more efficient ways to cover rota gaps
	116	Surgery	Working Group to review to Medacs reports, reasons for locum cover, and intrepid posts against paid staff.
Premises & fixed plant	213	Capital Estates	Capital Business Case for Remedial Water supply investment being progressed alongside immediate adiitional measures to improve leak detection.
	268	Executives	Working to re-align and re-pupose budget to mitigate digital pressures
Out Of Area Placements (OOA)	800	Mental Health	OOA patients have reduced by 50% since month 2. Increased Twice Daily Bed Flow Meetings to identify opportunities for repatriation Discharge planning on admission to reduce DTOCs CB Investigating the opportunity to block book PICU / Acute beds at a lower daily rate and option to open and staff internal acute beds to increase repatriations

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

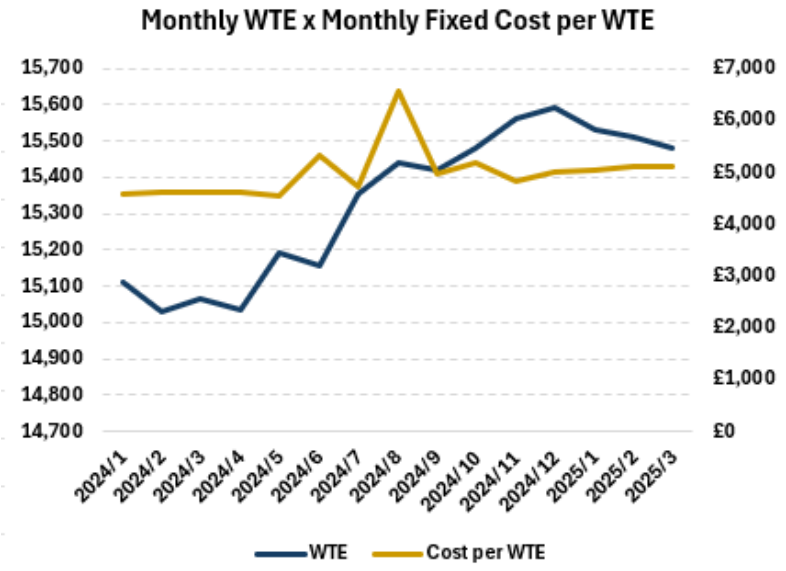
The table/chart below summarise the 2024/25 & 2025/26 Pay expenditure run rates at month 3 for all staffing groups (split by fixed and variable expenditure) :

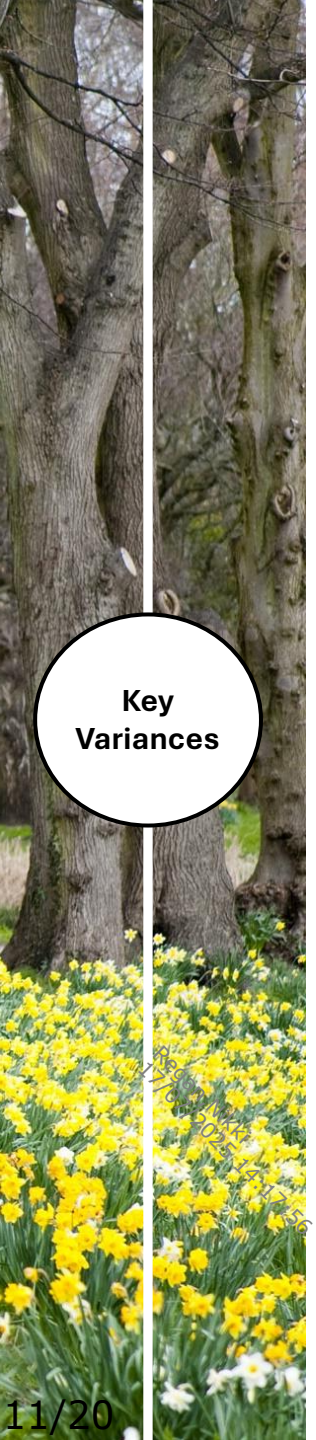
Staffing Group	2024/25 YTD (£m)	2025/26 YTD (£m)	2025/26 vs 2024/25 Growth (£m)	2025/26 vs 2024/25 Growth (%)
Additional Clinical Services	8,714	9,405	**691**	**7.9%**
Management, Admin & Clerical	28,162	31,160	**2,998**	**10.6%**
Medical and Dental	58,779	68,632	**9,853**	**16.8%**
Nursing (Registered)	63,842	71,779	**7,937**	**12.4%**
Nursing (Unregistered)	20,884	21,640	**756**	**3.6%**
Other Staff Groups	34,362	37,817	**3,455**	**10.1%**
Scientific, Prof & Technical	11,694	11,695	**0**	**0.0%**
Total	**226,437**	**252,128**	**25,691**	**11.3%**

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

The chart (right) reports substantive WTE by month – and indicates a 369.0 WTE increase across the UHB since April 2024 . The estimated annual cost of the additional head count is £22.644m at average pay rates. The monthly fixed pay cost per WTE has increased by 11.55% across the same period from £4,581 to £5,110. Month 12 pay costs have been adjusted to exclude the annual notional pension payment funded directly by Welsh Government. A reduction of 50 wte staff is reported between April 2025 and June 2025.





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	31,355	31,802	**447**	**1.4%**
Continuing Healthcare	26,186	29,495	**3,309**	**12.6%**
Drugs / Prescribing	62,150	66,862	**4,712**	**7.6%**
Establishment Expenses	3,305	3,128	**(177)**	**-5.4%**
General Supplies & Services	2,839	3,228	**388**	**13.7%**
Healthcare Provided Services	65,150	71,747	**6,596**	**10.1%**
Other Non Pay	17,079	20,701	**3,622**	**21.2%**
Premises & Fixed Plant	12,872	12,951	**79**	**0.6%**
Primary Care Contractors	39,266	40,537	**1,271**	**3.2%**
Total	**260,204**	**280,451**	**20,246**	**7.8%**

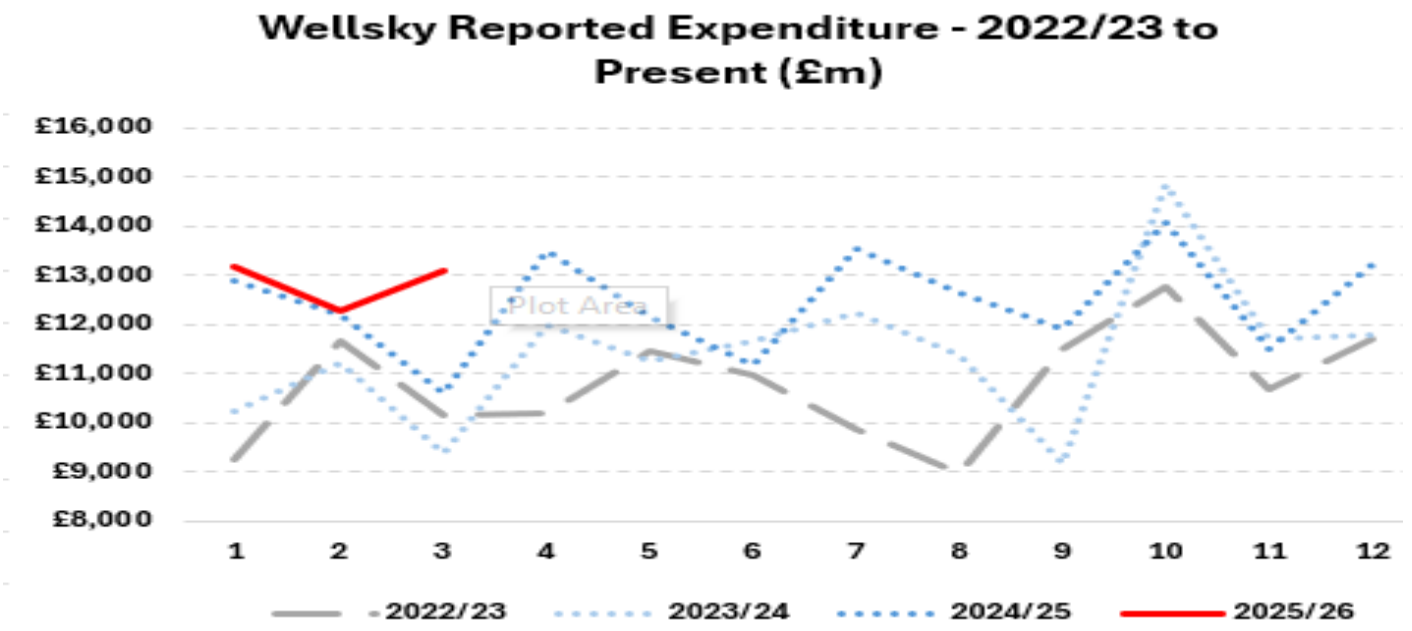
The UHB reported **£280.451m** of Non Pay expenditure in Month 03 which is an increase of 7.8% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

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

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

The Wellsky Dashboard collates secondary care drug data and reports the highest Month 1 -3 expenditure (within month and cumulative) over the past 4 financial years **(£38.5m).** 2024/25 reported £149.3m of expenditure vs £129.1m in 2022/23 further highlighting the rising costs in this expenditure area.

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

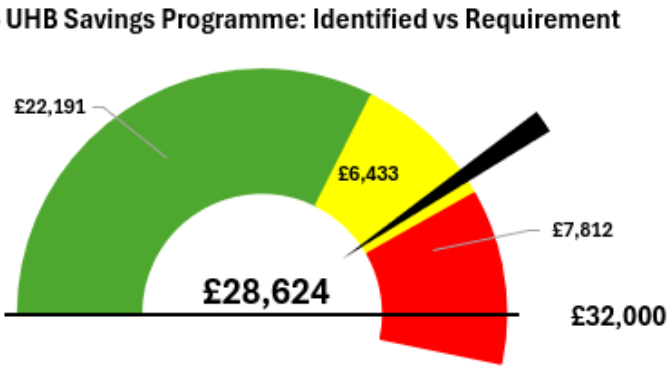


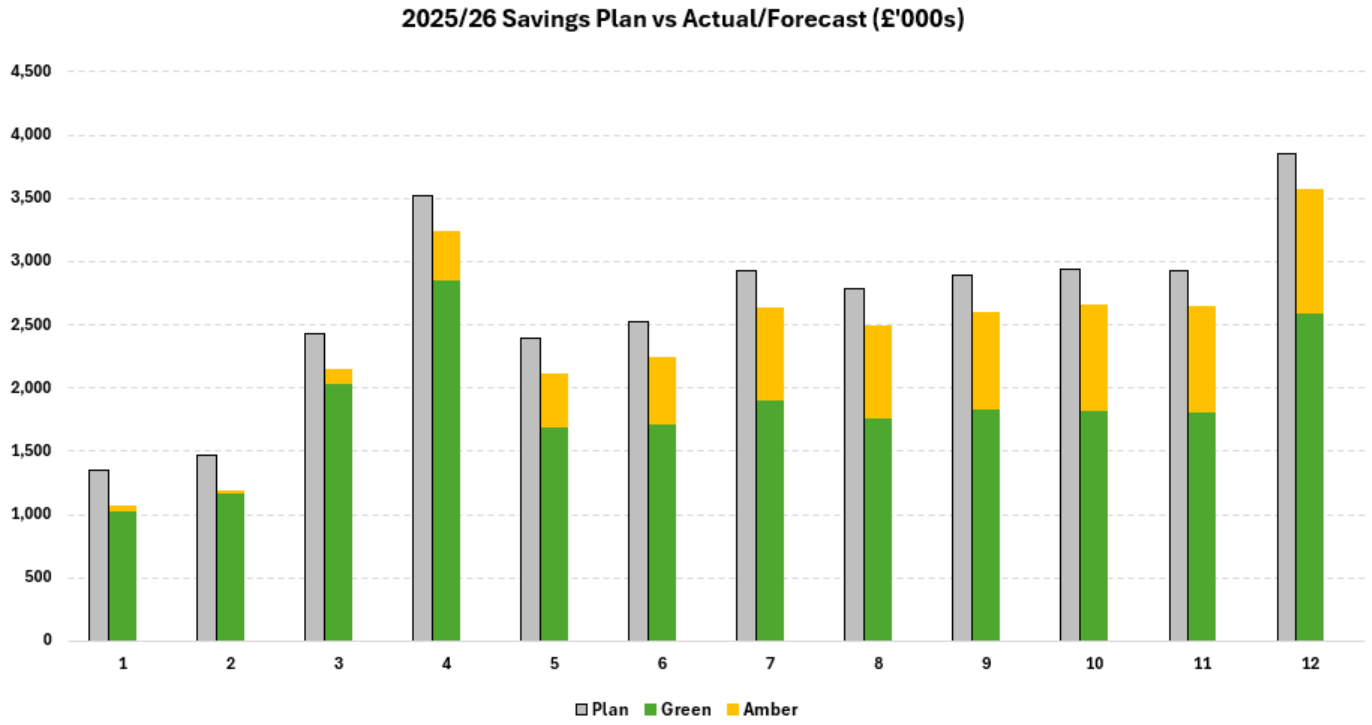
Savings

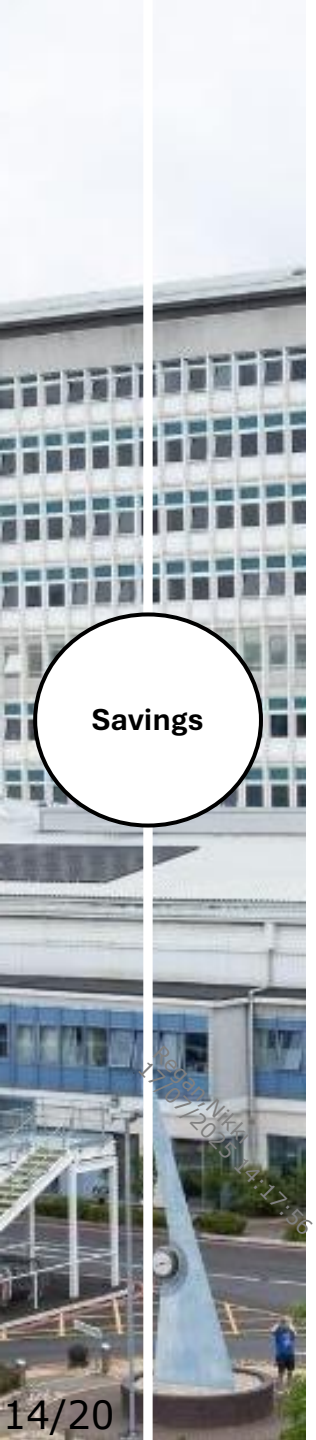
At Month 03, the UHB had identified £28.624m (89.5%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £7.812m are also identified and continue to be reviewed for progression to Green/Amber where possible.

The reported gap of £3.376m in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables.

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







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

Business Unit	Target (£m)	Green (£m)	Amber (£m)	Total (£m)
CD&T	-	1,220	0	**1,220**
Children & Women	-	1,663	96	**1,759**
Capital, Estates & Facilities	-	659	201	**860**
Executives	-	1,166	280	**1,446**
Genomics	-	0	0	**0**
Medicine	-	482	0	**482**
Mental Health	-	0	0	**0**
PCIC	-	658	683	**1,341**
Specialist	-	1,120	0	**1,120**
Surgery	-	393	80	**473**
Sub-Total (Grip & Control)	**10,000**	**7,361**	**1,340**	**8,700**
Medicines Management	3,500	2,537	668	**3,205**
Income Generation	1,000	917	1,266	**2,183**
Continuing Healthcare	2,000	461	1,641	**2,102**
Facilities and Estates / Service Reconfiguration	1,000	219	55	**274**
Value/Clinical Variation	0	179	23	**201**
Procurement	3,500	3,264	95	**3,359**
Workforce - Temporary Pay	5,500	2,825	0	**2,825**
Workforce Restructuring	5,500	4,428	1,346	**5,774**
Sub Total (Cost Improvement Themes)	**22,000**	**14,830**	**5,093**	**19,923**
Sub-Total Surplus/Deficit	**32,000**	**22,191**	**6,433**	**28,624**

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 £56.2.m.

Below is a summary of UHB Corporate Risk Register at June 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. Follwing 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 a recurrent Cost Improvement Programme of £30m. Failure to deliver will impact on the Health Boards ability to deliver the planned 2025/26 deficit of £58.2m. 0r £56.2 or £56.3	20
Failure to manage operational pressures to continue to deliver £58.2m underlying deficit position (initial underlying deficit £59.9m).	20
2025-26 LTA framework in NHS Wales.	12
Remain within Cash limit.	20
Potential further All Wales Risk Pool liability of £6.639m	20
Potential additional cost of band 2 & 3 pay costs estimated at £5.831m	20

Forecast Position

When the UHB submitted its draft plan at the end of March 2025 there was an inherent risk in achieving the £58.2m planned deficit due to a £23m gap in identified savings against the £30m target. Since the submission of the plan the UHB has increased its savings target by £2m which in turn has reduced the planned deficit to £56.2m. The savings gap fell to £5.2m at the end of month 1 due to an acceleration in savings identified across the UHB. Following incorporation of the additional £2m savings target in June, the gap has fallen further to £3.38m at month 3. The savings gap of £3.38m would lead to an annual deficit of £59.58m in 2025/26 if no further savings or mitigating actions are identified as the year progresses.

The **forecast risk** in the plan is currently assessed at £3.38m as illustrated below (reported in £m):

Item	Plan	1	2	3	4	5	6	7	8	9	10	11	12
Formal Forecast	58.20	58.20	58.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20	56.20
WG additional Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Annual Savings Shortfall	**23.00**	**5.20**	**3.76**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**
Cumulative Savings Shortfall	0.00	0.43	0.15	0.32	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
Cumulative Operational Pressures	0.00	(0.01)	0.24	0.09	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Agreed Recovery Actions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forecast Risk (assuming recovery of £0.314m operational overspend)	**23.00**	**5.20**	**3.76**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**	**3.38**

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

Underlying Deficit

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

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

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

After Month 3, 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 3	6.666
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	62.899

Further recurrent schemes are being developed to close the gap.

Cash & Allocations

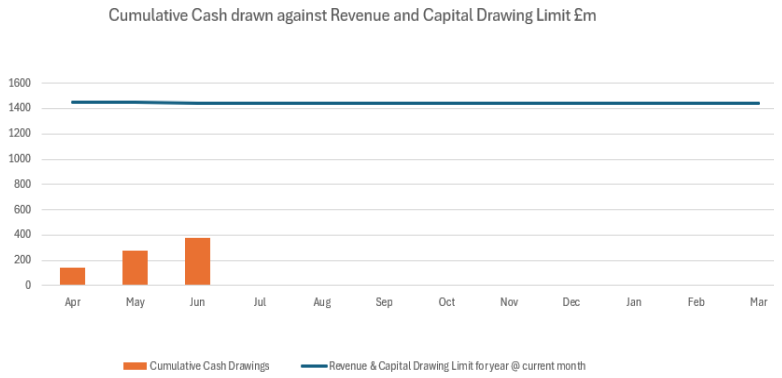
The closing cash balance at the end of June was £4.196m.

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.

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to confirmed. The value of unconfirmed drawing limit allocations at month 3 was £110.750m as outlined opposite. The £110.750m of unconfirmed cash allocation combined with the forecast financial deficit (£56.2m) will need to be managed by the UHB if it remains outstanding into the Autumn period .

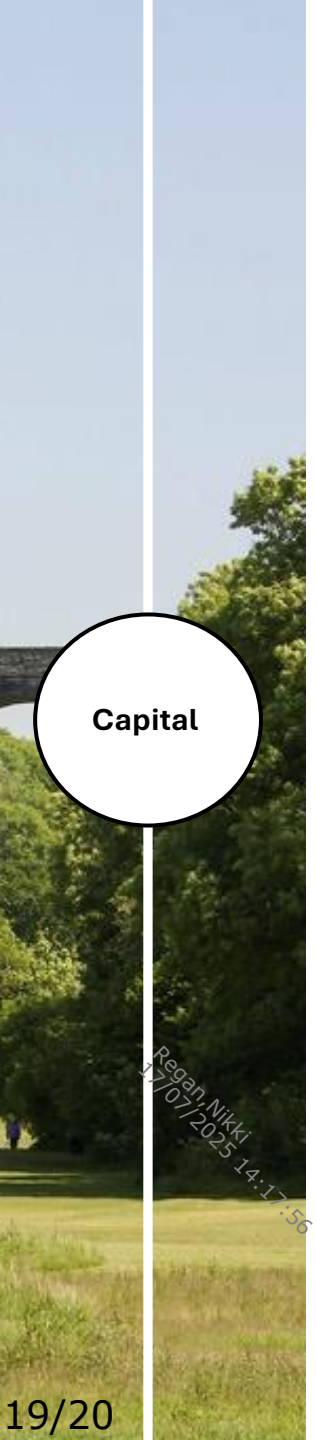
Pay Award funding 2024-25	64,482
25_26 NIER Additional 1.2% and Threshold Change	16,697
Vertex (JCC)	6,894
Real Living Wage (Care Homes)	6,180
Pay Award Funding Real Living Wage RLW 2025_26 - Additional Employer Costs	3,344
Urgent & Emergency Care Fund	2,960
RTT Waiting Times _ Q1 Plans	2,783
Consultant Clinical Excellence Award / Consultant Impact Award	2,143
New Medical Training Posts 2017 To 2024	2,019
ATMPs (JCC)	1,944
GP Im&T Refresh Programme	1,225
Prevention And Early Years AHW - Early Prevention	881
Neurodivergence Improvement Programme	793
AWTCC Voluntary Scheme For Branded Medicines Pricing, Access And Growth (VPAG) Investm	600
Planned Care Transformation Fund	565
A2A Sanctuary	503
Integration And Rebalancing Capital Fund (IRCF)	450
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	926
Total Anticipated Funding £'000s	**110,750**

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 June was 95.8% for the year to date.



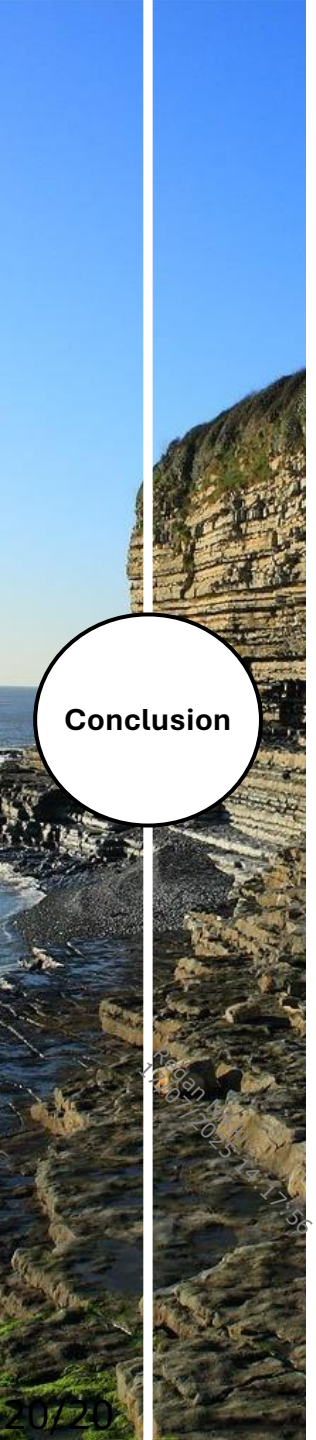
The UHBs approved capital resource limit is £33.690m in line with the latest Capital Resource Limit (CRL) received from Welsh Government on the 12th May 2025. This comprises of £14.317m discretionary funding and £19.373m towards specific projects (including Decarbonisation Funding, Lift Refurbishment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

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

2025/26 Capital Cashflow (£m)	M3 Ytd			Annual	CRL	Plan vs CRL
	Actual	Revised Plan	Variance	Plan	12th May	
All Wales Schemes						
Electrical Infrastructure, Tertiary Tower Block at UHW	0.017	0.005	0.012	1.578	1.270	0.308
Lift Refurbishment and Upgrade, UHW	0.004	0.004	0.000	4.201	4.213	(0.012)
Decarbonsation funding - Solar Canopy Car Park	0.459	0.294	0.165	2.394	2.394	0.000
Pentyrch Branch Surgery Development 2024-26	0.060	0.031	0.029	4.735	4.735	0.000
Funding for Enabling Project Work – Cardiff & Vale UHB's Estate	0.170	0.165	0.005	0.344	0.332	0.012
TEF - Fire	0.051	0.000	0.051	0.876	0.876	(0.000)
TEF - Infrastructure	0.000	0.000	0.000	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	0.000	0.000	0.461	0.461	0.000
TEF - Decontamination	0.100	0.106	(0.006)	0.811	0.811	0.000
DPIF						
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines	0.000	0.000	0.000	0.520	0.520	0.000
IFRS16		0.000	0.000	0.000	0.000	0.000
Discretionary						
IM&T:	0.363	0.165	0.198	2.094	0.500	1.594
Equip	0.084	0.178	(0.094)	1.000	1.000	0.000
Stat comp	0.292	0.386	(0.094)	2.600	2.800	(0.200)
Other	0.550	0.570	(0.020)	9.227	10.017	(0.790)
Contingency	0.000	0.000	0.000	1.000	0.000	1.000
Total	**2.149**	**1.904**	**0.245**	**35.647**	**33.690**	**1.957**

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

Individual All Wales Schemes variance vs CRL are managed within the discretionary capital allocation and have been agreed as part of the draft programme.



Conclusion

The UHB's draft financial plan of a £58.2m deficit was 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 3 position is £1.158m above plan primarily due to a £0.844m deficit against the month 3 Quality Improvement Programme Savings target.

At Month 3 the Committee are requested to:

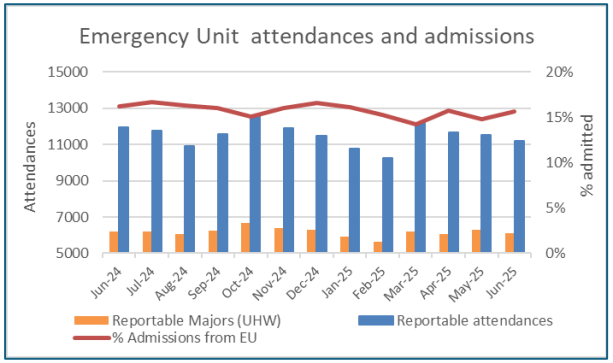
- **NOTE** the reported year to date overspend of £15.216m and the reduction in the forecast deficit from £58.2m to £56.2m.
- **NOTE** the month 3 operational overspend against plan of £0.314m and the £0.844m savings deficit
- **NOTE** the progress against the savings target, with £28.624m (89.5%) of green and amber schemes identified at Month 3 against the revised £32m target.
- **NOTE** that delivery of the forecast is also predicated on the confirmation of all expected income streams.

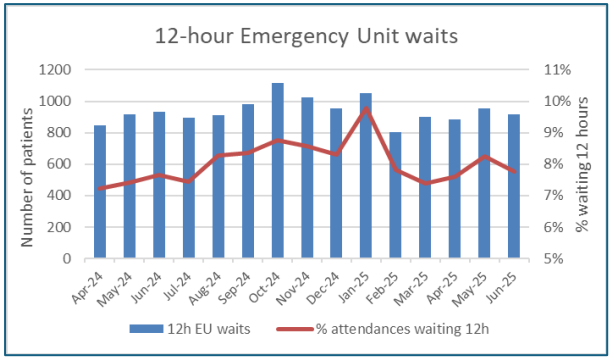
CARDIFF & VALE UHB
OPERATIONAL PERFORMANCE REPORT
– JULY 2025

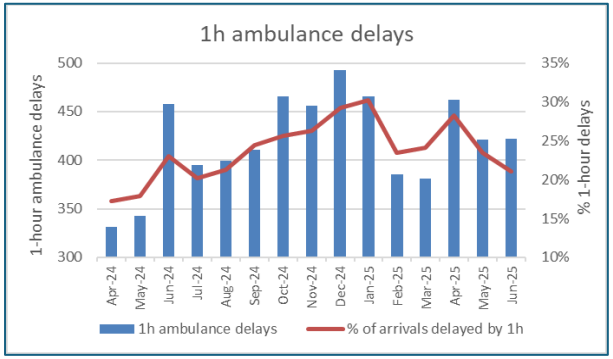

Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

Urgent and Emergency Care – Out of Hospital and Front Door

- In June attendances at the Emergency Unit reduced slightly from those in May, a slight increase compared to June '24. The number of Majors reduced from May '25. The proportion of patients admitted via EU increased to 15.6% and is reduced when compared to June '24
- June has seen periods of significant operational pressure, impacting flow through the hospital and waits in the EU. We have a planned 'reset' week in July to allow teams to review how we are managing prolonged periods of pressure and improve the timeliness and safety of care across the system
- The number of patients wating 12 hours or more in EU reduced in June and represented 7.8% of attendances. The number of patients waiting 24 hours in the EU footprint increased to 34, highlighting the impact of intense periods of operational pressure
- The number of 1-hour ambulance holds was unchanged from May to June – 21% of conveyances waited >1h at UHW. We saw an increase in conveyances in June and while total lost hours increased, lost minutes per arrival remained the same as in May

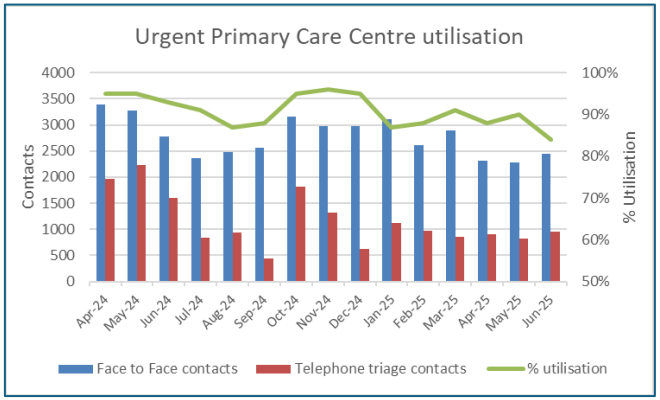




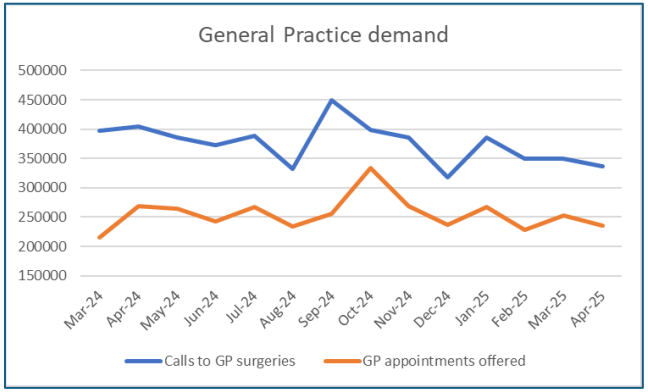


Urgent and Emergency Care – Out of Hospital and Front Door

- In June, over 2,400 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 950 patients triaged by telephone. In June 84% 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.
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in April fell slightly from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required



GMS activity	April 2025	Year to date 24/25
Calls to GP practices	336,622	336,622
Digital requests to GP practices	73,447	73,447
GP appointments offered	235,618	235,618
Items issued via presciption	701,751	701,751

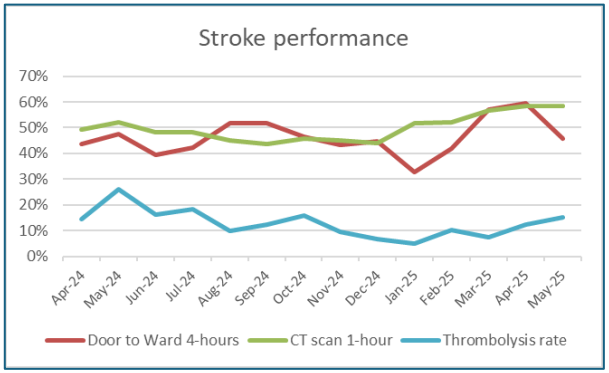


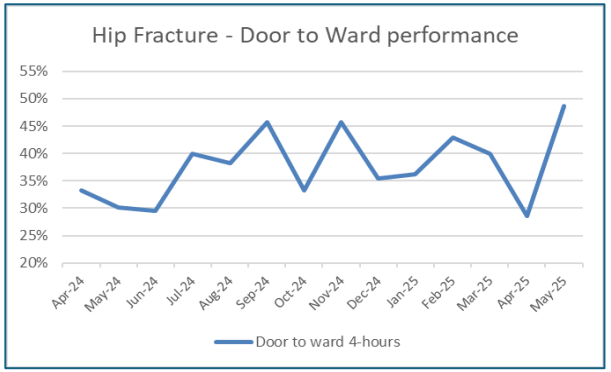
Urgent and Emergency Care – Hospital Flow and Discharge

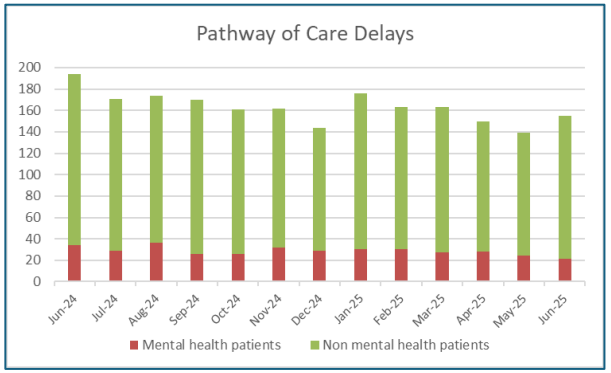
- The most recent data from May showed a deterioration in compliance with the Door to Ward standard for Stroke patients. Compliance fell from 59.6% to 45.7% with operational pressures in EU impacting flow. 58.5% of patients receiving their CT scan within 1-hour

- In April, 49% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an improvement in performance from April and remains significantly above the national average of 9%

- Pathway of Care Delays increased in June 2025 to 155, although the number of mental health delays marginally reduced. We continue to focus on reducing delays and the length of inpatient stays.



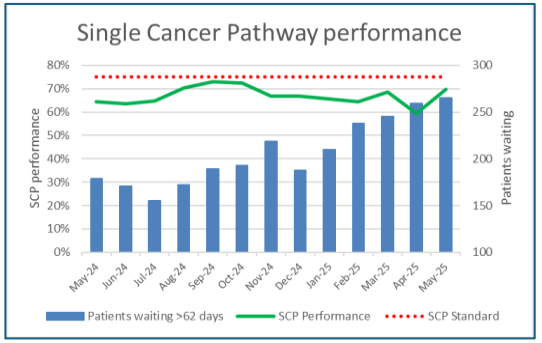


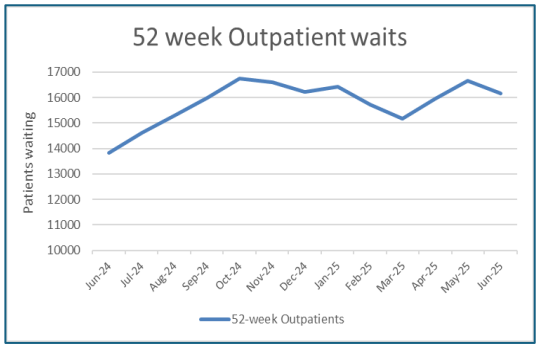


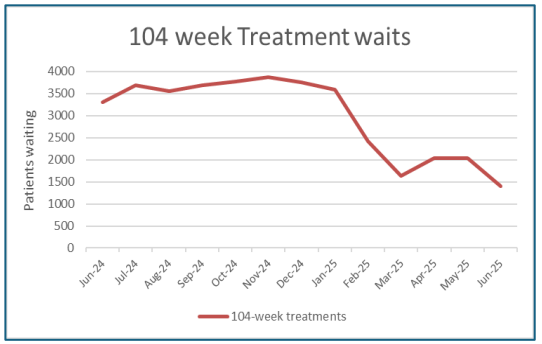
Planned Care

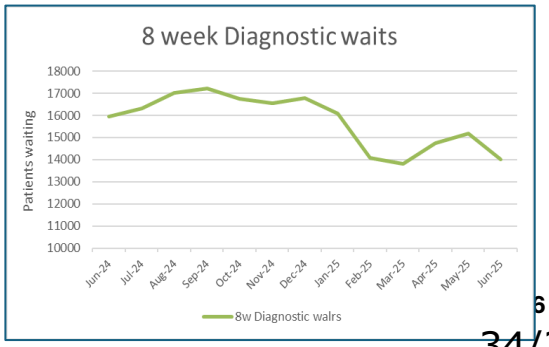
Planned Care, Cancer and Diagnostics

- The number of patients waiting >62 days for Cancer treatment has risen since last summer, however, in May compliance with the Single Cancer Pathway standard improved to 69.6%
- The number of patients waiting 52-weeks for an outpatient appointment reduced in June 2025. We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- The number of patients waiting 2-years for treatment was reduced in June to 1,401 – we bettered our commitment to reducing to c1,595 patients by the end of Q1. We have committed to a further reduction in Q2 and track this daily, with weekly updates to the COO, CEO and Chair
- Diagnostic 8-week waits reduced in June 2025 to 14,007, mainly driven by reductions in Radiology waits. The Non-Obstetric Ultrasound position improved by >700, with waits in CT and MRI also improving. The 8-week position in Endoscopy improved by c100



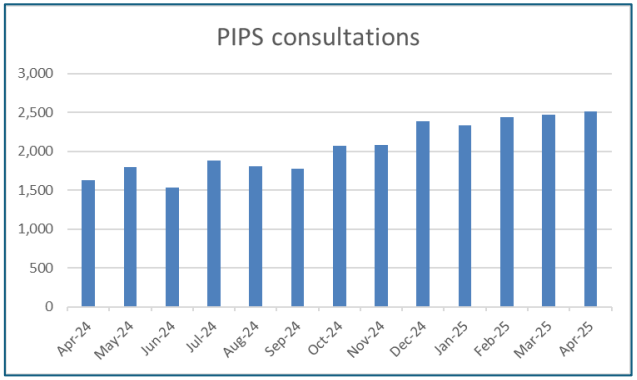


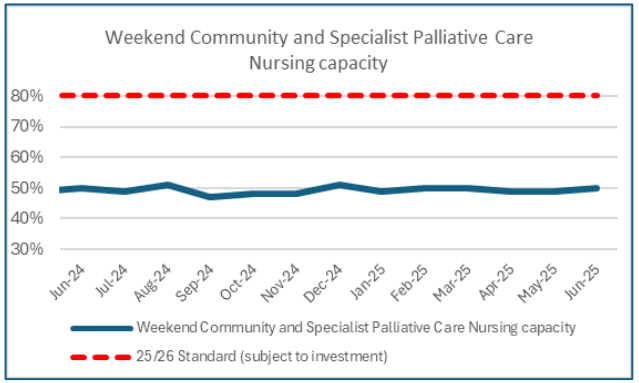


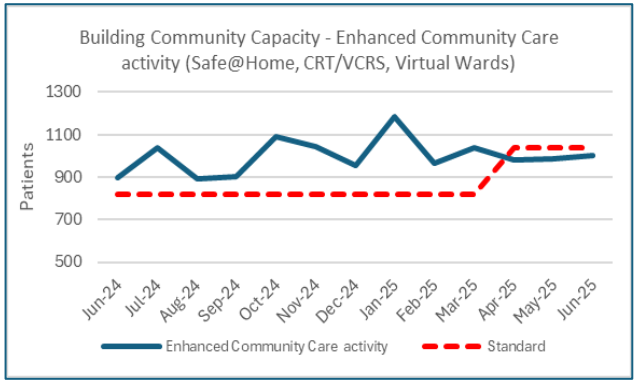


Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into April 2025
- The General Dental Service delivered 98.5% of the contract value in 24/25. So far 15% has been delivered in 25/26
- Community Pharmacy continues to increase the offer of the Pharmacist Independent Prescribing Service, with 2,516 consultations delivered in April 2025
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels 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 to meet our ambition this year of a 20% increase



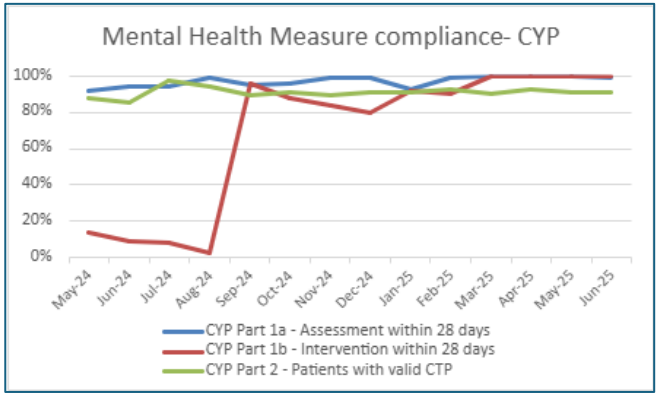


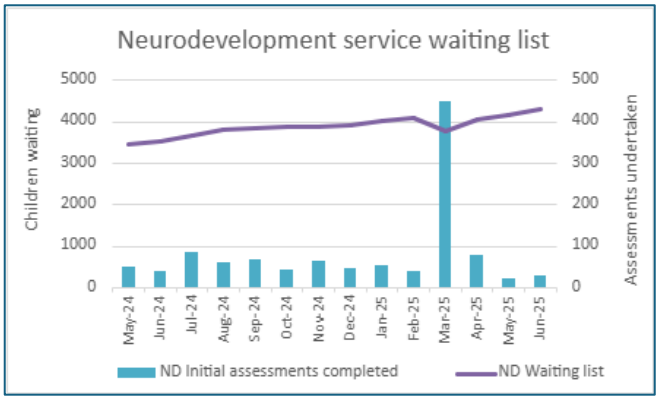


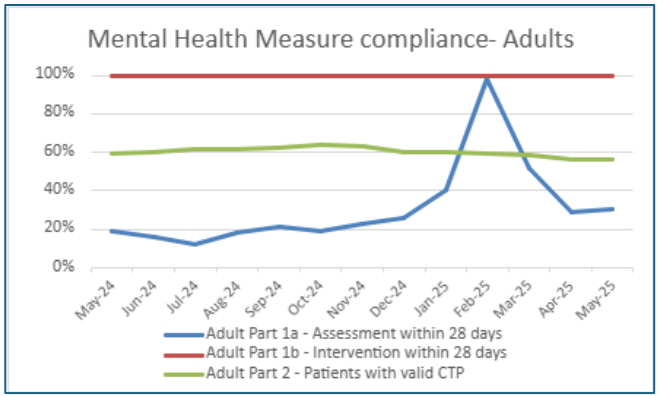
Mental Health

- Demand for adult, children and young people's mental health services remains high
- For Children and Young People, Part 1a and 1b remain compliant, with 99% and 100% compliance reported respectively for June 2025. Part 2 performance also remains compliant, with over 90% compliance maintained throughout 2025
- The Neurodevelopment service waiting list continues to grow with >250 referrals in June. The service anticipate the number of children waiting 3 years for assessment will grow throughout 2025 with the current capacity. Currently there are 107 children who have waited 3-years for assessment, trending added from next month
- For Adult and older people's mental health services, March saw a 30% increase in referrals, with a subsequent drop in Part 1a performance in April to 29.6% and 30.4% in May. Part 1b remains compliant with 100% reported in May. Part 2 compliance remained low despite ongoing actions

