Public Finance and Performance Committee
Wednesday 22nd July 2026
Chairs Informed Agenda

14:00	**1. Standing Items**	Rhian Thomas
1.1	Welcome, Introductions & Apologies:	
1.2	Declarations of Interest	
1.3	Minutes from the Finance and Performance Committee meeting – 17.06.2026	
1.4	Actions following the Finance and Performance Committee meeting held on 17.06.2026	
1.5	Chair's Actions since previous meeting	
14:05	**2. Items for Review and Assurance**	
2.1 *25 mins*	Financial Report – Month 3 Position (including Savings Tracker)	Andrew Gough
2.2 **14:30** *25 mins*	Operational Performance Update	Cath Wood
2.3 **14:55** *10 mins*	Draft Capital Plan *This is going to Public Board on 30.07.2026*	Catherine Phillips
2.4 **15:05** *15 mins*	Q1 Annual Plan Report	Victoria Le Grys
2.5 **15:20** *15 mins*	BAF – Decarbonisation & Climate	Ruth Jordan
2.6 **15:35** *10 mins*	Q4 RPB Performance and Finance Report 2025-26	Meredith Gardiner
15:45	**3. Items for Approval / Ratification**	
3.1 **15:45** 10 Mins	Haematology Strategic Outline case *This is going to Public Board on 30.07.2026*	Catherine Phillips
3.2 **15:55** *5 mins*	New R&D Income Management Policy	Sarah Martin
3.3 **16:00** *5 mins*	Property Disposals (Roath Clinic & Fairwater Road)	Catherine Phillips
16:05	**Items for Information and Noting**	
4.1 *5 mins*	Finance & Performance Risks (scoring 20 – 25)	Matt Phillips
4.2 *0 Mins*	Monthly Monitoring Return – Month 2	Andrew Gough
	4. Private Meeting Business:	
	i) Minutes from previous meeting *ii) Continuing Healthcare (CHC) Uplift* *iii) Llantrisant Health Park & Orthopaedic Plan* *iv) Transforming Access to Medicines (TRAMS) Full Business Case*	
16:10	**5. Any Other Business**	
16:10	**6. Review and Final Closure**	

7.1	Items to be deferred to Board / Committee and review of any actions to Future meetings.	Rhian Thomas
7.2	To note the date, time and venue of the next Committee meeting: **Wednesday 16th September 2026 via MS Teams**	

Minutes of the Public Finance & Performance Committee Meeting
17th June 2026
Via MS Teams

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

Chair:		
Rhian Thomas	RT	Independent Member – Capital, Estates & Facilities
Present:		
Kirsty Williams	KW	CAV UHB Chair
Lorna McCourt	LM	Independent Member – Trade Union
Ceri Phillips	CP	CAV UHB Vice Chair
Judi Rhys	JR	Independent Member – Third Sector
Clive Curtis	CC	Independent Member - Community
Steve Riley	SR	Independent Member - University
Rachna Upadhya	RU	Independent Member - General
In Attendance:		
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CPH	Executive Director of Finance
Adam Roberts	AR	Executive Director of Strategic Planning
Catherine Wood	CW	Deputy Chief Operating Officer
Frankie Ogden	FO	Head of Corporate Governance
David Williams	DW	Head of Communications
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Matt Phillips	MP	Director of Corporate Governance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Suzanne Rankin	SR	Chief Executive Officer
Susan Lloyd-Selby	SLS	Independent Member

Ref:	Agenda Item:	Action
FPC 2026/06/1.1	**Welcome, Introductions & Apologies** Rhian Thomas (RT), the Chair of the Committee welcomed everybody to the meeting in English and in Welsh.	
FPC 2026/06/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 2026/06/1.3	**Minutes of the Finance and Performance Meeting held on 20th May 2026** The minutes of the meeting held on 20th May 2026 were received and confirmed as a true and accurate record. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 20th May 2026 were held as a true and accurate record of the meeting.	
FPC 2026/06/1.4	**Actions following the Finance & Performance Meeting on 20th May 2026**	

	The Committee Chair – Rhian Thomas (RT) reviewed the action list, noting it was comprehensive and many items were scheduled for future meetings. The Executive Director of Finance – Catherine Phillips (CPH) – highlighted duplication of the grip and control standards action, suggesting deletion of the first entry and confirmed it will return in September. CPH explained three actions—improvement plan due in July, revenue funding request completed, capital request pending. The committee wants assurance the improvement plan is submitted on time. The CAVUHB Vice Chair – Ceri Phillips (CP) requested a verbal update on postage expenditure and potential savings CPH stated that CAVUHB spend approx. £1.5m per year on postage, noting the need to verify this figure due to recent postage increases. Work was ongoing to use the NHS app as the long-term solution for patient communication, but progress was slower than desired. The issue was related to patient communications; as an interim measure, CAVUHB switched from first to second class postage as standard, saving money but not improving performance due to slower delivery times. There is a need to continue digitalising communications, aiming for universal use of email, SMS, and digital records to eventually eliminate paper correspondence. Current practice is inconsistent, with some teams using all digital methods, some using a mix, and some not at all; accelerating this improvement project is necessary. The CAVUHB Chair – Kirsty Williams (KW) suggested the improvement project should allow patients to nominate a family member or carer to receive text messages or emails on their behalf, especially for those not digitally enabled or confident using digital tools. This would help patients manage multiple communications and support those who lack access or confidence with digital technology. The CAVUHB Vice Chair – Ceri Phillips (CP) shared a personal experience where they received a text message about an appointment, attended it, and then received a letter a week later about the same appointment, highlighting the inefficiency and risk of second-class postage. CPH described KW's suggestion as a helpful build for patient communication and said she would seek support from The Deputy Chief Operating Officer – Catherine Wood (CW) and the operational teams to address patient needs and wishes. She stated there is no lack of ambition and the project had been ongoing for over a year, but progress was slow. She noted the risk profile made CAVUHB reluctant to turn off email and paper, resulting in wasted money that should be saved. She emphasised this is a spend that should be reduced at pace and is part of wider financial improvement needed this year. The Independent Member for University – Steve Riley (SR) observed that patients can nominate someone (such as next of kin) to receive communications, but it was delivered inconsistently across CAVUHB. He suggested that engaging patients in the communication strategy and activating patient groups would lead to better outcomes. **The Finance and Performance Committee resolved that:** A) The Action Log for the Finance and Performance Committee was noted.	
FPC 2026/06/1.5	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 2026/06/2.1	**Financial Report – Month 2 Position (including savings tracker)** The Deputy Director of Finance (Operational) – Rob Mahoney (RM) highlighted the following points:	

- CAVUHB is at risk of not delivering the reported control total to Welsh Government (WG); the control total has not yet been accepted as achievable.
- The Board cannot file a balanced IMTP due to ongoing deficit and a savings gap; operational budget pressures currently show a small surplus, but this is being stress-tested.
- The recurrent savings programme was ambitious (£42.5m target), and is a key risk for achieving the control total (£86m deficit).
- Cash flow was stable early in the year but could become a serious issue by year-end if plan risks are not resolved.
- The underlying deficit is higher than last year due to new recurrent pressures; now £68m instead of £56m.
- At month two, CAVUHB is overspending against the savings plan, with a year-to-date deficit of £18.797m.
- The forecasted year-end deficit is £113m, which is £26.714m over the planned target; the main issue is the shortfall in the savings programme.
- There is a £5m risk related to JCC due to a unilateral 2% cost savings imposed on LTA income; arbitration is ongoing and could worsen the financial position if not resolved favourably.
- The savings pipeline is being reviewed; £28.176m shortfall currently, with some red pipeline ideas moved to amber/green but others removed as unrealistic for in-year delivery.
- If arbitration with JCC is lost, the deficit will increase by £5m; no decision yet from WG.
- The operational position shows a small surplus due to vacancies offsetting cost pressures, but this is not expected to last.
- Cash compliance is currently above target, but the capital allocation is limited and will likely increase later in the year for specific projects.

RT asked RM how long arbitration was likely to take and at what point a financial provision should be made for it.

RM responded that guidance from WG should have been received by now, but they were still deliberating. He expected a decision within approx. a month.

CPH noted the risk became apparent during the Planning and Commissioning cycle, especially in Quarter 4. She explained difficulty in building this into the plan, as it is a requirement for savings and would normally be agreed and included once identified, but this did not happen, leading to arbitration. If arbitration outcome was unfavourable, the deficit would need to be reassessed; she isn't keen to adjust the plan pre-emptively, as there is already enough savings risk in the current plan.

SR asked RM if savings ideas that are not going to deliver in-year are set aside, and whether those that could deliver in subsequent years are explored further.

RM explained that some savings ideas are not realistic and are discarded, but others are just a timing issue and may be appropriate for the pipeline in future years; they are not losing sight of these ideas, but delivery within this financial year to release cash is extremely unlikely.

RT noted disappointment at losing potential savings from the red pipeline and emphasised the importance of having accurate, validated data. They observed that CAVUHB seem to find it difficult to identify in-year opportunities and questioned how well the need to source ideas and opportunities is embedded throughout the organization. Rhian asked whether the process is limited to Clinical Board and senior leaders or if it is more broadly embedded and also inquired about options going forward given the continued gap and time constraints.

CPH described the CAVUHB culture as viewing transformation as a long-term process that often requires additionality but stated they have managed to persuade that additionality is not the answer; instead, transformation must occur within current resources. To achieve this, CAVUHB needs to take more risk than previously, as the current approach is not fast

enough to drive down costs. Catherine noted that the number they are off by has reduced, but clinical boards need help, guidance, and support to hold risks they do not feel able to manage.

CW observed that CAVUHB cannot continue with the same approach, as asking the same questions of the same people in the same way will yield the same outcomes. They have been working on leveraging what the operational teams are good at—doing tasks—and suggested shifting to a risk-based decision followed by a series of tasks, holding clinical boards to account for completing those tasks so the money falls out as a result.

KW expressed encouragement that the executive team recognised the current approach was not delivering what was needed and that a change was required. They highlighted the importance of this recognition and the need for a new approach that speaks to operational staff. She noted the importance for the board to reflect on CPH comment about risk, using the postage example: switching off paper communications after sending digital messages should be low risk, but the inability to do so reflects a risk concept that doesn't align with the system's actual risk. She stated that continuing with the current approach is not risk free; in fact, maintaining the status quo exposes the organisation to significant risk. The board needs to communicate that the status quo is perhaps the most risky option, not the safest.

CPH noted the need to drive quality outcomes upwards, emphasising that this is about pace and clarity. They stated that actions must be prioritised, focusing on a short list of deeper tasks that will improve the bottom line and support systemic transformation. She highlighted that CAVUHB cannot continue as it is, describing the current trajectory as "slipping down a slope that doesn't have a pleasant bump at the bottom." They stressed the need to reset onto an even keel and remain there with confidence.

RU asked how confident the team is that the recurrent savings made last year are truly recurrent this year, inquiring about reconciliation processes to ensure those savings continue and whether further savings can be achieved from last year's recurrent savings.?

RM explained there is a large amount of scrutiny from WG on the movement in the underlying deficit, with frequent testing alongside Clinical Board finance teams regarding assumptions and what has come out of their savings. He noted that some elements of funding last year were only provided non-recurrently, which impacts the calculation of the underlying deficit.

The Independent Member for Third Sector – Judi Rhys (JR) said she was listening carefully to the conversation on risk and agreed there needs to be more appetite for risk, as staying the same is not an option. She mentioned she does not recall a board conversation about an agreed risk appetite and questioned whether independent members need to be as signed up to the risk appetite as the executives.

KW stated JR's challenge about risk appetite was correct and requested to schedule a discussion on risk at a Board Development session.
(action) – schedule a risk discussion to take place at a Board Development session.

The Finance and Performance Committee resolved that:

a) The reported year to date position is an overspend of £18.797m with a planning deficit of £86.547m was noted.
b) The urgent need to derisk the £86.547m deficit plan was noted.
c) At month 2, it was noted there is adverse variance against plan of £4.372m, as a result of the £4.696m savings deficit and an operational surplus against plan of (£0.324m).
d) It was noted there is a gap of £28.176m against the £42.521m in year savings target, with £14.345m (33.7%) of green and amber schemes identified at Month 2
e) It was noted that the delivery of the deficit plan is contingent on delivery of a full savings programme and confirmation of all expected income streams.
f) It was noted there was £34.391m of outstanding resource limit allocations and that in due course the UHB expects to seek Finance Committee and Board approval to

	request £86.547m strategic cash support from Welsh Government to support the planned deficit.	
FPC 2026/062.2	**Operational Performance Update** The Deputy Chief Operating Officer – Catherine Wood (CW) highlighted the following points: • **Urgent and Emergency Care**: Attendances increased year-on-year; 12-hour waits decreased to 7.4%, nearing the targeted intervention goal; 24-hour waits and 45-minute handover delays also decreased. • **Out of Hospital Emergency Care**: Static position, but 4,000 more digital requests in April compared to the previous year, indicating a shift in access. • **Stroke Performance**: Provided a brief update from the stroke summit, highlighting work with WAST on pre-alert protocols, new stroke consultants focusing on EU, breach analysis meetings for every patient, and ongoing pathway improvements. • **Hospital Flow**: Lost 8,211 bed days in May, reduced by 500 from the previous month; committed to providing patient-level data in future reports. • **Cancer Position**: Malignant backlog continues to decrease; closed at 61.73% against a trajectory of 62%; considering stretching improvement trajectory to March for sustained deliverability. • **Diagnostics**: Endoscopy held position; cardiac diagnostics recovery plan in place; new clinicians appointed for systematic vetting; cancer and surveillance backlog addressed, reducing eight-week diagnostic position. • **Planned Care**: Forecast for 104-week waits aims for 2,240 patients by March; no patients waiting over three years; AQUA reporting system now live for theatres, with data comparable to previous system. • **Endoscopy**: Cancer and surveillance backlog solution implemented; ongoing work to further reduce eight-week diagnostic numbers; clinical vetting and pathway redesign underway. • **Primary and Community Care**: No material changes; working on aligning performance reporting with community by design. • **Mental Health**: Children and young people remain compliant; exploring in-sourcing for neurodevelopment pathway with non-recurrent funding; adult mental health part 2 compliance improving. JR welcomed the extra sessions for the capsule sponge programme and asked for clarification on whether these were two extra sessions per week or something else. They also noted that trans nasal endoscopy (TNE) was mentioned but not listed, and queried if TNE was a separate clinic or if there were any sessions for it. CW clarified that the capsule sponge sessions are 2.5 additional substantive sessions included in the job plans of the new clinicians. She explained that previous pump-priming funding for sponges from Welsh Government had ended in March, so the new sessions represent a recurrent benefit and a sustainable change in pathway design. She also indicated that building a sustainable workforce is part of the reason for the longer turnaround in endoscopy recovery, but did not provide specific details about TNE sessions or whether it is a separate clinic in this response. CC thanked CW for the overview and expressed concern about the high number of lost bed days, even though the figure had reduced. He asked if the team knew what proportion of those lost bed days were avoidable and what the expected reduction would be for the next quarter. CW responded that she did not know the answer off the top of her head but would come back with the figure regarding avoidable lost bed days. **(action) – Circulate a post-meeting action to provide figures on avoidable lost bed days.** RT asked about DNA and CNA, seeking clarification on the difference between the two terms.	

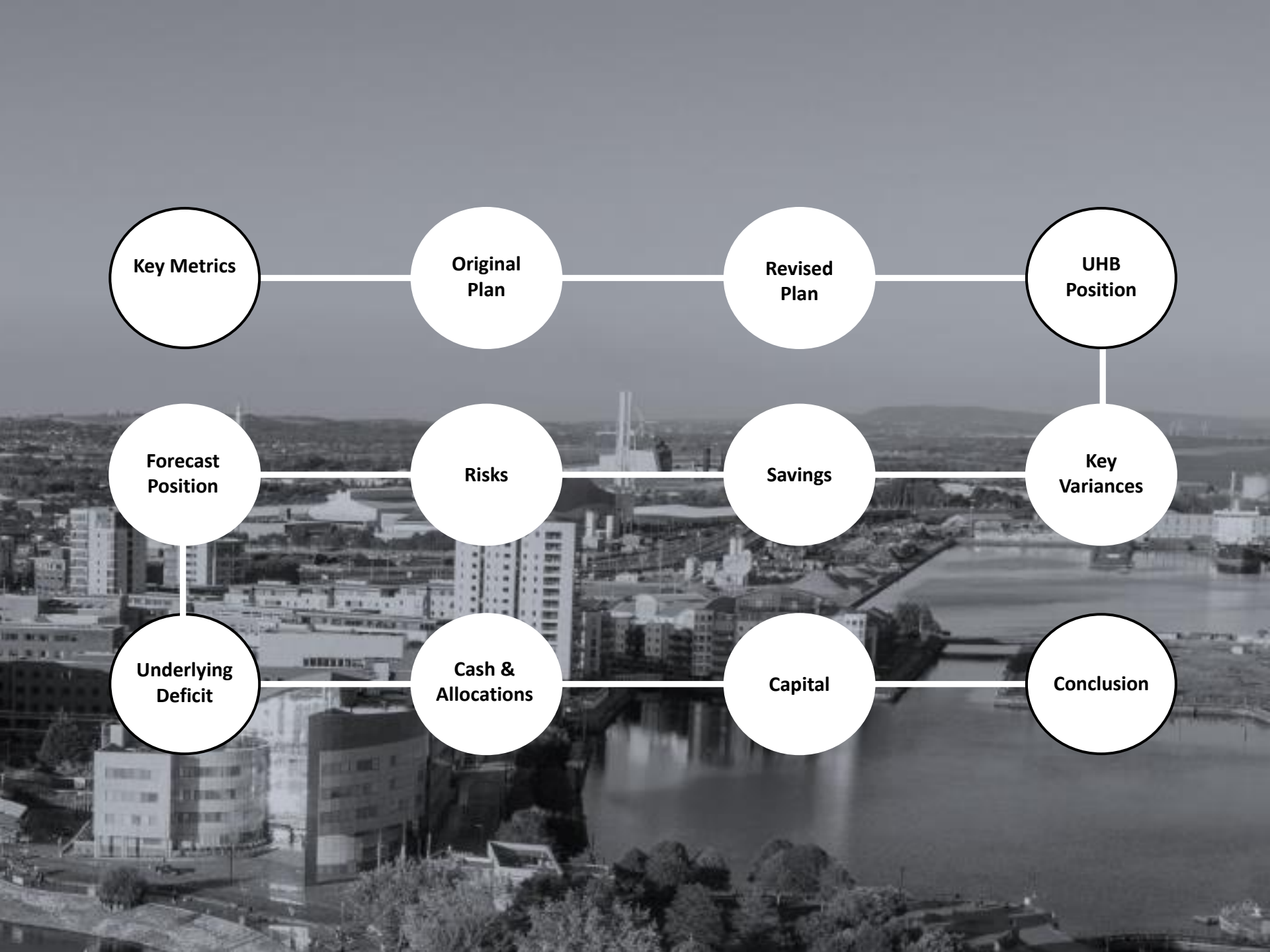
	CW explained that a patient can CNA (could not attend) twice before being removed from the waiting list, which means they notify the service in advance and request to rebook. DNA (did not attend) means the patient was given notice but did not show up, resulting in removal from the list. CP raised the point that performance measurement should reflect more community and primary care activity, including mental health, and questioned how this translates to system effects. CPH acknowledged this was discussed previously and admitted struggling with how to change the slide, noting that traditional reporting does not fit performance management for community by design. She agreed that the lens of alignment to community by design is helpful and will consider how to reshape performance measurement to reflect system effects. KW noted the detailed answer about endoscopy and highlighted that non-obstetric ultrasound (NOUS) was a concern for CAVUHB and WG, asking about assurance on progress. She also pointed out poor benchmarking in outpatients and requested information on actions being taken to address outpatient figures. CW responded that NOUS has seen a good improvement trajectory and the diagnostic position is now mainly affected by endoscopy and cardiac imaging, offering to bring data to the next meeting for assurance. She explained that for outpatients, there is ongoing work including addressing DNAs and CNAs, and a planned session with clinical leads to launch a new outpatient transformation strategy. This strategy will be more prescriptive, including changes to clinic templates, booking additional patients into clinics with high DNA rates, and reviewing new-to-follow-up ratios, moving from co-production to directive changes due to lack of progress. SR asked whether benchmarking has been done with other organisations of similar size to determine if the non-obstetric ultrasound issue is due to demand or capacity. CW replied she did not know and would need to check with the Diagnostics team. **(action) – Bring data on non-obstetric ultrasound progress and benchmarking to a future meeting.** CPH noted that the issue with non-obstetric ultrasound was due to a lack of sonography workforce, which led to efforts to recruit, train, and buy in additional staff, including paying enhanced overtime rates. This shortage contributed to the backlog, but measures have since been taken to address it, and non-recurrent solutions have been phased out as sufficient workforce is now in place. **The Committee resolved that:** a) The position against key organisational indicators for 2026-27 and the update against the Operational Plan programmes were noted.	
FPC 2026/06/2.3	**Performance Productivity Oversight** The Deputy Chief Operating Officer – Catherine Wood (CW) highlighted the following points: • There is a need for a more consistent and systematic approach to performance and productivity management across directorates and clinical boards, moving away from ad hoc methods. • A new MDT (multi-disciplinary team) process focused on quality, productivity, and efficiency as pillars of performance, involving clinical, AHP, and admin teams. • The importance of empowering teams with relevant data via a Power BI dashboard, enabling real-time tracking and SPC (statistical process control) charts for performance metrics.	

	• Outlined a ward-to-board structure: weekly directorate meetings, systematic clinical board meetings, fortnightly meetings with Catherine, and executive performance meetings, all using standardised templates and data. • Listed key secondary care metrics tracked: DNA/CNA rates, theatre and clinic utilisation, urgent/emergency care, length of stay by specialty/ward, admissions, estate use, and discharges. • Confirmed the dashboard is live, teams are using it, and the first executive performance and productivity board meeting is scheduled. • Stated that future reporting will shift from narrative to visual run charts, requiring clinical boards to explain performance trends and drivers. • Mentioned ongoing work to replicate the approach for primary/community care and mental health, and to integrate it with broader performance management systems. • Noted the formation of a dashboard development group to refine and co-produce improvements, with early feedback showing optimism and requests for subspecialty-level data. SR stated that the new approach is a step change needed for CAVUHB, suggesting that a more directive use of consultant SPAs should help address issues highlighted in performance reports. He emphasised that this should influence how the board is reported to, providing better assurance and focus for driving organisational performance. RT asked how the new performance and productivity oversight approach has been received by the clinical boards and what feedback or reactions have been observed so far. She also asked how CW envisages the intelligence gathered from this methodology being fed back into committee and board, so it can be used effectively going forward. CW explained that implementing the new approach was a journey, with her and Adam working hard to pull it together. She described initial mixed reactions from directorates—some felt it was unnecessary; others saw it as extra work—but after listening to the teams, everyone was supportive but anxious about the "how." She noted there is now a coalition recognising the need, and that it will be easier for teams in the long run, especially with the BI dashboard making data visible and accessible. Catherine also mentioned that eventually, some narrative can be removed from reports, relying more on run charts to show improvement over time. AR stated that the best way to improve data is to use the same data and tools for service level improvement as are used for discussions and assurance, which will enhance the quality of data reviewed in meetings. KW recognised this as a step change for CAVUHB in achieving better assurance around productivity and performance. She noted the team has listened to feedback from independent members, aiming for less narrative and more data, and hopes this approach responds to their requests. She also highlighted that the QMS and current reporting demonstrate a real step forward in assurance systems for CAVUHB. **The Committee resolved that:** a) The revised approach to performance and productivity was noted.	
FPC 2026/05/2.4	**BAF Longterm Finance** The Deputy Director of Finance – Robert Mahoney (RM) highlighted the following points regarding long term finance: • Stressed the importance of sustainable service transformation, not just short-term annual planning. • Explained previous financial projections, now corroborated by the McKinsey report, confirming ongoing financial challenges. • Highlighted the need for productivity improvements, right-sizing workforce, and better planning and performance assessment. • Noted the development of an Integrated Improvement Plan to address these issues. • Emphasised aligning McKinsey recommendations with organisational planning for financial sustainability.	

	RT asked what the findings and corroboration from the McKinsey report mean for operational planning and longer-term expectations, specifically requesting when the committee can expect further updates ("Chapter Two") on where this work is heading. CPH noted there are some immediate actions we need to undertake. This sits wider than finance and she was unsure how much would be buried in the integrated improvement plan. We need to build a plan that gives us confidence. AR stated that CAVUHB cannot follow someone else's plan and needs one coherent plan, mentioning that this has been summarised in their letter to WG in response to the rapid assessment of the annual plan, and suggesting it would be helpful to discuss this at the Board Development session. **The Committee resolved that:** a) The BAF Long term finance was discussed and noted.	
FPC 2026/05/4.1	**Monthly Monitoring Return – Month 1** The monthly monitoring return for month 1 was noted. **The Committee resolved that:** a) The monthly monitoring return for month 1 was noted.	
FPC 2026/05/5.0	**Any Other Business** No further business was raised.	
FPC 2026/05/7.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 22nd July 2026 via MS Teams**	

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/05/2.2	Refresh Operational Performance Report format and content. Update report to remove static/repetitive content, include clearer narrative and current position and introduce “planned vs delivered” view. Introduce revised performance reporting (with improved visuals / Power BI)	Paul Bostock	Adam Wright, Catherine Wood	20/05/2026	22/07/2026	IN PROGRESS	Update required at Committee meeting on 22.07.2026	
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/05/2.2	Provide update on Productivity & Efficiency Framework implementation - Report outcomes from initial implementation cycle and demonstrate impact - (first feedback expected June/July)	Paul Bostock	Adam Wright, Catherine Wood	20/05/2026	22/07/2026	IN PROGRESS	Update required at Committee meeting on 22.07.2026	
FINANCE & PERFORMANCE	Financial Report – Month 1 Position	FPC 2026/05/2.1	Provide detail on organisational postage expenditure and potential savings at the next Committee meeting by way of verbal update.	Catherine Phillips	Andrew Gough	20/05/2026	22/07/2026	IN PROGRESS	Update required at Committee meeting on 22.07.2026	
FINANCE & PERFORMANCE	South Wales Blood & Marrow Transplant Programme – JACIE Accreditation	FPC 2026/05/3.1	Submit JACIE Phase 1 funding request to Joint Commissioning Committee - Progress urgent funding request to support compliance. Submit full compliance response addressing inspection findings	Catherine Phillips, Paul Bostock	Jessica Castle	20/05/2026	22/07/2026	IN PROGRESS	Update required at Committee meeting on 22.07.2026	
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/06/2.2	Circulate a post-meeting action to provide figures on avoidable lost bed days.	Catherine Wood	Catherine Wood	17/06/2026	22/07/2026	IN PROGRESS	Circulate a post-meeting action to provide figures on avoidable lost bed days.	

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 03


Key Metrics
Original Plan
Revised Plan
UHB Position
Forecast Position
Risks
Savings
Key Variances
Underlying Deficit
Cash & Allocations
Capital
Conclusion

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

Measure	Description	RAG	Trend	Target	Time Period
Deliver 2026/27 Deficit Target Control Total	The annual plan deficit of £86.547m needs to be derisked urgently with a clear cash releasing plan. There is currently a significant gap to delivery.	R	↓	£86.547m	M03 2026/7
Return to financial balance and approved IMTP status	A £86.547m underlying deficit is forecast by the end of 2026/27 financial year. Currently reporting a recurrent savings gap of £31.994m after Month 03.	R	→	£86.547m	M03 2026/7
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £1.489m operational surplus reported at Month 03.	A	→	Operational Spend to be maintained within Budgets	M03 2026/7
Delivery of revised **recurrent** £47.608m savings target	£19.905m of Green and Amber-rated schemes had been identified by Month 3, of which £15.547m were classified as recurrent.	R	↑	£47.608m	M03 2026/7
Remain within Cash Limit	The UHB will require cash support from Welsh Government (WG) for the 26/27 planned deficit of £86.547m along with likely movements in working capital from the 2025/26 balance sheet.	A	→	To remain within Cash Limit	M03 2026/7

The UHB's Financial Plan in 2026/27 reflected the following key components:

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	68.759
2026/27 Demand/Cost Growth/Improvement	54.690
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Deficit	**144.949**

Additional Allocations	(15.881)
Savings Plans	(42.521)
Initial Planned Deficit	**86.547**

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026. In response to feedback from the Welsh Government, the Health Board wrote on 29 May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

The plan recognises the combined £5.4m recurrent savings shortfall and £7.1m recurrent operational pressures totalling £12.5m that arose during 2025/26, resulting in a brought forward underlying deficit of £68.759m. Recurrent operational benefits delivered during the year are either reflected within the savings plan or offset against other recurrent operational pressures in arriving at the brought-forward underlying deficit

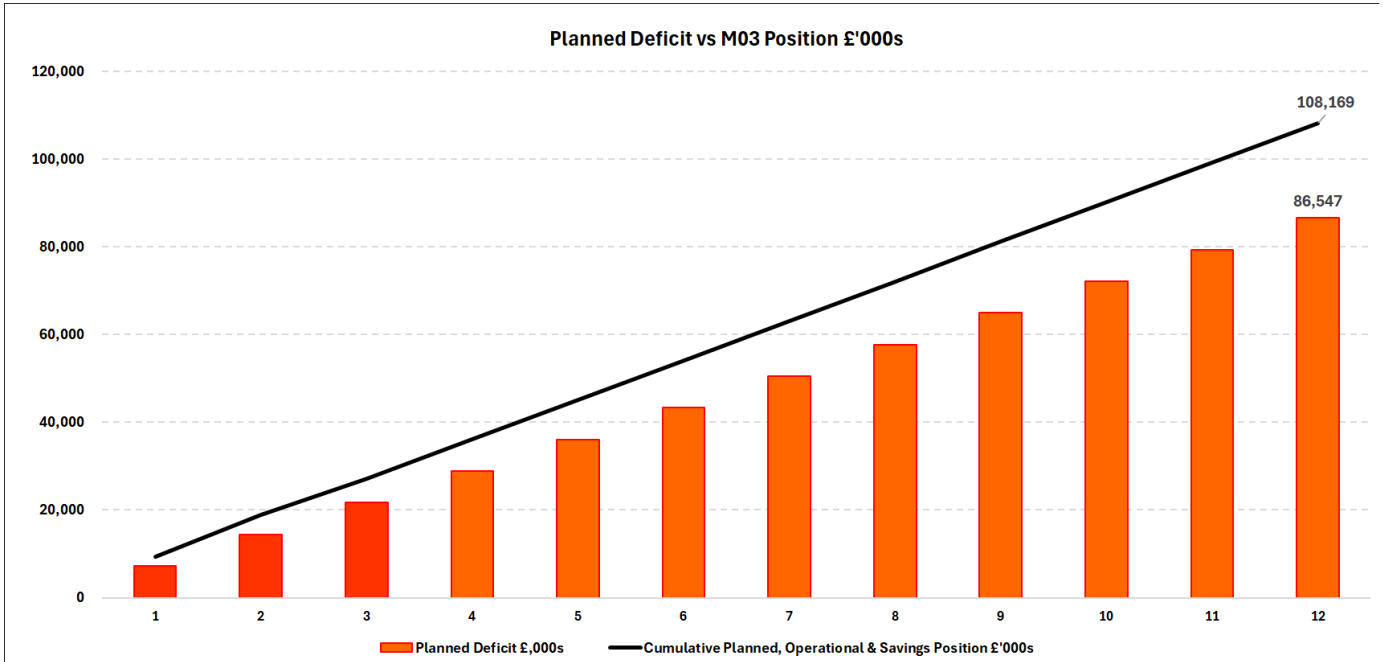
Material recurrent operational pressures recognised in addition to the 2026/27 plan include:

- £2.3m – Band 2-3 HCSW Implementation
- £2.1m – Increase in Employers National Insurance
- £0.9m – Mental Health Out of Area patients
- £0.8m – GP OOHs Contract
- £0.7m – Common Ailment Scheme
- £0.6m – Midwifery Streamliners

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

UHB Position

The graph below shows the reported Month 03 position against the UHB's planned deficit of £86.547m



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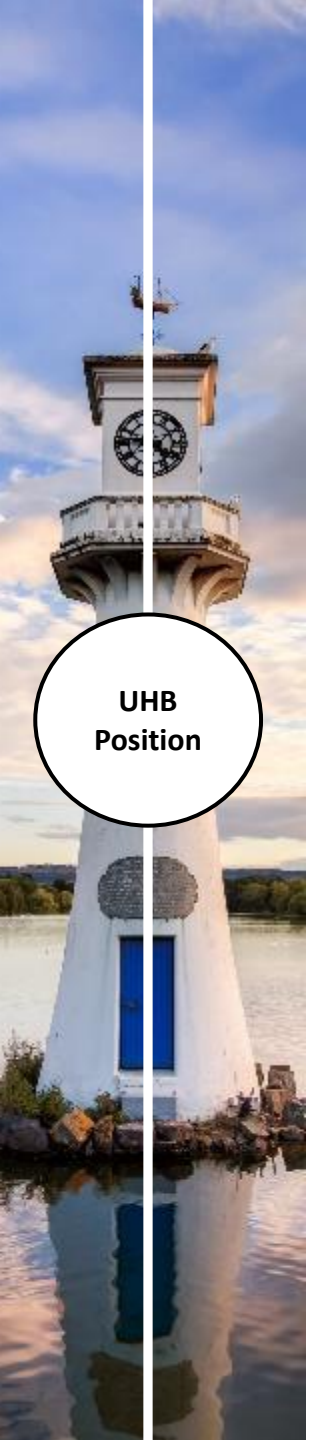
Planned Deficit £,000s	7,212	14,425	21,637	28,849	36,061	43,274	50,486	57,698	64,910	72,123	79,335	86,547
Cumulative Planned, Operational & Savings Position £'000s	9,396	18,797	27,073	36,084	45,095	54,105	63,116	72,126	81,137	90,148	99,158	108,169
Actual/ Forecast Deficit above Plan £'000s	2,184	4,373	5,437	7,235	9,033	10,832	12,630	14,428	16,227	18,025	19,823	21,622
25/26 deficit outturn of £56.102m	6,096	11,899	15,216	21,172	27,809	31,843	35,619	40,210	43,250	47,411	51,642	56,102

The monthly planned deficit is evenly phased through the year in line with Welsh Government Monthly Monitoring Return Guidance.

Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.



The UHB is reporting a year to date overspend of £27.703m at month 03, which includes a Planning Deficit £21.637m, a Savings Programme shortfall of £6.925m and an Operational Position surplus (£1.489m)

	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	10.873	10.873	0.000	32.160	32.160	0.000	134.153	134.153	0.000
Quality Efficiency Improvement Plans - Savings	(3.661)	(1.432)	2.229	(10.523)	(3.598)	6.925	(47.606)	(19.904)	27.702
Operational Variance	0.000	(1.164)	(1.164)	0.000	(1.489)	(1.489)	0.000	(6.081)	(6.081)
Clinical/Service Board Variance	**7.212**	**8.277**	**1.064**	**21.637**	**27.073**	**5.436**	**86.547**	**108.169**	**21.622**

The reported overspend of £27.703m comprises a £21.637m planned deficit (representing three twelfths of the £86.547m outlined in the UHB's Financial Plan), a £6.925m shortfall against the savings plan, partially offset by a (£1.489m) operational surplus.

The previously advised £5.000m JCC risk crystallised in month following the Welsh Government arbitration ruling in JCC's favour. To maintain the planned deficit at £86.547m, the financial plan includes an additional £5.087m savings requirement, increasing the total savings target from £42.521m to £47.608m and consequently increasing the savings delivery risk.

The £86.547m planning deficit needs to be derisked at pace. There are currently:

1. Year to date operational pressures in medical endoscopy, mental health Out of Area (OoA) patients, specialist medical locums, fall in private patient demand offset by pay vacancies and medicines management savings.

2. A £27.703m in year shortfall against the £47.608m savings target.

    - As part of the Clinical Board performance reviews, several previously identified red-rated schemes were reassessed and removed after a further evaluation of deliverability and associated risks.
    - The current red pipeline totals £5.997m
    - If 100% of this pipeline converted to cash-releasing schemes within the year, a residual gap of £21.706m would remain. The residual gap is £24.704m if only 50% of red schemes are delivered in year.

Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.547m

Key Variances

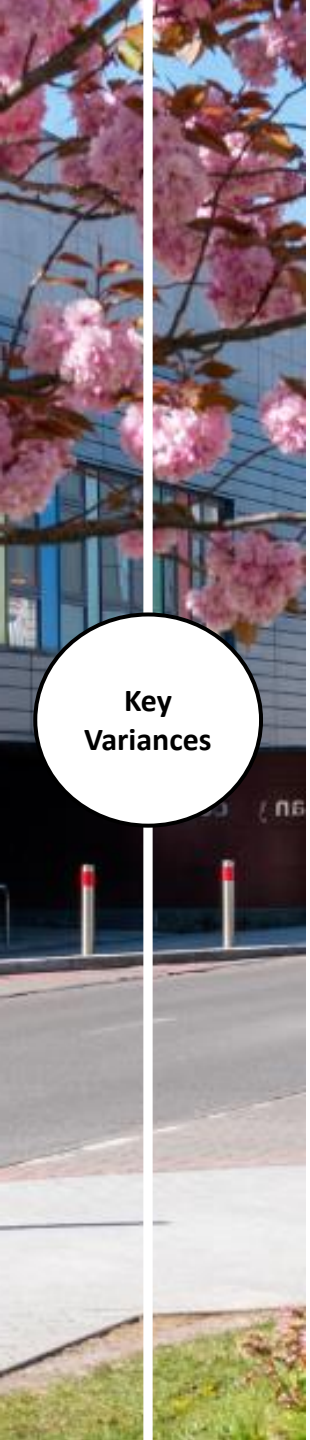
The table below summarises the in-month and cumulative performance of the UHB by its major expenditure groups:

	Income	Pay	Non Pay	Total
In-Month	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(53,887)	91,668	91,324	**129,105**
(Income)/Expenditure	(54,202)	90,750	100,833	**137,382**
Variance	**(315)**	**(917)**	**9,509**	**8,276**
Cumulative	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(167,992)	270,408	269,136	**371,552**
(Income)/Expenditure	(167,819)	269,689	296,755	**398,625**
Variance	**173**	**(719)**	**27,620**	**27,073**

A number of operational pressures continued into month 03 which in turn have been offset by pay vacancies.

The following operational issues were reported at month 03 in 2026/27:

- Income – A Year to date deficit of £0.173m is reported primarily driven by a reduction in Specialist Private patient Income following contract reform.
- Pay – Vacancies are generating a pay underspend which is partially offset by specialist medical locum pressures
- Non Pay – A £0.647m overspend relating to endoscopy insourcing and £0.568m for Mental Health Out of Area Patients are reported for the Year to Date . Excluding these issues, the majority of the remaining overspend is attributable to the underlying planning deficit and a shortfall in savings delivery.



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

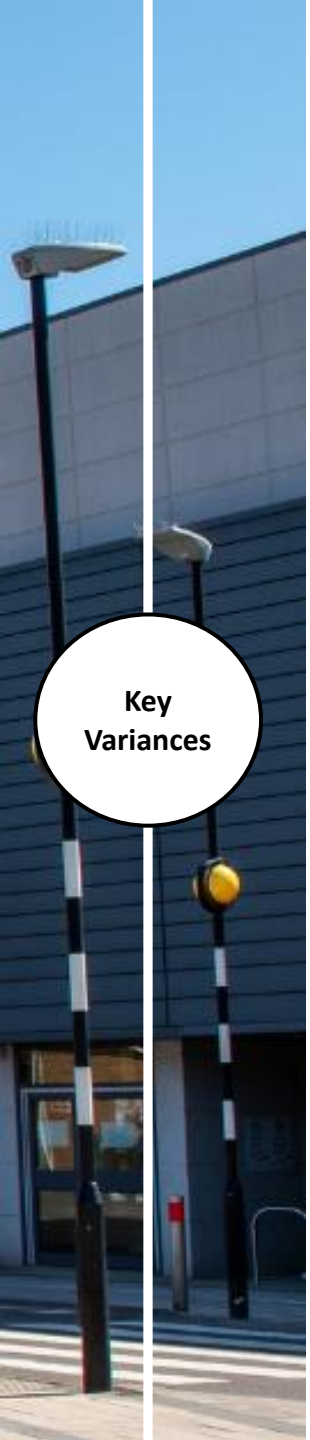
Business Unit	Deficit Control Total / Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	947	668	(53)	**1,562**	614
Children & Women	1,335	1,905	(475)	**2,765**	1,430
Capital, Estates & Facilities	(423)	510	(425)	**(338)**	86
Executives	(300)	350	(343)	**(293)**	7
Genomics	0	142	(5)	**137**	137
Medicine	3,803	59	520	**4,383**	579
Mental Health	2,565	571	1,014	**4,150**	1,585
Primary, Community & Intermediate Care	2,163	57	(1,769)	**451**	(1,712)
Specialist	1,205	2,214	100	**3,519**	2,314
Surgery	624	649	(489)	**784**	160
Sub-Total (Delegated Position)	**11,919**	**7,125**	**(1,924)**	**17,119**	**5,201**
Central Budgets	3,299	300	368	**3,967**	668
Commissioning	6,419	(500)	69	**5,988**	(431)
Sub Total (Non-Delegated Position)	**9,718**	**(200)**	**437**	**9,955**	**237**
Sub-Total Surplus/ Deficit	**21,637**	**6,925**	**(1,489)**	**27,073**	**5,436**

The table/chart below summarises the key 2026/27 Operational pressures as at month 03:

Operational Pressure & Savings Shortfall	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Endoscopy Insourcing and Recruitment Outside of Plan	647	1,358
Mental Health Out of Area Placements	568	2,765
Specialist Medical Locum Usage	600	0
Surgery High Wet AMD Out of Area Activity	(375)	0
Specialist private patient activity reductions	340	0
Pay Vacancies across the Health Board	(2,744)	(8,087)
Continuing Healthcare demand	0	800
Medicines Management (Primary Care & NICE)	(525)	(2,916)
Savings Shortfall	6,925	27,702
Sub-Total Surplus/ Deficit	**5,436**	**21,622**

- The forecast endoscopy pressure is being offset by scheme slippage and reductions in medical and pay costs.
- Mental Health out of area patients (22 patients at month end, with 29 in the 1st week of July.)
- Specialist Medical Locum use is primarily driven by cardiology
- The Continuing Healthcare forecast has increased to reflect the addition of 11 new patients in-month.
- The medicines management underspend is generated by reduced volumes in primary care and cost avoidance schemes.

