Public Finance and Performance Committee
Wednesday 16th September 2026

10:00	**Standing Items**	Rhian Thomas
1.1	Welcome, Introductions & Apologies	
1.2	Declarations of Interest	
1.3	Minutes from the Finance and Performance Committee meeting – 22.07.2026	
1.4	Actions following the Finance and Performance Committee meeting held on 22.07.2026	
1.5	Chair's Actions since previous meeting	
10:05	**Items for Review and Assurance**	
2.1 *25 mins*	Financial Report – Month 5 Position (including Savings Tracker)	Andrew Gough
2.2 *30 mins*	Operational Performance Update	Cath Wood
2.3 *15 Mins*	UEC Hospital Flow & Discharge	Mike Bond
2.4 *10 Mins*	Diagnostic Deep Dive	Sarah Lloyd
2.5 15 Mins	Grip & Control Action Plan	Andrew Gough
11:40	**Items for Approval / Ratification**	
3.1 0 Mins	No Items	
10:40	**Items for Information and Noting**	
4.1 *0 Mins*	Monthly Monitoring Return – Month 3&4	Andrew Gough
	Private Meeting Business:	
	No Private Business	
16:25	**Any Other Business**	
16:25	**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 21st October 2026 via MS Teams**	

Minutes of the Public Finance & Performance Committee Meeting
22nd July 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
Clive Curtis	CC	Independent Member - Community
David Edwards	DE	Independent Member – Digital
In Attendance:		
Catherine Phillips	CPH	Executive Director of Finance
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
Victoria LeGrys	VL	Deputy Director of Strategic Planning
Chris Markall	CM	Assistant Director of Finance
Natasha Goswell	NG	Deputy Director of Nursing
Ruth Jordan	RJ	Assistant Director of Improvement & Implementation
Sarah Martin	SM	Research & Development Manager
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Adam Roberts	AR	Executive Director of Strategic Planning
Judi Rhys	JR	Independent Member – Third Sector
Rachna Upadhya	RU	Independent Member – General
Steve Riley	SR	Independent Member – University
Susan Lloyd-Selby	SLS	Independent Member – Local Authority

Ref:	Agenda Item:	Action
FPC 22.07/1.1	**Welcome, Introductions & Apologies** Rhian Thomas – Committee Chair (CC) welcomed everybody to the meeting in English and in Welsh.	
FPC 22.07/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 22.07/1.3	**Minutes of the Finance and Performance Meeting held on 17th June 2026** The minutes of the meeting held on 17th June 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 17th June 2026 were held as a true and accurate record of the meeting.	
FPC	**Actions following the Finance & Performance Meeting on 17th June 2026**	

22.07/1.4	The action log was discussed and noted. **The Finance and Performance Committee resolved that:** a) The Action Log for the Finance and Performance Committee was noted.	
FPC 22.07/1.5	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 22.07/2.1	**Financial Report – Month 3 Position (including savings tracker)** David Edwards – Independent Member Digital (IMD) flagged discrepancies in the figures on page 6 and page 12 of the month 3 report, specifically noting a mismatch between the narrative and table values for the overspend and savings target. Andrew Gough – Deputy Director of Finance (DDF) confirmed both were typos, clarified the correct figures and would correct them for the next meeting. The DDF highlighted the following points regarding the Financial Report: • The reported position does not provide assurance of delivering the planned £86.5m deficit; operational surplus is offset by a shortfall in savings delivery. • The main issue is the lack of a complete, recurrent savings programme; pace of decision-making and implementation must increase to de-risk the plan by end of quarter two. • The savings target increased from £42.5m to £47.6m due to JCC arbitration, raising delivery risk. • At month 3, a deficit of £27.7m was reported, with a £6.9m shortfall in planned savings and a £1.5m operational surplus, resulting in a £5.4m adverse variance against plan. • Operational surplus is mainly due to vacancies and underspends, which are not recurring benefits and should not distract from the savings gap. • Operational pressures include medical endoscopy, mental health out-of-area placements, specialist medical locum costs, continuing healthcare growth, and reduced private patient income. • Non-recurrent benefits offsetting recurrent issues will worsen the underlying deficit in future years; focus must be on addressing recurrent issues. • Workforce data shows a reduction in substantive whole-time equivalents, but recent increases in clinical and admin staff; vacancy-related underspends are not assured without controls and service plans. • Non-pay expenditure increased by 5.8% year-on-year, driven by continuing healthcare, mental health placements, commissioned services, premises, digital costs, and contractual uplifts. • Only £19.9m of green/amber savings schemes identified (41.8% of target); recurrent savings gap is £31.9m, requiring additional decisions and interventions. • Internal turnaround meetings have improved scrutiny but need clearer parameters and targets to translate opportunities into delivery actions. • Forecasting from month 3 shows a £21.6m risk to delivery against the £86.5m plan; underlying deficit could reach £120m if recurrent savings gap is not closed. • Capital programme expected to deliver within the year; no material capital issues requiring escalation. The CC noted the extra £5m financial burden was difficult for CAVUHB and questioned the logic from JCC, which was based on achieving cost efficiencies. She highlighted that while requesting 2% efficiency (i.e., £5m) was straightforward, providing actual solutions and ideas for achieving it is much harder. She recalled there was supposed to be guidance accompanying the request and asked about tangible suggestions for achieving the efficiency savings. The DDF confirmed the target was received late in the planning process and was a target, not a plan. He stated the arbitration response requires continued partnership work with JCC	

	to develop a plan moving forward. He acknowledged disappointment that the target was not accompanied by a plan, so there was no firm foundation yet. He indicated the responsibility now sits with all chief execs in the JCC to support the process. Suzanne Rankin – Chief Executive (CEO) confirmed the CC's recollection was correct and explained that the lack of confidence in the partnership proposal to de-risk the efficiency requirement was a key issue in the arbitration outcome. She noted there was a new Chief Commissioner at the Joint Committee, whom she and Catherine have met with twice, and there is recognition that the JCC team has work to do in this area. She stated she is not comfortable that the £5m ask will be achieved, even though the new Chief Commissioner is committed to partnership working. She observed that other health boards are relatively comfortable with the scenario because much of the JCC gap has been mitigated by passing the efficiency requirement to the two main providers (Cardiff & Vale and Swansea), which de-risks it for the commissioners. Both providers have challenged this, but the remaining gap is now a commissioner risk, of which Cardiff & Vale would also get a share. She said this situation clearly articulates the challenge with the current arrangement and puts additional demand on an already challenged scenario. The VC asked whether the significant differential in the price JCC gives for services compared to what English providers charge Betsi Cadwaladr UHB featured as part of the administration discussions. The CEO noted that the funding differential featured in the overall discussion, but not particularly in the arbitration discussion. She mentioned there are data clarifications to be sought regarding the extent of care (secondary vs. tertiary) and that they are trying to understand the actual baseline position. The EDF noted there are several different issues at play, including the 2% efficiency passed on in tariff through specialist commissioning, which is why it's applied in the Welsh context. She emphasised the need to consider whether the tariff is appropriate for the Welsh population, given differences in critical mass compared to the English model. She questioned whether they provide the critical mass needed for the population and highlighted that some services are specialist in England but only secondary in Wales, making the analysis complex. She stated that some services are provided with no tariff, while others have a tariff based on previous business cases, and this needs to be worked through. The IMD stated he wouldn't want anyone to think that by saying "remain credible," people might believe they aren't really concerned about the issues, emphasising that everyone is indeed very concerned. Paul Bostock – Chief Operating Officer (COO) noted that for Q1, recruitment is tracking at a flat rate, with no big increases in headcount. He warned that for Q2 onwards, there is a backlog of patient and staff recruitment that has been delayed or paused, and decisive action is needed now to prevent a surge in appointments. He said CAVUHB will discuss tightening vacancy controls at the senior leadership team meeting, acknowledging that previous vacancy freezes were tough but necessary. He stressed that if action isn't taken, there could be hundreds of appointments made in the next few months, which is not planned or funded, and this doesn't account for people who will leave. The CC stated the committee does not want to reconvene monthly only to note that they are still far from de-risking the savings profile. She asked what specific activities, tasks, or missions are planned from now until the next Finance Committee meeting in September to de-risk the savings gap, seeking assurance on progress and understanding of the challenge. The CEO responded that the committee needs confidence in delivery actions and impact, and that turnaround actions and missions are underway, focusing on avoiding cost pressures, controlling expenditure, and using resources more efficiently. Clear accountability and delivery timelines are being established, with a trajectory plan similar to "turn the curve" being developed.	

	The EDF added that the internal turnaround process identifies issues, with focus on four clinical boards. Actions are being translated into savings and operational plans, and for boards not delivering, organisational interventions will be considered. A trajectory to close the gap by end of quarter three is needed, and any remaining gap in four weeks will be a serious problem. The VC shared they had conversations with various people in the organisation, noting that length of stay is a major factor in excess bed days. He suggested that, within medicine, commissioning services outside the hospital would be more efficient than admitting patients unnecessarily, and this could be done relatively speedily. He emphasised the need to change the mindset from managing budgets within clinical boards to managing budgets overall, aiming for improved quality of care and best value for residents. The EDF noted there are a few examples, particularly in mental health, where facilities could provide services differently through the volunteer sector, highlighting work started this year but needing more development. She emphasised the importance of understanding what the population needs and providing services driven from a commissioning point of view, not just provision, linking this to the clinical services plan. She stated that while there are changes in pathway and innovation, they are more incremental, and the length of stay improvement should align with the clinical services plan to transform care delivery, moving more services out of hospital. She explained that turnaround must give security for the in-year and recurrent position, but improvement and transformation activities need to move alongside, ensuring actions taken today support and build towards future goals, not undermine them. **The Finance and Performance Committee resolved that:** a) It was noted the reported year to date position is an overspend of £27.073m with a planning deficit of£86.547m. b) It was noted there is an urgent need to derisk the £86.547m deficit plan. c) It was noted that at Month 03 there is an adverse variance against plan of £5.436m, driven by a £6.925msavings deficit, partially offset by an operational surplus against plan of (£1.489m). d) It was noted 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. e) It was noted that 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 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.	
FPC 22.07/2.2	**Operational Performance Update** The COO updated and highlighted the following points on the Operational Performance Update: • June was challenging due to a heat wave, affecting attendances and leading to business continuity declaration; performance dipped, especially around 12-hour waits in EU. • Requested quarter-on-quarter analysis to understand patient types and presentations, especially during the heat wave. • At least 200 operations were cancelled, radiology services ran at half capacity, and a proper debrief is needed to assess the impact. • Emphasised the need to better reflect demand for primary and community services, noting 18k district nurse visits last month, more than EU attendances. • Physical health pathway delays increased in number but average delay days decreased, resulting in a reduction of over 1,200 bed days compared to last June; mental health delays decreased in number but average length of stay increased. 4 • Cancer performance remained stable with a 20% increase in demand; NHS P&I requested more information on the cancer plan.	

- Regional plan for 104-week waits submitted; complex spinal surgery remains a challenge, with demand and capacity work ongoing.
- Diagnostics saw a jump in eight-week waits due to new radiology reporting system and heat wave impacts; promised clearer update next time.
- Outpatient transformation efforts include mandating overbooking in clinics with high DNA rates, rolling out patient-initiated follow-ups, and focusing on new-to-follow-up ratios.
- Mental health focus on out-of-area placements, improvement work in the clinical board, and challenges in neurodevelopment plans due to non-recurrent funding.

The CC noted there were numerous references to PNI (NHS Performance & Improvement) interactions in the operational performance update and asked Paul about the insights PNI is providing regarding ways of working, processes, and methods.

The COO responded that the relationship with NHS PNI has been supportive, with PNI sending in support around booking processes and providing insights into efficiency, particularly in patient booking. He explained PNI's role has been to understand the health board's story, agree or challenge it, and validate their position. He mentioned PNI has provided some advice, such as demand and capacity methodology and booking methodology, but not a list of direct actions. Much of the challenge is embedded in cultural change.

The CEO agreed, highlighting that much of the challenge is in culture, practice, and securing clinical leadership support, and commended the clinical leadership in out-of-area work.

The COO highlighted the following points on Cancer pathway, GP referrals, ambulance handover and EU flow:

- The cancer pathway conversation has been ongoing since the standards were created; although referrals are up, conversion rates remain consistent, suggesting patients referred are appropriate, but the volume causes longer waits for those with cancer. Advice on pathway management is welcomed, as GPs are encouraged to refer if concerned.
- The challenge is that increased referrals mean more patients to see, leading to longer waits for those who do have cancer.
- For ambulance handover, the target is 95% within 45 minutes; current performance is around 86-87%, with average handover times of 25-30 minutes. Most delays are due to flow issues within EU, not the handover process itself.
- Improving flow and reducing congestion in EU is key to reducing ambulance handover delays and 12-hour waits. The number of patients seen per hour is stark, and holding people to account for throughput is important.
- CAVUHB is consistently good each month compared to other health boards, but needs to achieve the additional 8% performance to meet the target.

VC asked if mental health out-of-area placements are due to capacity and demand, and whether managing demand differently and commissioning services (e.g., tier 0, tier 1 from the third sector) could help. They referenced 36 Degrees' involvement and asked what is being done to address the problem differently.

The COO responded candidly, noting CAVUHB is an outlier with a growing out-of-area problem despite opening extra capacity. He confirmed some additional support was commissioned with Mind and low-level beds to take patients out of acute settings but acknowledged more opportunity may exist. He explained that improvement work is ongoing, including reviewing the process for out-of-area placements and strengthening community mental health teams to reduce inpatient demand. He also mentioned reaching out to Kara Rogers for support, as the situation feels unusual compared to other health boards.

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 22.07/2.3	**Q1 Annual Plan Report** Vicky LeGrys – Deputy Director of Strategic Planning – (DDSP) highlighted the following points on the Q1 annual plan report: • The report provides assurance on delivery of strategic and operational qualitative actions, with RAG ratings based on progress assessed through strategic portfolio boards and operational programmes. • About 50% of actions are rated green, which is expected for this time of year; no actions are significantly off track (none rated red), indicating all programmes are mobilising and governance is being established. • Progress is strong in population health, with that portfolio reporting green, and foundational work is underway for delivery through the rest of the year. • The launch of the Clinical Services Plan, progress in regional planning via the Southeast Wales Regional Joint Committee, and establishment of the Community by Design programme are highlighted as critical for enabling the shift to new care models and integration with partners. • Infrastructure and people portfolios are advancing major digital and workforce initiatives, including the People and Culture Plan and funding for UHW redevelopment, aligning with service level planning. • Operational improvement programmes are progressing, especially in areas aligned to significant risks and priorities like length of stay, theatres, and UEC. • For quarter two, focus will be on strengthening foundational elements, consistency across programmes, service level planning, and developing the People and Culture Plan to align with infrastructure and service plans. • An organisational approach to performance management and integration improvement plan is being developed, with demand and capacity modelling and workforce planning as key items for future updates. The DDSP noted the process is currently labour intensive, relying on portfolio boards to assess progress and summarise well, with planning leads aligned to each portfolio to ensure this happens. She mentioned plans to build infrastructure for more systematic reporting in the future but confirmed no concerns for quarter two reporting. **The Committee resolved that:** a) The progress highlighted in the Q1 annual plan report was noted b) The submission of the Q1 position to Welsh Government was approved.	
FPC 22.07/2.4	**BAF Decarbonisation & Climate** Ruth Jordan – Assistant Director of Improvement & Implementation (ADII) presented and highlighted the following points: • **Targets & Challenges**: Welsh Government's (WG) targets for emissions reduction (16% by 2025, 34% by 2030) and CAVUHB's own targets were even more ambitious. The significant gap between current emissions and required reductions were emphasised, with emissions trending upward due to increased demand and carbon lock-in from infrastructure, especially at UHW, which is the largest public sector emitter in Wales. • **Programme Structure**: The programme operates with three groups: corporate sustainability and decarbonisation, clinical sustainability and decarbonisation, and climate adaptation and resilience. Each group has specific responsibilities, such as localising national plans, embedding sustainability in clinical services, and developing adaptation plans for climate risks like heatwaves and flooding. • **Progress & Actions**: Progress included assigning action owners, submitting required reports, developing the corporate plan, appointing sustainability leads in clinical boards, and submitting the first climate clinical risk assessment to WG. Workshops and surveys were used to inform adaptation planning, especially for heatwaves. • **Risks & Capacity**: Three strategic challenges were highlighted: the emissions gap, adaptation gap (increasing frequency/severity of climate risks), and limited expert	

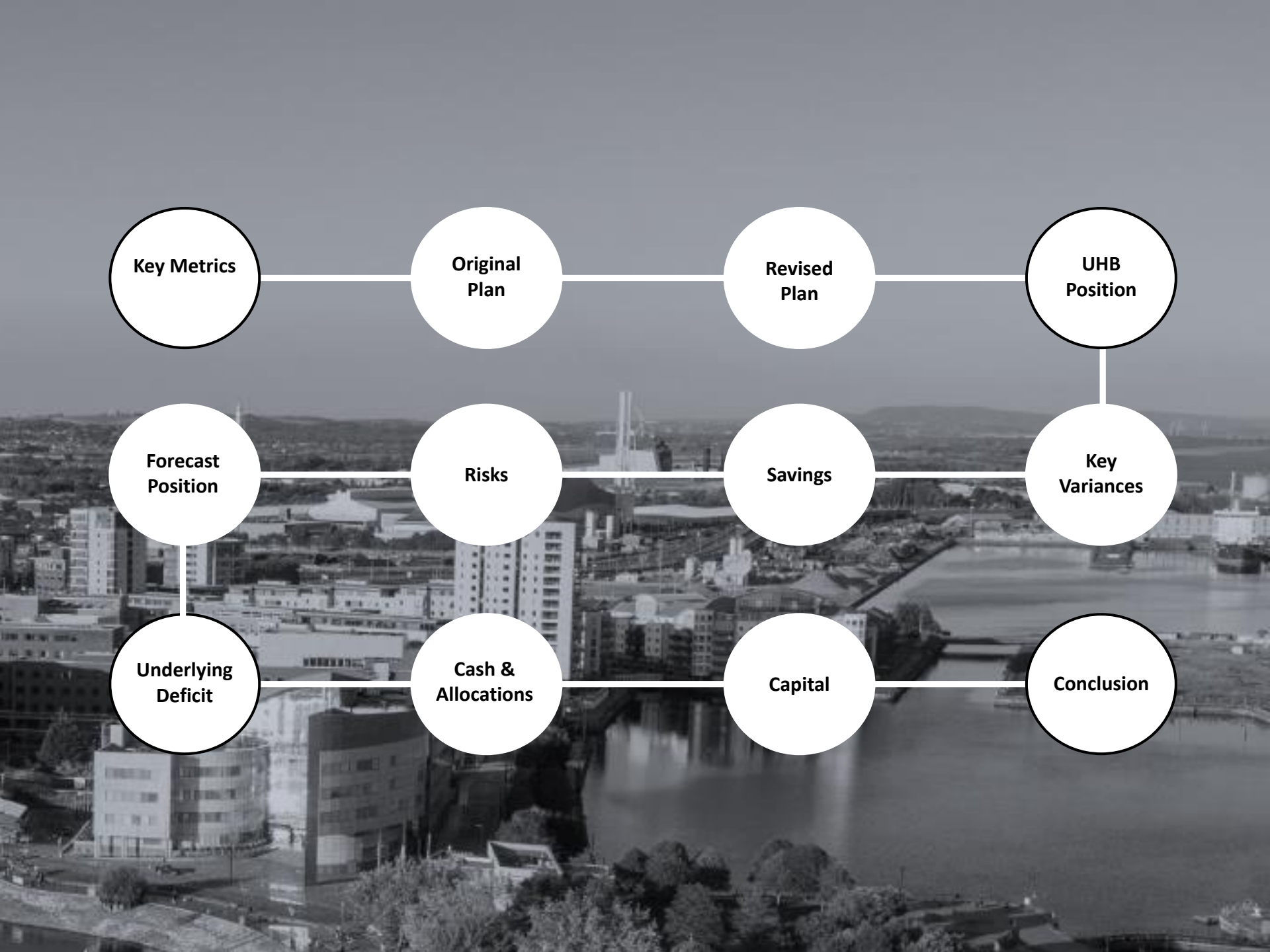
	capacity/resources. Ongoing efforts were noted to secure grants and build resilience, but current maturity is not sufficient for the expected climate impacts. • **Integration Call**: Climate and sustainability considerations should be integrated upfront in all organisational decision-making, not just measured after the fact. Committee members were encouraged to ask about carbon reduction and adaptation impacts when leading projects. • **Committee Support**: The committee was asked to note progress, risks, and support continued integration of sustainability and climate resilience in planning and performance arrangements. The EDF commended Ruth, Tom Porter, and Arjun for their driving force behind the programme, noting the significant mobilisation and engagement across corporate and clinical boards despite limited resources. She discussed the overlap between delivering clinical care and mobilising the clinical services plan, emphasising that shifting to more prevention and less illness management will have a major impact on emissions. The ADII agreed with the EDF, emphasising that one of the key messages was to consider climate impacts upfront in decision-making for all programmes and projects—not just measure the impact afterwards. She compared this to how quality and air quality are considered when making decisions, stating climate should be treated the same way. She explained they are working to make it easy for people leading projects to integrate climate considerations, given the complexity. She called for everyone involved in any piece of work to ask about its impact on carbon reduction or adaptation, as this would greatly help the programme. **The Committee resolved that:** a) The progress made in delivering the Sustainability and Climate Response Programme was noted. b) The risks associated with the current emissions gap and adaptation gap was noted. c) The continued integration of sustainability and climate resilience considerations within organisational planning and performance arrangements was supported	
FPC 22.07/4.1	**Q4 RPB Performance & Finance Report 2025-26** Chris Markall – Assistant Director of Finance (ADF) presented and highlighted the following points: • Three main elements were noted: final quarter four reports for 2025-26 from the Regional Partnership Board, full utilisation of about £20m funds, and the annual report hyperlink for further details. • WG's positive reception of the reports, but highlighted an ongoing shortfall in the proportion of funds directed to the third sector, which remains a focus for improvement. • The financial plan for 2026-27 was outlined, including a deployment of £20.3m and an overcommitment of £140k, which was expected to be managed through anticipated slippage. • The ongoing risk regarding the future of the Regional Integration Fund, noting the lack of clarity beyond this financial year and the significant risk to partnership and statutory partners, with £7.5m deployed on health board-related services. • Ongoing dialogue with WG was expected to provide more clarity soon, and updates will be brought back to the committee. The COO noted they've been grappling with the spectre of RIF closing for several years, and confirmed the money is flat cash, so its value decreases each year due to inflation. He stated the fund was originally intended for pump priming, but now seems baked into baselines, delivering core services on a non-recurrent flat cash basis. He expressed uncertainty about whether the money is being used as intended, questioning if it is still serving its original purpose. The CAVUHB Chair emphasised the importance of not letting the pause on RIF decisions go on too long, warning against waiting for a last-minute solution and highlighting the risk of carrying financial risk into the new year, especially given the jobs involved. She questioned	

	whether there was evidence from RIF-supported projects that allowed funding to be stepped down in other areas, noting the fund's purpose was to demonstrate better ways of working and enable adjustments to other services. She cautioned against a blanket approach to ending RIF-funded projects, advocating for a review of all activity to prioritise services based on value, not just their funding source. She stressed the need to assess the value of services delivered, suggesting some RIF-funded programmes may be more important than some core-funded ones, and that money should be reallocated based on priority. The ADF explained that while some RIF-funded areas, like the at home programme, have been embedded into core services, many benefits realised are cost avoidance rather than a shift of resources out of RIF. He acknowledged there is an ongoing challenge, as services have become embedded and funded by RIF without being incorporated into core funds, presenting the risks previously highlighted. He stated that, moving forward, they will need to assess RIF-funded services alongside other pilots and programmes in the UHB to make value-based judgments, not just consider RIF-funded projects in isolation. The EDF noted that when working back from decision points, it may already be too late due to the number of people involved. She emphasised the importance of managing the partnership carefully, stating CAVUHB should not go in a different direction from other partners and that a clear organisational view is needed for partnership discussions. She highlighted the need to consider what would have been done without RIF and whether the current pathway offers better value, suggesting the focus should be on the overall value, not just additionality. **The Committee resolved that:** a) The Q4 report for RPB funding in 2025-26 was noted b) The agreed RPB budget allocations for 2026-27 were noted. c) The imminent closure of the Regional Integration Fund, together with the associated risk to the UHB was noted.	
FPC 22.07/4.2	**Haematology Strategic Outline Case** The EDF stated the JACIE inspection did not go well for haematology services, resulting in a warranted outpatient extension and the need to look at an inpatient extension as a significant priority. She explained there was an action plan sent to JACIE and a bid to JCC for revenue, both previously seen by F&P, and this is the final part of the response. She described this as a bid to WG for £90-£95m to establish a sustainable inpatient solution at UHW for haematology provision, addressing JACIE accreditation issues. She confirmed this will go to Board next week, with revenue implications expected to be met by JCC after scrutiny. **The Committee resolved that:** a) The content of the paper was noted. b) 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 was endorsed c) It was recommended that the Board approve the SOC for formal submission to Welsh Government to seek capital investment and approval to progress a combined OBC/FBC	
FPC 22.07/4.3	**New R&D Income Management Policy** Sarah Martin – The Research & Development Manager (RDM) highlighted the following points on the R&D income management policy: • The new R&D income management policy aims to standardise research income processes across CAVUHB overview for strategic embedding. • The policy aligns with WG guidance and highlighted four main changes: central R&D accountant oversight, creation of a capacity/building fund to ring-fence research money, aligning income distribution to the standard costing template	

	(increasing health board overheads), and consolidating PI trading accounts at specialty level for stability and planning. • The policy enables three-to-five-year planning, supports strategic programs, and ensures changes are implemented without destabilising departments, with assurance provided after SLT review. • The policy is seen as an enabler for research, with support from the research management board and SLT, and that any budget movement will include associated costs to avoid risk. The CEO commended the team for getting the policy to where it has. **The Committee resolved that:** a) The new R&D Finance Policy to ensure compliance with Welsh Government policy was approved.	
FPC 22.07/4.4	**Finance & Performance Risks (scoring 20-25)** The DCG explained that after months of work, all organisational risks are now pulled out of a system that allows filtering by themes and scoring, aligning to the work. He noted the current output shows what is available, but more work is needed to make it usable at committee level. He stated that clinical boards were undertaking their own reviews and using this information in Clinical Board reviews. **The Committee resolved that:** a) It was noted the approach being implemented to align high-scoring (20+) organisational risks to Committee structures, improving visibility and governance oversight across all remits. b) The development of a consistent, organisation-wide approach to risk reporting and discussion within Committees was supported, including integration into forward plans and routine agenda items.	
FPC 22.07/5.0	**Any Other Business** No further business was raised.	
FPC 22.07/6.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 16th September 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	Grip and Control Standards	FPC 2026/05/2.3	Grip & Control Improvement Plan to be developed and returned to Committee - Develop a comprehensive action plan with clear ownership, timelines, and measures.	Catherine Phillips	Andrew Gough	20/05/2026	16/09/2026	ON FORWARD PLAN	On Forward Plan for 16.09.2026 F&P meeting.	On Forward Plan for 16.09.2026 F&P meeting.
FINANCE & PERFORMANCE	Grip & Control Standards	FPC 2026/05/2.3	Develop Grip & Control Improvement Action Plan and return to Committee and ensure formal oversight and tracking of delivery	Catherine Phillips	Andrew Gough	20/05/2026	16/09/2026	ON FORWARD PLAN	Returning to the Committee on 16.09.2026	
FINANCE & PERFORMANCE	Financial Report – Month 2 Position (including	FPC 2026/06/2.1	Schedule a risk discussion to take place at a Board Development session. Specifically around risk appetite & tolerance.	Matt Phillips	Matt Phillips	17/06/2026	16/09/2026	ON FORWARD PLAN	Has been added to the board development forward plan.	Has been added to the board development forward plan.
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/06/2.2	Bring data on non-obstetric ultrasound progress and benchmarking to a future meeting.	Catherine Wood	Catherine Wood	17/06/2026	16/09/2026	ON FORWARD PLAN	Added to the forward plan for 16.09.2026.	
FINANCE & PERFORMANCE	Financial Report - Month 3 Position	2026/07/2.1	To provide an update on the new operational performance report format and productivity/efficiency framework at the next board and F&P meeting.	Paul Bostock	Paul Bostock	22/07/2026	16/09/2026	ON FORWARD PLAN	This has been added to the forward plan for 16.09.2026.	
FINANCE & PERFORMANCE	Operational Performance Update	2026/07/201	To provide a detailed analysis of the June heatwave impact on operations and diagnostics at the next meeting.	Paul Bostock	Paul Bostock	22/07/2026	16/09/2026	ON FORWARD PLAN	This has been added to the forward plan for 16.09.2026.	
FINANCE & PERFORMANCE	Operational Performance Update	2026/07/2.2	to submit a position statement on cancer demand management to NHS P&I and include it in the next committee report.	Paul Bostock	Paul Bostock	22/07/2026	16/09/2026	ON FORWARD PLAN	This has been added to the forward plan for 16.09.2026.	
FINANCE & PERFORMANCE	Operational Performance Update	2026/07/2.2	To bring an update on neurodevelopment plans and spending of allocated Welsh Government funds to the next F&P meeting.	Paul Bostock	Paul Bostock	22/07/2026	16/09/2026	ON FORWARD PLAN	This is on the forward plan for 16.09.2026.	