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

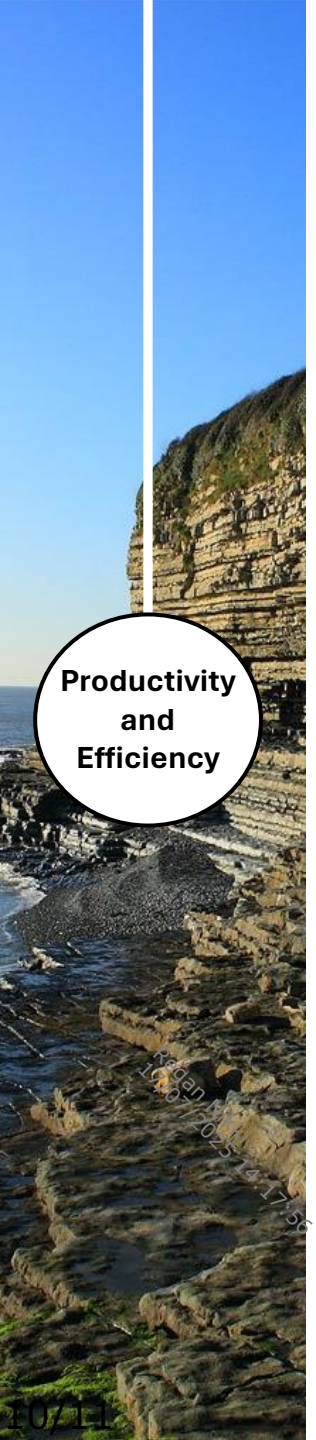




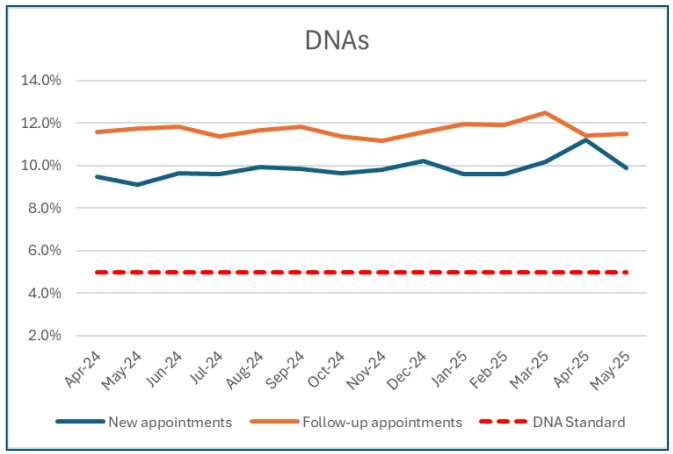


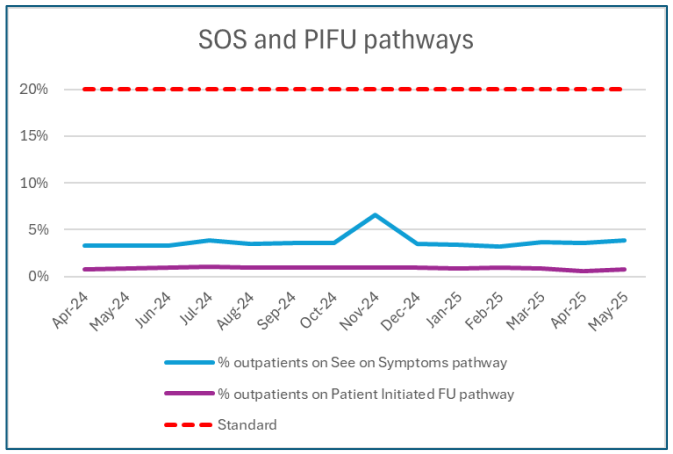
Productivity and Efficiency

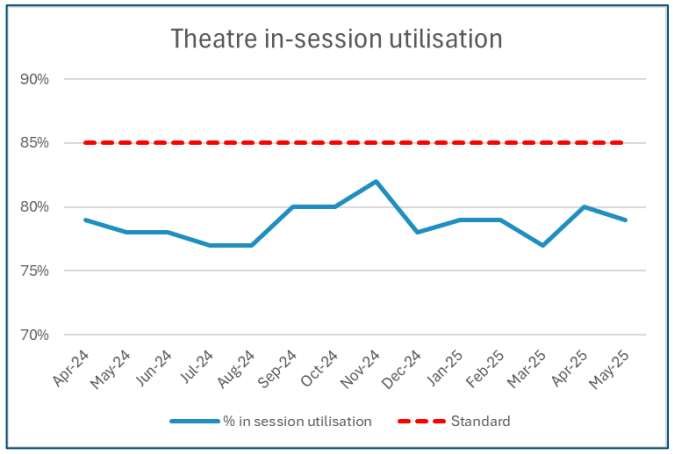
Measure		Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Trend
Outpatients	% DNAs - New appointments	5%	9.5%	9.1%	9.6%	9.6%	9.9%	9.8%	9.7%	9.8%	10.2%	9.6%	9.6%	10.2%	11.2%	9.9%	
	% DNAs - Follow-up appointments	5%	11.6%	11.8%	11.8%	11.4%	11.7%	11.8%	11.4%	11.2%	11.6%	12.0%	11.9%	12.5%	11.4%	11.5%	
	% outpatients on See on Symptoms pathway	20%	3.3%	3.3%	3.3%	3.9%	3.5%	3.6%	3.6%	6.6%	3.5%	3.4%	3.2%	3.7%	3.6%	3.9%	
	% outpatients on Patient Initiated FU pathway		0.8%	0.9%	1.0%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	
Endoscopy	% room utilisation	90%	78%	79%	89%	81%	74%	74%	68%	78%	75%	83%	82%	88%	78%	88%	
	% utilisation (activity points available)	95%			84%	81%	80%	83%	85%	87%	85%	84%	81%	84%	87%	89%	
Theatres	Average turnaround time (minutes)	10	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	16.2	15.9	18.2	17.1	16.6	15.9	
	% of theatre session utilisation	95%	84%	84%	81%	80%	75%	79%	83%	84%	75%	88%	85%	87%	79%	83%	
	% in session utilisation	85%	79%	78%	78%	77%	77%	80%	80%	82%	78%	79%	79%	77%	80%	79%	
	<24 hour elective cancellations	N/A	243	289	247	309	249	190	363	198	217	315	295	347	237	229	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset															
	'High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset															
Waiting list	Total RTT waiting list volume	N/A	149,805	150,199	151,888	153,560	153,673	155,063	156,194	154,994	154,605	153,519	151,069	151,226	152,150	152,901	
Inpatient	Delayed pathways of Care - Mental Health	217	38	39	34	29	36	26	26	32	29	30	30	27	28	24	
	Delayed Pathways of Care - non-Mental Health		145	140	160	142	138	144	135	130	115	146	133	136	122	115	
	7 day LOS on Acute Wards (snapshot)	<40%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	
	21 day LOS on Acute Wards (snapshot)	<20%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	9.9	11.4	9.7	10.9	11.3	11.9	10.7	10.4	10.5	9.8	12.4	11	10.3	11.9	
Urgent and Emergency	Reportable attendances	N/A	11,484	12,102	11,930	11,773	10,926	11,567	12,628	11,922	11,468	10,756	10,237	12,193	11,659	11,517	
	Reportable Majors attendances	N/A	6,186	6,477	6,179	6,182	6,053	6,235	6,691	6,398	6,272	5,924	5,628	6,210	6,041	6,297	
	Reportable EU admissions	N/A	1,922	1,833	1,847	1,865	1,778	1,768	1,823	1,831	1,829	1,676	1,502	1,658	1,754	1,708	
	SDEC attendances	N/A	1,625	1,700	1,638	1,699	1,736	1,730	1,847	1,716	1,601	1,786	1,609	1,770	1,678	1,779	
Mental Health	TBC	TBC - will be added from August															

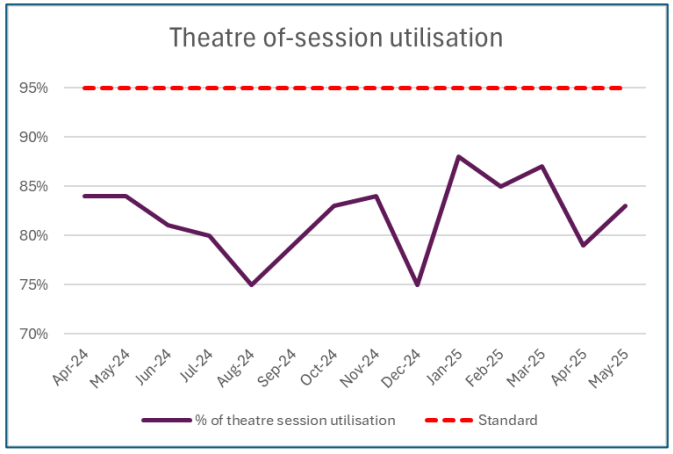


Productivity and Efficiency









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

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

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

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

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

Cardiff and Vale
Integrated Performance Report

2025/26

July 2025

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

Return to Main Menu

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

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

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

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

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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**<160**	**Yes**	**Q4**	**155** Jun-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	**>2,565**	**Yes**	**Q2**	**2,516** Apr-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**	**50%** Jun-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**	**1,001** Jun-25	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Population health and prevention	**Measure:** Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes **National standard/ambition:** Increase **Reporting period:** Monthly	48%	Yes	Q4	46.1% Jun-25	Hyperlink to section
Mental health access	**Measure:** Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% May-25	Hyperlink to section
	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% May-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% May-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	30% May-25	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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**	**373** Jun-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**	**919** Jun-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**	**1,401** Jun-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**	**69.6%** May-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**	**14,007** Jun-25	Hyperlink to section

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

Section 2: Cardiff and Vale Performance Report

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

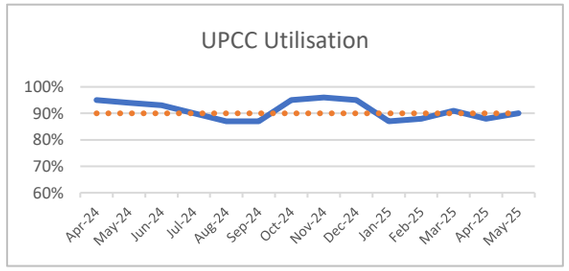
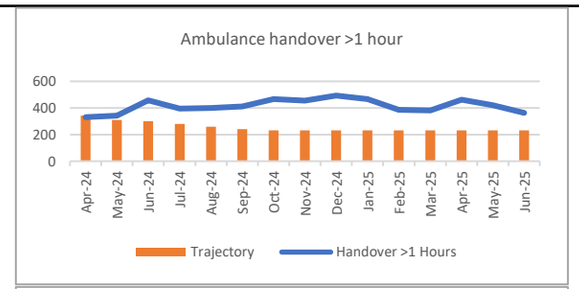
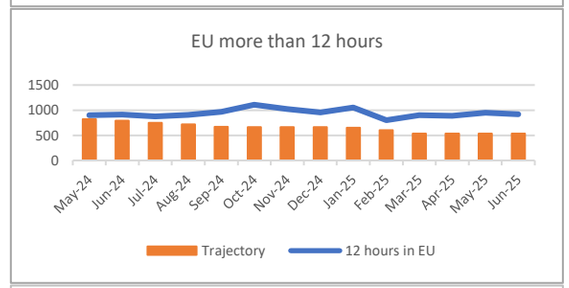
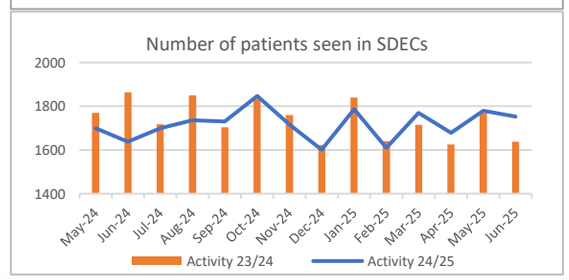
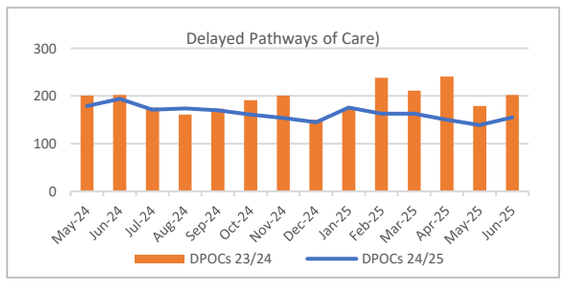
Detail on what is included under each quadruple aim is provided below.

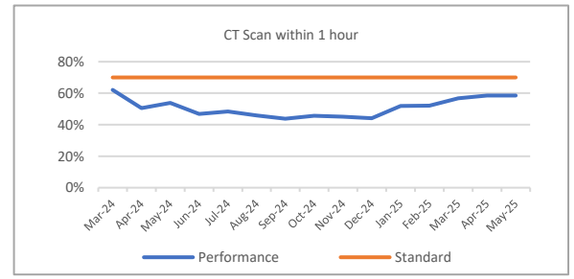
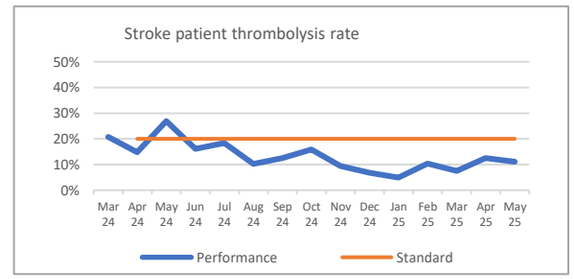
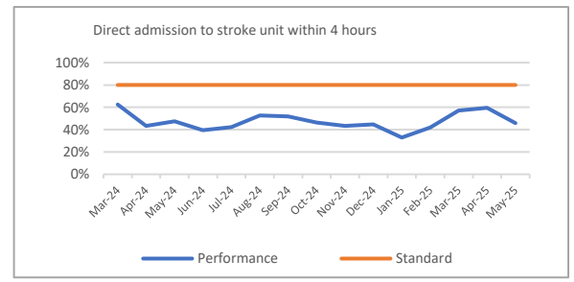
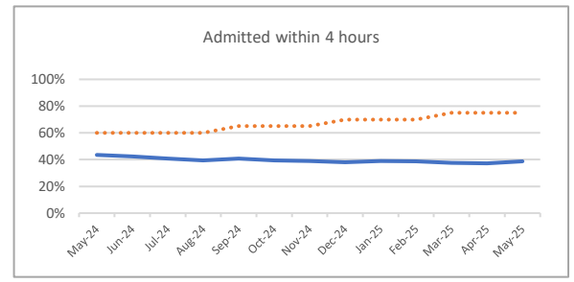
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

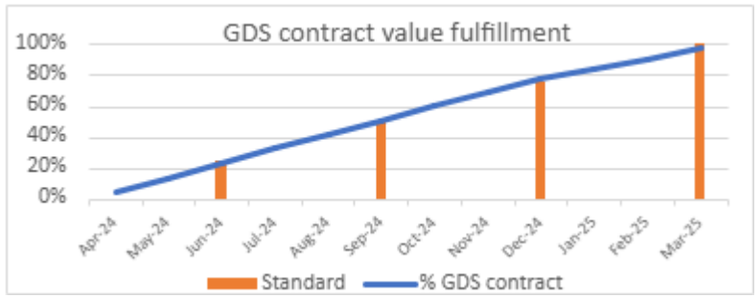
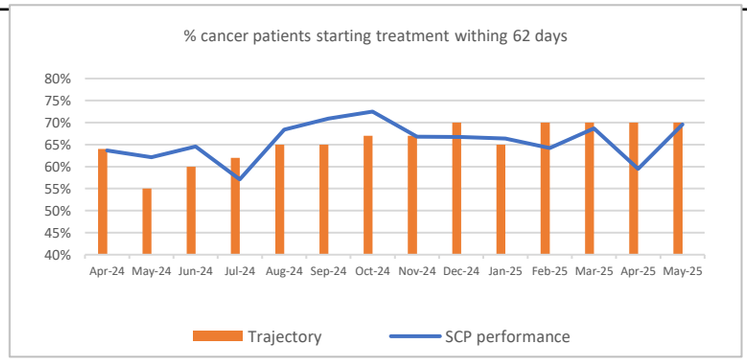
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

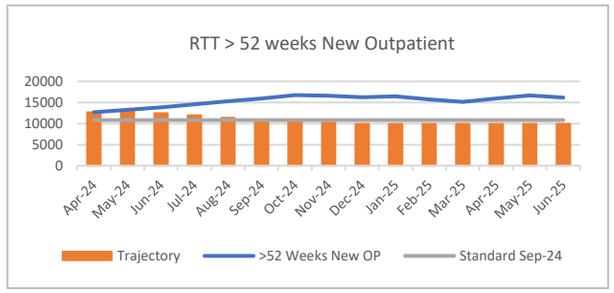
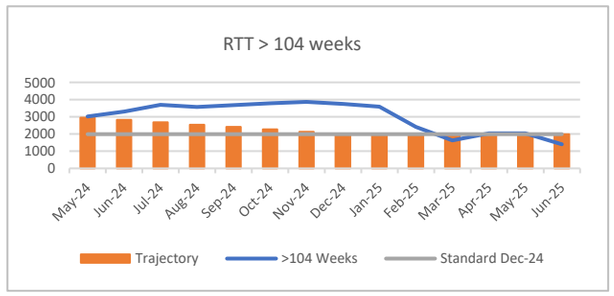
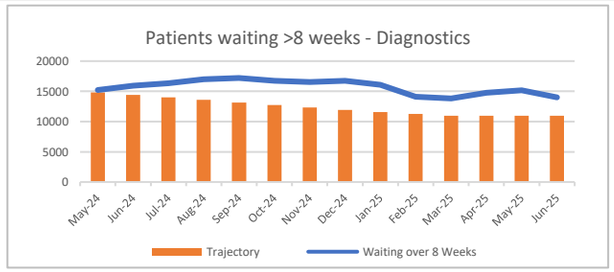
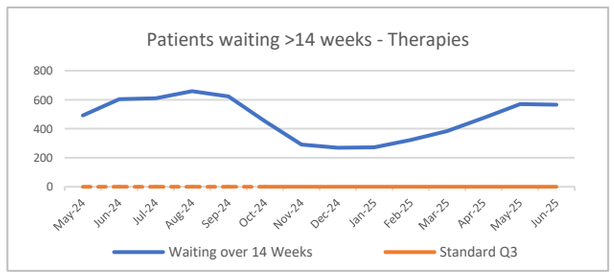
Return to Main Menu

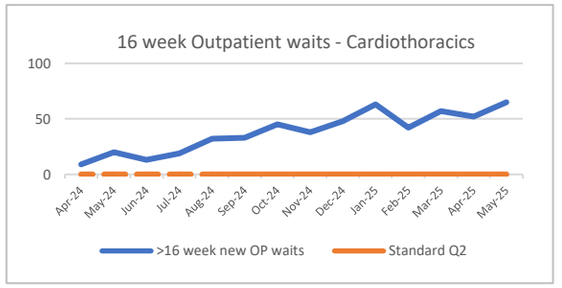
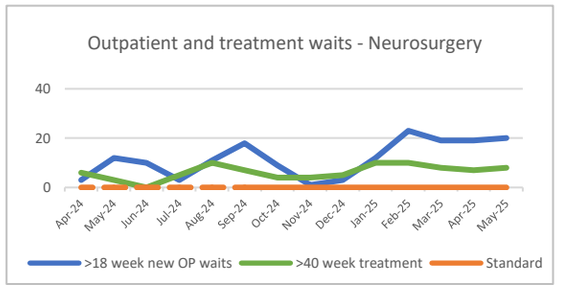
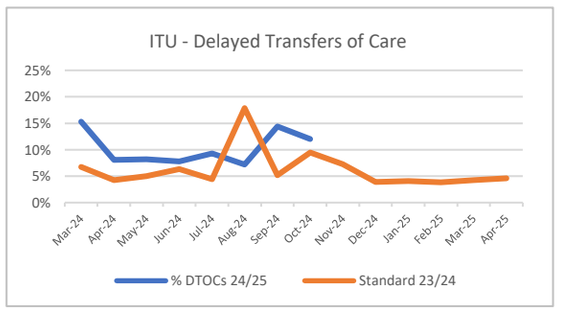
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

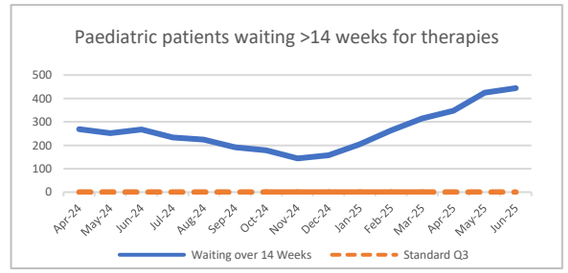
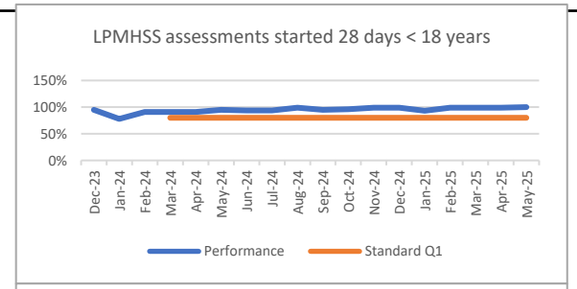
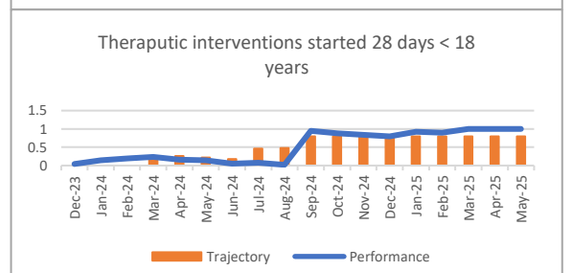
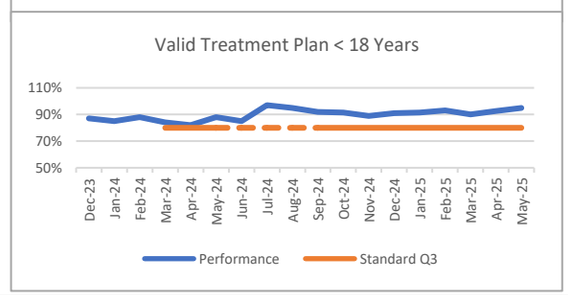
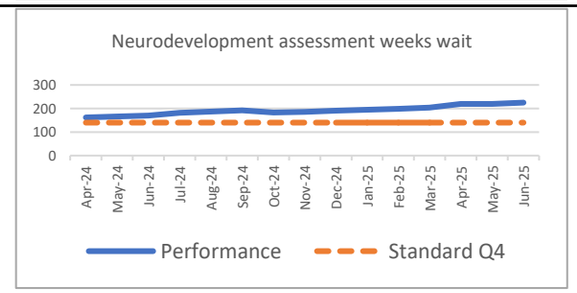
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In May utilisation was 90%, this is in line with our commitment **Safe@home referrals – Increase to 6 accepted referrals per week in Q1 to 30 per week in Q4** Q4 - 231 referrals were accepted by S@H – average of 18 per week. Work ongoing to increase referrals into the system **Community visits – 95% of face-to-face visits within 8 hours** Q4 to date 97% compliance with 8-hour standard	May-25 Q1 Jun-25	90% utilisation At standard 231 accepted referrals Q4 Below standard 97% Above standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December** Periods of significant operational pressure in June led to an increase in longer ambulance waits. In June we reported 32 2-hour ambulance delays, an increase from May, above our ambition of 0. In June we reported 373 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In June lost minutes per arrival remained at 26 **ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4)** In June we reported a decrease in patients waiting 12-hours in EU compared to May. This equates to 92.2% of attendances waiting less than 12-hours and below our ambition for Q4 **SDEC units – Increase attendances compared to the same period 23/24** In June we reported a decrease in activity compared to May, and above June 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	Jun-25 Jun-25 Jun-25	32 2-hour delays Above standard 373 1-hour delays Above standard 26 minutes lost/arrival Above standard 92.2% patients <12h Below standard 1753 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of June 59.6% of patients in acute beds had a LOS of >7 days, 32.3% >21 days – reduced from May **Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24** In June 2025 the number of POCDs was 155 – this is above the number of delays reported in May 2025	Apr-25 Jun-25	59.6% >7d Above standard 32.3% >21d Above standard 155 Below standard	

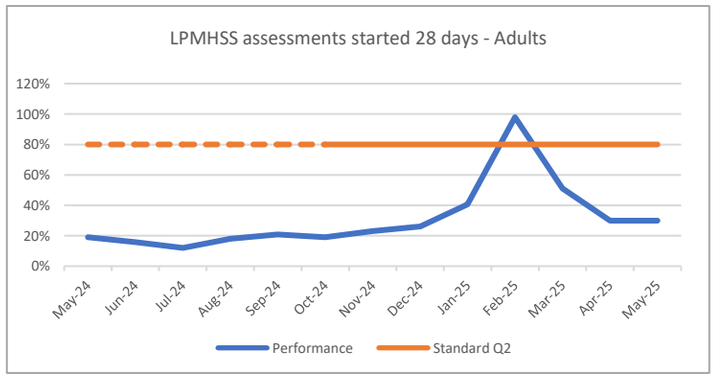
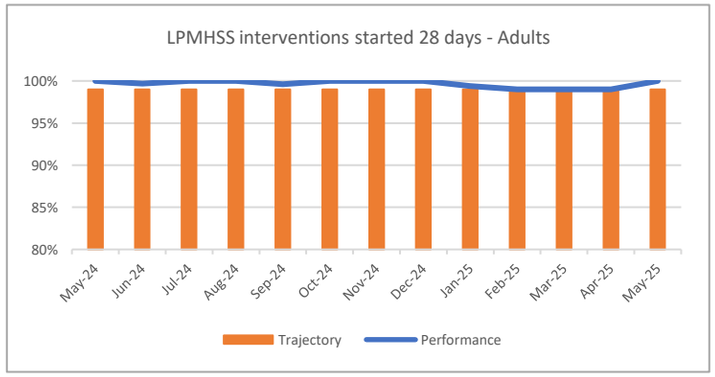
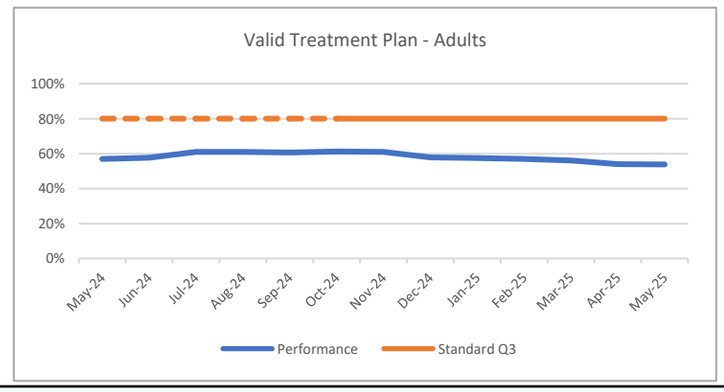
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In May 58.5% of patients were received their CT scan within 1 hour of arrival at EU, unchanged from April but below our ambition. **Thrombolysis – 20% thrombolysis rate** In May 11.5% of stroke patients were thrombolysed, this remains increased from previous months but below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In May 45.7% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales	May-25	58.5% CT Below standard 11.1% Thrombolysis Below standard 45.7% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In May our annualised compliance showed 38.6% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9%.	May-25	38.6% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In April 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to June) 23.5% of the contract value has been delivered **Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter** In June 100% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Apr-25 Jun-25	100% At standard 98.5% Below standard (Apr-24 - Mar-25) 100% Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory** In May 69.6% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting >62 days for treatment increase and performance has dropped as a result of treating the longest waiting patients in month.	May-25	69.6% Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In June there were 16,172 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In June there were 1,401 patients waiting 104 weeks for treatment. This represents a large reduction from May as we delivered our commitment to reduce below c1595 by the end of June. We are currently working with colleagues from Welsh Government and NHS Wales to develop plans for Q2 and beyond to further reduce long waits	Jun-25	16,172 patients Above standard 1,401 patients Below standard	 
Diagnostics and Therapies Regan,Nikki 17/07/2025 14:17:56	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In June 14,007 patients were waiting over 8 weeks for a specified diagnostic, A decrease from May, Improvement in the radiology position this month, with NOUS, MRI and CT all reducing their 8w waits. **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In June 566 patients were waiting over 14 weeks for therapies, A decrease from May. 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	Jun-25	14,007 patients Diagnostics Above standard 566 patients Therapies Above standard	 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Waiting times	**Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2** In May there were 65 patients waiting over 16 weeks for a new outpatient appointment and 19 patients waiting over 52 weeks for surgery. **Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4** In April there were 25 patients waiting over 18 weeks for a new outpatient appointment and 8 patients waiting over 40 weeks for surgery.	May-25	65 Outpatients Above standard 20 patients Treatment Above standard 8 patients Treatment Above standard	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month. Data for Q4 is currently unavailable, the service are working to provide this dataset	Oct-24	12.0% Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In March there were 0 patients waiting over 52 weeks for a new outpatient appointment **Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3** In June there were 444 paediatric patients waiting over 14 weeks for Therapies (293 in Dietetics and 151 in Occupational Therapy)	Jun-25	0 Meeting standard 444 Above standard	
Emotional Health and Wellbeing	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1** In May 100% of assessments were completed within 28 days **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3** In May 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In May 95% of patients had a valid Care and Treatment Plan, above our ambition	May-25	100% Part 1a Above standard 100% Part 1b Above standard 95% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In June the longest wait for a neurodevelopment assessment was 225 weeks, this is above our ambition for delivery in Q4	Jun-25	225 Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In May 30% of patients received their assessment within 28 days – this is below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.	May-25	30% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1** In May 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	May-25	100% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In May 54% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance	May-25	54% Part 2 Below standard (Q3)	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** At standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jun-25	Improvement compared to the same month in the previous year	**46.1%** Above standard	Mar-25: 46.30%; Apr-25: 46.50%; May-25: 45.90%; Jun-25: 46.10%
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 to Jun-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**23.4%** Above standard	Apr-25: 5.50%; Apr25 - May-25: 15.10%; Apr-25 - Jun-25: 23.40%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-25	Increase compared to the same month in the previous year	**2,516** Above standard	Jan-25: 2329; Feb-25: 2440; Mar-25: 2465; Apr-25: 2516
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	May-25	80%	**100%** Above standard	Feb-25: 99%; Mar-25: 99%; Apr-25: 99%; May-25: 100%
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	May-25	80%	**100%** Above standard	Feb-25: 90%; Mar-25: 100%; Apr-25: 100%; May-25: 100%
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	May-25	80%	**30.0%** Below standard	Feb-25: 97.9%; Mar-25: 51.3%; Apr-25: 30.0%; May-25: 30.0%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	May-25	80%	**100%** Above standard	Feb-25: 100.0%; Mar-25: 99.4%; Apr-25: 100.0%; May-25: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-25	65%	**50%** Below standard	Mar-25: 50%; Apr-25: 51%; May-25: 50%; Jun-25: 50%
20.	Median emergency response time to amber calls	Jun-25	12 month reduction trend	**01:34:20** Above standard	Mar-25: 01:46:41; Apr-25: 01:58:55; May-25: 01:19:34; Jun-25: 01:34:20

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	Jun-25	15 minutes or less	**6** Below standard	Mar-25: 8; Apr-25: 8; May-25: 6; Jun-25: 6
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jun-25	60 minutes or less	**68** Above standard	Mar-25: 64; Apr-25: 63; May-25: 64; Jun-25: 68
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	Jun-25	Improvement compared to the same month in the previous year, towards the national target of 95%	**61.3%** Below standard	Mar-25: 66.2%; Apr-25: 62.7%; May-25: 63.9%; Jun-25: 61.3%
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jun-25	Reduction compared to the same month in the previous year, towards the national target of zero	**919** Above standard	Mar-25: 901; Apr-25: 887; May-25: 952; Jun-25: 919
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	May-25	12 month improvement trend towards a national target of 80% by 31 March 2026	**69.6%** Below standard	Feb-25: 64.2%; Mar-25: 68.7%; Apr-25: 59.5%; May-25: 69.6%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jun-25	0	**14,007** Above standard	Mar-25: 13825; Apr-25: 14750; May-25: 15177; Jun-25: 14007
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Mar-25	100%	**72%** Below standard	Dec-24: 86.24%; Jan-25: 82.00%; Feb-25: 76.66%; Mar-25: 71.58%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jun-25	0	**566** Above standard	Mar-25: 384; Apr-25: 475; May-25: 571; Jun-25: 566
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jun-25	0	**679** Above standard	Mar-25: 308; Apr-25: 294; May-25: 456; Jun-25: 679

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	Jun-25	0	**16,172** Above standard	Mar-25: 15185; Apr-25: 15949; May-25: 16663; Jun-25: 16172
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-25	Reduction compared to the same month in the previous year	**22,853** Below standard	Feb-25: 19694; Mar-25: 22227; Apr-25: 21758; May-25: 22853
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jun-25	0	**1,401** Below standard	Mar-25: 1632; Apr-25: 2037; May-25: 2030; Jun-25: 1401
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jun-25	Month on month reduction towards the national target of zero by 30 June 2025	**34,374** Above standard	Mar-25: 32763; Apr-25: 34632; May-25: 35620; Jun-25: 34374
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	May-25	80%	**13%** Below standard	Feb-25: 10%; Mar-25: 10%; Apr-25: 14%; May-25: 13%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	May-25	80%	**77%** Below standard	Feb-25: 73%; Mar-25: 75%; Apr-25: 77%; May-25: 77%

Yes Report Title:	Quarter 1 Annual Plan Report			Agenda Item no.		2.3
Meeting:	Finance & Performance Committee		Public	X	Meeting Date:	23.07.2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of Finance and Planning					
Report Author:	Head of Strategic Plannning					

Background and current situation:

This report provides a high-level summary of progress against the key priorities outlined in the 2025/2026 Annual Plan for Quarter 1 (April–June).

It is intended to complement existing assurance reports, including the Integrated Performance Report, Financial Reports, and Enabling Actions Report.

The report highlights key achievements and issues aligned to each strategic portfolio and presents a high-level summary of both our performance and financial position.

Summary of plan priorities

People and Culture - Highlights

Aligned Strategic Objective: Putting People First

- **Wellbeing and Availability to Work:** Targeted action is being taken to reduce staff absence and availability. The sickness level for June 2025, is 5.6%, whilst this is higher than the Health Board's cumulative target of 5.5%, the monthly rates are lower than for each of the previous 3 financial years where the sickness was 6.8% cumulatively.

- **Medical workforce (reduction by 30%):** Agency and bank expenditure has declined over the last three consecutive months. Medical bank reduced from £1,274,238 in April to £996,231 in June 2025 which is a reduction of £278,007 (22%) and medical agency reduced from £116,828 in April to £90,918 in June 2025 which is a reduction of £25,9010 (22%). In support of the Welsh Government's target to achieve 90% compliance with job planning by 30th September 2025, the position has increased from 65% to 70%.

- **Nursing Workforce:** Nursing bank and agency expenditure has continued to decline. In the first 2 months of this financial year, the spend on agency reduced by 60% compared to last year from £1,012,984 to £403,821 giving a reduction of £609k and bank reduced by 8% from £1,149,034 to £1,057,227 giving a reduction of £91,801.

- **Head count**: Following enhanced scrutiny of vacancy requests, UHB's workforce has reduced for the last 3 consecutive months by a total of 81 WTE and a further 90 roles are being held for redeployments and nurse streamlining.

- **Management and Leadership Development**: Implementation of an operational leader's programme, to be delivered in collaboration with ABUHB and CTMUHB, to build regional resilience and leadership capability. Co-developing Elev8, a multidisciplinary programme to support clinical leaders in leading compassionate, accountable, and improvement-focused teams.

- **Workforce Planning:** Nursing Resource Plan under development with current forecast to end of 25/26 financial year. UHB Workforce Planning SharePoint site has been developed. Workforce group under development with Mental Health Clinical Board to support implementation of the Strategic Mental Health Workforce plan.

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<u>Population Health and Places - Highlights</u>

Aligned Strategic Objective: Providing Outstanding Quality

- **Vaccination**: Community-based delivery model and mobile immunisation unit deployed to improve uptake.

- **Diabetes**: Good progress with type 2 diabetes health needs assessment.

- **Obesity**: Implementation of Good Food and Movement year 2 actions - Leadership and Enabling Change Group for Cardiff held, connecting the system strategically, with a spotlight on Education.

- **Phase 1 Integrated Community Care System (ICCS):** delivery of phase 1 is underway with task and finish groups established, delivery plans set out and progress against plans reported to be on track. Workstreams include community hospitals (preparing to shift into Primary Care and Intermediate Care), roll out of Connected Communities multi-disciplinary team including social prescribing, development of admissions avoidance integrated delivery model though Safe@home and Community Resource Teams and End of Life strategy and delivery. Single Point of Access and Urgent Treatment Centre delivery is dependent on national funding and resource alignment.

- **ICCS design**: A 12-month design programme is scheduled to begin in Quarter 2, aimed at developing the blueprint, model of care, and enabling plans that support our ambition to become an Integrated Community Care System. Foundational work was completed in Quarter 1 to prepare and position this workstream for a successful launch.

Quality and Value- Highlights

Aligned Strategic Objective: Providing Outstanding Quality

- **Quality Management System:** QMS project launched with active workstreams to support quality planning, improvement, control, and assurance.

- **Safety & Improvement Projects:** Health Care Acquired Infections, Lost to Follow Up and Acute Deterioration projects are live and progressing well. A new project on medication errors has just been launched.

- **Value-Based Healthcare**: Evaluation of diabetes community team and supportive care projects completed; frailty and cellulitis projects progressing to plan.

- **Measurement Tools:** Value Tracker and Value Currency tools in development to support benefits realisation.

Clinical Services - Highlights

Aligned Strategic Objective: Providing Outstanding Quality

- **Continuity of Care:** Strong engagement in reconfiguring acute medical services and embedding Discharge to Recover & Assess (D2RA) and Red2Green principles.

- **Regional Planning:** Stroke and ophthalmology models progressing; regional collaboration is active across multiple specialties.

- **Productivity & GIRFT**: Action plans in place across specialties; cataract and urology pathways showing early success.

- **Theatre Efficiency:** Theatre together programme underway focussing on immediate actions with productivity and efficiency focus to follow.

- **Cancer & Partnership Working**: Collaboration with Velindre Cancer Centre is active, with governance and reporting structures being aligned.

- **Clinical Services Plan:** Strategic planning underway, with detailed delivery plans progressing for Babies, Children and Young People plan.

- **Mental Health:** Engagement and planning work to develop the mental health component of the clinical services plan commenced in Quarter 1. This work is a key dependency and enabler to the mental health and estates transformation strategy and improvement actions set out in the plan.

Infrastructure- Highlights

Aligned Strategic Objective: Delivering in the Right Places

- **Digital Enablers**: Wi-Fi expansion, device replacement (Windows 11), M365 rollout including Co-Pilot and Power BI licensing are progressing.

- **Digital Foundations** business case development is active.

- **Data Insights:** Dashboards and data viewers are being developed utilising the new Local Data Repository (LDR).

  Clinical Coding: Digital-only coding for cataract is complete.

- **Sustainable Service Delivery:** Estates condition survey in progress to inform future capital investment and service planning.

- **Capital Planning:** There are ongoing discussions with Welsh Government regarding combining the ITU expansion and refurbishment, Haematology/BMT and Hybrid Theatre Business cases. Park View Integrated Wellbeing Hub business case is due for submission to Welsh Government in Quarter 2 subject to Board approval.

Future Generations- Highlights

Aligned Strategic Objective: Acting For the Future

- **Innovation & Research:** AI pilots, endoscopy innovation, and lipid optimisation projects are active. Strategic planning for research is underway.
- **Cardiff Health Partners**: Programme launched with governance structures forming and workstreams progressing.
- **Foundational Economy:** Strong delivery on inclusive employment, youth engagement, and equality initiatives.
- **Carbon Reduction**: Climate adaptation planning and behaviour change initiatives are in motion.

Quarter 1 Finance summary

At month 3 the UHB is reporting an overspend of £15.216m. This is an adverse variance of £1.158m against our profiled deficit plan of £56.2m. More detailed information can be found in the Financial Report.

Quarter 1 Performance Summary

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

Strategic Priority	Ministerial Expectation	Cardiff and Vale Plan	Current Position (RAG vs plan, blank if no Q1 forecast)
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour – national target – zero	<365 p/m (Q1)	373 (June)
	Reduce the number of patients who spend 12 hours in ED... building towards the national target of zero	<700 p/m (Q1)	915 (June)
	No patients waiting more than 104 weeks for referral to treatment	9861 (Q4)	1401 (June)
	62-day SCP performance – 12-month improvement trend	75% (Q4)	69.6% (May)
	8-week diagnostic waits – zero target	10426 (Q4)	14007 (June)
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)	45.93% (May)
	Achievement of vaccinations targets in the performance framework	Covid Spring Booster 63% (Q2)	N/A
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)	165
	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	2224
	Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period	45% adults / 78% children	Reported yearly
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	Increase vs 24/25 (51% ave.)	51%
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	Increase vs 24/25 (800 ave.)	985
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 – 60% (June) Children – 99% (June)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% - adult and children	Adult – 100% Children – 100% (June)

Overall - Summary of strategic challenges

The most common challenges across the portfolios are summarised by theme below:

Implementation Delays: Many actions are in early planning or awaiting key milestones (e.g. procurement, workshops, business case approvals); this is not unexpected at this stage in year where preparation and planning stages may take longer than initially planned for.

External Dependencies: Progress in some areas is impacted by reliance on national programmes, funding approvals, or system-wide alignment, for example agreement of approach to capital funding

for ITU expansion/Hybrid Theatres/BMT, PARIS system replacement, funding for Single Point of Access and Urgent Treatment Centres.

Strategic and Governance Complexity: Progress on several areas has been slower than anticipated due to evolving governance structures and the inherent challenges of cross-organisational coordination.

For example, Pan Cluster Planning Groups have been slow to establish. Increased focus will be given in Quarter 2 to accelerate their formation and functionality in order to support place-based planning and co-production of the ICCS model design.

Regional service models are taking time to progress due to the complexity of planning across multiple organisations; the establishment of the Regional Joint Committee in Q2 is expected to provide the necessary oversight and strategic direction to overcome barriers and improve momentum.

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

Quarter 1 has seen meaningful progress across our key priorities. However, some challenges have emerged. While individual risks and delivery issues are being actively managed within the relevant clinical boards, programmes, or portfolios, it is important that the Finance and Performance Committee remains sighted on these themes to provide appropriate challenge and support in addressing barriers to progress.

Looking ahead, the next iteration of the report will be enhanced through aligning the portfolios with the KPIs they intend to impact upon, enabling a clearer understanding of impact and outcomes.

Recommendation:

The Committee are requested to:

NOTE the progress highlighted in the Q1 Annual Plan Report

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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

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

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

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

Regan,Nikki
17/07/2025 14:17:56

Report Title:	Enabling Actions and MAG Update				Agenda Item no.	2.4	
Meeting:	Finance and Performance Committee		Public		Meeting Date:	23rd July 2025	
			Private	X			
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Chief Operating Officier						
Report Author (Title):	Director of Operational Planning and Performance						

Main Report
Background and current situation:

As part of the NHS Planning Framework for 24/25, several enabling actions were published across a range of themes. In addition to these actions, the Ministerial Advisory Group (MAG) on Performance and Productivity produced a series of recommendations, for Health Boards and Welsh Government, which were published and responded to by Welsh Government in April.

This update provided to Finance and Performance gives an overview of Cardiff and Vale performance against each of the actions and recommendations. The update collates the enabling actions and MAG recommendations together into complementary groups to try and avoid duplication and repetition.

Data collection and accuracy will mature in the coming months, some measures have not yet been agreed. validated sufficiently or have collection challenges, and we continue to engage with partners to develop these.

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

- There are a range of measures across both the enabling actions and MAG recommendations – some of which are duplicative or very similar. In addition, some measures feature as part of the Health Boards established performance reporting functions, such as the Integrated Performance Report.

- To date there has been no central guidance on best practice for measuring and reporting against the majority of actions and recommendations. The report and measures are likely to mature during the year as further advice is received. Work will be undertaken to provide more detailed trajectories where available.

- The recently published “Improving Together” letter from the cabinet secretary draws out some of the measures from the Enabling Actions and the MAG, as well as adding in some additional. An update on this will be provided to Board in July

- Across a number of metrics Cardiff and Vale performance is either below the expected standard currently, or below the standard which is expected later in the year. Particularly areas for focus include Urgent and Emergency Care and Planned Care.

- Performance against the actions relating to workforce are generally positive. Similarly, performance in relating to finance are in line with our originally set plan.

- Delivering of enabling actions is understood to be a pre-requisite for additional central support in areas such as planned care.