- It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.547m planned deficit. Any continuation of unplanned cost pressures beyond March 2027 is not currently reflected as a deterioration in the underlying deficit position, on the basis that appropriate mitigating actions are expected to be identified.



Key Variances

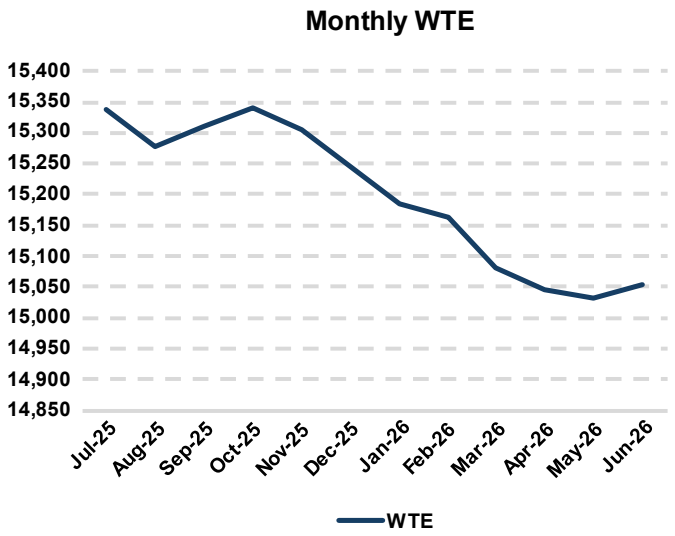
The table/chart below summarise the 2025/26 & 2026/27 Pay expenditure run rates at month 03 for all staffing groups :

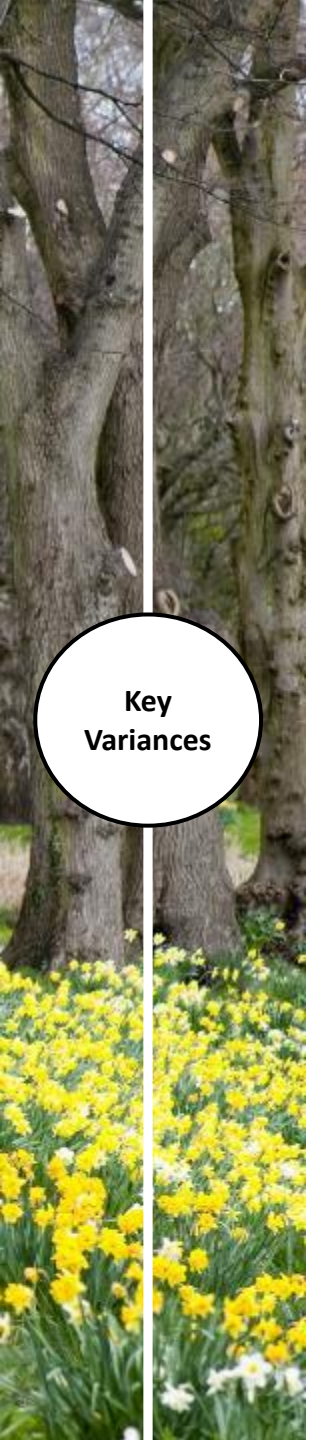
Staffing Group	2025/26 YTD (£m)	2026/27 YTD (£m)	2026/27 vs 2025/26 Growth (£m)	2026/27 vs 2025/26 Growth (%)
Additional Clinical Services	9,405	9,613	**207**	**2.2%**
Management, Admin & Clerical	31,160	32,453	**1,293**	**4.2%**
Medical and Dental	68,632	74,871	**6,238**	**9.1%**
Nursing (Registered)	71,779	76,865	**5,086**	**7.1%**
Nursing (Unregistered)	21,640	22,266	**625**	**2.9%**
Other Staff Groups	37,817	40,561	**2,744**	**7.3%**
Scientific, Prof & Technical	11,695	12,687	**993**	**8.5%**
Total	**252,128**	**269,316**	**17,187**	**6.8%**

Increased pay expenditure over the last year is primarily driven by the 2025/26 and 2026/27 Pay Awards.

The chart (right) reports substantive WTE by month and shows a 286 WTE reduction across the UHB over the last 12 months. The temporary increase in staff WTEs during September and October relates to the onboarding of registered nurses from the nurse student streamliner programme. From November through to May, WTEs in post have declined overall, however there is an increase in the June headcount primarily driven by additional clinical services and administrative staff.

The onboarding of registered nurses through the nurse student streamliner programme is likely to lead to a similar reversal of trend in 2026/27, provided the UHB maintains its commitment to the current onboarding programme





Key Variances

The table below reports year-to-date growth versus 2025/26 and the chart below outlines the run rate for Non Pay expenditure.

Non Pay Group	2025/26 YTD (£m)	2026/27 YTD (£m)	Growth (£m)	Growth (%)
Clinical Services & Supplies	31,802	32,118	**316**	**1.0%**
Continuing Healthcare	29,495	32,857	**3,362**	**11.4%**
Drugs / Prescribing	66,862	68,311	**1,449**	**2.2%**
Healthcare Provided Services	71,747	77,345	**5,599**	**7.8%**
Other Non Pay & General Supplies and Establishment Expenses	27,056	28,464	**1,408**	**5.2%**
Premises & Fixed Plant	12,951	14,155	**1,204**	**9.3%**
Primary Care Contractors	40,537	43,504	**2,968**	**7.3%**
Total	**280,451**	**296,755**	**16,305**	**5.8%**

The UHB reported **£296.755m** of Non Pay expenditure for June 2026 which is an increase of 5.8% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

- Price and demand in Continuing Healthcare (CHC)
- Healthcare Provided Services. Additional Commissioning costs including Mental Health Out of area Placements, Velindre NHST and JCC under Healthcare Provided Services. (£1.7m of the YTD additional cost relates to the 2025/26 pay award and increase in National Insurance Employers costs where the UHB has received additional funding from Welsh Government to cover)
- The increase in premise & plant costs is primarily driven by rates, maintenance, IT and engineering contracts.
- Primary Care contracts (including Welsh Government funded contractual uplifts for 2025/26 and 2026/27 GMS and 2025/26 for Dental & Pharmacy).

Savings

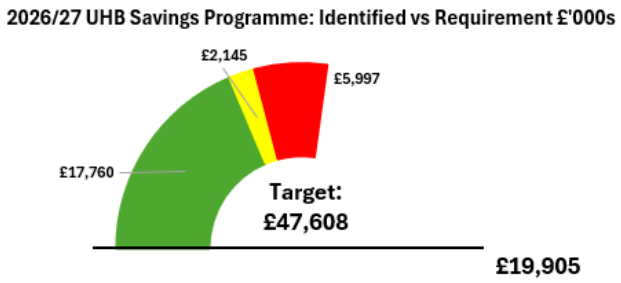
At Month 03, the UHB has identified £19.905m (41.81%) of green and amber savings to deliver against the revised £47.708m savings target. Red schemes of £5.997m were also identified and continue to be reviewed for progression to Green/Amber where possible.

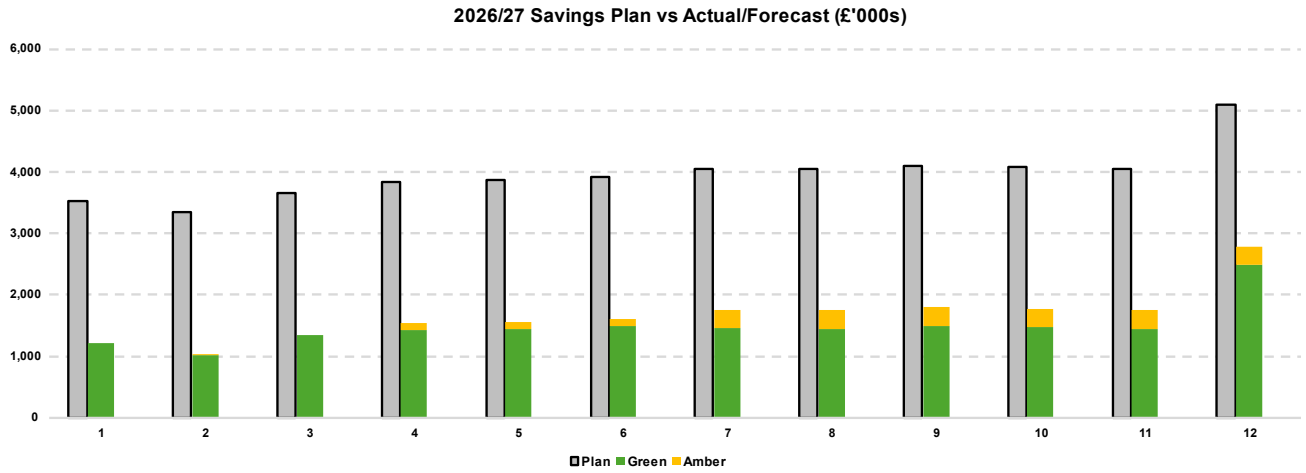
The JCC commissioning risk crystalised in month following the Welsh Government arbitration ruling in JCC's favour. To maintain the planned deficit at £86.547m, the financial plan includes an additional £5.087m savings requirement, increasing the total savings target from £42.521m to £47.608m and consequently increasing the savings delivery risk.

Further action is required to meet the recurrent targets and the UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk. £15.614m of recurrent savings were identified at month 03 leaving a gap of £31.994m against the £47.608m recurrent target.

The organisation has committed to having a full savings plan in place by the end of Q2 with green and amber schemes.

The chart below illustrates the profile of the UHB's 2026/27 savings programme.





Savings

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

Business Unit	Target (£'000)	Green (£'000)	Amber (£'000)	Total (£'000)
CD&T	5,178	2,003	505	**2,508**
Children & Women	8,799	1,178	0	**1,178**
Capital, Estates & Facilities	2,889	849	0	**849**
Executives	1,038	338	102	**440**
Genomics	569	0	0	**0**
Medicine	3,530	3,292	0	**3,292**
Mental Health	4,054	1,628	141	**1,769**
PCIC	3,011	1,752	1,031	**2,783**
Specialist	12,257	3,400	0	**3,400**
Surgery	6,283	3,320	366	**3,686**
Total Surplus/Deficit	**47,608**	**17,760**	**2,145**	**19,905**

The reduction in red pipeline schemes from £21.019m at Month 2 to £5.997m at Month 3 reflects an executive-led review and assessment of the deliverability and potential cash-releasing benefits of schemes previously included within the Opportunities Pipeline.

Profiled action plans need to progress at pace to convert these opportunities into cash releasing savings.

At this stage, even if all red-rated pipeline schemes were successfully converted to green or amber status, a savings plan gap of £21.706m would remain. This highlights the need to identify and deliver additional schemes at pace to bridge the remaining shortfall.

Risks

Below is a summary of UHB Corporate Risk Register at June 2026. Further information of the risks can be found in the risk register:

Finance Risk Title	Rating
Risk to delivering £86.547m planned deficit. The UHB must deliver the agreed savings programme target alongside managing operational pressures.	15
Failure to manage recurrent operational/CIP pressures. Deterioration in the recurrent position would result in an increasingly financially unsustainable organisation	**20**
Achievement of statutory capital breakeven duty. The Health Board should not exceed its capital alloaction on a three year rolling basis.	**8**
Remain within Cash limit. There is a risk that the UHB will require cash support from Welsh Government as a result of the £86.547m planned deficit and movements in working capital.	20
Welsh Risk Pool - Increased Risks Apportionment. There is a risk that the UHBs risk share apportionment will be higher than plan.	15
Welsh Government allocations awaiting confirmation at anticipated values. Material differences to the UHBs current assessment of anticipated allocations could significantly impact the UHBs ability to deliver the £86.547m planned deficit.	12
Financial impact of implementation of new Resident Doctor contract from August 2026. There is a risk of financial implications from the new Resident Doctor contract not currently recognised within the financial plan.	12
LTA Performance JCC & Health Boards. Variance from assumed level of performance presents a risk of lost income due to under performance or inability of commissioners to settle for over performance.	9
Following arbitration, a 2% cost savings programme was mandated by the JCC, resulting in a £5m savings requirement for the Provider (net of the associated Commissioner benefit). There is a risk that failure to deliver these savings could lead to a £5m deterioration in the overall financial position.	15

Forecast Position

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m, was submitted to the Welsh Government at the end of March 2026.

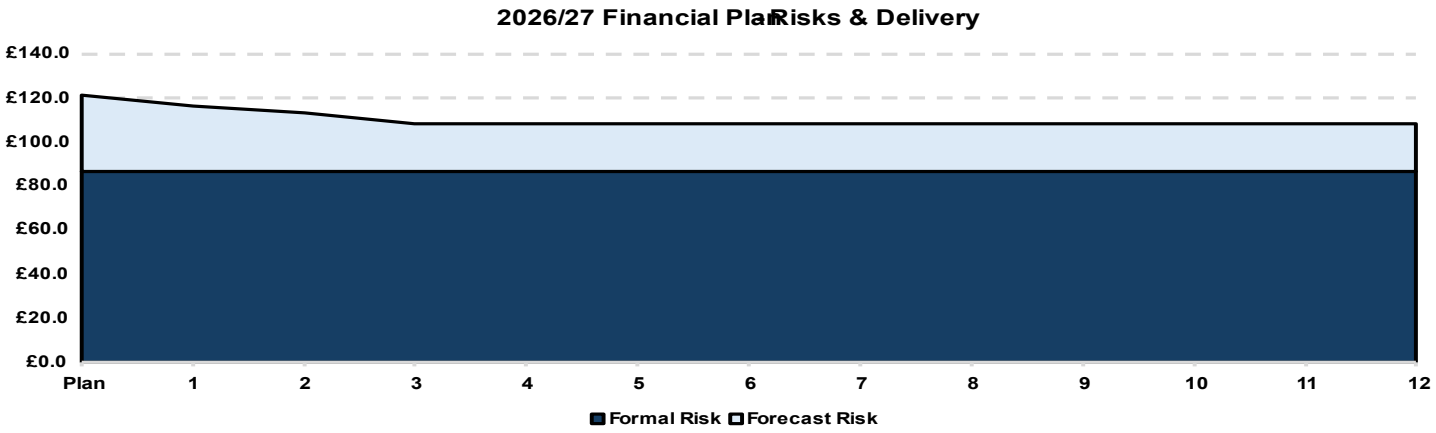
The plan identified £7.764m of green and amber savings schemes leaving a gap of £34.757m to the £42.521m target.

At Month 03, the UHB's savings tracker reported a£27.702m shortfall of green and amber schemes against the adjusted target of £47.608m. A projected operational surplus of £6.081m for the year was forecast.

The resulting £21.622m risk to the achievement of the plan is illustrated below:

Annual Savings Shortfall	Plan	1	2	3	4	5	6	7	8	9	10	11	12
Formal Forecast	86.55	86.55	86.55	86.55	86.55	86.55	86.55	86.55	86.55	86.55	86.55	86.55	86.55
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	**34.80**	**29.16**	**28.17**	**27.70**	**27.70**	**27.70**	**27.70**	**27.70**	**27.70**	**27.70**	**27.70**	**27.70**	**27.70**
Cumulative Savings Shortfall/ (Surplus)	0.00	29.16	28.17	27.70	27.70	27.70	27.70	27.70	27.70	27.70	27.70	27.70	27.70
Forecast Cumulative Operational Pressures	0.00	0.86	(1.46)	(6.08)	(6.08)	(6.08)	(6.08)	(6.08)	(6.08)	(6.08)	(6.08)	(6.08)	(6.08)
Recovery Actions to be agreed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forecast Risk (Health Board gross forecast before recovery actions)	**34.80**	**30.02**	**26.71**	**21.62**	**21.62**	**21.62**	**21.62**	**21.62**	**21.62**	**21.62**	**21.62**	**21.62**	**21.62**

The table below demonstrates the progress in closing forecast risk as the year has progressed.



Underlying Deficit

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

The UHB re-assessed its planning assumptions for the 2026/27 financial plan. The tables below summarise the projected underlying deficit of £86.547m.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.758
Demand and cost growth and unavoidable investments	54.729
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Quality Improvement Programme - savings	(42.540)
Additional Allocations	(15.900)
Planned Underlying Deficit (ULD) at end of 2026/27	86.547

The underlying deficit projected for 2026/27 is assessed at £86.547m. The drivers of the underlying deficit were outlined to Welsh Government as part of the 2026/27 Financial Plan submission.

If the gap against the recurrent savings plan is not closed and operational pressures are not managed in year the ULD will increase as follows unless mitigating actions are identified and implemented:

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.758
Demand and cost growth and unavoidable investments	54.729
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Quality Improvement Programme - savings	(47.608)
Additional Allocations	(15.900)
Planned Underlying Deficit (ULD) at end of 2026/27	81.479
Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 03	31.994
Forecast Underlying Deficit (ULD) at end of 2026/27 without further identification of Savings & Actions	113.473

Cash & Allocations

The closing cash balance at the end of June was £6.551m.

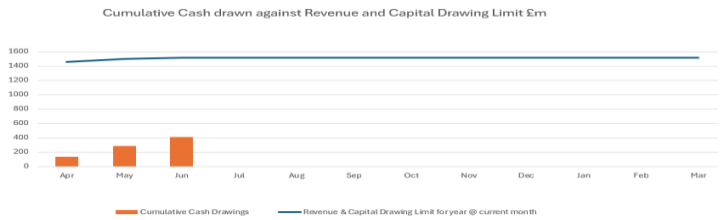
In due course, the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to confirmed. The value of unconfirmed drawing and resource limit allocations at month 03 was £33.431m & £42.401m respectively as outlined opposite.

The difference between the resource limit and the cash (drawing) limit arises from non-cash funding items, such as depreciation on capital equipment, where the cash outlay occurs upfront when the invoice for the asset is settled.

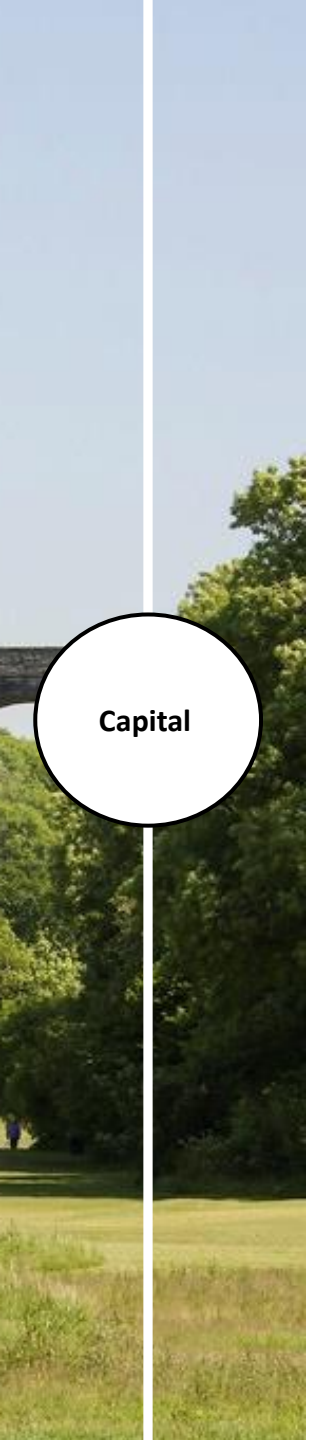
Unconfirmed Drawing and Resource Limit Allocations as of 30th June 2026	Drawing Limit £'000s	Resource Limit £'000s
26-27 AFC Pay Award	27,164	27,164
26-27 M&D Pay Award	8,887	8,887
26-27 M&D Pay Award CU Employed Consultants	151	151
A2A Sanctuary	475	475
All Wales International Recruitment	16	16
All Wales Pharmacogenomics Lead Post	96	96
ATMPS (JCC)	1,944	1,944
AWTTC Voluntary Scheme for Branded Medicines Pricing (VPAG)	0	0
Budvidal - HMP Prison Cardiff Costs	175	175
Childhood Immunisation Programme Changes	131	131
Childhood Immunisation Programme Changes - GMS	23	23
Consultant Allied Health Professional dor Dementia	0	0
Consultant Clinical Excellence Award / Consultant Impact Award	1,652	1,652
Depreciation, Impairments And IFRS 16	0	8,970
Digital Eyecare Programme	181	181
DPIF BadgerNet Neonatal EPR programme	63	63
ePMA	686	686
EPMA Business Case Contingency	516	516
ESMCP Wast Resources	309	309
ESR & ESR Helpdesk	1,925	1,925
GMS Disp Doctors / PADMS & List Sized Funding	271	271
GP IM&T Refresh Programme	1,633	1,633
Health Equity Wales Funding 2026/27	0	0
Immunisation Funding - Varicella	533	533
Individual Placement & Support In Primary Care - Recurrent Impact To Be Removed	400	400
Integration And Rebalancing Capital Fund (IRCF)	450	450
MH Advocacy Funding	306	306
Neurodivergence Improvement Programme	1,000	1,000
Planned Care Transformation Fund Optometry Community Pathways	92	92
Prevention And Early Years	838	838
Short breaks for Carers	172	172
Strengthening Community Nursing: NDN Development2026 27	117	117
Substance Misuse	3,008	3,008
TSW Funding	213	213
Vertex (JCC)	6,894	6,894
VSM PAY AWARD	74	74
Welsh Risk Pool	(27,164)	(27,164)
Womens Health Hubs	200	200
Total Anticipated Funding £'000s	**33,431**	**42,401**

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 96.7% for the year to date.



Capital

The UHBs approved Capital Resource Limit issued by Welsh Government as at the 30th June was £42.840m.

This included

- **£16.842m** discretionary funding
- **£25.998m** for specific projects
- IFRS 16 lease capital funding to be confirmed

The Capital Management Group monitors and approves the UHB's capital expenditure plans.

2026/7 Capital Programme (£m)	M3 Ytd			CRL 30 Jun 26	Orders Raised	Orders Receipted
	Actual	Plan	Variance			
All Wales Schemes						
Lift Refurbishment and Upgrade, UHW	0.014	0.511	(0.497)	2.854	2.854	0.011
Pentyrch Branch Surgery Development 2024-26	0.015	0.215	(0.200)	0.762	0.760	0.006
Haematology Day Centre Extension, University Hospital of Wales	0.070	0.136	(0.066)	1.089	1.089	0.000
TEF - Fire	0.000	0.070	(0.070)	0.362	0.036	0.000
TEF - Infrastructure	0.004	0.125	(0.121)	2.552	0.722	0.004
TEF - Decarbonisation	0.072	0.000	0.072	0.329	0.000	0.000
TEF - Mental Health	0.107	0.111	(0.004)	0.261	0.149	0.097
TEF - Infection Prevention Control	(0.000)	0.000	(0.000)	0.448	0.000	0.000
TEF - Decontamination	0.000	0.000	0.000	0.603	0.000	0.000
Demolitions at University Hospital of Wales	0.036	0.145	(0.110)	0.386	0.329	0.034
Diagnostic Investments 2026-27	0.000	0.000	0.000	3.731	0.000	0.000
Electrical Infrastructure, Tertiary Tower Block at UHW	0.238	0.265	(0.027)	0.310	0.700	0.078
Estates & Equipment End of Year Funding 2025-26	0.000	0.000	0.000	0.813	0.000	0.000
Mental Health Quality and Safety Schemes	0.161	0.291	(0.130)	0.388	0.385	0.146
Hospital Helicopter Landing Site Schemes 2025-26	0.000	0.000	0.000	0.111	0.111	0.000
End of Year Funding - January 2026	0.424	0.284	0.140	0.649	0.757	0.004
UHW Ward Block Roof Replacement	0.006	0.226	(0.220)	2.258	0.000	0.000
Mental Health Quality and Safety Schemes 2026-27	0.000	0.000	0.000	0.456	0.000	0.000
Park View Health and Wellbeing Hub	0.000	0.000	0.000	7.636	0.000	0.000
IM&T:	0.188	0.150	0.038	1.000	0.000	0.100
Equip	0.075	0.250	(0.175)	1.000	0.030	0.003
Stat comp	0.370	0.397	(0.027)	2.800	0.443	0.195
Other	0.426	0.522	(0.096)	12.042	1.027	0.113
Total	**2.208**	**3.698**	**(1.491)**	**42.840**	**9.392**	**0.791**

While there has been a slight delay in the commencement of some schemes in 2026/27, all are still expected to deliver in-year.

Conclusion

The UHB's financial plan of a £85.547m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations.

In response to feedback from the Welsh Government, the Health Board wrote on 29 May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

At Month 03 the Committee is requested to:

- **NOTE** the reported year to date position is an overspend of £27.073m with a planning deficit of £86.547m.
- **NOTE** There is an urgent need to derisk the £86.547m deficit plan.
- **NOTE** that at Month 03 there is an adverse variance against plan of £5.436m, driven by a £6.925m savings deficit, partially offset by an operational surplus against plan of (£1.489m).
- **NOTE** there is a gap of £27.703m against the £47.608m in year savings target, with £19.905m (41.81%) of green and amber schemes identified at Month 3.
- **NOTE** that delivery of the deficit plan is contingent on delivery of a full savings programme and confirmation of all expected income streams.
- **NOTE** there are £42.401m of outstanding resource limit allocations and that in due course the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit.

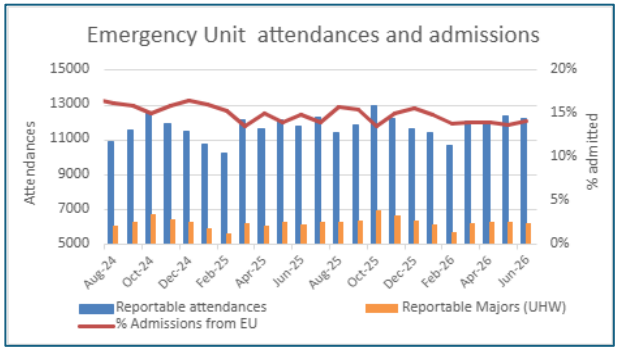
CARDIFF & VALE UHB
OPERATIONAL PERFORMANCE REPORT
– July 2026

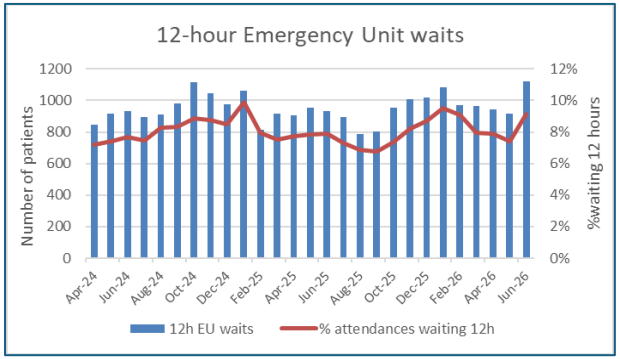
To note – the Integrated Performance Report is changing. Future updates to F&P Committee
where available and follow the format of the new report being presented at this month's Pub

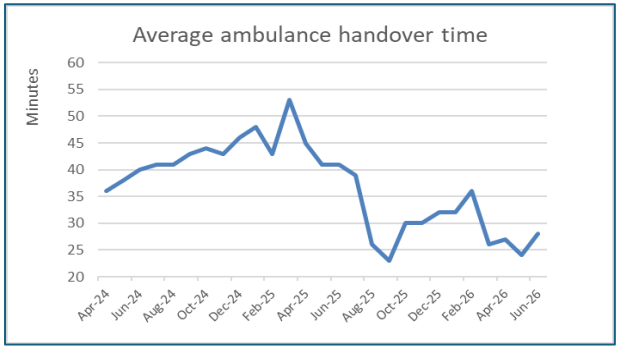

Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

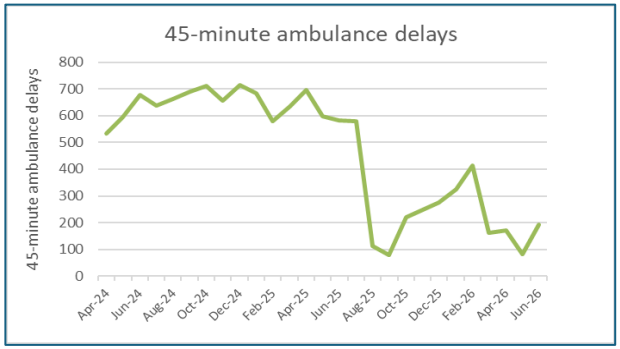
Urgent and Emergency Care – Out of Hospital and Front Door

- In June attendances at the Emergency Unit reduced from those in May but were increased from June ‘25. The number of Majors attendances was also reduced from May. The proportion of patients admitted via EU increased to 14.1% but was reduced when compared to June ’25
- Overall urgent and emergency care demand remains increasing year on year, in line with our forecast
- The number of patients waiting 12 hours or more in EU increased. The proportion of attendances resulting in a 12 hour wait increased to from 7.4% to 9.2%, against the targeted intervention de-escalation requirement of 7%
- The number of patient that waited 24 hours in the EU footprint increased to 61 in June
- The number of 1-hour ambulance holds increased in June, 5.7% of conveyances waited >1h at UHW. Average handover time and 45-minute delays also increased. June saw challenging periods of operational pressure and a Business Continuity incident due to extreme heat
- To better understand the pressures over the last 8 weeks we are undertaking a systemwide analysis which we will bring to Committee next meeting



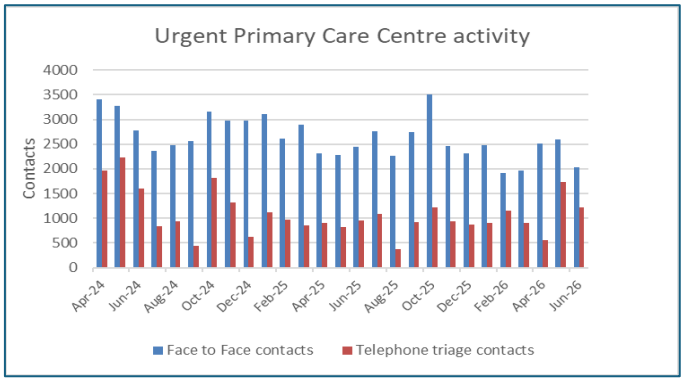




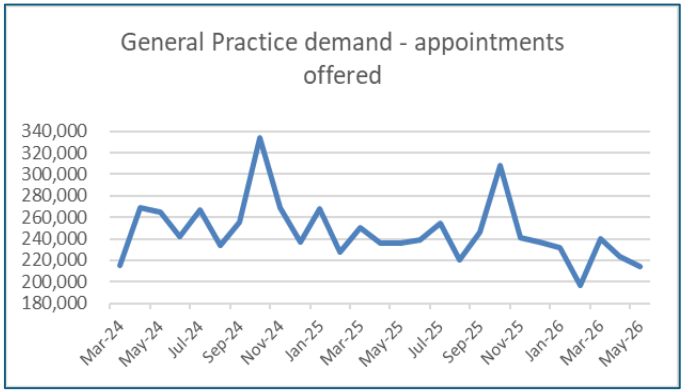


Urgent and Emergency Care – Out of Hospital and Front Door

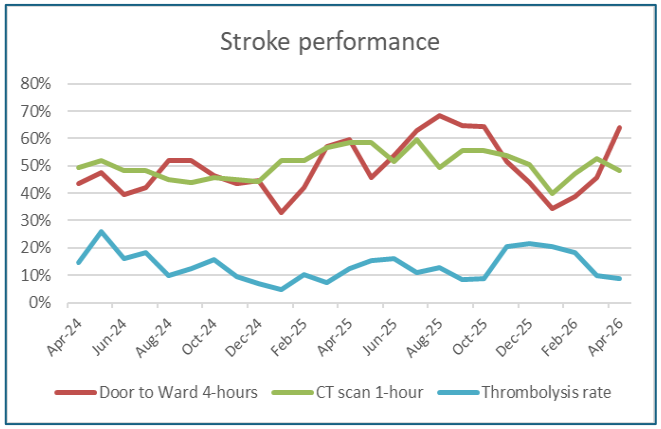
- In May, 2,036 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 1,215 patients triaged by telephone. This is one part of the reporting linked to the Single Point of Access – we will review how this is reported for future updates to Committee and Board
- In 25/26 there were over 3.7 million calls to GP surgeries, with over 2.8 million appointments offered. Last year saw over 8.7 million items issued via prescription
- Nearly 215,000 appointments were offered in May 2026, slightly reduced from the same month last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased, this has continued in 2026, with over 6500 more digital requests received in May 2026 compared to May 2025



GMS activity	May 2026	YTD 26/27
Calls to GP Surgeries	311,296	569,530
Digital requests to GP practices	82,699	159,877
GP appointments offered	214,342	438,278
Items issued via presciption	695,446	1,376,327



Urgent and Emergency Care – Hospital Flow and Discharge

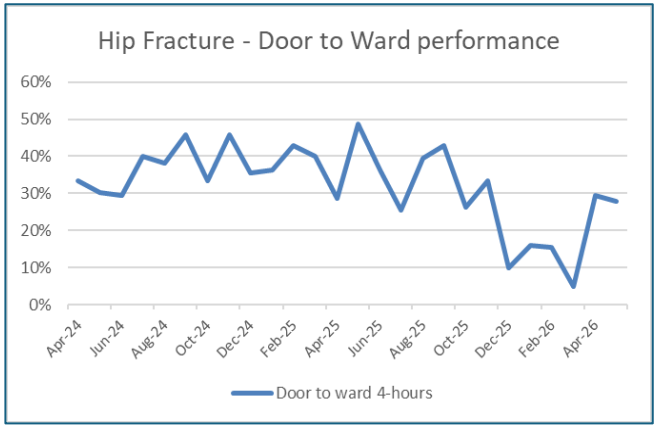


Stroke

- Compliance with the Door to Ward standard for Stroke patients increased in April, despite challenges with patient flow in the Emergency Unit. In April 48.2% of patients received their CT scan within 1-hour and 5.4% within 20 minutes, both reduced from March. The median time to scan increased. The thrombolysis rate fell to 8.9% and no patients met the 30-minute standard

EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	34.4%	38.8%	45.8%	63.8%	36.9%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	7.4%	14.5%	9.8%	5.4%%	20.5%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	39.7%	47.3%	52.5%	48.2%	59.0%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	20.6%	18.2%	9.8%	8.9%	10.1%
Thrombolysis <= 30 mins	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Thrombecomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	5.9%	5.5%	1.6%	3.6%	2.9%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	76.9%	68.0%	75.9%	83.3%	68.8%

- There were 2 thrombectomies in April
- A follow-up MDT session was held in June
- May data will be updated in committee once available



Hip fracture

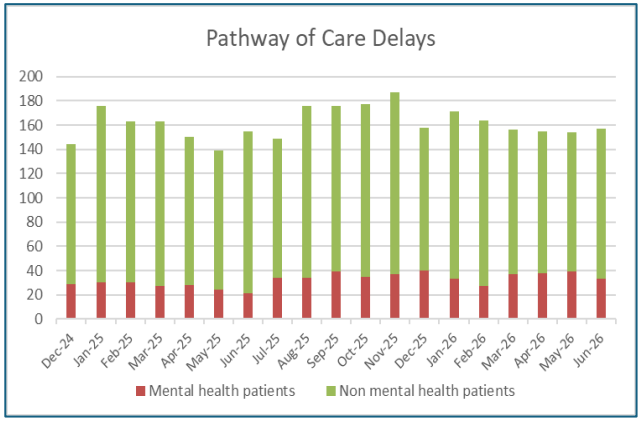
- In May, 27.8% of Hip Fracture patients were admitted to the ward within 4-hours. This represents a small reduction in performance from April, but our average of 26% remains significantly above the national average of 10.5%. Work continues to review and improve hip fracture length of stay which will provide an opportunity for improving outcomes and bed utilisation

Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays increased in June to 157. Non-Mental Health delays increased to 124 but with the average length of stay since becoming clinically optimised reducing to 30 days from 36 days in May. Mental Health delays reduced to 33, the average length of stay since becoming clinically optimised increased to 128 days from 106 days in May. The total number of delays is above our de-escalation requirement of 128

- In total 7,977 bed days were lost in June, reduced from last month and reduced by c1250 from the same month last year. We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process, including use of the trusted assessor model

- We continue with our top 20 longest staying patient meetings, chaired by the COO or Director to review themes and ensure actions to enable discharge are progressed. Issues such as the increase in patients waiting for social care assessment or joint assessment can be escalated through this forum.