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 05


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	M05 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 £28.3m after Month 05.	R	↓	£86.547m	M05 2026/7
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £2.5m operational surplus reported at Month 05.	A	→	Operational Spend to be maintained within Budgets	M05 2026/7
Delivery of the **recurrent** £42.5m core & £5.1m JCC savings target	£24.6m of Green and Amber-rated schemes had been identified by Month 5, of which £19.3m were classified as recurrent.	R	↑	£42.5m plus £5.1m (47.6m in total)	M05 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	M05 2026/7

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

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	68.8
2026/27 Demand/Cost Growth/Improvement	54.7
2026/27 Increase in Contribution to Welsh Risk Pool	21.5
Deficit	**144.9**
Additional Allocations	(15.9)
Savings Plans	(42.5)
Initial Planned Deficit	**86.5**

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.5m 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 £68.8m. 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

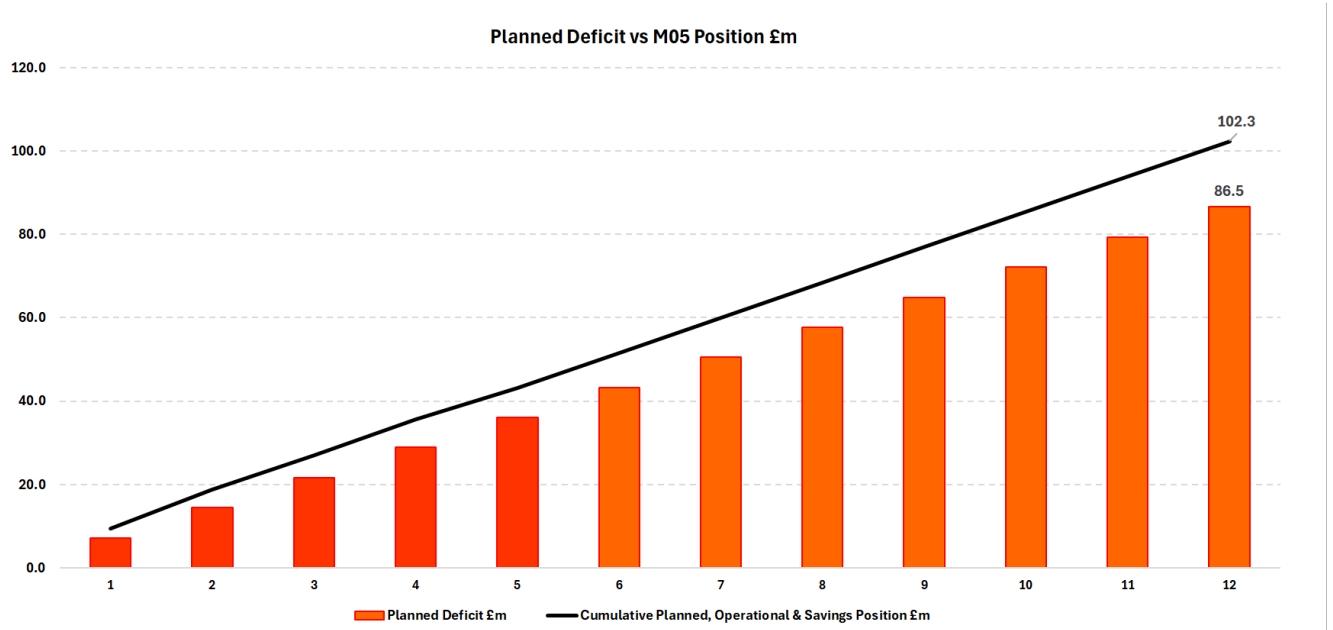
Material recurrent operational pressures recognised in addition to the 2026/27 plan include:

- £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 05 position against the UHB's planned deficit of £86.5m

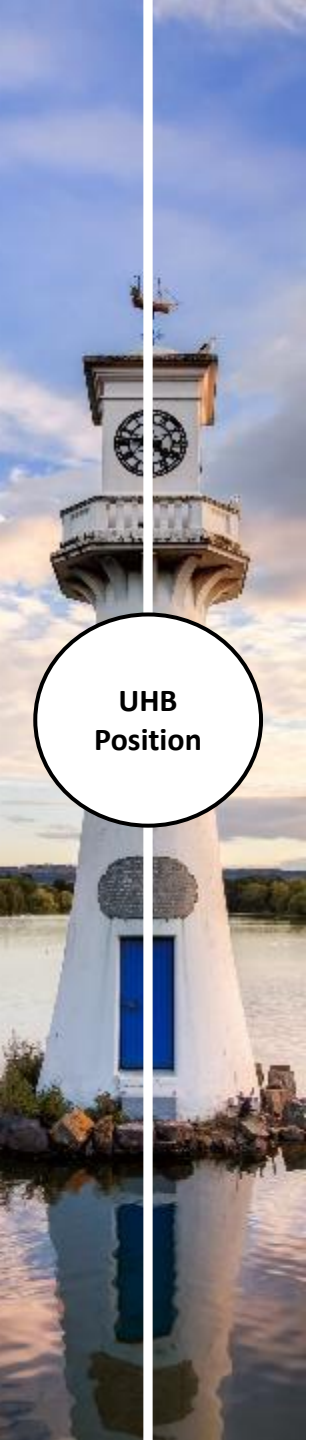


	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £m	7.2	14.4	21.6	28.8	36.1	43.3	50.5	57.7	64.9	72.1	79.3	86.5
Cumulative Planned, Operational & Savings Position £m	9.4	18.8	27.1	35.5	43.1	51.6	60.0	68.5	76.9	85.4	93.9	102.3
Actual/ Forecast Deficit above Plan £m	2.2	4.4	5.4	6.7	7.1	8.3	9.5	10.8	12.0	13.3	14.5	15.8
25/26 deficit outturn of £56.1m	6.1	11.9	15.2	21.2	27.8	31.8	35.6	40.2	43.3	47.4	51.6	56.1

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.

In addition, the UHB has engaged external consultants to build on and accelerate previously completed transformation work. The support is intended to provide assurance regarding the achievement of the planned 2026/27 deficit position, while also driving recurrent efficiencies and contributing to a sustainable reduction in the UHB's underlying deficit.



The UHB is reporting a year to date overspend of £43.1m at month 05, which includes a Planning Deficit £36.1m, a Savings Programme shortfall of £9.6m and an Operational Position surplus (£2.5m)

	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	10.9	10.9	0.0	53.8	53.8	0.0	134.1	134.1	0.0
Quality Efficiency Improvement Plans - Savings	3.7	2.2	1.5	17.7	8.2	9.6	47.6	24.6	23.0
Operational Variance	0.0	1.1	1.1	0.0	2.5	2.5	0.0	7.2	7.2
Clinical/Service Board Variance	**7.2**	**7.6**	**0.4**	**36.1**	**43.1**	**7.1**	**86.5**	**102.3**	**15.8**

The reported overspend of £43.1m comprises a £36.1m planned deficit (representing five twelfths of the £86.5m outlined in the UHB's Financial Plan), an £9.6m shortfall against the savings plan, partially offset by a (£2.5m) operational surplus. The rate of overspend against plan slowed during the month, driven by improved patient-related activity income, increased savings delivery, and a reduction in reported cost pressures across the Health Board.

Following the Welsh Government arbitration ruling in JCC's favour, an additional £5.1m savings requirement has been incorporated into the financial plan to maintain the planned deficit at £86.5m.
The £86.5m 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 offset by pay vacancies and medicines management savings.

2. A combined £23.0m in year shortfall against the core £42.5m savings target and additional £5.1m JCC savings target.

    - The current red pipeline totals £20.0m
    - If 100% of this pipeline converted to cash-releasing schemes, the core £42.5m savings plan would be delivered. There is a significant risk that all pipeline schemes do not convert and therefore further schemes need to be identified.
    - There are not yet schemes in place to deliver the JCC £5.1m 2% efficiency target. Discussions and work are ongoing with the JCC in order to drive savings identification and delivery.

Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.5m

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	**£'m**	**£'m**	**£'m**	**£'m**
Budget	56.0	90.9	91.7	**126.6**
(Income)/Expenditure	56.4	91.4	99.2	**134.2**
Variance	**0.4**	**0.5**	**7.5**	**7.4**
Cumulative	**£'m**	**£'m**	**£'m**	**£'m**
Budget	281.9	452.0	457.5	**627.6**
(Income)/Expenditure	282.1	450.6	502.2	**670.7**
Variance	**0.2**	**1.4**	**44.6**	**43.1**

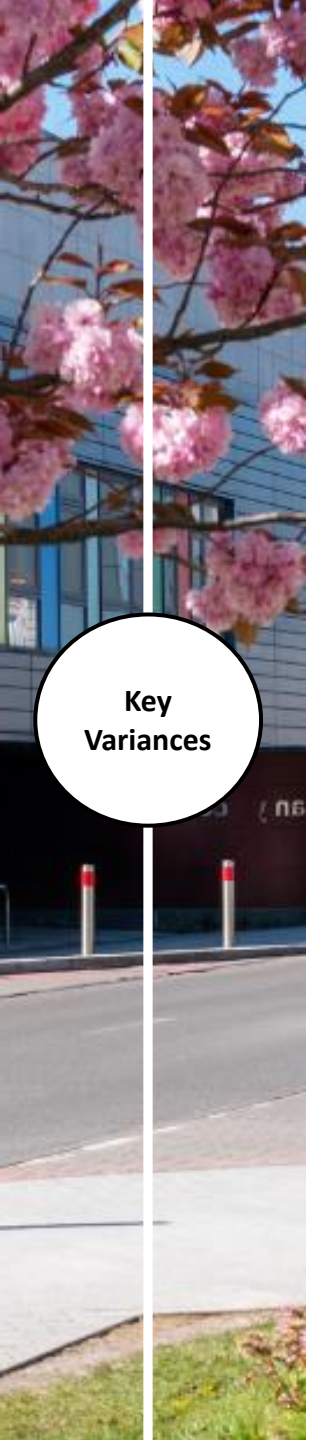
A number of operational pressures continued into month 05 which in turn have been offset by pay vacancies.

The following operational issues were reported at month 05 in 2026/27:

- Income – A Year to date surplus of £0.2m is reported due to improved performance across a number of service areas including R & D and NHS patient related activity.

- Pay – Vacancies continue to generate a pay underspend, partially offset by pressures associated with specialist medical locum expenditure. Phase 1 of the new Resident Doctors' Contract was implemented in August. Based on the information currently available, the estimated additional cost pressure above plan in 2026/27 is £0.8m. This estimate will be kept under review as further payroll data becomes available, particularly in relation to overtime and enhancement payments.

- Non Pay – A £0.9m overspend relating to endoscopy insourcing and £1.1m 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.



Key Variances

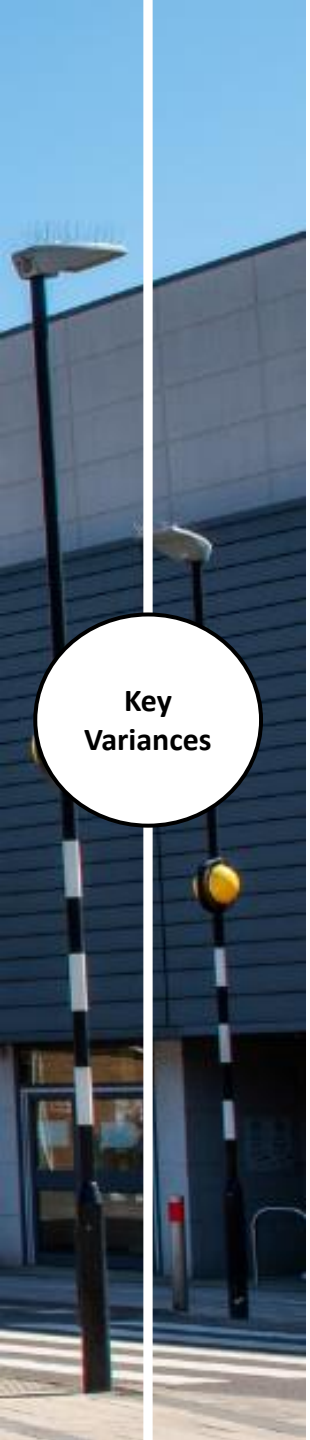
The tables below summarises the cumulative position of the UHB by business unit:

Business Unit	Deficit Control Total/Plan (£m)	Savings (£m)	Operational (£m)	Total (£m)	Variance to Plan (£m)
Clinical Diagnostics & Therapeutics	1.0	1.0	0.7	**1.3**	0.3
Children & Women	2.7	2.7	0.4	**5.0**	2.3
Capital, Estates & Facilities	0.8	0.9	0.7	**0.7**	0.2
Executives	0.5	0.6	0.5	**0.4**	0.1
Genomics	0.0	0.2	0.0	**0.2**	0.2
Medicine	5.9	0.0	0.4	**6.3**	0.4
Mental Health	4.4	0.7	2.1	**7.2**	2.8
Primary, Community & Intermediate Care	3.5	0.1	2.8	**0.6**	2.9
Specialist	2.2	3.4	0.7	**6.3**	4.1
Surgery	0.8	1.0	0.3	**1.5**	0.7
Sub-Total (Delegated Position)	**19.1**	**10.4**	**2.2**	**27.3**	**8.2**
Central Budgets	6.2	0.0	0.3	**6.5**	0.3
Commissioning	10.7	0.8	0.6	**9.3**	1.4
Sub Total (Non-Delegated Position)	**16.9**	**0.8**	**0.3**	**15.8**	**1.1**
Sub-Total Surplus/Deficit	**36.1**	**9.6**	**2.5**	**43.1**	**7.1**

The table/chart below summarises the key 2026/27 Operational pressures as at month 05:

Operational Pressure & Savings Shortfall	Operational Variance YTD £m	Operational Variance Forecast £m
Endoscopy Insourcing and Recruitment Outside of Plan	1.0	1.4
Mental Health Out of Area Placements	1.1	2.2
Specialist Medical Locum Usage	0.4	0.8
Specialist private patient activity reductions	0.6	0.7
Resident Doctors Contract	0.2	1.2
LHB Expenditure Reduction & JCC Commissioner	(0.6)	(1.4)
Medicines Management (Primary Care & NICE)	(0.9)	(2.8)
Pay Vacancies across the Health Board	(4.3)	(9.3)
Savings Shortfall	9.6	23.0
Sub-Total Surplus/ Deficit	**7.1**	**15.8**

- The forecast endoscopy pressure is being offset by scheme slippage and pay vacancies.
- Mental Health out of area patients (average of 22 patients)
- Specialist Medical Locum use is primarily driven by cardiology
- The Commissioner surplus is driven by additional patient activity and a reduction in the cost of outflows.
- The medicines management underspend is generated by reduced cost in primary care and cost avoidance schemes.
- The revised Wales Resident Doctors' Contract introduces a new pay structure, enhanced rates for out-of-hours work, improved overtime payments, strengthened fatigue safeguards, protected study leave, and measures supporting recruitment and retention.
- It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.5m 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

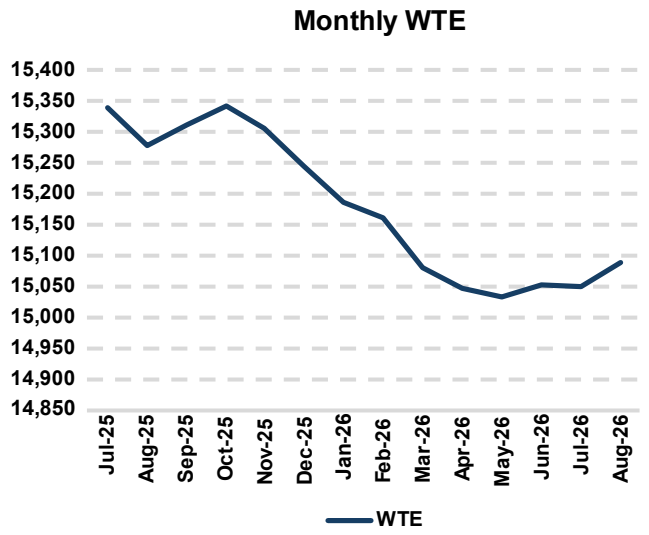
The table/chart below summarise the 2025/26 & 2026/27 Pay expenditure run rates at month 05 for all staffing groups :

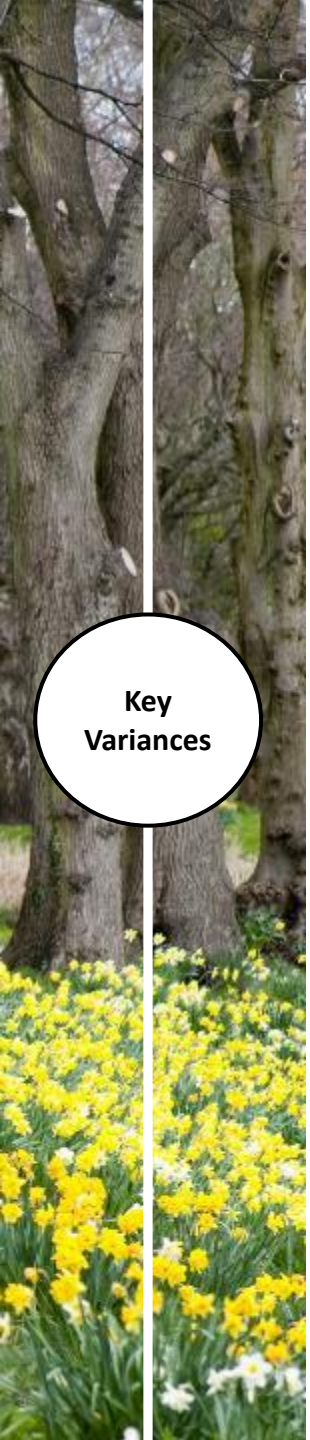
Staffing Group	2025/26 YTD (£m)	2026/27 YTD (£m)	2026/27 vs 2025/26 Growth (£m)	2026/27 vs 2025/26 Growth (%)
Additional Clinical Services	12.6	12.9	**0.2**	**1.9%**
Management, Admin & Clerical	41.6	43.5	**1.9**	**4.5%**
Medical and Dental	92.1	99.9	**7.8**	**8.5%**
Nursing (Registered)	95.5	102.5	**7.0**	**7.4%**
Nursing (Unregistered)	28.9	29.8	**0.9**	**3.1%**
Other Staff Groups	50.4	53.5	**3.1**	**6.2%**
Scientific, Prof & Technical	15.6	16.8	**1.2**	**8.0%**
Total	**336.7**	**358.9**	**22.2**	**6.6%**

Increased pay expenditure is mainly driven by the 2025/26 and 2026/27 pay awards and the Resident Doctors Contract for Wales, with most of the increase funded through additional Welsh Government support.

The chart (right) reports substantive WTE by month and shows a 222 WTE reduction across the UHB over the last 12 months. The increase in staff WTEs during September and October 2025 relates to the onboarding of registered nurses from the nurse student streamliner programme. From November through to August, WTEs in post have declined overall, WTEs slightly increased in August (primarily Medical & Dental Staff).

The onboarding of registered nurses through the nurse student streamliner programme is also likely to lead to an increase in WTEs 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	53.8	55.4	**1.6**	**3.0%**
Continuing Healthcare	49.6	55.2	**5.6**	**11.3%**
Drugs / Prescribing	111.2	116.4	**5.2**	**4.7%**
Healthcare Provided Services	120.4	129.2	**8.8**	**7.3%**
Other Non Pay & General Supplies and Establishment Expenses	44.2	46.9	**2.7**	**6.1%**
Premises & Fixed Plant	21.7	24.0	**2.3**	**10.7%**
Primary Care Contractors	69.0	75.1	**6.0**	**8.7%**
Total	**469.9**	**502.2**	**32.3**	**6.9%**

The UHB reported **£502.2m** of Non Pay expenditure for August 2026 which is an increase of 6.9% 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. (£2.8m 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 05, the UHB has identified £24.6m of green and amber savings towards the core £42.5m savings requirement. In addition, £20.0m of red-rated schemes have been identified, meaning that the core savings target is currently more than covered if all red schemes are delivered. However, reliance on these red-rated schemes increases the level of delivery risk associated with achieving the target.

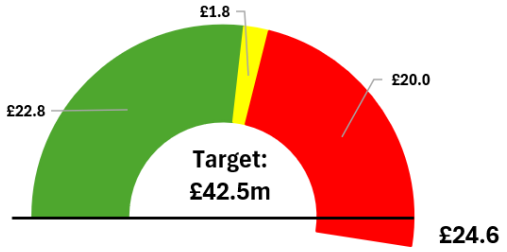
There are not yet schemes in place to deliver the JCC £5.1m 2% efficiency target.

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. £19.3m of recurrent savings were identified at month 05 leaving a gap of £23.2m against the £42.5m core recurrent target.

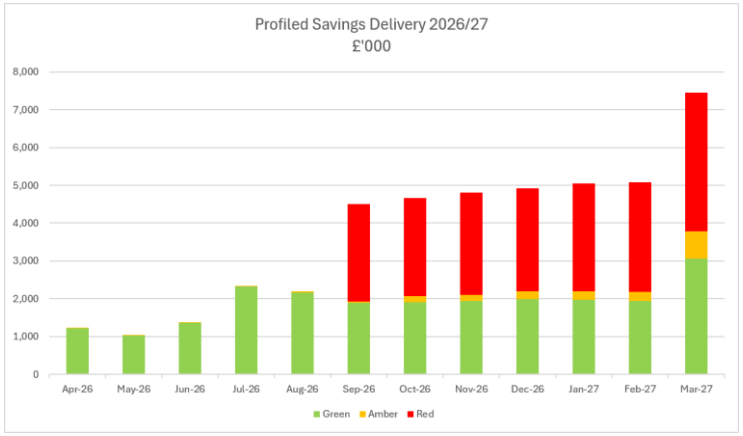
The organisation has committed to having a full savings plan in place by the end of Q2 with green and amber schemes.

The charts to the right and below illustrates the themes and profile of the UHB's 2026/27 core savings programme.

2026/27 UHB Savings Programme: Identified vs Requirement £m



Area of Cost Improvement	Total Savings & Opportunity £m	2026/27 Ambition £m	Green £m	Amber £m	Red £m	Scheme development & progress required £m
Workforce/Productivity Deployment	11.7	10.3	3.2	0.4	10.7	(4.0)
CHC	7.8	7.8	2.5	0.1	1.1	4.0
Length of Stay - Non Elective	39.6	1.6	0.0	0.0	2.9	(1.3)
Grip & Control	8.0	8.9	4.3	0.1	2.9	1.6
Medicines Management	8.7	5.8	7.2	0.0	0.1	(1.5)
Planned Care Productivity	7.0	0.0	0.1	0.0	0.0	(0.1)
Procurement	4.0	4.0	2.6	0.2	1.0	0.2
Other	9.4	4.1	2.8	1.0	1.3	(1.1)
Total	**96.2**	**42.5**	**22.8**	**1.8**	**20.0**	**(2.1)**



Savings

Further detail of the progress by Clinical Boards against the c£42.5 core savings target is provided below:

Business Unit	Target (£'m)	Green (£'m)	Amber (£'m)	Total (£'m)
CD&T	4.9	2.2	0.5	**2.7**
Children & Women	7.4	2.4	0.0	**2.4**
Capital, Estates & Facilities	2.9	0.8	0.0	**0.8**
Executives	1.8	0.3	0.1	**0.4**
Genomics	0.0	0.0	0.0	**0.0**
Medicine	3.2	3.3	0.2	**3.6**
Mental Health	4.0	1.7	0.6	**2.3**
PCIC	3.0	3.2	0.0	**3.2**
Specialist	8.0	4.0	0.1	**4.2**
Surgery	6.1	3.6	0.2	**3.8**
Corporate	1.2	1.2	0.0	**1.2**
Total Surplus/Deficit	**42.5**	**22.8**	**1.8**	**24.6**

In addition to the above green and amber confirmed schemes, the latest position now identifies sufficient schemes and pipeline opportunities to cover the core £42.5m savings requirement in full, although a material proportion (£20.0m) remains at red status and is therefore a significant delivery risk. The immediate priority is therefore to move these opportunities through the pipeline, establish clear ownership and implementation milestones, and ensure that the financial impact is evidenced through the monthly position.