Recommendation:

Finance and Performance Committee is requested to **NOTE** the progress and challenges in relation to delivering against the Ministerial Enabling Actions and the Ministerial Advisory Group on Performance and Productivity Recommendations.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

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

Risk: Yes/No
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No

Regan,Nikki
17/07/2025 14:17:56

Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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

Cardiff and Vale University Health Board

Enabling Actions and Ministerial Advisory Group Update

F&P – 23rd July

Urgent and Emergency Care

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
UEC1 - Falls	Enabling Action	Implementation of community falls response	No of level 1 & 2 fallers transported by ambulance to emergency department	10% reduction by end of December; 25% reduction by end of March 2026	192	192	185	236		Multiagency workshop held to review falls pathways across different scenarios and agree on targeted areas of the pathway for improvement. Improvements expected once actions implemented later in the year.
			Level 1 & 2 fallers admitted to Hospital	10% reduction by end of December; 25% reduction by end of March 2026	194	211	193	226		
UEC2 - SPOA	Enabling Action	Implementation of the remote clinical assessment services framework (Single Point of Access)	Reduce conveyance from care home by ambulance to ED	< 50% rate by end Dec 2025	58%	55%	57%			SPOA baseline completed, working with 6 Goals national programme to develop. On track with national requirements. Improvements expected once actions implemented later in the year.
UEC3 - Frailty	Enabling Action	Implementation of acute frailty model at the front door	Average LOS for 65+ year olds in Assessment Unit	<24 hours (C&V)	25.3	22.3	24.3	26.6		Baseline assessment completed and submitted. Clinical, Digital and Operational leads identified to support development, implementation and national group. On track with national requirements. Discharge rates to be included rather than discharge numbers in future reports.
			Number of 65+ year olds discharged on same day	-	1294	1317	1377	1363	N/A	
UEC4 - Ambulance	Enabling Action	Implementation of Ambulance Handover Guidance	Ambulance patient handover delays >1 hour	Zero by September	381	462	421	363		Ambulance handover performances remains strongest in Wales. Full engagement with national Ambulance Handover Taskforce.
	MAG	No ambulance handover will exceed 45 minutes, with a focus on achieving the 15 minute-target wherever possible	45-minute handovers	Zero by September	-	-	623	614		
UEC5 - Flow	Enabling Action	Implement the Optimum Hospital Flow Framework	Pathway of Care Delays	Reduction in number of days delayed by 20%	10069	9760	8710	9230		Exemplar ward programme is underway. Introduction of huddles being trialled as part of programme to include education on Red 2 Green reporting expectation and embedding the updating of STAMP following pm huddle.
			Pathway of Care Delays	Reduction in total number of delays by 15%	163	150	139	155		
	MAG	Hospitals must endure that all admitted patients are placed on D2RA pathways in line with the national Hospital Discharge Guidance, and delays by pathways should be published within 3 months	% admitted patient placed on D2RA pathways	100%	-	-	-	86.2% (July live)		D2RA performance is as of 17th July. Retrospective view being developed
UEC6 – 50 days	Enabling Action	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource	Pathway of Care Delays (see above)	Pathway of Care Delays (see above)	See above	See above	See above	See above	N/A	Delivery groups in place for each key area of delivery meeting monthly. Data/metrics to support development of the models of care being developed.

Planned Care

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
PC1 - Outpatients	Enabling Action	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure.	% SOS / PIFU	20% (C&V)	4%	4.2%	4.7%			Commencing roll of default SOS/PIFU pathways in approved pathways in Q2. Performance to increase significantly thereafter. Orthopaedics go live in July with fortnightly batches of 200 patients being added to SOS, followed by General Surgery at the end of the month Accepted outpatient referrals numbers for all specialities are currently slightly lower than 24/25. CIN maturity matrix undertaken for all specialities (subjective self-assessment). 100% would be every speciality reporting the highest level of maturity for every CIN recommendation. Consider more realistic target moving forwards.
	Enabling Action	Implementation of CIN follow up criteria both prospectively and retrospectively to established follow-up waiting lists	As above	As above	As above	As above	As above	As above		
	MAG	Develop a plan to reduce referrals to traditional outpatients in high volume specialities	Accepted referrals per month (all specialities)	<	16142	160663	15675	15975		
	MAG	Reduce variation in outpatient waiting times by adopting best practices in outpatient service management (GIRFT / CIN)	CIN Maturity Matrix – Outpatients % compliance	100%	51%	-	-	-		
	Enabling Action	When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	% DNA	5%	11%	11.4%	11%	11.9%		DNA rates remain above standard alongside significant date coding issue - resolution underway. Overbooking of clinics to commence in Q2. Targeted work to improve commenced with highest DNA rate clinics in Ophthalmology
PC2 - TiT	MAG	Better prioritisation of long waits (Treat in Turn) to be a prerequisite before receipt of additional funding	Treat in turn 104 cohort	TBC	TBC	TBC	TBC	TBC	TBC	Work underway to convert current live treat in turn rates for select specialties into a retrospective report for all specialities. Will be updated for next month.
PC3 - Cataracts	Enabling Action	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2	% cataracts direct list	100% by Q2	0%	0%	0%	0%		Will go live in August, meeting measure in advance of target date of Q2
PC4 - PESU	Enabling Action	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	% days with protected capacity	90%	97%	TBC	TBC	TBC	TBC	Data collection on this measure is outstanding and will be included next quarter

Planned Care

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
PC5 - Theatres	Enabling Action	Ensure effective utilisation of theatre capacity through	Late Starts	<20% by March 2026	55%	47%	50%	53%		Overall theatre utilisation is slightly above 24/25 baseline despite challenges with late starts and early theatres. Theatre Delivery Group not currently running and will be re-established later in year. The focus of the team is currently on operational delivery and Theatres Together Programme.
			Early Finishes	<10% by March 2026	51%	50%	52	48%		
			In session utilisation	85% by March 2026	77%	80%	79%	80%		
	MAG	Reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management (establish Theatre Optimisation Boards).	N/A	N/A	N/A	N/A	N/A	N/A		
	Enabling Action	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists	Primary joints per list	4 (90% of lists) by end Q2	3.2	-	-	2.9		Data capture correct from June. Work ongoing to improve rates through SH@L.
			Cataracts per list	7 (90% of lists) by end Q2	4.7	6	6	6		Cataract operating moved to UHL in July – listed regularly being booked with 7 patients.
			Hernia / gallbladders per HVLC list	6 (90% of lists) by end Q2	0	0	0	0		Currently our lists are not constituted in this way - hence no baseline data. Clinical Director developing listing criteria to commence dedicated hernia and gallbladder sessions in Q2
	Enabling Action	Deliver improvements in day surgery rates	BACDS day case rate (excludes Regular Day Admission)	80% by June 2025	69.4%	73.0%	77.4%	76.1%		Expansion of Surgical Hub in UHL, planned for Q2/Q3, will increase rates further.
	MAG	Seek GIRFT accreditation for all current Surgical Hubs	Within 12 months	Within 12 months	N/A	N/A	N/A	N/A	N/A	Accreditation with be sought later in 25/26
PC6 - Validation	MAG	Welsh Government should set a target for all patients to be validated down to 36 weeks by the end of 2025/26, and introduce a new national dataset to track progress.	Week wait validated – new outpatients	36 weeks by March 2026	90 weeks	78 weeks	65 weeks	41 Weeks		Introduce a measure for treatment waiting list validation in next update
	Enabling Action	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	Number of patients validated (all stages)	N/A	1957	2836	3604	4691		Consistent validation in place through dedicated team

Diagnostics

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
D1 - Path	MAG	Regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future	N/A	N/A	N/A	N/A	N/A	N/A	N/A	We continue to be fully engaged in the planning for regional pathology approaches
D2 - NOUS	MAG	Cardiff and Vale University Health Board should submit a clear plan detailing how it intends to clear its Non-Obstetric Ultrasound (NOU) backlog over the course of 2025/26	>8week waits in NOUS	0 by March 2026	7371	7733	7420	6711		Plans in place to deliver NOUS position, significant improvements in June.

Improving Value, Optimising Outcomes and Minimising Variation

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
IV1 - Cancer	Enabling Action	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	% of specialties following clinical pathway structure as standard	100%	96%	96%	96%	96%		Breast is the only service currently not clinically aligned to the national optimal pathway due to the absence of 1 stop triple assessment clinic. This has been delayed by the departure of 2 clinical staff members. Planned implementation date October 2025
			First appointment within 14 days	90% (C&V)	61%	59%	58%	62%		Performance on pathway components is below standard. Particular focus to be given to appointment within 14-days. All specialities have reviewed capacity against desired standard – some mismatches identified.
			Patient informed they do have cancer within 28 days	80% (C&V)	57%	52%	54%			
			Treatment within 21 days of DTT	TBC	65%	52%				
			First definitive treatment within 62 days	75%	69%	59.5%	69.6%			
	Enabling Action	Ensuring full compliance with straight to test guidance	% compliance with straight to test	80%	82%	82.1%				Best performing Health Board for straight to test
IV2 – High Value	Enabling Action	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	% 8 Care Process Compliance in Primary Care	TBC	45%	46.53%	45.93%	46.04%		Best performing Health Board for this measure. Awaiting national guidance on additional measures to be used for diabetes – data collection issues across Wales which need central coordination.
	Enabling Action	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	%BMI >40 (Hip)	<0.9%	4.2%	TBC	TBC	TBC		Metrics are available and populating the National Dashboard. Improvement activities and progress to be monitored in the MSK Delivery Group and within Surgical Clinical Board. Further work is required on data validation - next meeting for discussion around these metrics is 21st August.
			%BMI >40 (Knee)	<0.49%	8.4%	TBC	TBC	TBC		
			% Pre-op HbA1C uncontrolled (Hip)	<0.9%	0%	TBC	TBC	TBC		
			% Pre-op HbA1C uncontrolled (Knee)	<4.9%	0%	TBC	TBC	TBC		
	Enabling Action	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Assessment within 90 days	>80%	76.4%	TBC	TBC	TBC		There is significant deficit in submission from CAV due to admin shortages to complete the audit database. The metrics do not reflect the activity being performed by the team. Work ongoing to correct data collection
			DXA within 90 days	>80%	19.6%	TBC	TBC	TBC		

Improving Value, Optimising Outcomes and Minimising Variation

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Latest Month Update (Jul 25)
IV3 - Digital	Enabling Action	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Go live for implementing the new digital maternity system confirmed for 29th July 2025. There are several activities as part of the implementation that are going to be delivered post go-live, these include CTG Integration, demographic filtering and auto-admit, amongst a small number of other items all deemed not critical to go-live.
	Enabling Action	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	The NHS App is available for use across all 55 GMS practices in CAV. As part of the 2024/25 GMS contract negotiations there is a contractual requirement for GMS contractors to ensure they use the NHS Wales App to allow patients to order repeat prescriptions. Digital Health and Care Wales (DHCW) have been working to 'onboard' all practices to the NHS Wales App which is offered as the recommended supported digital tool enabling practices to discharge the contractual requirements, enabling patients to order repeat prescriptions via the approved app.
	Enabling Action	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	Following the decommission of a major application, many legacy server OS have been eradicated. Endpoint Windows 11 deployment has been ramped up in preparation for end of support in Oct 2025. There is still a dependency on legacy kit, and this continues to be reported to our Digital Committee. Cyber Incident Response Plan in place.

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
IV4 - INNU	Enabling Action	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	Number of the 8 priorities implemented	0	0	0	0	0	N/A	CAV remains ready to implement however information required has not been issued from the National Group and therefore no progress can be made. This has been chased and awaiting a response.
	Enabling Action	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	Number of INNUs on Policy and monitored, standardised to the All-Wales Approach	Of the 140 on the All-Wales list 82 should be listed on the CAVUHB policy, 19 require discussion to be added and 38 require National Evidence Review prior to adding. Therefore potential 101 interventions.	45	45	60	60	N/A	INNU policy is being updated and gaps in policies between health boards have been addressed where appropriate. INNU reporting and monitoring has significantly improved, with all but 3 procedures being retrospectively monitored monthly and issued to clinical boards for review (those outstanding do not have procedure codes to track). High Impact interventions have been targeted for prospective waiting list review, as well as the established retrospective review
IV5 - HP	Enabling Action	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme	Number of Community Health Pathways	282	600	N/A	N/A	N/A	N/A	Community HealthPathways national programme contract expires end February 2026, awaiting confirmation from NHS Exec if continuation of programme to continue. Hospital HealthPathways about to hit the 100 live pathway target early that was set for August.

Workforce Productivity

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Apr-25	May-25	Jun-25		
W1 – variable pay	Enabling Action	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	See below	See below	See below	See below	See below	See below		
	Enabling Action	Deliver a further continued and sustained reduction in agency expenditure	Reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	30% reduction	£506k p/m	£322k	£329k			36% reduction in Agency spend achieved at end of first quarter compared to last year's average monthly spend.
	Enabling Action	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff	Reduction in spend	0 by 30 September 2025		£54k	£53k			Agency HCSW usage reduced by 29% compared to first quarter of 24/25 to 94 shifts per month.
W2 – job planning	Enabling Action	Ensure effective implementation of job planning policy	% of job planned signed off	90% by 30 September 2025	65.5%	65.88%	66.26%	70.93%		Compliance has increased by 5.43% since March 25. An additional 63 consultants are required to agree and sign off their job plans during each of July, August and September for the 90% target compliance to be met.
W3 - sickness	Enabling Action	Reduction in sickness absence	Reduction in sickness absence	Reduction compared to 24/25	6.34%	5.79%	5.51%	5.67%		As a direct result of targeted support and intervention long term sickness cases have reduced and the in-month sickness absence position has improved in line with the normal seasonal trend line. (n.b. the absence rate for June 25 is subject to revision. Due to the enhancement date cut off for nursing staff whose absence is managed using HealthRoster the absence for the first 2 weeks only of the previous month has been imported into ESR. It is common to see an increase of circa 0.50%-0.75% when the data is refreshed)

Maximising Value For Money

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Actual Performance			Key Points of Note
				Apr-25	May-25	Jun-25	
VFM1 – non-pay	Enabling Action	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value	Value of non-pay savings delivered	£437k	£506k	£795k	£1.7m savings in Q1 vs. £1.3m plan.
VFM2 – MM	Enabling Action	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	Value of meds management savings delivered	£122k	£172k	£176k	There has been very good progress in implementation of the recommendations over the last year, with the majority of schemes near complete with ongoing savings. This is reflected in the latest V&S report. A few points to note: - Residual switching on some biosimilars may be subject to further challenge re: rejection of patient choice. - Work is ongoing on OTC and low value medicines savings, although C&V reflects one of the lowest spend per 1000 patients. Further work includes actions to progress Liothyronine, having been agreed with GP practices. - Overall, a further £800k+ of additional savings in 2025/26 beyond the 2024/25 FYE are reflected on the tracker.
VFM3 – CHC	Enabling Action	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis	Value of CHC savings delivered	£59k	£59k	£142k	There is ongoing engagement with the national work around CHC in terms of the potential digital solutions and framework for fee setting and quality assurance. Clarity of the role of JCC in this regard is being sought. Work is ongoing over case reviews, and a refresh of the framework and guidance to support discharge planning has been issued internally - the UHB is considering difficult choices around placements and market forces, balancing affordability with the goal to support patients back into the most appropriate community setting. We recognise that Direct Payments for CHC are planned following Government legislation, and the UHB is keen to continue to engage around the guidance and process at an AW level. We continue to work with our LA partners through the RPB on joint packages of care and D2RA. Circa £2.4m 2025/26 savings identified and profiled for delivery, although not without risk.
VFM4 - Estates	Enabling Action	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	N/A	-	-	-	Closing of Denbigh House and Carmarthen House saving £140k/annum. Further estate rationalisation plans are being developed to close a further 2 former accommodation blocks which will save further revenue.

Board Assurance Framework

Finance & Performance Committee

23rd July 2025

Introduction

The Board Assurance Framework (BAF) is the tool and document that seeks to articulate what strategic risks an organisation has identified that will, if not addressed, prevent it from delivering its strategy.

There is no definitive format, and it is intended that the below pages present in as clear a manner as possible the alignment between CAVUHB's 4 strategic objectives, the strategic portfolios that are led by the Executives in order to turn the strategy into delivery over the course of the strategy, the strategic risks that have been defined to best articulate the major themes that could prevent the delivery of the strategy, and the Board's Committees that are charged with seeking assurance on and scrutinising the delivery of each strategic objective.

While each strategic risk aligns to a Committee, the risks themselves are applicable to all 4 strategic objectives and have a whole organisation perspective and impact. Each has a risk appetite as determined by the Board.

Each risk seeks to identify the potential cause and effect of a manifestation of the risk becoming an issue. This 'uncontrolled' assessment makes use of a simple 5 x 5 scoring guide for likelihood against impact:

Likelihood / Impact	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Each risk is then assessed for the different controls and assurance measures or mechanisms that are in place, as well as identifying where there may be gaps in these facets. Once these have been applied a new assessment, using the above scoring system again, is then made.

However, the BAF is not a definitive mechanism or science. It is a vehicle for the organisation to articulate and expose some of the strategic level impacts on delivering the strategy, and for the Board and Committees to pull through and scrutinise those elements that are appropriate.

Finally, the BAF seeks to articulate the activity taking place relevant to each risk for assurance.

This document looks to capture and present this information so that the Board and members of the public can see all of the above information, the trends in scoring, the actions being undertaken and every change made to the document between one Board meeting and the next through the use of track change

Strategic Risks – Sustainability

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Sustainability	Shaping our Future Generations	Exec Dir Finance	Finance and Performance	1 April 2022

Risk

If the organisation cannot produce a balanced 3-year plan or a balanced IMTP in any year it will breach its statutory financial duty and will be limited in the ability to deliver on the strategy and so the services to the population that the organisation serves.
If the organisation cannot protect the environment and take the steps required of it regarding waste, carbon footprint and other deliverables, it will not be an efficient service and will jeopardise the health of future generations.

Cause	Impact
Finance The UHB has to manage its operational budget. In the absence of a 3 year approved IMTP the UHB works to One Year Operational Plans from year to year. These still require significant savings achievements within each financial year irrespective of a deficit year end projection. Decarbonisation The UHB has to achieve 16% and 34% emission savings from a 2018/19 baseline by 2025 and 2030, respectively, aligned with Welsh government targets. Additionally, the "Shaping Our Future Wellbeing" strategy targets a 40% reduction in directly controlled emissions by 2027. In the last calculated emission report, total emissions increased by 7% to 217,000 tonnes, while emissions under our control reduced by 7%. CAVUHB is not on track to achieve the 16% reduction target set by the Welsh government for 2025. To meet the aims outlined by UHB in the strategy, we must reduce emissions under our control by 10% annually starting since 2023/24. Climate Impacts: The world has breached the 1.5°C pathway set by the Paris Agreement in 2024. Growing evidence shows that the magnitude of climate impacts is increasing day	Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss. Inefficient or reduced service delivery Decarbonisation: • UHB will not achieve its targets for decarbonisation in its current pathway and this will render UHB answerable to Welsh Government. • Reputational loss due to not achieving Shaping Our Future Wellbeing" strategy's target of 40% reduction in directly controlled emissions by 2027. • If the yearly emission reduction pathway is not designed and followed it will lead to risk of spending more at a later time to meet the set-out targets. Climate Impacts: • Initial sift of evidence and analysis shows that, given Cardiff's growing older population along with increased climate impact, vulnerability in the region is set to rise. This translates into more hospital admissions, increased patient flow, and ultimately, increased healthcare delivery costs for UHB.

by day, and Cardiff is projected to be one of the most affected cities in the UK. The Welsh government has made it mandatory for UHB to submit an annual qualitative report on climate adaptation. Currently, UHB has not undertaken a comprehensive assessment of current and future climate risks. This renders UHB vulnerable to unidentified climate risks that have a direct impact on healthcare delivery and its financial situation.	• Operationally, given the aging assets and assets exposed to weather events, there will be increased physical impacts on UHB's assets. • A comprehensive risk assessment has not been conducted, and a climate adaptation plan to mitigate the risks is not in place, UHB's understanding of its climate risks is limited and capacity to adapt are limited.

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	**Assurances**
Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government in March 2024 explaining inability to deliver financial balance over the three-year period 2024-2027. The Savings programme is managed through weekly Senior Leadership Team and a series of Financial summit events chaired by CEO aligned to the National Value and Sustainability Board and the annual planning framework enabling actions Decarbonisation A decarbonisation action plan is in place to deliver decarbonisation actions aligned with the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030. SusQI has been implemented to embed sustainability in Q&I projects. The Welsh Government has mandated yearly reporting, such as Decarbonisation Co-Ordination Reporting and Emission Reporting, along with all other health boards in Wales. Climate Impacts The Welsh Government has made it mandatory to report qualitatively on progress regarding climate adaptation.	The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1) Financial performance is a standing agenda item monthly on Senior Leadership Team with escalation to Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Assurance from internal audit annual review of core financial controls including budgeting and planning. Senior Leadership Team is now weekly to ensure savings delivery, chaired by the Chief Executive. Additional measures implemented IY as set out in actions below Decarbonisation plan is developed annually and overseen by Finance and performance committee

A task and finish group has been established to identify pathways for climate risk assessment and climate adaptation pathways. Initial conversations are being held with the MET Office to collaborate and conduct a comprehensive Multi-Risk Assessment, starting with the impacts of heatwaves on our operations.	
Gaps in Controls	**Gaps in Assurances**
Decarbonisation The current financial landscape doesn't allow UHB to meaningfully develop plans to hit NHS Wales targets or the targets set out by the strategy. Given the complexity of decarbonisation actions across various departments of the UHB, there is a lack of continuous, robust monitoring. This would require the reestablishment of a digital climate change program dashboard, setting of qualitative and quantitative KPIs aligned with targets, and a seamless data collection process for all decarbonisation actions. Sustainability needs to be embedded in decision-making. The business plan template needs to capture sustainability from decarbonisation and climate risk perspectives and should be given appropriate weight. Climate Impacts Given the nascent stage of climate adaptation in UHB, it needs more resources to be properly explored and established. As climate risk exacerbates all existing risks, it ultimately strains UHB's finances in the future if not acted upon appropriately now. Climate Impacts needs to be included in appropriate risk registries, and risk thresholds needs to be set.	A working group or delivery group needs to be established, comprising staff who are owners of decarbonisation actions, to highlight progress and barriers.

Risk Post-Controls and Mitigation			
Impact: 4	Likelihood: 5	Net Risk: 20	

Strategic Risks – Sustainability

Actions			
What	**Lead**	**By**	**Update**
The 25/26 Quality Improvement and Efficiency Plan has been developed as part of the 2025-26 financial plan	Catherine Phillips/ Paul Bostock	Ongoing during 2025-26 Financial Year	SLT will continue to monitor the 'go further options' for the UHB. Each Clinical Board will present to SLT for 30 minutes each month on how they have progressed toward their 2025-26 QIEP targets following rapid planning events in December 2024 and April 2025. A monitoring function for all plan aspects has been developed and is being utilised in the Finance & Performance Committees during 2025-26. The monitoring reports also support all other fora in which the QIEP delivery is being discussed and supported.
The emission gap between the health board's current emission pathway and targets set by the Welsh government and the SOFW strategy is widening. Hence, the emission reduction targets, and pathway need to be reviewed.	Catherine Phillips	September 2025	A Sustainability Program Board has been established to review and monitor progress of decarbonisation actions.

VALUE & BENEFITS REALISATION GROUP

DECISION REPORT
Teams Meeting on 2nd July 2025

1: POST IMPLEMENTATION REVIEWS
1.1 Cardiff & Vale Health Inclusion Service (CAVHIS) ***Daniel Jones*** *(Deputy Head of Ops, Community Specialist Services),* ***Geraldine Johnston*** *(Director of Ops, Community Services, PCIC) and* ***Chris Markall*** *(Assistant Director of Finance)* presented a review of the investment into regional health protection and the transition from mass vaccination models to community outreach models. GJ noted the opportunity to review immunisation resources as part of the wider business unit restructure. CM confirmed that managerial changes and Quality Improvement and Efficiency opportunities were reflected in the UHB tracker. Deputy Director of Finance (DDoF) queried the implications of not fully implementing the original business case. DJ clarified that many initiatives were piloted and were now transitioning into core services without requiring additional investment. CM summarised the financial forecasts, indicating a £5.8 million expenditure against a £7 million business case, and that costs were being contained against the 24/25 outturn position. Director of Finance (DoF) raised questions about the allocation and oversight of Health Protection funding. Deputy Director of Public Health (DDoPH) explained there was an SLA in place with Shared Regulatory Services for the UHB's regional health protection partnership, which consisted of around £400,000. This budget was used for some collaborative pieces of work with Public Health Wales (PHW), but that there was no continued allocation going out to PHW. VBRG commended the progress made in immunisation and health protection, particularly the collaborative work with GP practices and emphasised the importance of continued focus on population health and the strategic use of resources
3: WELSH GOVERNMENT FUNDED CASES FOR CONSIDERATION
3.1 Park View Wellbeing Hub The case was reviewed with a focus on its capital and revenue implications. DoF raised concerns that the case lacked a clear service redesign component and did not demonstrate how the new facility would deliver operational efficiencies or offset the revenue cost pressure of £600,000. The case was described as a capital build proposal without sufficient detail on service transformation or financial sustainability. Director of Planning & Performance (DoPP) clarified that the case originated from the closure of the old centre and was expedited due to political impetus following recent events in Ely. DoF reiterated that the business case must include a clear service model and financial translation of that model. It was agreed that the case could not proceed in its current form and must be returned to PCIC and Mental Health for further development. Head of Strategic Planning (HoSP)

highlighted that, though this was a capital case, it had clinical board leadership, and a multidisciplinary team had been involved in the project team.

Recommendation

The case was not endorsed to proceed until revised to include a service model which was translated into the financial implications. Case will need to return to Value and Benefits Realisation Group before it can progress through organisational governance route

3.2 Mental Health & Community Information System

The case proposed a new system to support mental health and community services, with a projected cost of £3.5 million annually and would replace the aging PARIS system. Director of Digital (DoD) explained that the capital and revenue costs were assumed to be funded by Welsh Government, but this was not guaranteed. DoD added that BCUHB and CTMUHB had also put in bids to Welsh Government for similar systems, which were both looked upon favourably, and funded (capital and revenue). An alternative plan was being drafted should the bid not be accepted, which involved extending PARIS, though this would be delaying the inevitable of needing to replace such an old system.

DDoF and DoF raised concerns about the sustainability of the £1.02 million additional revenue requirement post-implementation. It was noted that Welsh Government typically funded implementation costs but not ongoing revenue.

The group discussed the importance of the system for integration with local authorities and primary care, and the need for a realistic funding plan.

Recommendation

The case was supported in principle but required reworking of the financial model to reflect realistic assumptions about revenue funding. The case will need to return to Value and Benefits Realisation Group before it can proceed through organisational governance

4: OTHER CASES FOR CONSIDERATION

4.1 Transforming Access to Medicines (TrAMs)

The case had been discussed in the last VBRG and was returning following a workshop with NWSSP and other health boards, where the aim was to resolve several issues raised around the OBC.

The group discussed the case with a focus on unresolved issues including TUPE arrangements, staffing models, and fair share of costs and benefits across regional partners.

DoF and DDoF expressed concern that the case still lacked clarity on legacy staffing costs, particularly for CAV UHB, which may result in a cost pressure if not addressed. The group noted that the case must reflect the full service model, including advanced therapies and research requirements.

HoSP confirmed that the Clinical Board were requesting conditional approval, with a number of specific caveats, to allow the case to progress, provided that all outstanding issues were resolved before the FBC stage.

Caveats to include;

- costs and benefits being linked to the overall service model
- ensuring equitable distribution across regional partners
- planning out the research and advanced therapies model
- resolving all outstanding issues before FBC submission

Recommendation

VBRG endorsed the case with a number of specific caveats/conditions including resolution of TUPE, staffing, and financial distribution issues prior to FBC submission

Cardiff and Vale University Health Board Business Case

For revenue investment proposals greater than £75,000

All business cases must be submitted in line with the timescales outlined in Annex d

Title	Transforming Access to Medicines (TrAMs) Outline Business Case (OBC) v1.1 updated case
Clinical /Service Board or Department	CD andT (Pharmacy)

Expected funding source (highlight/delete as appropriate)	National Programme – Welsh Government funding for TrAMs through NWSSP
Where a business case is in regards to external funding sources this template **must** be used unless the source of funding requires their own template to be used.	

Approval and scrutiny route	
Has this case been signed off by the Clinical Board / Corporate Departments senior team?	No
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	Yes – with caveats outlined in the paper.
Clinical Boards: Has the COOs office signed off this document? **Corporate Departments:** Has the relevant Executive sponsor signed off this document?	No

1. Executive Summary

This summary provides an update to the TrAMs OBC paper submitted to June VBRG.

Representatives of Cardiff and Vale (CAV), Cwm Taf Morgannwg, Velindre and Aneurin Bevan Heath Boards attended a workshop with the NWSSP TrAMs team on 5th June in IP5. This workshop covered –

- Fair Shares (financial principle)
- OCP & TUPE
- Clinical Trials
- Staffing & Efficiency

Detailed discussion was undertaken on these points (which align to cited CAV concerns) and a decision was made to enhance the 'Executive Summary' section within the case to cover off these points rather than rewrite the OBC.

It was recognised by all organisations present that expert advice (regarding TUPE), detailed analysis and evaluation would be required to bring all issues to a satisfactory conclusion. If this were to be completed before submission of the OBC this would further delay the TrAMS programme. The group agreed that the unresolved issues should be outlined in the OBC, along with a clear commitment to work to achieve a resolution ahead of submitting the FBC to Health Boards for approval.

Fair Shares
The principles applied in the OBC were clarified in the session. The Southeast Health Board's and Velindre will be invoiced as follows:

Firstly, a fixed contribution to cover the TRAMS fixed costs. This primarily relates to fixed running costs for the facility (pay and utilities, maintenance etc). The volume of drugs ordered in 23/24 per Health Board/Trust has been used for the basis of the apportionment of costs. This will be reviewed on an annual basis to ensure all parties receive proportionate costs/recovery. From a Cardiff and Vale UHB perspective, this is in line with previous discussions and collaboration with NWSSP. It is recommended that this is supported and provides a level of assurance on expected costs for financial planning purposes.

Secondly, there will be a variable element covering drug costs and this will be charged based on actual drugs purchased. In the OBC, activity is estimated using 23/24 levels of activity with 11% annual growth assumed for future periods. Cardiff and Vale will only pay for the drugs ordered. It is recommended that this is supported and is an appropriate mechanism.

OCP and TUPE
CAVUHB continues to hold concerns regarding the proposed workforce transfer approach referenced within the Outline Business Case (OBC); while an Executive Summary has been included and a risk log has been issued, the fundamental issues surrounding the legal framework for staff transfer remain unresolved.

The OBC continues to conflate the statutory Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) with the All-Wales Organisational Change Policy (OCP). TUPE is a legal obligation which applies where a service provision change occurs and requires that employees assigned to the transferring service move automatically to the new employer with all existing terms and continuity of service preserved. It does not permit a selection or matching process, nor is employee consent a requirement; transfers occur by operation of law unless the individual actively objects.

Despite this, Section 5.6 of the OBC continues to reference the use of the OCP, and language elsewhere in the document implies that employees may be assessed or selected for transfer based on matching and willingness to move; this continues to create a material risk of non-compliance. Furthermore, assurances provided by NWSSP that roles will be available for staff who do not wish to transfer are not consistent with the TUPE framework and could lead to misunderstanding and the assumption of legal guarantees that do not exist.

The approach described is also inconsistent with how current transfers into the TrAMS service are being handled, including the ongoing TUPE process for the Radiopharmacy service at Cardiff and Vale. It is not clear why the same legal framework is not being consistently applied.

Within the workshop CAV, Cwm Taf Morgannwg and Aneurin Bevan restated the view that this would constitute a TUPE transfer, however, the workshop did not provide a resolution to this key point. NWSSP has subsequently stated that risks arising from the workforce transfer process will be assessed in partnership with Health Boards and mitigations included in the Full Business Case (FBC).

Outstanding issues to be resolved prior to FBC include:

- This is a TUPE transfer and should be treated as such.
- TUPE applies automatically to staff assigned to the transferring service.
- The use of matching, selection or 'willingness' criteria is inappropriate.
- The OCP should be used post-transfer for service redesign but should not be applied as the primary mechanism for the transfer itself.
- Claims concerning guaranteed redeployment for those objecting to transfer must be clarified as this is not a legal entitlement under TUPE.

Until this legal framework is confirmed, and consistent messaging is adopted across all organisations, the risks to legal compliance, staff engagement, and organisational cost exposure remain.

Clinical Trials

Acknowledgement of the importance and complexity of Clinical Trials production was made by NWSSP with a reiteration of the commitment to work up a full delivery model before FBC. The initial approach shared will likely be a hybrid model consisting of some (licensed) preparation within the hub, some in a center closer to the acute site (to be determined but potential to work with VCC) and some preparation closer to the bedside (in a clinical area not clean room – new MHRA guidance available). This will take time to work through with engagement meeting planned for NWSSP and R&D/pharmacy within each organization to discuss and agree the proposed model.

It was also acknowledged that there are similarities to ATMP preparation which has now also been included in the OBC, as it is likely that the solution for clinical trial preparation will be the same solution for ATMPs.

This needs resolution prior to the FBC being finalised.

Staffing & Efficiency

Several risks that were not clearly presented in the OBC were discussed in the session. The revised OBC Executive Summary, as a result, now outlines these. The main risks are as follows:

1) Retained CAVUHB staff for ordering and dispensing – current estimates indicate that 9 WTE will need to be retained, the cost of

these posts will need to be offset against the savings detailed in the case, see table below detailing impact. All parties agreed to re-assess these requirements ahead of Full Business Case submission

Role	Band	CAV Requirement WTE	1 WTE Cost £	Total Requirement Cost £
Total Retained Staff WTE and Cost		**9.00**		**346,858**

Aseptic Hub OBC Year 3 (fully staffed) saving – CVUHB impact	**-343,000**
Net cost increase (excluding Classical Manufacturing, Clinical Trials and ATMPs)	**3,858**

2) Additional cost through commissioning arrangements for Velindre retained staff – these posts and costs are excluded from the OBC, but will require scrutiny and costing for consideration in FBC
3) Staff that may not transfer to NWSSP that would require redeployment – further understanding and working through of OCP/TUPE principles with necessary risk management to be clearly costed and articulated for FBC

An additional request was made to NWSSP to provide a number of worked examples of drug lines that will result in a saving under TRAMS for FBC. This is to further support several of the assumptions on savings in the OBC.

All other financial queries/issues have now been satisfactorily resolved/agreed next steps.

Recommendation

CAV will continue to engage with NWSSP and partner Health Boards to resolve these issues and ensure alignment prior to the submission of the Full Business Case.

The Clinical Board recommend that VBRG conditionally approve the attached TrAMs OBC to progress to the next stage of governance approval with the conditions that the agreed actions take place with satisfactory resolution of the concerns prior to FBC production, submission and approval.

2. Introduction and Background

As per previous paper

3. Strategic Context – Alignment to UHB strategic direction

Objectives	How does this proposal support any of these objectives

Putting People First ❖ People will feel valued, developed, supported and engaged. ❖ We will have an inclusive culture, where the diversity of the health board's people will be representative of the Health Board's local populations ❖ Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health	The new hub will be a modern facility to ensure the medicines produced there are of a high quality for our patients.
Providing Outstanding Quality ❖ Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the health board's communities ❖ Deliver outstanding quality of care every time - care that is personalised, timely, safe, accessible and effective. Achieve the best outcomes for patients in line with what matters most to them, their families and carers ❖ Develop the Health Board's approach to continuous quality to improvement and make the best use of the health board's resources – people, assets (buildings and equipment) and money	Current aseptic services in CAV are rated 'high risk' and are aging. Whilst this risk is currently mitigated there will be a requirement to invest significant capital to ensure the future of the units and maintain high quality safe products being produced for our patients.
Delivering in the Right Places ❖ To achieve digital maturity enabling the Health Board's workforce, partners, patients and public to connect and communicate, supporting shared decision making in the planning and delivery of health care services. ❖ Refresh and deliver the Health Board's programme (Shaping Our Future Wellbeing in the Community) for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof ❖ With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future (Shaping Our Future Hospitals). Develop more shared infrastructure with public and private sector partners to get best value for the health board's investment	Current facilities are aging so we need to ensure these medicines are produced in a unit which meets the latest MHRA requirements to assure safe provision of medicines to our patients – this will require significant investments in our current units to ensure they are the right places to deliver care.

Acting for the Future ❖ Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners ❖ Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value ❖ Maximise the Health Board's contribution to the foundational economy ❖ Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement	A hub unit will utilise modern technology to produce medicines for our patients, also by creating a licenced hub this will open new job opportunities within this sector which were not previously available. Agreement in place with NWSSP to develop a model for clinical trials aseptic preparation before FBC is produced.

4. Summary current service provision and case for change

5. Case of change - *The evidence*

Please see attached OBC

6. Option Appraisal

Do nothing – The current unit (SMPU) would become 'end of life' without significant investment which would result in the unit being closed by the regulator and loss of ability to produce medicines for our patients.

Invest in maintaining SMPU for the future – This would require significant capital investment and need to retain key senior skilled staff to maintain regulatory compliance to keep the unit open and provide medicines to our patients. This option does not align to the current Welsh Government stance supporting regionalisation under TrAMs.

Support TrAMs OBC – This proposal is consistent with the planned future direction for pharmacy technical services and the development of a new regional unit, which will enhance the production of medicines for patients in CAV.

Caveat – The case will be approved in principle on the understanding that the concerns detailed in this cover paper from our previous escalation and following on from the workshop follow the agreed route of resolution. If this is not achieved the FBC will not progress through the prescribed governance processes.

7. The Preferred option

Conditional Support TrAMs OBC in line with concerns raised and agreed steps for resolution prior to FBC.

7.1 Benefits

Please see attached OBC

Transforming Access to Medicines Programme

South East Wales Hub Project

Outline Business Case

Change Control

Version	Date	Change
0.1	15/04/25	New Draft
0.2	08/05/25	Baselined for review by NWSSP Directors
0.3	11/05/25	Final Draft
1.0	13/05/25	Approval
1.1	09/06/26	Added Executive summary of Risks

Approval Status

Body	Nature of Approval	Version	Date	Status
South East Hub Project Board	Endorsement that document is fit for purpose and can be escalated to the next stage	1.1	12/6/25	Planned
TRAMs Programme Board	Endorsement that document is fit for purpose and can be escalated to the next stage	1.1	16/6/25	Planned
Shared Services Partnership Committee	**Binding approval** in principle of the revenue funding commitment to the new service, subject to future confirmation at FBC and at point of Transfer of Service.	1.1	17/7/25	Planned

Contents

Preface

The Transforming Access to Medicines (TRAMs) Programme was established in June 2021 following approval of the Programme Business Case (PBC) version 1.2 by the Shared Services Partnership Committee (SSPC) in January 2021, and Endorsement by the Cabinet Secretary for Health and Social Care, in March 2021.

Within the TRAMs Programme, a Project was established to select sites, prepare Business Cases and deliver the investment required in a Medicines Preparation Hub for South East Wales. Other projects within the Programme deal with Organisational Change, Education and Training, and Digital Systems, and the Programme is taking a national approach to developing its Supply Model and Scope of Service. The programme is transformational in terms of the delivery and workforce model for preparation of medicines in NHS Wales, and the provision of new capital facilities are only one aspect of the change.

In November 2023 Welsh Government directed that separate Business Cases were to be prepared for Radiopharmacy in South East Wales, due to the cessation of the service provided through Cardiff & Vale UHB, and for other aseptic injectable medicines in South East Wales. Subsequent to that an investment was approved for the Radiopharmacy for South East Wales, and this facility is currently being constructed. Concept Design for the remainder of the South East Wales Hub was funded at the same time as the Radiopharmacy, and this design work was completed to Royal Institute of British Architects (RIBA) Stage 02 by April 2024.

Over the winter of 2024/5 the project actively engaged with Health Board and Trust Finance and Pharmacy leads to define certain key aspects related to Scope of Service, Operational Pharmacy Supply Model, and Revenue Funding. On 15 March 2025 the members of the Finance Reference Group recognised in principle the methodology of a funding model as representative of the “Fair Shares” principle. For transparency this also set out the Velindre University NHS Trust commissioning shares that relate to the hub. The associated Scope of Service and Operational Pharmacy Supply Model has also been recognised by a reference group consisting of key service stakeholders, and the Directors of Pharmacy of the respective organisations.

The resources, equipment, and workload of the South East Hub as declared in this OBC currently does not include the preparation of materials for aseptic clinical trials. The Project Team need to evaluate and propose the future delivery model for aseptic preparation of clinical trials for South East Wales. This needs to be developed in partnership with Health Boards, Trusts and HCRW, recognising the considerable opportunity they represent and the ambition of the clinical services in this regard. Identified resources connected to clinical trials need to be added to the South East Hub Case at the FBC stage. Alternatively, a separate provision for preparing materials for clinical trials could be made in a separate Business Case within the TRAMs Programme, or elsewhere, once the best way forward for clinical trials is determined though this must align to the FBC timeline. Whilst clinical trials remain in scope for the South East Hub portfolio the workload and resources within this OBC does not consider clinical trials which represent 1.4% of the total current product output from the South East Hub acknowledging the ambition to grow clinical trials hosting in Wales. However, there is a need to determine a sustainable and regulatory compliant model for clinical trials provision, managing the current production risks relating to the NHS estate, given the increasing regulatory requirements, aging infrastructure, increasing complexity, short shelf lives of trials materials, and the distance of the hub from trials sites.

This Outline Business Case combines the estates deliverables from the concept stage with the revenue funding model and associated Service Scope and Operational Pharmacy Supply Model, so that the case as a whole can be formally approved via the mechanism of the Shared Services Partnership Committee (SSPC).

It is recognised that because the proposal involves a commitment in principle to a transfer of service and potential transfer of staff between NHS Organisations in Wales, and a commitment in principle to revenue funding of the new service, then the Health Boards and Trust impacted by the change will need to follow their own standing orders and governance processes in assessing how to review and consider this paper, in order that their own representative on SSPC can be empowered to approve it on their behalf.

The capital funding for the project is being sought directly from Welsh Government, and no capital or infrastructure approvals are being sought from SSPC members from their own capital allocations.

The following are **not included in this OBC**, and are or will be subject to separate approvals:

1. **South East Radiopharmacy** investment, which was subject to a separate Business Justification Case, which was approved by SSPC in July 2024.
2. **Classical Manufacture**, which remains part of Programme scope, and may in future be subject to separate Business Cases within the TRAMs Programme.
3. **Final Approval of Transfer of Service** including the transfer date, the number of staff to transfer, and any other impacts arising from the Organisational Change Process. Approval for these will be sought from the impacted organisations once these impacts are known, after the Organisational Change Consultation, and before the proposed transfer takes place.
4. **Final amount of the budget contributions** – This paper is based on Financial Actuals from the 2023/2024 financial year. Once the date of service transfer is known, the budget contributions will be recalculated using up to date actuals, in accordance with the methodology and principles requested for approval in this paper. This paper therefore asks for approval in principle of the method of calculation, and the figures provided are for illustration of that method.
5. **Clinical Trials -** An appropriate approach is being developed with key stakeholders to take into account their requirements with regard to clinical trials which may need to be delivered outside of the hub setting .

Executive Summary

The proposed Scope of Service constitutes a Technical and Professional Service, which falls within the competency of NWSSP to deliver.

The South East Wales Hub Project Board, the TRAMS Programme Board, and the Shared Services Partnership Committee are sequentially requested to **approve** the following:

1. That the concept designs for 15 Aseptic Isolators in 5 Classified Production Cleanrooms meet the service scope, and that investment should be sought from Welsh Government on that basis.
2. That in the event of Welsh Government funding the build of the TRAMS South East Wales Hub, with this scope, the Health Boards and Trusts will fund the revenue costs of the associated service on a "Fair Shares" basis according to the shares set out in table 4.5 and mechanism set out within Section 4.4 of this paper.
3. That once the service opens the participating Health Boards and Trust will purchase medicine in accordance with the Scope of Service contained in Appendix 2 of this paper, and as may be updated and modified to meet the needs of the service through the stated change control mechanisms.

The participating members of SSPC are further requested to take the necessary actions within their own organisation, to satisfy their own organisation's standing orders in respect of these approvals, such that they empower their representative to approve on behalf of their organisation, when SSPC meets.

Investment of £19.1m in a medicine's preparation facility in the IP5 Warehouse in Newport is sought from Welsh Government, without impact on the capital allocations of the member organisations of SSPC.

Future approvals will be sought at a later date in the form of:

- A **Full Business Case** combining the Revenue and Capital aspects of the proposal. This will be done once the detailed design has been completed to RIBA Stage 4.
- **Transfer of Service** Papers for each organisation, once the number of staff and date of transfer are known, which will be after OCP consultation has been carried out, and the site build is sufficiently advanced to confirm the transfer dates.

Executive Summary of Risk

On reviewing version 1.0 of this Outline Business Case, the regional stakeholder organisations (ABUHB, CAVUHB, CTMUHB, VUNHST) identified the following risks, and it has been agreed with the Project Team that these will be addressed within the Full Business Case, having been assessed, quantified, and mitigations designed by the Project Team, working in close partnership with the Health Boards and Trusts:

- **Retained Staff Risk**. The regional stakeholder organisations will all need to retain some staff on a planned basis, to order and receipt the product. This cost is currently not visible within the Economic Case. Initial estimates give a cost range (depending on how many staff are retained on each site) of between £1.1m - £1.6m for this cost. Further work is needed to validate and confirm what the cost will be, based on process design around the new digital system which will support ordering, and development of how each product will be ordered, received, and dispensed. This work will be carried out in partnership before FBC, and the outcome included in the Economic Case.