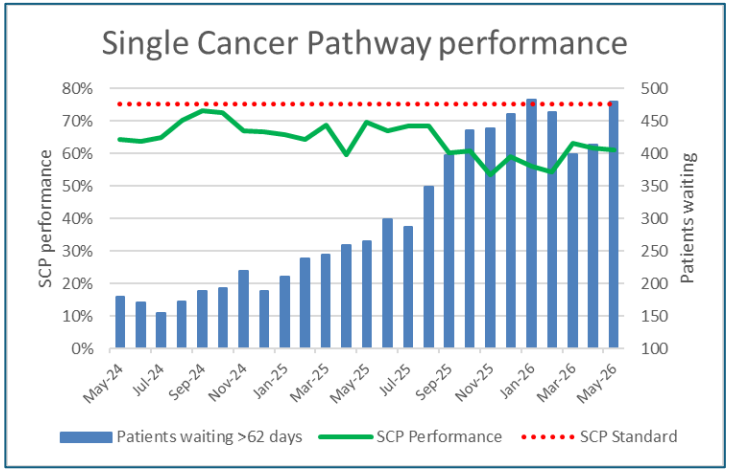


Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	34
Awaiting joint assessment	14
Awaiting Social Worker allocation	9
Awaiting completion of best interest decision	7
Home unsafe and requires attention	6
Patient/family care home choice	5

Top 6 reasons for MH delays	Number of delays
Awaiting care home manager (Nursing) to visit and provide outcome	7
Identifying residential home	5
Awaiting joint assessment	4
Awaiting care home manager (Residential) to visit and provide outcome	3
Identifying specialist bed	3
Awaiting Residential Home availability	2

Planned Care, Cancer and Diagnostics

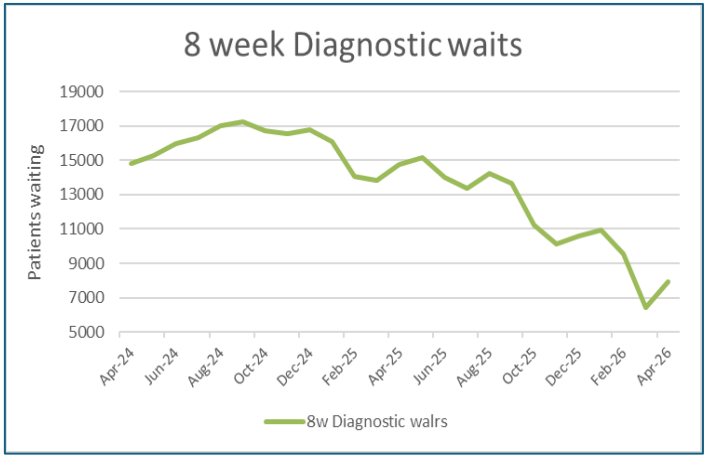
- As forecast, our Single Cancer Pathway compliance reduced by 0.8% to 60.9% in May, as we continue to treat patients from the increased backlog of 62 waits. In May we saw 2 tumour sites meet the SCP standard of 75%. The number of patients waiting 62 and 104 days for treatment has increased



- The total waiting list has increased by 20% in the in the first 6 months of this year when compared to the first 6 months of last year. This is continuing the trend that has been established over the last 2 years which has seen PTL growth of ~33% since summer 2024
- The volume of patients being accepted onto the SCP has increased by ~70% over the past 5 years
- As noted in last month's committee, we have worked with colleagues from P&I to develop a trajectory to reach 75% SCP compliance by March 2027
- This will require improvements in several tumour sites with key actions below:
  - Upper GI – Locum starting this month, 5 consultants starting in Q2/Q3
  - Urology – new consultant post target start August
  - Skin – specialty doctor and fellow recruitment July, conversion of FU outpatient to cancer clinic, service/primary care working group (referrals)

Planned Care, Cancer and Diagnostics

- Diagnostic 8-week waits increased in May 2026 to 9,139. We have seen continued reductions in non-obstetric ultrasound, but small increases in Endoscopy, CT and MRI. The greatest increase this month was from Echo waits, where we continue to see the impact of the additional outpatient activity in Q4 as part of the national programme. We are reviewing our booking and scheduling for Cardiology and have secured insourcing to deliver c2000.
- Endoscopy capacity continues to be a challenge, but we have secured insourcing capacity to deliver the cancer workload, which will also lead to a reduction in the number of non-cancer patients waiting 8-weeks.
- Short term support for NOUS with outsourcing, long term plan for advanced sonographer training, build on learning from SBUHB. Insourcing support for CT and MRI planned from Q3
- June's validated position is not available at the time of writing and will be updated verbally at Committee

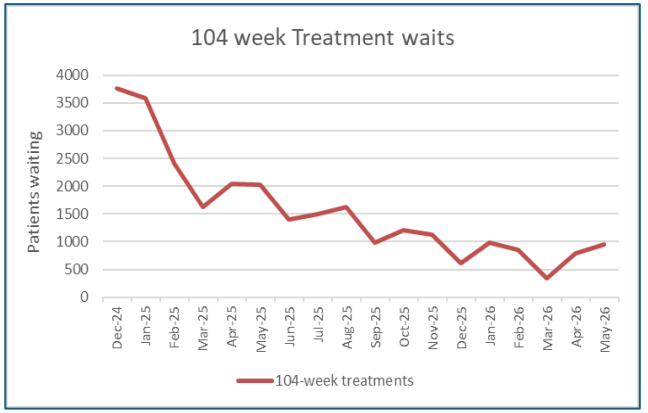


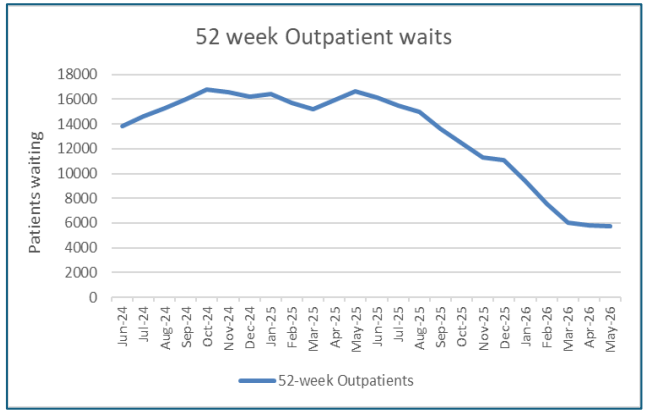
Planned Care, Cancer and Diagnostics

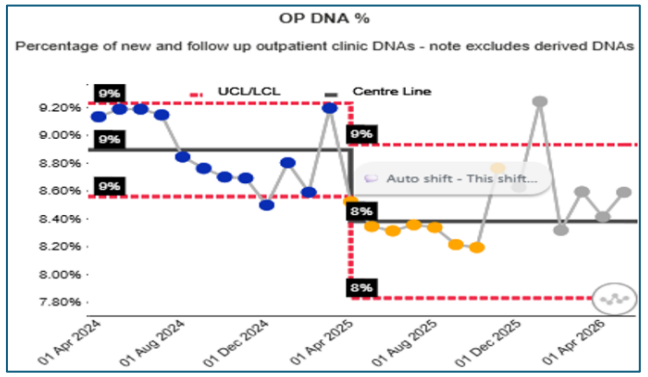
- Following delivery of our commitment to Welsh Government at the end of March; April, May and June saw increases in 2-year waits in line with our forecast. The largest increases were seen in Dermatology, General Surgery and Orthopaedics. In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. A paper on transformational and sustainable options will be brought to Board in July

- The number of patients waiting 3-years for treatment remained at zero

- New outpatient waits remain reduced in Q1. Our focus this year is on efficient use of outpatient resources, including increased use of SOS/PIFU, booking reviews of clinics with high DNAs, validation of uncashed clinics and focus on activity in line with EBIW guidelines (formerly Interventions not normally undertaken). Our first Productivity and Efficiency Board will be held in July with Executive oversight of a suite of productivity measure supported by a newly developed Power BI resource

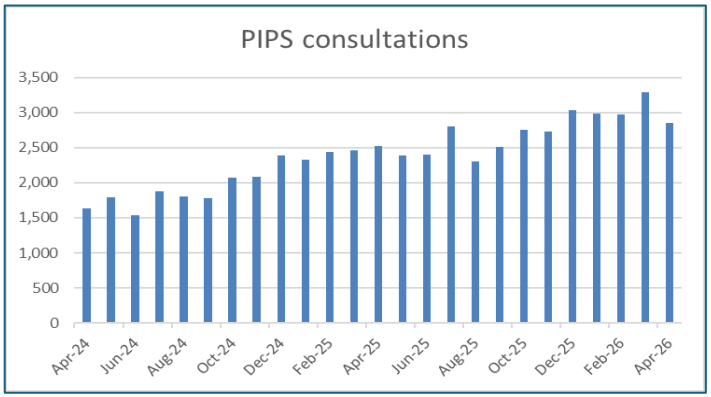






Primary and Community Care

- 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 through 25/26.
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,846 consultations delivered in April 2026, continuing the improvements from last year

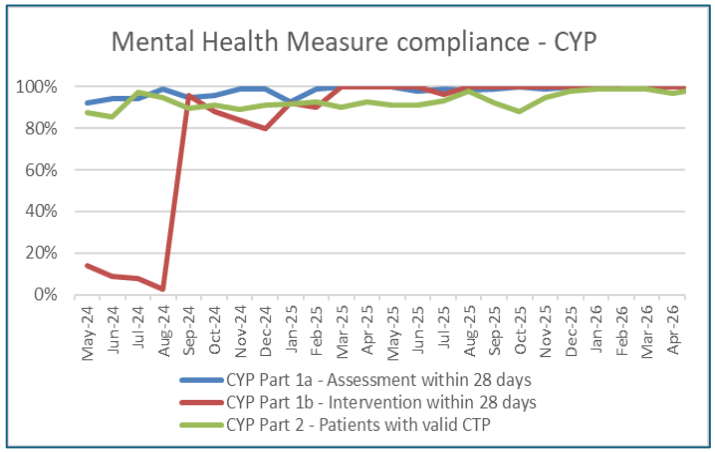


- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. Including DNs, wound healing service, continence service, Safe@Home and CRT/VCRS. District Nursing contacts exceeds the number of visits to EU on a monthly basis, and we have increased weekend capacity from 24/25 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, linking this with our emerging community by design agenda

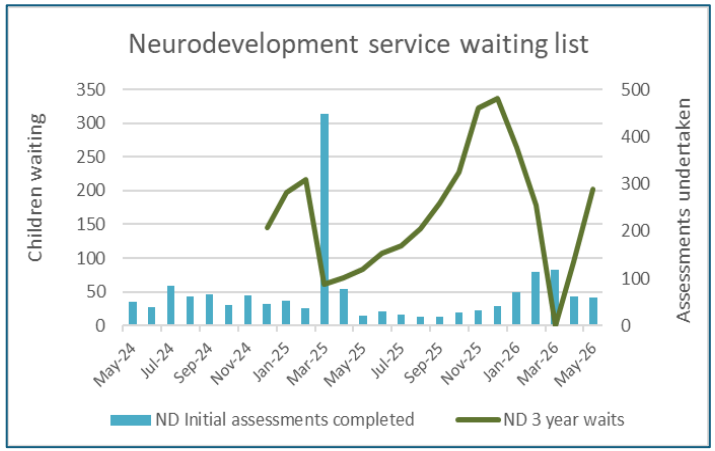
Community activity	Apr-26	YTD 26/27	Monthly av. 25/26
Disctrict Nurse visits to patients	18,162	18,162	17,234
Patients supported by Safe@Home	51	51	75
Patients supported by CRT/VCRS to avoid admission	31	31	39
Patients supported by CRT/VCRS with early discharge	101	101	107

Mental Health – Children and Young People

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, 100% compliance reported since December 2025. Part 2 performance remains above standard



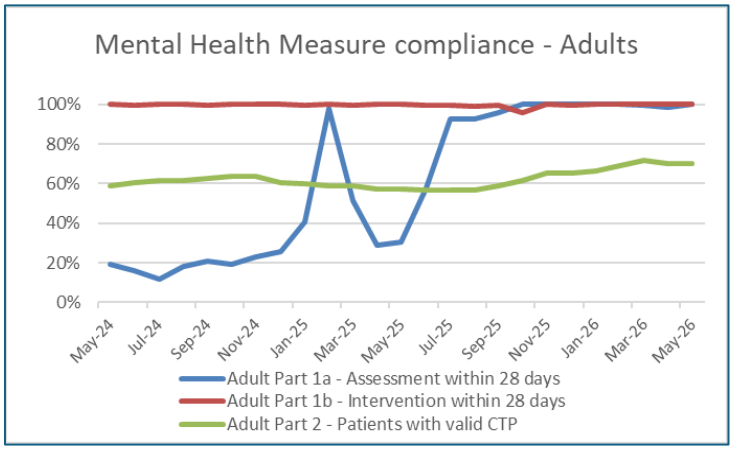
- Following the end of additional non-recurrent assessment capacity in 2025/26, April and May saw increases in the total waiting list for Neurodevelopment service and the number of children waiting 3 years for assessment. In May 5,006 children were on the waiting list, with 202 waiting 3 years. The Health Board is assessing options for utilising the £1m WG funding to reduce this through 2026/27. we have increased capacity this year, through job planning, to deliver over 200 additional appointments per year. Additional key actions for this year include increased digitisation, further pathway development and continued engagement with education



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

Mental Health – Adults and Older people

- For adult and older people's mental health services, May saw Part 1a compliance maintained over 98%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in April. Part 2 remained below standard in May, but has improved in line with our trajectory, and remains >70%. The Health Board has developed an improvement trajectory with the clinical teams, and we continue to work closely with colleagues from NHS P&I. We now have dedicated resource overseeing the management of CTPs and anticipate further improvement this year



- Our Mental Health teams provide a wide range of services, beyond assessment/treatment and the inpatient services at Hafan y Coed and University Hospital Llandough. In 25/26, teams made over 14,200 direct client contacts on average per month, with an additional 11,500 indirect contacts. Our community services operate within over 40 teams across a wide range of areas, a brief selection of which are illustrated in the table. Total contacts reduced in May compared to April and May last year. Validated June data unavailable at time of publishing

Community Mental Health services	May-26	26/27 year to date	25/26 Average
Direct Client Contact	12552	25530	14266
Indirect Client Contact	9893	20490	11553
Total Contacts	22445	46020	25818

	May-26	26/27 year to date	25/26 Average
Crisis Service team	1620	3070	1573
MH Headroom	431	935	519
Community Veterans Service	106	189	78
Young Onset Dementia Service	168	340	189

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

Operational performance metrics for TI

The full suite of metrics will be presented to routinely to the Public Board meeting

	Criteria	Measure	Baseline	De-escalation	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
			Jul-25	Requirement	UHB Performance													
Planned Care	1) 60% performance maintained against the SCP target	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	68.4%	60.0%	61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%	61.7%	60.9%
	2) 100% of open outpatient pathways to be waiting less than 52 weeks.	% of open pathways waiting less than 52 weeks for a new outpatient appointment	81.0%	100.0%	80.5%	79.6%	80.3%	81.0%	81.3%	83.9%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%	89.5%	89.8%
	3) 100% of open pathways to be waiting less than 104 weeks	% of open pathways waiting less than 104 weeks for referral to treatment	99.1%	100.0%	98.8%	98.8%	99.1%	99.1%	99.0%	99.4%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%	99.6%	99.3%
	4) 80% of open pathways to be waiting less than 52 weeks.	% of open pathways are waiting less than 52 weeks for referral to treatment	78.5%	80.0%	78.0%	77.3%	78.1%	78.5%	78.5%	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%	83.6%	83.9%
	5) 15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	23,473	14,415	21,758	22,853	22,503	23,473	24,346	24,869	25,248	26,146	28,065	28,267	28,268	29,682	30,091	30,870
	6) 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment.	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	66.2%	65.0%	61.9%	63.9%	63.5%	66.2%	65.4%	64.8%	67.4%	69.1%	68.0%	66.7%	67.9%	66.5%	65.4%	
	7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks.	% of patients waiting less than 8 weeks for diagnostic test	47.0%	80.0%	42.4%	39.9%	45.2%	47.0%	43.4%	43.6%	52.0%	54.5%	53.9%	51.9%	57.3%	66.1%	61.8%	56.1%
	8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	18.7%	80.0%	17.6%	13.3%	18.0%	18.7%	17.4%	20.3%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%	49.2%	46.2%
	9) 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - NOUS	40.4%	80.0%	33.9%	34.3%	38.2%	40.4%	38.6%	38.8%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%	60.5%	58.3%
		% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	64.9%	80.0%	66.3%	56.2%	68.0%	64.9%	52.6%	47.7%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%	76.4%	71.4%
	10) 85% of patients waiting for therapies to be waiting less than 14 weeks.	% patients waiting less than 14 weeks for therapy	93.8%	85.0%	95.8%	94.9%	94.9%	93.8%	92.8%	91.8%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%	92.8%	92.0%
UEC	1) Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline).	Ambulance handovers over 1 hour	317	223	462	390	363	317	36	39	147	149	168	181	273	73	87	31
	2) Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board.	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.2%	7.0%	7.7%	7.8%	7.8%	7.2%	6.8%	6.7%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%	7.9%	7.4%
		% of patients waiting 12 hours or more in ED - UHW	7.7%	7.0%	8.1%	8.2%	8.3%	7.7%	7.2%	7.1%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%	8.4%	7.8%
	3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes.	Median time from arrival at ED to assessment by a clinical decision maker (mins)	65	60	63	64	68	65	71	73	82	78	73	64	71	65	66	67
	4) Continuous reduction in delayed pathways of 5% (based on agreed baseline)	Number of pathways of care delays	149	128	150	139	155	149	176	176	177	187	158	171	164	156	155	154
Mental Health	1) 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	92.4%	80.0%	29.6%	30.4%	58.0%	92.4%	92.5%	95.9%	100.0%	99.9%	100.0%	100.0%	100.0%	99.5%	98.5%	100.0%
	2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	99.7%	65.0%	100.0%	100.0%	99.6%	99.7%	99.0%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
	3) 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	56.6%	80.0%	57.2%	57.1%	56.8%	56.6%	56.6%	59.1%	61.3%	65.2%	65.3%	66.5%	62.7%	71.9%	70.2%	70.2%

Productivity and Efficiency

Measure		Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Trend
Outpatients	% DNAs - New appointments	5%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.0%	8.7%	9.4%	10.0%	8.9%	9.9%	8.7%	9.5%	
	% DNAs - Follow-up appointments	5%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	8.7%	9.3%	8.5%	8.5%	8.8%	8.7%	
	% outpatients on See on Symptoms pathway	20%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	4.3%	4.4%	4.2%	4.2%	4.4%	4.2%	
	% outpatients on Patient Initiated FU pathway		0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	1.2%	1.6%	1.6%	1.6%	1.4%	1.5%	
Endoscopy	% room utilisation	90%	78%	88%	81%	87%	71%	72%	66%	79%	66%	72%	75%	73%	73%	67%	
	% utilisation (activity points available)	95%	87%	89%	87%	90%	89%	87%	87%	89%	87%	85%	86%	89%	91%	87%	
Theatres	Average turnaround time (minutes)	10	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3			15.3	15.5	15.5	16.0	
	% in session utilisation	85%	80%	79%	80%	78%	77%	79%	79%	78%			76%	77%	78%	78%	
	<24 hour elective cancellations	N/A	237	229	281	287	220	238	329	287	344	323	316	309	246	263	
Waiting list	Total RTT waiting list volume	N/A	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	146,215	142,532	135,990	131,170	131,864	131,971	
Inpatient	Delayed pathways of Care - Mental Health	217	28	24	21	34	34	39	35	37	40	33	27	37	38	39	
	Delayed Pathways of Care - non-Mental Health		122	115	134	115	142	137	142	150	118	138	136	119	117	115	
	7 day LOS on Acute Wards (snapshot)	<40%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	56.8%	56.1%	58.2%	58.3%	54.6%	55.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	27.9%	29.8%	33.5%	30.2%	26.6%	31.0%	
Urgent and Emergency	Reportable attendances	N/A	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	11,681	11,397	10,701	12,114	11,938	12,351	
	Reportable Majors attendances	N/A	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	6,372	6,154	5,655	6,227	6,256	6,273	
	Reportable EU admissions	N/A	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	1,834	1,697	1,485	1,703	1,682	1,696	
	SDEC attendances	N/A	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	1,864	1,951	1,808	2,042	1,946	1,893	

*Final theatre data validation is being undertaken following the move to a new booking and management system; current data is provided here as provisional performance information

Recommendation:
The Board/Committee (*delete as appropriate*) are requested to: a) **NOTE** the position against key organisational performance indicators for 2026-27 and the update against the Operational Plan programmes

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

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

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

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

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

Report Title:	**2026-27 Annual Plan: Quarter One Report**				**Agenda Item No:**	2.4
Meeting:	Finance & Performance Committee		Public	X	Meeting Date:	Wednesday 22nd July 2026
			Private			
Status	Assurance		Approval	X	Information/Noting	
Lead Executive Title:	Executive Director of Strategy Planning and Partnerships					
Report Author Title:	Strategic Planning & Delivery Manager and Senior Strategic Planning Manager					

Main Report
Background and Current Situation:

This report provides an overview of Quarter 1 progress against delivery of the actions set out in the Health Board's 2026/27 Annual Plan. Monitoring delivery of the Annual Plan is an essential component of effective strategic planning, supporting organisational agility, informed decision-making and robust governance.
For 2026/27, a revised reporting format has been introduced, providing a dashboard-based overview of productivity and efficiency measures, overall Annual Plan delivery, progress against strategic priority actions and key operational priorities. This approach enables clearer oversight of performance, delivery, risks and next steps, while highlighting actions that contribute directly to target intervention and de-escalation objectives.

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

Whilst the Health Board continues to face significant financial risk, and the in-year commitment given to Board and Welsh Government to de-risk plan by the end of Qtr 1 has not yet been achieved, the purpose of this paper is to report on progress against strategic actions set out in the 26-27 plan. On this basis alone the 2026/27 Annual Plan is broadly on track at the end of Quarter 1, with 50% of actions rated Green and no actions currently assessed as Red (*see slide 7*).

Good progress has been made in establishing the foundations for delivery across a number of strategic priorities, including the launch of the Clinical Services Plan, establishment of the Community by Design Programme, development of major digital, quality and workforce initiatives, and progress against key operational improvement programmes (*see slide 10)*. Whilst 41% of actions are currently rated Amber, this is not unexpected at this stage of the year, with many programmes progressing through mobilisation, consultation, planning, procurement and approval stages before full implementation can commence. Several actions are also continuing to refine delivery plans, governance arrangements, milestones and outcome measures as programmes transition from development into delivery. Key challenges remain around organisational redesign dependencies, programme governance and performance management arrangements, and the need to strengthen benefits realisation and outcome tracking (*see slide 8*). Quarter 1 has highlighted that, whilst delivery activity is underway across most actions, the maturity of programme governance, planning and performance management arrangements remains variable. Strengthening these foundations will be critical to providing greater confidence in delivery and demonstrating impact over the remainder of the year

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

July 2026

Annual Plan 2026-27

Quarter 1 Report

Cardiff and Vale University Health Board

Purpose and scope

- The purpose of this dashboard is:
  1. To provide a clear, consistent view of in-year progress against the 2026/27 Annual Plan
  2. To focus attention on delivery of near-term commitments, alongside progress on longer-term strategic transformation
  3. To enable informed oversight, challenge and support through a proportionate RAG assessment
  4. To provide updates on performance against the quantitative Targeted Intervention Criteria measures.

- <u>Scope and Focus of Reporting</u>

  The 2026/27 Annual Plan sets out a broad range of commitments, including minimum delivery expectations, enabling actions, Ministerial Advisory Group (MAG), and Improving Performance Together (IPT). This dashboard focuses specifically on reporting progress against the qualitative strategic priorities of the plan, in line with the approach taken in previous quarterly reporting cycles. Other elements of the Annual Plan - primarily those relating to quantitative performance measures - are monitored and reported through alternative mechanisms, such as the Integrated Performance Report.

How to read this dashboard

- The dashboard is structured as follows:
  - Productivity & Efficiency: Key measures presented up front as outlined in the 2026/27 Annual Plan, linked to related strategic and operational activity
  - Overall Annual Plan Delivery: Overview of delivery across all 46 annual plan actions.
  - Strategic priority actions: Two slides per portfolio assessed against each Portfolio's Strategic Intent detailing RAG, progress, risks and next steps
  - Key operational priorities: Performance against priority operational actions detailing RAG, progress, risks and next steps
  - Targeted Intervention: Assessment of progress against the quantitative Targeted Intervention Criteria measures, including performance trends, RAG status, key recovery actions and next steps.

Productivity & Efficiency Monitoring

This section of the report places a strengthened focus on **productivity and efficiency**, reflecting the Health Board's commitment within the **Annual Plan 2026/27** to deliver sustainable improvements in performance and value.

The following framework, originally set out in the Annual Plan, identifies our **high-value opportunities** across key service areas. It brings together a defined set of **outcome measures** spanning flow, workforce, theatres, outpatient care and population health.

We are using this framework to **monitor progress throughout the year**, tracking q**uarterly progress (Q1–Q4)** to assess delivery against the plan.

This approach supports a shift from reporting on delivery alone to **understanding whether actions are improving system performance**. It provides a **consistent line of sight from Annual Plan priorities to measurable outcomes**, enabling early identification of where progress is on track and where further intervention is required.

Productivity & Efficiency Monitoring

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

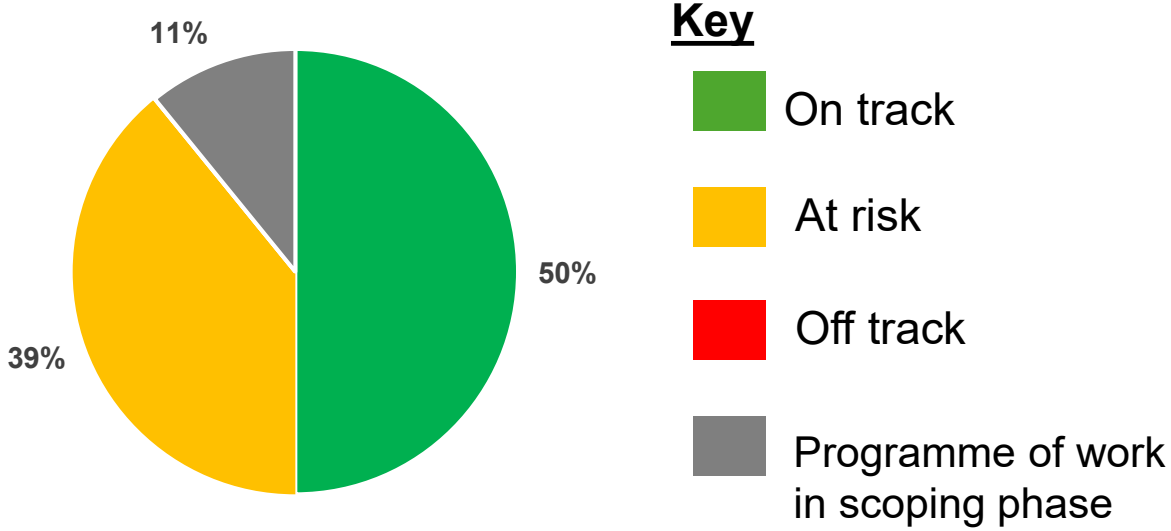
High Value Opportunity	Scope	Baseline Position 2025-26	Target Position by Q4 2025-26	Opening position 2026-27	Target Position by Q4 2026-27	Q1 2026-27
Optimising time spent in hospital	• Reducing non-elective medicine LoS to peer mean (medicine)	13.7 days	11.9 days	14.6 days	13.6 days	*Data not yet available for Q1 position*
	• Pathway of Care delays Bed days per month	10,069	-	7,452	6,900	7,977 (June)
Theatres productivity	• Improving "in" theatre session utilisation to GIRFT standard:	79%	85%	75%	85%	78% (April)
	• Improving "of" theatre utilisation	80%	90%	83%	90%	*Data not yet available for Q1 position*
Outpatients efficiency	• Reducing DNA rates	11%	5%	8.60%	5%	8.6% (May)
	• Follow Ups - see on symptoms/patient initiated follow up for nationally mandated pathways	3.4% / 0.8%	20%	4.3% / 1.6%	8% / 4%	4.0%/ 1.3% (June)
Mental Health	• OOA placements	-	-	23	5	24 (End of June position)
Workforce - including improving wellbeing and availability to work	• Improved Attraction and Retention- Turnover	9.40%	< 9%	8.04%	< 9%	7.85%
	• Increased engagement score	72%	74%	69.20%	74%	*Engagement update due in Q4 (annual survey)*
	• % headcount personal appraisal and development review in past 12 months	79%	85%	72.75%	85%	76.22%
	• Improved medical job planning	43%	> 90%	82.45%	>90%	80.82%
	• Agency usage (30% reduction)	£8.7m	£5.5m	£5.5m	£3.8m	£1.3m
	• Improved sickness absence rates / availability of staff	6.25%	<5.5%	6.42%	<5.50%	6.39%
Commissioning	• Clinical Coding % compliance	70.0%	85.0%	75%	80%	*Data not yet available for Q1 position*
Public Health – Protecting and improving the health of the local population	• Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	66.9%	72.0%	73.0% (9 Mar 2026)	73.0%	
	• Percentage uptake of influenza vaccination amongst staff	36.0%	56.0%	64.2% (5 Mar 2026)	65%	
	• Maintain levels of healthy weight children	77.5%	77.5%	77.7%	77.8%	
	• Reduce smoking rates	13.0%	12.90%	9.1%	8.9%	

Overall Annual Plan Delivery

This slide provides an overview of the current RAG status of all 46 annual plan actions, highlighting overall delivery performance.

*Note - RAG ratings reflect delivery of agreed actions and planned milestones, not the underlying performance outcomes. This approach recognises that the Annual Plan focuses on delivering the key enablers required to improve performance over time.

Delivery RAG Status of Annual Plan Actions



Overall delivery is broadly on track, with **50%** of annual plan actions rated green and progressing as planned. A further 41**%** are rated Amber, reflecting areas where delivery risks remain.

A small number of programmes remain in the scoping phase and are expected to move into delivery from Q2 onwards. No actions are currently rated Red.

Key Challenges Impacting Delivery

Whilst overall delivery of the Annual Plan remains broadly on track, several cross-cutting challenges are affecting the pace of implementation and the consistency of progress reporting across a number of actions and workstreams.

Key Challenges Impacting Delivery:

- **Organisational redesign** – A number of workstreams are awaiting decisions on organisational redesign before wider implementation can progress. There is no clearly identified SRO or agreed programme plan, limiting the ability to track progress and hold delivery to account.

- **Inconsistent programme governance and capacity**– The absence of a consistent organisational approach to performance management makes tracking Annual Plan delivery challenging. However, this is being addressed through the development of a corporate Performance Management Framework.

- **Focus on action completion rather than outcomes** – Some areas continue to report completion of actions rather than demonstrating impact through agreed outcome measures and KPIs, limiting assurance on benefits.

Strategic Priority Actions

This section provides an overview of progress against the 2026/27 Annual Plan priority actions aligned to the Cardiff and Vale University Health Board (CAV UHB) Strategic Portfolios.

- Twenty-eight priority actions are being delivered through the Portfolio structure, with each action assigned a unique Action ID to support monitoring, assurance and reporting.
- Each action has an identified Senior Responsible Owner (SRO) and Delivery/Reporting Lead, supported by a Plan-on-a-Page to guide delivery and performance management.

Two slides are presented for each Portfolio. These slides:

- Set out the Portfolio's strategic intent and success indicators, maintaining a clear line of sight to agreed priorities and outcomes.
- Provide an update on progress against key actions within the Portfolio, supported by a RAG (Red, Amber, Green) assessment.

This approach enables consistent oversight of delivery, supports assurance on progress, and highlights areas where additional focus, support or intervention may be required.

Summary of Strategic Portfolio Action Status

Update – Q1 2026

Clinical Services

Key progress in Q1

- CSP launched
- CbD programme established
- LHP business case and SEW regional orthropaedic plan developed
- Velindre partnership vision and roadmap developed
- Specialised services baseline refresh commenced

Quality

Key progress in Q1

- QMS position statement approved and all Clinical Board assessments have now been completed
- Clinical governance reporting framework endorsed and implementation has commenced.
- Clinical audit forward plan has been designed

Population Health

Key progress in Q1

- Completed evaluation of last year's flu campaign and planning underway for 26/27
- Delivery of the Allen Carr Easyway to Stop Smoking project, targeting areas of deprivation
- New diabetes governance structures in place
- Submission to WG of funding bid for further Women's Health Hub development

People & Culture

Key progress in Q1

- Refresh of P&C Plan commenced
- Work is on-going with HEIW to support the Nursing & Midwifery Supply and Demand modelling dashboard
- Piloting of the Culture & Engagement Warning System.

Future Generations

Key progress in Q1

- Future generations workshop planned for Q2 to progress priorities and delivery plans
- Sustainability Clinical Leads were identified across all Clinical Boards who are now members of the Clinical Sustainability Leads Working Group

Infrastructure - Digital

Key progress in Q1

- Digital Foundations 5-year programme defined and alignment of the Digital Roadmap to the CSP commenced.
- RISP Phase 1 successfully implemented
- Summary Care Record rollout expanded across health and local authority partners.
- AI governance arrangements established

Infrastructure - Estates

Key progress in Q1

- Initiation of demolition of under-utilised assets
- Funding has been secured to develop a long-term vision for the phased redevelopment of the Heath Park site
- Commencement of refreshed Community Infrastructure Plan

Priority actions – Clinical Services

**RAG based on progress against agreed deliverables, not outcome performance.*

Deliver a sustainable, future-ready clinical model by moving the Clinical Services Plan into coordinated delivery and service-level planning, enabling integrated, system-wide redesign and improved outcomes for the population.

ID	Priority Area	RAG Status*	Evidence of Progress – Achievements, Risks, Next Steps
1	Clinical Services Plan Delivery		**Achievements**: CSP complete, launch 22.06; engagement plan developed; work on service planning framework and regional alignment underway **Risks**: Delivery governance and accountability; clinical engagement; partner alignment **Next steps:** Finalise service planning framework, establish clear delivery/reporting arrangements
2	Community By Design Programme		**Achievements:** Programme established, leadership in place; draft brief developed; engagement underway; launch at CSP event **Risks:** Governance complexity, scope clarity, primary care engagement, data & infrastructure dependencies **Next steps:** Finalise programme brief, develop roadmap, align governance, resources and engagement approach
3	South East Wales Regional Planning		**Achievements:** Progress across all programmes; plans, workforce models and data development underway, regional CSP being scoped (aligned to national CSP) **Risks:** Workforce and programme capacity, funding uncertainty, digital & estates dependencies **Next steps:** Finalise regional ortho plan , progress business case for path, develop & further refine service models and workforce plans for opthalm, radiology, endoscopy, cancer
4	Velindre Partnership		**Achievements:** Strategic case for change, partnership vision and roadmap developed; haemato-oncology baseline and service modelling underway **Risks:** Complexity across partners, duplication risk, capacity constraints, and data availability **Next steps:** Stakeholder engagement, detailed roadmap development, and progression of haemato-oncology service model and feasibility work
5	Specialised Services		**Achievements:** Baseline refresh commenced; engagement with JCC and NHS P&I colleagues on wider strategic direction of specialised services; key projects ongoing (e.g. cardiac). **Risks:** Data availability, clinical leadership capacity, and programme delivery resource **Next steps:** Complete baseline assessment, formalise approach, develop vision and delivery plan, and progress key service transformation programmes.

Priority actions – Population Health

Population Health

Improve lives and reduce unfair differences in health outcomes through targeted, whole-system prevention and population health interventions.

ID	Priority Area	RAG Status*	**Evidence of Progress –** Achievements, Risks, Next Steps
11	Vaccination		Joint Health Board flu evaluation session held in April 2026, planning underway for the 2026/27 season. CAVUHB Childhood Immunisations Strategic Plan approved in April 2026. HPV vaccination campaign ran Feb-June 2026. Latest quarterly data suggests gap narrowing between CAVUHB and all-Wales uptake. Spring vaccination campaign for COVID-19 complete, 50.5% uptake in CAVUHB which is above the All-Wales average.
12	Healthy Weight		On track. Actions in Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.
13	Tobacco Control		Allen Carr Easyway to Stop Smoking Project specifically targeted in areas of deprivation. Training delivered and new projects implemented in primary care. Number of treated smokers in May 2026 showed a 50% increase on the same month last year.
14	Diabetes		New diabetes governance structures in place, with monthly Programme Delivery Group (chaired by Chief Operating Officer) with clear aims, objectives and reporting across multiple workstreams, for example increasing uptake of 8 care processes. New streamlined Strategic Programme Board to meet late July.
15	Women's Health		A funding bid to Welsh Government for Women's Health Hub development has been developed and submitted. The proposal spans a number of workstreams to ensure the Health Board delivers against the two key expectations – further expansion of the Hub model, and preparation for delivery of additional services with regards to pelvic health, VAWDAS, post-natal health and healthy ageing.

**RAG based on progress against agreed deliverables, not outcome performance.*

Priority actions – Quality

Quality

Create a health board-wide system and culture for quality in its broadest sense, using Shaping our Future Quality Excellence to eradicate avoidable harm and integrate quality, safety, governance and value.

ID	Priority Area	RAG Status*	Evidence of Progress – Achievements, Risks, Next Steps
6	QMS Development		The QMS Position Statement was approved by the Board, and was submitted to NHS P&I by the required deadline. Baseline assessments were collated. Following this, it was agreed that further Maturity Matrix assessments would be undertaken to gather more comparable information and establish a richer baseline to inform future priorities and improvement plans. All Clinical Board assessments have now been completed, and assessments for Corporate Service functions are scheduled to take place throughout July.
7	Quality Excellence Programme		All Projects are continuing as planned. An additional project (Scan for Safety) has been added to the Programme in Quarter 1
8	Patient Safety Framework		A clinical governance reporting framework was introduced and endorsed in Senior Leadership Team in April, full implementation has commenced, monitoring and evaluation will be completed by end of Q4.
9	Availability of Quality Data		Clinical audit forward plan has been designed and was presented to quality committee in May to progress with the plan. In terms of the clinical audit strategy this is currently being completed and will be presented at Quality Committee in September
10	Value-based approaches		Work continues on Value agenda. Progress have been significantly impacted by having no Value in Health Programme Manager (due to Maternity and Sick Leave). PROMS programme has transitioned fully to new software and is onboarding additional services.

**RAG based on progress against agreed deliverables, not outcome performance.*

Priority actions – People & Culture

People & Culture

Strengthen, stabilise and support the workforce through a refreshed People and Culture plan, creating conditions for a healthy, engaged, inclusive and sustainably staffed organisation that enables the future model of care.

ID	Priority Area	RAG Status*	Evidence of Progress – Achievements, Risks, Next Steps
16	P&C Plan		The start of the process was delayed to allow the CSP and Nursing & Midwifery Plan to be launched. First engagement session held on 03/06/26 with the P&C Team: Engagement & Communication plan has been developed with stakeholder engagement commencing in July and concluding in October.
17	Workforce Org Redesign		Awaiting decision on implementation of the preferred operating model (see ID 29 for further detail)
18	Leadership		Leadership and management capability continues to be strengthened through targeted interventions in priority areas, enhanced management development programmes, and preparation for the NHS Wales Competency Framework. Progress has also been made in developing leadership assurance mechanisms, including the Culture & Leadership Dashboard and piloting of the Culture & Engagement Warning System.
19	Workforce Planning		Work continues with HEIW to support development of the Nursing and Midwifery Supply & Demand Modelling Dashboard. Strategic workforce planning engagement has continued through HEIW-led workshops, while opportunities to strengthen internal workforce planning capability through training are being progressed.
20	Staff Health & Wellbeing		Sickness absence rates have reduced month on month since December 2025 (7.11%) to 5.71% in May 2026. A reduction of 1.40%. April 26 was the lowest sickness rate for April in the last 4 years. The cumulative sickness rate remains broadly stable at 6.41%

**RAG based on progress against agreed deliverables, not outcome performance.*

Priority actions – Future Generations

Future Generations

Embed a coherent, forward-looking approach to sustainability and innovation by establishing the Shaping Our Future Generations Portfolio and delivering coordinated decarbonisation, research and innovation.

ID	Priority Area	RAG Status*	**Evidence of Progress –** Achievements, Risks, Next Steps
21	Future Generations Portfolio Development		Work is ongoing to establish the Shaping Our Future Generations Portfolio, with activity during Quarter 1 focused on developing the baseline position and associated performance metrics. A portfolio development workshop has been scheduled for 23 July 2026 to support agreement of priorities, outcomes and governance arrangements across the portfolio's core area
22	Decarbonisation		During Quarter 1, Sustainability Clinical Leads were identified across all Clinical Boards and have been established as members of the Clinical Sustainability Leads Working Group, contributing to the wider Sustainability and Climate Response Programme. In addition, the Sustainability and Climate Response Programme Board approved a workplan for the co-production of the Health Board's Sustainability and Climate Response Plan. The workplan is structured around three key components: Corporate Sustainability and Decarbonisation Plan, Clinical Sustainability and Decarbonisation Plan and Climate Adaptation Plan.

**RAG based on progress against agreed deliverables, not outcome performance.*

Priority actions – Infrastructure (1)

Infrastructure - Digital

Deliver user-centred, interoperable digital systems, real-time data insights and resilient infrastructure that improve patient and staff experience, reduce harm and enable delivery of the Clinical Services Plan.

ID	Priority Area	RAG Status*	**Evidence of Progress –** Achievements, Risks, Next Steps
23	Digital Strategy & Operating Model		The Digital Foundations five-year programme has been defined, with work underway to align this with the wider Digital Roadmap, Clinical Services Plan and future Workforce Strategy. Progress remains dependent on Welsh Government decisions relating to funding, EMRAM and national digital architecture.
24	National Digital Programmes		Progress continues across national digital programmes, with RISP Phase 1 implemented and LIMS on track for September 2026. Delivery of the Mental Health and Community application replacement remains dependent on business case approval and funding confirmation, while Summary Care Record adoption continues to increase across partner organisations.
25	Digital Enablers		Good progress has been made in strengthening digital and data capabilities, including establishment of governance arrangements for AI use, development of organisational guidance for Copilot, and creation of processes to capture and scale learning from AI initiatives.

**RAG based on progress against agreed deliverables, not outcome performance.*

Priority actions – Infrastructure (2)

Infrastructure - Estates

Optimise and future-proof the Health Board estate across acute and community settings by maximising utilisation, addressing critical infrastructure risk, and working with partners to deliver sustainable estates aligned to the Clinical Services Plan.

ID	Priority Area	RAG Status*	**Evidence of Progress –** Achievements, Risks, Next Steps
26	Utilisation of Acute Estate		Good progress has been made on the demolition of Sports and Social Club, demolished to ground level (delay due to nesting seagull). Brecknock House demolished to 5th floor.
27	Acute Estate Modernisation		Recent completion of our comprehensive estate condition survey, which is now being used to develop a prioritised investment programme for the future. In parallel, funding has been secured to develop a long-term vision for the phased redevelopment of the Heath Park site, ensuring future facilities are designed to modern healthcare standards and are capable of supporting changing models of care.
28	Multi-agency Community Estate		Progress has been made in identifying and developing multi-agency estate opportunities, although delivery remains stronger in Cardiff than the Vale. To strengthen delivery and address key dependencies, a refreshed Community Infrastructure Plan with revised deliverables and measures is being developed for review at the September HCE meeting.

**RAG based on progress against agreed deliverables, not outcome performance.*

Key Operational Actions

This section provides an overview of progress against the Annual Plan 2026/27 key priority actions that are not aligned to the Strategic Portfolio structure.

A total of **18 priority actions** are included within this category. These actions are primarily managed through Clinical Boards and span a range of cross-cutting themes, including organisational redesign, length of stay, medicines management, primary & community care, urgent & emergency care, planned care & cancer, diagnostics & therapies, women & children's services, and mental health.

Many of these actions have clear links to the productivity and efficiency measures shown at the beginning of the report.

*NOTE - 3 of the 18 actions are captured as part of a broader strategic portfolio action so not updated in the following slides. These are action ID 36, 43, 44.

Operational Actions

ID	Priority Area	RAG Status*	Evidence of Progress – Achievements, Risks, Next Steps
29	Operational Redesign		A paper seeking Board consideration and approval of the proposed organisational redesign options is scheduled for July. As implementation is dependent on a Board decision, no wider delivery activity is currently underway and therefore no RAG rating is reported at this stage.
30	Length of Stay Reduction		Delivery of standardised ward processes and a ward flow model across 6 pilot wards, testing & evaluating the impact on patient flow, LOS and discharge performance is in progress. This is linked to UEC action (ID 35).
31	Medicines Management Improvements – NICE approved medicines & technology		The scope and requirements of this work are currently being developed and will be progressed through the Medicines Management, Quality, Efficiency and Improvement Programme, hence no RAG given.
32	End of Life Care Transformation		The expansion of Supportive Care has been completed and is now extending to additional life-limiting conditions. Tidal Zone 1 has successfully launched, with development of the 7-day model commencing in July 2026, and plans remain on track to expand ALISE into further clinical areas, subject to hospice bed capacity. Work is progressing on key Q2 deliverables to support wider transformation of palliative and end of life care services.
33.	Enhanced Community Care Expansion		Progress is being made on service redesign and model development; however, delivery is affected by significant workforce pressures within District Nursing services. Work continues on reviewing workforce capacity, remodelling MDT arrangements and aligning plans with the emerging Community by Design programme. Risks to achieving planned increases in community capacity remain and require continued monitoring.
34	Primary Care Contract Optimisation		Delivery remains on track with contractual access standards monitored in line with requirements and implementation of the new Dental Contract measures completed. Quality assurance review arrangements are being refined through a nationally aligned approach, and development of the annual practice visit programme is progressing. No significant issues have been identified affecting delivery of planned milestones.

**RAG based on progress against agreed deliverables, not outcome performance.*

Operational Actions (continued)

ID	Priority Area	RAG Status*	**Evidence of Progress –** Achievements, Risks, Next Steps
35	UEC programme		Delivering agreed 2026/27 UEC actions, including enhanced ward processes, SPoA development, community falls and Telecare pathways, ED redirection, community hospital and Safe@Home models, and acute frailty/SDEC redesign. Ongoing work will focus on embedding pathways, establishing governance, securing workforce capacity, and demonstrating impact on admissions, conveyances, length of stay and delays.
37	Medicine Clinical Board Reorganisation Ambitions		No update this reporting period; therefore, this action is RAG rated grey. An update to be provided in Q2 on plans for re-organising Medicine Services into Lakeside Wing and delivering 7 day working in frailty.
38	National Optimal Cancer Pathways		Trial of Breast Pain Optimal Pathway (BPOP) in place. To be evaluated and action plan developed thereafter.
39	Theatre Utilisation Programme		Progress has been made in establishing performance baselines and strengthening management of theatre productivity, with overall utilisation currently at 77%. High-volume low-complexity pathways have been successfully implemented for cataract surgery and are progressing for arthroplasty and general surgery, while focused work on start times, theatre utilisation and GIRFT compliance is underway to support further improvements
40	Outpatient Improvement Programme		Progress is being made to increase outpatient capacity and reduce unnecessary follow-up activity. Plans are in place to transfer 13,000 follow-up patients to SOS/PIFU pathways, with implementation commencing in July following completion of the procurement process. Additional initiatives, including clinic overbooking in high DNA specialties and outpatient validation work, are demonstrating positive early impacts. Stage 3 validation is ahead of target, with over 4,000 records removed to date, almost 1,000 ahead of trajectory.