The £20.0m red pipeline includes the additional measures agreed by the Executive Team, principally:

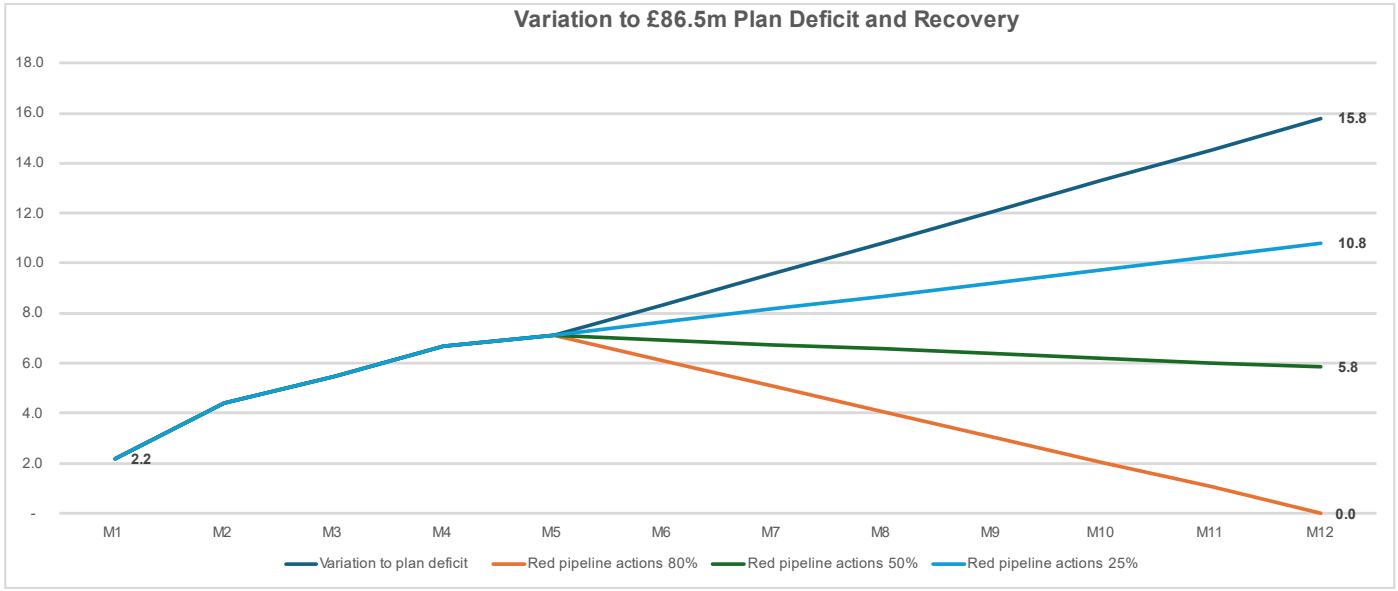
- a 370 WTE vacancy hold, based on retaining 50% of turnover arising between 1 August 2026 and 31 March 2027; and
- a 10% reduction in bank expenditure.
- a 30% agency reduction in line with the national target
- acute bed capacity reduction and remodelling

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

Financial Recovery

Recovery of the in-year financial position and de-risking the financial Plan:

At month 5 the Health Board's gross forecast before recovery actions is £102.3m. This is £15.8m over and above the deficit plan of £86.5m. **The forecast scenarios include delivery of red pipeline schemes. 80% delivery of red pipeline schemes is required in order to hit the £86.5m plan deficit.**



Risks

Below is a summary of UHB Corporate Risk Register at August 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 £86.5m, was submitted to the Welsh Government at the end of March 2026.

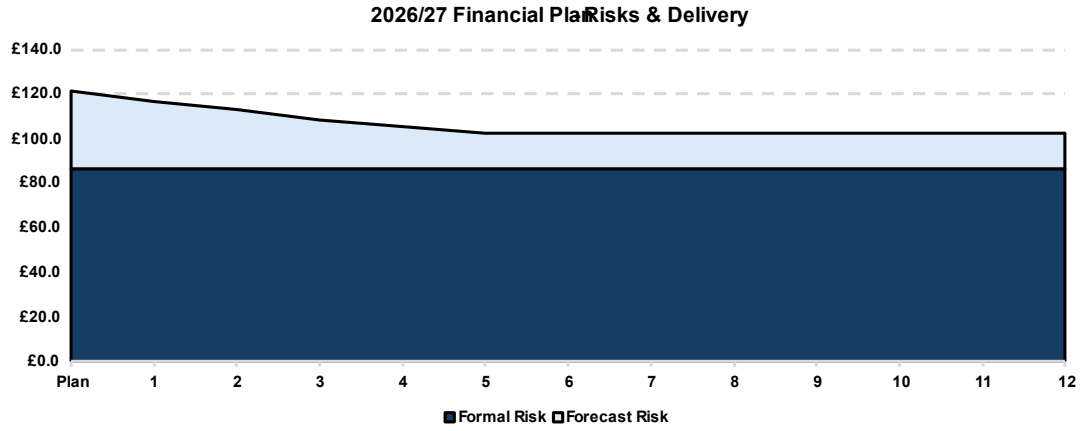
The plan identified £7.7m of green and amber savings schemes leaving a gap of £34.8m to the £42.5m target.

At Month 05, the UHB's savings tracker reported a £23.0m shortfall of green and amber schemes against the combined core (£42.5m) and JCC (£5.1m)savings target of £47.6m. A full year operational surplus of £7.2m is forecast.

The resulting £15.8m 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	86.5	86.5	86.5	86.5	86.5	86.5	86.5	86.5	86.5	86.5	86.5	86.5	86.5
WGadditional Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Annual Savings Shortfall	**34.8**	**29.2**	**28.2**	**27.7**	**24.2**	**23.0**	**23.0**	**23.0**	**23.0**	**23.0**	**23.0**	**23.0**	**23.0**
Cumulative Savings Shortfall/ (Surplus)	0.0	29.2	28.2	27.7	24.2	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0
Forecast Cumulative Operational Pressures	0.0	0.9	(1.5)	(6.1)	(5.4)	(7.2)	(7.2)	(7.2)	(7.2)	(7.2)	(7.2)	(7.2)	(7.2)
Recovery Actions to be agreed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Forecast Risk (Health Board gross forecast before recovery actions)	**34.8**	**30.0**	**26.7**	**21.6**	**18.8**	**15.8**	**15.8**	**15.8**	**15.8**	**15.8**	**15.8**	**15.8**	**15.8**

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



Underlying Deficit

The UHB's underlying deficit (ULD) has increased in recent years due to recurrent cost pressures, demand growth, and the under-delivery of recurrent savings. The UHB has reassessed its planning assumptions for 2026/27 accordingly. The tables below summarise the projected underlying deficit of £86.5m.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.8
Demand and cost growth and unavoidable investments	54.7
2026/27 Increase in Contribution to Welsh Risk Pool	21.5
Quality Improvement Programme - savings	(42.5)
Additional Recurrent Allocations	(15.9)
Planned Underlying Deficit (ULD) at end of 2026/27	86.5

The underlying deficit projected for 2026/27 is assessed at £86.5m. 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 the ULD will increase as follows unless mitigating actions are identified and implemented:

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.8
Demand and cost growth and unavoidable investments	54.7
2026/27 Increase in Contribution to Welsh Risk Pool	21.5
JCC Efficiency Target	5.1
Quality Improvement Programme - savings	(42.5)
JCC Quality Improvement Programme - savings	(5.1)
Additional Allocations	(15.9)
Planned Underlying Deficit (ULD) at end of 2026/27	86.5
Shortfall against Recurrent C0re and additional JCC Efficiency Savings Target at month 05	28.3
Forecast Underlying Deficit (ULD) at end of 2026/27 without further identification of Savings & Actions	114.8

Further work is therefore required to identify and implement recurrent savings schemes to close both the core and the additional JCC efficiency savings gap .

Cash & Allocations

The closing cash balance at the end of August was £6.548m.

In due course, the UHB expects to seek Finance Committee and Board approval to request £86.5m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit. Alongside the strategic cash support outlined above, the UHB estimates that the following working capital support will be required:

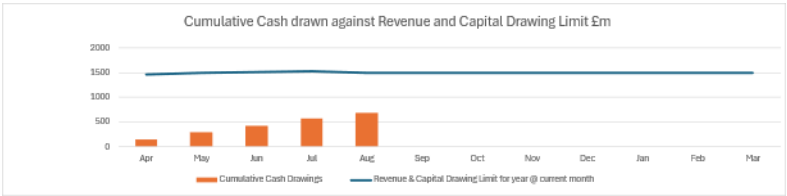
- Capital: £12.000m to support 2025/26 year-end capital creditors.
- Revenue: £6.498m to support 2025/26 Revenue Resource Limit adjustments that are not backed by cash, principally relating to Health and Social Care Worker recognition payments

The additional cash support required will continue to be reviewed as the year progresses.

The value of unconfirmed drawing and resource limit allocations at month 05 was £25.7m & £62.5m respectively as outlined opposite.

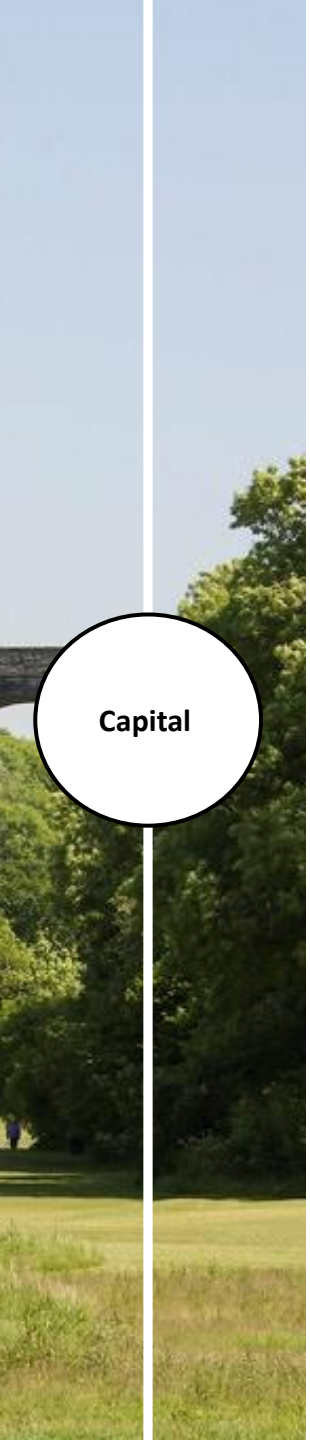
The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.

Unconfirmed Drawing and Resource Limit Allocations as of 31st August 2026	Drawing Limit £'m	Resource Limit £'m
26-27 AFC Pay Award	27.2	27.2
26-27 M&D Pay Award	8.9	8.9
26-27 M&D Pay Award CU Employed Consultants	0.2	0.2
A2A Sanctuary	0.5	0.5
All Wales International Recruitment	0.0	0.0
ATMPS (JCC)	1.9	1.9
Budvidal - HMP Prison Cardiff Costs	0.2	0.2
Consultant Clinical Excellence Award / Consultant Impact Award	0.8	0.8
Depreciation, Impairments And IFRS 16		36.8
Direct Payments for CHC - Implementation & Funding	0.0	0.0
EPMA Business Case Contingency	0.5	0.5
ESMCP Resources / CRS / MDVS / ARRP	0.1	0.1
ESR & ESR Helpdesk	1.9	1.9
GMS Disp Doctors / PADMS & List Sized Funding	0.3	0.3
GP IM&T Refresh Programme	1.6	1.6
Individual Placement & Support In Primary Care	0.3	0.3
Integration And Rebalancing Capital Fund (IRCF)	0.5	0.5
MH Advocacy Funding	0.3	0.3
Neurodivergence Improvement Programme	1.0	1.0
Planned Care Transformation Fund Optometry Community Pathways	0.1	0.1
Prevention And Early Years	0.8	0.8
Public Health LHBs in Prevention for Gambling Harms	0.0	0.0
TSW Funding	0.2	0.2
Vertex (JCC)	5.2	5.2
VSM Pay Award	0.1	0.1
Welsh Risk Pool	(27.2)	(27.2)
Womens Health Hubs	0.2	0.2
Total Anticipated Funding£'000s	**25.7**	**62.5**



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 August was 96.4% for the year to date.



Capital

The UHBs approved Capital Resource Limit issued by Welsh Government as at the 3rd September was £46.760m.

This included

- **£16.842m** discretionary funding
- **£29.918m** 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)	M5 Ytd			Annual Plan	CRL 03 Sep 26	Orders Raised	Orders Receipted
	Actual	Plan	Variance				
All Wales Schemes							
Lift Refurbishment and Upgrade, UHW	0.021	0.600	(0.579)	2.854	2.854	2.874	0.018
Pentyrch Branch Surgery Development 2024-26	0.028	0.582	(0.554)	0.762	0.762	0.769	0.021
Haematology Day Centre Extension, University Hospital of Wales	0.072	0.348	(0.275)	1.089	1.089	1.089	0.072
TEF - Fire	0.098	0.166	(0.067)	0.362	0.362	0.150	0.091
TEF - Infrastructure	0.004	0.325	(0.321)	2.552	2.552	0.742	0.004
TEF - Decarbonisation	(0.000)	0.033	(0.033)	0.329	0.329	0.000	0.000
TEF - Mental Health	0.107	0.131	(0.024)	0.261	0.261	0.107	0.107
TEF - Infection Prevention Control	0.052	0.000	0.052	0.448	0.448	(0.000)	0.048
TEF - Decontamination	0.000	0.017	(0.017)	0.603	0.603	0.000	0.000
Demolitions at University Hospital of Wales	0.045	0.386	(0.341)	0.386	0.386	0.414	0.041
Diagnostic Investments 2026-27	0.000	0.000	0.000	3.731	3.731	0.000	0.000
Electrical Infrastructure, Tertiary Tower Block at UHW	0.310	0.570	(0.260)	0.310	0.310	0.310	0.274
Estates & Equipment End of Year Funding 2025-26	0.295	0.684	(0.389)	0.813	0.813	0.425	0.353
Mental Health Quality and Safety Schemes	0.161	0.388	(0.227)	0.388	0.388	0.354	0.161
Hospital Helicopter Landing Site Schemes 2025-26	0.093	0.111	(0.018)	0.111	0.111	0.117	0.090
End of Year Funding - January 2026	0.154	0.168	(0.013)	0.649	0.649	0.431	0.129
UHW Ward Block Roof Replacement	0.007	0.394	(0.387)	2.258	2.258	0.000	0.087
Mental Health Quality and Safety Schemes 2026-27	0.000	0.057	(0.057)	0.456	0.456	0.000	0.000
Park View Health and Wellbeing Hub	0.006	0.002	0.004	5.691	7.636	0.004	0.004
DPIF - Digital Maternity	0.000	0.000	0.000	0.050	0.050	0.000	0.000
Estates Backlog Funding	0.000	0.000	0.000	1.550	1.550	0.000	0.000
Digital Backlog Funding	0.000	0.000	0.000	2.320	2.320	0.000	0.000
IM&T:	0.323	0.650	(0.327)	3.016	1.000	0.415	0.353
Equip	0.249	0.417	(0.167)	1.000	1.000	0.370	0.092
Stat comp	0.803	0.699	0.104	2.600	2.800	2.210	0.543
Other	0.688	1.652	(0.963)	10.226	12.042	2.894	0.375
Total	**3.516**	**8.379**	**(4.862)**	**44.815**	**46.760**	**13.677**	**2.861**

While the commencement of some schemes in 2026/27 had been slightly delayed, the majority are still expected to deliver in-year. Park View is forecasting slippage of £1.945m. WG is issuing a revised CRL to reflect the reduced funding requirement.

Conclusion

The UHB's financial plan of a £86.5m 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 05 the Committee is requested to:

- **NOTE** the reported year to date position is an overspend of £43.1m with a planning deficit of £86.5m.
- **NOTE** There is an urgent need to de-risk the £86.5m deficit plan.
- **NOTE** that at Month 05 there is an adverse variance against plan of £7.1m, driven by a £9.6m savings deficit, partially offset by an operational surplus against plan of (£2.5m).
- **NOTE** The core savings target of £42.5m is fully covered, although there is an associated material delivery risk linked to the £20.0m of red-rated schemes. Further work is being progressed with JCC to identify opportunities to address the additional £5.1m JCC 2% efficiency target
- **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 £62.5m of outstanding resource limit allocations and that in due course the UHB expects to seek Finance Committee and Board approval to request £86.5m strategic cash support from Welsh Government to support the planned deficit.

Report Title:	Operational Performance Update				Agenda Item No:	2.2	
Meeting:	F&P		Public	X	Meeting Date:	16/09/2026	
			Private				
Status	Assurance	X	Approval		Information/Noting		
Lead Executive Title:	Chief Operating Officer						
Report Author Title:	Head of Performance						

Main Report
Background and Current Situation:

Urgent and Emergency Care
July and August have seen periods of operational pressures, most recently through the week following the bank holiday. EU attendances and admissions reduced as expected in August but increased compared to August '25. The number of 45-minute ambulance holds increased but remained below our de-escalation standard. The % of patients waiting 12h in EU increased from 9.2% in June to 9.5% in August, above our de-escalation standard of 7%. A reset has been planned for w/c 14/9 with a suite of actions across clinical boards and operational teams to improve flow across the system, reducing long waits for patients to be seen, admitted and discharged.

Stroke and Hip Fractures
The SSNAP data tool is now operational and historic data has been updated. The time lag for regional and OOH thrombolysis patients means the C&V thrombolysis rate may change when the data is next refreshed. Door to ward compliance has been challenged through June and July but improved in August. In July 28.2% of hip fracture patients were admitted within 4h, above the UK average of 10.1%

Delayed Pathways of Care
August saw an expected rise in DOPC to 177, in line with previous years. This remains above our de-escalation criteria of 128. The average days delayed reduced from 48 in July, to 42 in August and the total bed days lost reduced by c2500 from August '25.

Coding
We have seen an increase in % of coded episodes within 1 one. In the most recent national data we reported 84.5% compliance in May, improved from April and significantly improved from the 36.2 reported in May'25.

Cancer
Compliance with the SCP remained steady in Q1; 60.9% of patients received their treatment within 62d in May and 63.5% in June, meeting our de-escalation standard. We have seen the total waiting list increase by 20% in the first 6m of 2026, when compared to the first 6m of 2025. This trend has seen the SCP waiting list grow by c33% since 2024. Increased demand has been a key driver of this, with the volume of patients accepted onto the SCP increasing by c70% over the past 5y. We have worked with NHSP&I to develop a trajectory to reach the 75% SCP standard by March '27. We are taking actions in key tumour sites, including additional Consultants in UGI and Urology, and specialty doctor/fellow recruitment in Skin. In the short term we continue to see growth in the total waiting list and patients waiting >62d and expect performance to drop in August.

Planned Care and Diagnostics
Waits for NOP remains reduced. Our focus this year is on productivity, including increased use of SOS/PIFU, review of clinics with high DNAs, validation of uncashed clinics and focus on activity. Our first Productivity and Efficiency Board was held in July for Executive oversight, supported by a new PowerBI resource, these continue monthly. We have seen increases in 2y waits, in-line with our forecast; driven by Dermatology, General Surgery and Orthopaedics. We have developed plans, internally and with regional partners to

eliminate 2y waits regionally in as many specialties as possible. Funding allocations should be confirmed in September. The number of 3y waits remains zero
Diagnostic 8w waits increased in July. Driven by increases in Endoscopy, Echo and Radiology. This represents 50% of patients waiting less than 8w, below our de-escalation standard of 80%. A separate paper on diagnostic plans will be presented at Committee this month. August's validated position can be updated at committee.

Mental Health Measures
Our compliance against the Mental Health Measures – Part 1a (assessment) and 1b (therapeutic intervention) remains strong. Part 2 (care and treatment plan) compliance remains over 95% for CYP. Adult services saw rapid progress against the action plan, but this has plateaued at c70%. Work is ongoing to redistribute the CTPs within teams to boost compliance, with increases noted in June and July.

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

- The performance data is presented in a revised format using SPC charts where appropriate
- This is a part of wider, iterative, improvements in performance management and reporting
- There are some known further development requirements in the application of SPC rules, and use of SPC charts, which will change the measure indicators in future versions

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

Operational Performance Report - measures

Recommendations:

a) Board is requested to NOTE the position against key organisational performance indicators for 26-27 and the update against the operational plan programmes

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	x	4. Acting for the Future	

Five Waves of Working (Sustainable Development Principles) considered:

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

Prevention		Long Term	x	Integration	x	Collaboration		Involvement	

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	

Impact Assessment

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

Risk: Yes/No (delete as appropriate)
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: Yes/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)
Financial: Yes/No
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: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: Yes/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/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: Yes/No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: 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/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: Yes/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?*

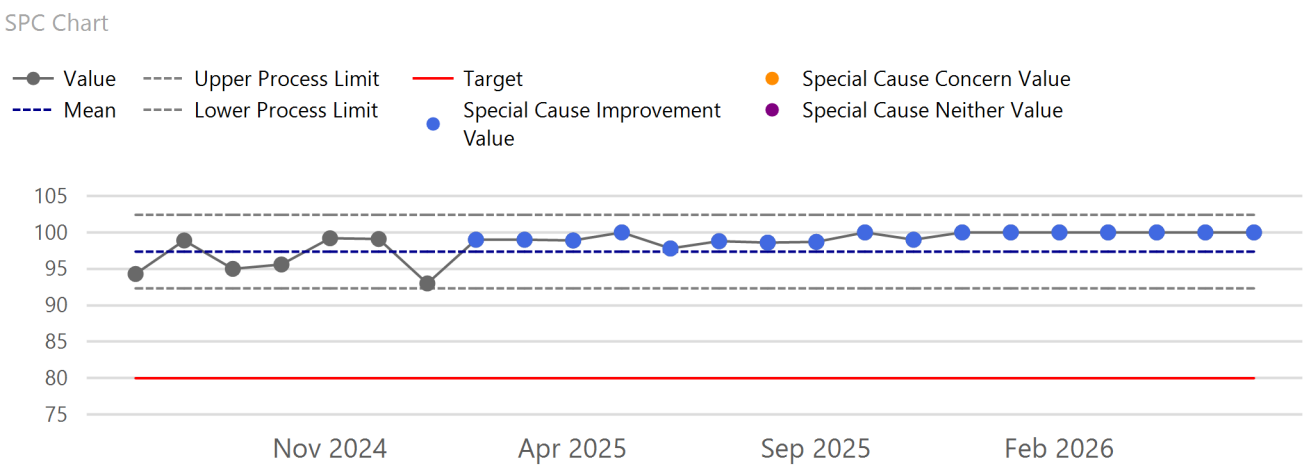
Does the subject matter of your paper risk any of the above not being achieved?

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

Metric ID: 10000015

Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	94.3	80	P	H	Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

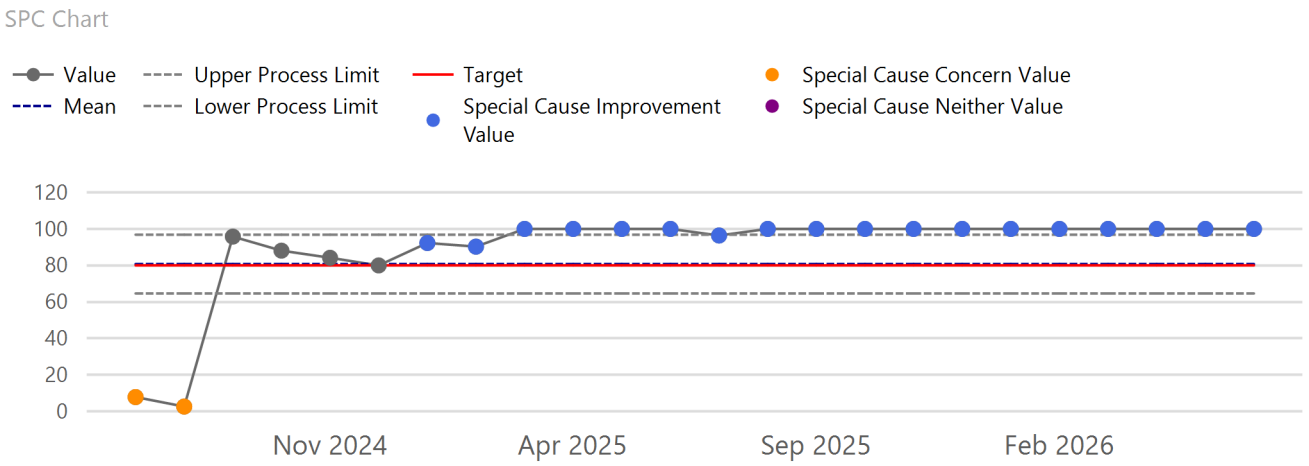
Concerns

n/a

Metric ID: 10000016

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	7.9	80	?	H	Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

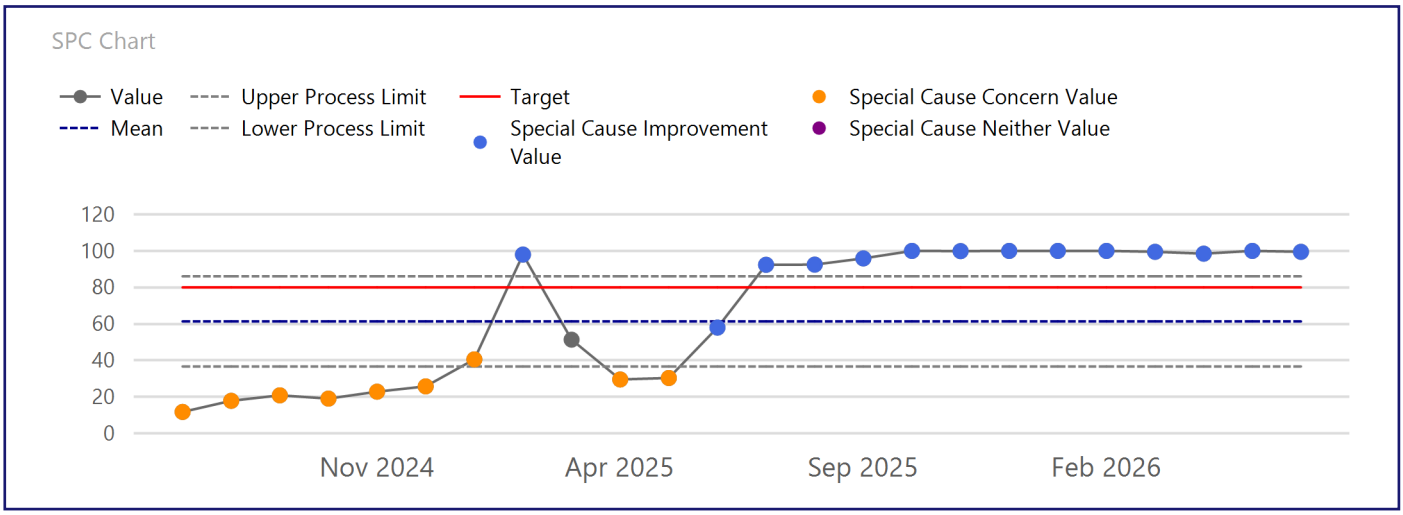
Concerns

n/a

Metric ID: 10000017

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	11.8	80	?	H	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

Internal flexibility to ensure sufficient assessments are completed

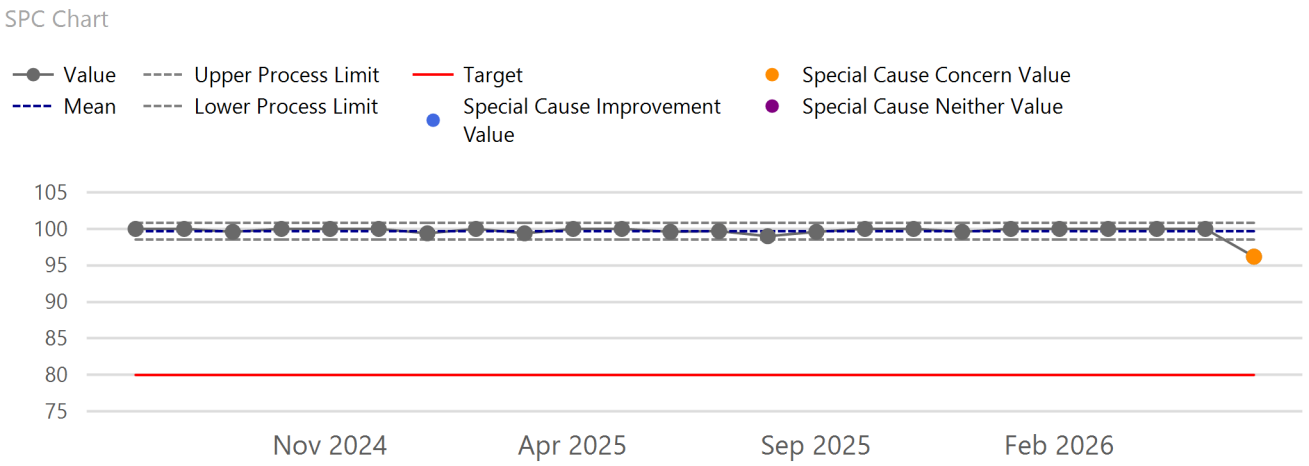
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000018

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	100	80	P	L	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

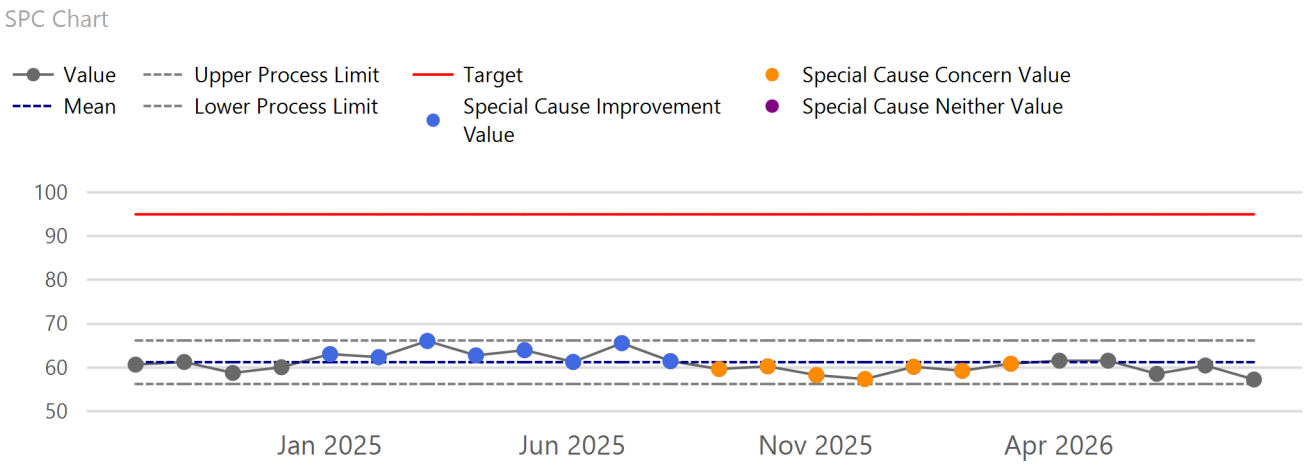
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000023

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	60.7	95	F		Chief Operating Officer



Narrative

No meaningful changes through the year but reduced compliance noted during periods of operational pressures.