- **Residual Cost Risk.** The regional stakeholders will have the responsibility after service transfer to identify and eliminate costs associated with delivering the old service. Depending on how successful they are in doing this there may be elements of 'residual cost' that remain for a time and offset the benefits of the case until they can be resolved. In particular:

    - **Residual staff cost.** If some of the staff identified as in scope to transfer do not in fact move, and cannot be matched with either revised clinical or dispensary roles that are funded within their department, then there may be a cost pressure until these staff can be redeployed, or seek alternative employment themselves. The organisations will work in partnership with the Project Team to quantify this risk (what the estimated exposure is for each organisation) and review the Workforce Principles document to identify and optimise mitigations, which will be included within the FBC.

    - **Residual non pay cost.** This may relate to estate or service and maintenance costs that for contractual or other reasons cannot be 'turned off' immediately after the selected transfer date.

- **Evolution of the Baseline** from 2023/24 to 2024/25. The OBC is currently baselined on 2023/24 revenue figures. For the FBC the baseline will be rolled forward to 2024/25. If there were significant changes in any organisation in either the procurement of medicines or the staffing establishments, then these will need to be incorporated in the economic and financial cases. Depending on what is found, there may be an impact on benefits, including financial benefits.

- **Materials for Clinical Trial.** Further work is needed to identify the way forward for preparing materials for clinical trials, and potential synergies with the preparation of other Advanced Therapies, which although not in project scope, have similar requirements. Depending on the solutions proposed, and the funding model from Trials income, there is a potential for a cost impact on the case. This work needs to be completed and included in the FBC, and a working group is in place to undertake it.

All of the above risks have the potential to either add cost or undermine the benefits of the case, if not properly analysed and mitigated. There is one over-arching risk that acts in the counter direction:

- The Risk of not proceeding is that the NHS in Wales may become **unable to supply Anti-Cancer medicine to our patients**, impacting the time to treatment, and driving further cost into the service as we seek alternatives and mitigations for that. As established in the Programme Business Case improved quality and resilience are essential, and the operating environment has deteriorated significantly since the case was endorsed by the Cabinet Secretary for Health in March 2021.

This strategic risk needs to be borne in mind above all, and on that basis we recommend the Health Boards and Trusts to **approve** the case, to enable development work on the FBC to proceed.

1. Strategic Case

1.1 Strategic Context

The strategic context is as set out in the TRAMs Programme Business Case (PBC) v1.2, which has been approved by the Shared Services Partnership Committee and Endorsed by the Cabinet Secretary for Health and Social Care in March 2021

1.1.1 Patient Context

Pharmacy Technical Services are a Professional and Technical service that supports patient care by Health Boards and the Trust. From a strategic point this is a national service of which the South East Hub is only part of the intended overall service for the following areas of scope:

- Preparation of Injectable Systemic Anti-Cancer Therapy (SACT)
- Preparation of Intravenous Parenteral Nutrition (PN)
- Preparation of other Injectable Medicines (other CIVA)
- Expertise in Quality Assurance including testing and verifying medical gases

Accepted as a speciality within the pharmacy service, Technical Services are responsible for the development, preparation and supply of bespoke patient-centred medicines. This is undertaken in collaboration with traditional patient-facing clinical roles to ensure safe and efficacious medicines are supplied. As a collaborative partnership the clinician and clinical pharmacist provide therapeutic decision making and clinical verification of prescribed medicines, whilst technical services provide the requested medicines in a presentation verified to be of the highest quality and safety. This relationship provides clear delineation with regard to the clinical and technical responsibilities in relation to patient care. All clinical decisions with regard to patients will be made by an approved prescriber at the Health Board or Trust.

1.1.2 Professional Context

The traditional organisation has placed Technical Services within the Pharmaceutical Profession. The overall responsibility for medicines management and medicines safety in each Health Board and Trust lies with the Chief Pharmacist (or Director of Medicines Management or Directors of Pharmacy Services), and Technical Services lies within their professional responsibility. This is true even where the operations management responsibility sits elsewhere. For instance, Radiopharmacies report to Nuclear Medicine in some Health Boards, but the Professional responsibility for their medicine's preparation work remains with the Chief Pharmacist. Where local resource and capacity restraints require, some technical services products are outsourced from commercial suppliers. In this case the Chief Pharmacist (delegating to their staff), exercises their responsibilities as a responsible buyer, considering the MHRA License of the supplier to indicate the quality of the product.

While the contractual right of the buyer to audit the supplier's Quality System and procedures exists, it is in practice rarely exercised, both through the reluctance of commercial organisations to admit outsiders to their premises, and the absence of NHS resource to carry out such audits. Usually, the first notice of any problem with a supplier, is when the MHRA regulator imposes a constraint on their ability to supply. As noted in the case studies below, these unexpected constraints can have serious patient impacts.

There is a need for Technical Services to re-design its workforce to increasingly focus on recruiting and developing people with the necessary skill sets for Technical Services roles. This will move some recruitment away from Pharmacy professionals where legislation permits. The current training strategy for Pharmacy professionals is shifting to more patient facing roles, therefore, appropriate training programmes and qualifications will need to be developed, working in partnership with HEIW, to support this re-design of the workforce. Pharmacy professionals where appropriate should still have the opportunity to train and work in Technical Services roles.

Pharmacy Technical Services can be undertaken within an organisation under two distinct mechanisms.

1. Services operating under **Section 10 Exemption** of the Medicines Act 1968 are the responsibility of the Director of Pharmacy Services (previously known as Chief Pharmacist) and the Accountable Pharmacist, as these services lie within the Medicines Management portfolio. Where local Service capacity constraints apply, organisations can engage with commercial suppliers to procure outsourced items for patient supply. It is the responsibility of the Director of Pharmacy Services and Accountable Pharmacist to ensure suppliers adhere to regulatory licences and adherence to Good Manufacturing Practice (GMP). However, the Sec 10 ordering model of small quantities with short shelf lives leads to reactive management of quality issues, which can result in medicine shortages and a poor patient experience.
2. Alternatively Technical Services can operate under an **MS (Specials) license** issued by the Medicines and Healthcare products Regulatory Agency (MHRA). While this requires external inspections and imposes certain conditions on how the facility can be run, it also allows a wider range of staff to be recruited and employed, and for longer shelf lives to be assigned to the manufactured product. It also allows routine supply of product across organisational boundaries, and manufacture of product in batches in advance, not just for specific named patients.

1.1.3 Legislative framework

Below is a list of the core legal and professional standards that govern Pharmacy Technical services:

- Medicines Act 1968 – https://www.legislation.gov.uk/ukpga/1968/67
- Human Medicines Regulations 2012 – http://www.legislation.gov.uk/uksi/2012/1916/contents/made
- Misuse of Drugs Act 1971 – https://www.legislation.gov.uk/ukpga/1971/38/contents
- The supply of Unlicensed Medicinal Products (“Specials”) MHRA Guidance Note 14 – https://www.gov.uk/government/publications/supply-unlicensed-medicinal-products-specials
- Quality Assurance of Aseptic Preparation: Professional Standards 2016 – https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Quality%20Assurance%20of%20Aseptic%20Preparation%20Services%20%28QAAPS%29/rps---qaaps-standards-document.pdf
- The Royal Pharmaceutical Society document for the Professional Standards for Hospital Services – Optimising patient outcomes from Medicine (England, Scotland and Wales) Version 3 December 2017 – https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20Standards-2017.pdf?ver=2017-12-21-132808-697

- **Duty of Quality** in Healthcare – introduced by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and Statutory Guidance 2023.
- **Wellbeing of Future Generations** Act 2015 – Places a duty on organisations to consider the long-term consequences of their investment decisions.

The resource requirements of maintaining compliance with these regulations, in the form of a Pharmaceutical Quality System (PQS) are ever increasing. The replication of multiple PQS across each hospital and organisation in Wales, while undoubtedly beneficial to patient safety, is an ever increasing administrative and financial burden on the service, and the service consequently needs to explore cost effective options for achieving the necessary standards

1.1.4 Regulatory agencies

The external inspection and audit requirement will depend on the specialist services provided from each site:

- Internal audit (NHS audit) WHC 2024/004 Sterile Preparation of Medicine in NHS Wales of Section 10 Units - https://www.gov.wales/sterile-preparation-medicine-nhs-wales-whc2024004
- General Pharmaceutical Council (GPhC)– if the Health Board or Trust has Registered Premises
- Medicines and Healthcare products Regulatory Agency (MHRA) – if the hospital holds a Manufacturing Licence (MIA), Specials Licence (MS) or Wholesaler Dealer Authorisation (WDA)
- Home Office – if Controlled drugs are supplied under a WDA.
- Health & Safety Executive for radiation safety (IRR & IRMER)
- Natural Resources Wales for environmental considerations including waste management
- Transport Regulations (Carriage of Dangerous Goods 2009)

All inspection visits require a significant evidential portfolio of compliance to the regulatory requirements and standards. The service needs to consider whether there is an opportunity to deliver fully compliant and high-quality medicines and associated pharmacy services in a more efficient and sustainable way with a strategic service redesign approach.

1.2 Strategic Case for Change

The underlying justification for the TRAMs Programme is based on service risks currently held within the existing Pharmacy Technical Services operated by the Health Boards and Trusts.

Mitigation of these risks is at the heart of the TRAMs Programme, and the proposed investment should be seen in the light that Business as Usual of each organisation seeking to mitigate its risks separately is not a sustainable option for any of the participating organisations.

The current service risks can be categorised as follows:

1.2.1 Rising Demand for Medicine

There is a rising trend in demand for all medicines, but in particular for Systemic Anti-Cancer Therapies (SACT), which before COVID (up to 2020) was increasing at 6% p/a, year on year. The demand for patient doses is driven by increasing numbers of patients presenting with cancer indications, and the expanding indications for use of existing therapies. Since 2020 the rate of growth is increasing with Welsh Cancer

Network and local aseptic services data suggesting **11% per annum increase**. These run rates continue to be monitored and will be updated in the FBC based on 2024/5 data.

The challenge to all the Health Boards and Trusts in Wales is how to meet this demand, which can be expected to continue increasing year on year. Sensitivity analysis within this paper will use the range of between 6% and 15% p/a for growth in demand for SACT, with the median of 11% growth being used in the core analysis. The current 'Business as Usual' product supply model lacks the capacity to grow to meet this demand and is evidenced by the quality reporting of local unit capacity from SE services into the National Lead for Pharmacy Quality Assurance. This results in a significant reliance on outsourcing to meet growth. In a number of Health Boards and Trust the service capacity is already fully committed, and it is anticipated that by the end of 26/27 service capacity will be reached nationally and that any future demand without service investment will need to be met by commercial suppliers, at a premium cost and with no certainty of ability to supply.

Meeting this projected demand growth, which is already causing challenges to the service today, is the key issue which this Business Case seeks to address. Put simply, if we cannot source sufficient cancer medication, then we will not be able to treat our patients.

1.2.2 Facilities

Facilities for Pharmacy Technical Services require replacement for a variety of reasons. Some are in poor structural condition due to age, some have electrical and mechanical defects, some have layouts that prevent them from complying with Quality and Regulatory standards. Some have already closed during the life of this project. As of April 2025, the position is as follows:

Site	Organisation	Products made	Regulatory model	Status
University Hospital Llandough	CAVUHB	SACT and other CIVAs	MHRA MS Specials & Sec 10 Exemption	Poor structural and M&E condition, due to close in 2025.
St Mary's Pharmaceutical Unit	CAVUHB	SACT and PN	Sec 10 Exemption	Poor layout, M&E deteriorating, water ingress
Royal Gwent Hospital	ABUHB	SACT	Sec 10 Exemption	Constrained by size
Royal Glamorgan Hospital	CTMUHB	SACT	Sec 10 Exemption	Poor layout, M&E deteriorating
Velindre Cancer Centre	VUNHST	SACT	Sec 10 Exemption	Constrained by size and capacity plan. Site due for closure. Plan to re-provide at same scale and capacity.
IPS Medicines Unit	NWSSP	CIVAs	MHRA MS Specials	Constrained by capacity, no air extract for handling cytotoxic products

Overall, there are 21 isolators or work stations nominally available in existing units for preparing the products that are in scope. Each unit has a formal capacity plan as part of their quality and regulatory documentation, limiting the amount of medicine they can safely produce.

Existing plans and re-investments to address fabric or regulatory challenges make no change to staffing or the Operational Pharmacy Supply Model and will lead to no increase in capacity.

1.2.3 Staffing resilience

Each of the six facilities are separately managed and each must fill certain key roles with highly skilled highly graded staff (Typically band 8B), just in order to stay open. Each of these roles represents a single point of staffing fragility, and the pool available to cover within each organisation is very small. Where the Sec 10 Exemption is used it is limited only to certain Pharmacists and Pharmacy Technicians with relevant professional experience. The production staffing in each unit is equally fragile with small teams which become unable to manufacture if just one or two key personnel are absent.

1.2.4 Staffing Skill Mix

The project has undertaken resource mapping of the existing service in partnership with Health Boards and Trusts, in order to understand the existing staffing models. As a result of the resilience challenge outlined above, the teams become 'top heavy' in terms of grading, with high graded staff who need to be present for the facility to be open, actually spending large amounts of their time doing tasks that lower graded staff should do, just to balance out their working days and keep the unit's operating.

In terms of education and training the Pharmacy Profession is no longer producing Pharmacists or Pharmacy Technicians with the skills and experience to operate a Sec 10 Technical Services Unit. If no action is taken to broaden the scope of recruitment to include Health Scientists and Technicians, then the existing staffing construct will in time fail. This proposal has the "future proofing" of the appropriate staffing model at its core.

1.2.5 Outsourced Supply

The service across South East Wales has a heavy reliance on outsourced suppliers to supplement its in house manufacturing capacity.

Table 1.1 Percentage of Outsourced Supply, 2023/2024 data

	ABUHB	CAVUHB	CTMUHB	VUNHST	SOUTH EAST
Total Items Supplied	16,643	30,776	11,887	37,381	96,687
Medicines Made	7,196 (43%)	20,266 (65%)	3,157 (27%)	21,054 (56%)	51,633 (53%)
Medicines Outsourced	9,447 (57%)	10,510 (35%)	8,730 (73%)	16,327 (44%)	45,014 (47%)
Total Cost (£'000)	2,493	4,236	5,763	23,783	36,275
Medicines Made (£'000)	2,003	3,815	1,557	12,518	19.893
Medicines Outsourced (£'000)	490	421	4,206	11,265	16,382

The main outsource suppliers are:

- Bath ASU
- ITH Pharma
- Baxter
- Quantum Aseptic

In terms of cost exposure, the recent (24/25) All Wales Contract prices for Aseptic Medicine have been compared with the full costs of in-house production. Analysis on the products outsourced to commercial suppliers across Wales for the baseline 23/24 year indicate that with the adoption of efficient practices, utilisation of semi-automated processes, and the manufacture of campaigns/batches where shelf life allows, products can be manufactured on average 18% cheaper across Wales than commercial suppliers (20% cheaper if looking at South East Wales alone). This differential represents the commercial suppliers' overhead recovery, cost of capital and profit margins. The percentages above are an average, and sometimes the individual outsourced product can still be cheaper. The "make or buy" decision needs to be made in an agile way in response to market conditions and should ideally be done "Once for Wales" rather than repeated in each individual organisation or site procurement team.

There are several issues with reliance on these suppliers including:

- Issues with the quality of the product, with only a percentage being quality checked before leaving the supplier.
- Short notice inability to supply orders, resulting in poor patient experience, potential cancellation, or preparation within the local aseptic unit with little notice increasing risk of errors. The project is keeping a log of reported manufacturing errors by commercial suppliers, which will be used as a baseline for benefits measurement in the future.
- Cumulative effect of the cost of outsourcing compared to manufacture in house by the NHS.
- Suppliers selectively identifying products to manufacture based on profitability, therefore cannot be relied on to supply the products in demand if not part of profitability model.

With the anticipated trend growth of 11% p/a in SACT there remains serious doubt that the growth in the outsourced supply market will keep pace with demand. Unless the NHS also develops its capacity to manufacture, we risk being unable to source key products at critical times, the outcome being a poor patient experience and or delay in treatment with potentially life-threatening complications.

1.2.6 Regulatory

Supply of aseptically prepared medicines within the South East is subject to varying regulatory mechanisms specific to whether products are supplied under Section 10 Exemption of the Medicines Act 1968 or an MHRA "Specials" Licence. Regulatory guidance and standards, irrespective of regulatory mechanism, are constantly updated and developed to ensure that patients receive only the highest quality medicines. Services have a legal responsibility to these standards to ensure adherence to Good Manufacturing Practice, essential for patient safety. Regulatory requirements are evolving to require:

- Stringent requirements in relation to facilities design and utilisation.
- Increasing demands for physical and environmental monitoring of facilities
- An extensive programme of ongoing validation of people, process and equipment
- Regulatory cap on manufacturing capacity utilisation for the output of products

- Increasing minimum dedicated time requirements associated with setting up and operating the Pharmaceutical Quality System (PQS)

Although subject to different regulatory mechanisms both the Sec 10 Units and the MHRA Licensed Units are subject to ever increasing regulatory pressures, which have a common cause: the desire to mitigate risk to patients from contamination or errors with medicine.

This expresses itself through:

- Ever increasing requirements to validate equipment, processes, and people
- Ever more stringent requirements for layout, separation, and space
- Ever more demanding requirements for air plant, monitoring, recording, and review

The net effect of these regulatory demands are to place a functional ceiling on compliance in situations where:

- Physical site constraints in the existing service prevent addressing layout concerns, there is a lack of space for the creation of additional lobbies, rooms, and functional classified spaces
- Increasing the minimum viable size of a team, to cover separation of production and quality assurance roles, and to address the increasing requirement for quality management needed to support safe manufacture

Unless addressed these issues inevitably lead to unit closure, even where there is no accompanying issue of deteriorating or life expired fabric to be addressed.

It is important to emphasise that none of the existing units fully comply with the MHRA Annexe 1 and so cannot be licensed for MS Specials in their present condition. Addressing these issues just in the South East region will also add to national resilience, as the same issues of fragility and sustainability of the service are present nationally, and will be addressed by future cases within the Programme.

1.2.7 Product Supply Model

All of the factors above combine to make the current product supply model unsustainable.

The current supply model within the South East is based on traditional manual drawing up of injectable medicines on receipt of a prescription, for a specific patient, commonly to be delivered and injected the same day or the next. This is undertaken under Section 10 Exemption of the Medicines Act 1968. This Exemption places stringent controls on when and how medicines can be prepared and supplied. These are summarised below:

- Products must use sterile licensed starting materials only
- Preparation must only use “closed systems”
- Must occur under the supervision of an Accountable Pharmacist
- Finished products must have a **maximum of 8 days shelf life**
- Preparation must be carried out under NHS Standards as detailed in the Quality Assurance of Aseptic Preparation Services Handbook

In light of the regulatory and supply model pressures the local models of patient supply are driven by staffing, regulatory Section 10 Exemption restrictions and demand volume which drives increasing reliance on the commercial sector.

Staffing challenges within the South East services have multiple impacts on the model of supply. Quality data submitted to the National Lead for Pharmacy Quality Assurance via the iQAAPS reporting tool highlight services are frequently over the regulatory compliant cap on manufacturing/preparation capacity utilisation. The consequence of this is that less time is dedicated towards quality management activities that are essential for assurance of patient safety. Given the previously highlighted facilities restraints and the resultant inability to significantly grow the workforce, services are driven to engage the commercial sector for supply, increasing the costs of patient supply whilst reducing the quality of service and patient experience.

The decentralised nature of current aseptic services is not in line with the principles of prudent healthcare. The small quantities of medicines required locally do not allow batch or campaign manufacturing that reduce waste, the capped shelf life prevents forward planning and stock management, and by operating under Section 10 demand across organisations cannot be combined.

These issues were highlighted in the report by Lord Carter of Coles [Review of Operational Productivity in NHS Providers 2015], in which he recommended that Technical Services is among those services best consolidated at a regional level. There are several regional programmes currently underway across NHS England providing a similar solution to Aseptic services as is being proposed in our OBC

1.3 Spending Objectives

The main spending objectives, aligned to the PBC, are as follows:

- **Regulatory compliant provision of unlicenced medicines:** Supply of medicines from regulatory compliant MHRA licenced services will result in improved quality and safety. The creation of a suitable workforce model and "quality by design" manufacturing processes will ensure that regulatory compliance and patient safety is prioritised.
- **Service Continuity** – The manufacturing hub is designed to ensure there is resilience in both staffing and facilities to minimise supply chain issues inherent in commercial outsourced services. As an MHRA "Specials" manufacturer the service can provide extended shelf-life products, manufactured in batched to maximise resource utilisation and allow storage at stakeholder sites, closer to patients to facilitate agile supply.
- **Meeting Demand Growth –** Current demand growth for aseptic products is at 11%, meaning that by 25/26 current services within Wales will have reached capacity and rely solely on commercial providers for unlicenced aseptic medicines. The service model within this business case ensures we can meet the rising demand, in particular for Systemic Anti-Cancer Therapies (SACT), by providing a resilient workforce, regulatory compliant facilities capacity and by maximising the use of medicines.
- **Long Term sustainability -** especially of the staffing model, including skill mix, right grading, and ensuring a pipeline of future staff to key 'pinch point' roles. The current staffing model provides adequate resilience for approximately 5 years after hub opening and focuses investment on operational manufacturing staff.
- **Product Supply Model efficiency –** providing medicines from an MHRA licenced facility maximises the opportunity for benefits realisation. Centralised manufacture improves value and resource utilisation of medicines, offsetting potential medicines shortage issues, preserves capacity of the hub through modelling of medicines manufacturing schedules.

2. Economic Case

The Economic Case analyses the options that exist to address the issues identified in the Strategic Case, and analyses their costs and benefits, to identify a Preferred Way Forward.

2.1 Scope

The Scope as originally allocated to the South East Hub by the PBC included four elements:

- South East Radiopharmacy
- South East Aseptic Hub
- Wales Classical Manufacture
- Supporting Labs, Offices, Stores, and other ancillary spaces

An initial concept design cycle based on this Version 1 (V1) scope was carried out in 2021, with IP5 Warehouse as the emergent preferred site.

Based on the results of this work, Programme Board in 2022 authorised a refinement in Project Scope, with Classical Manufacturing being taken out of project scope, and retained at Programme Level for further review, which is ongoing.

In November 2023 Welsh Government requested Radiopharmacy for the South East be progressed in a separate Business Justification Case, which was approved by SSPC in July 2024, and for which the investment decision was made, and construction is ongoing.

The remaining project scope is therefore focussed on the Aseptic Preparation Hub, with a reduction in the overall square metres estimated for the project from the 5,000m2 studied in the first design cycle to 2,400m2, including ancillary spaces. This decision was based on considerations of value and affordability, in line with the overall Programme funding estimate endorsed in the PBC.

Because the regional product supply model was already selected as preferable by the PBC, site selection work has focussed around delivering this model. Accordingly, no sites have been selected, or site-specific capital costings developed, for reinvesting the Business-as-Usual Product Supply Model of separate provision by the Health Boards and Trusts. For the purposes of the Economic Case, a pro-rata re development cost has been assessed for BAU, and the process by which this was done is described below.

2.2 Critical Success Factors

The following critical success factors arise from both the Spending Objectives, and from the early survey and design work that has been completed in association with each candidate site:

- Location must be suitable for access for **logistic delivery** to the 9 major hospitals and cancer centres in South East Wales.
    - University Hospital Llandough
    - University Hospital Wales
    - Royal Gwent Hospital
    - Grange University Hospital
    - Nevill Hall Hospital
    - Royal Glamorgan Hospital

- Prince Charles Hospital
- Princess of Wales Hospital
- Velindre Cancer Centre

As a benchmark delivery times need to be kept **below 60 minutes** to these hospital sites. Practically this defines a locality centred along M4, between junctions 28 and 32, in order to meet the delivery constraint.

- The South East Hub site needs to be **accessible to existing staff.** Anonymised post code mapping has been carried out which reveals staff to be centred around Cardiff, Newport, and the South Wales valleys. Practically this drives the same locality constraint as logistic delivery for the central M4 corridor between J28 and J32. In the table 2.1 Summary site shortlist, below the two requirements are therefore combined.
- The site must have sufficient **electrical power** available. Many warehouse and office sites do not have the power margin available to accommodate air plant on the scale needed. Arising from the concept design cycle, a benchmark figure of 600KVA has been established for the Aseptic Hub cleanrooms.
- The site must have sufficient **indoor space** for the required clean room, storage areas, and production offices. This has been benchmarked as 2,400m2 for the purposes of site search.
- The site must have sufficient **outside space** for a service yard and car park. A benchmark figure of 3,000 sq metres of outside space has been used.
- Existing buildings must be in **good condition**, ideally not requiring major renewals or structural work. Subject to surveys, building life from 0-25 years is preferred.
- The site must have **vacant possession** and be otherwise ready to develop.
- The **commercial terms** must be acceptable
- **No other issues** including ecology, drainage, flood risk etc.

2.3 Site Search and Longlist

Site search was led by NWSSP Specialist Estates surveyors, and involved direct engagement both with land agents, and with other public sector bodies in South East Wales across an 18-month period from Jan 2022 – June 2023. A long list of sites was studied, and a selection workshop was held in May 2022 attended by key stakeholders from the service, which produced an initial long list. Since that date site research has continued and the long and short lists updated accordingly.

Longlisted sites analysed and discounted during the process included sites in

- Llanwern
- Port of Cardiff
- Newport Road Cardiff
- Merthyr Tydfil
- Adjacent to the Grange University Hospital

Reasons for discounting sites included: lack of sufficient power supply; insufficient space; inaccessible location for existing and future staff; unacceptable delivery time to major hospitals in the region.

2.3.1 Site Shortlist

Four sites were shortlisted, having been assessed as suitable to deliver the benefits assigned to the South East Hub under the PBC. Work on developing the benefits is reflected below. As these benefits are **not site specific**, they are not material to site selection.

The four sites shortlisted, are as follows:

Imperial Park Building 5 (IP5)

This building, for which NWSSP acquired in the name of VUHNST a 250-year lease in 2019, is a 30-year-old warehouse on the western edge of Newport, near Junction 28 of the M4.

The primary role of the building is as the NHS Wales National Distribution Centre. The 5,000 m2 at the eastern end of the building was initially allocated to TRAMS, and costings for the V1 scope were developed before development work was paused in November 2021. The site remains on the short list for the Scope V2, on which the Hub Design is now based. Around 2,400 sqm is now identified to the Hub concept design.

Office accommodation and lab space within the IP5 building have also been assigned to the TRAMS programme and have been developed and brought into use in a cost-effective way outside the scope of the South East Wales project, assisting with control of scope. This space will be retained regardless of which site is selected for the production facilities of the South East Wales Hub.

This site also enjoys an existing transport infrastructure as a main operating location for NHS Wales Health Courier Service, who have an existing expertise in medicines logistics connected to vaccine programmes and the NWSSP Medicines Unit.

Imperial Park Building 6 (IP6)

This site is adjacent to IP5 and is a new build opportunity. The park owner has indicated that he is prepared to assign the requested power margin as part of negotiating the new lease.

The site is offered as a straight lease for a bare warehouse which the owner proposes to build himself, for NHS led clean room fit out.

The size of the warehouse that the owner proposes to build is quoted as 50,000 square feet (4,671 m2).

The site is vacant and still available as at May 2025. As a square of mown grass on an active Business Park, it is not anticipated that there will be any issues of ecology or flooding to deal with, but surveys have not been commissioned.

Pioneer Coryton

This new build site in the Cardiff Edge Science Park appears suitable in principle and we negotiated actively to try and agree terms from July – December 2022. Although initially confident of success the park freeholder (Pioneer Group) was not able to secure vacant possession of the site. As such the decision was taken in February 2023 by the Programme SROs in consultation with Welsh Government not to proceed with site surveys.

The site owner talked positively about offering freehold transfer options as part of a lease agreement, but at the time of breaking off negotiations had not yet made a substantive offer. As such the indicative costings for this option are based on a straight lease.

Cytiva Coryton

This site is adjacent to Pioneer but has a different freeholder. The building, originally a warehouse and around 30 years old, was developed in 2021-2023 as a clean room facility by Cytiva, part of US based Danaher Group. In early 2023 due to a change of strategy by Danaher Group, the operation was closed and the staff made redundant.

The facility comprises of a complete set of clean rooms developed to ISO7 standard, which is aligned with the MHRA Grade C that our User Requirements demand, plus storage, staff support, and office areas. The clean rooms are however much larger than we would need and would have to be subdivided and reclassified in order to bring them into use, and to control operating cost. The facility would still need production equipment buying and commissioning, as well as clean room alterations, to meet our needs.

Negotiations took place with Danaher Group, and with the freeholder London Metric, from March to June 2023. London Metric were prepared in principle to sell the Freehold, but we were not able to agree terms with Danaher Group to assign the remaining 8 years of their lease. Accordingly, surveys of the site were not instructed. The main question to be resolved by surveys would be over the condition of the roof, which is the original one, but which was said to have been given a new covering with a 10-year guarantee in the 2022 refurbishment.

This site was the only freehold purchase option we had been able to identify for the shortlist but was effectively taken off the market by Danaher Group and cannot now be progressed.

Summary of Shortlist

The shortlisted sites were assessed against the Critical Success Factors with the outcomes summarised in the table below:

Table 2.1 Summary site shortlist

Site	Location	Power	Space	Condition	Vacant?	Commercial Terms
IP5 Newport	Yes	Yes	Yes	Roof	Stores	NWSSP long lease in place
IP6 Newport	Yes	Yes	Yes	New build	Yes	Lease discussed
Pioneer Coryton	Yes	Yes	Yes	New build	No	Lease discussed
Cytiva Coryton	Yes	Yes	Yes	Good tbc	No	No Longer available
Business As Usual	No sites studied					

Commentary on issues noted in the above table is as follows:

Power at IP5

The initial design cycle for IP5 raised concern over the power available to meet the requirements of the V1 Scope. In particular the requirement for electrically powered steam boilers for the Classical

Manufacturing Suite drove a high demand for power, which the site could not supply. When Programme Board removed the Classical Manufacturing suite from Project Scope (but retained it within the Programme for further review), this objection to the site was removed.

The power requirements for the V2 Scope were studied at the concept design phase and the Hub power requirement for 600KVA, can be met from the existing site margin as follows:

Table 2.2 Power at IP5

Usage	Power
Existing warehouse and vehicle charging	300KVA
Radiopharmacy per detail design to RIBA Stage 4	400KVA
Hub as per Concept Design to RIBA Stage 2	600KVA
Remaining Margin for growth and other projects	200KVA
Total for site	**1,500KVA**

(In addition, solar power developments on site are planned to mitigate the cost of power. But these do not impact on the maximum capacity required, which may be reached on a dark winter morning or evening when solar generation is zero.)

<u>IP5 Newport: Condition: Roof</u>

As part of the recent Radiopharmacy investment the roof over the whole TRAMs area, including the Hub development site, has been over clad with new panels. Work was completed in May 2025, and is now rated for a further 30 years, with a warranty from the roof system manufacturer

<u>IP5 Newport: Vacant? Stores Rated Yellow</u>

IP5 has been developed as NHS Wales National Distribution Centre. Development for TRAMs would now entail a reduction of pallet spaces for stores use and the dismantling and storing of 2-year-old racking. Liaison is ongoing to identify alternative locations for the stock and beneficial redeployment of the racking.

<u>IP6 Newport: Commercial terms – Rated Yellow</u>

No issues identified; no binding offer yet in place. Welsh Government directed that it was unlikely that a new lease would be approved, unless the already leased site at IP5 were categorically ruled out. Accordingly, no surveys were instructed.

<u>Pioneer Coryton: Vacant? – Rated Red</u>

This otherwise suitable site has an issue that part of it is leased to another tenant of the park. Although not currently in use by that tenant, the landlord has not been able to agree terms to secure vacant possession. In that circumstance, Programme Board chose not to proceed with surveys of the site, so there may be unknown factors associated with ecology, flood risk, etc.

<u>Cytiva Coryton: Vacant?/Commercial terms – Rated Red</u>

It has not been possible to agree commercially acceptable terms with Cytiva for the assignment of the remaining 8 years of their lease. In addition, they wish one of their group companies to remain as a sub tenant taking up around 10% of the building. This is acceptable in principle indeed it comes with

financial advantages to us, but Cytiva's proposed space allocation for them is not acceptable to us on operational and regulatory grounds. As such no fees have been expended on site surveys, leaving a question mark in particular over the roof, which is original at around 25 years of age.

The freeholder London Metric had indicated that they were prepared to sell us the freehold for a value we assessed as reasonable. However, the time taken to negotiate with Cytiva over the remaining 8 years of their lease, has led London Metric to accept in principle another offer for the freehold. The identity and intentions of the potential new freeholder are not known. There is however, limited value in pursing the freehold with anyone if terms with Cytiva to assign their lease cannot first be agreed.

2.4 Emergent Preferred Way Forward

Based on the above assessment against Critical Success Factors, and after discussion with Welsh Government Capital Team and Programme Board, two options are carried forward for Economic Assessment:

- The TRAMs Hub Option is IP5 Warehouse, Newport.
- The Business-as-Usual Option, for which no sites have been selected.

2.5 Economic & Financial Baseline

This section sets out the baseline financial position of how the NHS Organisations in the South East Region sourced and paid for the medicines that are in scope, during the financial year 2023/2024. The project continued to track costs, and these will be updated where appropriate in future iterations of the case.

The figures have been reviewed thoroughly by both members of the Pharmacy and Finance reference groups and recognised by them as an accurate representation of each organisation's position.

Table 2.3

Baseline Revenue Spend in Scope for the TrAMs Preferred Model – South East Wales Aseptic Services Only

Spend 2023/2024	ABUHB	CAVUHB	CTMUHB	VUNHST	NWSSP	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Pay Costs	599	1,856	445	979	500	**4,379**
Non-Pay Costs	222	613	248	511	582	**2,176**
Medicines Made	2,003	3,815	1,557	12,518	-	**19,893**
Medicines Outsourced	490	421	4,206	11,265	-	**16,383**
Total	**3,314**	**6,706**	**6,456**	**25,273**	**1,082**	**42,830**

Notes to Table 2.3:

1. Agreed baseline financial year 2023/24, data provided by individual organisations via a spend questionnaire over three financial years.

2. The data is in relation to the South East Wales organisations only.
3. No inflation has been added to Non-Pay Costs.
4. Medicines data taken from Pharmacy Stock Management System (Careflow) for financial year 2023/24 and for Medicines within project scope.
5. Medicines split between made/manufactured in-house and outsourced from commercial provider.
6. Medicines made/manufactured in-house refers to medicines produced in the aseptic units of the organisations during 2023/24.

Supporting tables are contained in Appendix 1 covering:

- Baseline Medicines Cost
- Medicines breakdown by name
- Base Staff table by Pay Band
- Base Non-Pay Costs

2.5.1 Business As Usual

Table 2.4 below models projected revenue expenditure if each organisation continued to run its service separately, reinvesting its facilities to address fabric issues and mitigate regulatory pressure, but without addressing its staffing construct or product supply model based on the median 11% demand increase described in the Strategic Case for Change. The table also assumes that any investment in facilities is to maintain current business as usual capacity. Costs remain based in current rates to aid comparability.

Table 2.4

Revenue costs of Business as Usual with 11% demand growth

Business As Usual Scenario Spend	Base Year 23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Pay Costs (HB/T)	4,379	4,620	4,620	4,620	4,620	4,620	4,620	4,620	4,620
Non-Pay Costs (HB/T)	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176
Medicines Made (HB/T capacity reached 25/26)	19,893	22,081	24,510	24,510	24,510	24,510	24,510	24,510	24,510
Additional Medicine Outsourcing (HB/T capacity reached 25/26)				2,696	5,689	9,011	12,698	16,791	21,334
On-Cost of Additional Medicine Outsourcing				554	1,170	1,853	2,612	3,453	4,388
Medicines Outsourced (Assume available growth capacity with Commercial Provider)	16,383	18,185	20,186	22,406	24,871	27,607	30,643	34,014	37,756
Total Revenue Spend	**42,830**	**47,062**	**51,491**	**56,962**	**63,035**	**69,775**	**77,258**	**85,563**	**94,782**

Notes to Table 2.4:

1. Pay cost projections for business as usual for South East organisations. There is no assumption of pay award from 2025/26 onwards.
2. Non-Pay cost projections. There is no inflation assumed.
3. Medicines made/manufactured in-house (aseptic services) until capacity has been reached at the South East units, currently estimated during 2025/26.
4. 2026/27 and onwards assume capacity reached at existing units and any further demand/growth would need to be met by outsourcing to commercial provider.
5. Additional outsourcing to commercial provider will incur an additional on-cost at an estimated premium of 20.567%.
6. Medicines outsourced to a commercial provider as in baseline year 23/24, continue to be outsourced with an 11% growth/demand expectation.

Table 2.4 above identifies the currently accepted scenario that BAU in-house capacity will be unable to meet demand by the end of 25/26. From this year onwards, demand increases can only be met by outsourcing to commercial suppliers, incurring commercial rate on-cost of those medicines (currently 20% for South East Wales). This assumes that commercial suppliers are able to absorb the demand increase.

It should be emphasised that this is not a "Do Nothing" scenario. Considerable capital investment would be needed to re-provide facilities, just to be able to "stand still" in service capacity terms.

Because the Programme Business Case has already selected the regional supply model as preferred, the project has not invested time and cost in selecting sites or preparing costings to recapitalise the Business-as-Usual service model.

For the purposes of the economic case, it is however necessary to estimate the capital cost of sustaining 5 separate manufacturing units and reinvesting in them. A pro-rata assessment has been made based on:

- The number of isolators or work stations in each unit, being the best indicator of productive capacity needed by the BAU Pharmacy Product Supply Model.
- The ratio of cleanroom and non-cleanroom square metres per isolator, as determined by the TRAMs Hub concept design. This is the best available indicator of the number of square metres required for modern and regulatory compliant design.
- The cost per square metre of the TRAMs Hub concept design.

Table 2.5

Comparison of Capital Costs Between Business as Usual or TrAMs South East Hub

Options	Service Model	Number of Isolators	Cleanroom Space (sq. m)	Developed Space (sq. m)	Capital Investment Net (£'000s)
Business As Usual	Existing	21	1,341	2,775	**22,679**
Preferred	TrAMs	15	958	1,982	**16,199**

A split of these costs per unit and per organisation is included in Appendix 1.

The aggregate capital cost of maintaining the Business-as-Usual supply model has been estimated by the project at £22.7m (plus VAT) over the next 5 years. We are not however aware of any viable alternative investment options being brought to maturity for this scenario, so whether the required capital could be invested in this timescale can be considered doubtful.

It should also be noted that the TRAMs Hub costing on which these pro-rata costs are developed does not include any provision for:

- Site acquisition (because a long lease is already in place)
- Building renovation (because the building has already been renovated under the SE Radiopharmacy case)
- Power reinforcement (because sufficient power is in place)
- Car Park or Yard works (because sufficient car parking and yard space exists)

It is therefore entirely possible that the costs of developing 5 actual sites for BAU could considerably exceed the estimate used in this analysis.

2.5.2 TRAMs Hub Option

This section models the revenue impact of the proposed service from the South East Wales Hub.

2.5.2.1 Capital Cost of the TRAMs Hub

The following table summarises the proposed costs of the TRAMs Hub investment:

Table 2.6

Capital Costs of the TRAMs Hub

	Capital Costs Net £'000s
Works Costs	**6,437**
Design Fees	699
Non-Works Costs	679
Equipment	6,271
Planning Contingencies	2,113
Sub Total	**16,199**
VAT	2,958
Total for Approval Purposes	**19,157**

Table 2.7

Capital Cashflow Requirements

	Capital Costs Cashflow Gross of Vat £'000s			
	2025/26	2026/27	2027/28	Total
Total Capital Cashflow	1,765	17,129	263	19,157

Further detail of the capital costs is available within the Estates Annexe.

2.5.3 Capacity and Staffing of the TRAMs Hub Option

South East Hub Staffing Establishment and Capacity Utilisation

In order to provide a skilled and sustainable workforce to deliver a regulatory compliant service to stakeholders, the TrAMS service must be staffed to meet the expected demand. With a view to the current Year 1 projected opening date of the South East Hub (27/28), the programme has identified a suitable staffing establishment (Reference Appendix 1).

Within this establishment is the necessary staff for delivery of operational, managerial and support services to deliver a compliant service that engages with stakeholders, develops staff and ensures regulatory compliance. The model also provides resilience in the staffing structure to meet current and future demand.

The calculation and validation of the staffing establishment within the OBC has been provided by undertaking an extensive review of the proposed product catalogue for Years 1-5 of the Hub operating and capacity utilisation this staffing establishment and product catalogue provides. This work was carried out by The TrAMS project team, with review by Pharmacy Reference Group, providing assurance that the approach is in line with current capacity assessment of current services and an acceptance that the capacity tool utilised in an accepted regulatory compliant method of capacity utilisation assessment. The product numbers have been projected forward as 11% annual growth from the baseline year 23/24.

The review has identified the types and numbers of products that will be made under the following categories.

- **Single item** "Specials" – Products with a low regional or national usage and shelf life of <96 hours.
- **Campaign Items** – Where regional or national use is >2 products per day at variable doses of the same medicine and there is a shelf life of <28 days.
- **Batch items** - where national or regional usage is high across several dose bands and the shelf life is >28 days.
- **Outsourced** – Products where there is no commercial value to manufacture when compared to commercial pricing.

Table 2.8 below highlights the breakdown of the above categories as a daily operating schedule within the South East Hub.

Table 2.8

Daily Output requirement in the first 3 years of operation

Manufacturing Type	27/28	28/29	29/30
SACT/Haem Batch	5 / day	5 / day	6 / day
SACT/Haem Campaign	13 / day	13 / day	13/ day
SACT Single Item	37 / day	41 / day	46 / day
CIVAS Batch	2 / day	2 / day	3 / day
CIVAS Campaign	2 / day	2 / day	2 / day
CIVAS Singles	4 / day	5 / day	5 / day
Compounded Parenteral Nutrition	31 / day	34 / day	37 / day
Neonatal Parenteral Nutrition Batch	1 / week	2 / week	3 / week
Outsourced Items	115 / day (As 6 transactions)	128 / day (As 6 Transactions)	142 / day (As 6 transactions)

The above data provides an example of an "average" daily manufacturing schedule within the hub for purposes of manufacturing capacity utilisation calculation. This is undertaken using the Pharmaceutical Aseptic Services Group capacity tool. This tool has been developed and approved by Heads of Pharmacy Technical Services, Production Leads and Regional/National Quality Assurance as a regulatory compliant method of calculating manufacturing capacity utilisation to demonstrate regulatory compliance and safe operating levels.

The tool assigns variable timings to different batch and campaigns depending on products made, with the timing data collected from around Wales as the benchmarked standard at present. Once the data in the table above has been populated into the capacity plan, we enter in the operational staffing numbers as whole-time equivalents available. Staff numbers entered were adjusted to remove time for Statutory & Mandatory training, annual leave and sickness plus time for quality management activities as is recommended in MHRA guidelines (Guidance Note 14 and Annexe 1).

For Year 1 the schedule above was calculated against the first-year staffing establishment and so on for the following two years. Years 4 & 5 capacity was calculated based on 11% growth but a steady state of staffing. Years 1 to 3 uplifting of staff was from 77 WTE in Year 1 to 98 WTE in Year 2 and 104 WTE in Year 3 ongoing.

The Capacity Utilisation of the TrAMS service is from Year 1 of operation is highlighted below

2.6 Repatriation of Outsourced Products

Whilst not a main driver for transformational change, there is a financial benefit to the repatriation of aseptic products into the South East Hub from the commercial suppliers.

This benefit can only be realised by increasing the capacity, contingency and model of provision of aseptic services within Wales. Current reporting from the Pharmacy Stock Management System (Careflow) identifies commercial suppliers of aseptic products and provides data on the medicines and doses ordered in response to aseptic unit capacity challenges as well as the unit price paid for each product.

To identify the cost to manufacture these items within the South East Hub, the project team have proposed a suitable method of manufacture (semi-automated or manual) for each product outsourced and where applicable campaign or batch sizes, this is used to determine the consumable cost associated with manufacture of the product.

From this assessment, a proposed "TrAMS" cost per product based on baseline year All Wales Contract Prices is identified, which is compared to the commercial price from the baseline year 23/24 (Example calculation below).