NOTE - Action ID 36 is captured as part of a broader strategic portfolio action (ID 2) so not updated here

**RAG based on progress against agreed deliverables, not outcome performance.*

Operational Actions (continued)

ID	Priority Area	RAG Status*	**Evidence of Progress –** Achievements, Risks, Next Steps
41	Integrated AHP Pathways		Progress has been made across both organisational redesign workstreams during Q1, with consultation periods extended to maximise staff engagement. The administrative and clerical workstream has progressed well and remains on track, with implementation activity planned for Q2. Consultation on the leadership workstream has now closed and feedback is being reviewed to inform the next phase of delivery. Overall, progress is positive, although further work is required to assess the implications of consultation responses and maintain delivery momentum
42	Diagnostic Stewardship Programme		Plans in Q2 to complete scoping phase to identify, assess and agree a prioritised pipeline of opportunities for development.
45	Neurodevelopmental Services Transformation		No update this reporting period; therefore, this action is RAG rated grey. The evaluation and transformation of Neurodevelopmental Services remains part of the longer-term programme of work. Further updates will be provided as scoping, plans and next steps are developed and confirmed.
46	Mental health Improvement Programme		Approval was received in June for Shaping Change to provide support to the team. This support is expected to strengthen project management arrangements, particularly in relation to the delivery and monitoring of key milestones and deliverables across the Mental Health Improvement Programme.

NOTE - Action ID 43 & 44 are captured as part of a broader strategic portfolio action (ID 22 and 10, respectively) so not updated here

**RAG based on progress against agreed deliverables, not outcome performance.*

Targeted Intervention

The Health Boards de-escalation framework (March 2026) sets out the domains for which the UHB is in escalation;

- Performance and outcomes,
- Quality
- Population Health
- Clinical services
- Finance
- Strategy and Planning
- Leadership and Culture

Within three of these (Performance and outcomes, Quality and Population Health) the UHB has been set quantifiable standards that it must be meet for two consecutive quarters in order to be considered '*de-escalation ready*'.* Across the 26-27 annual plan the UHB set out its position, and ambitions, regarding these standards. Slides 30,31,32 show the UHBs current position. In summary;

Domain B: Quality

Across three areas the UHB is currently achieving the de-escalation requirement in one (cumulative number of c-difficile infection cases in line with all Wales average). However, this has not yet been sustained for two consecutive quarters.

Domain D: Performance and outcomes

Across nineteen areas the UHB has;

- Been achieving the de-escalation requirement, for two consecutive quarters, across three (% patients waiting <14 weeks for therapy, % of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years), % of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)
- Is currently achieving the de-escalation requirement, but not yet for two consecutive quarters, across four.

Domain E: Population Health

Across the three areas the UHB is showing a positive trajectory of improvement but as is not meeting any of the de-escalation standards.

**The UHB has since been verbally informed that to be in a position for de-escalation standards across whole domains must be achieved. i.e. the UHB can only be de-escalated for a whole domain not for specific components of a domain.*

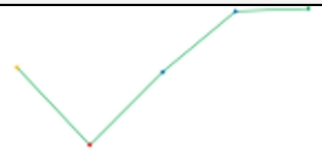
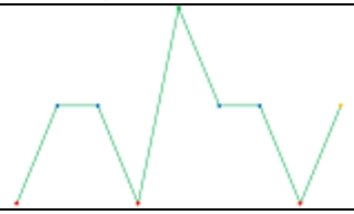
Annex 1 – Targeted Intervention Quantitative Performance Update (July 2026)

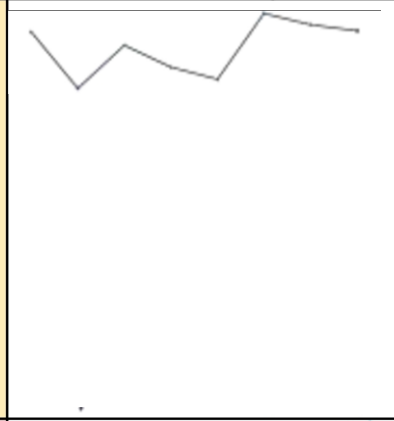
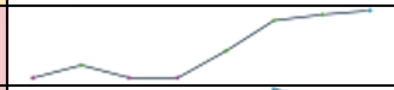
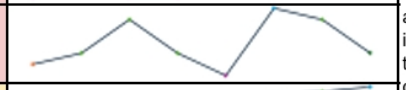
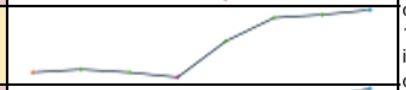
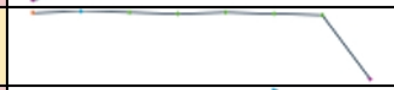
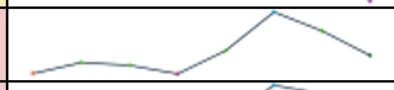
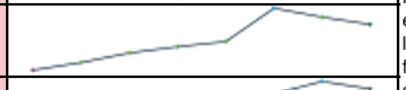
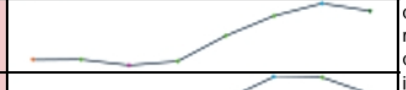
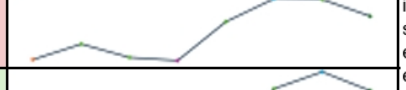
RAG Key

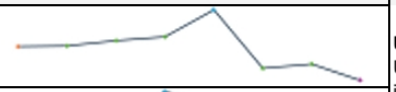
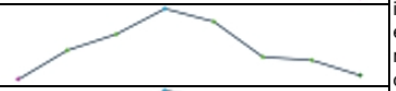
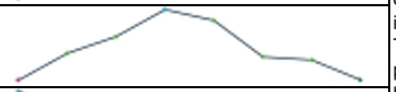
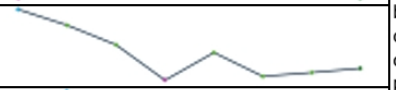
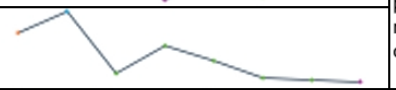
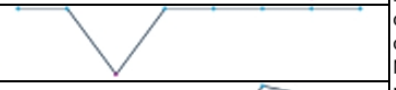
- Achieved the de-escalation requirement for two consecutive quarters
- Currently meeting the standard for the most recent reporting month
- Not achieving the de-escalation requirement.

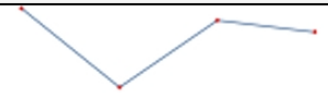
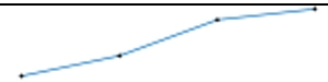
Domain B - Quality

	Measure	De-escalation Requirement	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26	Apr-26	Apr-26 to May-26	Apr-26 to Jun-26	RAG	Comments
Infection	Cumulative number of C.difficile infection cases	In line with all-Wales average for that month *(grey boxes so all-Wales averages)*	118	132	148	165	179	186	17	26	43		Over recent weeks, a number of developments have taken place, including the development of an overarching health board improvement plan, the sharing of learning from paediatric oncology, implementation of actions aligned to national recommendations, and establishment of Infection Prevention and Control (IPC) review panels in medicine clinical board. This has contributed to a reduction in C. diff rates, strengthened ownership and leadership at all levels, increased focus on outcomes, and improved antimicrobial stewardship, with next steps focused on scaling successful approaches, widening professional engagement, and expanding IPC panels across all clinical boards.
			116	*133*	*148*	*162*	*175*	*190*	*16*	*31*	*48*		
	Cumulative number of hospital onset E.coli BSI cases		41	44	48	56	60	64	5	13	21		Work has progressed to strengthen prevention of E. coli bacteraemia through refreshing urine sampling protocols in primary care and appointing dedicated IPC leadership within community and primary care settings. This has improved appropriate sampling and prescribing for UTIs, increased focus on community outcomes, and supported antimicrobial stewardship, with next steps centred on a deeper review of hospital-onset cases to identify causes and develop targeted improvement actions.
			44	*49*	*54*	*60*	*65*	*71*	*4*	*9*	*16*		
	Cumulative number of hospit		5	7	7	8	8	8	2	2	2		Significant action has been taken to improve MRSA compliance through enhanced screening, decolonisation, hand hygiene, ANTT, and care bundle implementation, alongside executive review of all hospital-onset MRSA bacteraemia cases. This has improved identification and prevention of transmission, strengthened IPC compliance, increased organisational learning and accountability, and supported reductions in hospital-onset cases, with next steps focused on full implementation of improvement actions, monitoring data trajectories, and further strengthening PVC/CVC bundle compliance.

	Measure	De-escalation Requirement	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	RAG	Treadline	Comments
Complaints	% of PTR concerns settled in 30 working days (by date received)	65%	60.7%	55.2%	60.4%	64.7%	64.90%	*No data from March-26 (see comment box for info)*						**Note** - There is a data gap since March-26 as there is a need to clarify the de-escalation requirement for the TI Concerns metric. The current measure is 65% of concerns closed within 30 working days; however, following the introduction of the Listening to People Regulations on 1 April, it is unclear whether this will transition to 40% of concerns closed at early resolution to align with the Ministerial Key Delivery Expectation and corresponding updates to the Beacon dashboard.
Never Events	Number of never events (by incident date)	Sustained reduction	0	1	1	0	2	1	1	0	1			Progress has been made to strengthen theatre safety and reduce Never Events through implementation of the WHO checklist, development of an annual audit plan, agreement of refresher scrub practitioner training, use of immersive simulation, and enhanced board oversight. This has improved standardisation of WHO delivery of checklist , strengthened quality assurance, and promoted meaningful multidisciplinary discussions, with next steps focused on delivering the audit programme, developing scrub training programme with increased surgeon mentoring, and expanding immersive simulation opportunities.

Domain D - Performance & Outcomes														
	Measure	De-escalation Requirement	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	RAG	Treadline	Comments
Cancer, Planned Care & Diagnostics	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	60.0%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%	61.7%	60.9%	*Data unavaliable*			**Cancer** Cancer performance continues to improve, increasing from 54.5% in February to 61.7% in April, with a trajectory to achieve 75% by year-end despite sustained growth in referrals through the SCP pathway. While pressures remain across LGI and UGI, Breast and Gynae services, key improvements have been delivered through the Breast Pain Outpatient trial, reductions in the Urology backlog (from 69 patients waiting 104 days in January to 18 patients by the end of May), and targeted work within Skin services to manage record referral volumes. The planned recruitment of two Pathologists and one Radiologist in August/September is expected to provide further support to cancer performance improvement.
	% of open pathways waiting less than 52 weeks for a new outpatient appointment	100.0%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%	89.5%	89.8%	*Data unavaliable*			**Planned Care** Planned care performance is ahead of trajectory across key measures, with notable improvements in reducing 104-week waits and sustaining strong treatment performance. The Health Board is currently 463 patients better than profile for the 104-week cohort and remains on track to deliver its de-escalation commitments, supported by continued reductions in long waits, improvements in outpatient performance, and sustained achievement of ophthalmology targets. Focus will remain on maintaining delivery momentum and achieving year-end trajectories across all planned care measures.
	% of open pathways waiting less than 104 weeks for referral to treatment	100.0%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%	99.6%	99.3%	*Data unavaliable*			
	% of open pathways are waiting less than 52 weeks for referral to treatment	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%	83.6%	83.9%	*Data unavaliable*			
	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	14,415	25,248	26,146	28,065	28,267	28,268	29,682	30,091	30,870	*Data unavaliable*			
	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	65.0%	67.4%	69.1%	68.0%	66.7%	67.9%	66.5%	65.4%	*Data unavaliable*				
	% of patients waiting less than 8 weeks for diagnostic test	80.0%	52.0%	54.5%	53.9%	51.9%	57.3%	66.1%	61.8%	56.1%	*Data unavaliable*			**Diagnostics** Progress includes securing insourcing capacity for endoscopy to support cancer demand and reduce long waits, commissioning additional ISP capacity for ECHO, CT and MRI diagnostics, and developing mitigation plans to address capacity risks within NOUS services. Continued collaboration with NHS P&I and regional partners is supporting productivity improvements and sustainable capacity growth, with recurrent endoscopy capacity and workforce development expected to drive further reductions in waiting times and backlog performance.
	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	80.0%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%	49.2%	46.2%	*Data unavaliable*			
	% patients waiting less than 8 weeks for diagnostic test - NOUS	80.0%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%	60.5%	58.3%	*Data unavaliable*			
	% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	80.0%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%	76.4%	71.4%	*Data unavaliable*			
	% patients waiting less than 14 weeks for therapy	85.0%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%	92.8%	92.0%	*Data unavaliable*			

Domain D - Performance & Outcomes														
	Measure	**De-escalation Requirement**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**RAG**	**Treadline**	**Comments**
UEC	Ambulance handovers over 1 hour	223	147	149	168	181	273	73	87	31	*Data unavaliable*			**UEC** Urgent and Emergency Care performance improvement plans are in place across all de-escalation measures, with a clear trajectory to reduce 12-hour breaches and pathway of care delays, improve ambulance handovers, and increase same-day discharge performance. Targeted actions are expected to reduce delayed pathways from 154 to 128 and total bed days lost by March 2027, while increasing midday discharges from 21.4% to 33%. Continued focus on patient flow, timely assessment, and reducing prolonged waits will support delivery of the required de-escalation standards and improve overall system performance.
	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.0%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%	7.9%	7.4%	*Data unavaliable*			
	% of patients waiting 12 hours or more in ED - UHW	7.0%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%	8.4%	7.8%	*Data unavaliable*			
	Median time from arrival at ED to assessment by a clinical decision maker (mins)	60	82	78	73	64	71	65	66	67	*Data unavaliable*			
	Number of pathways of care delays	128	177	187	158	171	164	156	155	154	*Data unavaliable*			
Mental Health	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	80.0%	100.0%	99.9%	100.0%	100.0%	100.0%	99.5%	98.5%	100.0%	*Data unavaliable*			**Mental Health** Sustained performance above the de-escalation requirement for LPMHSS assessments within 28 days (11 months) and therapy started within 28 days (14 months). Mental Health Care and Treatment Plans performance has improved over the last year but remains 10% below the de-escalation requirement.
	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	65.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	*Data unavaliable*			
	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	80.0%	61.3%	65.2%	65.3%	66.5%	62.7%	71.9%	70.2%	70.2%	*Data unavaliable*			

Domain E - Population Health									
	Measure	**De-escalation Requirement**	**Q1 25/26**	**Q2 25/26**	**Q3 25/26**	**Q4 25/26**	**RAG**	**Trendline**	**Comments**
Vaccination	% of children up to date with scheduled vaccinations by age 5 to be in line with all Wales average	In line with all-Wales average for that month *(grey boxes so all-Wales averages)*	85.6%	83.6%	85.3%	85.0%			Progress in closing gap to Wales average (baseline Q3 24/25
			87.7%	*88.0%*	*87.5%*	*87.5%*			
	% of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15		71.3%	72.6%	74.9%	75.6%			Progress in closing gap to Wales average (baseline Q3 24/25
			74.1%	*74.9%*	*75.6%*	*76.2%*			
	Measure	**De-escalation Requirement**	**Q1 25/26**	**Q2 25/26**	**Q3 25/26**	**Q4 25/26**	**RAG**	**Trendline**	**Comments**
Smoking	% of adult smokers who make a quit attempt via smoking cessation services	7.5%	0.80%	1.60%	2.51%	3.39%			Strong improvement across 2025/26 since baseline position of 0.8% in Q1 25/26

Full list of portfolio driven actions

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

ID	Portfolio	Area	Action
1	Clinical Services	CSP	Build the delivery roadmap for the clinical services plan and inform the operating model to ensure we deliver safe, effective, person-centred clinical care with timely access and sustainable services.
2		Community By Design	Launch the Community by Design Programme and develop a clear articulation of the role and phasing (over 1-, 2-and 5-year time horizons) in delivering relevant elements of the Clinical Services Plan (CSP), in particular the Enabling Health and Wellbeing domain of care.
3		Regional Planning (SEW)	Work collaboratively at a SEW regional level to realise the agreed 26-27 deliverables of the RJC
4		Velindre	Agreed agree a future model of care for cancer across CAVUHB & Velindre, with defined workstreams and a phased delivery plan in place.
5		Specialised Services	Strengthen the sustainable specialised services provision through planning in partnership with SBUHB and working with commissioners.
6	Population Health	Vaccination	Plan and deliver interventions to improve public and staff vaccination uptake
7		Healthy weight	Begin to implement a whole system approach to healthy weight through the Good Food and Movement Framework (2024-2030)
8		Tobacco Control	Plan and deliver interventions to reduce smoking prevalence in Cardiff and Vale
9		Diabetes	Improving diabetes prevention, diagnosis and management
10		Women's Health	Implementation of the Women's Health Plan for Wales
11	Quality	QMS	Continue to develop a health board-wide Quality Management System (QMS) that provides a structured approach to monitoring, auditing, and enhancing service quality
12		Quality Projects	Drive delivery of other priority quality projects in Shaping our Future Quality Excellence Programme - Recognition and Escalation of Acute Deterioration, Infection Prevention and Surveillance, Medication Governance and Safety and Lost to Follow Up
13		Quality	Refresh of the UHB Patient Safety, Quality and Experience Framework
14		Quality	Strengthen the availability of data for benchmarking and improvement
15		Value	Integrate Value based approaches across the organisation
16	People & Culture	P&C Plan	Refresh of P&C Plan to commence April 2026 to respond to and describe how our people and culture will be mobilised to support the delivery of a new model of care.
17		Workforce Organisational Redesign	Define and implement workforce elements of the Organisational Redesign
18		Leadership	Strengthen system leadership and management capability to create consistent, compassionate and accountable cultures.
19		Workforce planning	Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability.
20		Health & Wellbeing	Improve workforce health, wellbeing and availability
21	Infrastructure	Digital	Strengthen the Health Board's digital strategic direction and establish an operating model that enables delivery of Digital Foundations and the Clinical Services Plan
22			Implement key national and ministerial digital programmes that support improved access, interoperability and patient experience.
23			Digital enablers that support delivery of local and national imperatives Data Strategy and capabilities
24		Acute Estate	Improve utilisation and modernisation of the acute estate including disposal or demolition of under-utilised assets
25			Deliver a coordinated estate and service modernisation programme, including the UHW redevelopment vision, future dental model, urgent infrastructure response, ALAS relocation planning, and actions arising from JAICE accreditation.
26		Community Estate	Work in partnership to fully utilise multi agency estate opportunities, with an aim to provide care closer to home and better outcomes for patients
27	Future Generations	Future generations portfolio	Fully establish the Shaping Our Future Generations Portfolio including foundational economy, research and development, and innovation
28		Decarbonisation	Oversee development of our plan in response to the NHS Wales Decarbonisation Strategic Delivery Plan, supported by a clear communication plan and aligned delivery and accountability arrangements

Full list of non- portfolio driven actions

ID	Service Domain	Action
29	Organisational Redesign	To share operational redesign and future operating model across the organisation, and to develop an implementation plan and commence implementation
30	Length of Stay	To reduce organisational length of stay for non-elective medical admissions to peer-median levels (delivery of 1.3 day reduction)
31	Medicines Management	To undertake a comprehensive internal review of all NICE-approved medicines and technology spend to identify impact, risk, and opportunity, and implement any recommendations in year
32	Primary & Community Care	Transform End of Life Care services through our Macmillan partnership
33		Increase the number of people supported through Enhanced Community Care
34		Optimise primary care contracts and assurance mechanisms
35	UEC	Deliver the agreed 2026/27 actions of our 6 Goals for Urgent and Emergency Care Programme
36		Ensure integration between primary and secondary care through our ICCS and Community By Design Programme *(*Captured as part of Action ID 2)*
37		Deliver our medicine reorganisation ambitions
38	Planned Care & Cancer	Implement the National Optimum Cancer Pathways
39		Deliver the agreed 2026/27 actions of our theatre improvement programme to increase utilisation
40		Deliver our outpatient improvement programme
41	Diagnostics & Therapies	Develop integrated AHP pathways of care and leadership
42		Deliver the agreed 2026/27 actions of our Diagnostic Stewardship Programme
43		Delivery of the agreed 2026/27 actions of our digital transformation agenda across diagnostics *(*Captured as part of Action ID 22)*
44	Women & Children's	Delivering and evaluating our Women's Hub Pathfinder *(*Captured as part of Action ID 10)*
45		Evaluating and transforming our approach to Neurodevelopmental services
46	Mental Health	Deliver the agreed 2026/27 actions of our mental health improvement programme

RAG Assessment Definitions

RAG ratings are based on progress against agreed actions and planned deliverables rather than performance outcomes, providing a forward-looking view of delivery trajectory

RAG Rating	Assessment Criteria
Green	Delivery is progressing as planned • All quarterly deliverables met • Any issues are minor and being managed locally • High confidence in achieving future deliverables
Amber	Delivery is achievable but requires active management • One or more quarterly deliverables delayed or partially met • Identified risks or dependencies that may affect future delivery • Mitigating actions in place but not yet fully resolved • Delivery remains achievable but with reduced confidence
Red	Delivery is under significant pressure and requires review or reset • One or more quarterly deliverables not achieved • Progress is materially behind plan or blocked by major dependencies • Mitigations are insufficient to recovery delivery within current plans
Black	Action is not currently being progressed due to an agreed strategic decision • Delivery has been intentionally paused, stopped, or de-scoped • Decision is linked to strategic change, external dependency, or re-prioritisation N.B. Black status must be agreed at SRO/ Portfolio/ Programme level

References

This section provides a single, reliable reference point for key supporting documents.

- Annual Plan 2026-27
- Annual Plan 2026-27 Supporting Evidence Pack
- NHS Wales Planning Framework 2026 to 2029
- NHS Wales Performance Framework 2026-2027

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

Shaping Our Future

Wellbeing

Recommendations:			
The Committee are requested to: • **NOTE** the progress highlighted in the Q1 Annual Plan Report • **APPROVE** submission of the Q1 position to Welsh Government			
Link to Strategic Objectives of Shaping our Future Wellbeing: **Please place an "x" in the below boxes where relevant – *Click each item for further information.***			
1. Putting People First	X	2. Providing Outstanding Quality	X
3. Delivering in the Right Places	X	4. Acting for the Future	X

Five Waves of Working (Sustainable Development Principles) considered: **Please place an "x" in the below boxes where relevant**									
Prevention	X	Long Term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed? **Please place an "x" in the below boxes where relevant**				
Yes *(please include the complete QIA document)*		**No** *(please provide reasoning e.g. not required*	X	Not required

Impact Assessment **Please place an "x" in the below boxes where relevant**	
Risk: No	Safety: No
Financial: No	Workforce: No
Legal: No	Reputational: No
Socio Economic: No	Equality & Health: No
Decarbonisation: No	Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	**Date**:

Report Title:	Decarbonisation and Climate				Agenda Item No:	2.5
Meeting:	Finance and Performance Committee	Public	X		Meeting Date:	22/07/26
		Private				
Status	Assurance	✓	Approval		Information/Noting	
Lead Executive Title:	Catherine Phillips – Executive Director of Finance					
Report Author Title:	Ruth Jordan – Assistant Director Improvement Implementation and Spread Tom Porter – Consultant Public Health Medicine Arjun Padmavathy – Environmental Sustainability Improvement Manager					

Main Report
Background and Current Situation:

Background:

Cardiff and Vale University Health Board (CAV UHB) is committed to delivering the Welsh Government's NHS Wales Decarbonisation Strategic Delivery Plan and the sustainability ambitions outlined within the Shaping Our Future Wellbeing Strategy. These commitments include reducing total organisational emissions by 16% by 2025 and 34% by 2030 from the 2018/19 baseline, alongside reducing emissions within the Health Board's direct control by 40% by 2027 and 68% by 2035. The Health Board is also required to undertake a Climate Change Risk Assessment and develop a Climate Adaptation Plan to strengthen resilience to climate-related risks.

The Sustainability and Climate Response Programme Board oversees delivery through three linked workstreams:

- Corporate Sustainability and Decarbonisation
- Clinical Sustainability and Decarbonisation
- Climate Adaptation and Resilience

This report provides an update on progress achieved to date.

Progress Update:

Overall Programme Update

A Sustainability and Climate Response Plan (SCRP) workplan has been developed and approved through the Sustainability and Climate Response Programme governance structure. The workplan provides a structured roadmap for the development and delivery of the Health Board's Sustainability and Climate Response Plan to 2030, aligning organisational ambitions with Welsh Government decarbonisation requirements, climate adaptation expectations and the Shaping Our Future Wellbeing Strategy.

The workplan is being delivered through three integrated workstreams:

- The Corporate Sustainability and Decarbonisation workstream is focused on localising the refreshed NHS Wales Decarbonisation Strategic Delivery Plan, establishing accountable action owners and identifying feasible decarbonisation actions across corporate functions.

- The Clinical Sustainability and Decarbonisation workstream is focused on engaging Clinical Boards and key enabling services to identify, co-produce and scale sustainable healthcare initiatives, whilst developing a Clinical Sustainability and Decarbonisation Plan.

- The Climate Adaptation and Resilience workstream is undertaking the Health Board's Climate Change Risk Assessment and developing a Climate Adaptation Plan to improve resilience to heatwaves, flooding and other climate-related risks, in line with Welsh Government requirements.

Each workstream has a defined programme of work, governance arrangements, action owners and delivery milestones. Collectively, these workstreams will support the production of a single Sustainability and Climate Response Plan for Cardiff and Vale UHB, providing a coordinated framework for reducing emissions, strengthening climate resilience, and meeting national policy, reporting and compliance requirements through to 2030.

1. Corporate Sustainability and Decarbonisation

Good progress has been made in localising the refreshed NHS Wales Decarbonisation Strategic Delivery Plan within CAV UHB.

- Action owners have been allocated to Strategic Delivery Plan actions to strengthen accountability and governance arrangements.
- Work has commenced to refresh and co-produce the Corporate Sustainability and Decarbonisation Plan.
- Stakeholder engagement is underway across corporate functions and enabling services to develop a coordinated approach to decarbonisation and climate resilience.

2. Clinical Sustainability and Decarbonisation

The Clinical Sustainability Leads Working Group is now established with representation from all Clinical Boards.

Membership has also been expanded to include key enabling functions, including:

- Infection Prevention and Control (IP&C)
- Procurement
- Other supporting corporate functions

This multidisciplinary approach will ensure sustainability initiatives are clinically safe, operationally feasible, and aligned with procurement and infection prevention requirements.
The group is acting as the primary mechanism for identifying, developing and scaling sustainable healthcare initiatives across the Health Board and will co-produce the Clinical Sustainability and Decarbonisation Plan.

3. Climate Adaptation and Resilience

CAV UHB continues to strengthen its approach to climate adaptation and organisational resilience. During the reporting period, the Health Board completed the first iteration of its Climate Change Risk Assessment, identifying 32 high-level climate-related risks that could impact healthcare delivery, infrastructure, workforce wellbeing and patient outcomes, submitted to Welsh Government in December 2025

Building on this work, CAV UHB is developing its first Climate Adaptation Plan, which will set out methodology and actions to manage and respond to identified climate risks. The plan is currently in development and will be submitted to the Welsh Government by October 2026.

Heatwave Staff Impact Survey Findings
During the previous year, a Heatwave Staff Impact Survey received 880 staff responses. The findings highlighted the significant effects of extreme heat on:

- Staff wellbeing and comfort.
- Service delivery and operational performance.
- Patient care and clinical environments.

The survey provided valuable evidence to inform future adaptation and resilience measures across the organisation.

This year, we are conducting an ongoing Heatwave Staff Impact Survey, which has received approximately 1,000 responses from staff (as of 9 July 2026) regarding the effects of heatwaves on their work, health, and wellbeing.

Climate Adaptation Workshop
Following the May heatwave period, a Climate Adaptation Workshop was delivered for senior clinical and corporate leaders across CAV UHB using the findings of heatwave survey.
The outputs from the workshop have already influenced organisational approaches to heatwave preparedness and response, with recent policy developments reflecting the increased adaptive capacity developed through this work.

A key outcome of the workshop was the co-production of a Health Board-wide Heatwave Action Plan. The plan is currently being finalised, with action owners identified to support implementation ahead of future heatwave events.

Collaboration, Research and External Funding Opportunities

CAV UHB is actively exploring external funding opportunities, collaborative initiatives and shared resources with regional and national partners to accelerate climate adaptation activities and maximise organisational resilience.

As part of this approach, CAV UHB has been selected to progress to the outline stage of an NIHR-funded research bid for the HASTE project. The bid is led by the Institute of Occupational Medicine and brings together a consortium of partners including the Met Office, UK Health Security Agency (UKHSA) and other organisations.

The proposed project aims to strengthen heatwave resilience within healthcare settings, improve understanding of heat-related risks to healthcare delivery, and generate evidence that supports climate adaptation across the health sector.

DHI Climate Spread and Scale Academy

Recognising Cardiff and Vale University Health Board's responsibility to contribute to NHS Wales' ambition of decarbonisation, the Dragon Heart's Institute within the Shaping Change team has been delivering the Climate Emergency Spread and Scale Academy. The Academy supports the spread and scaling of innovative climate and sustainability projects across health boards in Wales, helping to maximise carbon reduction and environmental benefits across NHS Wales.

Key achievements include:

- 11.1 million kilograms of CO_2e avoided across NHS Wales.
- 1,100 kilograms of plastic waste saved through the Gloves Off Campaign.
- Development of the Nitrous Oxide "Cracker", Wales' first technology designed to destroy waste anaesthetic gases and reduce their environmental impact.

- Green Health Wales, establishing a national network of sustainability stewards to embed sustainable healthcare practices across NHS Wales.

Through collaboration, innovation, and shared learning, the Climate Spread and Scale Academy is accelerating the adoption of high-impact sustainability initiatives and supporting NHS Wales on its journey towards net zero. The next Academy is taking place from the 5-7th October.

Key Risks, Gaps and Challenges:

Whilst good progress has been made across all three workstreams, significant challenges remain in achieving the Health Board's decarbonisation ambitions and developing the level of climate resilience required to respond to increasingly frequent and severe climate-related events.

Emissions Gap

The latest NHS Wales carbon reporting indicates that CAV UHB remains significantly off trajectory against Welsh Government decarbonisation targets. Organisational emissions increased to 260,091 tCO_2e in 2024/25, creating an estimated emissions gap of approximately 120,000 tCO_2e against the required reduction pathway.

This challenge is compounded by the University Hospital of Wales (UHW) being the highest energy-consuming and carbon-emitting public sector asset in Wales, with annual fuel consumption of approximately 115 million kWh, more than two and a half times that of many comparable hospital sites across NHS Wales. As the Board's largest directly controlled emissions source, UHW presents both the most significant decarbonisation risk and the greatest opportunity for carbon reduction. Without major investment and targeted interventions to reduce emissions from this asset, achieving organisational and national decarbonisation targets will be extremely challenging.

Whilst governance arrangements, action ownership and strategic planning have significantly improved, the scale and pace of emissions growth continues to exceed the impact of current mitigation activities. As a result, current progress is not yet sufficient to close the emissions gap and further system-wide action will be required.

Adaptation Gap

Climate risks are increasing in frequency and severity, particularly in relation to heatwaves, flooding and extreme weather events.

The Health Board has made substantial progress in improving its understanding of climate risks through the Heatwave Staff Impact Survey, climate risk assessment work and leadership workshops. However, organisational adaptive capacity remains at an early stage of maturity and additional work is required to fully embed climate resilience into operational planning, estates management, workforce planning and service delivery. Consequently, an adaptation gap remains between the pace of climate change and the Health Board's current level of preparedness.

Capacity and Resource Constraints

Delivery of both decarbonisation and climate adaptation programmes continues to be constrained by limited dedicated sustainability and climate resilience resources. Whilst progress has been achieved through collaborative working and existing programme structures, current capacity

presents a risk to the pace, scale and sustainability of delivery, particularly given the magnitude of the emissions gap and the increasing need to strengthen climate resilience across the organisation.

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

The Sustainability and Climate Response Programme has made positive progress in establishing governance, strengthening organisational capability and building the foundations required for long-term delivery.

Notable achievements include:

- Allocation of action owners to Strategic Delivery Plan actions.
- Development of workplan for the Sustainability and Climate Response Plan.
- Full Clinical Board representation within the Clinical Sustainability Leads Working Group.
- Delivery of climate adaptation workshops for senior leaders.
- Development of an initial climate change risk assessment for the organisation
- Development of a Heatwave Action Plan.

However, significant strategic risks remain. The Health Board continues to face both an emissions gap and an adaptation gap. Achieving organisational ambitions will require sustained organisational commitment, increased capacity, whole-system engagement and embedding it in foundational aspect of all future plans, strategies and transformations.

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

Recommendations:

a) Note the progress made in delivering the Sustainability and Climate Response Programme.
b) Note the risks associated with the current emissions gap and adaptation gap.
c) Support the continued integration of sustainability and climate resilience considerations within organisational planning and performance arrangements

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "x" in the below boxes where relevant – *Click each item for further information.*

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

Five Waves of Working (Sustainable Development Principles) considered:
Please place an "x" in the below boxes where relevant

Prevention	x	Long Term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?
Please place an "x" in the below boxes where relevant

Yes *(please include the*		No *(please provide reasoning e.g. not required*	x	Not Required

complete QIA document)				

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

Risk: Yes

Risks mentioned in the body of the report

Safety: Yes

Climate impacts, including heatwaves and flooding, are increasingly affecting healthcare services, disrupting operations, placing pressure on infrastructure, and impacting staff health and wellbeing.

Financial: Yes

Emerging findings from ongoing climate risk assessment work suggest that heatwaves are already having system-wide impacts across healthcare services, including increased operational costs, reduced productivity, pressures on infrastructure, and growing demand for care. As the frequency, duration, and intensity of extreme heat events continue to increase, these impacts are expected to become more significant, placing additional strain on Cardiff and Vale University Health Board's financial position and its ability to maintain resilient and sustainable services.

Workforce: Yes

Climate impacts are already being felt across the workforce, affecting staff productivity, health, and wellbeing. Increasing temperatures and more frequent extreme weather events can contribute to heat-related illness, fatigue, stress, and reduced performance, while also exacerbating existing health conditions. These challenges have the potential to increase staff absences, place additional pressure on services, and impact the Health Board's ability to deliver high-quality care.

Legal: Yes

Failure to meet statutory and policy requirements set out by the Welsh Government

Reputational: Yes

Failure to meet statutory and policy requirements set out by the Welsh Government

Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance*

Equality & Health: Yes

Climate-related impacts, including heatwaves and flooding, are increasingly affecting healthcare services by disrupting operations, placing additional pressure on infrastructure, and negatively impacting staff health, wellbeing, and productivity. These effects are often experienced disproportionately by certain staff groups who may be more vulnerable to extreme weather conditions, including menopausal staff, pregnant staff, neurodivergent staff, and those with underlying health conditions. Recognising and addressing these inequalities is essential to ensuring a safe, inclusive, and resilient working environment for all employees.

Decarbonisation: Yes

This paper provides a holistic overview of Cardiff and Vale UHB's progress in decarbonisation and climate action, together with the implications of emerging climate-related risks. These include increasing impacts on workforce health, wellbeing and productivity, growing operational and financial pressures associated with more frequent extreme weather events, and the risk of failing to meet evolving statutory and policy requirements set out by the Welsh Government

Welsh Language: No	
Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:
Finance and Performance Committee	22/07/26

Shaping Our Future

Sustainable Healthcare

Sustainability and Climate Response

Ruth Jordan

Asst Dir – Improvement, Implementation and Spread

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Sustainable Healthcare

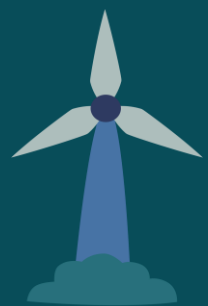
Background and Strategic Context:

Cardiff and Vale UHB has established a Sustainability & Climate Response Programme to deliver national decarbonisation requirements and strengthen organisational resilience to the impacts of climate change.

Supports delivery of objectives under:

- NHS Wales Decarbonisation Strategic Delivery Plan
- Well-being of Future Generations (Wales) Act
- Welsh Government Climate Adaptation requirements
- Shaping Our Future Wellbeing Strategy ("Acting for the Future")

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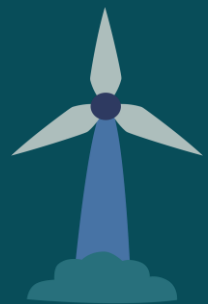
Targets:

Our targets are governed by sustainability outcomes set by Welsh Government under Decarbonisation-Strategic Delivery Plan, and the Shaping Our Future Wellbeing Strategy:

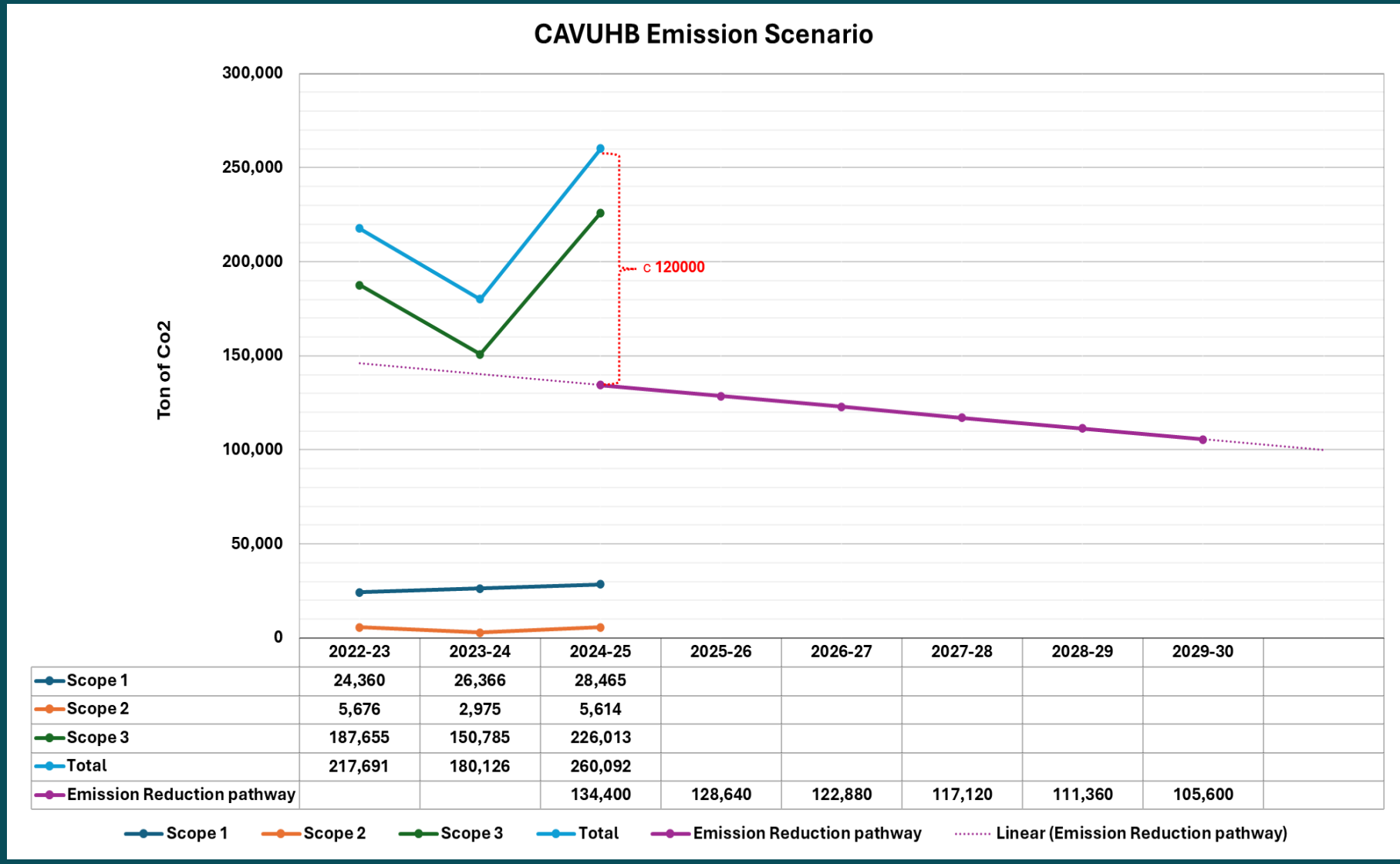
- Reduce total emissions by **16% by 2025** and **34% by 2030** (2018/19 baseline c160,000 tonnes CO2).
- Cut emissions we directly control by **40% by 2027** and **68% by 2035**.
- **Undertake Climate Risk Assessment** and **design a Climate Adaptation Plan** to ensure resilience across healthcare operations.