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

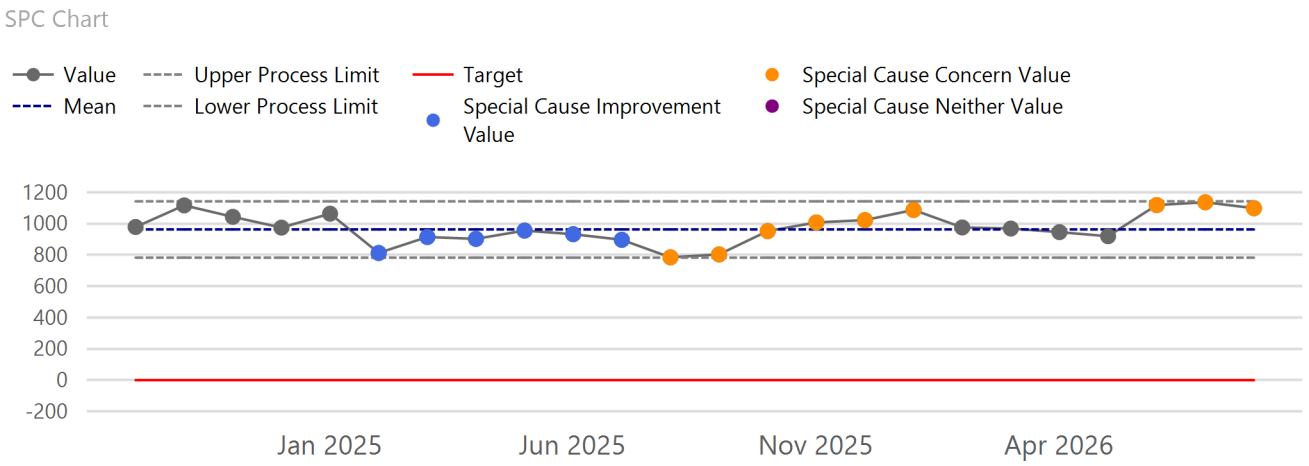
Concerns

No Health Board is meeting this standard

Metric ID: 10000024

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	979	0	F	H	Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures, including past 2 months. We are routinely reporting over 800 12-hour breaches each month

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

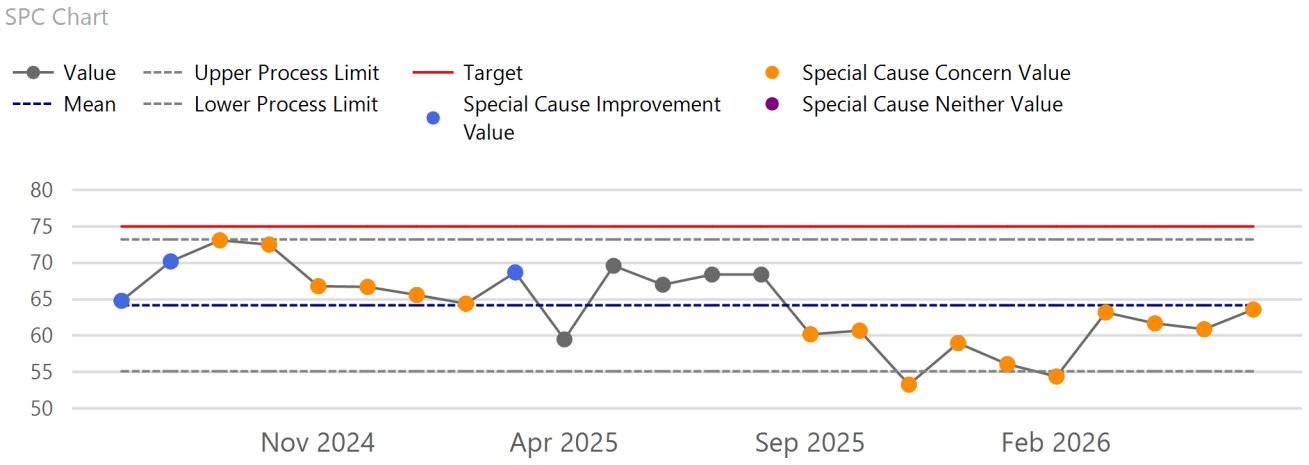
Concerns

Increased breach numbers during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000025

Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	64.8	75	F	L	Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:
Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3
Urology - new consultant post starting August
Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process
Review and update of Cancer governance structure/process

Concerns

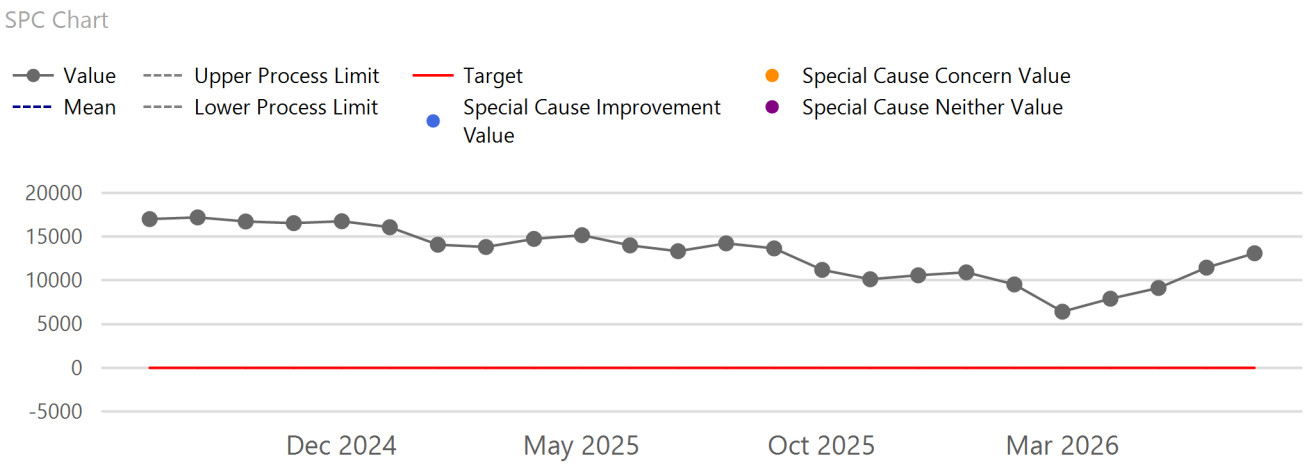
Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Sustainable capacity concerns in Upper GI, Urology and Skin

Metric ID: 10000026 Number of patients waiting more than 8 weeks for a specified diagnostic

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	17016	0	F		Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging, NOUS and Endoscopy

Actions and Owners

Non-recurrent insourcing to support Cardiology

Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

Short term outsourcing and insourcing to support radiology position

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

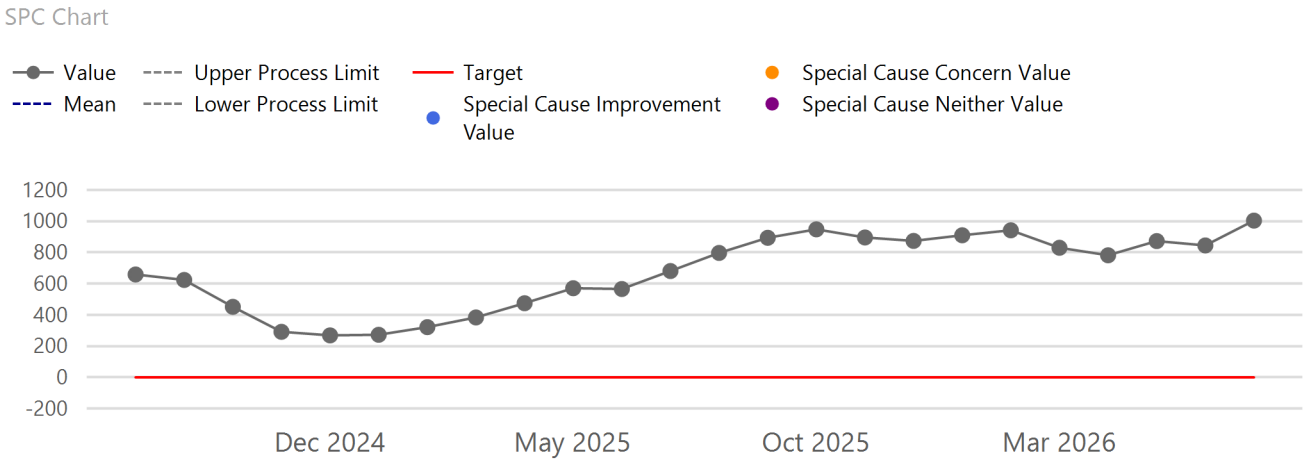
Concerns

Endoscopy and Radiology capacity

Metric ID: 10000028

Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	659	0	F		Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

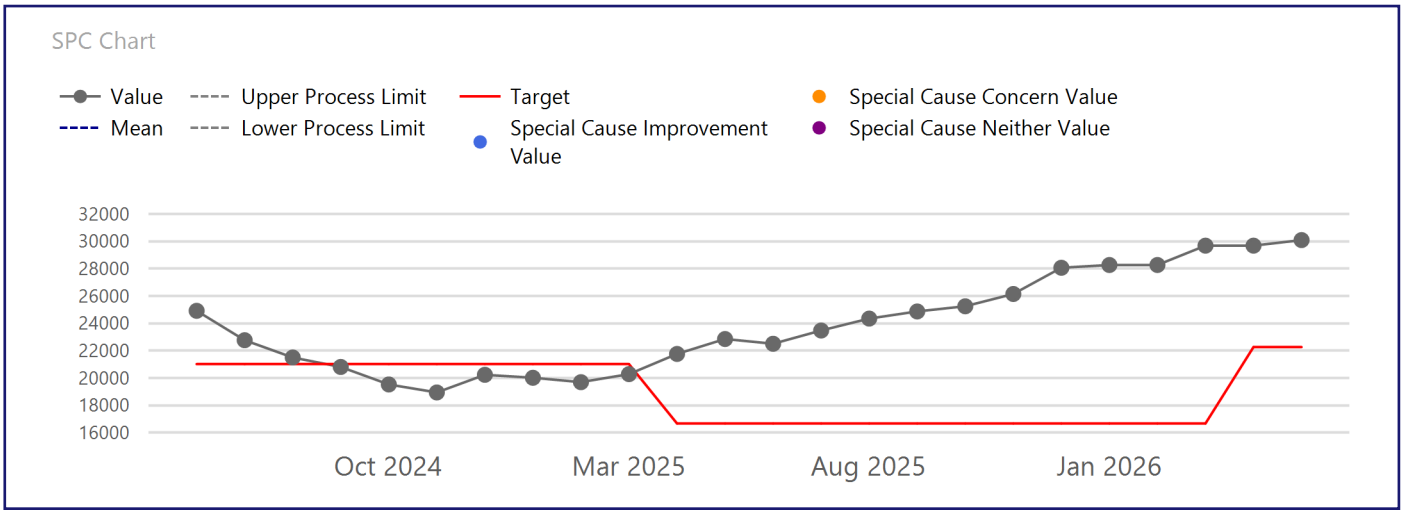
Concerns

Capacity shortfall in Dietetics and OT

Metric ID: 10000031

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	24915	21015	F		Chief Operating Officer



Narrative

Number of delays increased through 25/26

Actions and Owners

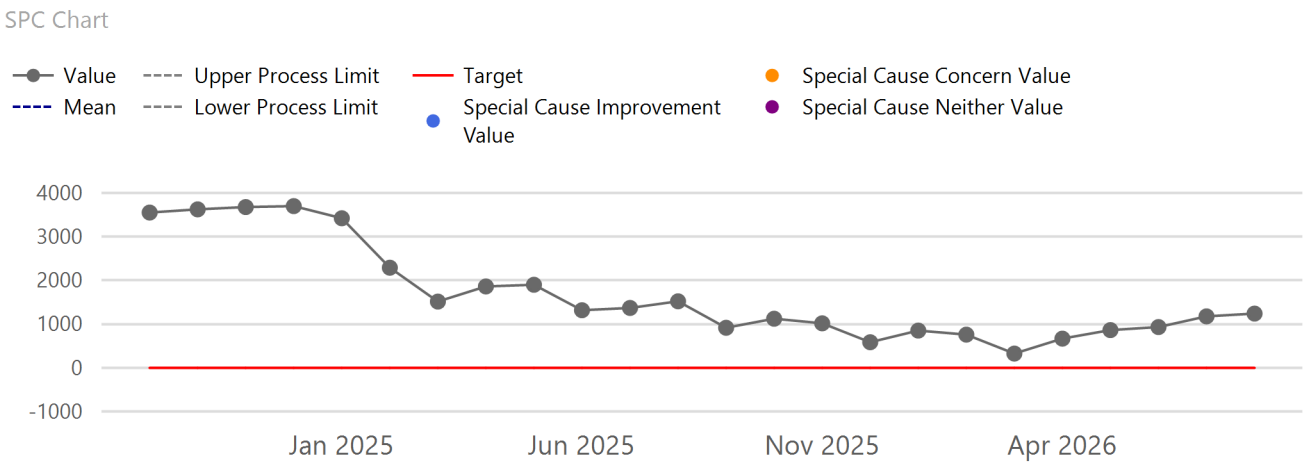
Conversion of un-booked, long waiting follow-ups to SOS/PIFU pathways in selected specialties. This will allow those patients needing follow-up to access an appointment in a timely manor through the see-on-symptoms and patient-initiated follow-up models

Concerns

Risks within follow-up cycle

Metric ID: 10000032 Number of patients waiting more than 104 weeks for referral to treatment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	3553	0	F		Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

Actions and Owners

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.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

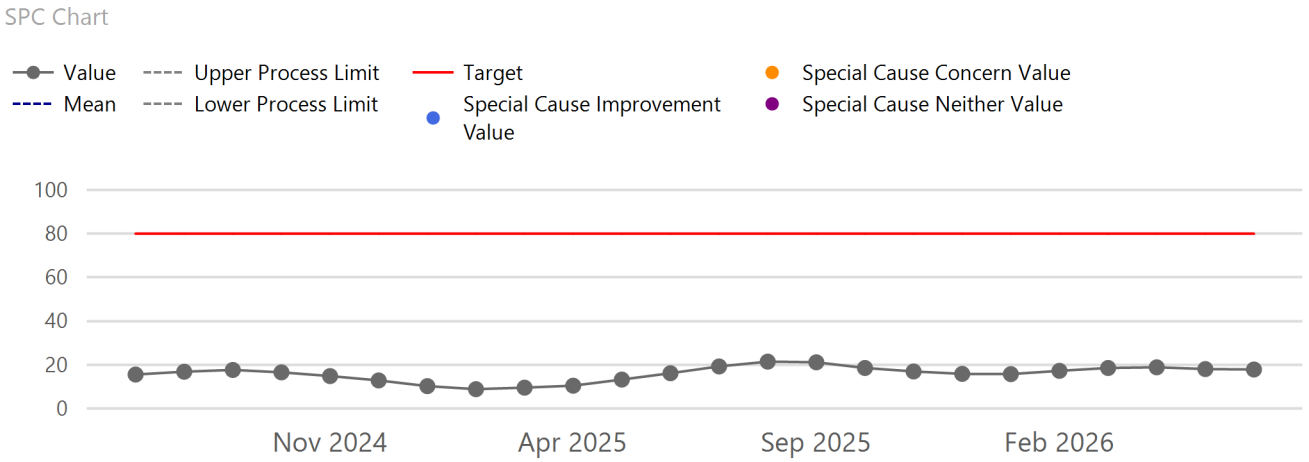
Concerns

Unable to meet required reductions without additional activity

Metric ID: 10000034

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	15.6	80	F		Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:
Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

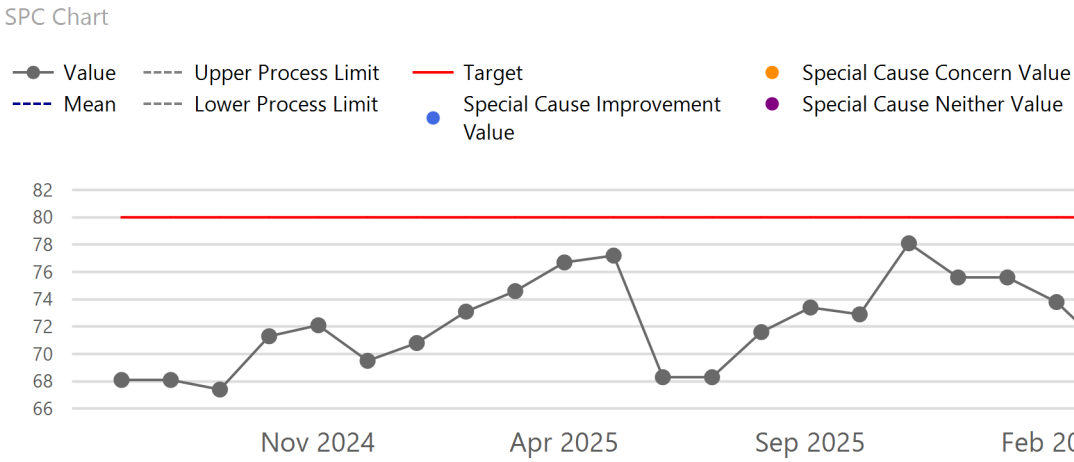
Concerns

Significant capacity shortfall under current model

Metric ID: 10000035

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	68.1	80	F		Chief Operating Officer



Narrative

Not meeting standard. Second in Wales for compliance against this measure. Current performance impacted by number of waits in Complex PTSD and longer waits for the Traumatic Stress Service

Actions and Owners

Development of OAAT (One at a Time) pilot in CPTD service to reduce waiting times across the service. OAAT focusses on resolving one specific issue per appointment. Monitored through directorate and Clinical Board performance meetings

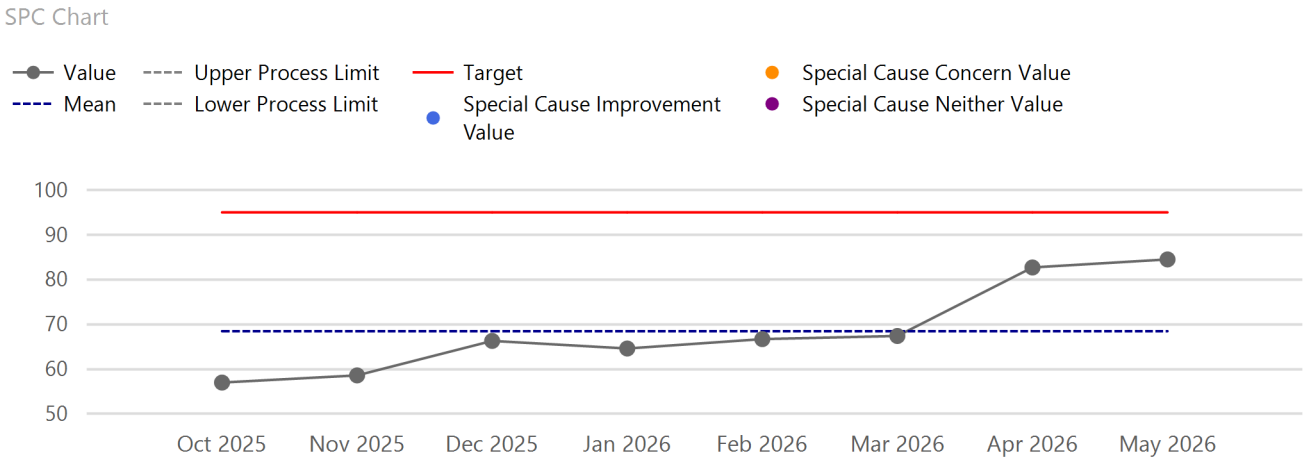
Concerns

Not meeting the standard

Metric ID: 10000041

Percentage of episodes clinically coded within one reporting month post episode discharge end date

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	57	95			Chief Operating Officer



Narrative

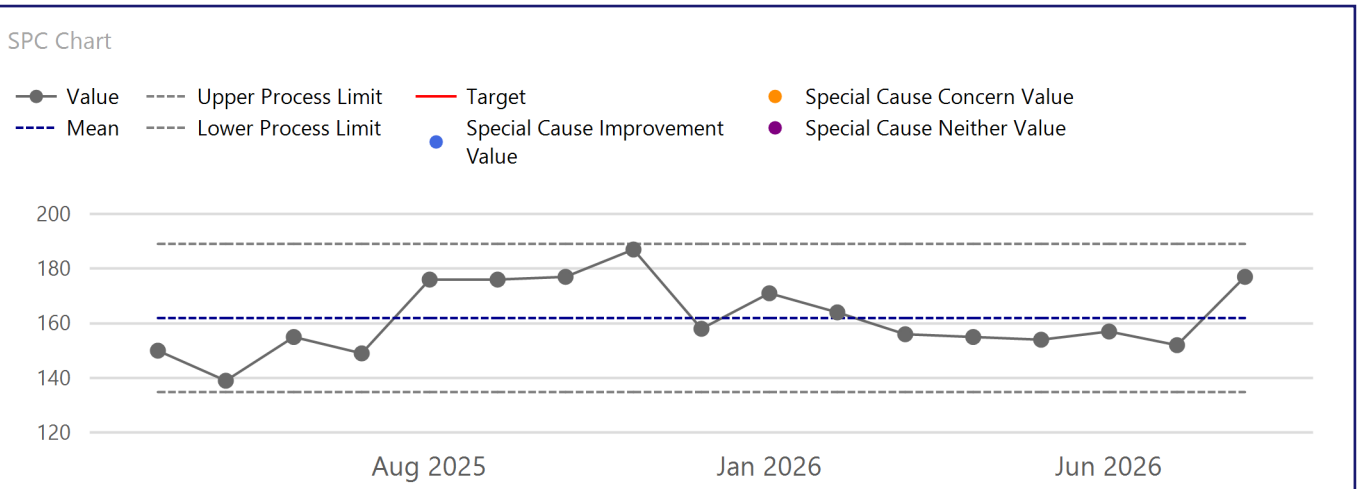
Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Metric ID: 10000043 Number of Pathways of Care delayed discharges

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	150				Chief Operating Officer



Narrative

August saw an expected increase in overall numbers of POCD, although total bed days lost is reduced from this month last year. The average days delayed in August was 52

Actions and Owners

Implementation of 'Prism' flow recommendations
Discharge planning on arrival
Focus on Red to Green
Continue top 20 fortnightly review
Review of IDS/IDH workforce
Impact of actions monitored through UEC Programme Board

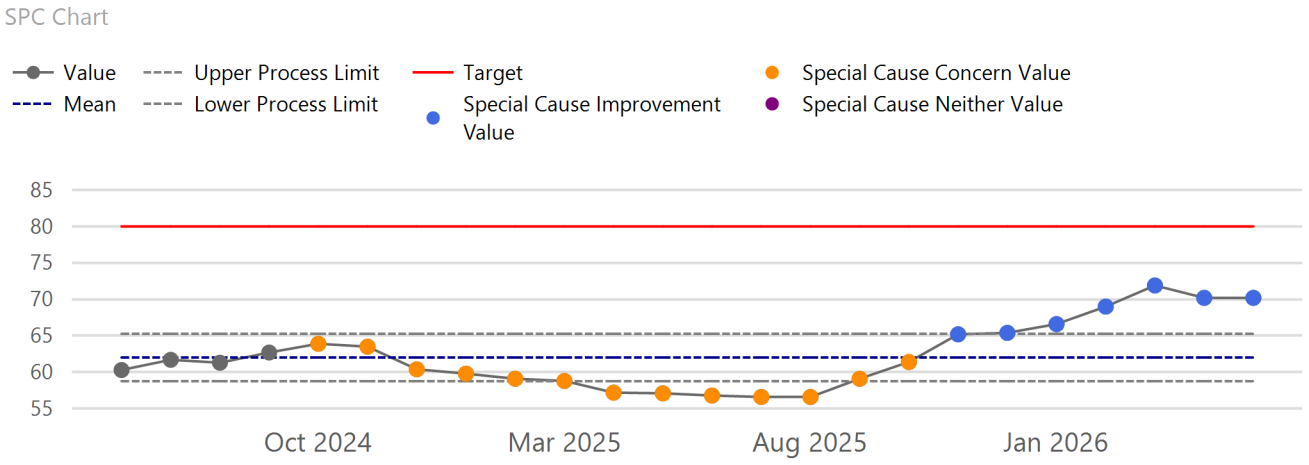
Concerns

Total delays remain higher than our de-escalation criteria

Metric ID: 10000045

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	60.3	80	F	H	Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

Actions and Owners

Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

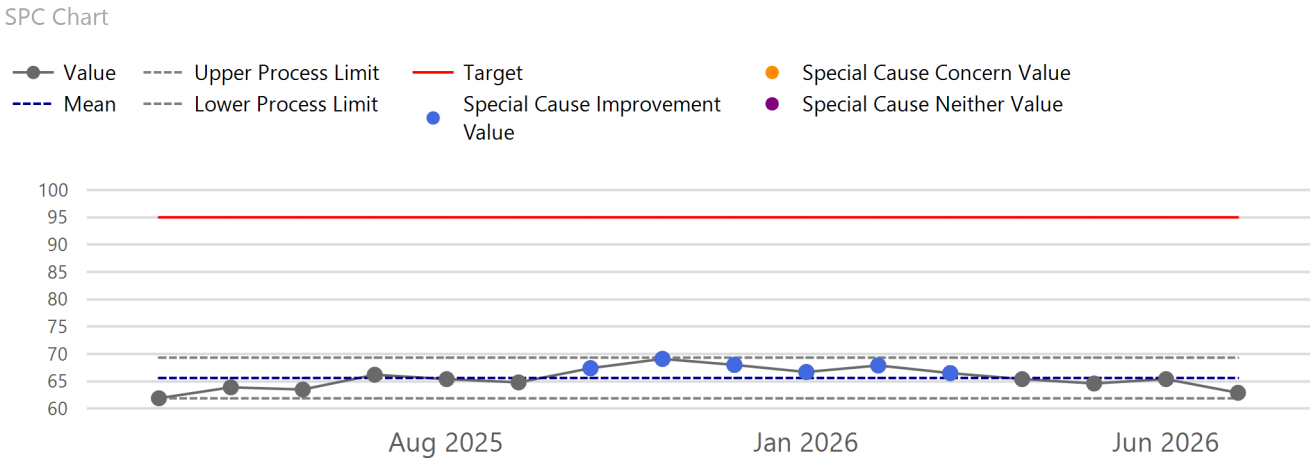
Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Metric ID: 10000051

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	61.9	95	F		Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

Progressing business case to increase capacity for Medical Retina patients.