Table 2.9 Example of Cost Differential

Table 2.9 shows 23/24 outsourced data from the Pharmacy Stock Management System (Careflow) indicated the following ordered from commercial suppliers for Pembrolizumab 200mg Infusion:

Annual Outsourced Units Used	Annual Cost (£)	Average Cost per Unit
2663	£7,508,614	£2,819
Daily Outsourced Units Used	**Daily Cost (£)**	**Average Cost per Unit**
11	£28,768	£2,819

The All-Wales contract price for Pembrolizumab 100mg Vial is £1349.00, the final container is £3 and there is a daily cost of £85 to prepare the daily total campaign for Pembrolizumab.

Therefore, the cost to manufacture within the TrAMS hub is highlighted below:

Daily Units Manufactured	Number of vials required daily	Total cost of vials	Total cost of consumables and final containers	Total cost per Product	Projected Annual cost
11	22 vials	£29,678	(11 units daily x £3 final container) +(£85 batch cost) +(£29,678 cost of vials) = £29,796	£27,095/11 = £2708.72	£2708.72 x 2663 (Annual demand) = £7,213,398

Batching the above product with the available extended shelf life twice monthly would remove the cost from £85 per day batch cost to just £170 per month providing an additional £20,145 saving to the preparation of the product.

The annual saving opportunity is therefore:

Outsourced Annual Cost	Projected TrAMS Annual Cost	Batched Consumable Saving	Opportunity saving per annum
£7,508,614	£7,213,398	£20,145	£315,364

Outsourced Annual Cost – (Projected TrAMS Annual Cost + batched consumable saving)

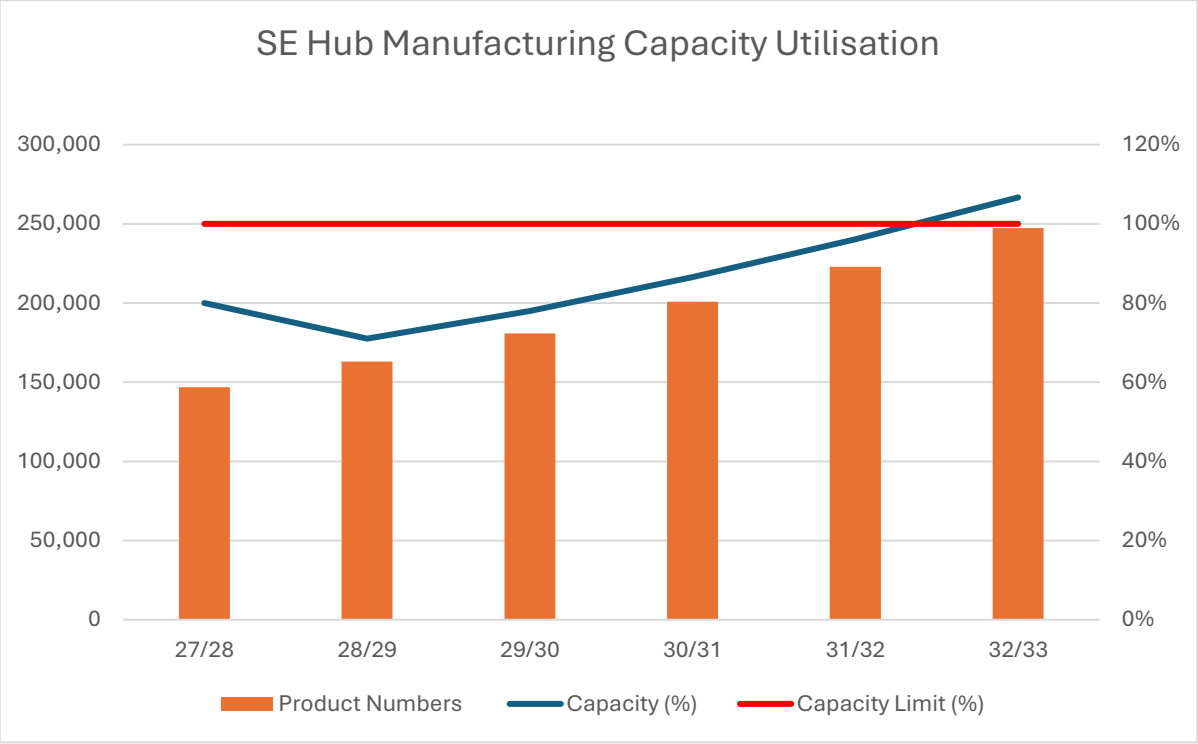
This calculation, applied to all outsourced products identified on the Pharmacy Stock Management System (Careflow) has identified a 20% “premium” paid by South East organisations across the outsourced range of products. Within the outsourced range of products, we have also identified the individual products where repatriation to the South East Hub confers a financial benefit to NHS Wales.

These items will be made in the South East Hub and are represented within the revenue tables as “outsourced savings opportunities”.

Where products display a neutral or negative cost impact when made within the South East Hub, the service will assess the value of preparing these items within the hub or by outsourcing to a commercial supplier. Outsourcing these items would provide value by providing stakeholders with the best value product, whilst conserving manufacturing capacity within the hub for new products/services where value can be added.

The service will evaluate the commercial market annually to ensure that medicines supplied to stakeholder organisations provide the best value. Quality assurance of the outsourced items, whilst traditionally quality assured by organisations would now be assured by the TrAMS hub Quality Assurance team under service level agreement.

Table 2.10 Overall Hub Capacity versus Demand



This data firstly validates the staffing establishment as being appropriate for the level of activity projected to be required from the South East Hub at Y1 of operation. With subsequent additions of operational staff in Y2 and Y3 the data indicates that **no additional staff will be required to meet demand until mid-31/32 (Y5 of operation)**. The staffing establishment will be reviewed annually in line with demand to identify if further investment in staff is required to be brought forward or delayed.

2.7 Hub Manufacturing Methods

As described in the case for change, preparation of single products in the existing Section 10 aseptic units is completed using manual disinfection and aseptic processes, and under strict regulatory conditions. This model of preparation is time consuming, wasteful and restricts the capacity of units to operate safely and efficiently.

Assessing the agreed product portfolio in scope for the baseline year there are several mechanisms of manufacture that, under the benefits of holding an MHRA "Specials" licence, will allow prudent use of medicines, improve efficiency and output of the hub and also have a positive environmental impact on the use of single-use plastics. These are summarised below:

Table 2.11 Comparison of different methods of manufacture

Manufacturing Method	Description	Manufacturing Benefits
Manual - Single Product	This is using validated manual aseptic techniques undertaken by an operator to prepare a single product	Cost effective for single products
Manual – Campaign	Use of validated manual aseptic techniques however the operator combines multiple orders for multiple doses of the same medicine and presentation	Quicker assembly and transfer into manufacturing zones than making all items individually. Minimal waste of medicine through vial sharing Cost-effective
Manual – Batch	Use of validated manual aseptic techniques to prepare large numbers of the same product dose and presentation	Quicker assembly and transfer into manufacturing zones. Batch size designed for zero medicines waste Cost-effective Efficiency in QA assessment and release of batch
Semi-Automated - Single Product	Using validated semi-automated manufacturing techniques to prepare a single product	Only beneficial if needed for products where preparation is high in volume or complex in nature.
Semi-Automated – Campaign	Using validated semi-automated manufacturing techniques to prepare products for multiple orders for multiple doses of the same medicines and presentation	Quicker assembly and transfer into manufacturing zones than making all items individually. 2 minutes per product processing time compared to manual process 10 minutes Minimal waste of medicine through vial sharing

		Cost-effective Reduction in single use plastics
Semi-Automated - Batch		Quicker assembly and transfer into manufacturing zones than making all items individually. 2 minutes per product processing time compared to manual process 10 minutes. Batch size designed for zero medicines waste Efficiency in QA assessment and release of batch Cost-effective Reduction in single use plastics

The methods in table 2.11 summarise the manufacturing mechanisms to be utilised in the South East Hub and each mechanism is assigned to products within the portfolio based on shelf life, annual demand numbers and particular methods of manufacture stipulated within the product licence (Paclitaxel Infusion for example cannot be made using semi-automated technologies due to incompatibility with PVC tubing).

The table above does not detail other processing quality and efficiency measures. Manual disinfection of medicines and components into the critical zone is time consuming, however within the South East Hub, isolators and facilities will have the capability to utilise vaporised and ionised hydrogen peroxide technologies.

These technologies reduce the need for costly alcohol and detergent wipes used in manual disinfection processes. Not only does this technology improve disinfection and ultimately product quality, but the automated nature of disinfection releases staff to carry out ancillary and supportive tasks. It also reduces landfill waste of single use plastics by up to 85% in line with the NWSSP Decarbonisation Action Plan. There is also a reduction in the risk of product rejection, financial waste, and delay to patient treatment.

Currently validated semi-automated manufacturing methods have been developed in a number of aseptic facilities across Wales as part of a product development program.

NWSSP Medicines Unit, CAV St Marys Manufacturing Unit, and the Aseptic Unit in BCUHB have all contributed to process and timing data capture. The time attributed to these activities is discussed in the capacity section of the OBC but utilise baseline data provided by aseptic units across Wales.

2.8 Revenue costs of the TRAMs Hub Option

Based on the optimized manufacturing methods and the staffing establishment required to carry them out, the proposed revenue costs of the Hub are as follows:

Table 2.12

Recurring Revenue Spend Analysis for the Preferred Option (TrAMs Preferred Model South East Hub)

		SE Hub Go Live				
Preferred Option Spend (TrAMs)	**26/27**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Pay (SE Hub)	472	4,888	6,200	6,589	6,589	6,589
Non-Pay (SE Hub)		2,008	2,008	2,008	2,008	2,008
Total Revenue Spend	**472**	**6,896**	**8,207**	**8,597**	**8,597**	**8,597**

In terms of a full year comparison of the hub proposal against the baseline, the following table compares the fully staffed Hub with the Service Baseline (both using 2023/4 rates):

Table 2.13

Comparison of Baseline and TrAMs South East Hub Pay and Non-Pay Spend

Baseline 2023/24 Costs vs South East Hub Operating Costs	**23/24 Baseline Costs (BAU)**	**South East Hub Costs 29/30**	**Increase on Baseline Costs**
	£'000s	**£'000s**	**£'000s**
Pay Costs	**4,379**	**6,589**	**2,210**
Non-Pay Costs			
Consumables & Equipment	763	726	(38)
Protective Clothing	263	200	(63)
Regulatory Costs	16	37	22
Software &Licensing	241	132	(109)
Office & Site Costs	522	518	(4)
Cleaning, Refuse & Waste	242	94	(147)
Staff Costs & Training	48	90	42
Transport Costs	82	211	129
Total Non-Pay Costs	**2,176**	**2,008**	**(168)**
Total Pay and Non-Pay Costs	**6,555**	**8,597**	**2,042**

Notes to Table 2.13:

1. Baseline costs for the South East organisations for financial year 2023/24.
2. South East hub costs relate to operating year 3 (2029/30) when the hub will be fully staff established.

As can be seen the operating costs of the Hub are higher than the baseline costs of the current service. This is because the Hub is resourced to manufacture medicine at a larger scale, both to meet clinical demand, and to achieve an **offsetting financial benefit** in the medicines spend, as will be shown in section 2.9 Benefits below.

2.9 Benefits

The Hub manufacturing model is inherently more efficient and productive than the current supply model of separate Health Board and Trust units supported by outsourcing.

This is because:

- The Hub consolidates demand from 9 major hospitals and cancer centres on one manufacturing site. This enables:
  - Efficient management of service demand
  - Improved asset utilisation with isolators in operation throughout the day
  - Batch and campaign manufacture rather than single items to improve efficiency, reduce waste and enhance agility of supply to patients
  - More planned manufacture for stock, rather than on demand
- The Hub will use semi-automated medicine pumps to enable large scale batch manufacture at pace. This technology provides enhanced accuracy and better yield output when compared to manual processes.
- The Hub will utilise Hydrogen Peroxide gassing technology for both room decontamination and product decontamination. This will reduce the failure rate and wastage of medicine during manufacture.
- The Hub staffing model will be more robust, with more staff available to be cross trained and provide better absence cover, compared to separate small teams.
- The Hub will be a 100% Licensed Service with MHRA MS Specials License. The Section 10 Exemption to the Medicines Act will not be used.
  - This will mean that all manufacturing activity can be right graded to staff with appropriate training, and Pharmacists and Health Scientists used on tasks appropriate to their higher skills and grade.
  - This also widens the recruitment pool, enabling Science Graduates of any suitable discipline to be employed in a wide variety of roles.
  - By being fully licensed we can also assign longer shelf lives to products, further supporting batching and making for stock, rather than making to order.
- Unlike a commercial outsourcer the Hub will not charge a profit margin or seek to recover its cost of capital. We estimate this as a 20% difference in price compared to the commercial sector, even where the manufacturing efficiency is the same.

The principal benefits of the Hub supply model are **capacity, contingency, and quality of medicine supply for our patients**, and the case is made on those grounds.

Other benefits accruing directly to the Health Boards and Trusts include:

- **Release of space** on Acute Hospital sites from the existing units to be redeveloped beneficially as each organisation sees fit
- **Release of nurse time** from preparing injections on the ward, to be redirected to towards patient care as each organisation sees fit.

Neither benefit has been treated as cashable in this case, but both are real and should be noted.

Modelling by the project team also shows considerable financial benefit to the Health Boards and Trusts from the manufacturing efficiencies referred to above, as set out in Table 2.14:

Table 2.14

Summary of Potential Annual Cash Releasing Opportunities Across All Wales Organisations for Baseline Year 2023/24

Medicines in scope that have manufacturing efficiencies	BAU Annual Cost	TrAMs Annual Cost	Total Opportunity	AB	CAV	CTM	VEL	HD	SB	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Total	29,137	23,909	5,228	225	46	1,236	1,862	1,114	744	5,228

Notes to Table 2.14:

1. Total outsourced medicine spend across Wales for baseline year 2023/24.
2. Total estimated efficiency opportunities on outsourced activity across Wales is £5.2m.
3. Total South East **only** efficiency opportunities £3.4m (AB, CAV, CTM, VEL);
4. Total South East outsourced spend to commercial provider 2023/24 £16.4m;
5. Efficiency opportunity percentage of South East Hub as opposed to BAU is 20.567%.

This modelling has been undertaken by comparing commercial pricing of outsourced items with Welsh drug contract pricing and use of semi-automated technologies or manual processes to manufacture medicines in hub. This is only possible with the increased capacity the Regional Hub model provides and is unachievable in the current BAU picture. The methods of manufacture used within this modelling have been developed within the NWSSP Medicines Unit and are accepted and validated methods of aseptic manufacture

Only considering the opportunity to the South East Wales organisations, the savings opportunity on the Medicines spend, **offsets entirely the additional running costs** of the Hub by the end of Year 1 compared to Business As Usual.

2.10 Economic Evaluation of Preferred Way Forward

The economic evaluation compares the revenue spend under BAU against the Hub Option:

Table 2.15

Comparison of Business As Usual and TrAMS South East Hub Revenue Spend Analysis

BAU vs Preferred Option (SE Hub)	23/24	24/25	25/26	26/27	SE Hub Go Live 27/28	28/29	29/30	30/31	31/32
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Business As Usual:-									
Pay Costs (HB/T)	4,379	4,611	4,611	4,611	4,611	4,611	4,611	4,611	4,611
Non-Pay Costs (HB/T)	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176
Medicine Spend (HB/T)	36,276	40,266	44,695	50,166	56,239	62,980	70,462	78,768	87,987
BAU Total Spend	**42,830**	**47,053**	**51,482**	**56,953**	**63,026**	**69,767**	**77,249**	**85,554**	**94,773**
TrAMs SE Hub:-									
Pay (SE Hub)				472	4,888	6,200	6,589	6,589	6,589
Non-Pay (SE Hub)					2,008	2,008	2,008	2,008	2,008
Medicine Spend (SE Hub)					49,954	55,449	61,548	68,318	75,833
SE Hub Total Spend	**-**	**-**	**-**	**472**	**56,849**	**63,656**	**70,145**	**76,915**	**84,430**
Variance					**(6,176)**	**(6,111)**	**(7,104)**	**(8,639)**	**(10,343)**
Cumulative Variance					**(6,176)**	**(12,287)**	**(19,391)**	**(28,030)**	**(38,374)**

To put this at its simplest the Hub Option costs more to run because it has more staff. But the saving on medicine spend offsets the increase in staff cost. **The cumulative net benefit reaches £38m by the end of the period.**

It should also be stated that the total project cost of investing in the Hub, is lower than the estimated capital investment to re-invest in separate units. The project also assesses that the Hub investment can be made sooner, because the site is now investment ready, under an NHS long lease, and has planning permission in place, which we do not believe to be the case for separate unit options.

The assumptions above have been incorporated into a discounted cash flow for each of the options (BAU and TrAMs preferred option). The discounted cash flow has been prepared over a 25-year period, using a discount rate in line with the requirements of HM Treasury.

The key assumptions are summarised in table below.

- Costs are calculated over a 25-year appraisal period.

- Costs and benefits use real base year prices – all costs are expressed at 2023/24 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
    - Exchequer 'transfer' payments, such as VAT.
    - General inflation.
    - Sunk costs.
    - Non-cash items such as depreciation and impairments.
    - A discount rate of 3.5% has been applied to Years 1-25 in line with HM Treasury guidance.

The results of the economic appraisal are provided in the table below:

Table 2.16

Net Present Value analysis over 25 years

	Economic Model over 25 years £'000s	
	Business As Usual	**Preferred Model TrAMs**
Capital Costs excl Lifecycle	22,679	16,199
Revenue Costs	183,017	196,113
Direct Medicine Costs	2,111,596	2,111,596
Cash Releasing Benefits	-	(171,633)
Non-Cash Releasing Benefits	-	(93,008)
Total Costs and Benefits (undiscounted)	**2,317,292**	**2,059,267**
Risk	3,402	2,430
Total Costs and Benefits including Risk	**2,320,694**	**2,061,697**
Discounted Net Present Value (NPC)	**1,479,322**	**1,164,813**
Equivalent Annual Cost (EAC)	**59,173**	**46,593**

2.11 Sensitivity Analysis

The results of the economic appraisal above have been subject to a sensitivity analysis to examine the impact of potential changes to assumptions around future demand and growth of medicines and the potential to not realise outsource opportunities and cost avoidance.

The first part of this involves undertaking switching value analysis which has been applied to areas of material cash flows to identify the extent that costs and benefits must change in order for the Net Present Cost to move adversely in comparison to the Business-as-Usual model.

Based on this analysis, the TrAMs South East Wales Hub is the preferred option.

Table 2.17

Sensitivity Analysis summary

	Business As Usual £'000s	Preferred Model TrAMs £'000s	Difference in NPC £'000s
Baseline Net Present Costs (NPC)	1,479,322	1,164,813	(314,509)
Revised NPC after:			
Cost avoidance costs excluded	1,479,322	1,214,119	(265,203)
Annual demand/growth increased to 15%	1,877,760	1,481,255	(396,505)
Annual demand/growth decreased to 6%	1,098,309	861,260	(237,049)
No outsourced savings achieved	1,479,322	1,258,129	(221,192)

Based on the analyses above, the TRAMs South East Hub Option is therefore selected as Preferred Option on economic grounds.

3. Commercial Case

3.1 Commercial Approach

In July 2023 TRAMs Programme Board approved a contracting approach for the project based on separate contracts for building renovation and for cleanroom installation, with the two contractors occupying the site separately and sequentially. Movable equipment, principally the 15 Aseptic Gassing Isolators, will also be directly procured. This was determined to be the best value for money approach, and achieve the best control of change, with the cleanroom contractor as the biggest cost driver reporting directly to the NHS Project Team, including specialist pharmacists with direct knowledge of the relevant regulatory standards to be achieved.

The NHS Project Manager is in overall control, subject to the governance oversight set out in section 5.3 below, and supported by a team of specialist advisors amongst whom the Project Surveyor combines the advisory roles of Cost Advisor and Construction Management specialist. A spine of accountability runs from the Project Manager, the Programme Director, Project and Programme Boards, to the Programme SROs.

Suppliers have been engaged in multi-phase contracts with break clauses, and progression to the next stage being a contract option, dependent on satisfactory performance and funding awards. Where appropriate building industry template Terms and Conditions have been utilised.

This approach has facilitated the separate but closely related delivery of the Radiopharmacy and Hub projects, on adjacent parts of the same site. This also ensures that the designs are de-conflicted, ensuring fit both for space, utility use, and for commonality of key systems.

Procurement support is being provided through NWSSP Capital Team, with support from other procurement teams where appropriate.

A contract register is being kept of all contracted expenditures related to the project, their amounts, approvals, and expiry dates.

Specialist Estates advice is provided via NWSSP SES who have a representative on the Project and Programme Boards.

3.2 Commercial Position

Key contractors, roles, and status are as per the table below:

Table 3.1

Summary of Contractors and Advisors

Package	Contractor	Route to Market	Status
Enabling Works	TW Group (South Wales) Limited	Open Tender	Building renovation works enabling both the Radiopharmacy and the Hub were funded through the Radiopharmacy Case and will complete in May 2025.

Cleanroom Build	Angstrom Technology Limited	Open Tender	Has already delivered the Hub concept design to RIBA Stage 2. Engaged on multi-phase contract, with options to deliver Hub detailed design to RIBA stage 4, build, and validation.
Hub Isolator Supplier	Tbc	Open Tender	Tenders closed on 28 March 2025, with 5 bidders. Assessment is ongoing. Expected to be ready to award circa June 2025. Prices will be held for 6 months
Digital Stock Ordering, Workflow, and Control service	Tbc	Open Tender	Tender closes end of May 2025. Expected to be ready for awarding Sept 2025. Prices will be held for 6 months.
Cold Room build	Tbc	Open Tender	Will be tendered for post OBC.
Project Surveyor and Cost Advisor	Cooke & Arkwright	Framework award	In post and advising
Pharmaceutical Validation Specialist	Scitech	Open Tender	In post and advising

It should be noted that the enabling works contracted for the Radiopharmacy also enable the Hub Build, and no further building renovations will be required before the cleanroom build can commence on site. Enabling works include:

- Roof over sheeting of the whole 2,800 sq metres of the Radiopharmacy and Hub production zones
- Renovation of the dividing wall to provide 60-minute fire rated protection to both the Hub and the Warehouse.
- Demolition of various structures within the construction zone
- Drainage alterations and ground works for a new loading bay
- Renovation and reconfiguration of the toilets and staff mess rooms

In addition to these main contracts additional small expenditures are anticipated for:

- Data network commissioning
- Integration of new zones onto the building fire and security alarms and for access control
- Minor electrical works at times when no main contractor is mobilised on site
- Power Resilience study is currently out to tender, and will present options for improving the power resilience of the Radiopharmacy, Hub, and whole site.
- Structural Engineer advising the Project Team
- Building Control provider
- Planning Advisor and Ecology consultant (scope complete – planning permission covering the hub was granted in February 2025)

These were/are procured with the advice of NWSSP Procurement as and when required.

3.3 Risk Allocation

A paper was prepared for Programme Board analysing key risks arising from the contracting and delivery process, in particular around the decision not to use a single Supply Chain Partner (SCP), but instead to

contract directly with key specialist suppliers. The decision was taken that it was better for the NHS to own the risk of assembling the supply chain and managing key interfaces directly, rather than rely on a third party for this key task.

This is because the expertise in both cleanroom delivery and isolator performance lies with the NHS specialist Pharmacists and our contracted Advisors, not with a general building or multi-disciplinary company who might be engaged as SCP. The shorter the chain of accountability from the specialist delivery companies to the NHS Project Team the better control we will achieve over the specialist suppliers.

This structure is analogous to the fit out of a clinic or ward, where separate contracts will be used for building renovation, followed by a separate contract specialist equipment fit out by another directly contracted provider. The two contracts are separated by time, with each company occupying the site as Main Contractor sequentially. The Project Team's contracted construction management specialist ensures design alignment and overall control, as well as compliance with the Construction (Design and Management) Regulations 2015.

3.4 Charging Mechanism

The principal contracts are for construction, and charging is by a monthly assessment of work completed, certified by an employer's advisor, less a percentage retention for snagging, which is in line with construction industry best practice.

Equipment contracts are charged based on completion of key deliverables, typically:

1. Design Deliverables
2. Factory Acceptance Tests
3. Site Acceptance Tests
4. Full Documentation

Independent certification of completion of the deliverables has been arranged where necessary and appropriate.

3.5 Personnel Implications

The project has mobilised procurement support from within NWSSP to support assembly and management of the Supply Chain. The project has also mobilised capital accounting support to manage funding, cash flow, and payments, and to contribute financial analysis to the Business Cases.

The project is also supported by specialist contracted advisors, as noted in the table 3.1 above.

3.6 Accountancy Treatment

The Project has discussed the VAT treatment with our advisors, EY (Ernst & Young). There are no lease implications to be analysed under IFRS16, most of the expenditures being either capital purchases or capitalised resources associated with bringing the assets into use. Formal VAT assessment for the project is planned 2026/7.

The expenditure will be capitalised as either assets or assets under construction within the financial year when the expenditure is incurred.

3.7 Readiness status

Contracts are in place, and in general will be ready to start work within 4-6 weeks of funding being approved. Further detail is found in Appendices 4 and 5 of this document, and further estates related information is held by the Project Team for inspection by Welsh Government scrutineers if required.

Planning Permission was granted in Feb 2025 with no pre-commencement conditions, so there will be no delay to the works for this reason.

4. Financial Case

The financial case analyses the budgetary impacts of the preferred option, where the costs and benefits will fall, and proposes the funding arrangements to support the service.

4.1 Capital Costs

The table below summarises the £19.157m capital funding requirements of the preferred option.

Table 4.1

Capital Costs of the Preferred Option

	Capital Costs Net £'000s
Works Costs	**6,437**
Design Fees	699
Non-Works Costs	679
Equipment	6,271
Planning Contingencies	2,113
Sub Total	**16,199**
VAT	2,958
Total for Approval Purposes	**19,157**

It should be noted that the capital cost estimates are based on the TrAMs South East Hub preferred model, and the following assumptions have been made around the capital costs

- Works costs include the clean rooms build with the associated Environmental Monitoring System.
- Fees as outlined in Appendix A4 Estates Annexe and Cost Forms.
- Non works includes resource costs for validation testing of the hub.
- Equipment includes 15 aseptic isolators, digital solution costs and general equipment

The assumption in the Outline Business case is that VAT recovery will only be available on the professional fees. Although scope for further VAT recovery is expected to be limited, further work is planned with our VAT advisors as the Full Business Case is developed to ensure that VAT recovery is maximised.

Table 4.2

Capital Cash Flow

	Capital Costs Cashflow Gross of Vat £'000s			
	2025/26	2026/27	2027/28	Total
Total Capital Cashflow	**1,765**	**17,129**	**263**	**19,157**

Capital cash flow is dependent on the date of the investment decision and is estimated in table 4.2 based on a start on site in April 2026. Expenditure is shown in 2025/6 in relation to the opportunity for early expenditure on isolators and floor preparation, to be ready for the start of the main fit out.

It is proposed to seek all capital funding from Welsh Government. No commitment of capital is requested from SSPC member organisations. In order to allocate the capital Welsh Government does require to know whether the SSPC members will support the revenue costs of the proposed service.

The key impact on the balance sheet will be the addition of the new asset. The expected value will be reviewed further at FBC stage. Work will be undertaken with the District Valuer at FBC stage to assess any expected impairment.

The clean room build will be deemed to have a 20 year life for depreciation purposes and all other equipment including the Isolators a 10 year life.

4.2 Revenue Costs and Affordability

Regarding the revenue costs and affordability of the preferred option, the following should be noted:

- The revenue costs are mainly associated with ongoing pay costs and non-pay costs of operating the South East hub.
- The cash releasing revenue benefits are the efficiency savings of manufacturing at the Hub.
- The cost avoidance costs are associated with on costs of outsourcing to a commercial provider.
- The depreciation costs have been calculated across the useful lives of the assets.
- Any revenue consequence for the South East organisations will be apportioned on a 'Fair Shares' basis. The basis of the 'Fair Shares' assessment is described in section 4.3 below.

Table 4.3

Revenue Costs and Affordability

		SE Hub Go Live				
	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Revenue Costs and Benefits:						
Revenue Staff Costs	472	4,888	6,200	6,589	6,589	6,589
Revenue Non-Pay Costs	-	2,008	2,008	2,008	2,008	2,008
Revenue Cash Releasing Benefits	-	(5,115)	(5,678)	(6,303)	(6,996)	(7,765)
Depreciation	-	1,321	1,334	1,334	1,334	1,334
Total	**472**	**3,102**	**3,864**	**3,628**	**2,935**	**2,166**
Funded By:						
Fair Shares basis	(472)	(1,781)	(2,530)	(2,294)	(1,601)	(832)
Depreciation	-	(1,321)	(1,334)	(1,334)	(1,334)	(1,334)

Total	**(472)**	**(3,102)**	**(3,864)**	**(3,628)**	**(2,935)**	**(2,166)**
Shortfall	-	-	-	-	-	-
Cumulative Shortfall	-	-	-	-	-	-

4.3 Funding Shares

While the benefits fall directly to the participating Health Boards, the operating costs of the Hub still require to be funded to enable it to open.

Based on the 2023/2024 medicine consumption figures for the participating organisations, the project team proposes the following funding shares for the Hub Operating costs:

Table 4.4

Summary of the Baseline and Preferred Option Revenue Spend in Scope for the TRAMS SE Hub

							FOR ILLUSTRATION ONLY			
Summary of Preferred Revenue Funding Model	**Service Model**	**AB**	**CAV**	**CTM**	**VEL**	**NWSSP**	**HD**	**SB**	**PT**	**Total**
		£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Baseline Year 2023/24	BAU	13,233	13,957	13,487	-	1,082	382	149	541	42,830
Preferred Revenue Funding Model	TrAMs	13,172	13,614	12,568	-	1,082	373	146	529	41,484
Cost Variance of Models		**(61)**	**(343)**	**(919)**	**-**	**-**	**(8)**	**(3)**	**(12)**	**(1,346)**

Notes to Table 4.4:

1. A breakdown of the above summary table can be found in Appendix 1 Table 1e.
2. Total pay, non-pay and medicine spend for each organisation under both models for the medicines within the TrAMs South East Hub scope.
3. Velindre University NHS Trust costs under both models are fully passed on to the organisations.
4. NWSSP pay and non-pay contribution is their spend on Aseptic Services under both models.
5. NWSSP medicines spend is included within the organisations medicine spend.
6. HDUHB, SBUHB and PTHB are shown for illustration only. Their contract with Velindre University NHS Trust is out of scope for this project. The costs reflect the re-charge from Velindre University NHS Trust in accordance with historic % splits.

These figures have been reviewed by the participating Finance and Pharmacy representatives from the organisations concerned and are based on the "Fair Shares" principle, which has been calculated on the *finished goods volume share* basis.

Velindre University NHS Trust's share of the medicines spend has been re-allocated to the commissioning Health Boards based on an agreed *historic share basis*.

Table 4.5

Funding Commitment

Total Funding Commitment	ABUHB £'000s	CAVUHB £'000s	CTMUHB £'000s	VUNHST £'000s	NWSSP £'000s	HDUHB £'000s	SBUHB £'000s	PTHB £'000s	Total £'000s
Pay and non-pay costs based on fair shares	1,200	2,333	1,163	2,818	1,082				8,597
Velindre Recharge based on historic shares	1,106	809	784	(2,818)	-	43	17	60	-
Total	2,306	3,142	1,947	-	1,082	43	17	60	8,597

Table 4.5 shows the proposed annual funding commitment (stated at 2023/4 rates) sought from the Health Boards to meet the pay and non pay costs of operating the service, based on "fair shares".

The existing NWSSP Medicines Unit budget for aseptic activity is reassigned directly to the new service.

As noted in the economic case the funding requirements of the service are offset by the benefits opportunity.

Table 4.6

Breakdown of the financial benefits opportunity in the baseline year 2023/4

Medicines in scope that have manufacturing efficiencies	BAU Annual Cost	TrAMs Annual Cost	Total Opportunity	ABUHB	CAVUHB	CTMUHB	VELUNHST	HDUHB	SBUHB	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Total	29,137	23,909	5,228	225	46	1,236	1,862	1,114	744	5,228

Notes to Table

1. Data based on baseline year 2023/24
2. Medicines identified within project scope whereby saving opportunities have been identified
3. Savings opportunities are recognised by bringing current medicine outsourced to a commercial provider into the TrAMs Suth East hub
4. A comparison of BAU manufacturing medicine costs versus TrAMS manufacturing medicine costs
5. Saving opportunities in relation to medicines identified, relate to across Wales
6. Only saving opportunities identified for the south east organisations have been recognised with the business case (total baseline year 23/24 =£3.37m)

This table demonstrates that the financial benefits opportunity in South East Wales exceeds the net cost of funding the new service.

It will be the responsibility of each organisation to secure their own benefits which may be achieved by a number of key actions:

- Ensuring that the costs of the legacy service are drawn down once the units close, by redeploying the staff into beneficial activity, and eliminating the supporting non pay spend.
- By ordering medicine in line with the new supply model, so as to benefit from the cost savings.
- By making beneficial use of the space released by the legacy units.

4.4 Funding Mechanism

In order to maintain the principle of "Fair Shares" in applying the shares set out in Table 4.5 it is proposed that:

- In Quarter 1 of each financial year the consumption of in scope medicines for the past financial year will be reviewed.
- Any requested change in the Scope of Service compared to that recorded in this paper will be analysed and the costs of meeting it determined.
- A Service Business Plan will be proposed to the SSPC in July of each year setting out:
  - Any change in funding shares proposed as a result of medicine consumption in the prior financial year
  - Any changes of Scope of Service proposed, and the impacts of meeting them
  - The proposed funding for the service in the following financial year, (prior to any % uplift for pay and inflation being applied)
- SSPC shall be responsible for reviewing, discussing, and approving this Business Plan, which will give annual certainty to the participating organisations as they enter the Budget setting process, while also provide a mechanism to manage and control any necessary change in the Scope, which may arise due to service need or market conditions.
- The final funding calculation including any pay and inflationary uplifts, and based on the most recent completed Calendar Year, will be calculated in January each year, and approved by SSPC in March prior to the start of the new financial year to which it applies.
- The costs will then be paid by SLA on the first day of each month, to give certainty to the operating Hub of the budgets and cashflow in place to run the service.

5. Management Case

5.1 Governance and Approvals

NWSSP is hosted by Velindre University NHS Trust and governed by all the Statutory Health Organisations in Wales acting equally through the mechanism of the Shared Services Partnership Committee (SSPC). NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The proposed Service is a Technical and Professional service for the supply of medicines. There is no impact on the Patient Care Service Model and no requirement for a Quality Impact Assessment (QIA) on Patient Care. The proposed scope is analogous to that currently provided by commercial outsource suppliers, of whom QIA are not required. The Duty of Quality does apply, and the impact of the proposal on the quality of medicines preparation activity has been referenced throughout the case.

Approval of this OBC is sought from all members of SSPC.

Members should take note however that the revenue funding commitment at this stage falls on three Health Boards in particular, and the Scope of Service commitment applies to those three Health Boards and Velindre University NHS Trust. These four Organisation in South East Wales are therefore impacted to a greater degree than the other members of SSPC. While the internal governance of those four organisations may require them to seek approval through various internal boards and committees, the operative approval which the project is seeking is from SSPC as a whole, and therefore the individual organisations should work to empower their committee member to be able to approve the paper on their behalf.

The Health Boards and Trusts not directly impacted by this case should also consider that when the time comes to invest in the South West and North Hubs, similar funding methodology will be applied, for consistency and patient equity across Wales. Therefore they should review the methodology carefully and ensure they are happy to approve it on this occasion.

The capital for the project is being sought directly from Welsh Government, and no capital or infrastructure approvals are being sought from SSPC or its members.

5.2 Performance Management

The service will produce an extensive suite of performance indicators based around quality and compliance, which will be reported quarterly as part of the NWSSP Performance Management Framework. Performance will be scrutinised at every SSPC meeting and in more detail internally through quarterly reviews with the Division. Quarterly performance reports will also be provided to each individual organisation

In addition, specific measures will be put in place to measure productivity and efficiency including:

Throughput

- Measures production capabilities of a machine / line / product or plant
- Measured by the following
    - Throughput = # of units / time (min/hour/day etc)

Inventory Turns

- Calculates the time an inventory is sold over a time period
- Indicates resource effectiveness and inventory performance
- Low ratio indicates poor sales and high inventory
- High ratio indicates strong sales and low inventory
- Measured as
    - Inventory Turns = cost of goods sold / average inventory value

% On Time Delivery

- Reported late deliveries
    - %OTD = (# on time deliveries / # total deliveries)*100

Customer Returns

- Documented as complaints
- Need to assess current complaints reported in service PQS

Manufacturing Yield

- Calculated per batch then as a % of the service
- Industry standard is 90%
- Industry Excellence is 95%
    - Yield = total number of released good / batch or campaign size

Waste

- As a % of finished goods expired/damaged within Hub
    - Waste = (# wasted within hub / total manufactured products)

Isolator Utilisation

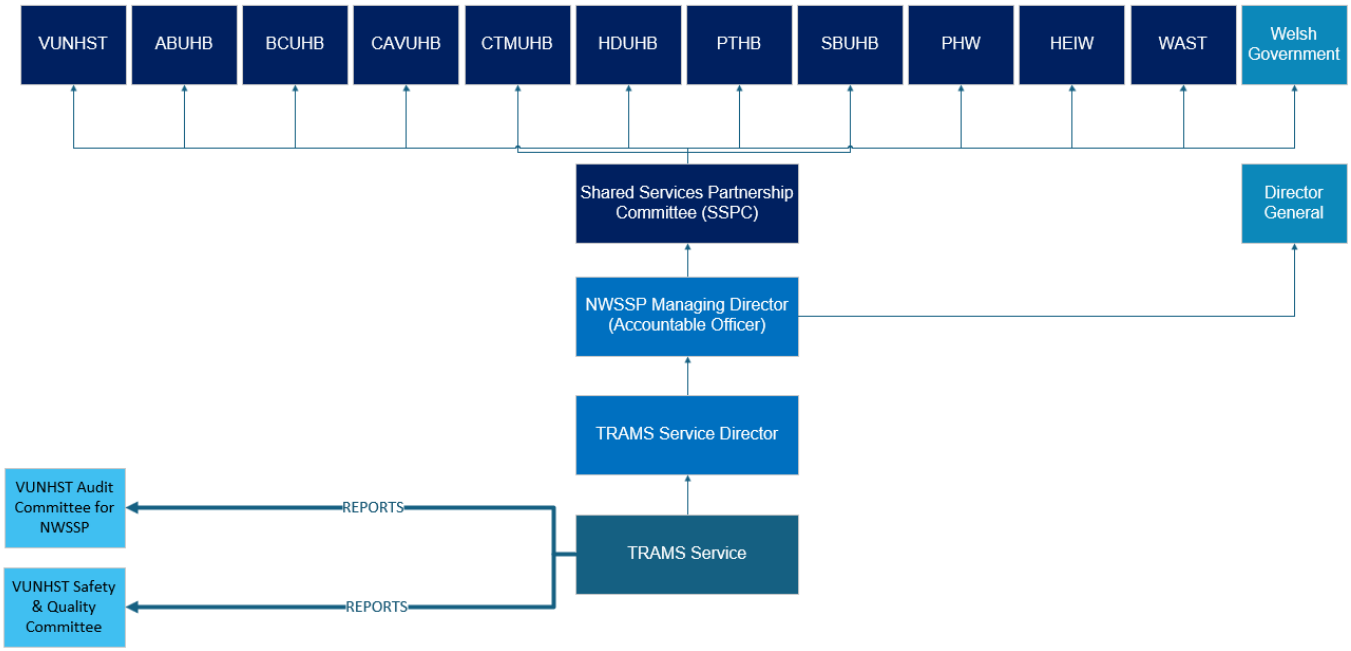
- Number of hours each isolator is in use to make medicine per week

(Hours available – Hours of work booked)/Hours Available

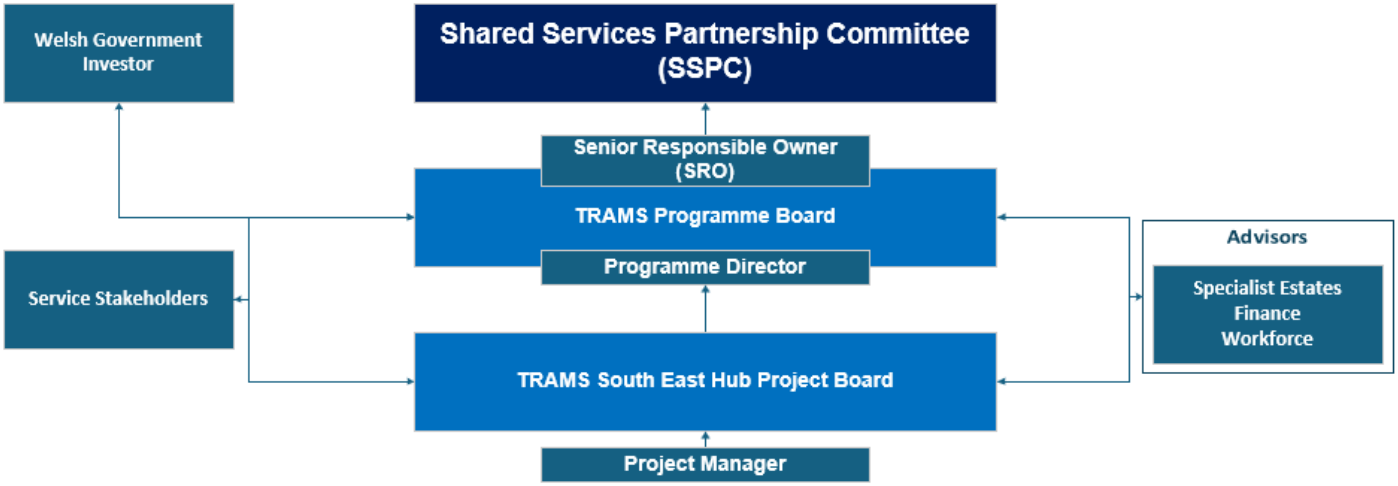
All of these measures are currently being baselined with the existing service, and current run rates will be presented in the FBC.

5.3 Project Governance

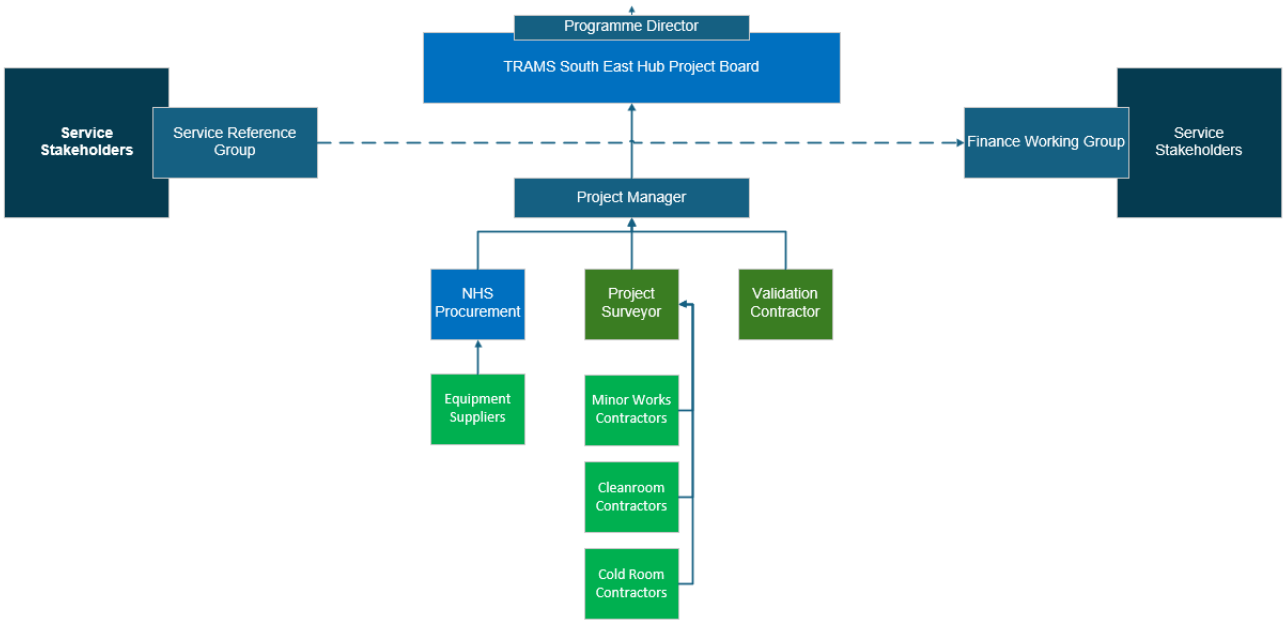
The Project is governed within the TRAMs Programme, which itself is subject to the oversight of the Health Boards and Trusts via the mechanism of SSPC.