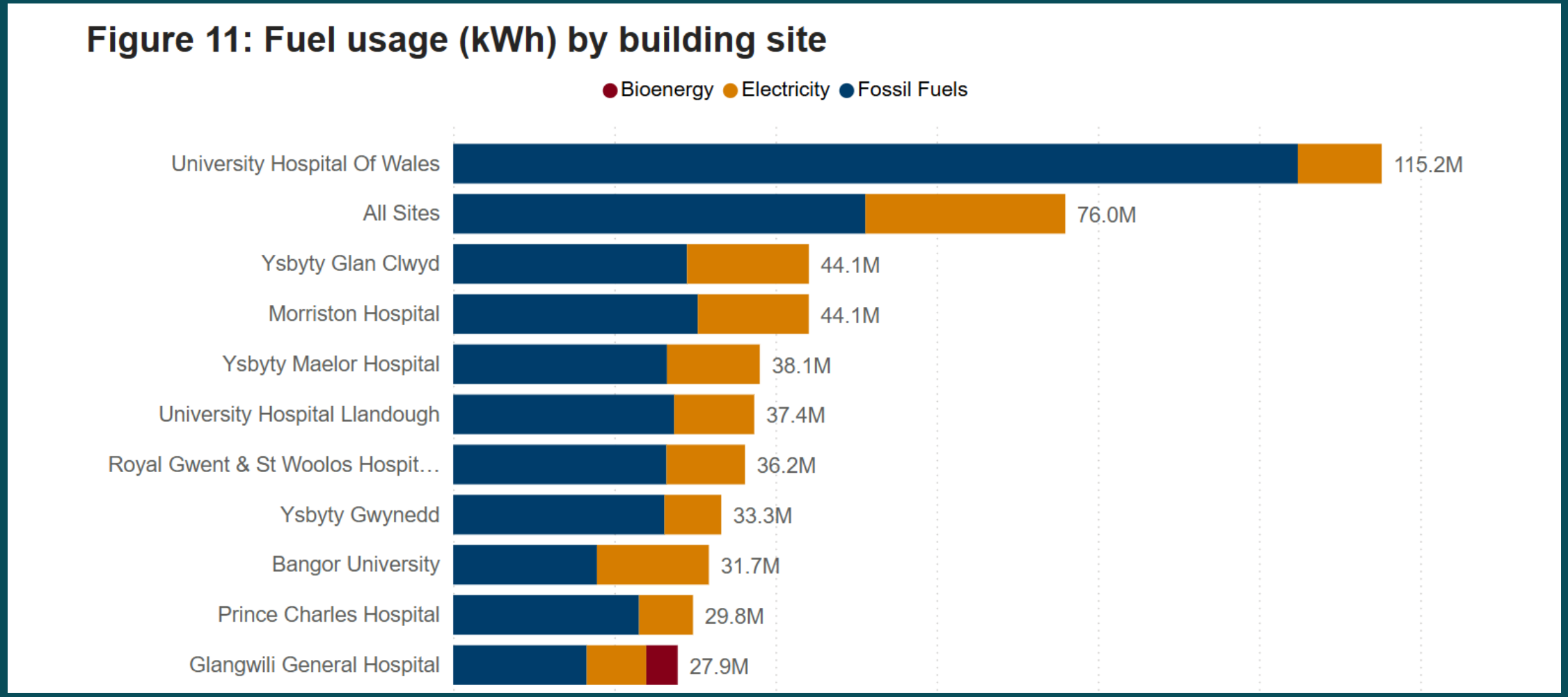

CAV UHB Emission Scenario :

CAV UHB reported 260,091.87 tonnes of CO_2 (tCO_2) emissions in 2024–25. This represents a significant rise of 79,966.02 tCO_2 (44.39%) compared to the previous year, making CAV UHB the largest carbon footprint holder in NHS Wales



	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30
Scope 1	24,360	26,366	28,465					
Scope 2	5,676	2,975	5,614					
Scope 3	187,655	150,785	226,013					
Total	217,691	180,126	260,092					
Emission Reduction pathway			134,400	128,640	122,880	117,120	111,360	105,600

All Wales Site level emission comparison :



Source : WGES

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Climate Impact Scenario :

Approximately 1,100 staff have participated in the ongoing Heatwave Staff Impact survey, providing valuable insight into the operational and workforce impacts of extreme heat. Interim findings as below:

Workforce Impact

- 91.8% reported poor comfort levels during heatwave conditions
- 88.5% reported reduced productivity
- 35.4% experienced heat-related illness.

Among clinical respondents:

- 42.5% reported increased patient length of stay during heatwave periods
- 43% reported increased patient footfall during periods of extreme heat

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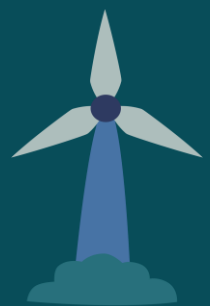
Overall Progress Overview:

The Sustainability and Climate Response Programme has made positive progress in establishing governance, strengthening organisational capability and building the foundations required for long-term delivery. Since last update the programme has matured into three linked work streams.

- Corporate Sustainability and Decarbonisation
- Clinical Sustainability and Decarbonisation
- Climate Adaptation and Resilience

Currently a workplan is being implemented to design and deliver CAV UHB's Sustainability and Climate Response Plan




Sustainability and Climate Response Plan

Corporate Sustainability and Decarbonisation Plan

- Localise NHS Wales Decarbonisation Strategic Delivery Plan
- Embed sustainability within corporate functions
- Reduce energy, waste, transport and procurement emissions
- Strengthen accountability through action owners and delivery plans.

Clinical Sustainability and Decarbonisation Plan

- Embed sustainability within clinical services
- Identify and scale sustainable healthcare initiatives
- Reduce environmental impact of care pathways
- Support Clinical Boards to deliver carbon reduction opportunities

Climate Adaptation Plan

- Assess climate-related risks to services
- Develop and implement Climate Adaptation Plan
- Improve resilience to heatwaves, flooding and extreme weather
- Enhance adaptativee capacity across the UHB.

Corporate and Clinical Decarbonisation Progress

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Corporate Decarbonisation:

- NHS Wales Delivery Plan localised for CAV UHB
- Action owners assigned
- Corporate Plan under development
- Stakeholder engagement underway to scope the as is position.

Clinical Decarbonisation:

- Sustainability Leads established across all Clinical Boards
- Procurement and IPC actively engaged
- Clinical Plan in development
- Sustainable healthcare opportunities being identified

Climate Adaptation & Resilience Progress

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Climate Risk Assessment:

- First organisational Climate Change Risk Assessment (CCRA) completed. 32 high-level climate risks identified
- CCRA submitted to Welsh Government (December 2025)
- Climate risk workshops delivered to SLT, corporate and clinical services

Adaptation Planning:

- Heatwave survey findings informed adaptation workshops and the development of a Health Board-wide Heatwave Action Plan.
- Refreshed 2026 Heatwave Staff Impact Survey launched to strengthen the evidence base.
- Successful in outline stage of the NIHR-funded HASTE research bid with the Institute of Occupational Medicine, Met Office and UKHSA.

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Risks & Challenges:

Emissions Gap

- Significant gap remains against Welsh Government trajectory
- Current mitigation activity insufficient to close gap
- UHW remains the highest energy-consuming public asset in Wales

Adaptation Gap

- Climate risks are increasing in frequency and severity, and current phase is not sufficient
- Organisational resilience remains at an early stage of maturity

Capacity Gap

- Limited sustainability and climate resilience resource
- Delivery pace constrained by available capacity

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Sustainable Healthcare

Conclusion:

Progress Made:

- ☑ Programme governance established
- ☑ Three workstreams operational
- ☑ Climate Risk Assessment completed
- ☑ Clinical Sustainability network established
- ☑ Adaptation planning progressing

Key Strategic Challenges:

- Emissions gap widening
- Climate Adaptation gap widening
- Capacity constraints continue

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Recommendations:

Committee is asked to

1. Note progress made across the programme.
2. Note risks associated with the emissions and adaptation gaps.
3. Support continued integration of sustainability and climate resilience into organisational planning and performance arrangements.

Shaping Our Future
Sustainable Healthcare

Thank You

Report Title:	Regional Partnership Board Funding Stream Q4 reports 20245-26 and Financial Plans for 2026-27			Agenda Item no.	2.6	
Meeting:	Finance and Performance Committee	Public	x	Meeting Date:	22.07.26	
		Private				
Status:	Assurance		Approval		Information	X
Lead Executive:	Executive Director of Strategic Planning					
Report Author:	Head of Partnerships and Assurance					

Background and current situation:

Regional Partnership Board Funding Stream Q4 reports 2025-26

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population. Cardiff and Vale UHB plays the role of 'banker' for RPB funding streams on behalf of the region.

In 2025-26, the Regional Partnership Board oversaw the following funding streams on behalf of the region:

- Regional Integration Fund (RIF) (£19,290k)
- Short Breaks for Unpaid Carers (£172k)
- Innovation Working at Scale (£250k)
- IRCF (Capital Fund) Revenue (£450k)
- **Total: £20,162k.**

A full description of each fund together with the end of year reports which have been prepared in line with Welsh Government expectations are accessible via this hyperlink to the private page of the Cardiff and Vale RPB website.

A high-level overview of the performance status provided within the reports for each funding stream is attached as ***Appendix 1.*** In addition to the Welsh Government reports, the RPB team have also prepared a set of Dashboards for local information and assurance. These contain particular information relating to the financial allocations by partner for each element of the RIF and are available on the same webpage noted above.

Finally the RPB's Annual Report for 2025-26 also provides a comprehensive summary of the work and outcomes achieved throughout the year.

Financial Plans for 2026-27

Welsh Government have allocated a range of funding streams to the RPB for use in 2026-27. Overall allocations along with the anticipated expenditure by partner and programme are outlined below.

Funding Source	Source Total	Combined Total	Anticipated Partnership Expenditure			Total Expenditure
			UHB	Cardiff LA	Vale LA	
	£	£	£	£	£	£
RIF Infrastructure	701,186	790,726	750,726	20,000	20,000	**790,726**
RIF agreed over-allocation to support RIF Infrastructure	*44,540*					
RIF ICCS - Social Value	45,000					
RIF ICCS	8,960,375	8,960,375	2,172,975	5,173,785	1,613,615	**8,960,375**
RIF Starting Well - emPower	4,125,354	4,125,354	1,155,779	2,131,549	838,026	**4,125,354**
RIF Starting Well - Complex Health & LD	820,328	820,328	487,079	174,938	158,310	**820,328**
RIF Learning Disablities	1,774,484	1,870,170	256,851	1,082,548	530,771	**1,870,170**
RIF agreed over-allocation to support strategic development	*95,686*					
RIF Unpaid Carers	479,042	650,985	428,985	222,000	0	**650,985**
Short Breaks Fund	171,943					
RIF IAS (Ringfenced)	397,728	397,728	397,728	0	0	**397,728**
RIF Dementia (Ringfenced)	1,600,000	1,827,591	1,328,018	231,573	268,000	**1,827,591**
RIF ICCS (Ty Dyfan)	227,591					
Capital Revenue (IRCF)	450,000	450,000	93,250	289,435	67,315	**450,000**
Innovation Working at Scale (RIC)	250,000	409,582	393,582	0	16,000	**409,582**
RIF ICCS Crisis reponse	75,768					
RIF Infrastructure (DCR resource)	48,814					
RIF Digital	35,000					
TOTAL WG Allocation	**20,162,613**					
Total Over-commitment*	**140,226**					
TOTAL	**20,302,839**	**20,302,839**	**7,464,973**	**9,325,828**	**3,512,038**	**20,302,839**

The Partner expenditure profiles present a variance against allocation which is not considered a material risk across partner organisations and is expected to be managed via slippage through the financial year.

All funding streams have structures in place to ensure effective management with overall assurance provided via the Strategic Leadership Group. All partners have made an explicit commitment that any consequent end of year overspend will need to be managed locally by individual partners.

In addition, guidance has been developed to support overall management of the funding streams which includes:

- Senior Responsible Owner responsibilities, including the introduction of Lead and Associate SROs for projects where funding spans across numerous partners
- Budget and performance management guidance and the role of the RPB team in supporting these functions
- Reporting timelines
- A 'Who's who' of all SROs and financial support leads across the programmes.

Strict arrangements are in place to ensure that all over commitments are brought back in line with overall allocations by the end of the financial year.

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

Regional Partnership Board Funding Stream Q4 reports 2025-26

The RPB has delegated responsibility for the assurance and performance management of its revenue funding streams to the Strategic Leadership Group (SLG). SLG considered a high-level overview of the emerging financial and performance status provided within the reports for each funding stream.

Following this review, the SLG approved all reports for submission to Welsh Government. These were ratified by the Regional Partnership Board at its meeting in June 2026.

Financial Plans for 2026-27

Based upon the recommendations from operational colleagues across the partnership, the Strategic Leadership Group and Regional Partnership Board has agreed to accept the recommended over-commitment of with the expectation that this risk would be managed in year in line with the original Welsh Government allocation.

Closure of Regional Integration Fund in March 2027

It should be noted that the Regional Integration Fund is scheduled to complete in March 2027. Should an alternative funding source not be agreed, this would constitute a risk of £7.5m for the UHB as well as financial risks to other partners and a risk to the viability of key community services as a whole. An Impact Assessment was considered by the SLG and RPB in 2025-26. It was agreed at that point that partners should take a 'hold fast' position until the completion of Welsh Government elections. Discussions continue at a Welsh Government level currently and the SLG will receive an update report for consideration at its next meeting at the end of July 2026.

Recommendation:
The Committee are requested to note for information: - the Q4 report for RPB funding in 2025-26 - the agreed RPB budget allocations for 2026-27. - the imminent closure of the Regional Integration Fund, together with the associated risk to the UHB.

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	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)***	X	*Risk assessments covering data quality, financial activity and actual performance for each priority continue to be reviewed and updated regularly as part of quarterly performance reporting.*

Impact Assessment:

Risk: Yes

Risk assessments covering data quality, financial activity and actual performance for each priority continue to be reviewed and updated regularly as part of quarterly performance reporting.

Safety: Yes

Safety is a consideration at specific project level where appropriate.

Financial: Yes

The match funding requirement contained within the original RIF guidelines has now been cancelled by the Minister. However, the over-commitment referenced within the main report is a risk which will be closely managed throughout the year to ensure a return within allocation by the end of the year.

The imminent closure of the RIF fund represents a risk of £7.5m for the UHB as well as financial risks to other partners and a risk to the viability of key community services as a whole. An Impact Assessment was considered by the SLG and RPB in 2025-26. It was agreed at that point that partners should take a 'hold fast' position until the completion of Welsh Government elections. Discussions continue at a Welsh Government level currently and the SLG will receive an update report for consideration at its next meeting at the end of July 2026.

Workforce: Yes

The capacity and development of our workforce will be fundamental to ensuring delivery of each project within the RIF. Workforce considerations are included within delivery plans for each project.

Legal: Yes

Any legal implications from delivery of specific commitments will be addressed within the delivery plans for each project area.

Reputational: Yes

The RIF contains a series of challenging commitments for focused work over the next year. It will be important for the UHB to be seen to demonstrate ongoing commitment and support to enabling delivery.

Socio Economic: Yes

The RIF has been developed in direct response to WG guidance which outlines the specific needs of key population groups across our region including those with various socio-economic disadvantages e.g. older people, children, people with learning disabilities, etc. The delivery plans for each project include an overview of engagement intentions and the outcomes to be achieved as a result.

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

Equality and Health: Yes/No

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

Given the broad nature of the RIF, Equality Health Impact Assessments (EHIA) will be undertaken for each project where necessary.

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.*

Decarbonisation is a shared commitment for all partners within the RPB and project delivery plans will be required to take this into account where appropriate.

Welsh Language: Yes

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?

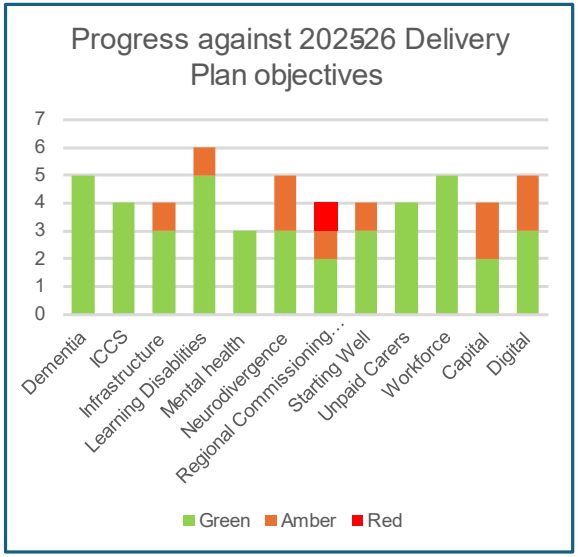
No

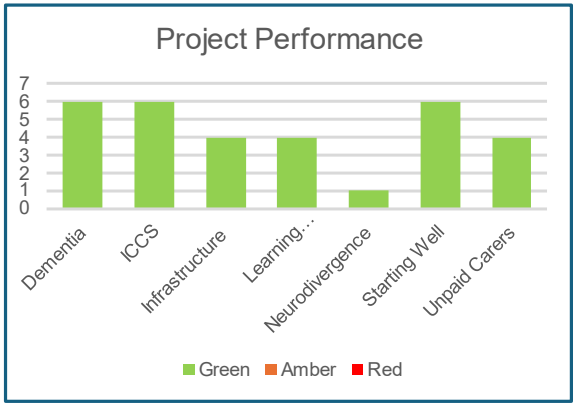
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Appendix 1: End of Year Position as of 30.04.26

CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

Status





Risks and Mitigation

Infrastructure:

- Amber due to initial delays in Population Needs Assessment work and ongoing development of ministerial engagement outputs, with key activities progressing but not yet fully embedded or delivered.

Learning Disabilities:

- Delays in leadership and governance arrangements (including vacancy of the Head of Partnerships post), alongside ongoing work to address identified inequalities and agree a regional service model, meaning progress is underway but not yet fully secured.

Neurodivergence:

- Need to strengthen consistent representation at board level and further develop structured mechanisms to embed lived experience and avoid duplication across programmes.
- Delays caused by changes to NDIP funding and pending alignment with national guidance, with revised planning now being incorporated into the 2026 –27 delivery plan.

Regional Commissioning Board:

- Ongoing development of regional care definitions and demand analysis, with work still in progress to assess market capacity and align services to meet identified need.
- Significant market pressures and ongoing work to strengthen cost understanding, engagement, and reporting, with key tools such as the dashboard and cost approaches still under development.

Starting Well:

- Shift in scope following partner engagement, with baseline work completed but action planning delayed and now incorporated into the 2026–27 delivery plan to focus on improving value and appropriateness of placements.

Capital:

- Ongoing delivery across multiple schemes, with positive progress on technical scrutiny and funding drawdown but key developments and strategy alignment still in progress.
- Programme no longer progressing as planned within the Capital Team, requiring a review of the approach and delaying further development of cluster -based plans.

Digital:

- Delays in securing final information governance approvals, with technical readiness achieved and pilot deployment pending sign-off before progression to implementation and evaluation stages.
- Progress limited to initial options appraisal and exploratory work, with the decision and implementation phases still pending subject to further development and agreement at regional level.

Progress in line with planned outcomes, Progress falls short of planned outcomes but mitigating action in place. Progress falls short of planned outcomes – unlikely to meet target.

Report Title:	Haematology In-Patient Strategic Outline Case				Agenda Item No:	3.1
Meeting:	Finance & Performance Committee	Public	√		Meeting Date:	22/07/2026
		Private				
Status	Assurance		Approval	√	Information/Noting	
Lead Executive Title:	Director of Finance					
Report Author Title:	Director of Capital, Estates & Facilities					

Main Report
Background and Current Situation:

The purpose of this report is to seek the endorsement from the Finance & Performance Committee of the Strategic Outline Case (SOC) for the development of a new Haematology Inpatient Facility and support its progression through the internal governance process to enable its formal submission to WG for consideration and approval.

During their inspection of the BMT/CAR-T Services in September 2025, JACIE heavily criticised the facilities from which the clinical services are delivered. Of note, was the fact that previous commitments made by the UHB to rectify the issues raised in both 2013 and 2019 had not materialised. Consequently, the JACIE Central Office (JCO) felt unable to recertify the service, despite ongoing excellent clinical results and now demands a credible, detailed plan to address the noted deficiencies before recertification could be entertained.

Whilst also critical of the outpatient/day unit, the UHB were fortunate to have been able to confirm Welsh Government funding support for the expansion and refurbishment of the existing facility, which was designed to meet the JACIE requirements. This project is currently in construction with completion anticipated in December 2026.

In addition to the inpatient facilities, the Stem Cell Processing Unit was also considered in a poor state of repair and inadequate for the volume of work undertaken. An option to relocate the processing unit to space vacated by Cardiff University is being considered in conjunction with the CD&T Clinical Board. This option may require further investment currently not included in the SOC cost plan but which has been highlighted for inclusion in the next stage of the business case process.

The UHB were provided with a 6-month period to respond to the JACIE report and provide an update on the improvements made within the period and demonstrate their future commitments to the delivery of improved patient care. Subsequently, on the 8th July 2026, the JACIE were provided with;

- A cover letter signed by the Chief Executive and Executive Lead for Infrastructure summarising the ongoing construction works of the Haematology Day Unit Extension and the development of the SOC.
- Haematology Day Unit Extension agreed plans and the programme for delivery. (The plans were shared with the JACIE inspectors during their visit in Sept 2025 who were supportive of the proposals).
- The Haematology In-Patient Facility SOC, v8, with the proposed layouts.

The SOC, which is attached as an Appendix, sets out the case for change for the development of a new build and the refurbishment of existing areas within Tower Block 2, and Link Block A.

The SOC includes high level indicative costs in the region of £90m- £95m, which is subject to the preferred method of construction which will be concluded in the next stage (Business Justification Case). A breakdown of the capital costs is summarised below;

	£000m Traditional Construction	£000m Modular Construction
Works costs	53.06	59.08
Fees	9.44	6.79
Non-works costs	2.50	2.62
Equipment	4.39	4.38
Planning Contingency	6.94	7.29
VAT Reclaim	-1.77	-1.40
Total Gross Project Cost	**74.56**	**78.76**
Optimism Bias	15.59	16.37
Total Gross Overall Cost Estimate	**90.15**	**95.14**

The case indicates that some additional revenue implications are associated with main critical staffing infrastructure gaps identified by the JACIE inspection and a revenue case has been prepared by the Health Board and submitted to the commissioners (NWJCC). This is currently being reviewed by NWJCC colleagues.

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

- The accreditation body JACIE have raised concerns regarding the patient environment on 2 previous inspection visits in 2013 & 2019 and were assured that rectification works would be progressed. Unfortunately, little progress has been made in relation to the in-patient facilities and JACIE considered the lack of robust plans prevented them from recertifying the service.
- Failure to maintain JACIE Accreditation will severely impact patients from across South Wales with a likely requirement to decommission the BMT service within CAV & Swansea Bay and recommission activity in NHS England.
- The case has been supported by both the Capital Management Group and the Strategic Leadership Team

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

Haematology In Patient Strategic Outline Case

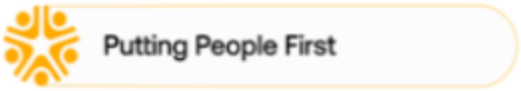
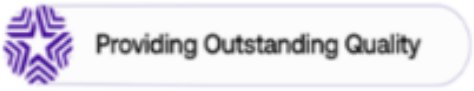
Recommendations:

a) **NOTE:** the content of the paper

b) **ENDORSE:** the Strategic Outline Case as included in Appendix 1, for the provision of a new inpatient facility to deliver Haematolgy services including BMT and CAR-T in line with the JACIE standards

c) **RECOMMEND** that the Board **APPROVE** the SOC for formal submission to Welsh Government to seek capital investment and approval to progress a combined OBC/FBC

d) **NOTE:** the impact to patients and the reputational risk to the UHB with the loss of JACIE Accreditation

Link to Strategic Objectives of Shaping our Future Wellbeing: Please place an "x" in the below boxes where relevant – *Click each item for further information.*			
1. 	√	2. 	√
3. 	√	4. 	√

Five Waves of Working (Sustainable Development Principles) considered: Please place an "x" in the below boxes where relevant									
Prevention		Long Term	√	Integration	√	Collaboration		Involvement	

Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes	x	No		

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes (delete as appropriate)
• Failure to maintain JACIE Accreditation will severely impact patients from across South Wales with decommission of the BMT service and activity transferred to NHS England
Safety: Yes
There remains a significant IP&C risk associated with the current inpatient facility as there is no provision for fully complaint isolation rooms.
Financial: Yes
The revenue consequences of the project will be worked through as part of the development of the OBC/FBC
Workforce: Yes
Revised workforce plan to be developed as part of the OBC/FBC
Legal: No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes
There is a reputational risk associated with the loss of accreditation for the unit.
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance*
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.
Equality & Health: Yes
An Equality Health Impact Assessment (EHIA) will be required as part of the business case process.

Decarbonisation: Yes
Any new build development will need to comply with the NHS Wales decarbonization strategy
Welsh Language: No
Consideration should be given to potential impact on the Welsh language, including the following key aspects: • ***More than just words**: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?* • ***Accessibility and compliance**: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.* • ***Patient understanding and safety**: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?* • ***Staffing and resources**: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?* *Does the subject matter of your paper risk any of the above not being achieved?*

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

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

Haematology Inpatients at University Hospital Wales (UHW)

Strategic Outline Case: Executive Summary

June 2026 – Final v8

CARING FOR PEOPLE
KEEPING PEOPLE WELL

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

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GLOSSARY / LIST OF ABREVIATIONS

A&E	Accident and Emergency
AC	Ambulatory Care
ACT	Advanced Cell Therapy
ALL	Acute Lymphoblastic Leukaemia
AME	Annually managed expenditure
AT	Advanced Trials
ATMPs	Advanced Therapy Medicinal Products
AW	All Wales
AWMSG	All Wales Medicines Strategy Group
AXI-CEL	Axicabtagene Ciloleucel
BAU	Business as Usual
BCAG	Business Case Advisory Group
BCIS	Building Cost Information Service
BCR	Benefits Cost Ratio
BCSH	British Committee for Standards in Haematology
BCUHB	Betsi Cadwaladr University Health Board
BDP	Building Design Partnership (Architects)
BHNOG	Blood Health National Oversight Group
BHP	Blood Health Plan
BiTE	Bispecific T-cell Engager
BMT	Blood and Marrow Transplantation
BMTU	Bone Marrow Transplant Unit
BRP	Benefits Realisation Plan
BSBMTCT	British Society of Blood and Marrow Transplantation and Cellular Therapy
CAR-T	Chimeric Antigen Receptor T-Cell Therapy
CBI	Confederation of British Industry
CCRH	Cardiff Cancer Research Hub
CIA	Comprehensive Investment Appraisal
CMG	Capital Management Group
CNS	Clinical Nurse Specialists
CPD	Continuous Professional Development
CRB	Cash Releasing Benefits
CReSt	Cancer Research Strategy
CRS	Cytokine Release Syndrome
CRUK	Cancer Research, United Kingdom
CSF	Critical Success Factors
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
DEL	Departmental Expenditure Limits
ECMC	Experimental Cancer Medicines Centre
EME	Efficacy and Mechanism Evaluation
EOI	Expression of Interest
EP(C)T	Early Phase (Clinical) Trials
EU	European Union
FACT	Foundation for the Accreditation of Cellular Therapy
FBC	Full Business Case
FM	Facilities Management
GH	General Haematological Malignancy
GI	Gastrointestinal
GP	General Practice/ Practitioner
GTMP	Gene Therapy Medicinal Product
GVA	Gross Value Added
HA	Hereditary Anaemia
HCID	Highly Contagious Infectious Diseases
HCRW	Health and Care Research Wales
HCSW	Healthcare Support Worker
HDC	Haematology Day Centre
HDU	High Dependency Unit
HEPA	High Efficiency Particulate Air
HLA	Human Leukocyte Antigen
HM	His Majesty's
HSCT	Haematopoietic Stem Cell Transplantation
HTA	Human Tissue Authority
IAAP	Integrated Assurance and Approval Plan
IBI	Infected Blood Inquiry
ICANS	Immune Effector Cell Associated Neurotoxicity Syndrome
ICI	Immune Checkpoint Inhibitors
ICP	Integrated Commissioning Plan
IEC	Immune Effector Cell
IM&T	Information Management and Technology
IMTP	Integrated Medium Term Plan
IO	Immunotherapy Toxicity Service
IST	Immunosuppressive Therapy
ITP	Idiopathic Thrombocytopenic Purpura
ITU	Intensive Therapy Unit
JACIE	Joint Accreditation Committee - International Society for Cell & Gene Therapy (ISCT) and European Society for Blood and Marrow Transplantation (EBMT)
JCO	JACIE Central Office
KPIs	Key Performance Indicators
LBCL	Large B-cell Lymphoma
LHB	Local Health Board
LTAs	Long Term Agreements
MDT	Multi-Disciplinary Team
MECC	Making Every Contact Count
MMC	Modern Methods in Construction
MR	Magnetic Resonance
MRC	Medical Research Council
NAIT	Neonatal Alloimmune Thrombocytopenia
NCCP	National Clinical CAR-T Panel
NHS	National Health Service
NHSE	National Health Service England
NHSWSSP - SES	NHS Wales Shared Services Partnership – Specialist Estates Services
NICE	National Institute for Health and Care Excellence

NIHR	National Institute for Health and Care Research
NPC	Net Present Cost
NPSV	Net Present Social Value
NPV	Net Present Value
NWJCC	NHS Wales Joint Commissioning Committee
OBC	Outline Business Case
OPD	Outpatients Department
PBA	Project Bank Account
PERs	Project Evaluation Reviews
PICC	Peripherally Inserted Central Catheter
PIR	Post Implementation Review
PNH	Paroxysmal Nocturnal Haemoglobinuria
PPE	Post Project Evaluation
PPP	Public/ Private Sector Partnership
PRINCE2	PRojects IN Controlled Environments
QB	Quantifiable Benefits
QS	Quantity Surveyor
R&D	Research and Development
RPA	Risk Potential Assessment
RWE	Real-World Evidence
SACT	Systemic Anti-Cancer Therapy
SBS	Shared Business Services
SCPU	Stem Cell Processing Unit
SCTMP	Somatic Cell Therapy Medicinal Product
SDEC	Same Day Emergency Care
SE	South East (Wales)
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SO	Spending Objectives
SoA	Schedule of Accommodation
SOC	Strategic Outline Case
SOFW	Shaping Our Future Wellbeing
SRO	Senior Responsible Owner
SWBMT	South Wales Blood and Marrow Transplant
TCS	Transforming Cancer Services
TEP	Tissue Engineered Product
TILs	Tumour Infiltrating Lymphocytes
TTP	Thrombotic Thrombocytopenic Purpura
TUPE	Transfer of Undertakings (Protection of Employment)
UEL	Useful Economic Life
UHB	University Health Board
UHL	University Hospital Llandough
UHW	University Hospital Wales
VAT	Value Added Tax
VFM	Value for Money
WG	Welsh Government
WHC	Welsh Health Circular

1.0 EXECUTIVE SUMMARY

1.1 Overview and Introduction

To improve facilities for haematology inpatients and to ensure the continuation of the JACIE accreditation (Joint Accreditation Committee - International Society for Cell & Gene Therapy [ISCT] and European Society for Blood and Marrow Transplantation [EBMT]), the Cardiff and Vale Specialist Services Clinical Board recommends that a new building is to be developed along Academic Avenue at the University Hospital Wales (UHW), next to Tower Block 2, and some areas of Link Block A will also be refurbished to provide appropriate accommodation to meet the service and standard requirements.

This business case seeks to demonstrate the need for investment and to appraise the main options for service delivery with an aim to provide a preferred way forward for further analysis. Indicative costs suggest a capital investment of between £90.15m and £95.14m (including 20.43% optimism bias) dependent upon the chosen construction methodology to enable the Health Board to undertake the required works.

The facilities used by the Stem Cell Processing Unit (SCPU) are in a poor state of repair and are inadequate for the volume of work completed, for the equipment and for the staff in the department. This has been identified in a recent JACIE inspection. During the next stage further work will be completed regarding the element of works required for JACIE accreditation. A further investment will be required to relocate the Stem Cell Processing Unit from corridors B link and C on the upper ground floor of UHW to a refurbished area on the first floor where an opportunity has arisen in that Cardiff University (CU) has handed back a large room in the near vicinity of the labs, on the first floor B Block corridor. This room has been used as a laboratory teaching facility by CU. Further detail regarding this will be developed at the next stage of the business case process.

Meeting Standards

CVUHB is currently the sole provider of BMT and CAR-T services in Wales. Maintaining JACIE accreditation is a fundamental requirement of the NWJCC service specification, as well as a prerequisite for access to CAR-T therapies from pharmaceutical providers.

However, longstanding infrastructure limitations at the University Hospital of Wales site have been identified as a significant concern. The service has previously received adverse feedback from JACIE inspections in 2013 and 2019, particularly in relation to facilities and capacity.

The JACIE Inspectorate again heavily criticised the adult CVUHB facilities during the 2025 inspection, noting that previous commitments to rectify the deficiencies had not materialised. As a consequence, the JACIE Central Office (JCO) felt unable to recertify the service, despite ongoing excellent clinical results and now demands a credible, detailed plan to address the noted deficiencies before recertification could be entertained.

CVUHB is now required to submit a robust, costed, and time-bound corrective action plan by 8 July 2026. Failure to do so could result in complete loss of JACIE accreditation, with significant consequences, including the potential requirement for NHS Wales to commission these services from providers in England.

In short, if CVUHB is unable to retain JACIE accreditation, the potential impact on the service could result in steps being taken to decommission BMT and CAR-T therapies, which would fundamentally undermine the delivery of haematological cancer services for the population of South Wales.

To achieve and sustain compliance with JACIE standards, the service must address both quality and capacity requirements, with particular focus on infrastructure, workforce, and long-term service configuration.

1.2 Strategic Case

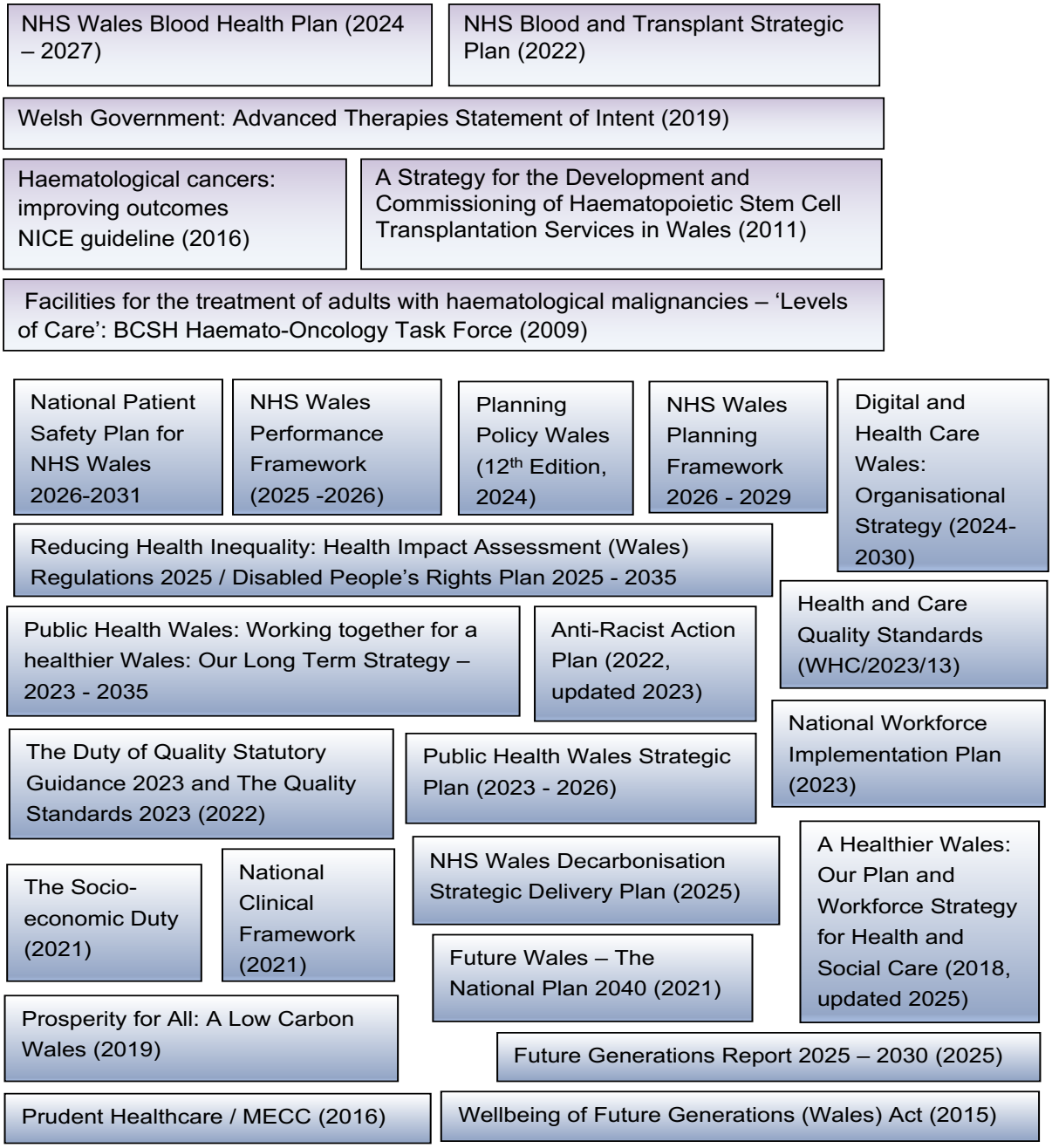
Cardiff and Vale University Health Board was established in October 2009 and is one of the largest NHS organisations in the UK.

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

The Health Board has the following strategic objectives:

- Putting People First – The Health Board will be a great place to train, work and live, where the organisation will listen to and empower people to live healthy lives. By 2035, colleagues will recommend the Health Board a great place to work, workforce will reflect the diversity of communities, and more people will be living healthier lives
- Providing Outstanding Care – The Health Board will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. Inequities will be reduced in prevention, and there will be improved access to clinical services and clinical outcomes
- Delivering in the Right Places - By 2035 the Health Board will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing. The organisation will be well on the journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery
- Acting for the Future – The Health Board will work to ensure that what is done today does not compromise the wellbeing of future generations. The Health Board will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 the Health Board's will have reduced its carbon footprint by 34% (currently under review) and will have increased research and clinical innovation activities.

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



Executive Summary Figure 1: Overarching National Policies considered within the SOC

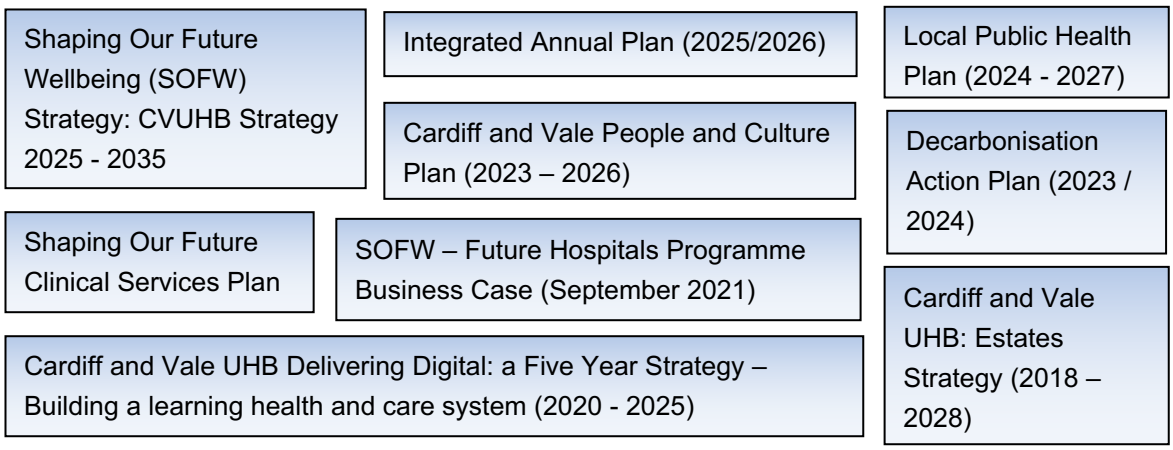
Haematology (including haemostasis and thrombosis) is the study of the blood and blood-forming tissues. A bone marrow transplant replaces damaged blood cells with healthy ones, detects and destroys residual malignant cells, restores normal bone marrow function including that of the immune system. It can be used to treat malignant conditions affecting the blood cells, such as leukaemia, lymphoma, myeloma and bone marrow failure syndromes such as aplastic anaemia and the myelodysplastic syndromes; inherited blood

disorders such as sickle cell disease and the thalassaemia syndromes; and non-malignant conditions such as immune deficiency syndromes and multiple sclerosis. Advanced therapies utilise the transplantation of human cells to replace, repair or reprogramme damaged tissue and/or cells. With new technologies, innovative products, and limitless imagination, many different types of cells may be used as part of a therapy or treatment for a variety of diseases and conditions.

This business case contributes to delivering these strategies through:

- Providing sufficient capacity to meet the clinical demand and ensure that all patients have equitable access to services across Mid, West and South Wales
- Ensuring the safety of patients, staff and visitors; and the requisite quality of care through provision of high-quality facilities that fully meet JACIE Standards
- Providing facilities for research and development to enable the introduction of new treatment modalities, ensuring state-of-the-art cancer care for patients in Wales
- Ensuring Cardiff and Vale Health Board (that is the only centre in Wales) has capacity to continue to deliver current high-risk Advanced Therapy Medicinal Products (ATMPs) via both commercial and clinical trial routes. It is envisaged that future demand for this type of therapy will increase as is proving the case in solid cancers and non-malignant conditions
- Providing advanced cellular and non-cellular products (e.g. *in vivo* gene therapies) to patients from across Wales within the haematology service. There is an urgent need for an expansion in facilities with designated beds co-located with the BMT service and with rapid access to intensive care unit (ITU) services
- Provide high-quality facilities to enable the Health Board to attract and retain specialist staff

The SOC also takes cognisance of the relevant local Health Board strategies:



Executive Summary Figure 2: Local policies considered within the SOC

The business case will contribute to delivering these strategies through:

- Emphasising a key area of the Integrated Annual Plan (2025/2026) which is to deliver exceptional specialist and tertiary services for local, regional, and national populations, and make a commitment for the redevelopment of haematology inpatient facilities to meet JACIE standards and to transform the patient experience in haematology and bone marrow transplant
- Addressing the compliance issues for BMT which is a key estates risk and therefore features as the top priority in the estate strategy
- Assist the Health Board to meet the themes set out in the workforce strategy for health and social care in relation to the CVUHB People and Culture Plan by improving the experience of staff working within the service
- Build upon the Shaping Our Future Wellbeing (SOFW) strategy and Shaping Our Future Clinical Services Plan in relation to providing a co-ordinated approach to transforming services for the future and delivery of improved outcomes and value-based healthcare whilst utilising innovative workforce models and introducing new technologies

The proposed facility outlined within the business case would unlikely be able to be linked to any new replacement for UHW due to the major rebuild of UHW2 for which there are no agreed timescales currently. However, much of the equipment would be suitable for transfer, dependent upon the timeframe for the delivery of any new facility proposed.