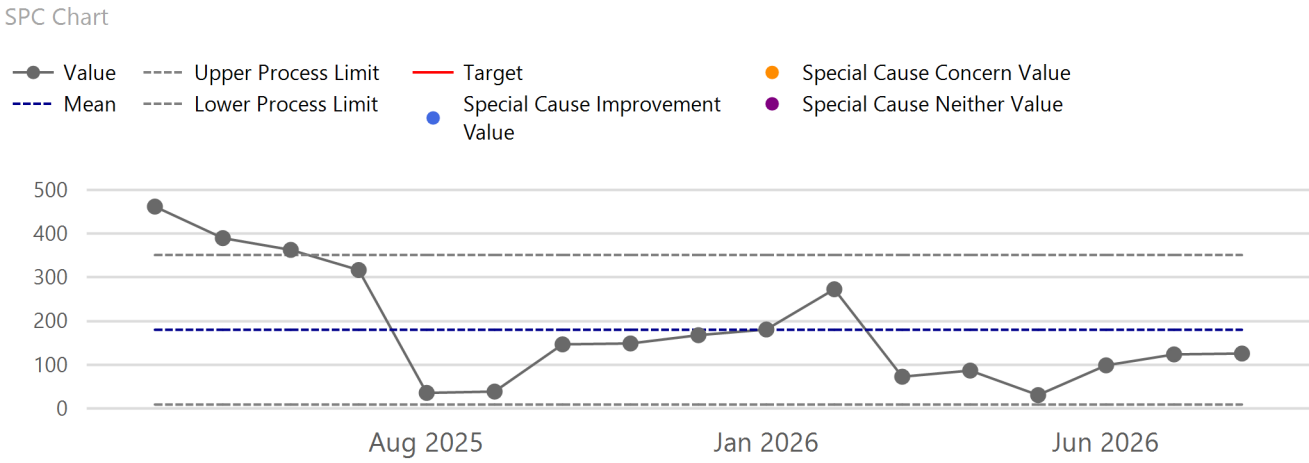
Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

Concerns

Not consistently meeting de-escalation requirement

Metric ID: 10000052 Number of ambulance patient handovers over one hour

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	462				Chief Operating Officer



Narrative

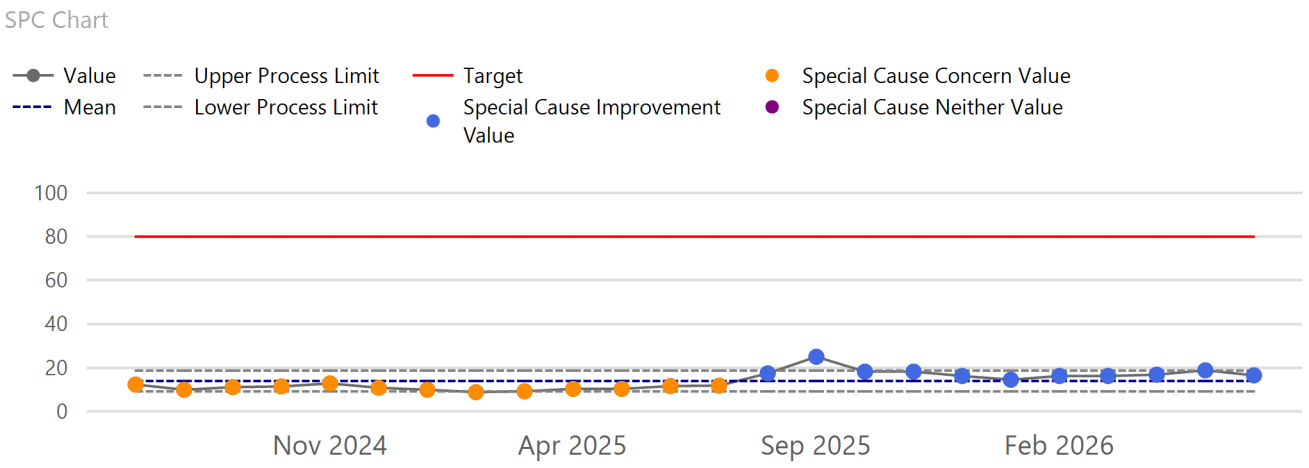
Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Metric ID: 10000053 Percentage of ambulance patient handovers within 15 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	12.4	80	F	H	Chief Operating Officer



Narrative

No meaningful change - current operational priority is the 45-minute handover in line with the national requirements

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

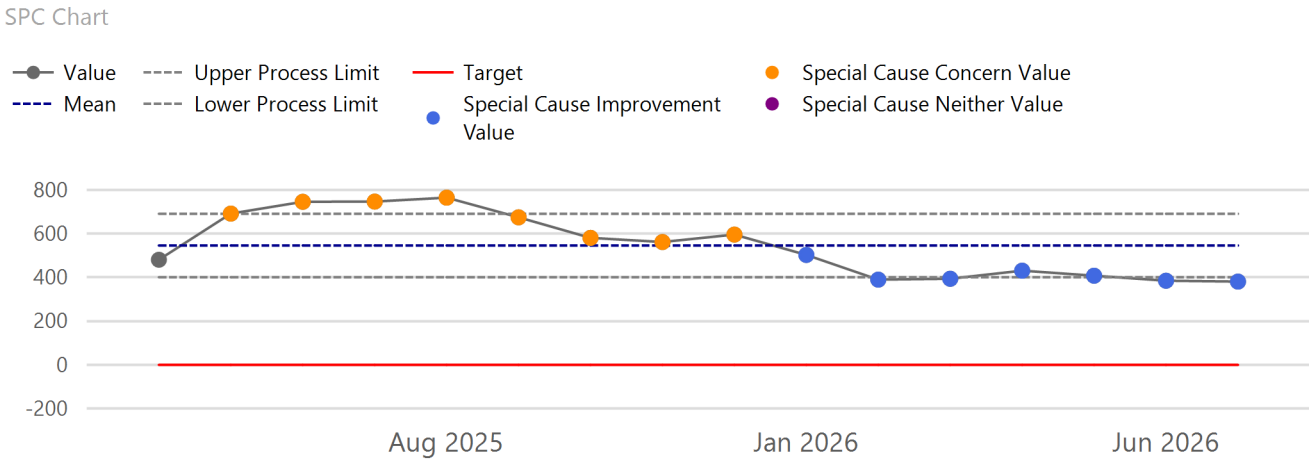
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000058

Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	481	0	F	L	Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. To mitigate some of this demand some staff time has been converted from the adult to the paediatric service. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic

Actions and Owners

Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

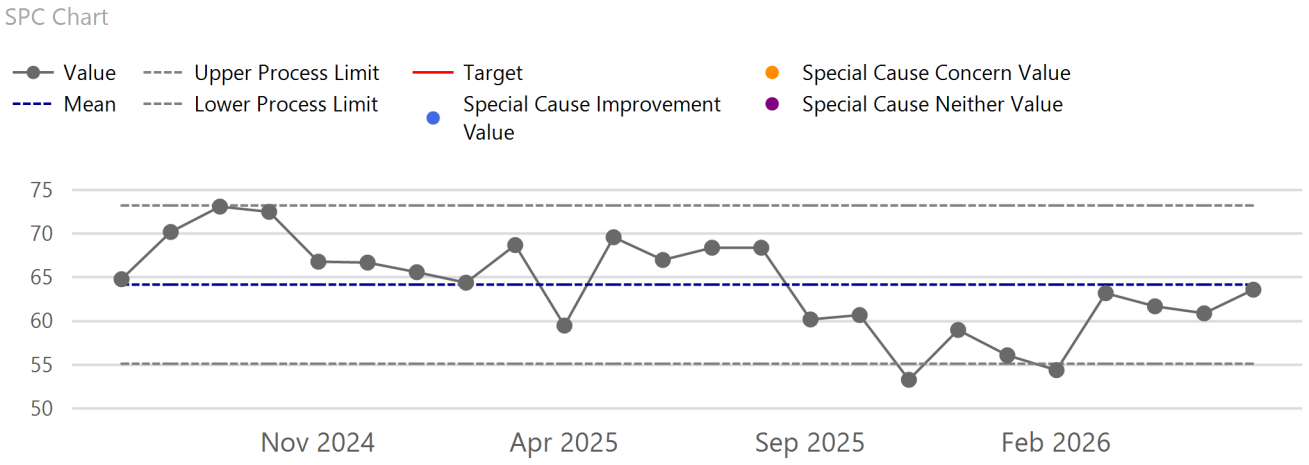
Concerns

Increasing demand and insufficient capacity to meet the waiting time standard

Metric ID: 10000113

% of patients starting first definitive cancer treatment within 62 days from point of suspicion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	64.8				Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:
Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3
Urology - new consultant post starting August
Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process
Review and update of Cancer governance structure/process

Concerns

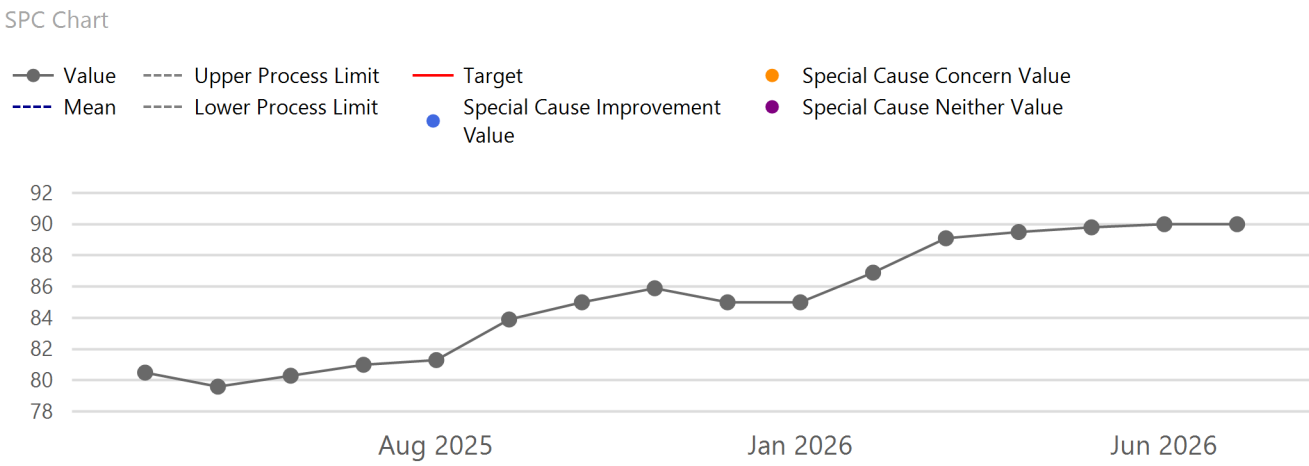
Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Sustainable capacity concerns in Upper GI, Urology and Skin

Metric ID: 10000114 100% of open outpatient pathways to be waiting less than 52 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	80.5				Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

Focus on use of SOS/PIFU to free up follow-up capacity for new patients

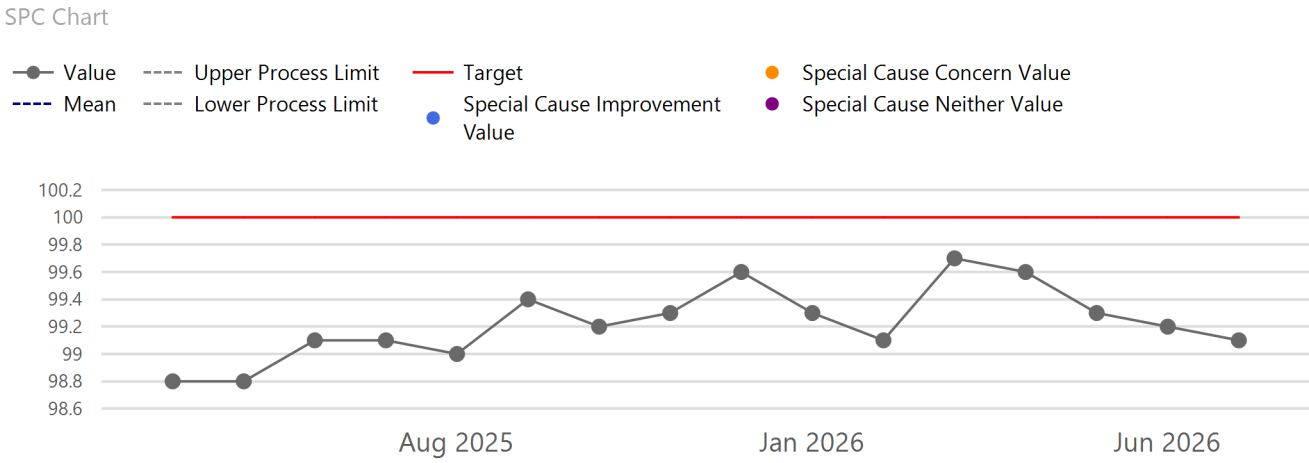
Actions and performance monitored through the newly establish Productivity and Efficiency Board

Concerns

Increase in the number of preaches in some specialties without additional activity

Metric ID: 10000115 100% of open pathways to be waiting less than 104 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	98.8	100	F		Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

Actions and Owners

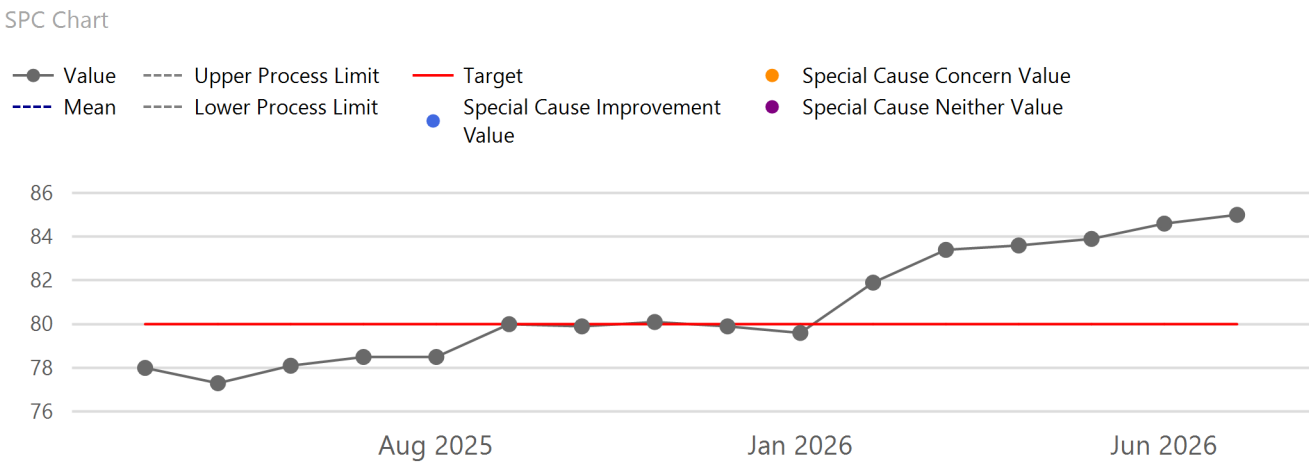
In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

Concerns

Unable to meet required reductions without additional activity

Metric ID: 10000116 80% of open pathways to be waiting less than 52?weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	78	80	P		Chief Operating Officer



Narrative

The proportion of open pathways <52 weeks increased last year through a combination of the national outpatient insourcing programmes and additional activity focussed on reducing 2 and 3-year waits for treatment. This work was consolidated with work on referral management. We have met the de-escalation standard since February

Actions and Owners

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.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

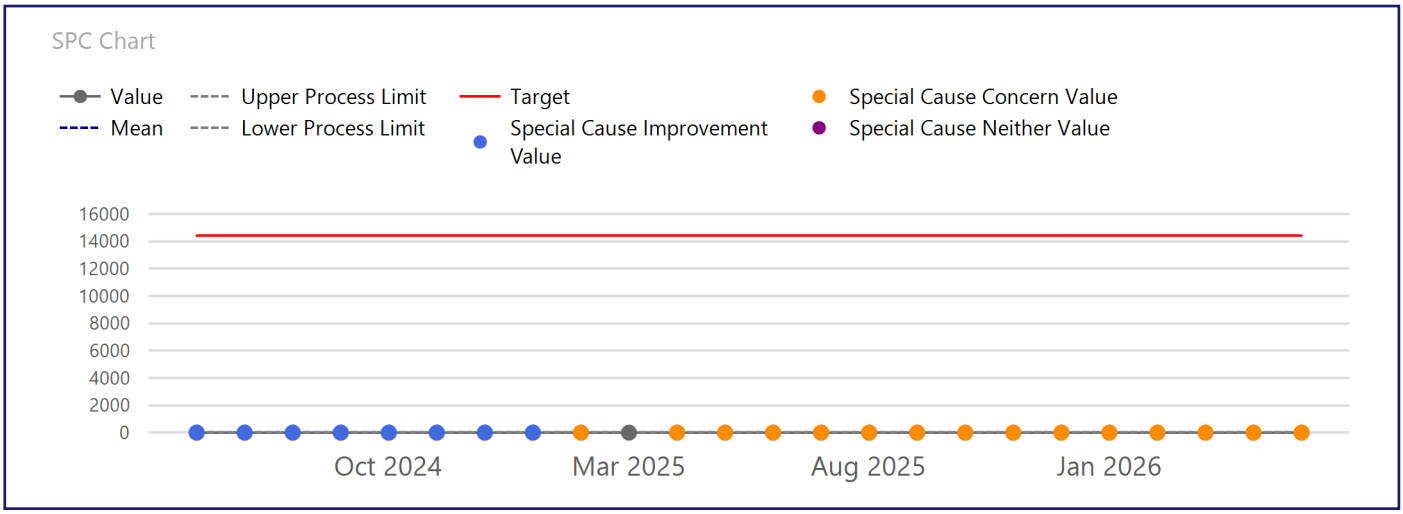
Concerns

Long waits to increase in some specialties without additional activity

Metric ID: 10000117

15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	0.161	14415	P	H	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

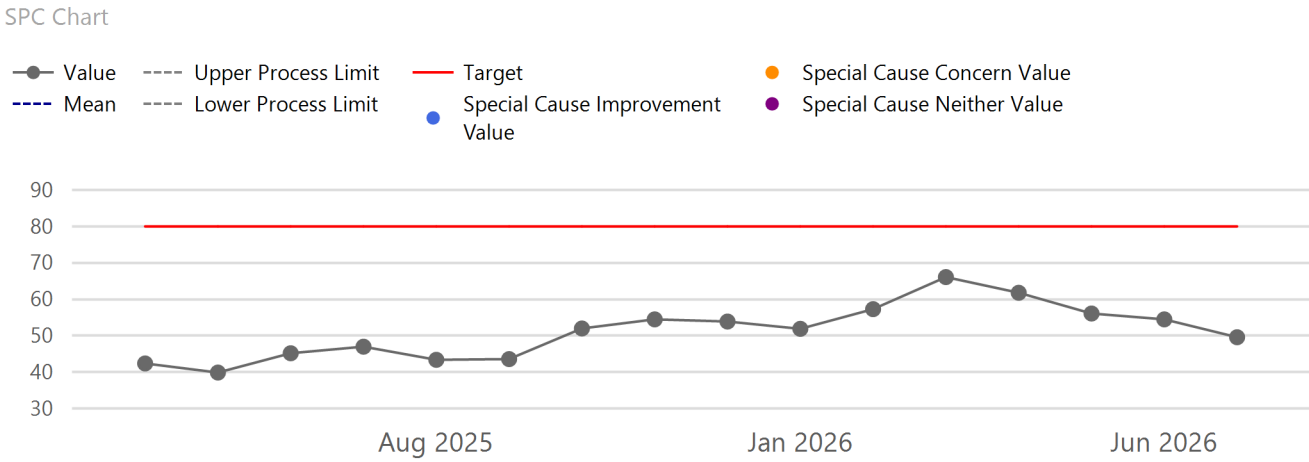
Internal flexibility to ensure sufficient assessments are completed

Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000118 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	42.4	80	F		Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging, NOUS and Endoscopy

Actions and Owners

Non-recurrent insourcing to support Cardiology

Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

Short term outsourcing and insourcing to support radiology position

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

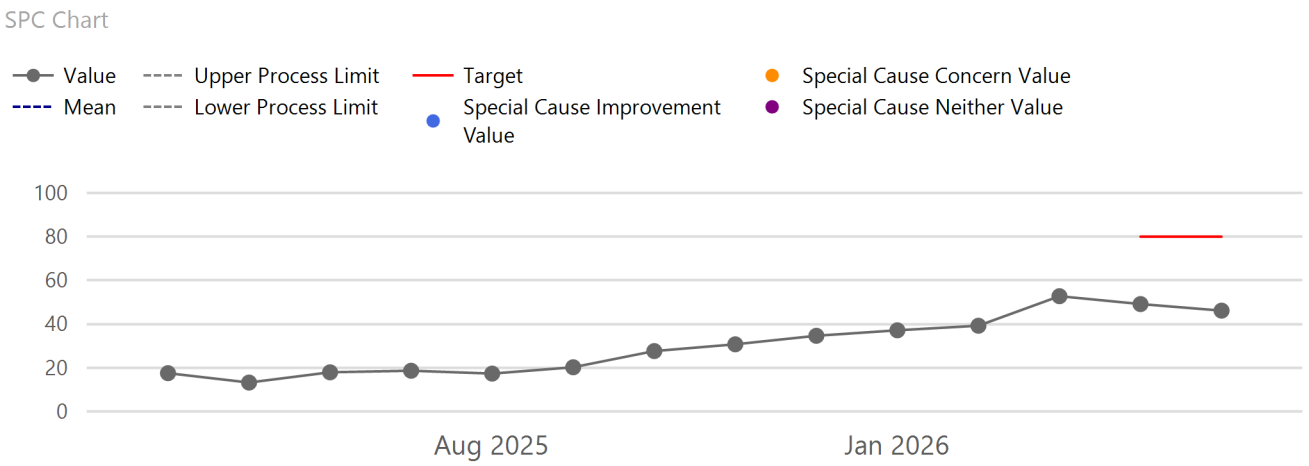
Endoscopy and Radiology capacity

We are consistently not meeting this de-escalation criteria

Metric ID: 10000119

80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	17.6		F		Chief Operating Officer



Narrative

Significant improvement through 25/26 - recurrent capacity issues remain, we are working with colleagues from NHSP&I to develop solutions

Actions and Owners

Insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

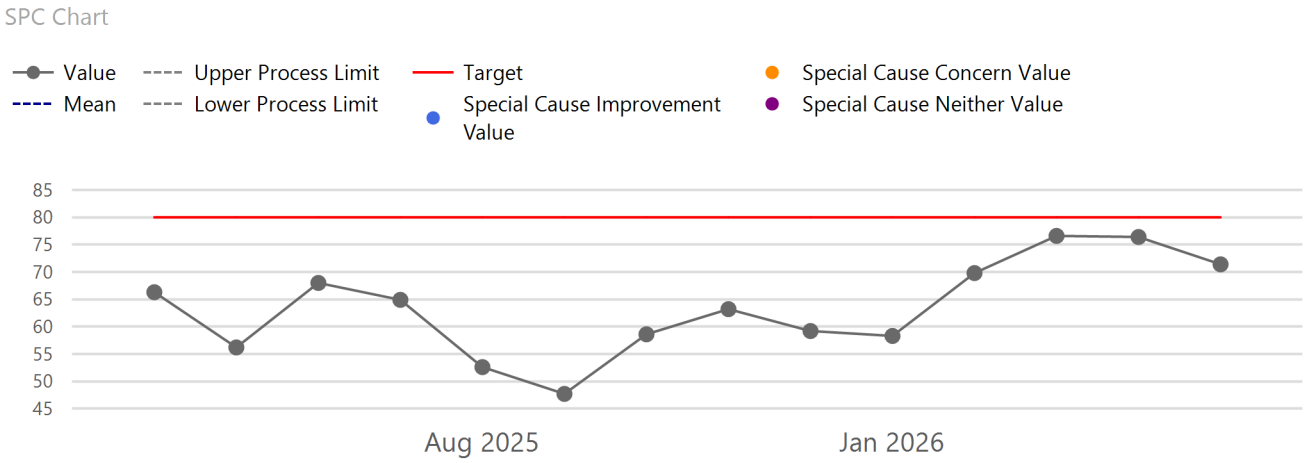
Concerns

Endoscopy capacity

We are consistently not meeting this de-escalation criteria

Metric ID: 10000120 80% of patients waiting for a non-cardiac MRI to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	66.3	80	F		Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. Insourcing has been secured to drive down the backlog from Q3 this year

Actions and Owners

Short term insourcing to help recover the backlog of long waits.