The relationship of the South East Hub Project to the Programme is shown below:



Within the Project all the contractors and suppliers report to the Project Manager, who is supported by a team of professional advisors, and service and professional stakeholders:



The advisory reference groups which now include separate groups for **Finance, Pharmacy, Workforce, and Service Supply,** give an opportunity for key stakeholders to input into the development of the project and its key deliverables. This is in order that before formal proposals are escalated to SSPC for approval, the full spectrum of organisational and departmental priorities can have been considered, and any errors or omissions corrected.

Therefore, in order to obtain full assurance, each SSPC member should seek input from the members of these groups in their own organisation, to understand the extent to which the proposals meet their own service's needs. A full list of the membership of these stakeholder groups is included in Appendix 6.

5.4 Timelines

A project plan has been prepared that combines all the elements required from each contractor, advisor, supplier, NHS organisation, staff, and all the necessary validation, licensing and entry into service tasks.

Key high-level milestones from this plan include:

Milestone	Date
Planning Permission Granted	Feb 2025
OBC Approval	End July 2025
FBC Approval	End Dec 2025
Investment Decision	Jan 2026
Staff formal consultation commences	Feb 2026
Contractor on site	March 2026
Recruitment to vacancies commences	May 2026
Cleanroom practical completion	July 2026

Recruited staff deployed	Nov 2026
Validation of the SACT suite by	Dec 2026
Regulatory and Licensing approvals in place by	March 2027
Able to commence supplying SACT	April 2027
Transfer of existing staff begins	May 2027
Able to commence supplying CIVA and PN	Oct 2027
Transfer of existing staff concludes	Oct 2027

Planning Permission for change of elevations and change of use was granted in Feb 2025, with no pre-commencement conditions.

The plan is ambitious, includes considerable concurrent activity, and relies on all stakeholders treating the approval and deployment of this service as a matter of urgent need.

Progress against plan will be regularly reported on to Programme Board and via SSPC to service stakeholders, with issues raised for urgent resolution where required.

5.5 Risk Management

The Project is working under the TRAMs Programme Risk Management Approach, and has two risk registers in active use:

1. **Costed Construction Risk Register** – in use to validate the level of Project Contingency
2. **Project Management Risk Register** – in use to manage wider risks associated with the project.

In addition, the project has interfaces with other key risk registers:

3. **TRAMs Programme Risk Register** – this is the immediate escalation route from the Project Management Risk Register. Risk escalation is governed by the Programme Risk Approach and is based on either (a) Tolerances for Time, Cost or Quality being exceeded or (b) Any risk impacting on patient care, that must be escalated to Health Boards and Trusts via Programme Board and SSPC as soon as it may become known.
4. **NWSSP Pharmacy Service risk register** – covering the in-service risks to the existing Medicines Unit and will cover the in-service risks to the Radiopharmacy and Hub once they open.
5. **NWSSP Corporate Risk Register** – available for escalation of service risks if required.

Monthly Risk Workshops have been established, chaired by the Deputy Director of Pharmacy, and a risk report and project risk register are reviewed and approved monthly by the Project Board.

5.6 Organisational Change Process

If the Preferred Option is invested in, then this will impact on the employment rights of existing staff. A paper has been taken to Directors of People and OD group setting out the proposed approach which is:

1. The process set out in the All-Wales Organisational Change Policy will be utilised
2. Following the Investment decision the existing employers will consult their staff to establish who is impacted by the change:

a. While it is anticipated that the organisations who operate Pharmacy Technical Services in South East Wales (ABUHB, CAVUHB, CTMUHB, VUNHST, NWSSP) will be the main organisations involved, staff at any NHS Wales organisation will be able to liaise with their existing employer for inclusion in the consultation, if they believe that they are impacted by the change.
b. It should be noted that staff already deployed in Pharmacy Technical Services in NWSSP will be equally treated and subject to the same process as staff at the Health Boards and Trusts (This will include the staff planned to transfer from CAVUHB to NWSSP as part of Radiopharmacy mobilisation during 2025).

3. Those staff who are impacted will have their existing job descriptions matched against BOTH the job descriptions for the new service, and the revised roles that will be available in their existing employer after the change. This is important as there are staff on split roles at present, who spend some of their time working on Technical Services (impacted by the change) and some of their time of Clinical or Dispensary duties (not impacted by the change). Therefore, the numbers in scope for consultation are likely to be higher than the numbers identified to transfer, and some of the staff consulted will be matched with revised roles at their existing workplace and employer.
4. Those staff who match against the new service, and are willing and able to move, will be identified for a transfer to a specific role at the appropriate time. Terms and conditions will be protected, and all the protections applicable to the Transfer of Undertaking Protection of the Employment Act (TUPE) will apply.
5. A draft Equalities Impact Assessment (EQIA) has already been prepared. Once the staff to transfer have been identified, then the EQIA will be completed with reference to their particular needs and circumstances.
6. Once the number of staff identified for transfer has been confirmed, the remaining vacancies in the new service will be released for recruitment.
7. The transfer itself will be planned on a date based on service continuity and operational need and may take place sometime after the consultation ends.

There will be no budget attached to the transfer of personnel; the running costs of the new service will be met by the mechanism identified in the Financial Case. The redeployment of the staff not identified for transfer will be the responsibility of their existing employers.

A working group consisting of People & OD practitioners, and Staff Side representatives have been meeting approximately every 6 weeks since 2022 to discuss, plan, and prepare for this process. The names of the current members of this group are attached in Appendix 6 below.

5.7 Use of Specialist Advisors

A number of specialist advisors have been engaged, as detailed in the Commercial Case section 3.2.

5.8 Change and Contract Management Arrangements

Change is being managed in accordance with the arrangements set out in the relevant contracts and industry best practice, including:

- Use of Early Warning Notices (EWN) to identify emergent issues

- Use of Variation Orders (VO) by which the impacts of change can be assessed with the relevant contractors
- Review of EWN and VO with specialist advisors
    - Additional advice and support from NWSSP Specialist Estates Service as required
- Formal approval of variations that are within cost tolerance by the Project Manager, Finance Lead, and Project Executive.
- Escalation of recommended variations that exceed tolerance for formal approval in accordance with NWSSP Standing Financial Instructions (SFI).
- Formal Contract Change Control to revise Purchase Order amounts using documentation provided by NWSSP Procurement, following approval from the relevant person identified under SFI.

5.9 Benefits Realisation

The principal benefits of the case fall to the Health Boards and Trusts who purchase the medicine to be made by the new service, and who will automatically receive the benefits of continuity of supply, quality, and price advantage.

The new service includes key posts dedicated to benefits management in particular:

- Ongoing review of manufacturing efficiency against the baseline data from the existing service
- Ongoing review and comparison of the respective costs of:
    - Outsourced supply based on the All Wales contract price
    - Manufacture in house by the new service
    - Identification of new or emergent products which could be beneficially manufactured in house
    - Identification of products currently made in house that could be beneficially outsourced
    - A key benefit of the case is that these decisions will be made strategically Once for Wales, rather than ad hoc in each hospital's pharmacy purchasing team.
- The annual process of compiling and approving the Service Business Plan will give a mechanism for formally reviewing prior year performance and determining the best supply strategy for the forthcoming year, to maximise benefits for the service.

5.10 Post Implementation and Evaluation

After the closure of the South East Wales Hub Project, the TRAMs Programme will remain in operation for some time and will continue to monitor the benefits and support the embedding of outcomes as part of its ongoing work.

When the Programme finally closes a Service Management Board will remain in place, to monitor benefits delivery, under the overall governance of SSPC.

5.11 Arrangements and Plans

A key aspect of the Programme Business Case was identifying that 3 medicines preparation hubs are required for Wales, to support contingency in the event of a catastrophic failure at any one site (for instance a fire or a flood). It is essential for the long-term sustainability of the service that the Programme goes on to invest in the South West Region and North Region Hubs as planned.

It is unlikely that any of the existing units would be maintained in a condition to be able to contribute to contingency supply after they close. This is because:

1. The costs of keeping staff in post to maintain the units in 'warm standby' condition would be prohibitive
2. Their physical condition precludes their continuing use
3. The space on hospital sites is likely to have been re-allocated for alternative beneficial uses

In the interim there are two main sources of contingency for the South East of Wales:

1. The existing units in the South West and North, notably at Singleton Hospital and Wrexham Maelor Hospital. While these units are likely to be fully committed to supporting the Business As Usual services in their areas, in the event of a major and catastrophic shortage of medicine, some of their capacity could be diverted, as part of an overall prioritisation of demand under established arrangements.
2. In the short term an interruption in supply from the South East Hub would inevitably result in an increase in outsourced supply. While this would be financially challenging, it would enable continuity of medicine supply to patients to be maintained.

Appendix 1 Supporting table information in the Economic and Financial cases

Appendix 1a

Breakdown of Aseptic Services Only Staff by WTE and Spend for 2023/24 by South East Organisation

Organisation	AFC Band	Aseptic Chemotherapy Supply	Parenteral Nutrition Supply	CIVAS	Outsourced Aseptic Products	QC Lab	Technical Services Overhead	Total Hours	Total WTE	Total Pay Costs
		Hours	Hours	Hours	Hours	Hours	Hours	Hours	WTE	£'000s
ABUHB	2	15.00	15.00	1.00	0.00	0.00	3.25	34.25	0.91	25
	3	102.00	99.00	6.00	24.00	0.00	34.00	265.00	7.07	213
	4	10.00	7.00	0.00	7.00	0.00	40.85	64.85	1.73	54
	5	36.00	28.00	2.00	10.00	0.00	6.00	82.00	2.19	91
	6	7.00	4.00	0.50	8.00	0.00	14.15	33.65	0.90	41
	8a	9.50	4.00	0.50	6.00	0.00	16.80	36.80	0.98	67
	8b	7.50	4.00	0.50	7.00	0.00	34.35	53.35	1.42	107
CAVUHB	2	2.00	2.00	2.00	0.00	0.00	6.45	12.45	0.33	9
	3	77.00	54.00	154.00	0.00	15.00	34.10	334.10	8.91	266
	4	43.50	36.00	7.00	0.00	0.00	34.88	121.38	3.24	103
	5	116.50	105.00	102.00	5.00	37.30	34.45	400.25	10.67	444
	6	33.75	31.25	27.50	9.25	54.35	90.25	246.35	6.57	343
	7	29.75	20.00	21.00	5.00	0.00	52.06	127.81	3.41	206
	8a	12.50	10.25	14.25	9.00	0.00	51.54	97.54	2.60	177
	8b	5.25	1.00	1.75	0.00	0.00	69.15	77.15	2.06	174
	8c	0.00	0.00	0.00	0.00	0.00	30.64	30.64	0.82	85
	8d	0.00	0.00	0.00	0.00	0.00	17.10	17.10	0.46	49
CTMUHB	3	46.50	0.00	0.00	39.00	0.00	27.00	112.50	3.00	85
	4	15.50	0.00	0.00	13.00	0.00	8.50	37.00	0.99	31
	5	41.00	0.00	0.00	25.50	3.00	36.50	106.00	2.83	101
	6	10.00	0.00	0.00	13.00	0.00	43.50	66.50	1.77	79
	7	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.03	2
	8a	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.03	2
	8b	9.50	0.00	0.00	4.50	3.00	45.00	62.00	1.65	145
VUNHST	2	0.00	0.00	0.00	0.00	0.00	7.50	7.50	0.20	6
	3	297.50	0.00	0.00	0.00	0.00	22.50	320.00	8.53	250
	4	155.00	0.00	0.00	0.00	0.00	15.00	170.00	4.53	146
	5	210.00	0.00	0.00	0.00	0.00	52.50	262.50	7.00	296
	6	21.00	0.00	0.00	0.00	0.00	31.50	52.50	1.40	72

	7	30.00	0.00	0.00	0.00	0.00	0.00	30.00	0.80	48
	8a	7.50	0.00	0.00	0.00	0.00	41.25	48.75	1.30	93
	8b	1.50	0.00	0.00	0.00	0.00	33.50	35.00	0.93	68
NWSSP	3	0.00	0.00	70.00	0.00	0.00	77.50	147.50	3.93	118
	4	0.00	0.00	28.00	0.00	0.00	27.50	55.50	1.48	47
	5	0.00	0.00	19.00	0.00	0.00	6.00	25.00	0.67	26
	6	0.00	0.00	5.00	0.00	0.00	0.00	5.00	0.13	6
	7	0.00	0.00	0.00	0.00	0.00	6.00	6.00	0.16	9
	8a	0.00	0.00	5.00	0.00	0.00	32.50	37.50	1.00	73
	8b	0.00	0.00	0.00	0.00	0.00	37.50	37.50	1.00	88
	8c	0.00	0.00	0.00	0.00	0.00	37.50	37.50	1.00	90
	9	0.00	0.00	0.00	0.00	0.00	12.50	12.50	0.33	43
TOTAL		1,354	421	467	185	113	1,171	3,711	**98.96**	**4,379**

Notes to Appendix 1a:

1. Agreed baseline financial year 2023/24, data provided by individual organisations via a Spend Questionnaire over three financial years.
2. The data is in relation to the South East Wales organisations only.
3. Spend and WTE as reported by each organisation for aseptic services as of 31st March 2024.
4. Spend and WTE at point of scale on 31st March 2024.
3. WTE to be retained at each organisation to facilitate the receipt of medicines from the SE Hub.

Appendix 1b

Breakdown of Aseptic Services Non-Pay Spend for 2023/24 by South East Organisation

Non-Pay Baseline Spend 2023/2024	ABUHB	CAVUHB	CTMUHB	VUNHST	NWSSP	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Consumables & Equipment	89	213	82	232	148	763
Protective Clothing	22	53	54	85	49	263
Regulatory Costs	1	4	1	-	10	16
Software & Licensing	7	100	39	51	44	241
Office & Site Costs	80	157	34	134	117	522
Cleaning, Refuse & Waste	14	70	-	10	148	242
Staff Costs & Training	6	2	26	-	13	48
Transport Costs	3	14	13	-	52	82
TOTAL Non-Pay Costs	**222**	**613**	**248**	**511**	**582**	**2,176**

Notes to Appendix 1b:

4. Agreed baseline financial year 2023/24, data provided by individual organisations via a Spend Questionnaire over three financial years.
5. The data is in relation to the South East Wales organisations only.
6. Total non-pay spend as per each organisation.

Appendix 1c

Total Baseline Medicine Spend for 2023/24 by Organisation for Medicines in Scope as per Pharmacy Stock Management System (Careflow) Data

In Scope - Baseline 2023/2024 Direct Medicine Spend	ABUHB	CAVUHB	CTMUHB	VUNHST	Total
	£'000s	£'000s	£'000s	£'000s	£'000s
Outsourced to commercial Provider Monthly Outsource Tracking Report 2023/24	490	421	4,206	11,265	16,383
Manufactured by Technical Services/Aseptic Units Balancing Figure	1,901	3,482	1,466	12,186	19,035
Sub-Total	2,392	3,903	5,673	23,451	35,418
Other Aseptic Direct Costs: Manufactured by Aseptic unit Consumables AMD (Aseptic Medical Devices reported expenditure)	101	334	90	333	858
Sub-Total	101	334	90	333	858
Total Direct Medicine Spend in Scope	**2,493**	**4,237**	**5,763**	**23,783**	**36,276**

Notes to Appendix 1c:

1. 2023/24 reported Outsourced to commercial providers tracking costs (Pharmacy Stock Management System (Careflow) report).
2. 2023/24 reported medicines made/manufactured within the South East Aseptic Services (Pharmacy Stock Management System (Careflow) report).
3. Manufactured medicines associated direct consumable costs based on AMD (Aseptic Medical Devices) reported expenditure received from Health Boards and Trust for 2023/24.

Appendix 1d

Breakdown of TrAMs South East Hub Non-Pay Estimated spend from Year 1 (2027/28)

Non-Pay South East Hub Costs	South East Hub Costs
	£'000s
Consumables & Equipment	726
Protective Clothing	200
Regulatory Costs	37
Software &Licensing	132
Office & Site Costs	518
Cleaning, Refuse & Waste	94
Staff Costs & Training	90
Transport Costs	211
TOTAL Non-Pay Costs	**2,008**

Appendix 1e

Staff Structure at South East Hub from Year 1 Go Live April 2027

Staff Structure South East Hub - AFC Band	Year 1 - Go Live April 2027/28 WTE	Year 2 2028/29 WTE	Year 3 2029/30 WTE	Year 1 - Go Live 2027/28 £'000s	Year 2 2028/29 £'000s	Year 3 2029/30 £'000s
Band 9	1.00			157		
Band 8D	4.00			524		
Band 8C	2.33		1.00	257		110
Band 8B	5.33	3.00	0.33	495	278	31
Band 8A	4.00	1.33		310	103	
Band 7	6.00	1.00		405	67	
Band 6	13.20	3.00		756	172	
Band 5	6.00	8.00	3.00	277	370	139
Band 4	37.00		3.00	1,355		110
Band 3	11.00	10.00		354	321	
TOTAL	**89.86**	**26.33**	**7.33**	**4,888**	**1,312**	**389**
Cumulative Total Establishment by Year 3 2029/30			**123.52**			**6,589**

Notes to Appendix 1e:

1. WTE staff establishment to be achieved within years one to three of South East Hub 'go live'.
2. Costs based on 2024/25 AFC rates.
3. Majority of the wte numbers are bands 7 to 3, which are described as operating roles or supervisory operating roles.

Appendix 1f

Comparison of Business as Usual and TrAMs South East Revenue Spend

					SE Hub Go Live				
BAU vs Preferred Option (SE Hub)	**23/24**	**24/25**	**25/26**	**26/27**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Business As Usual:-									
Pay Costs (HB/T)	4,379	4,611	4,611	4,611	4,611	4,611	4,611	4,611	4,611
Non-Pay Costs (HB/T)	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176	2,176
Medicines Made (HB/T capacity reached 25/26)	19,893	22,081	24,510	24,510	24,510	24,510	24,510	24,510	24,510
Additional Medicine Outsourcing (HB/T capacity reached 25/26)				2,696	5,689	9,011	12,698	16,791	21,334
On-Cost of Additional Medicine Outsourcing				554	1,170	1,853	2,612	3,453	4,388
Medicines Outsourced (Assume available growth capacity with Commercial Provider)	16,383	18,185	20,186	22,406	24,871	27,607	30,643	34,014	37,756
BAU Total Spend	**42,830**	**47,053**	**51,482**	**56,953**	**63,026**	**69,767**	**77,249**	**85,554**	**94,773**
TrAMs SE Hub:-									
Pay (SE Hub)				472	4,888	6,200	6,589	6,589	6,589

Non-Pay (SE Hub)					2,008	2,008	2,008	2,008	2,008
Medicines Manufactured (SE Hub)					55,069	61,127	67,851	75,314	83,599
SACT/PN Opportunities (SE Hub)					(5,115)	(5,678)	(6,303)	(6,996)	(7,765)
SE Hub Total Spend	**-**	**-**	**-**	**472**	**56,849**	**63,656**	**70,145**	**76,915**	**84,430**

Variance					**(6,176)**	**(6,111)**	**(7,104)**	**(8,639)**	**(10,343)**
Cumulative Variance					**(6,176)**	**(12,287)**	**(19,391)**	**(28,030)**	**(38,374)**

Appendix 1g

Summary of Baseline Revenue Spend (including Velindre University NHS Trust shares)

						FOR ILLUSTRATION ONLY			
Baseline Year 23/24	**ABUHB**	**CAVUHB**	**CTMUHB**	**VUNHST**	**NWSSP**	**HDUHB**	**SBUHB**	**PTHB**	**Total**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Pay and Non-Pay Costs	821	2,469	693	1,490	1,082				6,555
Medicines Outsourced	490	421	4,206	11,265	-				16,383
Medicines Manufactured	1,901	3,482	1,466	12,186	-				19,035
Medicines Direct Consumable	101	334	90	333	-				858
Total Medicine Costs	2,493	4,237	5,763	23,783	-				36,276
Opportunities on Outsourced	**n/a**	**n/a**	**n/a**	**n/a**					**n/a**
Total Baseline Costs Per Organisation	**3,314**	**6,706**	**6,456**	**25,273**	**1,082**				**42,830**

Velindre Historic % Splits	**39.25%**	**28.69 %**	**27.82%**			**1.51%**	**0.59%**	**2.14%**	
Velindre Historic £ Splits	9,920	7,251	7,031	(25,273)		382	149	541	
Total Baseline Costs Per HB/T (including Velindre Historic Splits)	**13,233**	**13,957**	**13,487**	**-**	**1,082**	**382**	**149**	**541**	**42,830**

Notes to Appendix 1g:

1. Pay and non-pay costs as per baseline spend 2023/24.
2. All medicine costs as per baseline spend 2023/24.
3. Velindre University NHS Trust historic splits as reported by Velindre.
4. HDUHB, SBUHB and PTHB are shown for illustration only. Their contract with Velindre is out of scope for this project. The costs reflect the re-charge from Velindre in accordance with historic splits.

Appendix 1e

Summary of TrAMs South East Hub Revenue Spend (including Velindre University NHS Trust shares)

						FOR ILLUSTRATION ONLY			
SE Hub Year 3 29/30	**ABUHB**	**CAVUHB**	**CTMUHB**	**VUNHST**	**NWSSP**	**HDUHB**	**SBUHB**	**PTHB**	**Total**
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
PREFERRED OPTION Pay and Non-Pay Costs (apportioned by activity/usage)	1,197	2,327	1,161	2,811	1,082				8,578
Medicines Outsourced	490	421	4,206	11,265	-				16,383
Medicines Manufactured	1,901	3,482	1,466	12,186	-				19,035
Medicines Direct Consumable	101	334	90	333	-				858

Total Medicine Costs	2,493	4,237	5,763	23,783	-				36,276
Opportunities on Outsourced	**(225)**	**(46)**	**(1,236)**	**(1,862)**	**-**				**(3,370)**
Total Adjusted Medicine Costs	2,267	4,191	4,527	21,921	-				32,906
Total Costs Per Organisation	**3,465**	**6,518**	**5,687**	**24,732**	**1,082**				**41,484**
Velindre Historic % Splits	**39.25%**	**28.69%**	**27.82%**			**1.51%**	**0.59%**	**2.14%**	
Velindre Historic £ Splits	9,707	7,096	6,880	(24,732)		373	146	529	
Total Baseline Costs Per HB/T (including Velindre Historic Splits)	**13,172**	**13,614**	**12,568**	**-**	**1,082**	**373**	**146**	**529**	**41,484**

Notes to Appendix 1e:

1. Preferred option calculation of TrAMs SE Hub operating costs split on a 'fair shares' basis.
2. Full operating costs of the TrAMs South East Hub split by each organisation apportioned in accordance with unit activity/usage during baseline year 2023/24.
3. All medicine costs as per baseline spend 2023/24.
4. Saving Opportunities for each organisation from bringing commercial provider outsourced medicines into TrAMs South East Hub. Savings opportunities are in relation to baseline year 23/24 spend.
5. Velindre University NHS Trust historic splits as reported by Velindre.
6. HDUHB, SBUHB and PTHB are shown for illustration only. Their contract with Velindre is out of scope for this project. The costs reflect the re-charge from Velindre in accordance with historic splits.

Appendix 2 Service Scope and Product Delivery Model v 2.2

This service scope and Product delivery model are directly linked to the revenue financials shown above and constitute a baseline for future change control.

Transforming Access to Medicines

TRAMs Operational Pharmacy Supply Model

1. INTRODUCTION

This document outlines the comprehensive service model for the provision of ready-to-administer (RTA)products from the NWSSP Transforming Access to Medicines South-East National Hub. The product portfolio within scope of this document is highlighted in Appendix 1 and is a comprehensive list of all systemic anti-cancer therapy (SACT), parenteral nutrition and Centralised Intravenous Additives (CIVAS) based on 23/24 usage. Clinical Trials provision, although within scope of the TrAMS programme is not covered within this document and will be addressed separately owing to the complexities of clinical trial product provision

The service model described within this document has been developed in collaboration with the TrAMS Service Model Board and appropriate clinical subgroups chaired by the National Clinical Lead for TrAMS.

2. PRODUCT PORTFOLIO

Appendix 1 highlights the agreed TrAMS product portfolio as of 23/24, the baseline year used for the TrAMS OBC/FBC process. This is a comprehensive list of products agreed by the below clinical sub-groups. All new products will be developed using Pharmaceutical Quality System Change Control and New product processes in line with MHRA Guidance and Good Manufacturing Practice. Sub-groups involved in the approval of the portfolio include

- TrAMS Programme Team
- NHS Wales Technical Services Leads
- Directors of Pharmacy
- TrAMS Clinical Reference Group
- TrAMS Clinical Sub-groups (SACT/Haem, Parenteral Nutrition, Neonatal/Paediatric)

The Product Portfolio will be subjected to quarterly review and when required, updated based on:

- New products, identified via clinical horizon scanning, developed to meet NICE 60 day treatment targets
- Emergent changes to clinical demand outside of the annual planning cycle (noting that by Quarter 4 of a given year, the relevant Service Business Plan will be around 18 months old).
- Market changes in the availability or price of medicine
- Regulatory changes that have a material impact on the feasibility or cost of preparation
- Other unplanned events impacting on the organisations capacity to deliver the plan
- In aggregate these factors may result in a need to update the SLA for:
    - Decisions to add products

- Decisions to withdraw products
- Changes to the price of products
- Change to best value Route to Market for each product
- Changes to ordering or delivery cut off times

The Quarterly Review will be issued by the Service to the Commissioning Organisations, who will have the option to initiate a formal re-approval of the plan, if the changes are deemed by them to affect the overall stability of the service.

2.1. PRODUCT CLASSIFICATION

Products within the portfolio are classified into three separate categories

- Single item "Specials" – Products with a low regional or national usage and shelf life of <96 hours
- Campaign Items – Where regional or national use is >2 products per day at variable doses of the same drug and there is a shelf life of <28 days
- Batch items - where national or regional usage is high across several dose bands and the shelf life is >28 days

The purpose of this classification is to help identify those products within the portfolio that apply to the agreed ordering schedules and lead times within this document.

3. HUB / HOSPITAL SERVICE MODEL PROCESS

Procurement of ready-to-administer "Specials" from the TrAMS hubs will require dispensing within the purchasing organisation before supply to patients. As such the service interface process shown below removes the need for "patient-specific" ordering from the hubs, streamlining the ordering process, and removing risks from the process. Patient specific ordering will remain for those products where it is required for clinical purposes, this includes paediatric oncology and bespoke, compounded parenteral nutrition.

The process highlighted in Figures 1 and 2, have been developed by the TrAMS programme using Quality-by-Design principles to ensure efficiency and remove risk of errors from the process as highlighted by Failure Modes Effect Analysis of the process compared to the original service model within the Programme Business Case (PBC). This covers the process from ordering to dispensing to patient:

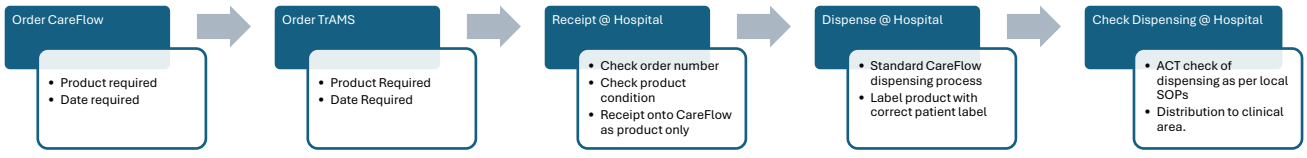


Figure 1: Service Model Hub / Hospital Interface – Standard Products

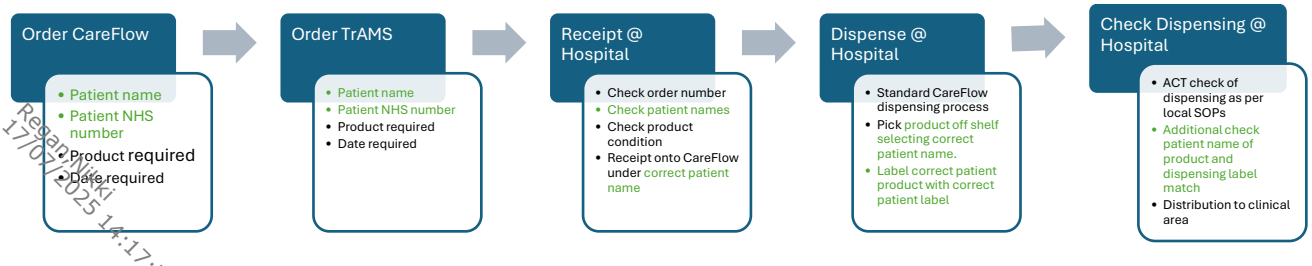


Figure 2: Service Model Hub / Hospital Interface – Paediatric Oncology and Bespoke PN

The transfer of ordering data from organisations to TrAMS hubs can be done via two processes, manually directly onto the TrAMS ordering portal or via digital interface of the TrAMS hub ordering system with Welsh Hospital Pharmacy Stock Management System (WHPSMS) -currently Careflow.

4. ORDERING SCHEDULES

Ordering of products from the TrAMS Hub, will adhere to the below:

- All the unlicensed medicine items on the product list will be ordered through the Service, at the listed price, regardless of whether insourced or outsourced.
- Licensed ready to administer SACT products are not included and will continue to be ordered locally direct from the suppliers
- All orders will be processed through the standard business systems. This means that:
    - Purchase Orders will be generated on the Pharmacy Stock System and sent digitally to the Service
    - The Service will make, check and dispatch the order to the requested location based on the PO containing all the necessary data
    - The Hospital or Cancer Centre receiving the product will receipt the order on its Pharmacy Stock system (WHPSMS)
    - Invoices (or recharges) will be generated by the Service and will be matched and recharged through the standard invoice matching and payment process.
    - There is no requirement to send prescriptions with orders. Prescriptions should remain in the hospital on the relevant e-Prescribing system.

4.1. Ordering Schedules for TrAMS Batch Items

Products within the TrAMS product portfolio assigned as “Batch” products will be prepared for stock at the hubs, and it is the expectation that these items are kept at appropriate stock levels locally where suitable to facilitate agile supply to patients. All batch products will have a 5-day lead time however items assigned as batch can be ordered as single items in exceptional circumstances as outlined in 4.6.

4.2. Ordering Schedules for Standard TrAMS Products

Items not assigned batch status within the portfolio will be classified as either campaign, or “Single item” products. These must be ordered by adhering to the ordering schedules outlined in Appendix 2. There is an expectation that a % of products be ordered prior to the 2pm cut-off KPI will be identified and agreed prior to approval of a Service Level Agreement between NWSSP and stakeholder organisations.

4.3. Ordering Schedules for Compounded Parenteral Nutrition

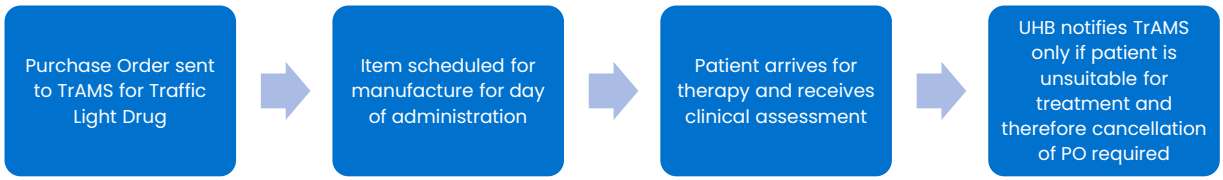
Due to the contemporaneous nature, and clinical risks of compounded parenteral nutrition Appendix 3 highlights the ordering schedule for compounded parenteral nutrition, which allow closer to manufacture ordering. Standardised presentations of Parenteral nutrition available as stock will be subject to the ordering schedules highlighted in 4.1 & 4.2, unless local usage numbers are sufficiently low for stock holding to be inefficient.

4.4. Ordering Schedules for Radiopharmaceuticals

The ordering schedules for radiopharmaceutical products is detailed in Appendix 3 and applies to all radiopharmaceutical products detailed within the product portfolio. These have been agreed by the SE Radiopharmacy sub-group previously.

4.5. Traffic Light High-Cost Drugs Authorisation to proceed

There are several products within the TrAMS portfolio that are high cost-low usage items, where stock is unlikely to be held locally or within the hub. These items are commonly prescribed and authorised in advance and can adhere to the ordering schedules outlined within Appendix 2. However, approval to proceed with patient treatment can occur on the day. To avoid wastage of these items, the portfolio will highlight (in green font within Appendix 1) the products where manufacturing will proceed upon receipt of a purchase order for single item products. These items can be cancelled upon notification from local clinical services. These products should be scheduled for PM administration where possible to allow adequate time for manufacture; however, we accept this is not always viable. An example of this process is below:



4.6. Exceptional Circumstances

There are scenarios where ordering of products from the hub with the outlined ordering schedule is not possible or clinically appropriate. These scenarios are:

- Patient presentation with a clinically urgent/life threatening need to initiate therapy.
- Blood results outside of acceptable limits for treatment requiring further tests on the day prior to treatment.
- Specific pre-administration tests required on the day prior to treatment that might require dose adjustment.

On the day, or 24-hour notice ordering will be accepted for agreed range of products provided the above scenarios are met. Patients who are admitted for second or subsequent courses of chemotherapy but have not had chemotherapy prescribed and confirmed within the ordering periods will not be eligible for on the day supply.

5. QUALITY ASSURANCE OF TRAMS "SPECIALS" & HOSPITAL RECEIPT

The Service Level Agreement between NWSSP and stakeholders will include the relationship relating to Quality Assurance of products. To improve efficiency at receipting sites, remove duplication of work the following elements of the service model will be in place:

- All items supplied by NWSSP will be given a Quality Assurance check prior to dispatch from the hub, each product and order will include documentation to confirm this check has occurred.
- Quality Assurance checks will comply with Good Manufacturing and Quality Assurance principles as set out in Medicines regulations and meeting Quality Assurance of Aseptic Preparation Services standards.
- Orders will be delivered by NHS Wales Health Courier Service by trained drivers, to the agreed delivery point for each building, in line with Technical Agreements and in compliance with Good Distribution Practice.
- Custody of the medicine will be handed over from NWSSP to the ordering organisation at point of delivery. Custody handover will be verified with a date and time stamped signature.

- It is the responsibility of the receipting organisation to ensure that a visual check for external packaging damage is undertaken on receipt. A full quality check is not required as this is the responsibility of the TrAMS Quality Control team as outlined in the service level agreement between NWSSP and stakeholder organisations.
- Any identified issues with the quality of medicines must be reported to the TrAMS hub within 24 hours of receipt to allow contemporaneous investigation of the issue and financial redress.
- Any quality issue identified prior to patient administration must be reported immediately to the TrAMS hub for investigation and MHRA/DMRC notification as appropriate.
- The responsibility for receipting the orders for financial purposes remains in the ordering organisation.
- Responsibility for dispensing orders against the original prescriptions remains in the ordering organisation.
- Responsibility for custody and storage of the order once delivered and accepted remains with the ordering organisation.
- Responsibility for distributing orders from the agreed delivery point, onward within the ordering organisation's building, remains with the ordering organisation.

6. DISPENSING TO PATIENTS / WARD STOCK

The products supplied by TrAMS to hospitals must be handled in accordance with the Human Medicines Regulations 2012. This requires one of the following two processes:

- Storage within pharmacy for dispensing to a patient
- Storage within pharmacy for issuing to stock in ward areas

Local handling of TrAMS products must also adhere to MHRA Guidance Note 14 pertaining to the supply of unlicensed specials. Audit of adherence to Medicines regulations and NHS best practice within hospital sites relating to the handling of unlicensed medicines is the remit of the National Lead for Pharmacy Quality Assurance.

7. ANNUAL REVIEW OF SERVICE MODEL

The service model described above will be reviewed annually in line with the appropriate technical and service level agreements. This is to ensure that TrAMS services adhere to contemporaneous regulatory requirements whilst meeting the changing demands of the service. This will be approved by the TrAMS Service Board and NWSSP Partnership Committee.

8. SERVICE MODEL BOARD ENDORSEMENT

The service model board members from each stakeholder organisation endorse in principle

the proposed TrAMS Service model subject to receipt and approval of the formal FBC through

internal organisation governance processes.

9. TrAMS PRODUCT PORTFOLIO – BASED ON 2023/24 BASELINE

ADULT Systemic Anti-Cancer Therapies (SACT) & Haematology
Abraxane (Paclitaxel Albumin) Intravenous Infusion

Alemtuzumab Subcutaneous Injection
Amsacrine Intravenous Infusion
Arsenic Trioxide Intravenous Infusion
Atezolizumab Intravenous Infusion
Avelumab Intravenous Infusion
Azacitidine Subcutaneous Injection
Belantumab Mafodotin Intravenous Infusion
Bendamustine Intravenous Infusion
Bevacizumab Intravenous Infusion
Bleomycin Injection – multiple routes
Blinatumumab Intravenous Infusion
Bortezomib Subcutaneous / Intravenous Injection
Brentuximab Intravenous Infusion
Busulfan Intravenous Infusion
Cabazitaxel Intravenous Infusion
Carboplatin Intravenous Infusion
Carfilzomib Intravenous Infusion
Carmustine Intravenous Infusion
Cemiplimab Intravenous Infusion
Cetuximab Intravenous Infusion
Cisplatin Hydration Fluid Intravenous Infusion
Cisplatin Intravenous Infusion
Cladribine Subcutaneous Injection / Intravenous Infusion
Clofarabine Intravenous Infusion
Cyclophosphamide Intravenous Infusion / Injection
Cytarabine Intravenous Infusion / Injection / Subcutaneous / Intrathecal
Dacarbazine Intravenous Infusion
Dactinomycin Intravenous Infusion
Daratumumab Intravenous Infusion
Daunorubicin Intravenous Infusion / Injection
Decitabine Intravenous Infusion
Dinutuximab beta Subcutaneous Injection / Intravenous Infusion
Dexrazoxone hydrochloride Intravenous Infusion
Docetaxel Intravenous Infusion
Dostarlimab Intravenous Infusion / Injection
Doxorubicin Intravenous Injection / Infusion / Chemoembolisation
Doxorubicin Pegylated-Liposomal Intravenous Infusion
Durvalumab Intravenous Infusion
Eculizumab Intravenous Infusion
Elranatamab Subcutaneous Injection
ENHERTU (Trastuzumab deruxtecan) Intravenous Infusion
Enfortumab Intravenous Infusion
Eribulin Intravenous Injection
Epirubicin Intravenous Injection/Infusion
EPOCH Intravenous Infusion
Etoposide Intravenous Infusion / Intraventricular Injection

Fludarabine Intravenous Infusion
Fluorouracil Intravenous Infusion / Injection / intralesional / Ophthalmic application
Folinic Acid Intravenous Infusion
Gemcitabine Intravenous Infusion / Intravesical Instillation
Gemtuzumab Ozogamicin Intravenous Infusion
Glofitamab Intravenous Infusion
Idarubicin Intravenous Infusion
Ifosfamide / Mesna Intravenous Infusion
Ifosfamide Intravenous Infusion
Inotuzumab Ozogamicin Intravenous Infusion
Ipilimumab Intravenous Infusion
Irinotecan Hydrochloride Intravenous Infusion
Isatuximab Intravenous Infusion
KADCYLA (Trastuzumab emtansine) Intravenous Infusion
Loncastuximab Intravenous Infusion
Melphalan Intravenous Infusion
Mogamulizumab Intravenous Infusion
Mitomycin Intravesical Administration/Intravenous Infusion / Injection / Intraperitoneal
Mitoxantrone Hydrochloride Intravenous Infusion
Nelarabine Intravenous Infusion
Nivolumab Intravenous Infusion
Obinutuzumab Intravenous Infusion
Opdualag Intravenous Infusion
Oxaliplatin Intravenous Infusion
Paclitaxel Intravenous Infusion
Panitumumab Intravenous Infusion
Pembrolizumab Intravenous Infusion
Pemetrexed Intravenous Infusion
Pentamidine Intravenous Infusion / Nebuliser solution
Pentostatin Intravenous Infusion
Pertuzumab Intravenous Infusion
Pixantrone Intravenous Infusion
Polatuzumab Vedotin Intravenous Infusion
Raltitrexed Intravenous Infusion
Ramucirumab Intravenous Infusion
Ravulizumab Intravenous Infusion
Rituximab Intravenous Infusion
Sacituzumab Intravenous Infusion
Streptozocin Intravenous Infusion
Tagraxofusp Intravenous Injection
Talquetamab Subcutaneous Injection
Thiotepa Intravenous Infusion
Trabectedin Intravenous Infusion (Surefusor & IV bag)
Trastuzumab Intravenous Infusion
Topotecan Intravenous Infusion
Treosulfan Intravenous Infusion
Vinblastine Intravenous Infusion

Vincristine Intravenous Infusion
Vindesine Intravenous Infusion
Vinorelbine Intravenous Infusion
Vyxeos Intravenous Infusion

Paediatric SACT & Haematology
Bevacizumab Intravenous Infusion
Bleomycin Intravenous Infusion
Blinatumumab Intravenous Infusion
Bortezomib Injection
Busulfan Intravenous Infusion
Carboplatin Intravenous Infusion
Carmustine Intravenous Infusion
Cisplatin Intravenous Infusion
Clofarabine intravenous infusion??
Cyclophosphamide Intravenous Infusion / Injection
Dacarbazine Intravenous Infusion
Vincristine Intravenous Infusion
Vinblastine Intravenous Infusion??

ADULT CIVAS*
Alteplase Intravitreal Injection
Amphotericin B Intravenous Infusion
Amphotericin B Liposomal Intravenous Infusion
Avalglucosidase Infusion
Baclofen Intrathecal Injection
Belimumab Intravenous Infusion
Benzylpenicillin Intravenous Infusion
Calcium Folinate Infusion
Cefuroxime Eye Injection
Ceftazidime Intraperitoneal Injection
Cidofovir Intravenous Injection / Intravesical Instillation
Diamorphine Injection
Dobutamine Intravenous Infusion
Flucloxacillin IV Infusion
Flucloxacillin Elastomeric Intravenous Infusion
Fosaprepitant Intravenous Infusion
Foscarnet Intravenous Infusion
Furosemide Accufusor Intravenous Infusion
Ganciclovir Intravenous Infusion / Intravitreal injection
Gentamicin Intraperitoneal Injection
Hydrocortisone Intrathecal Injection
Infliximab Intravenous Infusion

Insulin Actrapid Intravenous Infusion
Levobupivacaine Infusion
Magnesium Sulphate Intravenous Infusion
Mesna Intravenous Infusion/Injection
Methotrexate Intramuscular / Intravenous / Intrathecal Injection / Infusion
Midazolam Intravenous Injection
Morphine Sulphate Intravenous Infusion/Injection / Intrathecal
Morphine and Clonidine Intrathecal Injection
Morphine Sulphate and Bupivacaine Intrathecal Injection
Natalizumab Intravenous Infusion
Piperacillin and Tazobactam Intravenous Infusion
Potassium Chloride Intravenous Infusion
Siltuximab Intravenous Infusion
Tocilizumab Intravenous Infusion
Tobramycin Injection
Ustekinumab Intravenous Infusion
Vancomycin Intravenous Infusion / Line Lock / Intrathecal Injection
Vedolizumab Intravenous Infusion

*work currently ongoing to standardise national presentations

NEONATAL AND PAEDIATRIC CIVAS*
Aciclovir Intravenous Infusion
Adrenaline Intravenous Infusion
Amphotericin B Intravenous Infusion
Dopamine Intravenous Infusion
Dobutamine Intravenous Infusion
Flucytosine
Fentanyl Intravenous Infusion / Injection
Ganciclovir Intravenous Infusion
Gentamicin Line Lock
Heparin Intravenous Infusion
Infliximab Intravenous Infusion
Insulin Actrapid Intravenous Infusion
Morphine Sulphate Intravenous Infusion / Injection
Midazolam Intravenous Infusion / Injection
Noradrenaline Intravenous Infusion
Pavilizumab Intravenous Infusion
Potassium Chloride Intravenous Infusion
Synacthen Low Dose Injection
Vancomycin Intravenous Infusion / Line Lock

10. ORDERING SCHEDULE FOR STANDARD TrAMS PRODUCTS*

Day	Administration Day	Ordering Cut-Off	Delivery Due	Ordering Cut-Off	Delivery Due
Standard Mon-Fri Weekday	Monday	14:00 Fri	7am Mon	17:00 Fri	12:00 Mon
	Tuesday	17:00 Fri	7am Tues	17:00 Fri	12:00 Tues
	Wednesday	14:00 Mon	7am Wed	17:00 Mon	12:00 Wed
	Thursday	14:00 Tues	7am Thurs	17:00 Tues	12:00 Thurs
	Friday	14:00 Wed	7am Fri	17:00 Fri	12:00 Wed
Bank Holiday Monday	As per normal working week: Xmas, New Year and Easter schedules will be released to organisations 3 months in advance to plan the annual change occurring with these BHs. These will be agreed in advance with Organisations before correspondence sent to clinical and procurement teams.				
Tuesday Post Bank Holiday					

***Batch products require a 5-day lead time**

11. ORDERING SCHEDULE FOR COMPOUNDED PARENTERAL NUTRITION

Day	Administration Day	Ordering Cut-Off	Delivery Due
Standard Mon-Fri Weekday	Monday	11am Fri	15:00pm Mon
	Tuesday	11am Mon	15:00pm Tues
	Wednesday	11am Tues	15:00pm Wed
	Thursday	11am Wed	15:00pm Thurs
	Friday/Sat/Sun	11am Thurs	15:00pm Fri
Bank Holiday Monday	As per normal working week: Xmas, New Year and Easter schedules will be released to organisations 3 months in advance to plan the annual change occurring with these BHs. These will be agreed in advance with Organisations before correspondence sent to clinical and procurement teams.		
Tuesday Post Bank Holiday			

12. ORDERING SCHEDULES FOR RADIOPHARMACEUTICAL PRODUCTS

Radiopharmaceutical products require a purchase order **received by 12:00 noon** on a working day for delivery by 9:00am the next working day.