Spending Objectives

The specific spending objectives for the haematology strategic outline case include the following, along with how they will be measured:

Spending Objective 1: Quality and Safety of Services	

Specific	Services that deliver quality care and meet agreed clinical, quality and safety standards, including:
	▪ Compliance with legislation, regulations and accreditation standards / performance
	▪ Supports rapid adoption of best practice
	▪ Clinical effectiveness, including:
	  ○ Delivering improved outcomes for patients
	  ○ Supporting research & development
	▪ Improves consistency in clinical practice

Measurable	Evidenced by: ▪ Continued Joint Accreditation Committee ISCT-EBMT (JACIE) accreditation ▪ Elimination of environmental issues within haematology and bone marrow transplant facilities ▪ Ensuring all services within the project have sufficient capacity to meet future demand in an area which is rapidly evolving ▪ Adoption of currently commissioned services for which there is no capacity and for which patients are currently being referred to NHS England (e.g., autologous stem cell transplantation for multiple sclerosis and newer National Institute for Health and Care Excellence (NICE) - approved indications for CAR-T therapy)

Spending Objective 2: Provide a High Quality Environment	
Specific	To provide facilities that comply with statutory standards and best practice and enable the Health Board to deliver high quality care and provide clinical teams with the appropriate environments in which to care for patients
Measurable	Evidenced by: ▪ Improved estate performance ▪ Joint Accreditation Committee ISCT-EBMT (JACIE) accreditation ▪ Meeting design and technical standards
Spending Objective 3: Access	
Specific	To ensure that the changing needs and expectations of a growing population are met in line with Health Board clinical strategies and national guidance standards and that the solution does not destabilise other clinical services/developments. Access to services is optimised with: ▪ Service capacity that will meet demand in a timely way ▪ Services delivered in an appropriate environment
Measurable	Evidenced by: ▪ Reduced nosocomial infection rates within haematology and bone marrow transplant patients ▪ Improved access to services through appropriate use of technologies ▪ Access to new advanced therapy service to the population of Wales
Specific	To maximise the use of available resource and provide an environment that promotes improved service efficiency through improved productivity and improved patient flows
Measurable	Evidenced by: ▪ Appropriate lengths of stay for inpatients ▪ Reduction in staff turnover/increased staff retention through provision of better-quality facilities ▪ Ability to deliver NICE approved treatments within the Health Board ▪ Services provided within the identified revenue budget
Spending Objective 5: Sustainability/Flexibility	
Specific	To provide a solution that will enhance the reputation of the Health Board and will support the delivery of safe, sustainable and accessible services both in the short and medium term and with built-in resilience to adapt to changing needs
Measurable	Evidenced by: ▪ Capacity to meet increased demand ▪ Rooms to be generic and flexible to meet multiple uses wherever appropriate

Executive Summary Table 1: Spending Objectives

The spending objectives relate directly to the five generic drivers for intervention and spend, they also align with the NHS Infrastructure Investment Guidance objectives and criteria.

Existing Arrangements

Ward B4/C5 Haematology at UHW is a 27-bed ward over two areas providing inpatient services for the whole range of haematology disorders, both malignant and non-malignant,

for patients aged 25 years and older. Inpatient haematology care includes all inpatient chemotherapy, cellular therapy and complication management of disease or treatment consequences. Patients under 25 years are predominantly treated on the Teenage Cancer Trust Unit, however they often require stays on the B4/A4 footprint due to capacity or clinical requirement. As a result of the changing landscape of therapies for haematological cancers, the patients requiring inpatient treatment receive more complex therapies than a decade ago. This has resulted in a heavier burden to the nursing workforce and medical oversight.

Currently, there are six isolation single rooms (HEPA filtered with positive air pressure) and two 2-bed areas (HEPA filtered with positive air pressure and shared toilet facilities) in the transplant part of the ward; and there are two single rooms (no air handling or ensuite facilities), a 3-bedded area and three 4-bedded areas on the general side with shared toilet facilities. No cubicles on B4 haematology have ensuite facilities, meaning patients can be admitted for transplant requiring up to a four week stay with only a commode and wash basin for personal care, toileting and hygiene requirements. This falls below the acceptable standard for patients undergoing BMT who are in isolation.

Since the COVID-19 pandemic the service is currently based on C5, where only 3 acute admissions beds are in use. This segregated space has been essential to prevent and minimise the spread of infection, including but not limited to COVID-19. The service has seen a marked reduction in nosocomial infections since the introduction of the unscheduled care space. Prior to COVID-19 there were over 60 documented cases of potential or actual nosocomial infection which fell to zero after COVID-compliant measures were introduced during the first year of the pandemic. Given that 'COVID-compliant' measures are essentially the same as those of a JACIE-compliant service, this experience underscores the importance of routinely operating to JACIE standards. Nursing establishment for both areas remain the same, as such, a total of 27 inpatient beds is maintained across the two ward areas.

Due to increasing activity in all parts of the service, and particularly in BMT, there are frequently long delays for patients awaiting chemotherapy and patients frequently outlie on other non-haematology wards. Audit data from December 2025 to January 2026 highlights the ongoing pressure for general haematology beds which operate at 110% to 120% capacity.

The 10 NWJCC-commissioned beds within the 27 bed cohort (8 for BMT and 2 for CAR-T) are insufficient to accommodate patients requiring readmission due to complications (a JACIE standard). As a result, post-transplant patients are readmitted into general haematology beds, negatively impacting the capacity to admit general haematology patients for life-saving chemotherapy. Not only does this arrangement fall short of the JACIE standard to have patients readmitted to the transplant centre, but the extensive daily communication also required to safely manage patients "at a distance" adds a significant burden to consultant workload. Furthermore, during the past two years, 11 patients were

outsourced to centres in England for allogeneic BMTs due to lack of capacity with a further 3 being outsourced for autologous BMT for multiple sclerosis in the 2026/27 financial year to date. This latter outsourcing exemplifies that the service is unable to deliver commissioned activity for any new BMT indications including multiple sclerosis, immunodeficiency disorders and the recent (2023) expansion in NICE-approved CAR-T indications. Importantly, virtually all of these patients were repatriated to Wales well before the end of the contracted 100 days post-transplant period, leading to "double payment" by NHS Wales for these patients, with treatments already paid to centres in England now being delivered by the SWBMT Programme, without reimbursement of fees already paid to NHS England.

The haematology ambulatory care unit at UHW treats patients who would historically have been treated exclusively within an inpatient setting, however due to the increased activity and scope of service, the unit is already outgrowing its current accommodation and requires proper isolation facilities to maximise transplant activities within ambulatory care as well as managing those patients who present with symptoms of infection. Due to the isolation of the unit from other areas of the haematology service, additional staff are required to ensure patient safety. The JACIE Inspectorate declared that all but the isolation room was unfit for purpose affording the patient no privacy or requisite protection from nosocomial infection as demanded by JACIE standards.

The South Wales Blood and Marrow Transplant Programme (SWBMT) serves adults and children in the catchment area of mid, west and south Wales, accounting for nearly 80% of the Welsh population. It consists of a clinical programme supported by collection and processing facilities. The service is delivered across two Local Health Boards – Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board. Industry qualification to deliver CAR-T therapy was achieved in December 2018 and in 2019 JACIE accreditation and human tissue authority (HTA) licensing were extended to include Immune Effector Cell (IEC) therapy to facilitate commissioning to deliver CAR-T therapy on behalf of its catchment area.

Demand for transplantation and general and malignant haematology has grown steadily over recent decades. In 2020 there was a decline in transplant activity internationally due to the impact of the COVID-19 pandemic with recovery to near pe-pandemic levels by 2023. It is projected that transplant activity will reach or surpass 2019 (pre-pandemic) levels. Exceptions to the pandemic decline were allogeneic transplantation given that this is largely undertaken in patients with aggressive haematological malignancies and CAR-T therapy which is reserved for patients not in remission and whose therapy cannot be successfully postponed.

It is anticipated that cellular therapy activity will continue to increase further due to continuously improving outcomes as a result of better supportive care, an increase in the range of treatment regimens available, the ability to deliver curative treatments to older patients (who bear the greatest burden of haematological cancer) and improved allogeneic

donor availability resulting from improvements in human leukocyte antigen (HLA) typing as well as the successful application of haploidentical family donors for patients lacking a conventional donor.

However, capacity to provide a timely service remains a challenge. This has resulted in increased waiting times for admission to the ward and delays in transplantation. To minimise the impact there are weekly planning meetings to review and triage patients on the waiting list. Although this has lessened the impact of the infrastructure deficiencies, it consumes inordinate amounts of senior clinician time and there are inevitable breakthrough relapses on the waiting list in some instances precluding transplantation and leading to premature death.

The introduction of a CAR-T programme has compounded the capacity issues.

As a result of deficiencies in the physical infrastructure the adult SWBMT Programme on the CVUHB site was severely criticised by the JACIE Inspectorate following the 2013 and 2019 inspections.

Following the most recent inspection in September 2025, JACIE deferred accreditation, pending a resubmission from the programme. This resubmission must address all identified areas of non-compliance and include a robust, fully costed, and time-bound corrective action plan for any outstanding issues. The deadline for submission is 8 July 2026, six months from receipt of the formal inspection report.

The Stem Cell Processing Unit is located on the upper ground floor of UHW, corridors B link and C and primarily serves the South Wales Blood and Marrow Transplant Programme, annually processing around 150 collections from adult patients (autologous donors), a few paediatric autologous donors, a few related normal donors collected by apheresis at UHW and around 50 donations (predominantly apheresis) from unrelated donors worldwide.

It has been known for some time that the facilities for the Stem Cell Processing Unit were poor, as there is only one clean room, limited lab and office space. A recent JACIE report has also highlighted this and, if not resolved, this may have implications to the service's accreditation.

Business Need

In addition to capacity constraints outlined above, the existing inpatient and ambulatory care facilities remain inadequate with regards to provision of hygiene facilities, triage, isolation and protection of patients from nosocomial (hospital-acquired) infection. This has resulted in unnecessary exposure of immunosuppressed patients to infection resulting in additional treatment, morbidity and mortality.

There is therefore a pressing need to provide an appropriate JACIE-compliant environment for BMT and CAR-T activity on the UHW site for the following reasons:

- International standards for cellular therapy services (transplantation and CAR-T) are defined by FACT-JACIE standards. There is published evidence demonstrating that clinical outcomes are better in JACIE-accredited centres when compared with non-accredited centres. Indeed, outcomes also improve in centres preparing for JACIE accreditation demonstrating that the discipline involved in becoming "JACIE-compliant" improves outcomes providing direct evidence that the adoption of quality standards improve clinical outcomes (Gratwohl et al, Haematologica 2014,908-915)
- Commissioning bodies in the UK made JACIE accreditation a prerequisite for providing BMT and CAR-T services and this is included in the NWJCC BMT and CAR-T Service Specifications. Therefore, lack of JACIE accreditation would necessitate closure of the BMT programme with the attendant loss of revenue and loss of reputation for Cardiff and Vale UHB, Welsh Government and for Wales.
- The JACIE Inspectorate in 2013 declared the physical infrastructure of the adult service on the CVUHB site "shabby and well behind the curve" compared with other UK centres. Following the 2019 inspection the feedback was even more scathing with the facilities described as "the worst ever seen". Indeed, the Lead Inspector made it clear that had it not been for our excellent clinical outcomes the programme would have been recommended for closure. At the 2025 inspection the JACIE Lead Inspector made the wry but obvious comment that, "until the facilities are upgraded, the patient experience remains the same", reflecting on the fact that promises made in the wake of the 2013 and 2019 inspections had not materialised. The JACIE report from the 2025 inspection was received in January 2026. It confirmed that none of the adult clinical facilities on the CVUHB site (inpatients, ambulatory care, haematology day centre, apheresis collection suite, outpatients) meets JACIE Standards. The Programme Director has to respond to the noted deficiencies by the deadline of 08 July 2026. Although acknowledging that capital deficiencies may not be remediable within the 6-month response deadline, JACIE has been clear that a "detailed response" is expected. Whilst we cannot speak for the JACIE Central Office (which makes the final decision), one would expect that this detail should include JACIE-compliant floor plans, a commitment to fund the development, and a clear timeline for completion. In contrast to previous inspections, JACIE has deferred making a decision regarding recertification pending our response
- Due to the existing design deficiencies affecting inpatient, day unit and outpatient facilities which prevents adequate triage and isolation, more than 60 instances of risk of nosocomial infection directly attributable to the lack of adequate facilities were documented in 2019. By contrast, in 2020, when strict COVID-compliant pathways were enforced, there was not a single incident of potential nosocomial infection proving that adequate facilities will protect patients and potentially save lives. Unfortunately, with BMT activity virtually at pre-pandemic levels, the same quality of isolation and patient distancing is no longer possible, and patients are again being put at risk of nosocomial infection.
- The lack of sufficient capacity to treat patients in a timely manner has resulted in patients breaching agreed waiting times for BMT, which can increase the risk of relapse whilst on the BMT waiting list. To minimise this relapse risk patients are often given additional (but unnecessary) chemotherapy which in turn can increase toxicities and complications

As a result of the above deficiencies, the physical fabric of the adult service on the UHW site was heavily criticised by the JACIE Inspectorate. Had it not been for the excellent clinical outcomes, the Programme would have been recommended for closure following the 2019 inspection. JACIE has deferred making a decision following the 2025 inspection due to the ongoing significant structural deficiencies on the CVUHB site and the lack of any material improvements following promises made after the 2013 and 2019 inspections.

Loss of JACIE accreditation would have far-reaching consequences:

1. The SWBMT Programme would be the only major UK programme, the 15th largest of 49 UK and Irish transplant centres, and centre to have had JACIE accreditation withdrawn

2. The SWBMT Programme would need to cease activity since it is the policy of all UK BMT commissioners, including NWJCC, to procure services only from JACIE-accredited centres. This would lead to significant political and reputational loss for Wales, Welsh Government, CVUHB and the SWBMT Programme

3. Patients in Wales would need to be referred to BMT centres in England where transplant costs are typically ≥50% higher than in Wales. Welsh patients transplanted in England may not get the benefit of the comprehensive, award-winning prehabilitation programme that occurs in Cardiff, improving patient fitness prior to both transplantation and CAR-T therapy

4. In addition to the financial disbenefit to NHS Wales and the potential for a worse clinical outcome by referring patients to NHS England, such a move would contravene cancer standards which require patients to be treated as close to home as possible. The patient experience would be significantly worse since relatives would be able to visit less often and families would incur greater travel costs to visit patients in England.

The current facilities at UHW will likely again fail JACIE standards on triage, isolation and patient facilities given that no material improvement has occurred following earlier inspections. CVUHB therefore wish to pursue an integrated solution that might allow colocation of inpatients, day care, ambulatory care and outpatients across haematology services at the UHW site.

Any new physical infrastructure, including an expanded ambulatory model of treatment delivery, would meet current and projected future demand, offer insulation against uncertainties in future demand whilst addressing health and safety deficiencies. The vision is to provide safe, timely, compassionate and comprehensive care in an environment suited to the management of patients with leukaemia, myeloma, lymphoma, sickle cell disease, bleeding disorders and those who are having blood and marrow transplantation, CAR-T therapies or other ATMPs. This requires an increase in the number of beds, provision of isolation facilities in the ward, day centre, ambulatory care and outpatient settings, and separate, but neighbouring, facilities for patients with inherited bleeding disorders.

Without an urgent infrastructure upgrade, Welsh patients would potentially be denied access to effective therapies or may need to travel to England, falling foul of Welsh National Cancer standards.

Providing an adequate bed complement, with sufficient surge capacity, would reduce waiting times, obviate the need for "bridging" chemotherapy, and improve outcomes and patient experience.

The vision is to have a facility for the Stem Cell Processing Unit and Haematology which is fit for purpose and conforms to the JACIE, HTA, MHRA and UKAS standards and regulations.

The JACIE report for SCPU states:

"The Cell Processing Facility is aging. While it remains functional and adequate for the current workload, there are clear design and infrastructure limitations. For example, the Grade B change area opens into an unclassified area, and there are no locker or changing facilities for staff to prepare appropriately for gowning into the cleanroom space. The cleanroom itself is small and can only accommodate one cabinet. "

During the inspection, it was noted that the laboratory had recently acquired two additional rooms/spaces for expansion; however, these are not currently fitted to meet the needs of the processing facility. Consideration should be given to the level of investment required to future-proof the existing environment, and investment should also be considered to make the two newly acquired spaces fit for purpose.

As noted in the JACIE report, the current clean room does not meet the requirements for contamination control because it only has a single stage change and there is insufficient space in its current location to adapt the changing area into a dual stage change. This immediately precludes the use of the facility from future translational and advanced manufacturing activities.

Potential Scope

Welsh Government guidance assesses the scope against a continuum of need ranging from:

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

	Core	Desirable	Optional
Potential Scope	Services included: ▪ UHW Haematology/ BMT Inpatients ▪ UHW Advanced Therapies ▪ Stem Cell Processing Unit	Service included: ▪ UHW Haematology/ BMT Inpatients ▪ UHW Advanced Therapies ▪ UHW Haematology Outpatients ▪ Stem Cell Processing Unit	Services included: ▪ UHW Haematology/ BMT Inpatients ▪ UHW Haematology Day Centre ▪ UHW Haematology Outpatients ▪ UHW Cardiff Haemophilia Centre ▪ Stem Cell Processing Unit

Executive Summary Table 2: Potential Scope

Key service requirements are that there is a facility provided that meets minimum statutory requirements regarding environmental and care quality standards and capacity is sized to meet current demand. It must be noted that no future proofing to accommodate evolving indications are included in the project business case.

Main Benefits

This section describes the main outcomes and benefits associated with the implementation of the investment:

Spending Objective	Stakeholder Group	Main Benefits
Objective 1: Quality and safety of services	Patients	Non QB - High quality patient care QB – Improvements in health and safety (reduced incidents and specifically relating to toxicity) QB - Patient outcome maximised through treatment early in the course of the disease. For example, patients with acute myeloid leukaemia (AML) transplanted in first remission have a cure rate of 65% falling to 40% when done in second remission. Thus, earlier treatment avoids the costs of re-treatment (due to relapse) and results in a better long-term outcome QB - Providing patients in Cardiff and potentially South East Wales with access to high quality and safe solid tumour immunotherapies and immuno-oncology treatments QB - Significant improvement to the quality of care and expected patient outcomes (i.e., increase in curative treatments; improved 1 and 5 year survival rates) QB - High levels of safety which support increasing toxicity of treatments now and in future years i.e., reduced number of incidents relating to toxicity QB - Reduction of avoidable patient harm Non QB - Development of specialist toxicity management pathways with each organ specialist
	Staff	Non QB – Maintain continuity of services QB – Improvements in health and safety (reduced incidents) QB – Staff recruitment and retention will improve as investment in new facilities will help attract and retain high quality professional staff Non QB - Development of best practice clinical pathways with clinicians from the Health Board and Trust collaborating with on the management of complex patient toxicity
	Health Community	Non QB – High quality care given to all patients Non QB - Delivering high quality and research-led teaching at both undergraduate and postgraduate level, and to inspire others to pursue excellence in research, teaching and innovation Non QB - Supports the development of fundamental foundations (capacity/capability) to deliver advanced therapies/AMTPs

Spending Objective	Stakeholder Group	Main Benefits
Objective 2: Provide a high quality physical environment	Patients	Non QB – Provide safe and appropriate environments of care for patients and improving the patient experience, with improved patient satisfaction (patients have repeatedly complained about the lack of ensuite facilities during informal feedback) QB - An increase in capacity within inpatient facilities that will enhance patient flow and continuity of care with timely admission for therapy and reduced delays with documented increased risk of relapse Non QB – Maintaining appropriate privacy and dignity Non QB - Providing a supported environment for the delivery of EPCTs including, those utilising Advanced Therapies (ATs)
	Staff	Non QB – Provide a safe and appropriate environment for staff and be a better place to work Non QB – Improved clinical morale gained from improved access to modern equipment, technologies and facilities
	Health Community	QB – Compliance with statutory standards, including JACIE accreditation and maintenance of the HTA licence QB – Compliance with NHS guidance/best practice including NICE and All Wales Medicines Strategy Group requirements Non QB – Improved environments to enable productivity gains Non QB - Organisational reputation will be enhanced by providing high quality and safe care which supports the ability to provide new and novel treatments in South Wales
Objective 3: Access	Patients	Non QB – Provide suitable services and facilities sized to meet demand to ensure improved and optimised treatment pathways QB – Improved waiting times QB - Increasing research options for Welsh patients nearer to home QB – Improvements to patient aftercare: toxicity follow-ups provided for all patients with toxicity irrespective of tumour group QB - Improved survival and quality of life
	Staff	QB – Reduction in the non-availability of inpatient beds for Haematology/BMT patients
	Health Community	Non QB – Reduced pressures on other facilities and provides appropriate capacity for the population QB – Reduction in patients receiving extra ('holding') courses of chemotherapy (due to current waiting times). This will reduce patients' exposure to potential complications from unnecessary additional treatment Non QB - Provision of capacity and capability to deliver immunotherapies and advanced therapies/ATMPs will assist in establishing Cardiff and Wales as a global player new/emerging market
	Patients	QB – Improved waiting times QB - Reduced the current waiting times for BMT

Spending Objective	Stakeholder Group	Main Benefits
Objective 4: Effective use of resources	Staff	Non CRB – Reduced delays and cancellations maximise use of staff
	Health Community	Non QB - Maximise use of existing accommodation to enable estate rationalisation and improved utilisation Non CRB - Cost avoidance: if capacity and capability is not established patients may have to travel across the border for immunotherapies/ATMPs/advanced therapies and this will be more expensive CRB - Cost savings: there is a significant opportunity to delivery significant cost savings from reduced length of stay for patients with severe toxicity (grade 3 and 4)
Objective 5: Sustainability	Patients	Non QB – Services continue to be provided to meet patients' needs
	Staff	QB - Reduction in vacancy and turnover rates QB - Reduction in staff sickness rates Non QB - Improved job satisfaction
	Health Community	Non QB - Maximise flexibility of facilities QB - Provision of capacity and capability to deliver ATMPs in Cardiff will make it/Wales a more attractive place for strategic partners to invest in (in terms of infrastructure and financial investments)

Executive Summary Table 3: Main Benefits

Main Risks

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

Risk	Counter Measures
Service Risks	
Business case not endorsed by WG, impacting on progressing with the scheme to improve the existing facilities and meeting JACIE Accreditation as per the recommendations set out in the inspection. Risk of 'shutdown' by the regulatory board if improvements are not made to the patient environment as per the standard.	Demonstrate at Infrastructure Investment Board the importance of meeting JACIE Accreditation standards and improve the patient environment
Insufficient revenue resources to support the new facilities	Service model will be developed to support the service within the current revenue resource envelope or reduced costs where more optimal environments enable this
Design doesn't fully meet the operational requirements / JACIE Accreditation and provide the required clinical quality	Ensure appropriate review of plans during design development including clinical, infection prevention, clinical support and FM representatives

Risk	Counter Measures
Changes in demand – the anticipate demand for services is greater or less than has been projected within the case	Robust activity and capacity analysis has been undertaken. Design will be generic with the ability to adapt to different usage
Business Risks	
Financial Viability – capital cost of works is unaffordable, tenders exceed budget	Monitoring of costs during business case development. Robust financial analysis utilising established benchmarked norms to establish project budget
Changes in strategic context/policy direction	Non-political and strategic factors have been considered in developing the proposals
Design changes that are over and above the contingency allowances	Health Board to monitor and manage changes throughout the project
External Risks	
Failure to proceed – Contractor bankruptcy, development stalls due to lack of capital or failure to achieve business case approval	Appointment of established Contractor and liaison with Welsh Government to ensure available capital and approval of business case

Executive Summary Table 4: Main Risks and their Counter Measures

1.3 Economic Case

Critical Success Factors and Options Development

The critical success factors (CSFs) for the project were taken from the Welsh Government guidance and endorsed by the project team as follows:

- CSF 1 – Strategic Fit and Business Needs
- CSF 2 - Optimisation of Cost and Benefits (VFM)
- CSF 3 – Supplier Capacity and Capability
- CSF 4 – Potential Affordability
- CSF 5 – Potential Achievability

These CSFs have been used alongside the spending objectives for the project to evaluate a list of possible options. An infinite number of options and permutations are possible; however, within the broad scope outlined in the strategic case and utilising the Treasury Green Book and Infrastructure Investment Guidance options framework, the long list options findings are summarised overleaf:

Framework Options	Business as Usual (BAU)	Minimum	Intermediate	Maximum
Potential Service Scope Options – as outlined in the strategic case	Existing provision with no improvements	UHW Haematology/ BMT Inpatients UHW Advanced Therapies Stem Cell Processing Unit	UHW Haematology/ BMT Inpatients UHW Advanced Therapies UHW Haematology Outpatients Stem Cell Processing Unit	UHW Haematology /BMT Inpatients UHW Haematology Day Centre UHW Advanced Therapies UHW Haematology Outpatients UHW Cardiff Haemophilia Centre Stem Cell Processing Unit
	Discounted	Preferred Way Forward	Discounted	Discounted
Potential Service Solution Options – in relation to the preferred scope	Backlog maintenance is addressed	Backlog maintenance is addressed and refurbishment of the accommodation the services currently occupy	Backlog maintenance is addressed and refurbishment of other potentially available existing Health Board accommodation	New build provision plus refurbishment of existing areas
	Discounted	Discounted	Discounted	Preferred Way Forward
Potential Service Delivery Options - in relation to preferred scope and solution	3.1 In-house		3.2 Strategic Partnership	3.3 Outsource
	Preferred Way Forward		Discounted	Discounted
Potential Implementation Options – in relation to preferred scope, solution and method of service delivery		4.1 Phased		4.2 Big Bang (single phase)
		Discounted		Preferred Way Forward
Potential Funding Options – in relation to preferred scope, solution, method of service delivery and implementation		5.1 Public Funding		5.2 Private Funding
		Preferred Way Forward		Discounted

Executive Summary Table 5: Development of Options / Long List Framework

The drive of this project is to improve haematology inpatient facilities in order to meet the JACIE requirements and given the preferred scope identified above there is only one physical solution that will deliver the scope as there is insufficient space currently available on the UHW site, therefore, to provide the required accommodation, a combination of new build and refurbished accommodation on the UHW site is necessary.

Economic Appraisal

An economic appraisal has not been carried out as part of the development of the SOC; this will be completed during the next stage. Moving forwards, a comprehensive investment appraisal (CIA) will compare this preferred way forward against the business as usual option as a baseline.

Preferred Way Forward

A feasibility study has been undertaken to see how inpatient facilities for Haematology and BMT services could be developed on a site alongside UHW Academic Avenue, next to Tower Block 2. The building layout is shaped by existing site constraints, including Tower Block 2, the service tunnel, generators, and surrounding roads.

To connect effectively with the existing building, the first level of patient accommodation will be located on the first floor. Plant rooms will sit below at ground and first floor levels.

Around 812m^2 of existing first-floor space in Link Block A will be refurbished to form the entrance to the new department. This area will house the main entrance, reception, waiting area, consulting rooms, offices, and support spaces.

A further 232m^2 on the second floor of the existing building will be refurbished to provide additional support space, including staff facilities and offices.

The new building will connect to Tower Block 2 at first and second floor levels, providing approximately 1,280m^2 and 1,680m^2 of new accommodation respectively. The first floor will accommodate ambulatory care, three four-bed wards, and six single acute haematology wards, all with ensuite facilities. Twenty-two single-bed isolation wards will be located on the second floor around the perimeter of the plan. Each ward will include a lobby and an ensuite.

On both the first and second floors, support facilities will be centrally located so that wards, therapy rooms, offices, and other spaces benefit from external views. Escape stairs, accommodation stairs, and a bed lift will provide vertical circulation for staff and patients.

The proposed construction period is circa 15 to 18 months construction, dependent upon whether the solution is traditional or modular build, through to commissioning although the start date for this is dependent on the approvals process.

1.4 Commercial Case

The feasibility study provided in conjunction with the strategic outline case indicates that the required scope of works to support haematology and BMT inpatients and ambulatory care is to:

- Provide a new build along UHW Academic Avenue, next to Tower Block 2
- Refurbish Link Block A
- Refurbish part of the second floor of the existing building

Further work will also be undertaken in due course in relation to the relocation of the SCPU.

The procurement options considered by the Health Board include:

- Traditional tender process
- Single tender action to an individual contractor
- Utilising the Scape Built Environment Consultancy Services ("BECS") Framework
- Using the Design for Life procurement framework

Due to the specialist nature of the scheme, the procurement route to be potentially utilised is an open market tendering process in conjunction with the NHS Wales Shared Services Partnership (NWSSP) procurement department to identify a suitable supply chain partner (SCP) for the works.

The quantity surveyor has been appointed via the Shared Business Services (SBS) Healthcare Planning, Construction Consultancy and Ancillary Services (HPCCAS) Framework Agreement.

The procurement strategies are expected to be in line with the procedures and practices as laid down in the varying frameworks. An open book approach to prices will be adopted and all costs closely scrutinised to ensure that the Health Board is getting the best value for money.

1.5 Financial Case

Capital Costs

The anticipated investment is between £90.15m and £95.14m (including 20.43% optimism bias) dependent upon the chosen construction methodology of the preferred way forward. A breakdown of the capital costs is summarised below:

	£000m Traditional Construction	£000m Modular Construction
Works costs	53.06	59.08
Fees	9.44	6.79
Non-works costs	2.50	2.62
Equipment	4.39	4.38
Planning Contingency	6.94	7.29
VAT Reclaim	-1.77	-1.40
Total Gross Project Cost	**74.56**	**78.76**
Optimism Bias	15.59	16.37
Total Gross Overall Cost Estimate	**90.15**	**95.14**

Executive Summary Table 6: Capital Costs for the Preferred Way Forward

MTX Contracts, a UK specialist in modular healthcare construction has provided the cost estimates that have been used for the modular option.

The £/m2 rates for the traditional option can be benchmarked against the building cost information service (BCIS) average prices range results and compares similarly with the rates shown between the upper quartile and highest range for the new build and rehabilitation / conversion categories.

During the next stage further work will be completed regarding the Stem Cell Processing Unit element of works required for JACIE accreditation. A further investment will be required for this element of the works.

Depreciation and Impairment

Impairment will be calculated based on advice from the District Valuer. The asset value post impairment will be depreciated over the estimates useful economic life provided by the District Valuer.

The SOC assumes that the impairment charge will be funded by Welsh Government.

The total impact of impairment by year until the planned opening of the redeveloped accommodation will be included at the next stage.

Revenue Costs

There will be some additional revenue implications associated with main critical staffing infrastructure gaps identified by the JACIE inspection and a revenue case is being prepared by the Health Board for submission to the commissioners (NWJCC).

Overall Affordability

The anticipated capital spend, capital charges and depreciation profile for the project will be included at the next stage. All assets will be shown on the Health Board's balance sheet.

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

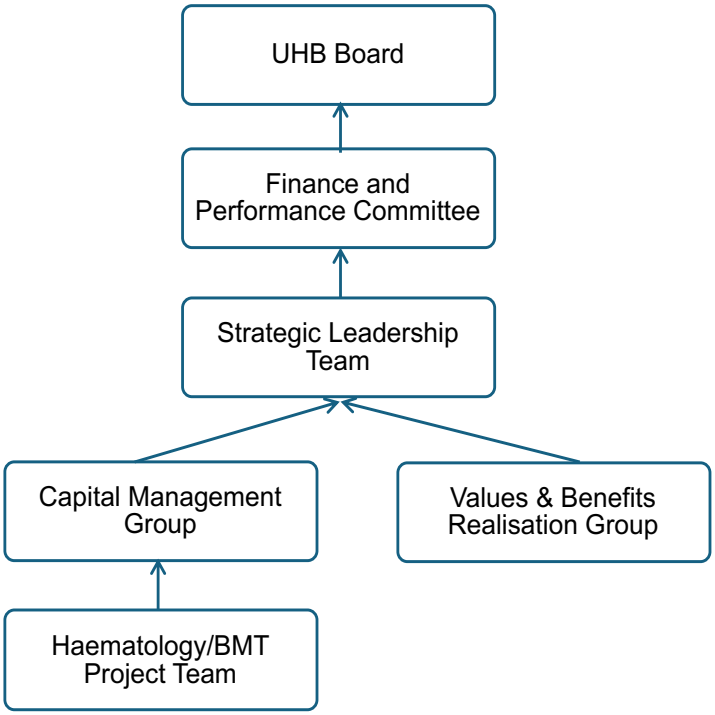
As highlighted above, it is assumed the impairment and recurrent charges for depreciation will be funded by WG and that revenue requirements associated with staffing infrastructure will be funded by the commissioners (NWJCC) through the established IMTP development route.

Further analysis regarding revenue funding and overall affordability will be undertaken at the next stage.

1.6 Management Case

Robust project management arrangements are vital to ensure the implementation of the overall project, and that effective control is maintained over the capital scheme.

The organisation and the reporting structure for the project is shown as follows:



Executive Summary Figure 3: Project Reporting Structure

Key project roles and responsibilities include:

Investment Decision Maker	CVUHB Board
Senior Responsible Owner	Director of Operations, Specialist Services Clinical Board, Jessica Castle
Project Director	Director of Capital, Estates and Facilities, Geoff Walsh

Executive Summary Table 7: Project Roles and Responsibilities

The purpose of the project team is to manage and co-ordinate, within the parameters set by the project board. The project team is responsible for the preparation of the strategic outline case for the project, which sets out the case for the proposed service and capital implications, providing then, additional supporting cases comprising the relevant other economic, commercial, financial and management information for the ongoing development.

The development of this project will also be supported by a range of corporate departments from within the Health Board including:

- Capital Planning
- Finance
- Strategic Clinical Engagement
- Workforce
- IM&T

Outline Project Plan

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

Milestone Activity	Traditional Construction Date	Modular Construction Date
SOC submission to WG	June 2026	June 2026
Commencement of works	January 2028	May 2028
Construction completion	June 2029	October 2029

Executive Summary Table 8: Initial Project Plan

It must be noted however that the above milestones are subject to the Wesh Government business case approvals process.

Benefits Realisation and Risk Management

Benefits are anticipated when a change is conceived and there are measurable improvements that result from the outcome which is perceived as an advantage by the organisation and/or stakeholders. Benefit management and realisation therefore aim to identify, define, track, realise and optimise benefits within and beyond the project. A benefits realisation plan will be established during the development of the OBC and Full Business

Case (FBC) moving forwards and will provide a framework for this aim and will be overseen by the project board.

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

Post Project Evaluation

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. The Health Board has identified a plan for undertaking post-PPE in line with current guidance, which is fully embedded in the project management arrangements of the project.

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

1.7 Recommendation

Failure to achieve business case approval at this stage would severely impact patients from across South Wales and those eligible as part of the SWBMT Programme. The Health Board would need to engage with NHS Wales Joint Commissioning Committee to decommission the Blood and Marrow Transplantation service provided by Cardiff and Vale UHB and commission activity from NHS England instead. This will inevitably lead to increased overall costs for NHS Wales and a poorer experience for patients from across South Wales who currently access these services in Wales.

This business case presents a compelling case for change for the development of a new build and the refurbishment of existing areas adjacent to Tower Block 2 at UHW for haematology inpatients in order to improve the physical and environmental facilities required to support the service and to ensure continued JACIE accreditation and the Health Board therefore recommends that WG approve this project business case in order to proceed to the next stage and to demonstrate steps are being made to support all standards and regulations associated with the service.

Report Title:	*New R&D Income Management Policy*			Agenda Item no.	3.2
Meeting:	Finance and Performance	Public	X	Meeting Date:	22nd July 2026
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive Title:	David Fluck - Medical Director				
Report Author (Title):	Sarah Martin - R&D manager				

Main Report
Background and current situation:

Situation

Welsh Government have released a revised NHS R&D Finance Policy for adoption by Health boards across Wales. The policy describes the systems for the costing, financial management and accounting of all research activity undertaken in the organisation. It covers the details and mechanisms necessary for the management, accountability and distribution of NHS research funding and income.

This includes the investment of the following types of income/ funding available to the organisation to invest in high quality research:

- Local Support and Delivery allocations as provided by Welsh Government annually
- Commercial research income
- Non commercial research income
- Charitable funds donated for research
- Grant income from research led by the organisation
- Grant income from research undertaken or hosted by the organisation

Research is expected to be invested to support research within the organisation however following a review of research activity, infrastructure and finances within the directorate structures we can confirm that this process is not being followed which is impacting the ability to develop research within the Health Board.

Additionally, the increase in income available, both through the recent addition of VPAG funding, and steady growth in sponsor payments for commercial and non-commercial trials, means that it is essential that research income is managed differently as reinvesting research income back into research is key to ensure stability and growth of research within the organisations.

Approval is requested to implement the revised WG policy within Cardiff and Vale to support research activity.

Background

Cardiff and Vale is the largest NHS research organization in Wales with a broad range of research activity being conducted. At any one time we have over 700 studies running and approve approximately 170 new studies each year. Research activity within the health board is supported by 207.72 WTE's who are employed to support research delivery. This activity is fully funded by research income which is received via a number of different streams;

Health and Care Research Wales (HCRW) funding allocation

Annually agreed funding allocated by Welsh Government via HCRW to fund research infrastructure. In 2026/27 Cardiff and Vale (CAV) have an allocation of £7.17 million. The funding is primarily utilised to cover the costs of approximately **175 WTE research staff**, as well as the operational expenses of research units and associated services. The allocation is managed centrally by the R&D management team, and distributed as required by the research portfolio across the organisation. This is reviewed as part of the annual business planning process.

Staff funded through HCRW are designated to support non-commercial research recognised by the National Institute for Health Research (NIHR). However, in practice, most HCRW-funded staff contribute to a mixed portfolio of both commercial and non-commercial research activity.

Commercial income

Commercial income is generated from studies that we deliver on behalf of commercial companies. Commercial clinical trials are costed on a study by study basis using a nationally agreed Interactive Costing Template (iCT) which incorporates a standardised costing tariff. The template calculates direct delivery costs by breaking down procedural activities (staff time) and investigational costs for each study visit, as specified in the protocol. National tariff costs can be found in appendix A (located in the supporting documents folder on the Cardiff and Vale UHB website for all or the MS Teams Channel for Committee members).

In addition to direct costs, the iCT applies the following uplifts:

- **70% overhead** on all procedural activities
- **20% capacity-building uplift** applied to both procedural and investigational activities

This is further inflated by

- **20% Market Forces Factor (MFF)**, also referred to as the All-Wales Multiplier, which recently increased from 9% to 20%. This equates to an inflation of 38% from the baseline activity.

Income generated from commercial activity has been increasing:

FY	Commercial income
25/26	£3,809,489
24/25	£3,315,869
23/24	£3,064,753
22/23	£2,471,975
21/22	£1,798,442

The full current income distribution policy for this income stream can be found in appendix B (located in the supporting documents folder on the Cardiff and Vale UHB website for all or the MS Teams Channel for Committee members), however it is generally split as follows:

- 40% to Directorate or research team who is completing the research
- 25% to the R&D office
- 25% to PI trading accounts. The funds in these accounts are under the control of the PI and can be carried forward across financial years up to 18 months after a study is closed.
- 10% to Cooperate services, unless the research is conducted in one of the Health Board's research facilities (being Neurology, Paediatrics, or the CRF).

Activity—and therefore income—fluctuates throughout the trial lifecycle, typically with higher intensity during initial treatment phases and reduced activity during follow-up. Income is received quarterly in arrears, based on verified completed activities.

Due to income being linked to completed activity and paid in arrears, forecasting is difficult. This often results in underspend at year-end and missed opportunities for reinvestment.

As aforementioned, the staff who deliver the research activity are predominantly funded by HCRW infrastructure funding therefore the commercial income is not offsetting a staff/activity cost and therefore available for reinvestment into research infrastructure.

Non-commercial research income

Non-commercial research is research generated by NHS or academic institutions which is usually funded by securing government grants or charitable funds. These studies are costed as per the Accord guidance, Attributing the costs of health and social care research (AcoRD) - GOV.UK

Historically, non-commercial research has generated an immaterial level of income. However, following a national introduction of the Schedule of Events Cost Attribution Tool (SoECAT), non-commercial studies are being appropriately costed and as a result, we are seeing an increase in our non-commercial income.

Despite the increase in income from non-commercial trials, the income level covers the costs of running the study and does not provide for any excess funds once the study costs are covered. As such the funds from these trials are distributed directly to the areas where the associated costs are incurred.

Grant income

Grants secured by UHB staff are currently managed at directorate level, although costings advice for grant applications are led by the UHB R&D office together with the finance department.
As with other non-commercial studies, the income inwards covers the direct costs of the trial with no excess to be designated for increasing research capacity or feeding into the overheads of the Health Board.

e) Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) investment

The 2024 Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) **s**cheme is an agreement between the Department of Health and Social Care

(DHSC), NHS England, and the Association of the British Pharmaceutical Industry (ABPI). The scheme includes a £400 million investment programme, which has been partly designed to bolster the NHS's capacity to deliver commercial clinical research, aligning with the goals of the O'Shaughnessy report. Commercial clinical trials in the UK: the Lord O'Shaughnessy review - final report - GOV.UK.

£22.1 million of funding has been allocated to Wales between 2024–2029 to boost commercial clinical research. Managed by Health and Care Research Wales (HCRW), this investment supports enhanced infrastructure, increase staff capacity, and accelerate trial delivery.