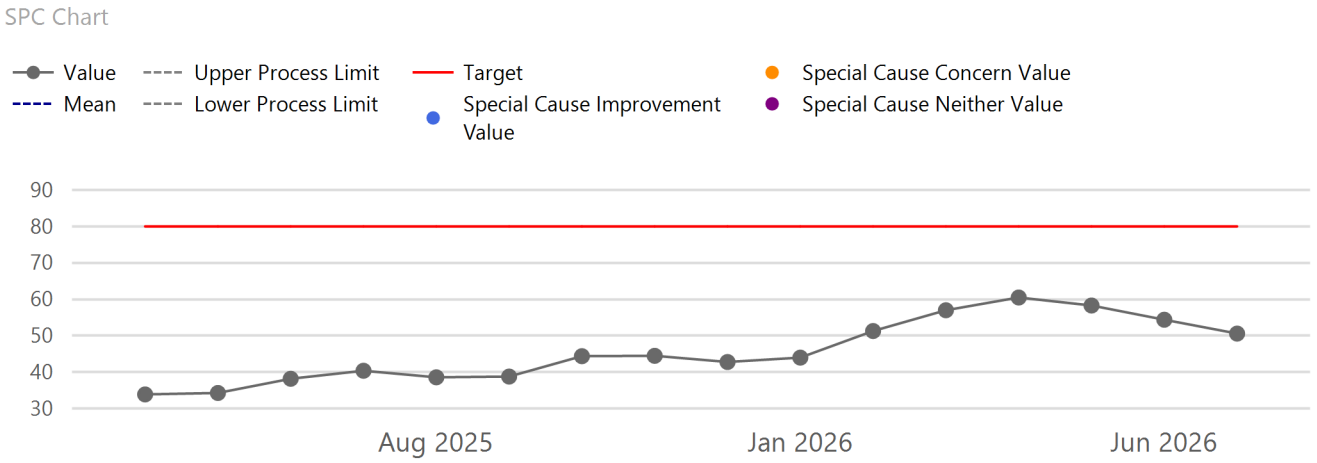
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Metric ID: 10000121 80% of patients waiting for a NOUS to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	33.9	80	F		Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. There was a delay in commencement of the insourcing contract, which did not deliver contracted volumes.

Actions and Owners

Short term support for NOUS with outsourcing, long term plan for advanced sonographer training, build on learning from Swansea Bay UHB model.

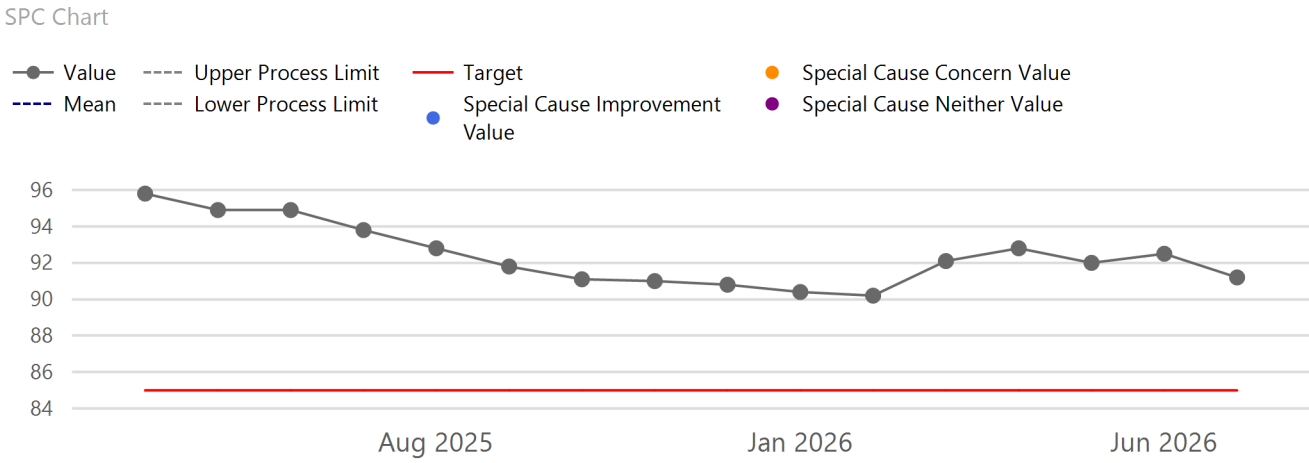
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Metric ID: 10000122 85% of patients waiting for therapies to be waiting less than 14 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	95.8	85	P		Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

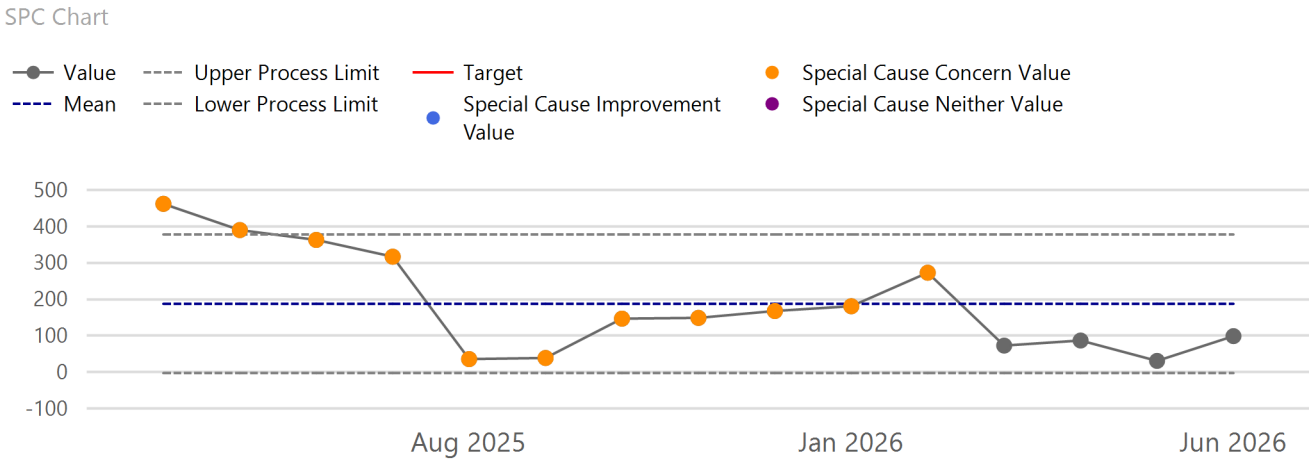
Concerns

Capacity shortfall in Dietetics and OT

Metric ID: 10000123

Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	462				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. June saw an increase in 1-hour ambulance holds and an increase in the average handover time to 28 minutes from 24 minutes in May. Over half the 1-hour breaches came during the Business Continuity Incident at the end of the month. We are reviewing our data from across the health system over the past 8 weeks to better understand the impact of external and internal pressures.

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

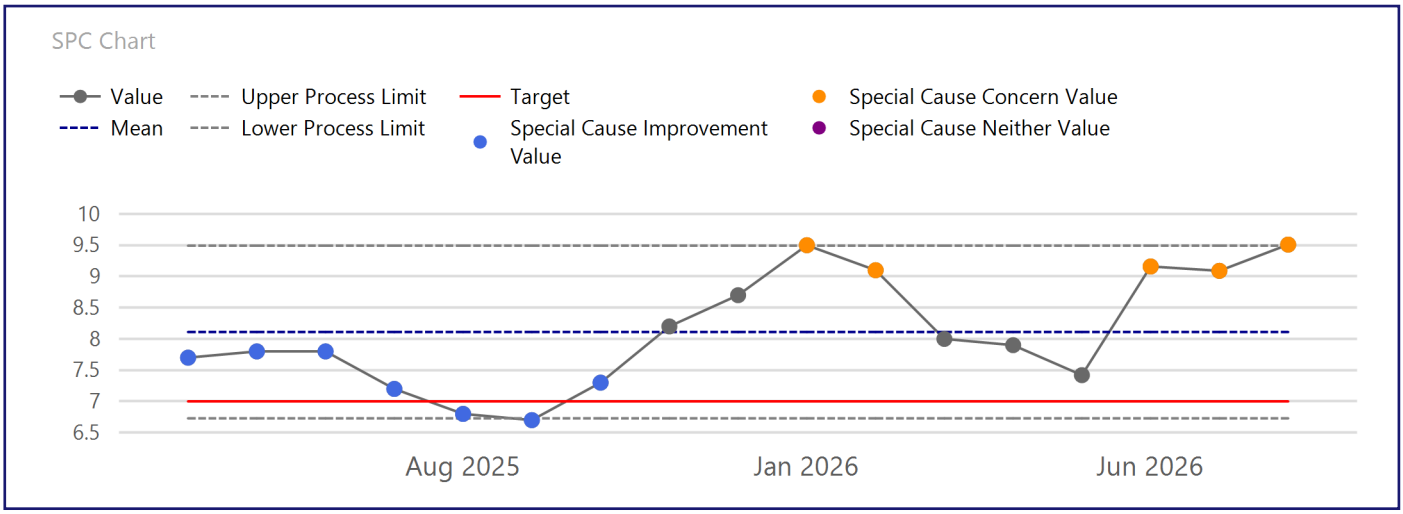
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000124

Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	7.7	7	?	H	Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures, including July and August. We are routinely reporting over 800 12-hour breaches each month

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

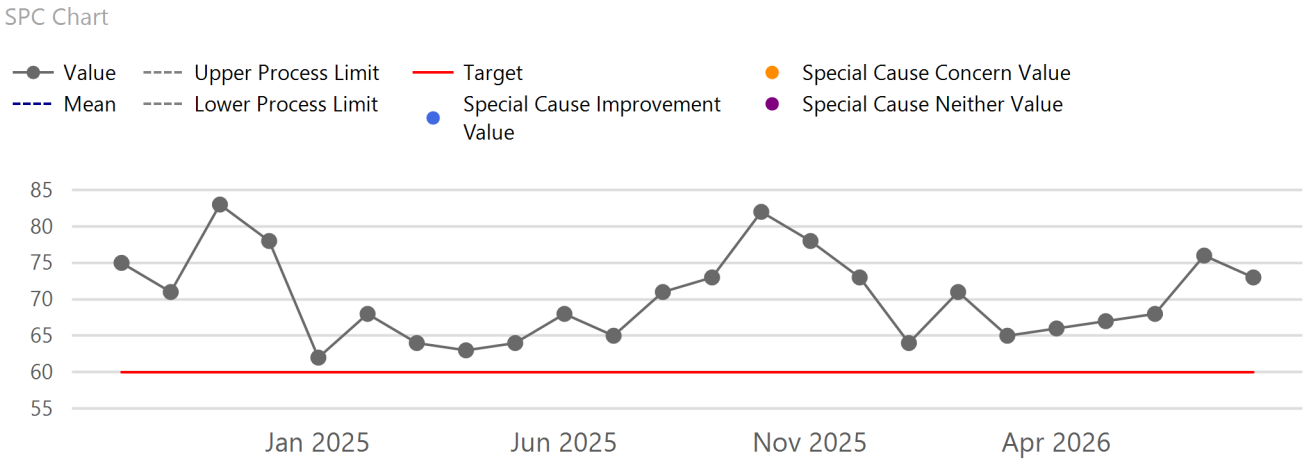
Concerns

Improving performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000125

Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	75	60	F		Chief Operating Officer



Narrative

Improvement noted from Q3 last year but no meaningful changes in the last quarter. Periods of operational pressures through July and August have seen median time increase

Actions and Owners

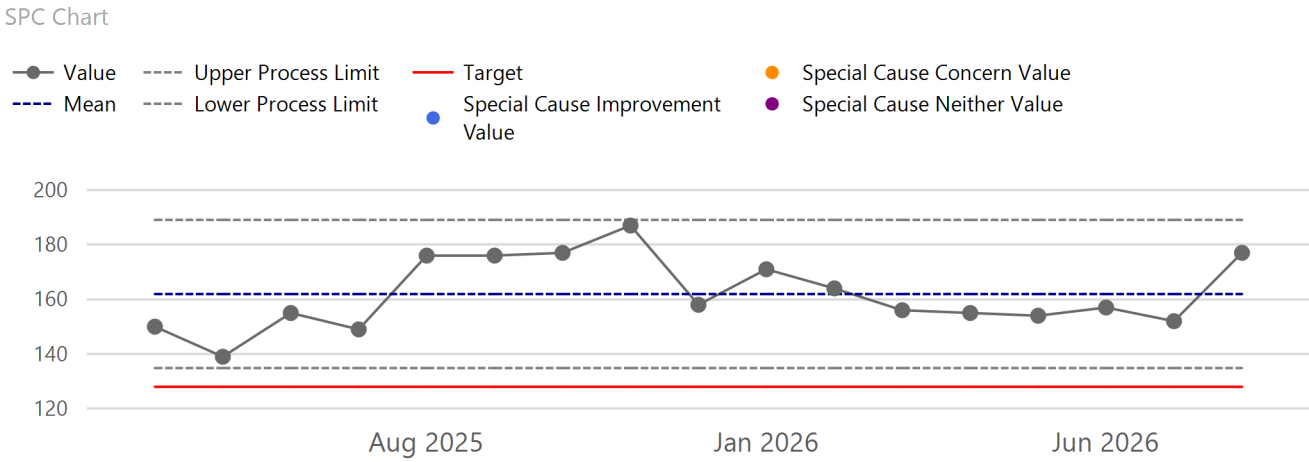
Continued maximisation of MSDEC activity.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
ACU desk to coordinate timely clinical responses.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

Maintaining performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000126 Continuous reduction in delayed pathways of 5% (based on agreed baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	150	128	F		Chief Operating Officer



Narrative

August saw an expected increase in overall numbers of POCD, although total bed days lost is reduced from this month last year. The average days delayed in August was 52

Actions and Owners

Implementation of 'Prism' flow recommendations
Discharge planning on arrival
Focus on Red to Green
Continue top 20 fortnightly review
Review of IDS/IDH workforce
Impact of actions monitored through UEC Programme Board

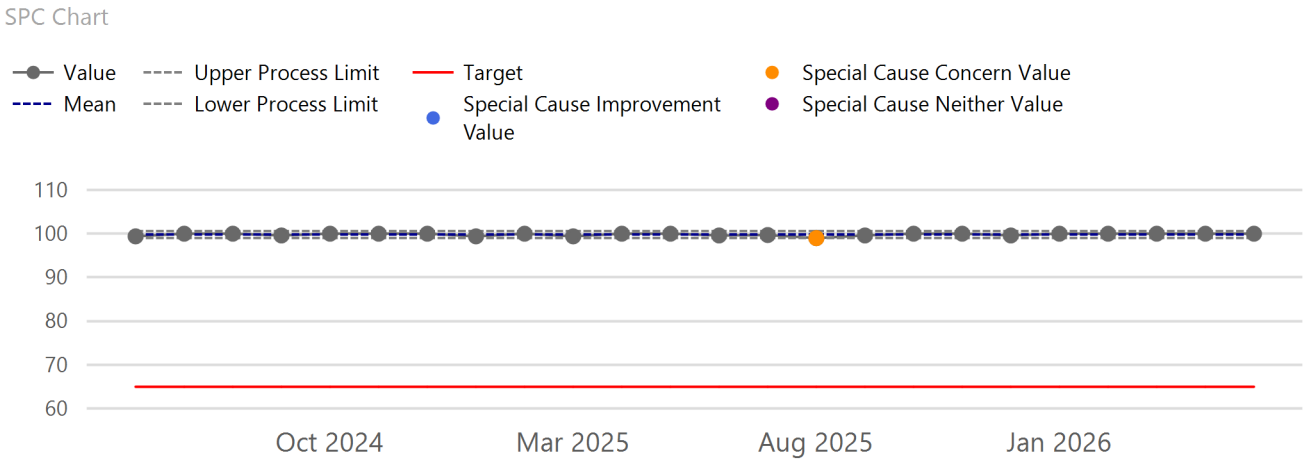
Concerns

Total delays remain higher than our de-escalation criteria

Metric ID: 10000127

65% of therapeutic interventions started within 28 days following an assessment by LPMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	99.4	65	P		Chief Operating Officer



Narrative

Consistently exceeding the standard

Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

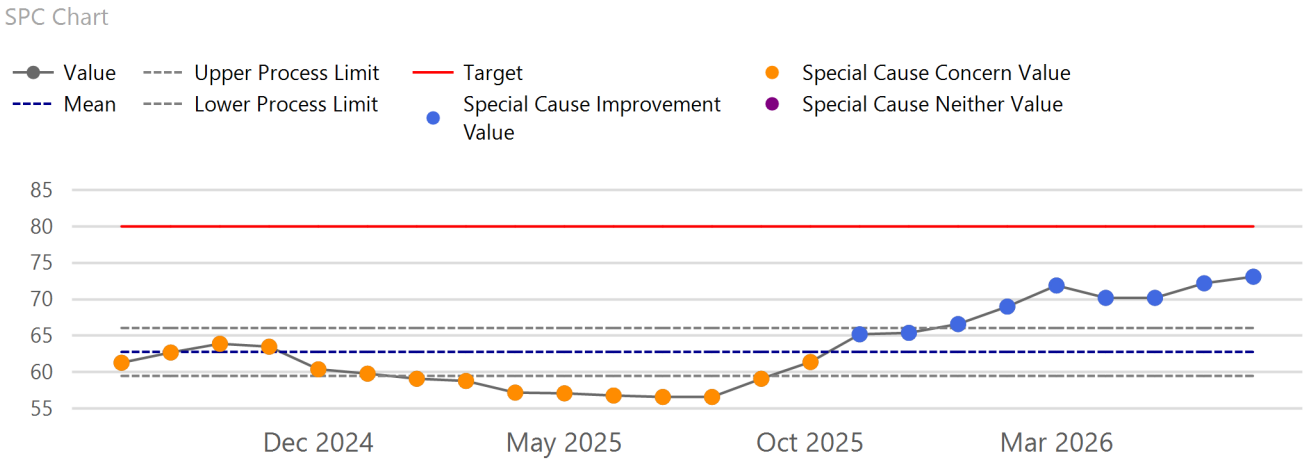
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000128

80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	61.3	80	F	H	Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

Actions and Owners

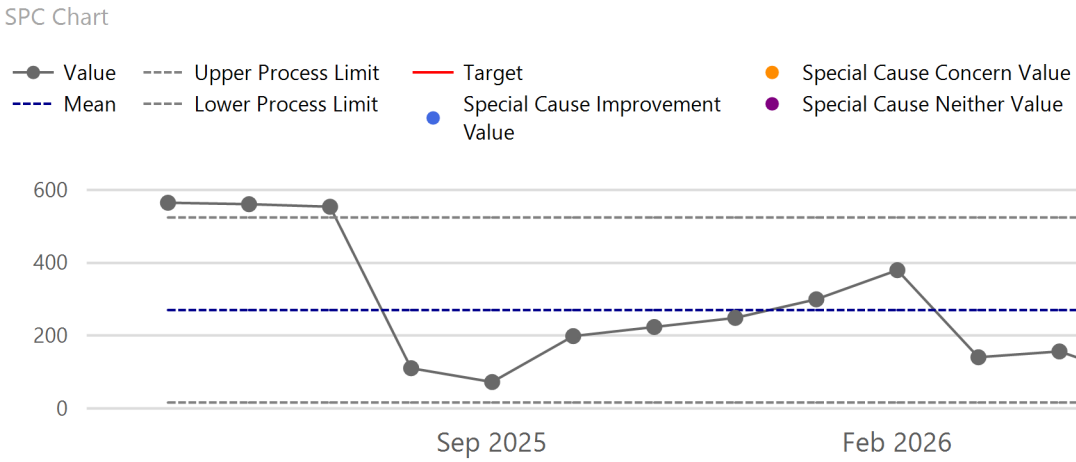
Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Metric ID: 10000129 45-minute ambulance handover delays

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	565				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and has remained at this level so far in July. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis

Actions and Owners

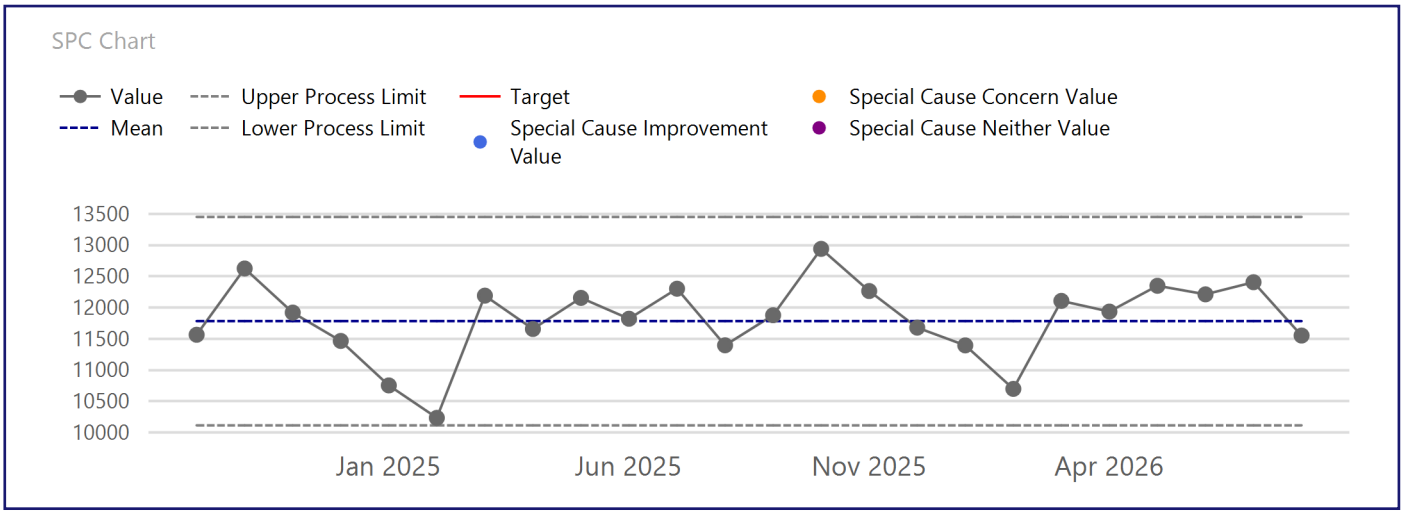
Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000130 Emergency unit attendances

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	11567				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

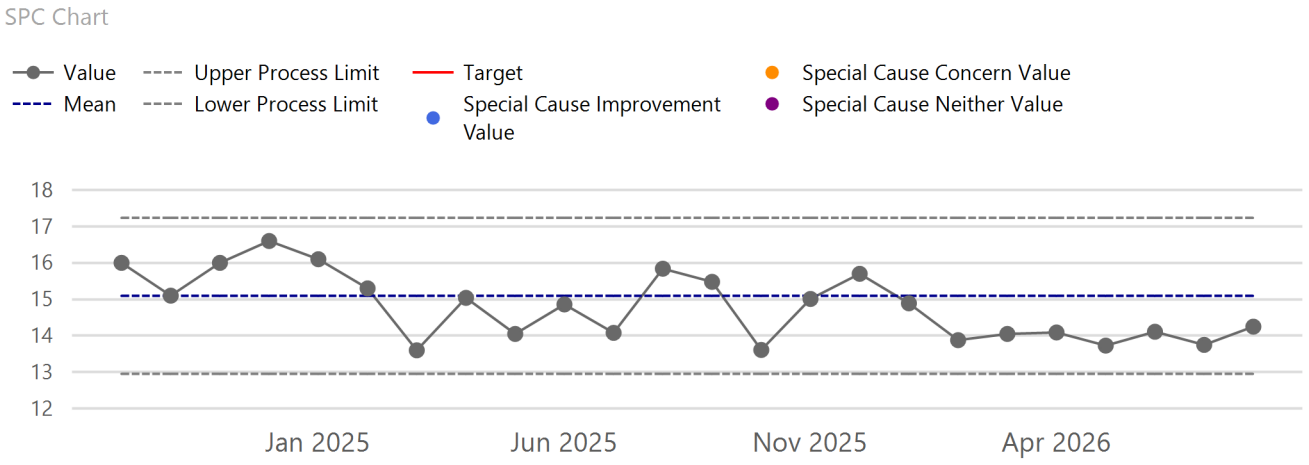
n/a

Concerns

n/a

Metric ID: 10000131 % of EU attendances that results in an admission to hospital

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	16				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

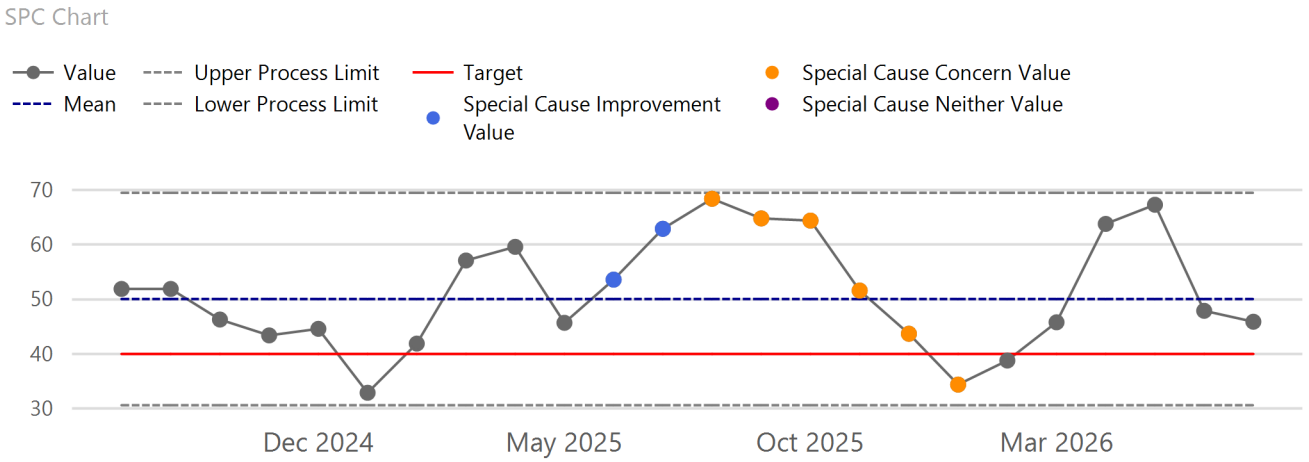
n/a

Concerns

n/a

Metric ID: 10000136 % of stroke admissions within 4 hours of arrival

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	51.9	40			Chief Operating Officer