Day	Prescription Cut Off	Ordering Cut Off	Delivery Due	Administration
Ordinary	10:00 Fri	12:00 Fri	09:00 Mon	10:00 Mon
Ordinary	10:00 Mon	12:00 Mon	09:00 Tues	10:00 Tues
Ordinary	10:00 Tues	12:00 Tues	09:00 Wed	10:00 Wed
Ordinary	10:00 Wed	12:00 Wed	09:00 Thurs	10:00 Thurs
Ordinary	10:00 Thurs	12:00 Thurs	09:00 Fri	10:00 Fri
Bank Holiday Monday	No Service			
Tuesday after Bank Holiday	10:00 Fri	12:00 Fri	09:00 Tues	10:00 Tues

Appendix 3 Hub Capacity Plan v 1.2

This Plan is also directly linked to the financial model for approval, and justifies the baseline staffing requirement for the Hub, to manufacture the stated number of medicine doses, aligned with the Service Scope and product Delivery Model:

Transforming Access to Medicines

Technical Service Model Capacity Utilisation Assessment for the South East TrAMS Hub

INTRODUCTION

This document outlines the projected hub capacity plan and staff modelling underpinning the South-East Hub staffing establishment. Capacity planning is a key component of Good Manufacturing Practice (GMP), and essential to meet anticipated demand whilst ensuring all regulatory compliant activities are maintained such as training, validation, planned preventative maintenance, quality management and staff-related factors such as annual leave and sickness.

MHRA Guidance for Specials Manufacturers requires a capacity plan to be in place, and that the utilisation of total staff for manufacturing activities should not exceed 70-80% to allow adequate resource for associated ancillary and quality management tasks outlined as part of Good Manufacturing Practice and Quality Assurance. Activities within this 20% include:

- Quality Management System activities
- Routine GMP training
- Planned and Unplanned Preventative Maintenance
- Training and Validation
- Quality and Performance meetings

It is worth noting that this exercise is using a tool designed for contemporaneous measurement of capacity utilisation in established technical services facilities where baseline data is available. However, in this document, the baseline data and projected demand data can be used to simulate the capacity utilised by the proposed staff numbers within the TrAMS SE Business case. This will be used to support the staffing establishment proposed.

1. TrAMS South East CAPACITY PLAN

To demonstrate the projected capacity resulting from the proposed staffing establishment within the TrAMS business case, the programme has utilised a nationally recognised and endorsed capacity plan, the PASG Capacity plan. This planning model has been developed by several Technical Services leads and has been endorsed by the PASG as a capacity planning tool that meets regulatory requirements.

This tool also allows the exclusion of essential non-production tasks such as Pharmaceutical Quality Management maintenance, whilst considering “traditional” production activities such as surface sanitisation, manufacturing activities, documentation completion and release activities. Once again this is in-line with MHRA Guidance to licensed “Specials” manufacturers. As such the 80% limit as imposed by the MHRA is represented as 100% within the PASG capacity plan.

2. CAPACITY PLAN MECHANISM

The capacity tool is a set of calculations and formulae that sit behind a Microsoft Access database. Using baseline data for product manufacturing timings, staff time taken for product preparation can be accounted for within the tool. By adding the times recorded as standard for each activity, the tool builds a capacity utilisation output. All that is required thus is for the projected or actual product demand to be entered to identify the percentage of hub capacity used.

3. STAFFING NUMBERS

The capacity plan allows for the entry of staffing numbers at each role and allows tasks to be adequately assigned to the appropriate level of staff, this allows us to assess the skill mix, as well as total numbers of staff available for operational activities including procurement, warehousing, order management. The staff numbers are detailed in Appendix 1 and relate to production related activities only. As detailed above there is a requirement for 20% of service activity to be ringfenced to meet regulatory compliance, and these have been removed from the plan***. As such 100% manufacturing capacity as represented within the capacity plan equates to 80% of the total service capacity.***

Within the staffing numbers for production activities, we have applied a factor of 0.4 to each w.t.e to account for the following:

- Statutory and mandatory training
- Annual Leave
- Sickness

This makes 0.6 of every 1 w.t.e available for production, however there are efficiencies within this model that can be made around the planning and completion of training and education activities that have not been considered at this stage.

4. BASELINE TIMING DATA

Baseline timing data is a key part of the capacity planning process. Given the breadth of data across all technical services within Wales, the baseline data has been entered into the capacity plan following the below principles:

- All batches/campaign items with a semi-automated method of manufacture will utilise capacity timings from the Medicines Unit within IP5
- All single product items or campaigns where manufacture follows manual processes will have a timing representing an average of those submitted by Technical Services across Wales.
- Compounded parenteral nutrition timing has been taken from Cardiff and Vale UHB.
- Process and Staff validations are assigned timings appropriate for the validation process required.
- Gassing decontamination timings are a worst-case scenario from commercial decontamination data

A table demonstrating the timings applied to each other activities described within this document are detailed in point 10 below.

5. PRODUCT PROJECTIONS & ANXILLIARY PRODUCTION TASKS

To calculate the daily timings, the capacity plan requires projected or contemporaneously accurate data entry of the products required. To provide accurate assessment of the staffing requirement against the projected demand the following principles have been applied:

- Baseline activity usage from 23/24 used
- Increased by 11% demand per annum up to 27/28 (projected year of hub opening)

These principles have been applied across the entire agreed product portfolio for each identified product. From this projected list there has been a projection of the daily number of products split into single item / campaign / batch as below:

Product Type	Quantity per Capacity Entry
Singe Item Batch	**1**
Single Item Batch	**5**
Single Item Batch	**10**
Campaign	**2-10**
Campaign	**11-20**
Campaign	**21-30**
Campaign	**31-40**
Batch	**10-20**
Batch	**21-40**
Batch	**41-50**
Batch	**51-60**
Batch	**120**
Compounded PN	**1**
Compounded PN	**5**
Adult Parenteral Nutrition + Additions	**1**
Neonatal Parenteral Nutrition + Additions	**1**
Dispensing of Outsourced Items	**10**

Additional tasks entered onto the capacity plan to ensure completeness include:

Task Type	Reference
Process Simulations	1/isolator/week
Gassing Transfer	3 sessions per day

Staff Validation	3/day
Cleaning	15 minutes per isolator per day

6. WEEKLY PRODUCTION SCHEDULE

Upon projection of the product demand, the workload has been spread evenly into daily demand based on the product splits identified in 2.3. This provided the daily demand data that can be placed into the capacity plan to give a projected capacity on any given day. The daily breakdown of products can be identified in Appendix 3. These figures will be entered into the capacity plan to identify the % staff capacity utilised to produce this number of items and assumes a six-day working schedule to mirror current practice within current technical services units

7. CAPACITY UTILISATION OUTCOME

Entering each of the daily production schedules within Appendix 2 into the PASG Capacity Tool provides us with an average weekly capacity utilisation of 81% to provide approximately 146,779 products per annum within 27/28. Figure 1 is a projection of how the 11% annual demand will impact on hub capacity in future years.

This projection identifies that the production staffing levels within the TrAMS SE Hub business case are sufficient to provide the anticipated product demand for 27/28. The projection also shows that with a 11% annual demand increase the hub can absorb demand up until 31/32 where additional staff investment will be required.

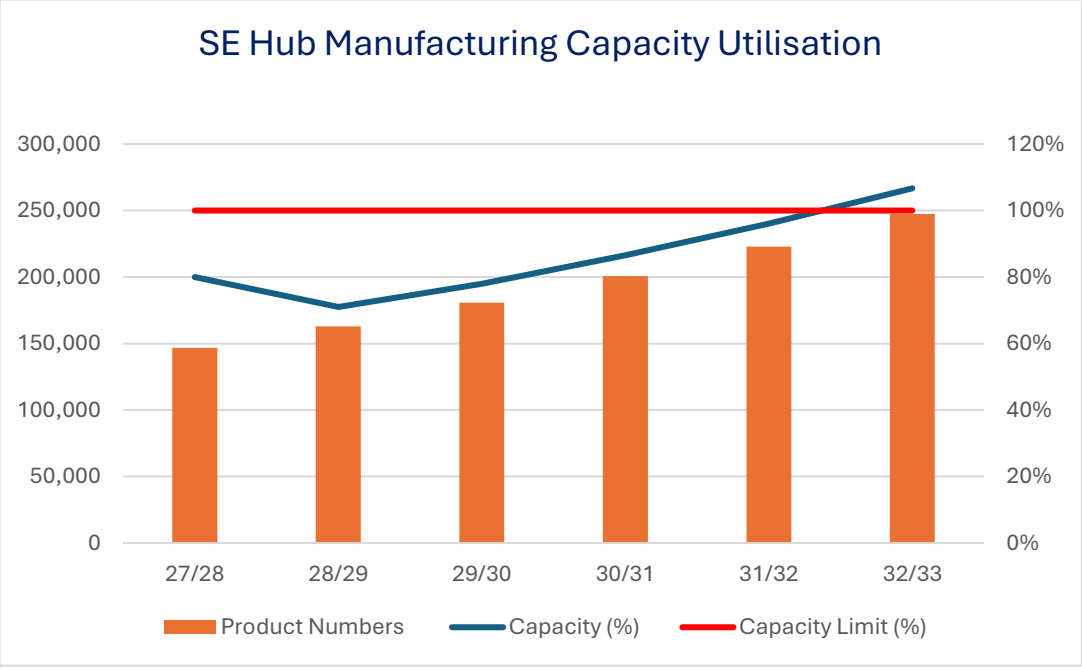


Figure 1: TrAMS Staffing Capacity Utilisation

8. OUTCOMES AND RECOMMENDATIONS

Assessment of the current staffing requirement and projected product demand has been undertaken using the nationally recognised UK PASG Capacity Utilisation tool.

Outcomes from this assessment indicates the following:

- Current staff costs and structure for the SE Hub is sufficient to provide the anticipated product demand for 27/28 (80% of capacity used).

- The staffing structure is capable of absorbing 5 years of currently anticipated demand growth post-opening before reinvestment in staff is required. This assumption can be reviewed if there are significant changes in clinical practice impacting the projected product demand.

- The assessment considers production capacity and all associated activities as an assumption of how the hub will operate. This may be subject to change as the hub construction takes place and detailed production processes are developed further.

- The UK PASG Capacity Utilisation Tool is reviewed annually prior to hub opening to provide updated projections on capacity and also during the transition period to, ensuring regulatory compliance during the onboarding of stakeholder services.

9. STAFF ROLE AND GRADE FOR SOUTH EAST HUB PRODUCTION ACTIVITIES

Hub Warehouse	Band	27/28
Responsible Person shared with QA	7	1.00
Warehouse Manager Deputy RP	6	1.00
Warehouse Supervisor	5	1.00
Warehouse Operatives	3	5.00
Hub QA		
QA Officer	7	2.00
Product Releaser/QA Officer	6	5.00
Hub Education & Training		
Education & Training Lead	8a	1.00
Senior Trainer	7	1.00
Trainer	6	5.00
Hub Production		
Head of Production	8c	1.00
Deputy Head of Production	8b	2.00
Production Manager	8a	2.00

Hub Production SACT/CIVAS/PN Patient Specific and Batch/Campaign	Band	27/28	28/29	29/30
Shift Lead Production Supervisor	7	2.00	1:00	
Senior Production Supervisor	6	2.20	3:00	
Production Supervisor	5	9.00	8:00	3:00
Senior Production Operatives	4	32.00		3:00
Production Operatives	3	10.00	10:00	
Order Receipt Admin	3	1.00		
Order Scheduling Admin	4	1.00		
Hub Procurement				
Procurement Manager	6	1.00		

Procurement Officer	5	1.00		
		27/28	**28/29**	**29/30**
Total		86.20	108.20	114.20

10. CAPACITY TIMING APPLIED TO ACTIVITIES (Requires NO) Timings

	Process	Processing order pre and post manufacture (mins)	Rx verf and stab / Prep of worksheet and label (mins)	Worksheet and label check (mins)	Assembly (mins)	Assembly check (mins)	Transfer (mins)	Transfer to work station (mins)	In Process Check (mins)	Compounding time for batch (mins)	Transfer out of work station (mins)	Transfer to support room (mins)	Labelling of products (mins)	Final Accuracy Check and approval (mins)	Number Items per batch
Batch Name	Proposed Staff ⇨	Order Admin / warehousing Staff	Production Operatives	Senior Production Operatives or Supervisors	Production Operatives	Senior Production Operatives or Supervisors	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Production Operatives or Senior Production Operatives	Hub QA	
		Senior Production Personnel Support – Band 6 and higher													
Single Item Batch x 10		50	40	10	50	50	0	0	100	100	30	30	30	100	10
Campaign - 2-10		5	5	2	25	10	0	0	20	20	7.5	7.5	10	10	5
Campaign - 11-20		5	5	2	25	10	0	0	60	60	7.5	7.5	20	20	15
Campaign - 21-30		5	5	2	25	10	0	0	80	80	7.5	7.5	30	30	25
Campaign - 30-40		5	5	2	25	10	0	0	80	80	7.5	7.5	30	30	35
Batch 10-20		5	5	2	25	10	0	0	60	60	7.5	7.5	20	20	20
Batch 21-40		5	5	2	25	10	0	0	80	80	7.5	7.5	30	30	40
Batch 41-50		5	5	2	25	10	0	0	100	100	7.5	7.5	35	40	50
Batch 50-60		5	5	2	25	10	0	0	120	120	7.5	7.5	40	50	60
Batch 120		5	5	2	25	10	0	0	155	155	7.5	7.5	62	62	120
Adult PN - Standard + Addition		5	7	5	5	10	0	0	10	10	7.5	7.5	3	4	1
Neonatal PN - Standard + Additions		5	10	5	5	10	0	0	10	10	7.5	7.5	3	4	1
Compounded PN		5	10	5	15	15	0	0	45	45	7.5	7.5	3	10	1
Gassing Transfer		0	0	0	0	0	90	0	0	0	0	0	0	0	1
Process Simulation (1 per workstation/week = 5 per day)			5	2	25	10	0	0	300		300	7.5	20	20	75
Single Item Batch x 5		5	20	5	25	25	0	0	50	50	15	15	15	50	1
Compounding PN x 5		25	20	25	25	15	0	0	225	225	7.5	15	15	50	5
Cleaning (15 mins X 15)														75	
Compounder set up		0	0	0	0	0	0	0	0	200	0	0	0	0	

11. South East HUB DAILY DEMAND BREAKDOWN (based on 6 day working)

Monday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Tuesday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Wednesday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Thursday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Friday						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37	8	5			5
CIVAS	4		2			2
PN - Compounded	31					
Outsourced	115					

Weekend Day						
	Single Item	Campaign 2-10	Campaign 11-20	Campaign 21-30	Campaign 30-40	Batch
SACT	37					
CIVAS	3					
PN - Standard						1
PN - Compounded						
Outsourced	115					

Appendix 4 Estates Annexe and Cost Forms

Outline Business Case		
Trust/Health Board:		**NHS Wales Shared Services Partnership**
Hospital/Site	:	**IP5**
Project Title	:	**TrAMs Hub SACT & CIVAS**
Project No	:	
Prepared by	:	**Paul Beckett**
Date	:	**23-Apr-25**

Project Title **SACT & CIVAS TrAMs hub**

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

Main Contract Procurement Method :

Main Contract Standard Form and Option :

Proposed start on site : Apr-26

Proposed completion date :

Date budget discussed with Estates Development*(ED) :

**Estates Development is a part of NHS Wales Shared Services, Specialist Estate Services , tel (029) 20904087/9*

Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (BJC2)	6,437,110	1,287,422	7,724,532
6	Fees (BJC3)	698,993	51,604	750,597
7	Non-works Costs (BJC3)	679,432	29,774	709,206
8	Equipment Costs (BJC2)	6,270,702	1,254,140	7,524,842
9	Contingency at 15%	2,112,936	422,587	2,535,523
10	***Forecast Project Out-turn Cost***	16,199,172	3,045,528	19,244,700
11	LESS RECOVERABLE VAT (BJC5)		(87,604)	(87,604)
12	**FORECAST PROJECT OUT-TURN COST**	16,199,172	2,957,924	19,157,096

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Project Title **SACT & CIVAS TrAMs hub**

CAPITAL COSTS: WORKS AND EQUIPMENT COSTS (Tender breakdowns to be provided as separate documents)

Accommodation	Function Size	Functional Unit m2/Nr et	Gross Floor area (GFA) m2	Cost/m2 GFA £/m2	N/A/C	Works Cost £	Equipment Cost £
Departmental costs			1549	4,156		5,610,944	6,270,702
On costs						826,166	
Total (gross) floor area			1549				6,270,702
Less: Abatement for transferred equipment 0 %							0
							6,270,702
Works Cost - to BJC1 Summary						6,437,110	
Equipment Cost - to BJC1 Summary							6,270,702

Comments and floor area relate to SACT & CIVAS
Total floor area total is for the clean room suites plus stores and offices

Project Title	**SACT & CIVAS TrAMs hub**		
CAPITAL COSTS: FEES AND NON-WORKS COSTS			
			% of Works
1	Fees	£	Cost
	a. Project Manager (C&A)	23,650	0.37%
	b. Cost Advisor (C&A)	37,840	0.59%
			0.00%
	Contractor design costs		0.00%
	d. Architect		0.00%
	e. Civil and Structural Engineer		0.00%
	f. Building Services Engineer		0.00%
	g. Planning Supervisor (Principal designer)	28,380	0.44%
	h. Supervisor (Scitec validation)	84,151	1.31%
	i. FM Advisor		0.00%
	j. Other (list and describe)		0.00%
	Radiation Protection		0.00%
	VAT advice	10,000	0.16%
	Power resilience report	74,000	1.15%
	NHS resource - legal and risk	12,500	0.19%
	NHS resource - audit & assurance	49,738	0.77%
	NHS resource - programme management	378,734	5.88%
	Total Fees to BJC1 Summary	**698,993**	10.86%
			% of Works
2	Non-Works Costs	£	Cost
	a. Land purchase costs and associated legal fees	0	0.00%
	b. Statutory and Local Authority charges		
	Phase 1 & 2		0.00%
	Section 106 25% contribution estimate		0.00%
	Licensing & regulation	41,974	0.65%
	Building reg fee		0.00%
	c. Planning and Building Control fees		
	Planning & Transport Asbri		0.00%
	d. Other		
	Carbon reports	12,150	0.19%
	Surveys eg environmental impact		0.00%
	Total Non-Works Costs to BJC1 Summary	54,124	0.84%
	d. Other (NHS & validation)		
	NHS resource		0.00%
	NHS resource -Validation	530,562	8.24%
	Consumables re validation	94,746	1.47%
	Total NHS & validation	625,308	9.71%
	Total Non-Works Costs inc NHS to BJC1 Summary	**679,432**	10.55%

Project Title **SACT & CIVAS TrAMs hub**

PROJECT CASHFLOW FORECAST

Proposed start on site:
Proposed completion date:

Year	0	1	2	3	Total
Financial year	2025/26	2026/27	2027/28	2028/29	
Works Cost	180,000	6,257,110	-		6,437,110
Fees	127,489	561,504	10,000		698,993
Non-works Costs	-	679,432	-		679,432
Equipment Costs	1,003,540	5,267,162			6,270,702
Contingencies	211,294	1,690,348	211,294		2,112,936
VAT	300,728	2,700,541	44,259		3,045,528
Sub-total	1,823,050	17,156,097	265,552	-	19,244,700
Recoverable VAT	(57,761)	(27,843)	(2,000)		(87,604)
Total	1,765,289	17,128,254	263,552	-	19,157,096

Project Title **SACT & CIVAS TrAMs hub**

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
Works Cost	6,437,110	1,287,422	2.8%	36,000
Fees	698,993	51,604	100.0%	51,604
Non-works Costs	679,432	29,774	0.0%	0
Equipment Costs	6,270,702	1,254,140	0.0%	0
Contingencies	2,112,936	422,587	0.0%	0
Total			£	87,604

Costed Risk Register TRAMS Hub

Version	1
Date	07/05/2025

Risk Descriptions				Post mitigation Score out of 5			Risk Cost Calculation					
No.	Risk	Consequence	Proposed mitigations	Severity	Likelihood	Proximity	Risk Score	RAG	Cost to Recitify	Risk Cost	Risk Owner	Mitigation Actionee
1	Damage to data cables in work area	Loss of connectivity to whole site	2 existing redundant cables at opposite sides of work area. Brief contractors, mark cables, monitor and manage.	2	1	4	6%		£28,612	**£1,831**	Project Manager	Project Surveyor
2	Damage to power boards in work area	Loss of power to IP5	Brief contractors and supervise as appropriate	3	2	4	19%		£28,612	**£5,493**	Project Manager	Project Surveyor
3	Damage to underground site power cable	Loss of power to whole park	Survey undertaken to locate cable. Brief contractors and supervise as appropriate	5	1	4	16%		£28,612	**£4,578**	Project Manager	Project Surveyor
4	Damage to sprinkler systems	Flood event	Drain sprinklers during relevant works. Establish location of isolator valve and brief contractors with actions on a flood.	4	1	4	13%		£28,612	**£3,662**	Project Manager	Project Surveyor
5	Damage/Blockage to site drainage	Loss of toilets	Call out drain contractor	2	2	4	13%		£14,306	**£1,831**	Project Manager	Builidng Manager
6	Failure of floor slab due to load exceeding strength	Redesign, dig out and recitfy footings.	Surveys and design calculations indicate low risk	5	1	3	12%		£1,452,057	**£174,247**	Project Manager	Cleanroom Contractor
7	Damage to roof during works. Either structural or damage to gutters and syphons.	Rework and delay to programme. Delay claims from other contractors	Ensure correct protections are in place, approval of RA/MS.	3	2	3	14%		£290,411	**£41,819**	Project Manager	Project Surveyor
8	Other damage to building fabric during constuction	Delay to programme, delay claims from other contractors	Monitor and manage contractors RA/MS effectively.	2	2	3	10%		£145,206	**£13,940**	Project Manager	Project Surveyor
9	Delay in isolator delivery	Delay to cleanroom validation and commissioning.	Monitor and manage isoator contractor.	3	3	2	14%		£145,206	**£20,910**	Project Director	Project Manager
10	Inflation Claims exceed expectations	Cost pressure to project	Good contract management. Proceed at pace to minimize duration of works	3	5	3	36%		£2,613,702	**£940,933**	Finance Lead	Project Manager
11	Unplanned design changes during construction	Change claims from contractors	Good procuement and project management controls	3	5	3	36%		£2,904,113	**£1,045,481**	Project Director	Project Manager
12	Cost of uncontracted works exceeds forecast (ie Data and Utility final connections, Security and Fire Alam integrations	Cost pressure to project	Good procuement and project management controls	3	4	2	19%		£290,411	**£55,759**	Project Manager	Procurement Lead
13	NHS IT costs exceed provisions	Cost pressure to project	Good procuement and project management controls	2	3	2	10%		£290,411	**£27,879**	Project Manager	IM&T Lead
14	NHS Capitalised staff costs exceed provisions due to programme delays.	Cost pressure to project	Good procuement and project management controls	3	3	1	7%		£2,734,706	**£196,899**	Finance Lead	Project Manager

Total Risk Provision	**£2,535,262**
Project Cost before Risks	**£16,853,572**
% of Costs	**15.0%**

Table of other Estates considerations

Consideration	Status	Rationale
Planning Permission	In Place	Permission for change of use and change in elevations was granted with no pre-commencement conditions in Feb 2025.
Ecology	In Place	Ecology considerations have also been addressed as part of the Radiopharmacy project (Bat and Swift boxes have been installed) and no further actions are required for the Hub.
BREEAM assessment	None	Renovations to the existing building shell were already completed by the Radiopharmacy project and no further external works are planned. All of the remaining work to deliver the project is internal fit out. In the circumstances the project assesses that there is limited value in conducting an BREEAM assessment.
AEDET	None	The facility is not open to the public and there will be no public or patient access. The layout and internal finishes are heavily dictated by regulatory requirements. In the circumstances the project assesses that there is limited value in carrying out an AEDET assessment
Project Bank Account	None	Construction period will not exceed 6 months and the main contractor proposes to carry out the main works themselves. In the circumstances the project assesses that a Project Bank Account is

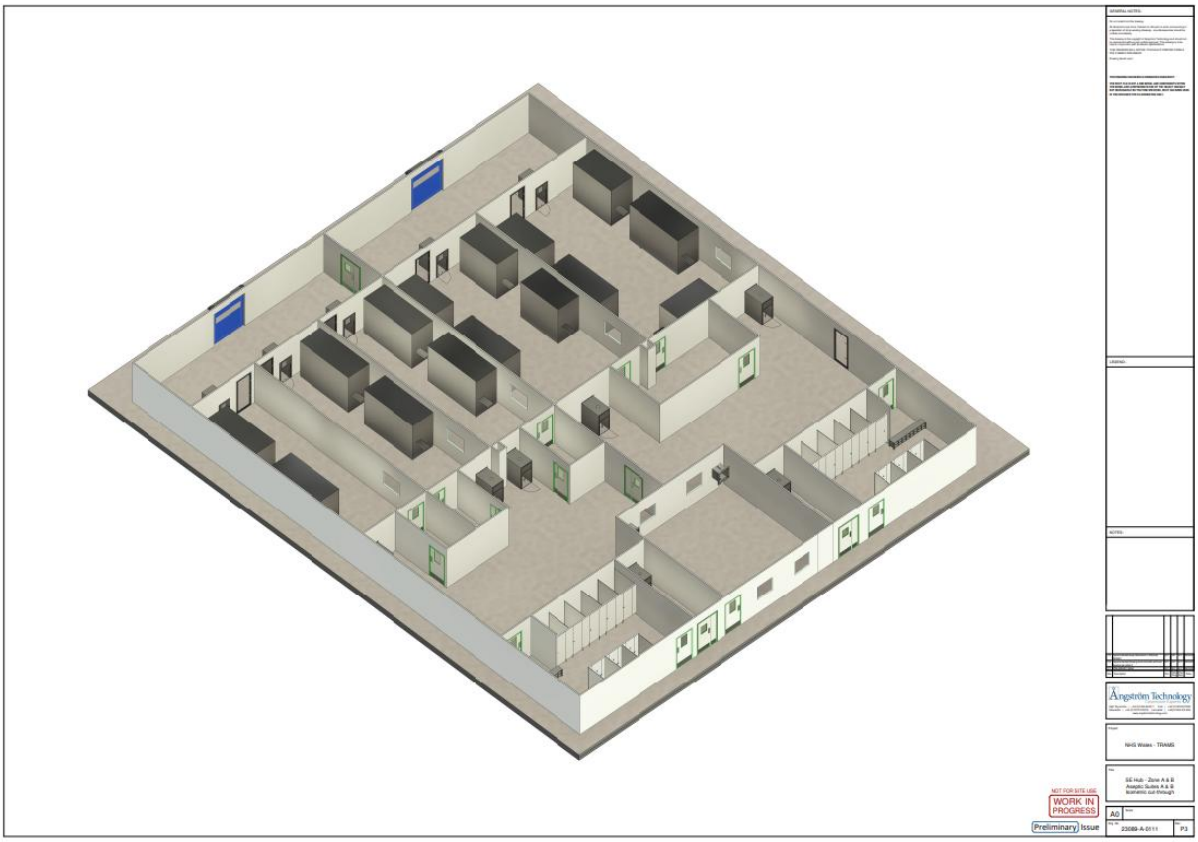
		not required, and no provision has been made for one.
Utilities	In Place	All utility supplies are in place, the main power cables from the IP5 power room to the works site have been tested as part of the Radiopharmacy project
Fire Strategy	In Place	The fire strategy prepared for the Radiopharmacy Project also covers the Hub Concept design. The compartmentation wall between the warehouse and the pharmacy zone has already been renovated.
Lifecycle costs	Under review	The lifecycle costs appropriate to a facility of this kind are under review, and will be included in the FBC.

Appendix 5 Concept Design drawings

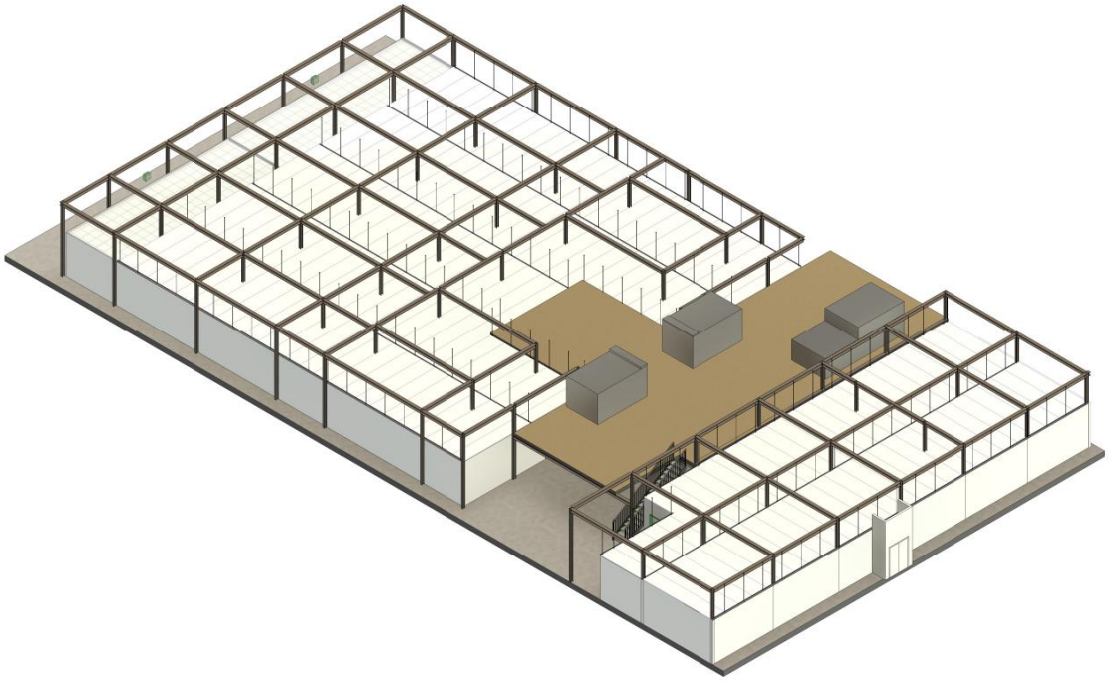
To note: Further details of the Mechanical & Electric concept design deliverabls and site utility connections are available for inspection on request.

Proposed layout of Hub (L) and Radiopharmacy (R) at the east end of IP5

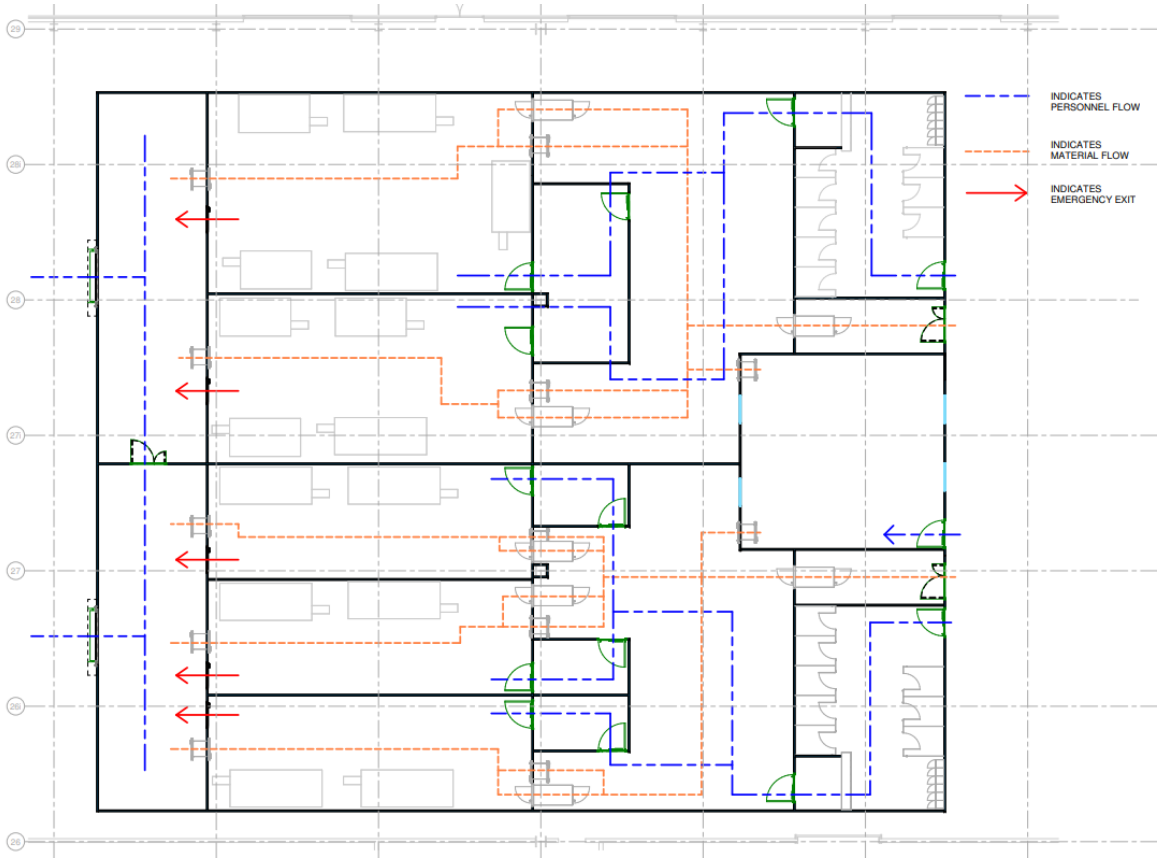
Proposed Hub interanal layout, isometric view



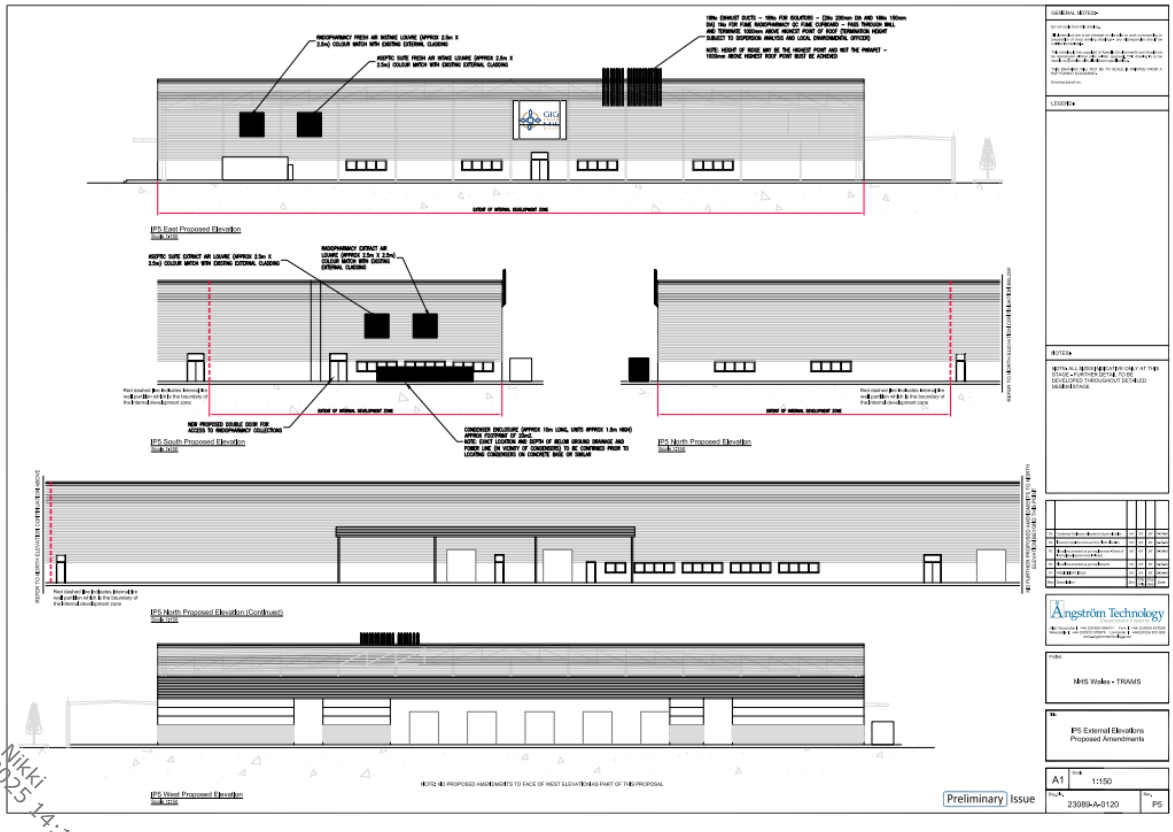
Proposed Hub and Radiopharmacy showing plant deck and walk on ceilings



Proposed material and personnel flows within the Hub cleanrooms



Proposed external elevations of IP5 showing the additional vents and stacks propsoed.