The funding, running from 1 April 2025 to 31 March 2029 to pump prime research infrastructure to boost commercial activity and therefore commercial income generation which will be used sustain infrastructure once the funding comes to an end. Cardiff and Vale successfully secured £9.846m of funding over the four years to support infrastructure across specific research areas including rare diseases, paediatrics, neurosurgical advanced therapies, and nephrology.
In order for this investment to be sustainable there needs to be a mechanism for managing commercially generated income to offset these costs in the future.

Management of Research Funds
Management of research funds sits in a variety of places. Most funding sits within the directorates, with only CRF activity being recognised centrally. This has lead to difficulty in gaining an understanding of the overall R&D financial position, and has hampered the ability of the organisation to effectively plan and provide a strategic direction for research.

Recently, the central R&D management team have been working much more closely with research teams, directorate accountants and directorate managers to understand the financial situation within each clinical directorate to understand how research income is being managed. Whilst this has begun a process of improving the understanding of the directorate positions, it does not help to rectify the issue that the directorates are currently having to undertake the risk of research, and in some instances are also recognising the benefits of surplus income.

Assessment
Our review of the current management of research funds indicates a lack of understanding of how all research income should be managed and a lack of reinvestment of commercially generated income.

Over the last 18-24 months R&D senior management team have been working closely with directorate management and accountants to understand the limitation of the current processes.

These have been identified as;

a) Decentralised Management of Research Income
Research income is currently distributed across multiple directorates and managed by individual directorate accountants. This creates several challenges for effective financial oversight and reinvestment:

- Inconsistent expertise: Knowledge, experience and confidence in managing diverse research funding streams varies significantly between directorate accountants, depending on the directorate's historic research activity and staff backgrounds.

- Limited capacity: Research income is managed alongside each accountant's core directorate responsibilities, leaving limited capacity to take on the additional complexity associated with research finances.
- Budgetary risk: Any financial risk associated with reinvestment is carried within individual directorate budgets. In the current financial climate, this places directorates in a difficult position and reduces their ability to support or expand research activity.

b) Non-Recurrent and Unpredictable Funding

Commercial research income is inherently non-recurrent and driven by fluctuating activity levels. Per-patient fees vary widely depending on protocol requirements, recruitment cannot be guaranteed, and many patients do not complete all study procedures included in the original budget.

As a result:

- Income forecasting on a study-by-study basis is unreliable.
- Research teams cannot give assurance that similar levels of funding will be available in future years.
- Directorates perceive this unpredictability as a financial risk they are reluctant to absorb into their recurrent baseline budgets.

c) Inability to Carry Forward Funds Across Financial Years

Under IFRS 15, income must match expenditure within the same financial year. For commercial studies, enhancements are applied to direct costs to support the development of research capacity. However, under current financial management arrangements, there is no effective mechanism to retain these enhancements for reinvestment.

Instead:

- Enhancements are recorded as surplus at year-end and contribute to the Health Board's bottom-line position.
- These funds are therefore not available to support long-term research infrastructure or capacity-building, undermining the original purpose of the enhancement model.

In addition to the operational limitations outlined above it is acknowledged that the current management prevents the consolidation of a health board wide research position. This limits a health board strategic approach to management and reinvestment of research funds.

Recommendation

Based on the above, we recommend that we bring the Health Board's R&D Finance Policy in-line with the all-Wales guidance and use this as an opportunity to standardise the treatment of research income.

The recommendation is to adopt the draft policy and associated implementation guidance, as found in appendix c (located in the supporting documents folder on the Cardiff and Vale UHB website for all or the MS Teams Channel for Committee members). The main points of change arising on this policy are:

Revising and Standardising the Commercial Income Distribution

The proposal for the new commercial income distribution is as follows:

- 48% to the cost centre delivering the research

This percentage reflects the proportion of the total income that is linked to the direct cost element of the costing model. This funding will be paid to department delivering the research which in most cases will be the research department in that area.

- 18% to the R&D capacity building fund
  This percentage reflects the capacity building element and a proportion of the MFF of the costing model and will establish a capacity building fund, more details are outlined below.

- 17% to Research trading accounts
  This percentage reflects 50% of the overhead element of the costing model and will be paid to the PI accounts, to be changed to investigator specialty accounts, to be reinvested within the research department, more detail outlined below

- 17% to be designated as a corporate overhead
  This percentage reflects 50% of the overhead element of the costing model and provides a clear distinction as to research's contribution back to the Health Board. This overhead allocation will off-set any management costs falling outside of the control of the JRO eg Research Directors and provide financial benefit to the health board.

This will remove the benefit that the separate research facilities receive (being Neurology, Paediatrics, or the CRF) from not paying into the corporate overhead.

This corporate overhead then provides a clear distinction as to research's contribution back to the Health Board. This overhead allocation will off-set any management costs falling outside of the control of the JRO and provide financial benefit to the health board. This change in distribution will also give a clear pathway for what funds may be deferred between financial periods through the capacity building fund.

An example of the impact of the proposed new commercial income distribution can be found in appendix d (located in the supporting documents folder on the Cardiff and Vale UHB website for all or the MS Teams Channel for Committee members).

Establishing a Capacity Building Fund for strategic Reinvestment in R&D Activities
Establishing an R&D capacity building fund provides a clear pathway for deferring income for expanding the research capabilities of the Health Board in a manner that is compliant with government guidance and financial rules.

This fund will be available for research active staff within the organisation to enhance research capacity. The process for allocating fund will be managed via the research management board.

Centralising the Management of Research Funds
All activity and ledger accounts that support research activity are to be brought centrally under corporate, moving them out of the directorate positions. This will allow for a consolidated R&D position to be fully understood and will permit greater overall

strategic planning of R&D funds aswell as removing the risk and financial pressures faced by the clinical boards .

Consolidating Investigator Funds to More Efficiently Utilise Spending
PI accounts will be pooled into research specialties to encourage collaborative planning and spending of the funds. This will allow for more efficient utilisation of spend with activities with a higher cost now being obtainable if multiple PIs group together their funds.

Appendices to accompany this report are listed below:
These can all be located in the supporting documents folder on the Cardiff and Vale UHB website for all and the MS Teams Channel for Committee members.

Appendix A – NIHR National Costing Template Tariffs

Appendix B - 2016 Commercial Income Distribution Policy

Appendix C – New Research and Development Finance Policy & Guidance

Appendix D – Example of New Commercial Income Distribution

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

Supported by David Fluck and demonstrates an organisational intent to recognise research as a part of core business and a driver to improving care for our patients.

Recommendation:

The Committee is requested to:

- Approve the new R&D Finance Policy to ensure compliance with Welsh Government policy

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

Putting People First 1. **Click the objective above to view more detail.**		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.**		Acting for the Future 4. **Click the objective above to view more detail.**	X

Five Ways of Working (Sustainable Development Principles) considered

*Please place an "**X**" in the below boxes as relevant*

Pre		Long term		Integration		Collaboration		Involvement	X

v e n ti o n									

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk*				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	*Not required*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:
Research Management Board	5th February 2026
SLT	9th July 2026

Cardiff and Vale Research Delivery Team
Tîm Cyflawni Ymchwil Caerdydd a'r Fro

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

Research Income Management Policy

Cardiff and Vale Research Delivery Team
Tîm Cyflawni Ymchwil Caerdydd a'r Fro

Introduction

Joint Research Office
Improving Health and Wellbeing through Research Excellence
www.CardiffJRO.com

- Cardiff and Vale is known as the leading site for research within Wales

- 2026/25 funding allocation of over £19m across multiple funding streams including government, grant awards, charities and commercial

- Recognised that current management of these funds is not maximising opportunities to develop research
  - Non-recurrent and unpredictable funding streams
  - Limited ability to carry forward funds across financial years
  - Decentralised management of research income

- Welsh Government have released a revised NHS R&D Finance Policy for adoption by Health boards across Wales.

  The new policy will allow us to
  - Better reinvest research income in a strategic and sustainable manner
  - Support growth in high-quality research
  - Provide transparent, consistent oversight of research finances
  - Align with national expectations and best practice
  - Help the organisation to better manage risk

Cardiff and Vale Research Delivery Team
Tîm Cyflawni Ymchwil Caerdydd a'r Fro

Key Changes:

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- **Revision & Standardisation of Commercial Income Distribution**
  Revise the commercial income distribution model, to bring it closer in-line with the costing basis of our contracts.

- **Establishing an Official Capacity Building Fund**
  This fund will be available for research active staff within the organisation to enhance research capacity and the process for allocating fund will be managed via the research management board.

- **Consolidation Investigator Funds**
  Pool PI accounts into research sub-specialties accounts to encourage collaborative planning and spending of the funds. This will allow better utilisation of spend and increase administrative efficiency.

- **Centralisation of Management of Research Funds**
  Bring R&D activity accounts centrally under corporate, moving them out of the directorate positions, and into a consolidated R&D position under corporate.

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Income Distribution

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Commercial Income Distribution Changes

The costing of commercial studies, and the associated billings, are based on a nationally standardised process (NCVR).

(Procedural activity tariff cost + Capacity Building 20% + overhead 70%) x Market forces factor 20%

(Investigational activity tariff cost + Capacity Building 20%) x Market Forces Factor 20%

<u>New Distribution</u>

Procedural Activities

- Full tariff cost - transferred to where the activity was delivered
- 20% capacity building - transferred to a Capacity account
- 70% overhead to be split evenly between
  - Investigator Specialty Account
  - Overhead to Health Board
- Market forces factor – split evenly between
  - Activity account
  - Capacity account

Investigational Activities

Full tariff cost – transferred to where activity was delivered

20% capacity building – Transferred to capacity account

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Income Distribution

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<u>Current Distribution</u>

Procedural Activities
-> 33% - Activity Account
-> 38% - R&D (MFF & CB)
-> 21% - PI Account
-> 8% - Overhead Allocation

Investigational Activities
-> 83% - Activity Account
-> 17% - R&D (MFF)

<u>New Distribution</u>

Procedural Activities
-> 48% - equates to the full tariff cost Activity Account
-> 18% - equates to the 20% capacity building Capacity Building
-> 17% - Investigator Specialty Account
-> 17% - Overhead Allocation

Investigational Activities
-> 76% - Activity Account
-> 24% - Capacity Building

Cardiff and Vale Research Delivery Team
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Income Distribution

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This chart shows the difference in the distribution of funds

Assuming activity Tariff of £1000

Procedural cost - £2,280
Investigational cost - £1,440

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Establishing Capacity Building Fund

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- The capacity building element of national costing template is intended to support building capacity of research infrastructure. Current process requires this to be used in year.
- Establishing the fund will allow us to invest in strategic initiatives which support research growth.
- It provides a route for deferring income in a financially compliant manner and increases the transparency of available funds for capacity building.
- The fund will be managed by the central R&D management team and allocation of the funding will be managed by the research management board
- This helps to minimise any surplus income being unallocated against research activity and feeding into the health board bottom line without recognition.

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Consolidation of Investigator Funds

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- Current process supports PI trading accounts and provide an incentive for researchers to engage with research and access funding to reinvest in research, support conferences and training etc.
- This current structure is too disparate to be used in a meaningful way
- New policy to Pool PI accounts into research sub-specialties accounts to encourage collaborative planning and spending of the funds.
- There is not expected to be any change in what these accounts can be used to fund.
- As long as there is a plan for expenditure can be provided, there is to be no 'closure' of these accounts following a set period of time, unlike the current system.

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Centralised Management

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- Bring R&D activity accounts centrally under corporate, moving them out of the directorate positions, and into a consolidated R&D position.

- Supported by a designated R&D accountant – has been in post since August 25

- Will help to reduce reliance on directorate positions when planning R&D commitments and spend
  - Risk of Research posts will sit with R&D
  - Cost of research will sit with R&D

- Plan to be implemented in a phased roll-out to allow for plans to be agreed with directorate operational leads and finance colleagues

Cardiff and Vale Research Delivery Team
Tîm Cyflawni Ymchwil Caerdydd a'r Fro

Summary

Joint Research Office
Improving Health and Wellbeing through Research Excellence
www.CardiffJRO.com

- New Policy will support the ambition of research being considered an important part of the organisation

- Provides
  - transparency and clarity of working
  - greater visibility of the financial impact of research across the organization
  - mechanism for reinvesting research income in a sustainable way

- Has been reviewed and endorsed by Research Management Board and SLT

- Following approval, the policy will be implemented as a phased roll out to be fully implemented by next financial year;

Report Title: *(needs to match agenda)*	Finance, Commercial & Sustainability Risks (Scoring 20 - 25)		Agenda Item No:		4.1
Meeting:	F&P Committee	Public	☒	Meeting Date:	22nd July 2026
		Private			
Lead Executive Title:	Director of Corporate Governance				
Report Author/s Title:	Corporate Archivist & Records Management Manager				

Report Focus Summary – **AAA Framework:**

*The AAA framework reflects the **overall position of the matter being reported**. **Select one category only** and complete the **relevant box** with a brief summary. A useful guide can be found here:* NHS Triple A Guide

ALERT *(Highlights areas of significant concern, such as non-compliance, urgent risks, or major issues that require immediate action or that the Board/Committee must be immediately aware of).*

ADVISE *(Any areas of ongoing monitoring where an update has been provided to a sub-Committee/Group AND any new developments that will need to be communicated or included in operational delivery)*

A consistent, organisation-wide approach to committee oversight of high-scoring risks is not yet fully established. Current reporting arrangements have not provided Committees with full visibility of risks within their remit.

There are currently 188 high scoring risks of 20 – 25 on the Risk Register, all of which are reported to the Board through one singular report. Through the digital implementation of AMaT, all risks have been assigned a Primary Risk Category by the Risk Owner and their team. These categories have now enabled the 188 risks to be split across our five Committees, with 13 risks identified by the risk owners as Finance, Commercial & Sustainability and submitted to the F&P Committee in the attached appendices.

ASSURE *(details areas where the Board/Committee will receive evidence of effective control, high-quality performance, or improvements)*

Board/Committee Response Required *(please select only one)*

To confirm the action Members are being asked to take considering the AAA Framework

Assurance		**Approval**		**Information/Noting**	☒

Recommendations

Recommendations should be clear, actionable, and aligned to the AAA summary above.

The Committee is asked to:

1. Note the approach being implemented to align high-scoring (20+) organisational risks to Committee structures, improving visibility and governance oversight across all remits.

2. Support the development of a consistent, organisation-wide approach to risk reporting and discussion within Committees, including integration into forward plans and routine agenda items.

Governance Route *(please list all other Committee/Groups this report has been to)*

***Where** it's been:*	

***When** it went:*	
***What** decision was made:*	

Main Report
Background & Current Situation

Work is underway to strengthen the alignment between organisational risk register and Committee oversight to support improved governance, visibility and assurance.

The proposed model aligns AMaT risk categories to Committee structures, enabling clearer oversight of key risks within each Committee's remit. These are broadly structured as:

Quality – Quality and Operational risks (96 risks)
P&C – People and Reputational risks (8 risks)
F&P – Finance, Commercial and Sustainability risks (13 risks)
D&I – Digital, Cyber and Infrastructure risks (63 risks)
Audit – Legal and Regulatory risks (8 risks)

Initial implementation will focus on risks with a score of 20+, which will be extracted from AMaT and presented to the relevant Committees in a consistent format.

This approach provides coverage of the majority of high-scoring risks and introduces a structured mechanism for ensuring that Committees have visibility of risks aligned to their remit.

The first phase of implementation will involve presenting these risks to Committees supported by Corporate Governance engagement with Committee Chairs in advance.

At present, Committee approaches to risk discussion are not standardised and will require further development. A programme of engagement and forward planning is being progressed to establish a consistent approach to risk discussion and integration into Committee agendas over time.

This includes updating Committee forward plans, briefing Chairs, and introducing risk as a recurring agenda item, with the intention to develop the approach iteratively based on Committee feedback and use.

Appendices:
(List any appendices that will accompany this report).

- **Risk Register**

Strategic Alignment – Shaping Our Future Wellbeing:

Putting People First	☒	Providing Outstanding Quality	☒
Delivering in the Right Places	☒	Acting for the Future	☒

Impact Assessment

Risk: Yes

The management and maintenance of the Health Board's Risk Register contributes to the Health Board's Risk Management processed and procedures.

Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: Yes
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: No

Finance, Commercial Sustainability Risks
July 2026

Risk title	Date raised	Risk event	Risk cause	Risk effect	Division	Business unit	Speciality	Risk category	Risk theme	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Energy Cost Pressures - instability within the energy markets.	14/08/2025	There is a risk that the Energy Markets are very unstable which is resulting in dramatic tariff increases for 26-27 with a potential increase of £1 million (total expenditure of £17 million).	War in the Ukraine, conflicts in Iran/Israel and Gaza, energy costs in general, uncertainty in the energy markets, increase in non commodity costs on electricity	The increase in costs, causing an additional drain on the annual overall health board budget.	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	Financial risks	Cost Pressures	25	25	5	Tolerate	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	None specified. Has document: No Adrian Griffin 14/08/2025 14:51	
Failure to Enter CF Patient Data into National Registry Due to Vacant Administrative Post	28/11/2025	There is a risk that no CF patient data will be entered into the National Registry because the JCC-funded administrative assistant post is vacant and there is no capacity within the team to absorb this workload.	This is caused by Vacancy in JCC-funded Band 2 administrative assistant post. Delay in scrutiny panel approval to re-advertise the role. No contingency plan for data entry during vacancy	Which w/could lead to an impact/effect on Financial Loss: Funding linked to data entry will not be received. Reputational Damage: Service flagged as failing by CF Trust and JCC. Contractual Breach: Non-compliance with SOC requirement and minimum standards. Operational Impact: Cardiff becomes the only CF service not submitting data nationally.	Medicine	Specialised Medicine	Cystic Fibrosis	Financial risks	Patient Safety	25	25	4	Treat	Datix reporting Has document: No Catherine Morris 28/11/2025 13:59 Regular CF Business Meeting updates on vacancy status Has document: No Catherine Morris 28/11/2025 14:00 Escalation to scrutiny panel for job re-advertisement. Has document: No Catherine Morris 28/11/2025 14:00	Confirmation that funding for the post remains available. Has document: No Catherine Morris 28/11/2025 14:01 Agreement to support re-advertisement. Has document: No Catherine Morris 28/11/2025 14:01	No interim solution for data entry during vacancy. No confirmed timeline for recruitment process. No cross-cover arrangement within existing team. Specific: Expedite scrutiny panel approval and re-advertise Band 2 admin post. Implement interim data entry solution using temporary staff or bank admin support. Measurable: Post advertised and interviews scheduled. Interim data entry resumes within 4 weeks. Assignable: CF Service Manager to lead recruitment process. Directorate Workforce Manager to arrange interim cover.	
Potential end term payment	08/11/2023	There is a risk that UHL PPP requires a payment of sum to PPP partner in region of £1.2 million	This is caused by End of term payment terms	Which w/could lead to an impact/effect on finacial impact on health board	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	Financial risks	Risk Management	25	25	5	Tolerate	Valuation being completed and contract being review by specialist Has document: No Callum Jenkins 13/03/2026 14:02	None specified. Has document: No Adrian Griffin 13/03/2026 14:08	None specified. Has document: No Adrian Griffin 13/03/2026 14:08	
Not Able to Maximise Stock Levels	19/12/2023	Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU.	Unable to increase provisions of patient frozen meals to provide contingency levels. New food safety measures and controls required as identified by the food safety assurance manager requires a 4 hours blast freeze process compared to the previous 2 hours along with the new enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day.	Financial impact: The need to purchase additional meals from an external company at an approximate cost of £25k monthly.	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	Financial risks	Risk Management	20	20	4	Tolerate	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction. Purchase meals from Apetito for additional stock items Has document: No Adrian Griffin 08/04/2025 11:07	Team managers/Supervisors monitoring weekly priority given to the 4 hour blast freeze process and the cleaning and enzyme treatments over the production requirements. - Assurance is provided ability to produce and the additional purchase of external meals. Has document: No Adrian Griffin 08/04/2025 11:08	Additional labour funding required to provide designated hygiene cleaning team allowing the current production staff to maximise production. Recognition of the additional cost of purchasing eternally. Has document: No Adrian Griffin 08/04/2025 11:08	
no identified funding source for the nursing establishment for the 2 additional CCU beds on C1 after relocation	15/10/2025	There is a risk that currently there is no funding source for the nursing establishment for the 2 additional CCU beds on C1 following refurshment and relocation of CCU from C3S	This is caused by an increase of 2 level 2 beds on C1 following relocation of services that are currently not funded within the existing nursing establishment of CCU/C3	An increase of 2 Level 2 Coronary Care Unit (CCU) beds has been implemented to meet rising patient demand and improve service capacity. However, this expansion has occurred without a corresponding increase in nursing establishment, raising significant concerns regarding patient safety, staff wellbeing, and service sustainability. The beds will not be able to open without funding sourced	Specialist Services	Cardiothoracic		Financial risks		20	20	20	Treat	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Has document: No Ceri Phillips 15/10/2025 08:46	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB, Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:44	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB, Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:41	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Further work needs to be undertaken to explore/ progress funding opportunities to fund beds Status: Current Ceri Phillips 15/10/2025 08:45
Hospital Acquired Thrombosis service (HAT)	12/11/2025	There is a risk that the Hospital Acquired Thrombosis (HAT) service will cease in April 2026 unless funding can be secured for a part time nursing position which is dedicated to the role.	There is a query as to where the funding is allocated from historically and any previous funding agreed is inadequate .	Which would lead to an impact/effect on patient care as a result of an inability to access specialist advice and guidance on HAT.	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	Sustainability risks Strategic risks Reputational risks Quality risks People risks Operational risks Legal/Regulatory risks Infrastructure Financial risks Digital risks	Clinical Outcomes Clinical Practice Health Inequality HIW Standard 5.1 Timely Access Medicines Management Patient Experience Patient Safety Staffing Treatment/Procedure VTE (Venous thromboembolism)	12	20	4	Treat	Issue has been escalated to Clinical Board Has document: No Gareth Jenkins 12/11/2025 13:58 Workforce focus group has been set up to outline role of this practitioner Has document: No Gareth Jenkins 12/11/2025 13:58 e-Datix report has been submitted Has document: No Gareth Jenkins 12/11/2025 13:59 SBAR to outline the need for this role is being developed Has document: No Gareth Jenkins 12/11/2025 13:59	Regular meetings to discuss the role and options available will be set up Has document: No Gareth Jenkins 12/11/2025 13:59	Availability of funding from Clinical Boards to support this post is not confirmed Has document: No Gareth Jenkins 12/11/2025 14:00	
Reduction in junior doctors hours LTFT	05/06/2024	There is a risk that there is a shortfall in junior doctors hours impacting on service	Frequency in doctors applying to become less than full time working	Impacts on service needs and increases financial pressures having to employ costly locums to fill medical gaps	Surgical	Head & Neck (ENT & Max Fax)		Financial risks	HIW Standard 6.2 Peoples Rights HIW Standard 7.1 Workforce Patient Safety	20	20	9	Treat	Backfilling with locums but concerns re: level of care delivered Has document: No Michelle Harding 26/03/2026 18:07	Backfilling with locums but concerns re: level of care delivered Has document: No Michelle Harding 26/03/2026 18:07	Unsecured workforce not always able to fill medical gaps Has document: No Michelle Harding 26/03/2026 18:08	unpredictable workforce not always able to secure locum to cover medical gaps Status: Current Michelle Harding 26/03/2026 18:09

Finance, Commercial Sustainability Risks
July 2026

Risk title	Date raised	Risk event	Risk cause	Risk effect	Division	Business unit	Speciality	Risk category	Risk theme	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Failure to manage recurrent operational/CIP pressures	01/04/2026	Failure to manage recurrent operational pressures and to deliver a recurrent Cost Improvement Programme could lead to a deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP	Failure to manage recurrent operational pressures and deliver recurrent Cost Improvement Programme	Deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP	Corporate	Finance		Financial risks		20	20	12	Treat	Governance reporting and monitoring arrangements through operational teams, Finance & Performance Committee and Board Has document: No Rachael Broome 26/05/2026 09:58 Cost improvement tracker in place with weekly monitoring of progress across the organisation Has document: No Rachael Broome 26/05/2026 09:58	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 26/05/2026 09:58 Various internal audits confirming controls are in-place Has document: No Rachael Broome 26/05/2026 09:58		
Prescribing budget	25/08/2015	PCIC Risk Register reference: MM005 NB duplicate number There is a risk of overspend in the prescribing budget	This is caused by volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care. There is a legal responsibility to make certain medicines available e.g those with a NICE TA or AWMSG appraisal Movement of services into the community and increased activity relating to clinical services (associated with medicines provision) moving into contractual responsibilities of all contractors, all sitting under a primary care budget historically focussed on GP and dental medicines provision Savings to mitigate risk are increasingly hard to find that have no detriment to patients, align with the All Wales Position Statement on the use of Branded Generics or do not require a GP appointment. Appetite to support switches is decreasing.	Spend is more than forecast and the allocation in the Primary Care Prescribing budget and mitigating solutions are limited.	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management		Financial risks	Clinical Practice Compliance Cost Pressures HIW Standard 2.6 Medicines Management Medicines Management	20	20	20	Tolerate	Medicines Management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs Has document: No Rachel Armitage 08/09/2025 09:59 Monthly meetings with finance team Has document: No Rachel Armitage 08/09/2025 09:59 Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings Has document: No Rachel Armitage 08/09/2025 09:59 Processes in place within the Medicines Optimisation team to proactively identify changes in Drug Tariff Has document: No Rachel Armitage 08/09/2025 09:59 MM team are members of the National Medicines Value and Sustainability Group to influence and prioritise savings ideas on	Value and Sustainability priorities highlight priority areas identified on an All Wales Basis each year Has document: No Clare Clement 20/03/2026 13:23 Lead Pharmacists Peer Group established to share best practice and ideas between UHBs Has document: No Clare Clement 20/03/2026 13:24 Finance Delivery Unit, the Welsh Analytical Support Unit and the Medicines Value Unit all produce analytics on a National basis that the MM team utilise Has document: No Clare Clement 20/03/2026 13:25 Audit plan in place to ensure appropriate use of medicines in line with Clinical Guidelines Has document: No Clare Clement 20/03/2026 13:25 UHB Medicines Implementation and Governance Group allows for oversight of cost effectiveness and financial risk in decision making relating to medicines	Mitigation put in place where possible but limited; GPs are prescribers and whilst we can influence we cannot mandate - there is switch fatigue amongst GPs with decreased engagement in cost saving work Has document: No Rachel Armitage 08/09/2025 10:00 Consequences of COVID and BREXIT still being felt, and more recent world affairs and energy costs all impact on supply chain and manufacturing costs, which in turn impact on medicine costs Has document: No Rachel Armitage 08/09/2025 10:00 Price concessions and changes in drug tariff price are UK wide and unable to be influenced by the UHB Has document: No Rachel Armitage 08/09/2025 10:01 More advanced therapy tends to be at increased cost Has document: No Rachel Armitage 08/09/2025 10:01 More community services are being delivered increasing activity in primary	
Capital Property - WRP Cover of UHB Tenants	12/01/2024	WRP have cast doubt on whether they will indemnify the UHB against building risks traditionally offered by commercial insurance.	Financial Impact and Legal Impact. Plus potential loss of tenants.	Possible lack of buildings imsurance cover.	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital Property	Financial risks	Risk Management	20	20	5	Tolerate	Ongoing discussions between NWSSP and WRP Has document: No Adrian Griffin 13/03/2025 15:31	Progress will be reported to relevant committees. Has document: No Adrian Griffin 13/03/2025 15:32	None provided Has document: No Adrian Griffin 13/03/2025 15:33	
UHW Increased water consumption	01/07/2025	There is a risk that UHW Water Consumption Water consumption is increasing.	This is attributed to leaks and unexplained usage.	This is resulting in water wastage and excessive costs.	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	Financial risks	Cost Pressures	20	20	8	Treat	Water studies and leakage detection surveys are in progress to determine the scale of the leakage and the location(s) of the leaks. Has document: No Adrian Griffin 15/08/2025 11:55	Meeting being carried out each week between Estates, Energy Team and Enica along with other stakeholders to monitor progress. Updates are provided to senior leadership team fortnightly. Has document: No Adrian Griffin 15/08/2025 11:56	HH Data is currently missing from Welsh Water, UHB and Enica are chasing to get this fixed Has document: No Rhiannan Windsor 12/11/2025 11:16	
Single-handed consultant in NET Service	31/10/2024	Single handed consultant delivered service for comissioned South Wales Neuroendocrine Cancer service since 2017 with unsuccessful recruitment despite resource from JCC. High risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc.	This is caused by unsuccessful recruitment attempts despite resource from JCC.	Which could lead to a high risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc.	Specialist Services	Haem / Imm / Met Med / NETs	Neuroendocrine Tumour Service	Sustainability risks		25	20	12	Treat	Executive oversight (COO) with transition into new clinical board. Has document: No Gareth Jenkins 28/10/2025 09:53 Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:53 Plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existing CNSs. Has document: No Gareth Jenkins 28/10/2025 09:54	Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:45	Prof Reed clinics 1/m only temporary. Has document: No Gareth Jenkins 28/10/2025 09:45 Availability of additional medical support to sustain level of service. Has document: No Gareth Jenkins 28/10/2025 09:46	Availability of suitably qualified individuals. Status: Current Gareth Jenkins 28/10/2025 09:48
Remain within Cash Limit	01/04/2026	There is a risk that the UHB will require cash support from WG.	This is caused by the 26/27 planned deficit of £86.5m along with likely movements in working capital from the 25/26 balance sheet.	Which w/could lead to an impact/effect on the UHBs ability to meet payment deadlines.	Corporate	Finance		Financial risks		20	20	10	Treat	Careful management of creditor payment feeds/payment performance targets Has document: No Rachael Broome 26/05/2026 11:02	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 26/05/2026 11:03 Various internal audits confirming controls are in place Has document: No Rachael Broome 26/05/2026 11:03		

Report Title:	Monthly Monitoring Return – Month 1				Agenda Item no.	4.2	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	22nd July 2026	
			Private				
Status:	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of Finance						
Report Author:	Deputy Director of Finance						

Background and current situation:

SITUATION

WHC (2026) 022 - 2026/27 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, Table A2 and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.

A copy of the May 2026/27 MMR is attached.

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

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

Recommendation:

The 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 –		No –		

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: 22nd July 2026

MONTHLY MONITORING RETURNS (MMR) NARRATIVE

Cardiff and Vale University Health Board Financial Position for the Period Ending 31st May 2026

CONTENTS

1. INTRODUCTION

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026.

Following the response from Welsh Government, the Health Board submitted a letter on the 29th May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

The submitted plan recognises the combined £5.4m recurrent savings shortfall and £7.1m recurrent operational pressures totalling £12.5m that arose during 2025/26, resulting in a brought forward underlying deficit of £68.759m.

Material recurrent operational pressures recognised in addition to the 2026/27 plan include:

- £2.3m – Band 2-3 HCSW Implementation
- £2.1m – Increase in Employers National Insurance
- £0.9m – Mental Health Out of Area patients
- £0.8m – GP OOHs Contract
- £0.7m – Common Ailment Scheme
- £0.6m – Midwifery Streamliners

Any recurrent operational benefits delivered during the year are either reflected within the savings plan or offset against other recurrent operational pressures in arriving at the brought-forward underlying deficit.

A summary of the annual plan submitted is provided in Table 1.

Table 1: 2026/27 Submitted Plan

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	68.759
2026/27 Demand/Cost Growth/Improvement	54.690
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Deficit	**144.949**
Additional Allocations	(15.881)
Savings Plans	(42.521)
Initial Planned Deficit	**86.547**

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

The financial monitoring returns have been prepared within the framework of the UHB's Annual Plan, which includes a planning deficit of £86.547m for 2026-27. This report details the financial position of the UHB for the period ending 31st May 2026.

A full commentary has been provided to cover the tables requested for the month 2 financial position.

At Month 2 the UHB is reporting an overspend of £18.797m, £4.372m over plan.

The reported overspend of £18.797m comprises a £14.425m planned deficit (representing two twelfths of the £86.547m outlined in the UHB's Financial Plan) a £4.696m shortfall against the savings plan, partially offset by a £(0.324)m operational surplus.

2. 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:

- Line 12 reconciles to the Health Board's £86.547m submitted plan profiled flat.
- The opening IMTP/Annual Operating Plan includes £28.172m savings still to be identified at Month 2.
- The UHB's initial £42.521m 2026/27 savings target is reported on lines 6,7 & 11.
- Assumed LTA inflation of £1.893m (1.11%) to the UHB from other Health Boards (line 4).
- The Health Board is reporting an overspend of £18.797m year-to-date, which is a deterioration of £4.372m from the submitted plan.
- The deterioration is driven by a £4.696m savings gap, £1.283m unplanned spend reductions and £0.959m unplanned cost pressures. Further detail around the unplanned movements is provided in section 4.

The identification and delivery of the £42.5m recurrent savings target is key to delivery of the planned in year and underlying position.

The underlying deficit projected for 2027/28 is currently assessed at £86.5m. This assumes the 2026/27 plan is fully delivered on a recurrent basis with no recurrent impact from current unplanned cost pressures and unplanned cost reductions.

3. OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified in the financial plan and these will continue to be reviewed on a monthly basis. The table outlines the following risks.

- The net risk relating to JCC is reported at £5.000m.
  The UHB distributed contract schedules to NWJCC in February 2026. It received a response from NWJCC on 26 March 2026 indicating that NWJCC would remove funding of £7m from its payments to C&V UHB in 2026-27 without adjustment to expected service and activity levels.

  The adjusted contract schedule was received on 24 April 2026, one month into the financial year. This was not anticipated in the C&V UHB 2026-27 financial plan and would have a net deficit impact of £5m on C&V UHB, taking into account the offset of the C&V UHB commissioner position.

  C&V UHB has written to NWJCC confirming that the reduction in funding prevents agreement of the 2026-27 LTA. The UHB has formally submitted arbitration papers to Welsh Government in accordance with the NHS Wales arbitration process.

- The risk of £0.516m in respect of ePMA aligns with the contingency fund identified in the original Business Case. The UHB continues to pursue opportunities to de-risk the ePMA contingency in collaboration with Welsh Government & DHCW colleagues and anticipates further progress following the outcome of the review of DPIF funding commitments.

- The UHB is reporting a material shortfall of £28.172m against its £42.5m savings target and this is quantified as a risk of £17.666m on the basis 50% of the £21.019m red pipeline schemes will be converted to green delivery year.

- It is assumed that costs arising from implementation of the new resident doctor contract from August 2026 will be fully funded.

- The financial impact of student streamliners recruitment is currently being assessed and remains to be confirmed.

The UHB is working to identify all risks that may crystallise during the year to allow mitigation or avoidance plans to be developed and implemented ahead of any associated costs.

4. ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B and Table 2 below confirm the year-to-date deficit of £18.797m, consistent the analysis set out in the annual operating plan (Table A).

The UHB's Annual Plan includes a deficit of £86.547m. At month 2, the UHB is reporting an overspend against the draft plan, primarily driven by a £28.172m shortfall against the £42.521m savings target. The UHB is pressing all budget holders to continue developing and implementing savings programmes to support the delivery of the draft plan.

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

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	10.474	10.477	0.003	21.287	21.287	0.000
Quality Efficiency Improvement Plans - Savings	(3.260)	(0.995)	2.265	(6.862)	(2.166)	4.696
Operational Variance	0.000	(0.081)	(0.081)	0.000	(0.324)	(0.324)
Clinical/Service Board Variance	**7.214**	**9.401**	**2.187**	**14.425**	**18.797**	**4.372**

The Month 2 deficit of £18.797m comprised of the following:

- £14.425m planned deficit (two twelfths of the £86.547m planning deficit)
- £4.696m CRP deficit
- (£0.324m) surplus operational variance against plan.

The operational surplus of (£0.324m) is primarily driven by the following issues:

Unplanned Cost Pressures - £0.959m

- Medicine endoscopy insourcing - £0.405m
- Mental Health Out of Area Patients - £0.232m
- Specialist Medical Locum Usage (covering gaps due to restricted duties, rota gaps, interventional cardiologists) - £0.322m

Unplanned Cost Reductions - £(1.283)m

- Surgery High Wet AMD Out of Area Activity - £(0.314)m
- Vacancies across the Health Board (including Capital, Estates & Facilities vacancies across management posts, estates, security and catering £(0.184)m and Primary, Community & Intermediate Care vacancies across Community Teams and Health Protection £(0.433)m). In total £(0.969)m .

Table 3: Summary of reasons for variance to Financial Plan including Forecast

	Year-to-date £'000	Forecast as at Month 2 £'000
Medicine Endoscopy Insourcing	405	1,066
Mental Health Out of Area Patients	232	2,765
Specialist Medical Locum Usage	322	0
Surgery High Wet AMD Out of Area Activity	(314)	0
Vacancies across the Health Board	(969)	(3,831)
	(324)	**0**

It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.547m planned deficit. Any continuation of unplanned cost pressures beyond March 2027 is not currently reflected as a deterioration in the underlying deficit position, on the basis that appropriate mitigating actions are expected to be identified.

The reported position does not include the risk associated with the latest JCC LTA correspondence that would have a £5m net adverse impact on the planned position if further savings schemes are not developed and delivered.

The UHB acknowledges the best practice of having a finalised savings plan prior to the start of a new financial year. The deadline of the 30 June 2026 (end of Quarter One) for all savings that were assumed in the plan, to meet the required Green/Amber classification is noted. In addition, the expectation that the UHB has in place savings plans and mitigations to meet its planned forecast by the 30 September 2026 (mid-year point) is also noted.

5. SOCNE / SOCNI MOVEMENT (TABLE B1)

A part of routine review, the Health Board continues to review and refine the coding and forecasting of income and expenditure to ensure alignment with the latest expectations and reporting requirements, which may give rise to movements between categories; outside of these presentational changes, the key underlying movements are set out below.

Income

Following submission of the draft financial plan, a number of anticipated additional resource limit assumptions have been assumed as outlined in table B2. The main changes relate to depreciation and impairments, the impact of the Real Living Wage increase on Bands 2 and 3 and the Agenda For Change pay awards implemented in April 2026 as outlined at Table 4 below:

Table 4 – Movement in Resource Limit Assumptions following submission of the MDS as at 31st May 2026

Movement in Resource Limit Assumptions following submission of the MDS as at 31st May 2026	£'000	£'000
Total WG Agreed Revenue Resource Limit /Income as per allocation paper		1,474,776
Sub Total RRL Further Funding Assumptions not in allocation paper		43,544
Resource Limit Assumptions per MDS £'000s		1,518,320
Movement in Resource Limit Assumptions following submission of the MDS		
2026-27 AFC & Real Living Wage Pay Award	27,164	
Non Cash Depreciation & Impairments	(37,661)	
Planned Care Transformation Fund Optometry Community Pathways: Funding Extension for 2026 27	92	
Stengthening Community Nursing: Neighbourhood District Nursing (NDN) Development 2026 27	117	
Womens Health Hubs	200	
ESR & ESR Helpdesk	1,925	
All Wales Recruiment	16	
ESMCP Resources / CRS / MDVS / ARRP	46	
Consultant Allied Health Professional for Dementia	30	
Consultant Clinical Excellence Award / Consultant Impact Award	(397)	
DIGITAL PRIORITY INVESTMENT FUND (DPIF) - APPROVED FUNDING EPMA DISBURSEMENTS	687	
DIGITAL PRIORITY INVESTMENT FUND (DPIF) - APPROVED FUNDING EPS GO LIVE	60	
GMS DISP DOCTORS / PADMS & LIST SIZE FUNDING	271	
GP IM&T Refresh Programme	408	
Health Equity Wales Funding 2026 2027	33	
Immunisation Funding - Varicella	533	
MH Advocacy Funding	306	
Neurodivergence Improvement Programme	207	
NHS Wales 111 Digital Platform Transfer - JCC	179	
Short Breaks For Carers	172	
VSM Pay Award	(74)	
Movement in Resource Limit Assumptions following submission of the MDS		(5,687)
Total Resource Limit Assumptions at Month 2		**1,512,633**

Expenditure

The following table sets out the key expenditure movements from the prior month's MMR submission.

Expenditure Category	Narrative
Primary Care Contractor (excl. drugs, incl. NRL expenditure)	No additional comments
Primary Care - Drugs & Appliances	Minor amendments to the Prescribing forecast with a full review expected following Month 2 to reflect the availability of a complete 2025/26 dataset.
Provided Services - Pay	The prior month forecast movement includes the continued benefit of vacancies, partially offset by Specialist Medical Locum expenditure above plan. The prior month full year forecast movement includes a reassessment of the wage award and a number of virements including a £5m reclassification arising from refinement of the treatment of the savings gap within the forecast
Provider Services - Non Pay (excluding drugs & depreciation)	The prior month full year forecast movement includes a £5m reclassification arising from refinement of the treatment of the savings gap within the forecast.
Secondary Care - Drugs	The movement largely reflects a £1.0m Ophthalmology drug price reduction, which offsets other cost pressures (virement reflected in Table B2)
Healthcare Services Provided by Other NHS Bodies	No additional comments
Non Healthcare Services Provided by Other NHS Bodies	No additional comments
Continuing Care and Funded Nursing Care	The movements largely reflect a review undertaken to improve alignment between budgets and underlying expenditure.
Other Private & Voluntary Sector	This predominantly reflects the updated Mental Health Out of Area forecast which remains subject to demand volatility and is currently estimated at £2.7m (including additional beds); the forecast and phasing of expenditure is under ongoing review.

6. MOVEMENTS ON THE OPENING PLAN (TABLE B2)

The plan values have been adjusted for Green and Amber schemes recognised at Month 1, a breakdown will be provided in the Month 2 response letter.

Expenditure Category	Narrative
Primary Care Contractor (excl. drugs, incl. NRL expenditure)	Expenditure run rate has been amended to include the GMS uplift (virement against non-pay) as per actions following submitted plan. Additional spend associated with in year funding includes GMS Dispensing Doctors/PADMS & List Size funding (£0.217m) and GP IM&T Refresh Programme (£0.407m).
Primary Care - Drugs & Appliances	No additional comments
Provided Services - Pay	£27.164m additional spend associated with in-year funding driven by A4C uplift. £(0.969)m unplanned spend reductions driven by temporary vacancies across the Health Board, not assumed to continue given recent recruitment. This is predominantly being driven by £(0.184)m Capital, Estates & Facilities vacancies in management posts, estates, security and catering and £(0.433)m Community and Health Protection vacancies in Primary, Community and Intermediate Care, with recruitment plans in place to ensure continuity of services. £0.322m unplanned cost pressure to Month 2 associated with Specialist Services medical locum usage covering gaps due to restricted duties, rota gaps and interventional cardiologists. The risk of this cost pressure continuing is currently being assessed. £0.400m forecast unplanned cost pressure from recruitment associated with Endoscopy (following cessation of insourcing arrangements). There is no recurrent pressure forecast as mitigations are expected to be identified and in place to avoid deterioration in the Health Board's underlying deficit.
Provider Services - Non Pay (excluding drugs & depreciation)	£6.632m additional spend associated with various in-year funding £0.405m Endoscopy insourcing cost pressure to Month 2 with a total forecast of £0.665m until insourcing arrangements cease (recruitment to be in place from Q2 onwards) £28.172m planned mitigations to deliver savings target acknowledged within submitted plan £0.104m unplanned mitigations to offset unplanned cost pressures (less unplanned vacancies underspend)
Secondary Care - Drugs	No additional comments

Healthcare Services Provided by Other NHS Bodies	No additional comments
Non Healthcare Services Provided by Other NHS Bodies	No additional comments
Continuing Care and Funded Nursing Care	No additional comments
Other Private & Voluntary Sector	No additional comments

7. PAY & AGENCY (TABLE B3)

The UHB recorded Agency costs of £0.442m in month which is broadly in line with the average recorded in 2025/26

The UHB recorded expenditure on administrative and clerical staff and Additional Clinical Services and Estates categories in May as follows:

- Additional Clinical Services - £0.073m – Primarily providing specialist cover for high-acuity patients, primarily within Mental Health services.
- Administrative and Clerical - £0.043m – Primarily providing specialist cover for Clinical Coding Vacancies.
- Estate and Ancillary- -£0.011m primarily relating to security costs

8. SAVINGS PROGRAMME 2026-27 (TABLE C, C1, C2, C3 & C4)

At month 2, the UHB had forecast green and amber savings £14.346m (33.7%) of in year savings against the £42.521m savings target.

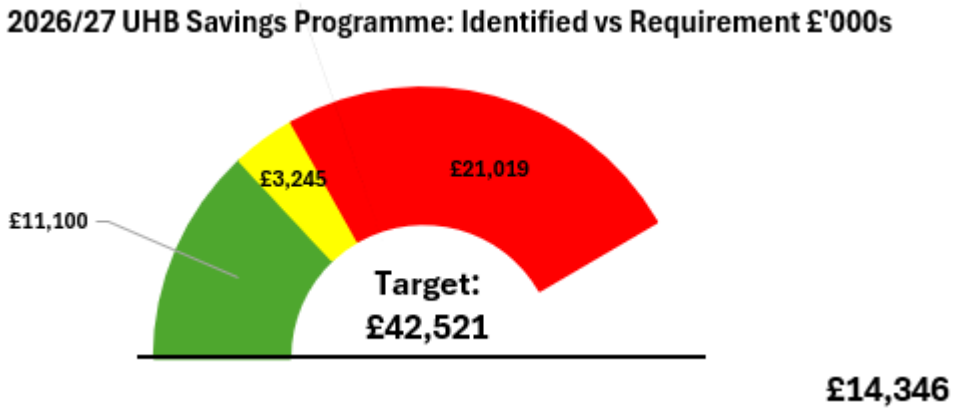
A number of the schemes are non recurrent and the full year effect of recurrent schemes is £10.744m which is a £31.777m shortfall against the £42.521m recurrent target.

The Health Board recognises the requirement to progress Amber schemes to Green within three months of their inclusion on the tracker and is monitoring this accordingly.

In-year red schemes totalling £21.019m are identified, of which £19.080m are assessed as recurrent. At present the Health Board's 'Table A2 – Risks' reflects an assumption that 50% of Red schemes will convert to delivery in year.

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 14th of May 2026.

The UHB has concluded and agreed all Long Term Agreements (LTAs) with other Welsh NHS LHBs for 2026-27 with the exception of JCC. All agreements (excluding JCC) have been formally approved by Board and are awaiting signature.

9. INCOME ASSUMPTIONS 2026/27 (TABLE E)

Table E outlines the UHB's 2026/27 resource limit.

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

It is assumed that the costs which arise following the implementation of the new resident doctors contract will be fully funded.

The UHBs confirmed Revenue Resource Limit as of 1st June 2026, was £1,478.242m with a further £34.391m of assumed allocations as detailed at Table 5 overleaf:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 31st May 2027

	Resource Limit
Unconfirmed Drawing and Resource Limit Allocations as of 31st May 2026	£'000s
2026-27 AFC & Real Living Wage Pay Award	27,164
Depreciation, Impairments And IFRS 16	8,970
Vertex (JCC)	6,894
Substance Misuse	3,008
ATMPS (JCC)	1,944
ESR & ESR Helpdesk	1,925
Consultant Clinical Excellence Award / Consultant Impact Award	1,652
GP IM&T Refresh Programme	1,633
Neurodivergence Improvement Programme	1,000
Prevention And Early Years	838
AWTTC Voluntary Scheme for Branded Medicines Pricing (VPAG)	797
ePMA	686
Immunisation Funding - Varicella	533
ePMA Business Case Contingency	516
A2A Sanctuary	475
Integration And Rebalancing Capital Fund (IRCF)	450
Individual Placement & Support In Primary Care - Recurrent Impact To Be Removed	400
Digital Eyecare Programme	355
ESMCP Wast Resources	309
MH Advocacy Funding	306
GMS Disp Doctors / PADMS & List Sized Funding	271
TSW Funding	213
Womens Health Hubs	200
Budvidal - HMP Prison Cardiff Costs	175
Short breaks for Carers	172
Consultant Allied Health Professional dor Dementia	161
Childhood Immunisation Programme Changes	131
Strengthening Community Nursing	117
All Wales Pharmacogenomics Lead Post	96
Planned Care Transformation Fund Optometry Community Pathways	92
Health Equity Wales Funding 2026/27	33
Childhood Immunisation Programme Changes - GMS	23
All Wales International Recruitment	16
Welsh Risk Pool	(27,164)
Total Anticipated Funding £'000s	**34,391**

The £0.556m increase relating to the Real Living Wage and Agenda for Change pay award reflects the impact of the revised pay circular issued in June in respect of Band 3 pay scales

10. BALANCE SHEET (TABLE F)

Completion of Table F is required from Month 3 onwards

11. CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of May was £2.746m.

In due course, the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

12. PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the 30 day target of 95%. Performance for the month to the end of May was 97.7%.

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

Of the UHB's approved Capital Resource Limit, 3% has been expended to date. All projects are expected to be delivered in line with the CRL.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 21st May 2026 - £35.747m.

14. AGED WELSH NHS DEBTORS (TABLE L)

On the 31st of May 2026 there were 2 invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. 1 of the invoices is on a scheduled payment run, the 2 other amounts relate to credit notes which will be allocated to future payments in due course.

15. GMS (TABLE M)

Completion of Table M is required at Quarter1.

16. DENTAL (TABLE N)

Completion of Table N is required at quarter1.

17. RINGFENCED ALLOCATIONS (TABLE O)

Completion of Table P is required at quarter1.

18. IFRS 16 (TABLE P)

Lease costs, Interest, depreciation and dilapidations will be reported at table Q from month 3 onwards.

19. 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.

20. CONCLUSION

The UHB submitted a draft financial plan at the end of March 2026 which included a forecast deficit of £86.5m. The Health Board submitted a letter to Welsh Government on the 29th of May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

The reported month 2 position is £4.372m above the draft plan primarily due to the shortfall in the identification and the delivery of savings.

In summary

- The reported year to date position is an overspend of £18.797m with a forecast deficit of £86.547m.
- At month 2 there is adverse variance against plan of £4.372m, as a result of the £4.696m savings deficit and an operational surplus against plan of £(0.324m).
- There is a gap of £28.172m against the £42.521m in year savings target, with £14.346m (33.7%) of green and amber schemes identified at Month 2

JASON ROBERTS
ACTING CHIEF EXECUTIVE

11th June 2026

ANDREW GOUGH
DEPUTY DIRECTOR OF FINANCE

11th June 2026

Cardiff & Vale ULHB **Period : May 26**

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		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	£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-68,759	0	-68,759	-68,759	1	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-11,460	-68,759
2	Cost Pressures (Negative Value)	-76,190	0	-76,190	-76,190	2	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-12,698	-76,190
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	13,981	0	13,981	13,981	3	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	2,330	13,981
4	Other Income Uplift / (Reduction)	1,900	0	1,900	1,900	4	158	158	158	158	158	158	158	158	158	158	158	158	317	1,900
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0	5	-114	186	136	100	92	27	115	105	69	95	95	-906	72	0
6	Planned (Finalised) Green and Amber Savings Plan	12,637	4,363	8,273	8,416	6	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,911	12,637
7	Planned (Finalised) Net Income Generation	450	350	100	0	7	172	26	31	31	24	24	24	24	24	24	24	24	198	450
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0	8													0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0			9													0	0
10		0	0			10													0	0
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	29,434	0	29,434	34,105	11	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	4,906	29,434
12	**Opening IMTP / Annual Operating Plan**	**-86,547**	**4,713**	**-91,261**	**-86,547**	12	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,213**	**-14,425**	**-86,547**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-29,434	0	-29,434	-34,105	13	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-4,906	-29,434
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0			14													0	0
15	Other Movement in Month 1 Planned & In Year Net Income Generation	309	170	139	239	15	0	19	12	22	17	17	37	37	37	37	37	37	19	309
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	83	-110	193	1,078	16	-32	-30	-16	-43	-39	-40	43	43	49	49	49	49	-62	83
17	Additional In Year Identified Savings - Forecast	867	69	798	1,011	17	0	100	77	74	74	75	78	78	78	78	78	78	100	867
18	Variance to Planned RRL	-635	-635			18	55	97	163	-77	-27	-26	-133	-133	-139	-139	-139	-138	153	-635
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0			19													0	0
20	In Year Accountancy Gains	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Unplanned Spend Reductions	1,283	1,283	0	0	21	391	892	0	0	0	0	0	0	0	0	0	0	1,283	1,283
22	Unplanned Cost Pressures	-4,152	-4,152	0	0	22	-145	-814	-513	-253	-303	-303	-303	-303	-303	-303	-303	-303	-959	-4,152
23	Planned Mitigations Yet To Be Finalised	28,172	0	28,172	31,777	23	0	0	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	2,817	0	28,172
24	Unplanned Additional Required Mitigations Yet To Be Finalised	3,507	3,507	0	0	24	0	0	351	351	351	351	351	351	351	351	351	351	0	3,507
25	Other	0	0	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		0	0			26													0	0
27		0	0			27													0	0
28		0	0			28													0	0
29		0	0			29													0	0
30		0	0			30													0	0
31		0	0			31													0	0
32		0	0			32													0	0
33		0	0			33													0	0
34		0	0			34													0	0
35	**Forecast Outturn (- Deficit / + Surplus)**	**-86,547**	**4,846**	**-91,393**	**-86,547**	35	**-9,396**	**-9,401**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-6,775**	**-18,797**	**-86,547**

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This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END £'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare		
2	Out of Area Mental Health Placements		
3	Primary Care Drugs		
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk		
6	Joint Commissioning Committee - Contract Performance		
7	ePMA - £516k contingency funding 26/27 as per original WG Business Case assumed	(516)	Medium
8	Implementation of new Resident Doctor contract from August 2026	TBC	High
9	Student Streamliners Recruitment	TBC	Medium
10			
11			
12			
13			
14			
15			
16			
17			
18	**Benefits Assumed in the Forecast Outturn at Risk (Negative Values):**		
19	Under delivery of Amber Schemes included in Outturn via Tracker		
20	Non Delivery of Planned Mitigations Yet To Be Finalised	(24,704)	Medium
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised		
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back		
24			
25			
26			
27	**Total Risks**	(25,220)	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28			
29			
30			
31			
32			
33			
34			
35	**Total Further Opportunities**	0	
36	**Current Reported Forecast Outturn**	(86,547)	
37	**Worst Case Outturn Scenario**	(111,767)	
38	**Best Case Outturn Scenario (Opportunities Only)**	(86,547)	

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	179	165	124	143	143	141	123	123	123	123	123	123	345	1,634		766	868			
2		Actual/F'cast	179	218	162	139	139	137	119	119	119	119	119	119	398	1,690	23.54%	1,022	668	790	900	1,000
3		Variance	0	53	38	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	53	56	*15.45%*	256	-200			
4	Non-Pay	Budget/Plan	512	357	419	395	395	406	326	326	337	326	326	1,312	869	5,435		3,603	1,832			
5		Actual/F'cast	454	328	390	363	367	379	385	385	402	391	391	1,376	782	5,609	13.94%	3,784	1,825	3,253	2,356	2,609
6		Variance	(58)	(29)	(29)	(33)	(28)	(27)	60	60	65	65	65	64	(87)	174	*(10.03%)*	181	-7			
7	Primary Care - Drugs & Appliances	Budget/Plan	97	97	97	100	100	101	101	101	101	101	101	101	193	1,195		789	406			
8		Actual/F'cast	122	124	123	126	126	126	126	126	126	126	126	126	246	1,501	16.37%	1,089	412	0	1,501	1,504
9		Variance	25	28	26	26	26	25	25	25	25	25	25	25	53	306	*27.18%*	300	6			
10	Secondary Care Drugs	Budget/Plan	163	178	203	198	213	268	278	288	313	298	298	313	341	3,014		2,658	356			
11		Actual/F'cast	164	196	229	224	239	294	304	314	339	324	324	339	360	3,287	10.96%	2,923	364	280	3,007	3,892
12		Variance	1	18	26	25	25	25	25	25	25	25	25	25	19	273	*5.68%*	265	8			
13	CHC/FNC	Budget/Plan	82	82	82	124	124	124	124	124	124	124	124	124	164	1,359		884	475			
14		Actual/F'cast	82	82	82	139	139	139	139	139	139	139	139	139	164	1,500	10.93%	884	616	0	1,500	1,500
15		Variance	0	0	0	16	16	16	16	16	16	16	16	16	0	141	*0.00%*	0	141			
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		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	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		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	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,911	12,637		8,701	0			
35		Actual/F'cast	1,001	948	985	991	1,010	1,075	1,073	1,083	1,125	1,099	1,099	2,099	1,949	13,587		9,702	3,885	4,323	9,264	10,505
36		Variance	(32)	70	61	31	35	35	122	122	127	127	127	126	38	950		1,002	3,885			
37		Variance in month	(3.12%)	7.99%	6.63%	3.20%	3.60%	3.35%	12.77%	12.64%	12.72%	13.06%	13.06%	6.41%	1.99%							
38		In month achievement against FY forecast	7.37%	6.98%	7.25%	7.29%	7.43%	7.91%	7.90%	7.97%	8.28%	8.09%	8.09%	15.45%								

Cardiff & Vale ULHB

Period : May 26

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings
1		Budget/Plan	179	165	124	121	121	118	101	101	101	101	101	101	345	1,434	766	668			
2	Pay - General & Substantive	Actual/F'cast	179	218	162	139	139	137	119	119	119	119	119	119	398	1,690	1,022	668	790	900	1,000
3		Variance	0	53	38	18	18	18	18	18	18	18	18	18	53	256	256	0			
4		Budget/Plan	0	0	0	22	22	22	22	22	22	22	22	22	0	200	0	200			
5	Pay - Variable	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6		Variance	0	0	0	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	0	(200)	0	(200)			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Pay - Agency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		Budget/Plan	179	165	124	143	143	141	123	123	123	123	123	123	345	1,634	766	868			
11	Total	Actual/F'cast	179	218	162	139	139	137	119	119	119	119	119	119	398	1,690	1,022	668	790	900	1,000
12		Variance	0	53	38	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	53	56	256	(200)			

Cardiff & Vale ULHB

May 26

Table C2 Summary

	£'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	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,911	12,637	4,363	8,273	142	8,416
	Month 1 - Actual/Forecast	1,001	849	908	917	936	1,000	995	1,005	1,046	1,020	1,020	2,021	1,849	12,720	4,253	8,466	1,028	9,494
	Variance	(32)	(30)	(16)	(43)	(39)	(40)	43	43	49	49	49	49	(62)	83	(110)	193	885	1,078
	In Year - Plan	5	95	88	84	84	85	89	89	89	89	89	88	100	972	69	903	(903)	0
	In Year - Actual/Forecast	0	100	77	74	74	75	78	78	78	78	78	78	100	867	69	798	213	1,011
	Variance	(5)	5	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(0)	(105)	0	(105)	1,116	1,011
	Total Plan	1,038	973	1,012	1,044	1,059	1,125	1,040	1,050	1,086	1,060	1,060	2,061	2,011	13,609	4,433	9,176	(761)	8,416
	Total Actual/Forecast	1,001	948	985	991	1,010	1,075	1,073	1,083	1,125	1,099	1,099	2,099	1,949	13,587	4,323	9,264	1,241	10,505
	Total Variance	(38)	(24)	(26)	(53)	(49)	(50)	33	33	38	38	38	38	(62)	(22)	(110)	88	2,001	2,089
Net Income Generation	Month 1 - Plan	172	26	31	31	24	24	24	24	24	24	24	24	198	450	350	100	(100)	0
	Month 1 - Actual/Forecast	172	26	31	31	24	24	24	24	24	24	24	24	198	450	350	100	0	100
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	100
	In Year - Plan	0	19	12	22	17	17	37	37	37	37	37	37	19	309	170	139	(139)	0
	In Year - Actual/Forecast	0	19	12	22	17	17	37	37	37	37	37	37	19	309	170	139	0	139
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	139	139
	Total Plan	172	45	42	53	41	41	61	61	61	61	61	61	217	759	520	239	(239)	0
	Total Actual/Forecast	172	45	42	53	41	41	61	61	61	61	61	61	217	759	520	239	0	239
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	239	239
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	1,205	905	955	991	999	1,063	975	985	1,021	995	995	1,996	2,109	13,087	4,713	8,373	42	8,416
	Month 1 - Actual/Forecast	1,173	875	939	948	960	1,024	1,019	1,029	1,070	1,044	1,044	2,045	2,047	13,170	4,603	8,566	1,028	9,594
	Variance	(32)	(30)	(16)	(43)	(39)	(40)	43	43	49	49	49	49	(62)	83	(110)	193	985	1,178
	In Year - Plan	5	113	99	106	101	102	126	126	126	126	126	125	118	1,281	239	1,042	(1,042)	0
	In Year - Actual/Forecast	0	118	89	96	91	92	115	115	115	115	115	115	118	1,176	239	937	213	1,150
	Variance	(5)	5	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(0)	(105)	0	(105)	1,255	1,150
	Total Plan	1,210	1,018	1,054	1,097	1,100	1,166	1,101	1,111	1,147	1,121	1,121	2,121	2,228	14,368	4,953	9,415	(1,000)	8,416
	Total Actual/Forecast	1,173	993	1,028	1,044	1,051	1,115	1,134	1,144	1,185	1,159	1,159	2,160	2,166	14,346	4,843	9,503	1,241	10,744
	Total Variance	(38)	(24)	(26)	(53)	(49)	(50)	33	33	38	38	38	38	(62)	(22)	(110)	88	2,240	2,328

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	768	1,865	0	**2,634**	442	0
Scheduled Care	531	6,659	0	**7,191**	197	0
Unscheduled Care	0	0	0	**0**	0	0
Mental Health	147	24	0	**171**	0	0
Community Services	54	112	0	**166**	0	0
Primary Care	20	1,521	0	**1,541**	0	0
Commissioned Services - CHC	0	1,400	0	**1,400**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	120	0
Non Clinical Support	0	0	0	**0**	0	0
Executive / Corporate Areas	169	316	0	**485**	0	0
Total	**1,690**	**11,897**	**0**	13,587	**759**	**0**

ID	Organisation	Scheme / Opportunity Title	Division	Business Unit	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000	Scheme RAG rating
1	Cardiff & Vale ULHB	CHFW - Annual Leave Purchase	Children and Women	CHFW	NR	Cash-Releasing Saving	18		18	Green
2	Cardiff & Vale ULHB	O&G - Annual Leave Purchase	Children and Women	O&G	NR	Cash-Releasing Saving	16		16	Green
3	Cardiff & Vale ULHB	CYPFHS - Annual Leave Purchase	Children and Women	CYPFHS	NR	Cash-Releasing Saving	42		42	Green
4	Cardiff & Vale ULHB	CHFW - Centralised Ward Stockholding	Children and Women	CHFW	R	Cash-Releasing Saving	25	25	25	Amber
5	Cardiff & Vale ULHB	CYPFHS - Review of Stock Issued	Children and Women	CYPFHS	R	Cash-Releasing Saving	90	90	90	Amber
6	Cardiff & Vale ULHB	CHFW - Dexcom Diabetes Rebate	Children and Women	CHFW	NR	Cash-Releasing Saving	60		60	Amber
7	Cardiff & Vale ULHB	CHFW - LTS Resolution	Children and Women	CHFW	R	Cash-Releasing Saving	149	198	149	Amber
8	Cardiff & Vale ULHB	CYPFHS - Respite (Glan Ely CHC)	Children and Women	CYPFHS	R	Cash-Releasing Saving	100	100	100	Amber
9	Cardiff & Vale ULHB	CYPFHS - Band 4 CCNS	Children and Women	CYPFHS	R	Cash-Releasing Saving	40	40	40	Amber
10	Cardiff & Vale ULHB	CHFW - Overpayments Reductions	Children and Women	CHFW	R	Cash-Releasing Saving	90	90	90	Amber
11	Cardiff & Vale ULHB	PSU Closure	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	150	200	150	Green
12	Cardiff & Vale ULHB	Rental of mobile MRI Q1 - Swansea Bay	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	NR	Cash-Releasing Saving	60		60	Amber
13	Cardiff & Vale ULHB	CDC benefit once performance levels have improved	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	500	500	500	Amber
14	Cardiff & Vale ULHB	Pharmacist secondment income (Apr-May)	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	NR	Cash-Releasing Saving	9		9	Green
15	Cardiff & Vale ULHB	Off-contract income	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	NR	Income Generation	50		50	Green
16	Cardiff & Vale ULHB	Skill mix - 1.00wte Band 7 to 1.00wte Band 6	Clinical Diagnostics and Therapeutics	PHYSIOTHERAPY	NR	Cash-Releasing Saving	12		12	Green
17	Cardiff & Vale ULHB	Vacancy - 0.42wte Band 3 - Recurrent Element	Clinical Diagnostics and Therapeutics	PHYSIOTHERAPY	NR	Cash-Releasing Saving	14		14	Green
18	Cardiff & Vale ULHB	Maternity microbio tests	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	R	Cash-Releasing Saving	3	3	3	Green
19	Cardiff & Vale ULHB	Rental of mobile MRI Q2	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	NR	Cash-Releasing Saving	60		60	Amber
20	Cardiff & Vale ULHB	Reagent Purchases Biochemistry	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	NR	Cash-Releasing Saving	300		375	Green
21	Cardiff & Vale ULHB	Blood Gas Analyser contract renewal	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	R	Cash-Releasing Saving	50	50	50	Green
22	Cardiff & Vale ULHB	B7 Maternity backfill	Clinical Diagnostics and Therapeutics	MBI	R	Cash-Releasing Saving	12	12	12	Green
23	Cardiff & Vale ULHB	Third Party Abbott - Roche Platform	Clinical Diagnostics and Therapeutics	MBI	R	Cash-Releasing Saving	249	249	160	Green
24	Cardiff & Vale ULHB	Replacement of Horiba Analysers in Haematology MSC	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	R	Cash-Releasing Saving	87	87	65	Amber
25	Cardiff & Vale ULHB	Cleanroom Clothing - SMPU	Clinical Diagnostics and Therapeutics	ST MARY'S PHARMACEUTICAL UNIT	R	Cash-Releasing Saving	27	27	25	Green

ID	Organisation	Scheme / Opportunity Title	Division	Business Unit	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000	Scheme RAG rating
26	Cardiff & Vale ULHB	Replacement of Griffols Abalysers in Haematology MSC	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	R	Cash-Releasing Saving	42	42	35	Green
27	Cardiff & Vale ULHB	Genmed credits to Aug 25 net of Horiba termination fee	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	NR	Cash-Releasing Saving	50		65	Amber
28	Cardiff & Vale ULHB	Biochem External Tests/Income	Clinical Diagnostics and Therapeutics	MBI	NR	Income Generation	30		30	Green
29	Cardiff & Vale ULHB	Maintenance of Water Generation System	Clinical Diagnostics and Therapeutics	ST MARY'S PHARMACEUTICAL UNIT	R	Cash-Releasing Saving	0	0	0	Green
30	Cardiff & Vale ULHB	Vacancies as a result of scrutiny process	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	NR	Cash-Releasing Saving	200		200	Amber
31	Cardiff & Vale ULHB	R&D parkinsos AskBio Trial x 5 patients	Clinical Diagnostics and Therapeutics	RADIOLOGY	NR	Income Generation	135		135	Green
32	Cardiff & Vale ULHB	Cell Path SLA	Clinical Diagnostics and Therapeutics	CELLULAR PATHOLOGY	NR	Cash-Releasing Saving	24		24	Green
33	Cardiff & Vale ULHB	Pharmacist secondment income (Jun-Mar)	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	NR	Income Generation	45		45	Green
34	Cardiff & Vale ULHB	Reduction in Security Costs	Capital Estates and Facilities	Security	R	Cash-Releasing Saving	100	100	100	Green
35	Cardiff & Vale ULHB	Waste pre-audit fees	Capital Estates and Facilities	Waste	R	Cash-Releasing Saving	4	4	4	Green
36	Cardiff & Vale ULHB	VERS	Capital Estates and Facilities	Retail	R	Cash-Releasing Saving	46	49	46	Green
37	Cardiff & Vale ULHB	VERS	Corporate Executives	Chief executive officer	R	Cash-Releasing Saving	45	49	45	Green
38	Cardiff & Vale ULHB	VERS	Corporate Executives	Finance	R	Cash-Releasing Saving	60	70	60	Green
39	Cardiff & Vale ULHB	COURSES AND CONFERENCES	Corporate Executives	Finance	R	Cash-Releasing Saving	14	14	14	Green
40	Cardiff & Vale ULHB	PARTIAL RETIREMENT	Corporate Executives	Finance	R	Cash-Releasing Saving	39	39	39	Green
41	Cardiff & Vale ULHB	Apremilast - generic version available - Rheum	Medicine	Specialised Medicine	R	Cash-Releasing Saving	300	300	300	Green
42	Cardiff & Vale ULHB	Denosumab - biosimilars available - Bone Service	Medicine	Integrated medicine	R	Cash-Releasing Saving	350	220	350	Green
43	Cardiff & Vale ULHB	Nintedanib - generic versions available - Respiratory	Medicine	Integrated medicine	R	Cash-Releasing Saving	290	500	290	Amber
44	Cardiff & Vale ULHB	Omalizumab - biosimilar available - Respiratory	Medicine	Integrated medicine	R	Cash-Releasing Saving	31	31	31	Green
45	Cardiff & Vale ULHB	Ustekinumab - Wezenla to Steqeyma - Derm	Medicine	Specialised Medicine	R	Cash-Releasing Saving	46	46	46	Green
46	Cardiff & Vale ULHB	Ustekinumab - Wezenla to Steqeyma - Rheum	Medicine	Specialised Medicine	R	Cash-Releasing Saving	9	9	9	Green
47	Cardiff & Vale ULHB	Revised Management Structure	Medicine	All Areas	R	Cash-Releasing Saving	49	49	49	Green
48	Cardiff & Vale ULHB	Fisher and Paykel consumables - price reduction	Medicine	Integrated medicine	R	Cash-Releasing Saving	1	1	1	Green
49	Cardiff & Vale ULHB	Gastro stock efficiencies	Medicine	Specialised Medicine	NR	Cash-Releasing Saving	300		300	Green
50	Cardiff & Vale ULHB	Ustekinumab	Medicine	All Areas	R	Cash-Releasing Saving	200	200	200	Green

ID	Organisation	Scheme / Opportunity Title	Division	Business Unit	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000	Scheme RAG rating
51	Cardiff & Vale ULHB	Vacancy Savings Q1	Medicine	All Areas	NR	Cash-Releasing Saving	199		199	Green
52	Cardiff & Vale ULHB	High Cost CHC Dispute	Mental Health	Continuing Healthcare	R	Cash-Releasing Saving	884	884	884	Green
53	Cardiff & Vale ULHB	External Room bookings review	Mental Health	Psychology and Psychological Therapies	R	Cash-Releasing Saving	10	10	10	Amber
54	Cardiff & Vale ULHB	Review of SIMA operating hours - Pilot	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	115	115	115	Amber
55	Cardiff & Vale ULHB	Reduce staff sickness to target rate, improving availability and lowering temporary pay	Mental Health	Adult Mental Health	NR	Cash-Releasing Saving	200		0	Amber
56	Cardiff & Vale ULHB	CHC Reviews	Mental Health	Continuing Healthcare	R	Cash-Releasing Saving	375	375	375	Amber
57	Cardiff & Vale ULHB	Risperidone Consta to Paliperidone	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	3	3	7	Amber
58	Cardiff & Vale ULHB	Aripiprazole switch	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	3	3	7	Amber
59	Cardiff & Vale ULHB	Armour Thyroid - UHB support to stop prescribing	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	12	12	12	Green
60	Cardiff & Vale ULHB	NovoRapid to Trurapi (preferred brand of insulin aspart)	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	10	10	10	Green
61	Cardiff & Vale ULHB	Reduction in weekend working (6 day service) (imms)	Primary, Community and Intermediate Care	Community Specialist Services	R	Cash-Releasing Saving	54	90	54	Amber
62	Cardiff & Vale ULHB	Mobile Phone contract switch	Primary, Community and Intermediate Care	Clinical Board Management	R	Cash-Releasing Saving	57	57	57	Green
63	Cardiff & Vale ULHB	JES Transfer Efficiencies	Primary, Community and Intermediate Care	Clinical Board Management	R	Cash-Releasing Saving	55	55	55	Green
64	Cardiff & Vale ULHB	Dapagliflozin loss of exclusivity	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	520	520	820	Green
65	Cardiff & Vale ULHB	Transfer of Mobile Dental Unit	Primary, Community and Intermediate Care	Primary Care	R	Cash-Releasing Saving	20	20	20	Amber
66	Cardiff & Vale ULHB	Fostair to Proxor	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	136	136	136	Green
67	Cardiff & Vale ULHB	Xigduo to individual dapagliflozin & metformin once daily	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	35	35	35	Green
68	Cardiff & Vale ULHB	Empagliflozin 10mg to dapagliflozin 10mg	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	370	370	370	Amber
69	Cardiff & Vale ULHB	Blood glucose test strips Phase 4 & 5 (Wv+EV & CV)	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	6	6	6	Green
70	Cardiff & Vale ULHB	rivaroxaban caps to tablets	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	15	15	15	Green
71	Cardiff & Vale ULHB	Brilique (ticagrelor) LOE -	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	55	55	55	Green
72	Cardiff & Vale ULHB	Blood glucose test strips Phase 6 &7 (SW & SE) - all clusters completed after this	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	5	5	5	Amber
73	Cardiff & Vale ULHB	generic methylphenidate XL 10/20/30/40/60mg to preferred brand Meflynate XL	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	13	13	13	Amber
74	Cardiff & Vale ULHB	Emeside 250mg capsules to generic ethosuxamide caps	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	9	12	9	Amber
75	Cardiff & Vale ULHB	Apremilast - generic version available	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	9	15	15	Amber

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76	Cardiff & Vale ULHB	IBD Blood Product Clinical Trial Savings	Specialist Services	HIMM	NR	Cash-Releasing Saving	650		650	Green
77	Cardiff & Vale ULHB	Haem Drug rebates	Specialist Services	HIMM	NR	Cash-Releasing Saving	220		220	Green
78	Cardiff & Vale ULHB	Advanced Therapy Neuro trial	Specialist Services	Neurosciences	NR	Cash-Releasing Saving	100		100	Amber
79	Cardiff & Vale ULHB	CC RRT Contract Savings	Specialist Services	Critical Care	R	Cash-Releasing Saving	250	250	250	Green
80	Cardiff & Vale ULHB	Heart & Lung machine maintenance contract	Specialist Services	Critical Care	R	Cash-Releasing Saving	100	100	100	Green
81	Cardiff & Vale ULHB	Bulk Purchase rebates	Specialist Services	Cardiothoracic	NR	Cash-Releasing Saving	250	0	250	Amber
82	Cardiff & Vale ULHB	TAVI Medpoints	Specialist Services	Cardiothoracic	NR	Cash-Releasing Saving	100	0	100	Green
83	Cardiff & Vale ULHB	Device Rebates	Specialist Services	Cardiothoracic	NR	Cash-Releasing Saving	400	0	400	Amber
84	Cardiff & Vale ULHB	8c Nurse Consultant post held	Specialist Services	Critical Care	NR	Cash-Releasing Saving	75	0	75	Green
85	Cardiff & Vale ULHB	R&D Income opportunities	Specialist Services	Neurosciences	NR	Cash-Releasing Saving	125	0	125	Amber
86	Cardiff & Vale ULHB	DoO Temp reduction to 0.8	Specialist Services	Management	NR	Cash-Releasing Saving	30	0	30	Green
87	Cardiff & Vale ULHB	Metabolic Meds Rebates	Specialist Services	HIMM	R	Cash-Releasing Saving	250	250	250	Green
88	Cardiff & Vale ULHB	Reduce stock wastage	Specialist Services	Cardiothoracic	R	Cash-Releasing Saving	75	100	75	Amber
89	Cardiff & Vale ULHB	Maintenance contracts optimsation	Specialist Services	Cardiothoracic	NR	Cash-Releasing Saving	160		160	Green
90	Cardiff & Vale ULHB	Reduce blood stock wastage	Specialist Services	HIMM	R	Cash-Releasing Saving	45	45	45	Green
91	Cardiff & Vale ULHB	Additional device discount	Specialist Services	Cardiothoracic	NR	Cash-Releasing Saving	160		160	Green
92	Cardiff & Vale ULHB	Historic B6/B5 nursing saving (A5S)	Surgery	T&O	R	Cash-Releasing Saving	15	15	15	Green
93	Cardiff & Vale ULHB	Harmonic Scalpels/ Vanguard Catheters Income Generation	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Income Generation	0	0	0	Amber
94	Cardiff & Vale ULHB	Stoma contract renewal	Surgery	General Surgery	R	Cash-Releasing Saving	130		130	Green
95	Cardiff & Vale ULHB	Review Endocrine Service Pathway	Surgery	General Surgery	NR	Cash-Releasing Saving	132		132	Green
96	Cardiff & Vale ULHB	Commission ROSA Knee Robot	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	89	89	89	Green
97	Cardiff & Vale ULHB	Cessation of Amplitude contract	Surgery	T&O	R	Cash-Releasing Saving	28	30	28	Green
98	Cardiff & Vale ULHB	Breast seeds	Surgery	T&O	NR	Cash-Releasing Saving	5		5	Green
99	Cardiff & Vale ULHB	Historic B3/2 nursing saving (West 5)	Surgery	T&O	R	Cash-Releasing Saving	3	3	3	Green
100	Cardiff & Vale ULHB	Historic B6/5 nursing saving (West 5)	Surgery	T&O	R	Cash-Releasing Saving	10	10	10	Green

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101	Cardiff & Vale ULHB	Change of sterile service traceability technology from HealthEdge to SSDman Aqua	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	NR	Cash-Releasing Saving	2		2	Green
102	Cardiff & Vale ULHB	Product swaps	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	0	0	0	Amber
103	Cardiff & Vale ULHB	Fisher and Paykel commitment deal	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	0	0	0	Amber
104	Cardiff & Vale ULHB	Dalbavancin price reduction	Surgery	General Surgery	R	Cash-Releasing Saving	4	4	4	Green
105	Cardiff & Vale ULHB	Dalbavancin price reduction	Surgery	T&O	R	Cash-Releasing Saving	47	47	47	Green
106	Cardiff & Vale ULHB	IVT Patent Expiry	Surgery	Ophthalmology	R	Cash-Releasing Saving	800	800	800	Green
107	Cardiff & Vale ULHB	Temp closure of 9 beds on B6 (6 months)	Surgery	ENT	NR	Cash-Releasing Saving	105		105	Green
108	Cardiff & Vale ULHB	Recover the cost of Skullbase sessions	Surgery	ENT	R	Cash-Releasing Saving	44	44	44	Green
109	Cardiff & Vale ULHB	New supplier for Spinal Monitoring	Surgery	T&O	R	Cash-Releasing Saving	13	15	13	Green
110	Cardiff & Vale ULHB	CTM IR SLA Income	Surgery	General Surgery	NR	Income Generation	82		82	Green
111	Cardiff & Vale ULHB	Theatre consumable discounts obtained	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	NR	Cash-Releasing Saving	216		216	Green
112	Cardiff & Vale ULHB	Cochlear purchase discounts and free processors	Surgery	Audiology	NR	Cash-Releasing Saving	56		56	Green
113	Cardiff & Vale ULHB	Temporary Reduction in 2 Consultant sessions (Apr-Aug)	Surgery	Urology	NR	Cash-Releasing Saving	13		13	Green
114	Cardiff & Vale ULHB	Recovery of Prior Approval & IPFR Income	Surgery	General Surgery	R	Income Generation	100		100	Green
115	Cardiff & Vale ULHB	OOA jig income (cost accounted for in 25/26)	Surgery	T&O	NR	Income Generation	8		8	Green
116	Cardiff & Vale ULHB	Wet AMD drug product review	Surgery	Ophthalmology	R	Cash-Releasing Saving	400	400	400	Green
117	Cardiff & Vale ULHB	CHFW - Review of Stock Issues	Children and Women	CHFW	NR	Cash-Releasing Saving	0		0	Amber
118	Cardiff & Vale ULHB	Admin review CHFWS reduction in WTES	Children and Women	CHFW	R	Cash-Releasing Saving	142		142	Green
119	Cardiff & Vale ULHB	Rental of mobile MRI Q3 and Q4 - Swansea Bay	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	NR	Income Generation	120		120	Green
120	Cardiff & Vale ULHB	Biochemistry Annual Leave Purchase 26/27	Clinical Diagnostics and Therapeutics	MBI	NR	Cash-Releasing Saving	12		12	Green
121	Cardiff & Vale ULHB	Release of HPLC 1260 Service	Clinical Diagnostics and Therapeutics	MBI	NR	Cash-Releasing Saving	6		6	Green
122	Cardiff & Vale ULHB	Larger Kit for Assays	Clinical Diagnostics and Therapeutics	MBI	R	Cash-Releasing Saving	7		7	Green
123	Cardiff & Vale ULHB	Stem Cell Planer Maintenance	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	NR	Cash-Releasing Saving	6		6	Green
124	Cardiff & Vale ULHB	Reduction in service charge costs	Capital Estates and Facilities	Property	R	Cash-Releasing Saving	15		15	Green
125	Cardiff & Vale ULHB	Patient clothing costs	Capital Estates and Facilities	Linen	R	Cash-Releasing Saving	50		50	Green

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126	Cardiff & Vale ULHB	Outsourcing of CRI	Capital Estates and Facilities	Security	R	Cash-Releasing Saving	8		8	Green
127	Cardiff & Vale ULHB	Robot cleaning	Capital Estates and Facilities	Housekeeping	R	Cash-Releasing Saving	25		25	Green
128	Cardiff & Vale ULHB	Updated Rookwood savings	Capital Estates and Facilities	Security	R	Cash-Releasing Saving	172		67	Green
129	Cardiff & Vale ULHB	Woodland House Security savings	Capital Estates and Facilities	Security	R	Cash-Releasing Saving	12		12	Green
130	Cardiff & Vale ULHB	Ustekinumab - Wezenla to Steqeyma - IBD	Medicine	Specialised Medicine	R	Cash-Releasing Saving	100		100	Green
131	Cardiff & Vale ULHB	Golimumab biosimilar available - Rheum	Medicine	Specialised Medicine	R	Cash-Releasing Saving	158		158	Green
132	Cardiff & Vale ULHB	Golimumab biosimilar available - IBD	Medicine	Specialised Medicine	R	Cash-Releasing Saving	8		8	Green
133	Cardiff & Vale ULHB	Repatriation of LSU patient to local services (ME)	Mental Health	Continuing Healthcare	R	Cash-Releasing Saving	141		141	Amber
134	Cardiff & Vale ULHB	Lived Experience / Peer Support Reshaping	Mental Health	Clinical Board Management	R	Cash-Releasing Saving	32		32	Green
135	Cardiff & Vale ULHB	GMS Sustainability - Notes Storage	Primary, Community and Intermediate Care	Primary Care	R	Cash-Releasing Saving	20		20	Green
136	Cardiff & Vale ULHB	A&C skillmix (8a to B7)	Surgery	T&O	NR	Cash-Releasing Saving	5		5	Green
137	Cardiff & Vale ULHB	Private Patient Income	Surgery	T&O	R	Income Generation	5		5	Amber
138	Cardiff & Vale ULHB	Private Patient Income	Surgery	Urology	R	Income Generation	50		50	Amber
139	Cardiff & Vale ULHB	TACU closure	Surgery	T&O	NR	Cash-Releasing Saving	40		40	Green
140	Cardiff & Vale ULHB	Neurosciences Advanced Therapies Research Programme	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	NR	Income Generation	50		50	Green
141	Cardiff & Vale ULHB	Historic Velindre Brachytherapy Service Support SLA Uplift	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Income Generation	29		29	Green
142	Cardiff & Vale ULHB	Additional new supplier for Spinal Monitoring savings	Surgery	T&O	R	Cash-Releasing Saving	15		15	Green
143	Cardiff & Vale ULHB	SAP Patients IPFR Income	Surgery	General Surgery	R	Income Generation	55		55	Amber