Appendix 6 Membership of Stakeholder Groups

TRAMs Programme Board

Post	Organisation	Programme Role	Current Occupant
Managing Director	NWSSP	Accountable Officer, and joint SRO	Neil Frow
Chief Pharmaceutical Officer	Welsh Government	Joint SRO, Professional Report for Service Director	Andrew Evans
TRAMS Service Director	NWSSP	TRAMS Programme Director and BCM	Colin Powell
Representative of CPG	SBUHB	Assurance Lead	Judith Vincent
Representative of CPG	VELUNHST	Board Member	Bethan Tranter
Nuclear Medicine Lead	SBUHB	Board Member	Neil Hartman
Assistant Director of Capital Funding	Welsh Government	Funding Stakeholder	Ian Gunney
Wales lead for Quality Assurance	NHS Wales	Quality Lead	Emma Davies
Director of Finance	ABUHB	Board Finance Lead	Robert Holcombe
NWSSP Finance Director	NWSSP	Board Member	Alison Ramsey
NWSSP Specialist Estates Lead	NWSSP	Board Member	Mike Travers
NWSSP Medical Director	NWSSP	Board Member	Ruth Alcolado
NWSSP Director of Workforce	NWSSP	Board Member	Gareth Hardacre
NWSSP Clinical Logistics Lead	NWSSP	Board Member	Tony Chatfield

Project Boards:

TrAMs Working Groups			
Group Name	**Name of Individual**	**Role**	**Organisation**
TRAMs South East Hub Project Board			
	Colin Powell	Project Executive	NWSSP
	Peter Elliott	Project Manager	NWSSP
	Paul Beckett	Project Finance Lead	NWSSP
	Mike Travers	Estates Lead	NWSSP
	Tim Banner	Director of Pharmacy	CAVUHB
	Hannah Wilton	Director of Pharmacy	CTMUHB
	Jonathan Simms	Director of Pharmacy	ABUHB
	Bethan Tranter	Director of Pharmacy	VELUNHST
	Alison Jones	Pharmacy Lead CAVUHB and SE Hub Lead (designate)	CAVUHB
	Laura-Jayne Keating	Deputy Director of Pharmacy	NWSSP
TRAMs North Hub Project Board			
	Colin Powell	Programme Director	NWSSP
	Peter Elliott	Project Executive	NWSSP
	[Vacant]	Project Manager	NWSSP
	Paul Beckett	Project Finance Lead	NWSSP
	Lois Lloyd	Director of Pharmacy	BCUHB
	Andrew Meeriman	Pharmacy Lead BCUHB and North Hub Lead (designate)	BCUHB
	Laura-Jayne Keating	Deputy Director of Pharmacy	NWSSP
TRAMs SW Hub Project Board			
	Colin Powell	Programme Director	NWSSP
	Peter Elliott	Project Executive	NWSSP
	Will Brown	Project Manager	NWSSP
	Paul Beckett	Project Finance Lead	NWSSP
	Judith Vincent	Director of Pharmacy	SBUHB
	Owain Williams	Director of Pharmacy	HDUHB
	Cerith Morgan	Pharmacy Lead HDUHB	HDUHB
	Lee Samuel	Pharmacy Lead SBUHB and SW Hub Lead (designate)	SBUHB
	Laura-Jayne Keating	Deputy Director of Pharmacy	NWSSP
TRAMs Digital Project Board			
	Colin Powell	Programme Director	NWSSP
	Peter Elliott	Project Executive	NWSSP
	Will Brown	Project Manager	NWSSP
	Cath O'Brien	Pharmacy Digital Lead	DHCW
	Neil Jenkins	Chief Digital Officer	NWSSP
TrAMs Workforce Project Board:			
	Sarah Evans	Deputy Director of Peole and OD	NWSSP
	Samantha Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Colin Powell	TrAMs - Service Director	NWSSP
	Laura-Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP
	Peter Elliott	TrAMs Programme Manager	NWSSP
	Myra Jones	Project Manager	NWSSP

Advisory stakeholder working groups:

TrAMs Workforce Sub Group			
	Sarah Evans	Deputy Director People and OD	NWSSP
	Colin Powell	Director of Pharmacy Technical Services	NWSSP
	Laura Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP
	Catherine Talbot	TrAMs National Workforce Lead	NWSSP
	Peter Elliott	Programme Manager	NWSSP
	Myra Jones	Project Manager	NWSSP
	Sam Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Alwyn Hockin	Unison Staff-Side Representative	NWSSP
	Shelley Jones	Unite	NWSSP
	Peter Lowe	Associate National Officer	MIP
	Steve Belcher	Regional Organiser	Unison
	Paula Michell	Senior Workforce Business Partner	ABUHB
	George Puckett	Unite	ABUHB
	Martin Horton	Unison	ABUHB
	Richard Stevens	Unite	ABUHB
	Ann Allanson	Head of People Operations	BCUHB
	Jan Tomlinson	Unison	BCUHB
	James May	Unison	BCUHB
	Vivienne Nelson	Unison	BCUHB
	William Nichols	RCN	BCUHB
	Alison Pawley	Unite	BCUHB
	Rob Connah	Unite	BCUHB
	John Grant	Unite	BCUHB
	Jacqueline Hughes	Society of Radiographers	BCUHB
	Helen Hoskins	People Service Leader	CTM
	Michael Bartlett	Senior People Services Coach	CTM
	Aime Rushton	Deputy Head of People	CTM
	Sarah Davies	Unison	CTM
	Louise Halliday-Jones	Head of People and Culture	C&VUHB
	Nicola Griffiths	People Services Manager	C&VUHB
	Rebecca Marsh	Deputy Head of People Services	C&VUHB
	Dawn Ward	Unison	C&VUHB
	Jonathan Strachan-Taylor	Unison	C&VUHB
	Bill Salter	Unison	C&VUHB
	Tracy Walmsley	Senior Workforce Development Manager	HDUHB
	Rebecca Noyce	Senior Workforce Manager	HDUHB
	Shelley Dony	Future Workforce Development Manager	HDUHB
	Anna Gray	Workforce Planning Team	HDUHB
	Diane Towell	Unison	HDUHB
	Margaret Allan	Pharmacy Dean	HEIW
	Joanne Gubbings	Assistant Director of Workforce and OD	SBUHB
	Elizabeth Davies	Workforce Business Partner	SBUHB
	Leanne Hughes	Assistant HR Business Partner	SBUHB
	Jessica Harris	Workforce Business Partner	SBUHB
	Joe Hale	Unison	SBUHB
	Nigel Hill	Unison	SBUHB
	Heather Richards	Unite	SBUHB
	Donna Dibble	Workforce and OD Business Partner	VUNHST
	Gaynor Curtis	Workforce and OD Business Partner	VUNHST
	Alison Cleaton	Unite	VUNHST
TrAMs Workforce Leads Group:			
	Samantha Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Myra Jones	Project Manager	NWSSP
	Paula Michell	Senior Workforce Business Partner	ABUHB
	Ann Allanson	Head of People Operations	BCUHB
	Joy Lewis-Middleton	Deputy Head of People	CTMUHB
	Aime Rushton	Deputy Head of People	CTMUHB
	Louise Halliday-Jones	Head of People and Culture	C&VUHB
	Nicola Griffiths	People Services Manager	C&VUHB
	Rebecca Noyce	Assistant Head of Workforce	HDUHB
	Elizabeth Davies	HR Business Partner	SBUHB
	Jessica Harris	Workforce Business Partner	SBUHB
	Leanne Hughes	Assistant HR Business Partner	SBUHB
	Donna Dibble	Senior Workforce and OD Business Partner	VUNHST
	Gaynor Curtis	Workforce and OD Business Partner	VUNHST
TrAMs Finance Reps Group:			
	Alex Thomas	Finance business partner	ABUHB
	Andrea Hayes	Deputy Finance Business Partner	SBIHB
	Carwen Jarman	Senior Finance Business Partner	HDUHB
	Chris Commins	Assistant Director of Finance	ABUHB
	Colin Powell	Director of Pharmacy Services	NWSSP
	Daniel Binding	Assistant Director of Finance	CTMUHB
	Gareth Tyrrell	Head of Pharmacy Technical Services	NWSSP
	Harry Hamblin	Finance Manager – Meds Mgmt. Site Lead	SBUHB
	Julie Coles	Assistant Finance Business Partner	NWSSP
	Laura-Jayne Keating	Deputy Director Pharmacy Services	NWSSP
	Paul Beckett	Programme Finance Lead (Chair)	NWSSP
	Paul Carter	Chief Finance Officer – East IHC (Area)	BCUHB
	Paul Little	Assistant Finance Business Partner	CVUHB
	Peter Elliott	Programme Manager	NWSSP
	Rob Gordon	Senior Finance Business partner	CVUHB
	Suzanne David	Head of Finance Business Partnering	VUNHST
	Steven Coliandris	Head of Financial Planning & Reporting	VUNHST

TrAMs Clinical Reference Group:			
	Ruth Alcolado	Medical Director	NWSSP
	Colin Powell	TrAMS – Service Director	NWSSP
	Gareth Tyrrell	TrAMS –Clinical Lead	NWSSP
	Myra Jones	Project Manager	NWSSP
	Tamas Szakmany	Critical Care	ABUHB
	Victoria Williams	Haematologist \ SACT lead	ABUHB
	Rajarajan Kannapiran	Neonatal Consultant	ABUHB
	Rhys Hewett	Consultant Gastroenterologist	ABUHB
	Zoe Kennerley	Consultant Antimicrobial Pharmacist	BCUHB
	Cath Bale	Cancer Services	BCUHB
	Claire Fuller	Cancer Services	BCUHB
	Dr Oliver Rackham	Neonatologist	BCUHB
	Richard Pugh	Critical Care	BCUHB
	YeePing Teoh	Nutrition	BCUHB
	Paula Edwards	Nutrition (Specialist Nurse)	BCUHB
	Dr Mathialahan	Nutrition	BCUHB
	Dr Edwards	Gastroenterology	C&VUHB
	Amelia Jukes	Dietician	C&VUHB
	Dr Emily Hopkins	Haematology	C&VUHB
	Angharad Atkinson	Haematology Pharmacist	C&VUHB
	Ian Morris	Neonatologist	C&VUHB
	Alex Speakman	Parenteral Nutrition Pharmacist	C&VUHB
	Thomas Wyllie	**Pharmacist**	C&VUHB
	Dr Hanadi Ezmigna	Haematology	CTMUHB
	Steve Kihara	Oncology	HDUHB
	Portia Rees-Jones	Dietetics	HDUHB
	Sarah Stace	Superintendent Radiographer	HDUHB
	Rhodri Evans	Consultant Radiologist	HDUHB
	Professor Neil Hartman	Head of Nuclear Medicine	SBUHB
	Rachel Jones	Oncology	SBUHB
	Gail Povey	Lead Pharmacist – Cancer Services	SBUHB
	Caitlin Jones	Dietetics	SBUHB
	Dr Simon Waters	Oncology	VUNHST
	Dr Rosie Roberts	Specialist Nurse SACT	VUNHST
	Professor Tom Crosby	Cancer Clinical Director	VUNHST
TrAMs Project Team			
	Peter Elliott	Programme Manager	NWSSP
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB & NWSSP
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB & NWSSP
	Colin Powell	TrAMS – Service Director	NWSSP
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB & NWSSP
	Catherine Talbot	TrAMs National Workforce Lead	C&VUHB & NWSSP
	Gareth Tyrell	TrAMS –Clinical Lead	NWSSP
	Marc Sutton	Head of Radiopharmacy	C&VUHB
	Samantha Wright	Head of People and Business Partnering	NWSSP
	Hayley Normandale	People and Business Partnering Project Manager	NWSSP
	Laura Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP
	Paul Beckett	Programme Finance Lead	NWSSP
	Martin Rees-Milton	Principal Pharmacist, Asepctics	VUNHST
	Will Brown	Project Manager	NWSSP
	Andrew Daniel	QA Lead Pharmacy	NWSSP
	Emma Davies	Head of Quality	NWSSP
	Samantha Fisher	Chief Pharmacist - Primary Care	CTMUHB
	Karen Herbert	Hospital Pharmacy Operations Manager	BCUHB & NWSSP
	Cerith Morgan	Lead Asepctic Pharmacist	HDUHB
	David Fox	Pharmacist Team Leader - Aseptic Services	CTMUHB
	Julie Coles	Assistant Finance Business Partner	NWSSP
	Rhys Hamer	Principal Pharmacist - Production and Asepctic Services	ABUHB
	Myra Jones	Project Manager	NWSSP
	Elin sinnett	Business Support Officer	NWSSP

TrAMs Service Model Board:			
	Garethy Tyrrell	TrAMs Clinical Lead	NWSSP
	Jonathan Sims	Clinical Director of Pharmacy	ABUHB
	Rhys Hamer	Principal Pharmacist - Production and Aseptic Services	ABUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB & NWSSP
	Timothy Banner	Clinical Director Pharmacy & Medicines Management	C&VUHB
	Anthony Lewis	Pharmacist	C&VUHB
	Bethan Tranter	Chief Pharmacist	VUNHST
	Anthony Cadogan	Deputy Chief Pharmacist	VUNHST
	Martin Rees-Milton	Principal Pharmacist Aseptics	VUNHST
	Judith Vincent	Clinical Director Pharmacy	SWUHB
	Lee Samuel	Head of Pharmacy Technical Services	SWUHB & NWSSP
	Brian Hawkins	Chief Pharmacist Medicines Governance	CTMUHB
	David Fox	Pharmacist Team Lead Aseptic Services	CTMUHB
	Cerith Morgan	Lead Aseptic Pharmacist	HDUHB
	Owain Williams	Clinical Director of Pharmacy & Medicines Management	HDUHB
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lois Lloyd	Chief Pharmacist	BCUHB
Service Model Board Sub Groups:			
SACT/Haematology:			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Nia Evans	Lead Pharmacist Haematology Services	HDUHB
	Lauren Pitt	Pharmacist	SBUHB
	Gareth Hunt	Principal Pharmacist Haematology	CTMUHB
	Robert Weller	Lead Pharmacist ePMA	ABUHB
	Lynne Herring	Lead Pharmacist Operational Services Manager	ABUHB
	Angharad Atkinson	Pharmacist	C&VUHB
	Kerry Crompton	Pharmacist	C&VUHB
	Tracey Parry	Lead Cancer Services Pharmacist	BCUHB
	Glesni Pritchard	Cancer Services Pharmacist	BCUHB
	Gail Poverty	Lead Pharmacist Cancer Services	SBUHB
	Diana Matthews	Advanced Oncologist Pharmacist	VUNHST
	Bleddyn Edwards	Lead Cancer Pharmacist	HDUHB
	Meabh Cassidy	Pharmacy Manager NHH, Principal Pharmacist Pres Supp	ABUHB
Adult Parenteral Nutrition:			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Alex Speakman	Parenteral Nutrition Pharmacist	C&VUHB
	Sean Dodington	Technical Services Pharmcist	C&VUHB
	Amelia Jukes	Nutrition and Dietetics	C&VUHB
	Caitlin Jones	Clinical Lead - Nutrition and Dietetics	SBUHB
	David Fox	Pharmacist Team Lead Aseptic Services	CTMUHB
	Owain Jones	Principal Pharmacist Clinical Trials	ABUHB / VUNHST
	Jatinder Parmer	Pharmacist	SBUHB
	Lucy Williams	Dietetics	CTMUHB
	Lucy Morgan	Critical Care Dietician	ABUHB
	Julie Regan	Clinical Lead Dietician	HDUHB
	Nokhuthula Nyoni	Dietician	VUNHST
	Karen Thomas	Joint Head of Dietetics	HDUHB
	Victoria Jones	Dietician	HDUHB
	Kathryn Francis	Adult Clinical Lead Dietician	HDUHB
	Rhys Hamer	Principal Pharmacist - Production and Aseptic Services	ABUHB
	Sarah Griffiths	Deputy Head of Pharmacy, Clinical Services Lead	CTMUHB
	Jane Powell	Deputy Head of Dietetics/Actue Team Lead	BCUHB
	Charlotte Thomas	Pharmacist	HDUHB
	Cerith Morgan	Lead Aseptic Pharmacist	HDUHB
	Stuart Rees	Clinical Pharmacy lead for Patient Services	HDUHB
	Linda Broomfield	Lead CNS Nutrition	HDUHB
	Zoe Hewitson	Registered Dietician	ABUHB
Neonatal / Paediatric (inc PN):			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Thomas Wyllie	Pharmacy Clinical Lead - Maternity & Neonatal Strategic Network	C&VUHB
	Rosalind Bajjadar	Pharmacist	ABUHB
	Holly Breeze-Jones	Pharmacist	SBUHB
	Rebecca Owen	Clinical Pharmacist	CTMUHB
	Anwen Richards	Lead Pharmacist Women & Children's Health	HDUHN
	Suzanne Cotter	Lead Pharmacists: Children & Young People	BCUHB
Clinical Trials:			
	Andrew Merriman	Head of Pharmacy Technical Services	BCUHB
	Lee Samuel	Head of Pharmacy Technical Services	SBUHB
	Alison Jones	Head of Pharmacy Technical Services	C&VUHB
	Andrew Sully	Pharmacist	C&VUHB
	Owain Jones	Principal Pharmacist Clinical Trials	VUNHST
	Gavin Rose	Divisional Lead Pharmacist - Medicine	ABUHB
	Bethan Jones	Pharmacy Manager	ABUHB
	Anthony Cadogan	Deputy Chief Pharmacist	VUNHST
	Renata Pool	Pharmacist	SBUHB
	Saddiah Javaid	Clinical Trials Pharmacist	SBUHB
	Laura Jayne Keating	Assistant Director of Pharmacy Technical Services	NWSSP

Appendix 7 Glossary of Abbreviations

ABBREVIATION	DEFINITION
ABUHB	Aneurin Bevan University Health Board
BAU	Business as Usual
CAVUHB	Cardiff & Vale University Health Board
COVID	Coronavirus Disease
CTMUHB	Cwm Taf University Health Board
EWN	Early Warning Notice
FBC	Full Business Case
IFRS	International Financial Reporting Standards
IP5	Imperial Park Building 5
IP6	Imperial Park Building 6
MHRA	Medicines & Healthcare Products Regulatory Agency
NHS	National Health Service
NWSSP	NHS Wales Shared Services Partnership
OBC	Outline Business Case
OCP	Organisational Change Process
OTD	On Time Delivery
PASG	Pharmaceutical Aseptic Services Group
PBC	Programme Business Case
PO	Purchase Order
PQS	Pharmaceutical Quality System
QIA	Quality Impact Assessment
RIBA	Royal Institute of British Architects
SACT	Systemic Anti-Cancer Therapies

SCP	Supply Chain Partner
SE	South East
SES	Specialist Estates Services
SLA	Service Level Agreement
SQ	Square
SRO	Senior Responsible Officer
SSPC	Shared Services Partnership Committee
TRAMS	Transforming Access to Medicines
TUPE	Transfer of Undertaking Protection of the Employment Act
VAT	Value Added Tax
VO	Variation Orders
VUNHST	Velindre University NHS Trust
WHPSMS	Welsh Hospital Pharmacy Stock Management System
WTE	Whole Time Equivalent

Report Title:	Shaping Our Future Wellbeing: In Our Community (SOFW), Wellbeing Hub at Parkview – Full Business Case		**Agenda Item no.**		Corporate Governance will complete this
Meeting:	Finance & Performance Committee	**Public**	X	**Meeting Date:**	23.07.25
		Private			
Status:	**Assurance**		**Approval** X	**Information**	
Lead Executive:	Catherine Phillips (Executive sponsor)				
Report Author:	Director of Operations, Community Services - PCIC Clinical Board				

Background and current situation:

The development of a Wellbeing Hub at Park View is being progressed in line with the HealthBoards originsal SOFW:IOC Programme Business Case (PBC), endorsed by Welsh Government in August 2019.

This paper seeks approval of the Full Business Case (FBC), which is the preferred option for the development of a maximim scope community-based facility, which supports the sustainability of General Medical Services (GMS) but also provides better access to care and support for the local population, as local services remain dispersed since the closure of the original Park View Health Centre in 2018.

The Economic Case of the FBC reaffirms the appriasal undertaken at the Outline Business Case (OBC) stage, for a more ambitious development (intermediate option plus an increased or additional provision in local services, new outpatient clinics and cluster delivered services) as the preferred way forward, which best meets the Health Boards service needs and optimises value for money, in accordance with the Infrastructure Investment Guidance and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector),

The development of the Wellbeing Hub at Park View will provide the infrastructure and a whole system opportunity to realign services towards a community by design approach, enabling the shift of health care services into the community and the delivery of a range of integrated wellbeing services with other statutory and third sector partners, in an area of high deprivation, aligned to our ambition to become an Integrated Community Care System (ICCS).

The proposed facility will replace the Park View Health Centre, which had to close due to a major water leak. Services were temporarily relocated to various locations, including St Davids Hospital and Pendine Mental Health facility. The local authority also provided a building at a low rent to support the transition.

The Wellbeing Hub will include:

- Wellbeing facilities including group/ community rooms, a teaching kitchen and information/ advice area. These spaces, in collaboration with existing facilities within the adjoining Community Hub, will support health, local authority and third sector groups to deliver wellbeing advice, education, support and signposting that can be personalised to support independence in the local community.
- Re-instated Park View Health Centre services that are currently fragmented and dispersed across the locality such as diabetic eye screening services, podiatry clinics, community wound, stop smoking, AAA and continence clinics, learning disability services, district nurse treatments and community dental services.
- Access to an increased range of clinics for the locality such as dietetic clinics, sexual health clinics and child health clinics including access to health visitors, community paediatricians, child therapies and primary mental health.
- A re-provision of Westway Surgery providing a wide range of GMS services and in-practice hosted clinics.
- Access to a new range of specialised health clinics delivering seamless care closer to home along with proactive improvement of health and wellbeing services including access to cardiology clinics, antenatal and maternity clinics, primary mental health support services (PMHSS), falls prevention

services as well as wider cluster support services such as community mental health teams, IRIS/ Domestic abuse support, phlebotomy services and dementia / memory clinics.

- Office and administrative facilities to support team working, which will be evidence driven, using lessons learned from Health Board and partners' experience of delivering merged services.

The current scope of the facility is based on an agreed set of priorities and facilities required, which will continue to be refined by the project team to ensure a continued fit in line with population needs.

The Finance and Perfomance Committee are asked to support the case for onward submission to the Board with a recommendation to approve and submit to Welsh Government (WG) for £36.801m capital funding from the IRCF.

Annual Revenue Requirement	**FBC Current Year (£)**	**FBC Recurrent (£)**	*OBC approved costs (£)*
	0.0m	0.624m	*0.676m (Revenue)*
Capital Requirement (£)	36.8M		*21.415M (Capital)*

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

- The revenue requirement for the hub is driven by facilities and estates running costs, in particular noting the need now to comply with the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan as well. For example, the energy model has increased utilities costs due to estimated electricity usage and prices but with the associated value from a reduced carbon impact.
- There are no additional clinical service costs associated with the build. However, a £57k saving from GMS rent and rates is netted down in the £0.624m revenue impact.
- Capital costs have increased since OBC due to additional works costs with the inclusion of carbon reduction measures and construction market inflation. All capital costs are expected to be funded by Welsh Government, including impairment and ongoing capital charges / depreciation in line with usual NHS financial arrangements.
- The net revenue impact would need to be provided for within the UHB forward financial plan. However, work between CEF and PCIC Boards to mitigate these costs will be ongoing prior to opening the new facility. In addition, the Wellbeing Hub provides capacity and a model to help enable the future benefits realisation from the UHB move towards an ICCS, with the significant return of investment and social value derived from enhanced multi-disciplinary care in the community, avoiding unwarranted medical intervention and hospital admission.

Assumed start date	Opening Date October-December 2027
Funding Source Revenue:	Revenue Costs - Health Board: through financial plan provision and benefits realisation longer term Capital Charges | Depreciation – Welsh Government
Funding Source Capital:	Welsh Government

Appendices:

UHB VBBC Park View Wellbeing Hub (updat

250714 Park View FBC Executive Summa

250714 WH Park View FBC Final v7.2.do

Recommendation:

The Committee are requested to:

- APPROVE the submission of the Full Business Case (FBC) for the Parkview Wellbeing Hub to the Welsh Government for capital funding from the Primary Care Pipeline Fund

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

Putting People First	X	Providing Outstanding Quality	X
Delivering in the Right Places	X	Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)	EHIA Completed as part of the FBC	No – ***(Please provide reasoning, e.g. not required)***		

Impact Assessment:

Risk: Yes

The Project Team maintain the risk register and actively review the assessment of risk, this will continue through to post operational opening.

Safety: No

Financial: Yes

A net revenue impact of £0.642 would need to be provided for within the UHB forward financial plan. However, work between CEF and PCIC Clinical Boards to mitigate these costs will be ongoing prior to opening the new facility.

Workforce: No

The development seeks to re-provide services previously delivered at Park View Health Centre.

Legal: Yes

The development is being progressed in ine with:

- Priority 1 of the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) (Development of integrated health and social care hubs and centres for capital investment.
- Infrastructure Investment Guidance and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector
- WG NHS Zero Carbon strategy

Reputational: Yes

The FBC has been developed over a number of years with significant engagement from a range of local partners and services within the area, to increase access and sustainability of health and wellbeing facilities in an area of high deprivation.

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

The Socio-Economic Duty impact of this proposal has been detailed in the Strategic Objectives of Shaping our Future Wellbeing section above, specifically points 2. Providing Outstanding Quality and 3. Delivering in the Right Places.

Equality and Health: Yes

An Equality Health Impact Assessment (EHIA) has been completed and is included within the Full Business Case (FBC).

Decarbonisation: Yes

Alignment with the organisation's decarbonization targets is noted in the Strategic Objectives of Shaping our Future Wellbeing strategy:

- Reducing Operational Carbon – the operational energy demands of the building will be reduced from a base line figure of 160 kWh/m2 to 110 kWh/m2 per year equating to a carbon reduction of 37,000 kgC02 in first year of operation (will reduce on a year-by-year basis as the national grid decarbonises)
- Reducing Embodied Carbon - Embodied carbon will be targeted between 600 and 800 KgCo2/m2

Welsh Language: Yes

Cardiff and Vale University Health Board supports our patients and services users who require a Welsh language provision when discussing their healthcare. We also recognise the importance for staff to use their preferred language of Welsh when applicable, and developing their Welsh skills.

Cardiff and Vale University Health Board recognise the importance for staff to use their preferred language of Welsh when applicable and developing their Welsh skills. We also recognise the duty the UHB in ensuring that it complies with the Welsh Language Measure (2011) and progress and support on the Welsh Government's Welsh Language in Healthcare Strategic Framework (the More than Just Words Strategy).

Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Capital Management Group	Date: 16.06.2025
Value & Benefits Realisation Group (VBRG)	Date: 02.07.2025
Senior Leadership Team	Date: 11.07.2025
Regional Partnership Board Capital Co-ordination Group	Date: 24.07.2025
UHB Board	Date: 31.07.2025
Regional Partnership Board SLB	Date: 21.08.2025
Regional Partnership Board	Date: 09.09.2025

Regan,Nikki
17/07/2025 14:17:56

Report Title:	Monthly Monitoring Return – Month 2				Agenda Item no.	4.1	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	23rd July 2025	
			Private				
Status:	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of Finance						
Report Author:	Deputy Director of Finance						

Background and current situation:

SITUATION

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

A copy of the May 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/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		

Impact Assessment:
Risk: No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: Yes
Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: No - ***Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES]***
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)
Equality and Health: No
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: No
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. *These include:* • *A focus upon preventing ill health in our population* • *Saving energy or increasing throughput.* • *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions* • *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.* • *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.* • *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.* *Does the subject matter of your paper risk any of the above not being achieved?*
Welsh Language: Yes/No
Consideration should be given to potential impact on the Welsh language, including the following key aspects: *• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?* *• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.* *• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?* *• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?* *Does the subject matter of your paper risk any of the above not being achieved?*

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Finance and Performance Committee	Date: 23rd July 2025

Regan,Nikki
17/07/2025 14:17:56

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE TWO MONTH PERIOD ENDED 31st MAY 2025

INTRODUCTION

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

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

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

The draft plan assumes that:

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

At month 2 the UHB is reporting an overspend of £11.899m.

This is comprised of £0.585m unidentified savings, £0.227m of operational deficit and the planned deficit of £11.087m (the month 2 profile of the of £58.2m planned deficit set out in 2025-26 draft financial plan noted by the UHB Board and submitted to the Welsh Government.).

BACKGROUND

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

Table 1: 2025/26 Draft Plan

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

This represents the draft financial plan of the Health Board.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, which includes a planning deficit of £58.233m for 2025-26. This report details the financial position of the UHB for the period ending 31st May 2025.

A full commentary has been provided to cover the tables requested for the month 2 financial position.

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

Table A sets out the draft financial plan and latest position at month 2 for which the following should be noted:

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

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

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified in the financial plan and these will be reviewed on a monthly basis. In addition, the table also reflects the risk that Welsh Government does not fully fund the cost of the additional employer changes arising from changes in pay and employers NI rates. The potential opportunity arising from the Microsoft DHCW Review is also noted.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £11.899m and reflects the analysis contained in the annual operating plan in Table A. The deficit of £11.899m for the year to date as shown in Table 2.

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

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	6,826	6,826	0	13,985	13,985	0
Quality Efficiency Improvement Plans - Savings	(1,414)	(1,261)	153	(2,897)	(2,312)	585
Operational Variance	0	239	239	0	227	227
Clinical/Service Board Variance	**5,412**	**5,804**	**393**	**11,087**	**11,899**	**812**

The month 2 deficit of £11.899m comprised of the following:

- £11.087m planned deficit
- £0.585m unachieved CRP gap
- £0.227m adverse operational variance against plan.

It is anticipated that the unachieved CRP gap at month 2 will be recovered as the year progresses and that the UHB will deliver its planned deficit position of £58.200m.

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

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

- Underlying Deficit b/f to 2025-26
- Cost Growth
- Demand/Volume Growth
- Commissioning pressures

- Allocation of 1.77% Welsh Government Uplift against assessed Growth and Pressures
- Quality Improvement Programmes (savings)

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

- Income – Underperformance is reported against CAVOC LHB provider contracts based on month 1 activity. This is partially offset by income in other patient areas where activity is above seasonal trends.
- Pay – vacancies in Estates, Executive functions & PCIC along with enhanced scrutiny around variable pay has offset pressures against medical staff where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts and sickness.
- Non Pay – An increasing number of Out of Area (OOA) referrals is reported in Mental Health along with additional outsourcing costs in Diagnostics.

In relation the material pressures the following work is being progressed

- Medical Pay - Clinical Boards are reviewing medical pay at directorate level to determine if there are more efficient ways to cover rota gaps
- Mental Health OOA - The Clinical Board is reviewing Bed Flow twice daily and further Investigating options to reduce the volume and cost of OOA.
-

Table B2 – Movements from Opening Expenditure Plan

Following the submission of the draft financial paln, the UHB has reviewed and reassessed its resource limit assumptions as oulined in Table 3 below. The main change in assumptions relates to the £18.8m additional costs arising from changes in Employer NI rates and threshold valures alongside confirmation of DPIF prgramme funding and the impact of the Real Living Wage increase on the cost of UHB employees at bands 2 & 3

Table 3 – Additional Resource Limit Assumptions

Additional Resource Limit Allocations	£'000s
25_26 NIER Additional 1.2% and Threshold Change	18,842
ARRP	109
CAMHS In-Reach Funding	622
Consultant Clinical Excellence Award / Consultant Impact Award	347
DEL Non Cash Depreciation - IFRS 16 Leases	3,079
DEL Non Cash Depreciation - Accelerated	1,979
ESMCP Control Room	116
ESMCP WAST Resources	38
Climate Focussed Spead and Scale Academy	52
Neighbourhood District Nursing	137
New Medical Training Posts 2017 to 2024	283
Pay award funding 2024-25	(2,272)
Dementia Connector	100
Short Breaks for Carers	172
RTT Waiting Times _ Q1 Plans	2,783
DPIF Programmes	3,777
RSV Vaccination Programme	246
Support staff costs - All Wales Pharmacogenetics lead post	96
DOLS / MCA / advocacy (MH)	256
JCC English contracting income	(309)
MOD St Athan funding Lazurite Team additional reception site for EPS	(282)
Optometry pay agreement	535
Invest To Save - Welsh Government energy service	(347)
All Wales international recruitment	7
Women's Health - Pathfinder Establishment (women's health hubs)	300
Individual placement & support in primary care	440
Prevention and early years AHW - early prevention	43
Real Living Wage RLW 2025_26	3,344
Consultant Allied Health Professional for dementia	30
Genomics (CaV_JCC)	323
Total Movement in assumed Resource Limit follwing MDS Submission £'000s	**34,845**

PAY & AGENCY (TABLE B2)

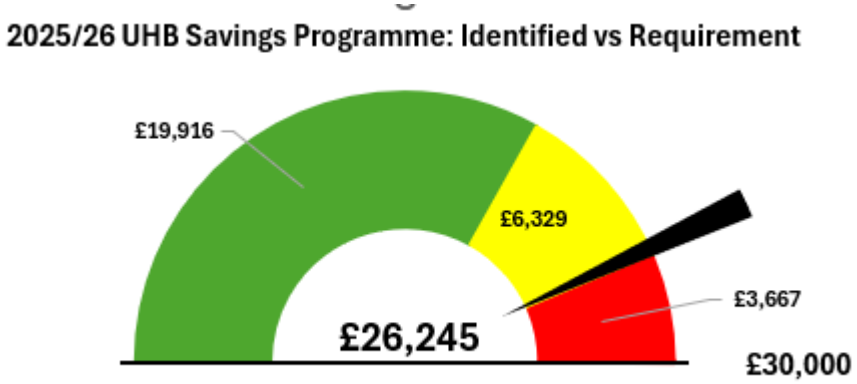
The UHB recorded Agency costs of £0.290m in month primarily due to nursing pressures. £0.146m of the costs recorded in May related to registered nursing and midwifery.

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

At Month 02, the UHB had identified £26.245m (87.5%) of green and amber savings to deliver against the £30.0m savings target. Red schemes of £3.775m are also identified and continue to be reviewed for progression to Green/Amber where possible.

The reported gap of £3.7m in identified savings incorporates red schemes and the unidentified balance. Red schemes are excluded in accordance with the instruction from Welsh Government that red schemes are not included in the Monthly Monitoring Returns savings tables. Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes



INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

JCC has written (5 June 2025) with a different framework proposal for its 2025-26 performance framework with C&V UHB. The complexity of this contract requires the UHB to complete a technical assessment before it can consider its position and respond. This may cause a delay in sign off with the JCC. The default position is to maintain the extant contract framework arrangements and it is not anticipated that this would present any problems should this be the decision of the two parties.

INCOME ASSUMPTIONS 2025/26 (TABLE E)

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

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

The UHBs confirmed /Revenue Resource Limit as of May 31st, 2025, was £1,330m with a further £137.5m of assumed allocations as detailed at Table 4 below:

Table 4 – Unconfirmed Resource Limit Allocations as of 31st May 2025

Unconfirmed Resource Limit Allocations as of 31st May 2025	£'000s
DEL, AME Depreciation & Impairments	14,415
Pay award funding 2024-25	65,729
Pay award funding REAL LIVING WAGE RLW 2025_26 - Additional Employer Costs	3,344
Pay award funding 2024-25- Bank Staff	1,550
25_26 NIER Additional 1.2% and Threshold Change	18,842
Vertex (JCC)	6,894
DPIF	4,137
Substance Misuse	2,972
Urgent & Emergency Care Fund	2,960
RTT Waiting Times _ Q1 Plans	2,783
Consultant Clinical Excellence Award / Consultant Impact Award	2,143
New Medical Training Posts 2017 to 2024	2,019
ATMPs (JCC)	1,944
Primary Care - GP Pay / Expenses, Dental	1,851
Dementia Action Plan	1,500
GP IM&T Refresh Programme	1,225
Other	3,244
Total Anticipated Funding £'000s	**137,552**

This level of unconfirmed allocation (£137.5m less the £14.4m depreciation funding) will present a cash management risk to the UHB if it remains outstanding into the Autumn period and when it is combined with the forecast financial deficit (£58.2m) alongside the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP). Reimbursement for WRP instructed payments is always received in arrears of payment.

MONTHLY CASHFLOW FORECAST (TABLE G)

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

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

The level of unconfirmed drawing limit allocation (£137.5m less the £14.4m depreciation funding) will present a cash management risk to the UHB if it remains outstanding into the Autumn period and when it is combined with the

forecast financial deficit (£58.2m) alongside the requirement of the UHB to fund multi-million pound clinical negligence settlements instructed by the Welsh Risk Pool (WRP). Reimbursement for WRP instructed payments is always received in arrears of payment.

Table 5: Summary of unconfirmed drawing limit allocations as at 31st May 2025

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

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of May was 95.8%.

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

Of the UHB's approved Capital Resource Limit, 3% has been expended to date.

All schemes are expected to broadly deliver in year in line with forecast.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 12th May 2025 - £33.690m.

AGED WELSH NHS DEBTORS (TABLE M)

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

OTHER ISSUES

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

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2025 which included a forecast deficit of £58.200m.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB currently has a draft financial plan for 2025-26 which aims to deliver financial stability and ensure that the underlying position is maintained. The plan includes a savings target of £30.0m.

- the reported year to date position is an overspend of £11.899m and the forecast deficit of £58.2m.
- the month 2 operational overspend against plan is £0.227m and in addition there is year to date £0.585m savings deficit
- £26.245m (87.5%) of green and amber schemes are identified at Month 2 against the £30m target.
- Delivery of the forecast is also predicated on the confirmation of all expected income streams.

…….
SUZANNE RANKIN
CHIEF EXECUTIVE

12th June 2025

…….
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE

12th June 2025

Regan,Nikki 17/07/2025 14:17:08

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

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-59,900	0	-59,900	-59,900
2	Cost Pressures (Negative Value)	-51,100	0	-51,100	-51,100
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,297	0	20,297	20,297
4	Other Income Uplift / (Reduction)	2,471	0	2,471	2,471
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	22,185	7,272	14,912	20,891
7	Planned (Finalised) Net Income Generation	2,063	418	1,645	2,150
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	5,751	0	5,751	6,959
12	**Opening IMTP / Annual Operating Plan**	**-58,233**	**7,690**	**-65,924**	**-58,232**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-5,751	0	-5,751	-6,959
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	200	45	155	155
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-84	-84	0	427
17	Additional In Year Identified Savings - Forecast	1,881	1,380	502	512
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	34,845	0	34,845	34,845
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	7,494	0	7,494	7,494
22	Unplanned Cost Pressures	-7,376	0	-7,376	-7,376
23	Planned Mitigations Yet To Be Finalised	5,738	0	5,738	5,738
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	-20,564	0	-20,564	-20,564
26	Planned Expenditure - Timing, Profiling and Confirmation	-16,382	0	-16,382	-16,382
27	Further schemes to be identified	0	0		2,108
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**-58,233**	**9,031**	**-67,263**	**-58,233**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-9,983	-59,900
2	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-8,517	-51,100
3	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	3,383	20,297
4	206	206	206	206	206	206	206	206	206	206	206	206	412	2,471
5	1,432	853	391	14	135	39	-396	-266	-367	-435	-422	-977	2,285	0
6	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	2,067	22,185
7	54	71	133	190	175	190	201	216	201	216	201	216	124	2,063
8													0	0
9													0	0
10													0	0
11		523	523	523	523	523	523	523	523	523	523	523	523	5,751
12	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-4,853**	**-9,706**	**-58,233**
13	0	-523	-523	-523	-523	-523	-523	-523	-523	-523	-523	-523	-523	-5,751
14													0	0
15	0	8	9	9	9	9	9	9	9	9	9	109	8	200
16	0	0	0	0	0	-1	-1	-1	-1	-1	-2	-77	0	-84
17	0	259	315	488	105	105	98	98	98	104	104	104	259	1,881
18													0	0
19	2,589	3,002	2,893	2,893	2,893	2,893	2,893	2,893	2,893	2,893	2,893	3,216	5,591	34,845
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	189	3,015	380	629	312	283	431	353	377	740	425	359	3,204	7,494
22	0	-2,133	-282	-195	-173	-253	-459	-454	-652	-617	-495	-1,662	-2,133	-7,376
23	0	523	523	523	523	523	523	523	523	523	523	508	523	5,738
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	2,066	-2,420	-3,204	-1,954	-3,508	-2,044	-1,891	-2,261	-2,371	-3,779	802	2,066	-20,564
26	-4,021	-7,167	-1,765	-329	-817	426	-623	-720	141	-681	1,066	-1,892	-11,189	-16,382
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**-6,096**	**-5,803**	**-5,721**	**-4,561**	**-4,478**	**-4,898**	**-4,548**	**-4,564**	**-4,248**	**-4,777**	**-4,631**	**-3,907**	**-11,899**	**-58,233**

Cardiff & Vale ULHB

Period : May 25

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	859	10,103		0	3,753			
2		Actual/F'cast	379	556	638	699	880	865	937	939	1,168	1,213	1,214	1,214	935	10,700	8.74%	6,947	3,753	2,532	8,168	12,731
3		Variance	0	76	60	60	54	53	46	46	46	52	52	52	76	597	*8.82%*	6,947	0			
4	Non-Pay	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	779	7,211		5,696	1,515			
5		Actual/F'cast	437	506	795	1,176	504	547	828	681	568	568	568	1,033	943	8,212	11.48%	6,750	1,462	4,755	3,457	3,996
6		Variance	0	164	237	410	33	33	33	33	33	33	33	(42)	164	1,001	*21.09%*	1,054	-53			
7	Primary Care - Drugs & Appliances	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	146	1,107		989	118			
8		Actual/F'cast	73	73	73	87	87	87	97	97	97	111	111	111	146	1,107	13.16%	989	118	40	1,067	1,252
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
10	Secondary Care Drugs	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	131	992		982	10			
11		Actual/F'cast	49	100	103	103	103	103	105	105	105	105	105	105	149	1,192	12.47%	1,182	10	301	891	1,106
12		Variance	0	18	18	18	18	18	18	18	18	18	18	18	18	200	*13.93%*	200	0			
13	CHC/FNC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	118	2,458		2,158	300			
14		Actual/F'cast	59	59	142	170	170	220	273	273	273	273	273	273	118	2,458	4.82%	2,158	300	940	1,518	2,420
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
16	Primary Care Contractor	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	0	103		103	0			
17		Actual/F'cast	0	0	0	9	10	12	12	12	12	12	12	12	0	103	0.00%	103	0	0	103	116
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	5	30		30	0			
20		Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	3	5	30	16.67%	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	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	15	15	15	15	15	15	15	15	15	15	15	15	30	180		180	0			
26		Actual/F'cast	15	15	15	15	15	15	15	15	15	15	15	15	30	180	16.67%	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	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	2,067	22,185		10,138	0			
35		Actual/F'cast	1,014	1,311	1,768	2,261	1,772	1,852	2,269	2,125	2,241	2,300	2,301	2,766	2,325	23,982	16.67%	18,339	5,643	8,568	15,414	21,831
36		Variance	0	258	315	488	105	105	98	98	98	103	103	28	258	1,797	*0.00%*	8,201	5,643			

37	Variance in month	0.00%	24.52%	21.67%	27.53%	6.30%	5.98%	4.49%	4.81%	4.55%	4.70%	4.68%	1.02%	12.49%	
38	In month achievement against FY forecast	4.23%	5.47%	7.37%	9.43%	7.39%	7.72%	9.46%	8.86%	9.35%	9.59%	9.59%	11.53%		

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

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings
1	Pay - General & Substantive	Budget/Plan	205	240	298	343	531	533	612	614	843	882	883	883	445	6,867	0	3,553			
2		Actual/F'cast	205	315	358	403	585	587	658	660	890	934	935	935	520	7,467	3,914	3,553	1,049	6,417	10,755
3		Variance	0	76	60	60	54	54	47	47	47	52	52	52	76	600	3913.5295	0			
4	Pay - Variable	Budget/Plan	141	207	246	262	262	245	245	245	245	245	245	245	348	2,836	0	200			
5		Actual/F'cast	141	207	246	262	262	245	245	245	245	245	245	245	348	2,833	2,633	200	1,082	1,751	1,976
6		Variance	0	0	0	0	0	(0)	(0)	(0)	(0)	(0)	(0)	(0)	0	(3)	2,633	0			
7	Pay - Agency	Budget/Plan	33	33	33	33	33	33	33	33	33	33	33	33	67	400	0	0			
8		Actual/F'cast	33	33	33	33	33	33	33	33	33	33	33	33	67	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	Total	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	859	10,103	0	3,753			
11		Actual/F'cast	379	556	638	699	880	865	937	939	1,168	1,213	1,214	1,214	935	10,700	6,947	3,753	2,532	8,168	12,731
12		Variance	0	76	60	60	54	53	46	46	46	52	52	52	76	597	6,947	0			

Table C2- V&S Saving Categories

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan	374	474	572	633	821	806	885	887	1,116	1,155	1,157	1,157	848	10,038
2		Actual/F'cast	374	550	632	693	875	860	931	933	1,163	1,207	1,208	1,208	924	10,635
3		Variance	0	76	60	60	54	53	46	46	46	52	52	52	76	597
4	Medicines Management	Budget/Plan	127	140	144	158	158	158	170	170	170	184	184	184	267	1,946
5		Actual/F'cast	127	158	162	183	183	183	194	194	194	208	208	208	285	2,204
6		Variance	0	18	18	25	25	25	25	25	25	25	25	25	18	259
7	Procurement & Non-pay	Budget/Plan	454	379	571	778	484	527	807	660	547	547	547	1,087	834	7,389
8		Actual/F'cast	454	544	807	1,182	510	553	834	687	574	574	574	1,039	998	8,331
9		Variance	0	164	237	403	27	27	27	27	27	27	27	(48)	164	942
10	CHC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	118	2,458
11		Actual/F'cast	59	59	142	170	170	220	273	273	273	273	273	273	118	2,458
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other - Commissioning	Budget/Plan	0	0	25	25	25	25	25	25	25	25	25	25	0	250
17		Actual/F'cast	0	0	25	25	25	25	25	25	25	25	25	25	0	250
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Other - Primary Care	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	0	103
20		Actual/F'cast	0	0	0	9	10	12	12	12	12	12	12	12	0	103
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Total	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	2,067	22,185
23		Actual/F'cast	1,014	1,311	1,768	2,261	1,772	1,852	2,269	2,125	2,241	2,300	2,301	2,766	2,325	23,982
24		Variance	0	258	315	488	105	105	98	98	98	103	103	28	258	1,797

Cardiff & Vale ULHB

May 25

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	2,067	22,185	7,272	14,912	5,979	20,891
	Month 1 - Actual/Forecast	1,014	1,052	1,453	1,773	1,667	1,747	2,171	2,027	2,143	2,195	2,196	2,661	2,067	22,100	7,188	14,912	6,406	21,318
	Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	(0)	(84)	(84)	0	427	427
	In Year - Plan	0	259	315	488	105	105	98	98	98	104	104	104	259	1,881	1,380	502	36	538
	In Year - Actual/Forecast	0	259	315	488	105	105	98	98	98	104	104	104	259	1,881	1,380	502	11	512
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(26)	(26)
	Total Plan	1,014	1,311	1,768	2,261	1,773	1,853	2,270	2,126	2,242	2,301	2,303	2,843	2,326	24,066	8,652	15,414	6,015	21,429
	Total Actual/Forecast	1,014	1,311	1,768	2,261	1,772	1,852	2,269	2,125	2,241	2,300	2,301	2,766	2,325	23,982	8,568	15,414	6,417	21,831
	Total Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	(0)	(84)	(84)	0	402	402
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	124	2,063	418	1,645	505	2,150
	Month 1 - Actual/Forecast	54	71	133	190	175	190	201	216	201	216	201	216	124	2,063	418	1,645	505	2,150
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	8	9	9	9	9	9	9	9	9	9	109	8	200	45	155	1	156
	In Year - Actual/Forecast	0	8	9	9	9	9	9	9	9	9	9	109	8	200	45	155	0	155
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(1)
	Total Plan	54	79	143	199	184	199	210	225	210	225	210	325	133	2,263	463	1,800	506	2,306
	Total Actual/Forecast	54	79	143	199	184	199	210	225	210	225	210	325	133	2,263	463	1,800	505	2,305
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(1)
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	1,068	1,124	1,586	1,963	1,842	1,938	2,373	2,243	2,345	2,413	2,399	2,954	2,192	24,248	7,690	16,557	6,484	23,041
	Month 1 - Actual/Forecast	1,068	1,123	1,586	1,963	1,842	1,937	2,372	2,242	2,344	2,411	2,397	2,877	2,191	24,163	7,606	16,557	6,911	23,468
	Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	(0)	(84)	(84)	0	427	427
	In Year - Plan	0	267	324	497	115	115	108	108	108	114	114	214	267	2,081	1,425	657	37	694
	In Year - Actual/Forecast	0	267	324	497	115	115	108	108	108	114	114	214	267	2,081	1,425	657	11	667
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(27)	(27)
	Total Plan	1,068	1,391	1,911	2,461	1,957	2,052	2,480	2,351	2,452	2,526	2,513	3,168	2,459	26,329	9,115	17,214	6,521	23,735
	Total Actual/Forecast	1,068	1,390	1,911	2,461	1,956	2,052	2,479	2,350	2,451	2,525	2,511	3,091	2,458	26,245	9,031	17,214	6,922	24,136
	Total Variance	0	(0)	(0)	0	(0)	(1)	(1)	(1)	(1)	(1)	(2)	(77)	(0)	(84)	(84)	0	401	401

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	3,207	1,360	0	**4,567**	656	0
Scheduled Care	3,153	3,044	0	**6,197**	0	0
Unscheduled Care	120	125	0	**245**	0	0
Mental Health	664	911	0	**1,575**	0	0
Community Services	1,082	410	0	**1,492**	0	0
Primary Care	308	1,264	0	**1,572**	0	0
Commissioned Services - CHC	0	1,732	0	**1,732**	0	0
Commissioned Services - Specialised Services	0	250	0	**250**	615	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	1,360	1,185	0	**2,546**	312	0
Non Clinical Support	99	0	0	**99**	0	0
Executive / Corporate Areas	681	2,753	0	**3,435**	680	0
Total	**10,675**	**13,034**	**0**	**23,709**	**2,263**	**0**