Narrative

Performance has fluctuated in line with wider operational pressures in Emergency Unit, current performance remains above the all Wales average and SSNAP average, but we continue to review and develop the acute pathway. Compliance with the 4-hour standard has reduced in June and July, but we anticipate that August performance will have improved

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

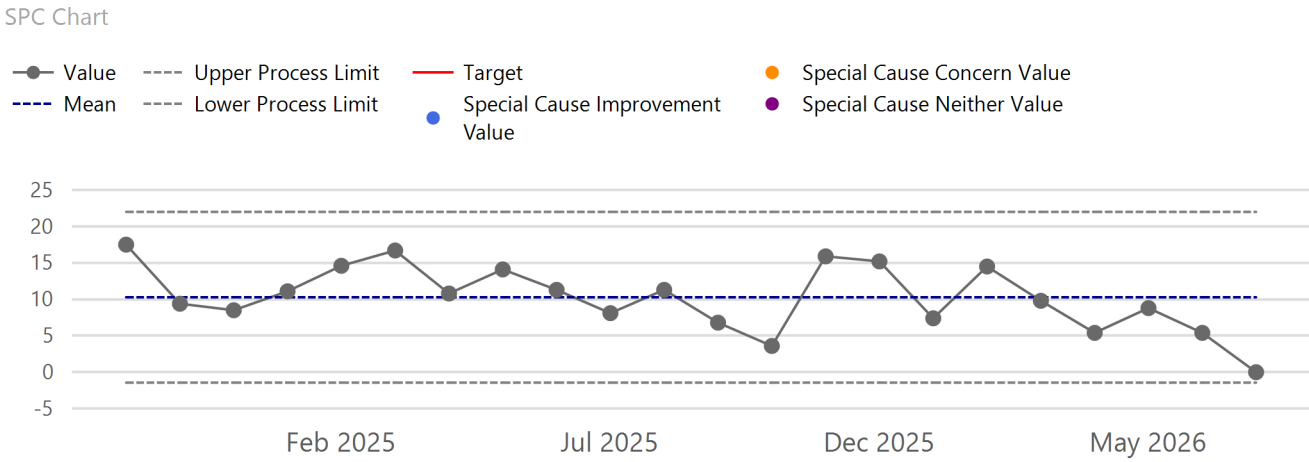
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000137 % of stroke attendances that achieve CT Scan within 20 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	17.5				Chief Operating Officer



Narrative

Following the launch of the new SNNAP standards, the performance standard for CT scan has changed to 20 minutes. While performance against the old 60 minute standards averages over 50%, performance against the 20 minute standard has fluctuated between 3 and 17%. Performance against this metric is impacted by pressure in EU, periods of downtime for the CT scanner and the volume of self presenting patients who enter EU through triage. Actions relating to WAST, pre-hospital triage and early identification of self presenting patients are particularly pertinent to this measure

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

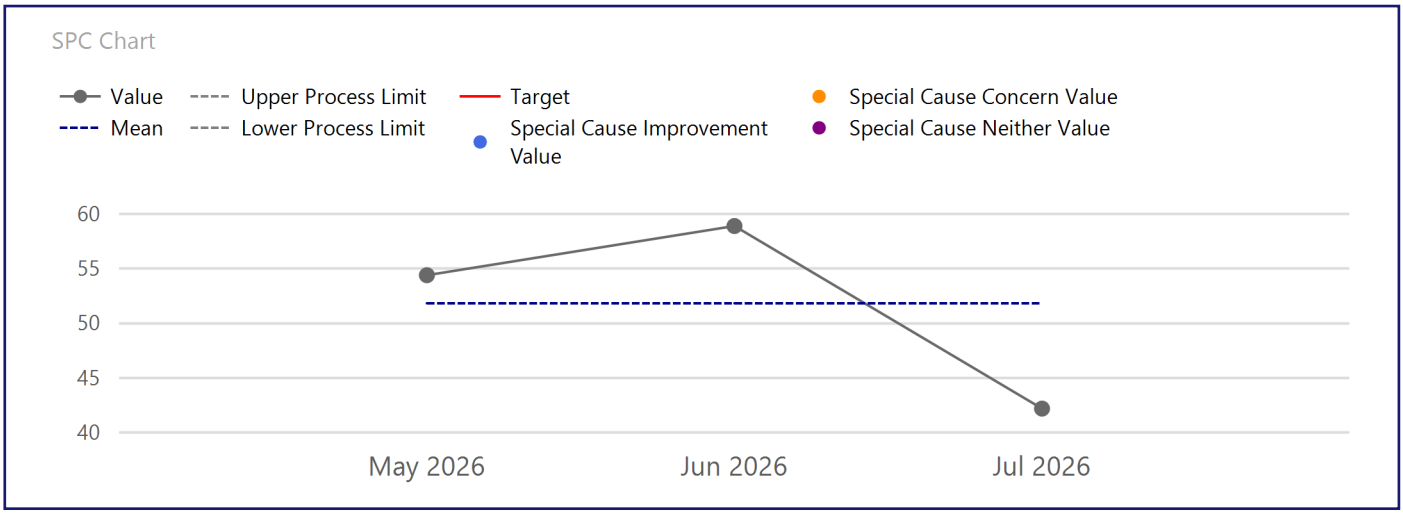
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000138 % of stroke attendances that achieve CT Scan within 60 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	54.4				Chief Operating Officer



Narrative

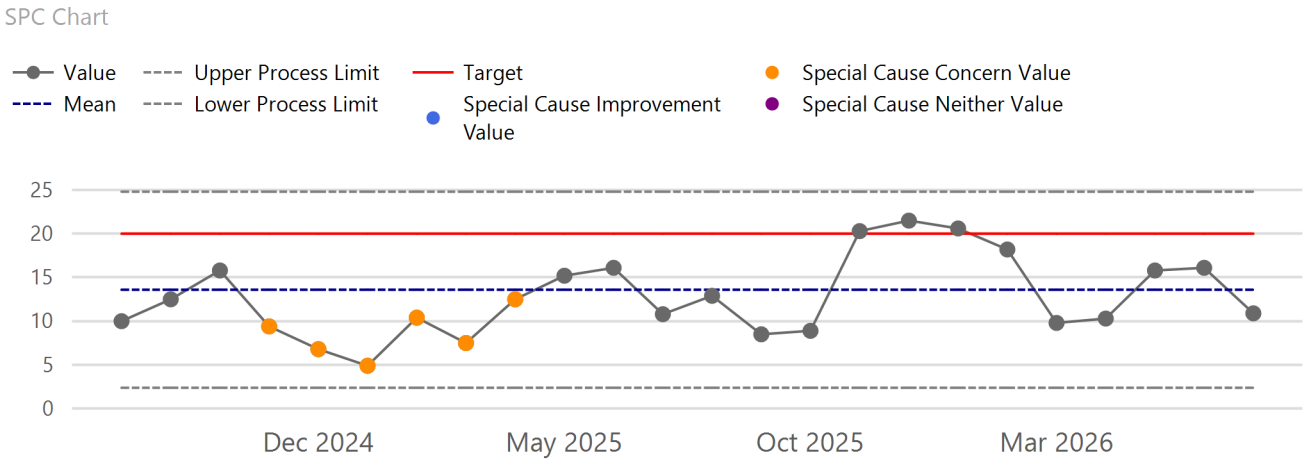
Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Metric ID: 10000139 % of stroke patients who receive thrombolysis

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	10	20			Chief Operating Officer



Narrative

Standard of 20% was met in Q3 25/26 but compliance has dropped this year and remains below standard but in-line with the all-Wales and SSNAP average. Focused efforts through the last year, including the use of advanced imaging software and ongoing education have seen a meaningful increase in thrombolysis rates. Thrombolysis rates through the national reporting are sometimes lower as we wait from records related to regional and out of hours working to be processed

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

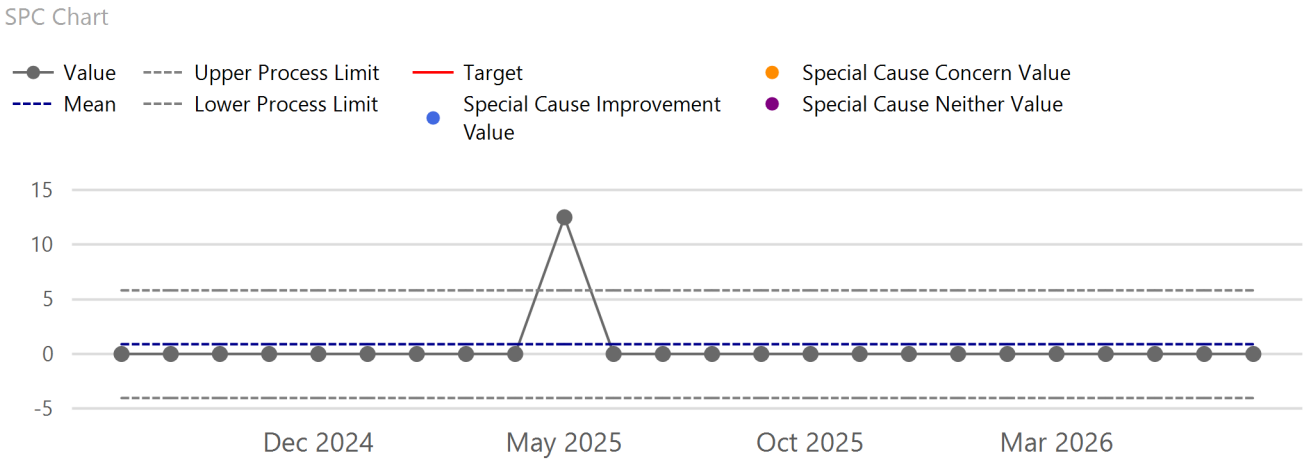
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000140 % of stroke patients who receive thrombolysis within 30 minutes of attendance

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	0				Chief Operating Officer



Narrative

Door to needle thrombolysis treatment times remain a challenge and outside of the 30-minutes standard. All thrombolysis cases are reviewed by the stroke team and delay reasons investigated

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

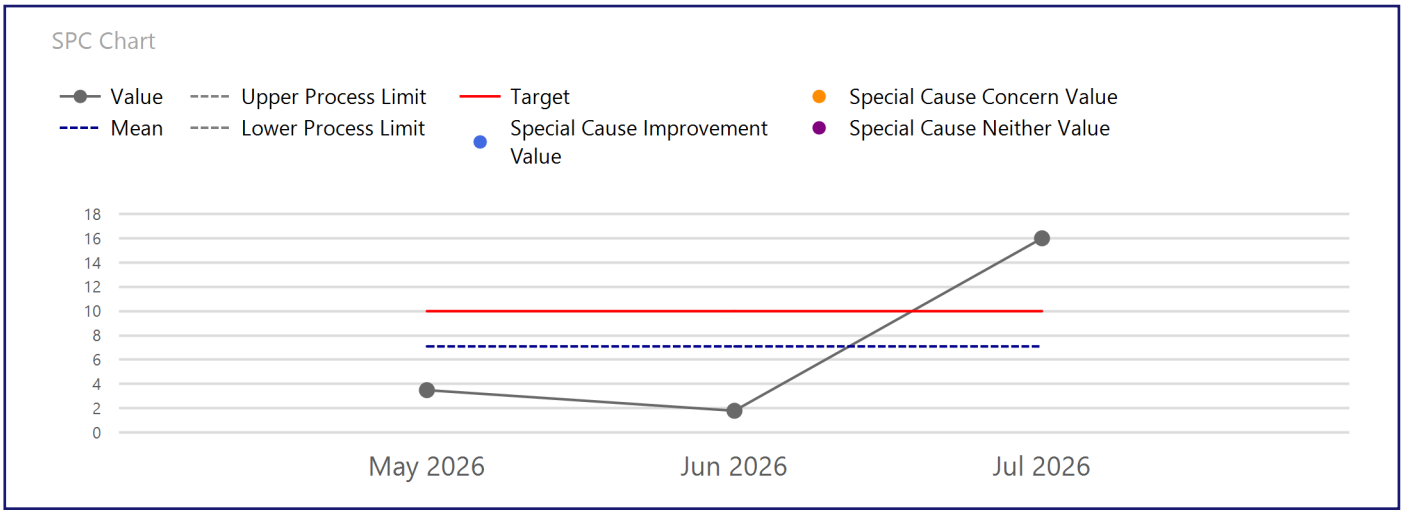
Education plan for all staff involved in stroke pathway being developed

Concerns

Door to needle time remains above standard

Metric ID: 10000141 % of stroke patients who receive thrombectomy

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	3.5	10			Chief Operating Officer



Narrative

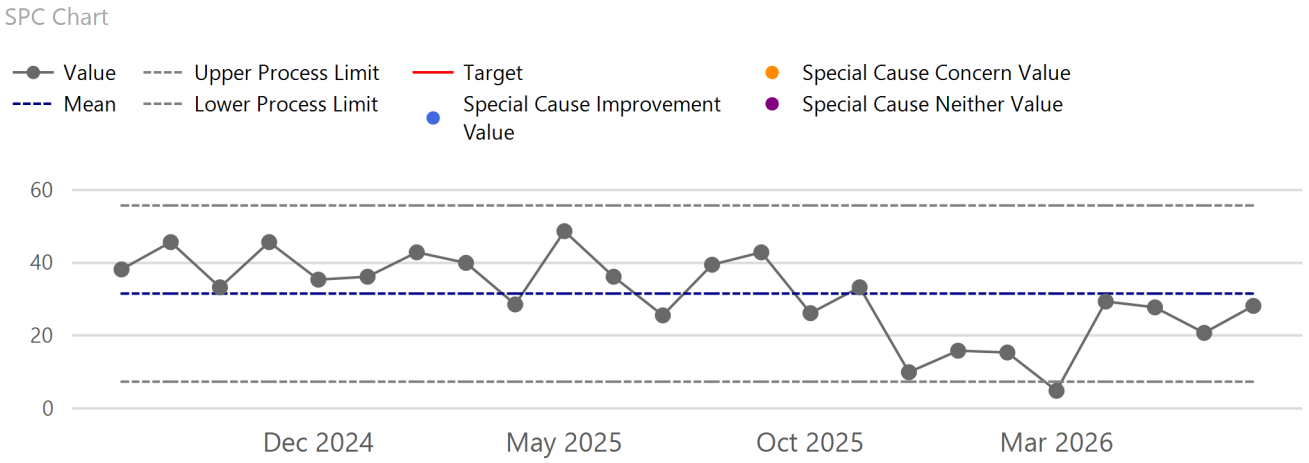
Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Metric ID: 10000142 % of hip fracture admissions within 4 hours of arrival

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	38.2				Chief Operating Officer



Narrative

Recent performance and annualised average remain well above the national average on the National Hip Fracture Database

Actions and Owners

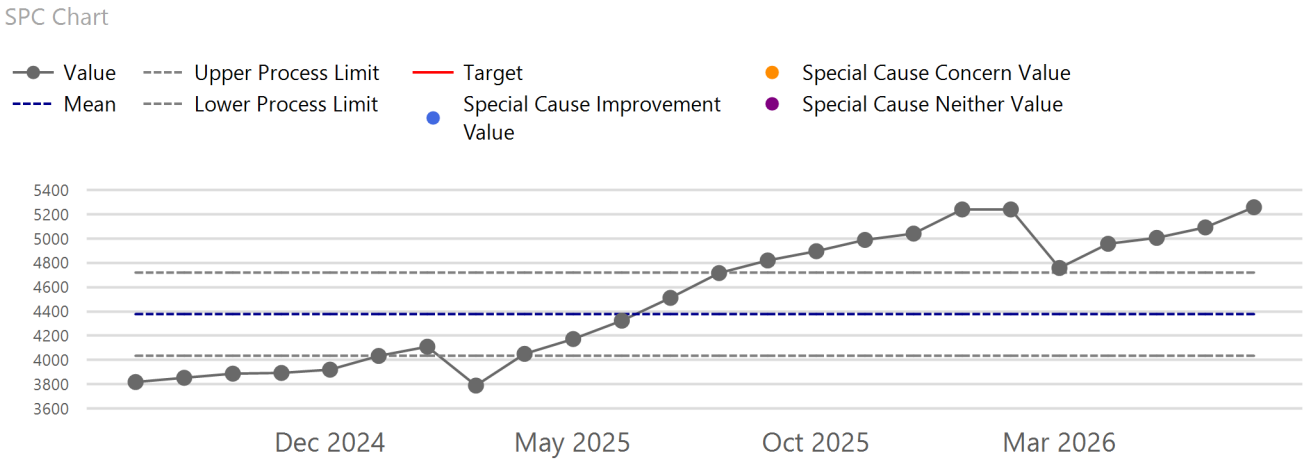
Ringfenced capacity remains
Review into Length of Stay
Morality review through Q&S

Concerns

Fluctuations in performance

Metric ID: 10000145 Volume of children waiting for neurodevelopment assessment - total

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	3819				Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:
Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

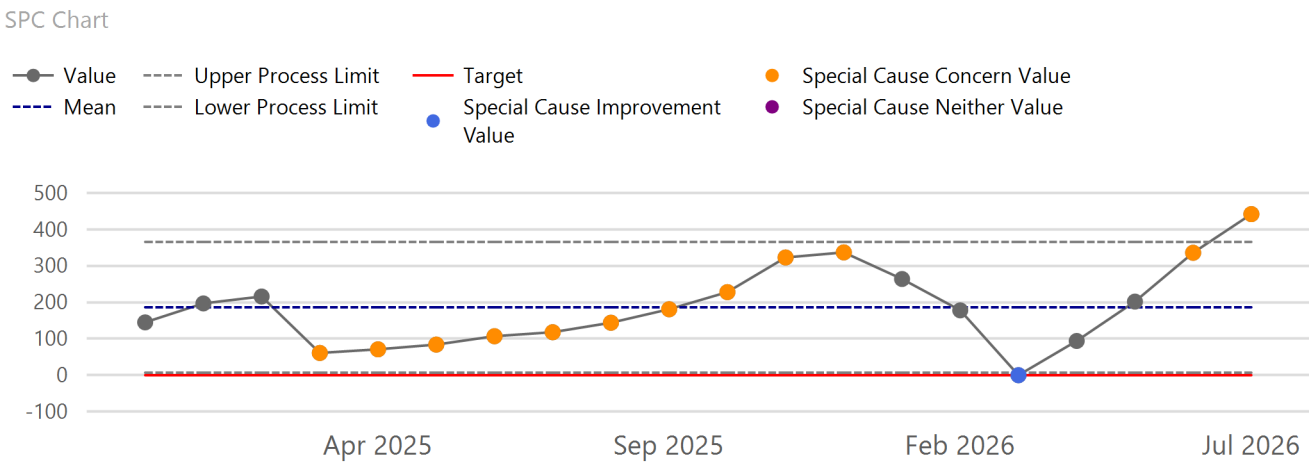
Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Metric ID: 10000146 Volume of children waiting for neurodevelopment assessment - >156 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	145	0	F	H	Chief Operating Officer



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-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

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Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
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Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

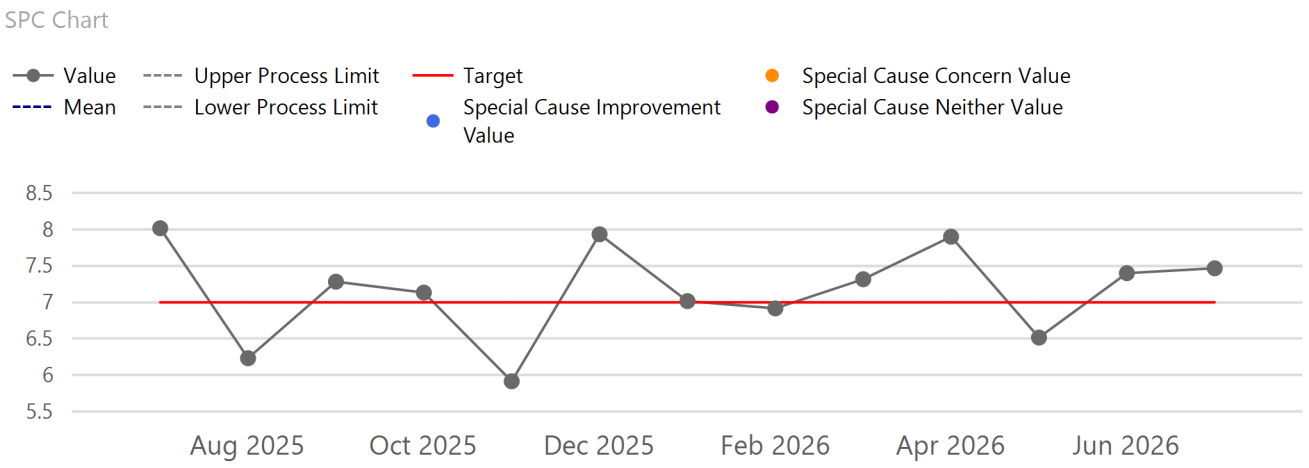
Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Metric ID: 10000147 Median emergency ambulance response time to purple: arrest category calls

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	8.0167	7	F		Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

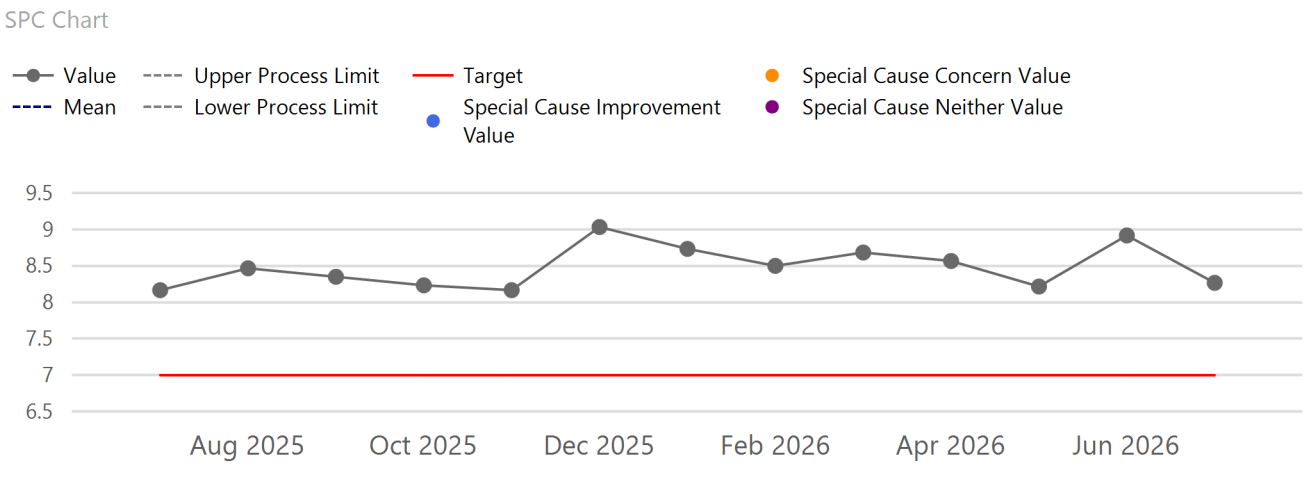
n/a

Concerns

n/a

Metric ID: 10000148 Median emergency ambulance response time to red: emergency category calls

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	8.1667	7	F		Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

n/a

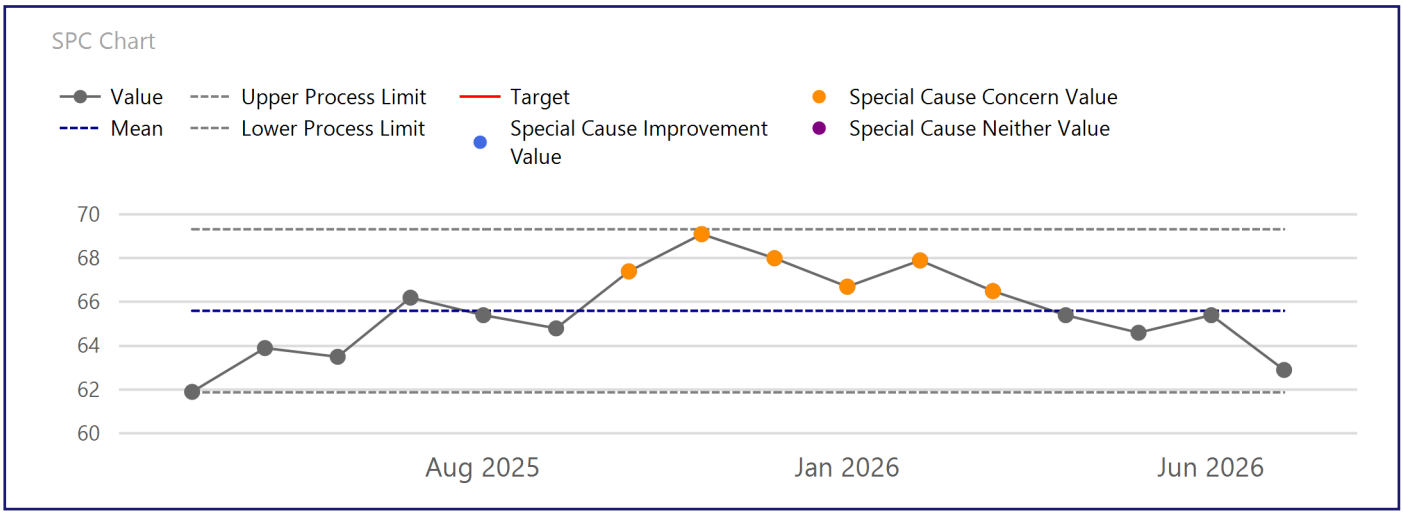
Concerns

n/a

Metric ID: 10000149

Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	61.9				Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

Progressing business case to increase capacity for Medical Retina patients.

Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

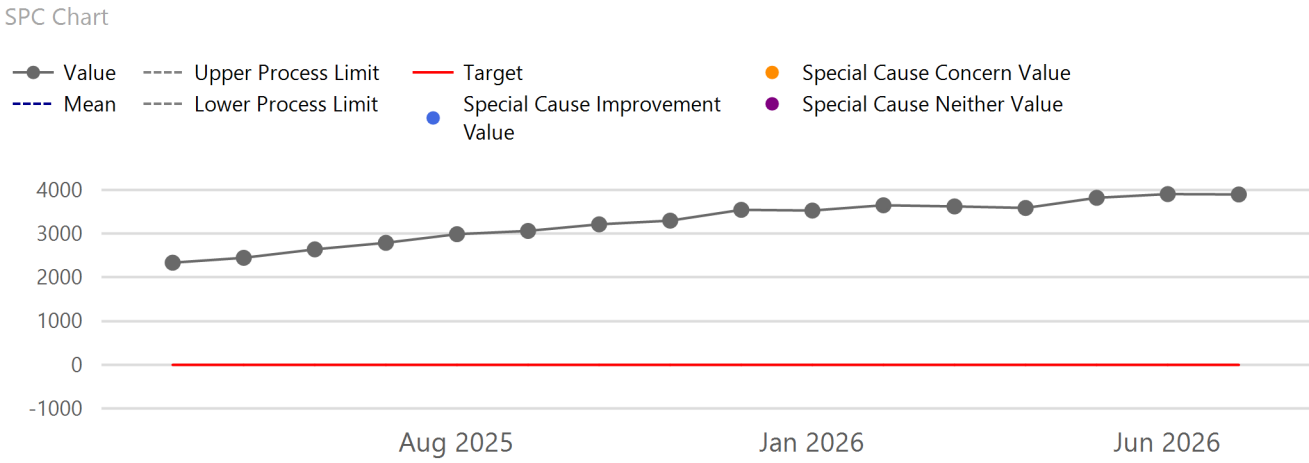
Concerns

Not consistently meeting de-escalation requirement

Metric ID: 10000150

Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	2337	0	F		Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. This has been observed in our neighbouring health boards with similar deterioration in 14-week performance. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic.

Actions and Owners

Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

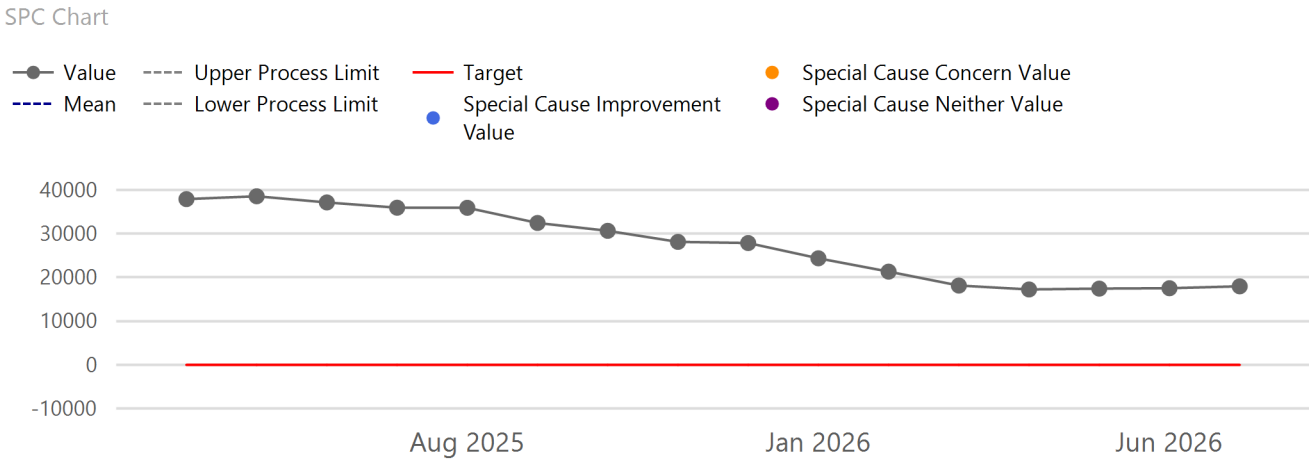
Concerns

Increasing demand and insufficient capacity to meet the waiting times standard

Metric ID: 10000151

Number of patients waiting more than 26 weeks for a new outpatient appointment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	37914	0	F		Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

Focus on use of SOS/PIFU to free up follow-up capacity for new patients

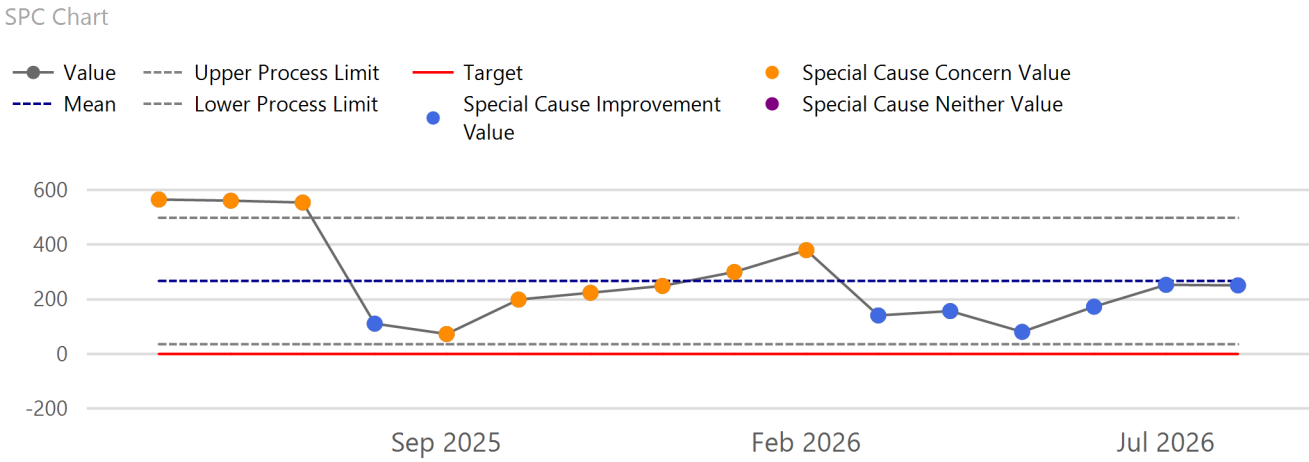
Actions and performance monitored through the newly established Executive Productivity and Efficiency Board

Concerns

Not meeting standard

Metric ID: 10000152 Number of ambulance patient handovers over 45 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	565	0	F	L	Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and remained lower at 86% and 85% in July and August. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis. Welsh Government are currently reviewing the reporting criteria for Ambulance delays and we will reflect any changes to the methodology in our reporting

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

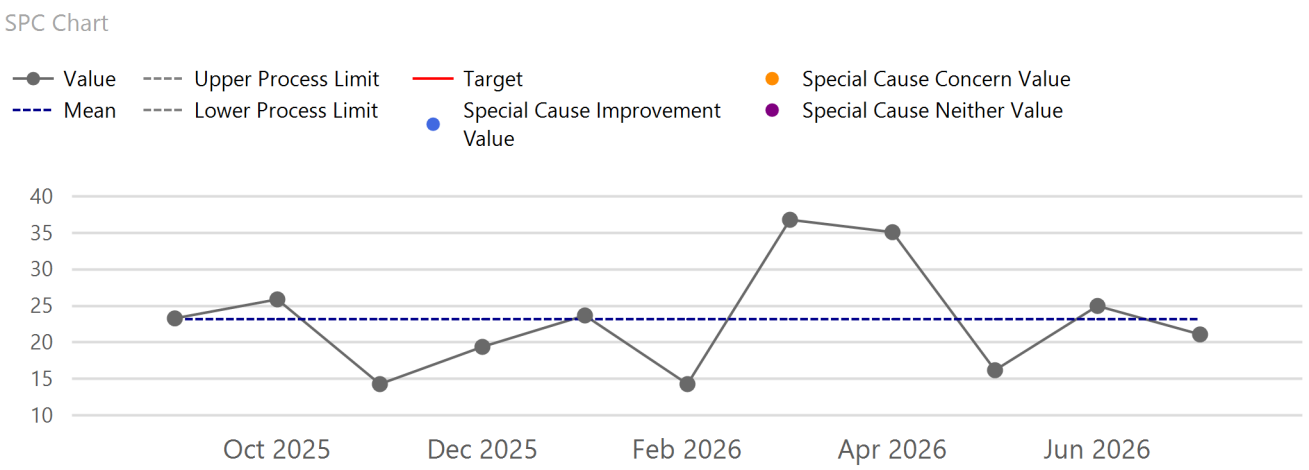
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000161

Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	23.3				Chief Operating Officer



Narrative

This measure is owned by WAST and the national data is currently under review. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

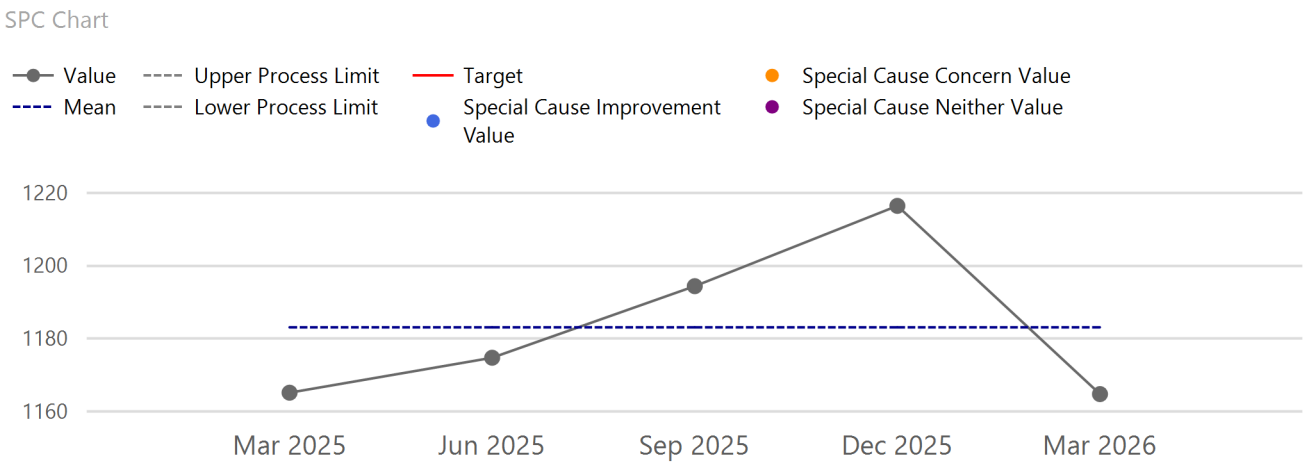
n/a

Concerns

n/a

Metric ID: 10000162 Gabapentin and pregabalin DDDs per 1,000 patients

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	1165.2				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and below all NE England CCGs and the English average. The second-best performing HB is over 16% higher than CAV UHB.

Early proactive work to deviate from the trend early and avoided the scale of increased prescribing that other Health Boards experienced.

Various projects and education pieces have been undertaken over the last decade to promote appropriate prescribing to both primary care prescribers and specialist teams, agreeing and adherence to prescribing pathways and routes to deprescribing.

Actions and Owners

Focus remains on decreasing inappropriate prescribing and prescribing safely.

Project focussed on safe prescribing included in the 2026/27 Medicines Management Incentive Scheme for GP practices.

PCIC medicines management team to promote the All Wales gabapentinoid resources for chronic pain once published.

Concerns

Ability to decrease prescribing, when prescribing is already in the lowest quartile of all England and Wales areas, is difficult.

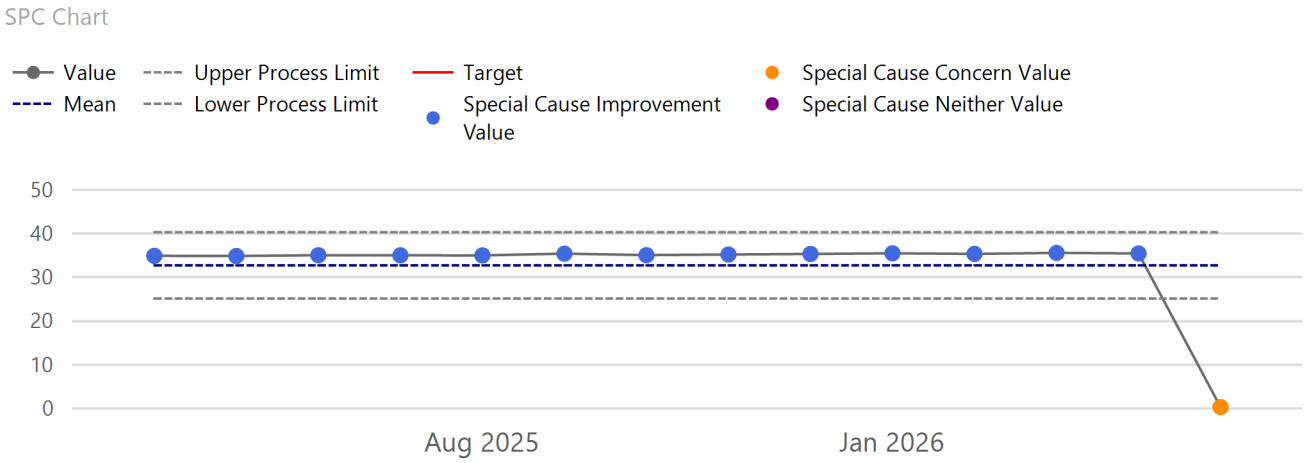
A drive to reduce gabapentinoid prescribing may cause an increase is other analgesia e.g. opioid prescribing, which may also pose safety concerns and be measured in other indicators.

Change takes time and relies on clinician and patient engagement and management of expectations.

Metric ID: 10000163

Average quantity per item prescribed from start period for the reference basket of medicines

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	34.95				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, with the highest quantity per prescription item and the greatest percentage change from the start of data collection.

The only Health Board in Wales already above the prescribing interval target of 35 days (achieved June 2025).

The Welsh Government response to the Dispensing Volume Review (Jan 2022) and the All Wales Medicines Strategy Group guidance (October 2022) has been promoted to GP practices, Clusters and also with specialist teams within the wider UHB, when opportunity allowed. It has consistently been included in prescribing messages to GP practices at annual prescribing meetings, and engagement has been promoted via Community Pharmacy Collaboratives as well.

Actions and Owners

Continued promotion to GP practices.

A National Prescribing Intervals Short Life Working Group is currently meeting. Health Board actions from this group will be considered once published.

Concerns

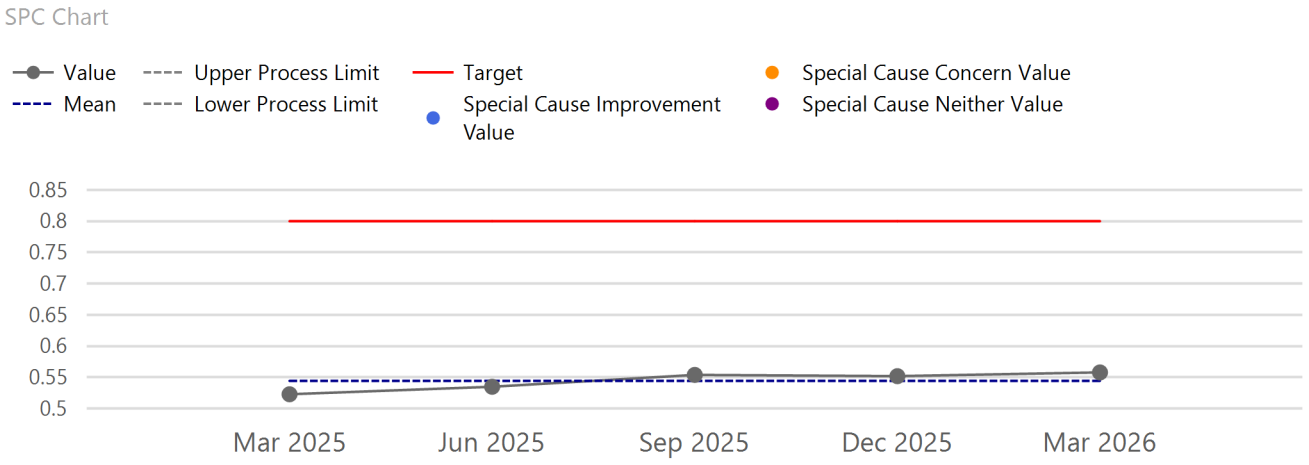
Implementation is limited by patient suitability for extended intervals of prescribing. Some patients and some medications are not suitable for this initiative.

Risk that promoting a fast pace of change will mean inappropriate patients are selected for this change which could lead to confusion, harm, increased waste along with increased workload and disengagement.

Metric ID: 10000164

Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	0.523	0.8			Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and above all NE England CCGs and the English average. Improvement continues.

Concerted work started in 2021/22 with heavy promotion of the All Wales Respiratory Guidance across all GP practice workforce, QI projects as part of the Medicines Management Incentive Scheme for GP practices as well as the PCIC medicines management team's work programme. In 2022/23 the Green Inhaler GMS QI project promoted the message further and learning from this project continues to embed.

Actions and Owners

Continued promotion of message to primary care workforce.

Identification and engagement with outliers.

Concerns

Change takes time given the volume of inhalers prescribed – some inhalers necessitate different technique which requires patient counselling.

Increasing amount of low carbon footprint inhalers are coming to market so indictor subject to change.

Risk that prescribing spend may increase as low carbon footprint inhalers are often more expensive.

FReport Title:	Diagnostics Performance and Recovery Report 26/27				Agenda Item No:	2.4	
Meeting:	F&P		Public	X	Meeting Date:	16/09/2026	
			Private				
Status	Assurance	X	Approval		Information/Noting		
Lead Executive Title:	Chief Operating Officer						
Report Author Title:	Director of Operations, Clinical Diagnostics and Therapeutics						

Main Report
Background and Current Situation:

1. Purpose

This report provides the Executive Board with an integrated assessment of diagnostic demand, capacity, activity, waiting-list performance and recovery trajectories across Cardiff and Vale University Health Board. It describes the development of diagnostic backlogs, explains the main causes of deterioration since March 2026, outlines the proposed recovery programme and highlights the key risks requiring Executive oversight. The paper focuses on diagnostic tests delivered by Radiology and Endoscopy, alongside echocardiography, as these services account for most diagnostic activity in the Health Board and are experiencing significant in-year and recurrent pressures.

2. Executive summary

Diagnostic performance has deteriorated significantly since March 2026, reversing much of the improvement achieved during 2025/26.

At the end of July 2026, 13,110 patients were waiting longer than eight weeks for a diagnostic test compared with 6,432 at the end of March, representing an increase of 6,678 patients. Radiology, Cardiology and GI Endoscopy account for 94.8% of the current breach position.

The deterioration reflects longstanding recurrent demand-capacity deficits and the loss of temporary funded recovery schemes that supported performance during 2025/26.

Across Radiology and Endoscopy, improvement was achieved through insourcing, outsourcing, waiting-list initiatives and additional funded activity. These measures reduced backlogs but did not resolve the structural mismatch between demand and sustainable capacity.

- Reduction of additional planned-care funded activity.
- Reduced mobile MRI capacity.
- CT scanner replacement and reduced CT capacity.
- RISP implementation-related downtime.
- Independent-sector under delivery within NOUS.
- Workforce shortages across Echo, endoscopy and specialist services.
- Continuing growth in urgent, cancer and surveillance demand.

The unmitigated year-end diagnostic forecast position is circa 17,954. The Health Board has submitted recovery schemes to Welsh Government. If fully approved and successfully mobilised, the estimated year-end breach position is approximately 3,500 to 4,000 patients.

3. National and local expectations

Requirement source	Requirement
NHS Wales Annual Plan 2026/27	Eliminate waits greater than eight weeks for specified diagnostic tests.

Level 4 de-escalation criteria	80% of patients waiting less than eight weeks for diagnostics, plus 80% of endoscopy and NOUS/non-cardiac MRI patients waiting less than eight weeks.
MAG Recommendation 6	Develop a National Endoscopy Plan and implement capsule sponge testing.
MAG Recommendation 8	Eliminate the Cardiff and Vale NOUS backlog, using independent-sector capacity if required.
MAG Recommendation 27	Regional collaboration on fragile services, specifically pathology and endoscopy.

Current and forecast performance remains materially below the relevant expectations.

4. Historic waiting list position, demand, activity and capacity: 2023/24 to 2025/26

4.1 Demand growth

Demand growth has been concentrated in higher-acuity pathways.

Growth is concentrated in higher-priority pathways. CT cancer and urgent demand increased by 34.9% and 36.7% respectively, while routine demand reduced by 21.0%. MRI cancer demand increased by 34.2%, urgent demand by 75.9%, and inpatient demand by 20.7%. In NOUS, urgent demand increased by 46.4% while routine demand reduced by 14.7%. This change in case mix requires capacity to be prioritised towards clinically urgent work and reduces the capacity available for routine waiting-list recovery.

Within Endoscopy, surveillance, USC and Bowel Screening represent material recurrent pressures, with modelled demand equivalent to approximately 94 lists each week. The residual waiting list is increasingly concentrated in surveillance, urgent, USC and Bowel Screening pathways.

Echocardiography (Echo) demand has increased significantly following the insourcing of additional outpatient cardiology clinic activity during 2025/26. Whilst the programme successfully increased outpatient capacity and reduced waits for first outpatient appointments, it generated a corresponding increase in patients requiring follow-on echocardiography. No additional recurrent diagnostic capacity accompanied this expansion, creating a material demand and capacity imbalance within the service.

4.2 Activity growth

Activity increased during 2024/25 and 2025/26 through insourcing, outsourcing, weekend delivery, waiting-list initiatives and Welsh Government-funded schemes. These interventions reduced waiting lists, particularly in Endoscopy, but activity growth remained dependent on temporary provision rather than recurrent service expansion.

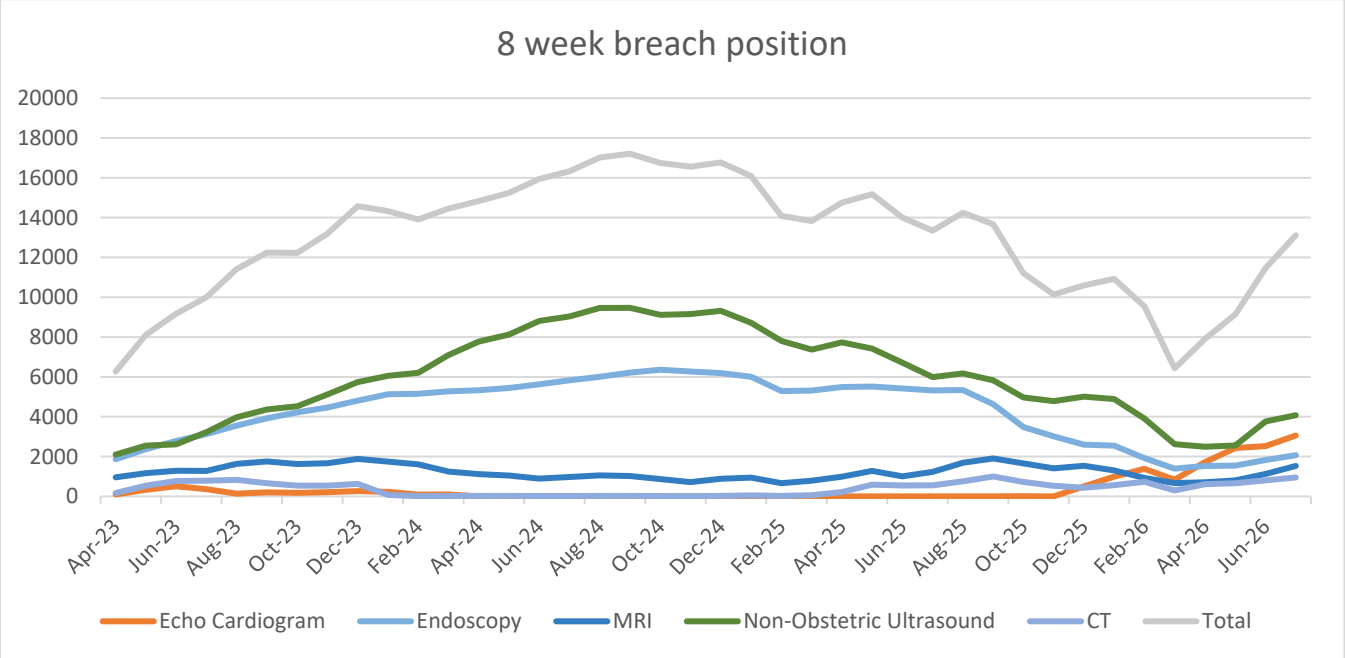
Modality	2023/24	2024/25	2025/26	Three-year change
CT	88,368	94,834	97,366	+8,998, +10.2%
MRI	38,846	41,445	45,377	+6,531, +16.8%
NOUS	79,733	82,010	79,946	+213, +0.3%
Endoscopy	10,891	14,033	17,763	+6,872 +63.1%

These figures represent procedures rather than unique patients, and combined appointments may generate two procedure records.

4.3 Waiting list position

The number of patients waiting more than eight weeks for a diagnostic test increased from 6,267 in April 2023 to a peak of 17,210 in September 2024. This deterioration was driven primarily by sustained demand and capacity pressures in NOUS and Endoscopy, which together accounted for most breaches at the peak. Performance improved significantly from late 2024 and throughout 2025/26. Additional activity delivered through insourcing, outsourcing, waiting-list initiatives and Welsh Government-funded recovery schemes reduced the breach position to 6,432 by March 2026, a reduction of 10,778, or 62.6%, from the September 2024 peak. The largest reductions were achieved in NOUS and Endoscopy, with further improvement in MRI.

However, this improvement has since reversed. The deterioration has occurred across all major modalities but has been most pronounced in Echocardiography and NOUS, alongside renewed growth in Endoscopy, MRI and CT breaches.
The trend demonstrates that the improvement achieved during 2025/26 was materially dependent on additional, non-recurrent capacity. The subsequent reduction in funded recovery activity, combined with workforce shortages, equipment, external provider under delivery and continued growth in urgent and higher-priority demand, has exposed the underlying recurrent demand and capacity imbalance.



4.4 Why backlogs developed

Driver	Evidence	Impact
Demand growth	Cancer, urgent, surveillance and inpatient demand increased. Capacity growth has exceeded forecasts in some areas.	Capacity growth has not matched demand.
Workforce constraints	Endoscopy, Echo, NOUS, MSK and head and neck ultrasound.	Limits sustainable delivery and recovery.
Temporary capacity dependency	Recovery relied on funded schemes and insourcing.	Improvement reversed when capacity reduced.
Equipment constraints	CT replacement and MRI & Endoscopy capacity/room losses.	Reduced available in-house activity.
Digital change	RISP implementation.	Temporary reduction in radiology activity.
Clinical prioritisation	Cancer, USC and urgent pathways protected.	Routine and surveillance recovery constrained.
External provider variation	NOUS provider under delivery.	Planned recovery activity not fully delivered.

5. Position since March 2026

5.1 Overall position

Measure	March 2026	July 2026	Change
Diagnostics >8 weeks	6,432	13,110	+6,678
Radiology	3,980	7,306	+3,326

Cardiology	876	3,239	+2,363
GI Endoscopy	1,182	1,883	+701

The deterioration demonstrates the extent to which improvement in 2025/26 depended on additional, non-recurrent capacity.

5.2 Radiology

CT

CT demand increased by 10.2%, while activity increased by 7.5%. Capacity was constrained by CT replacement works and associated downtime, and activity remains below plan.

MRI

MRI demand increased substantially. The cessation of mobile MRI provision in May 2026 removed additional capacity and contributed to waiting-list growth.

NOUS

NOUS continues to be affected by workforce shortages and reduced independent-sector delivery. Specialist MSK and head and neck services have recurrent capacity deficits that cannot currently be resolved through available workforce supply.

5.3 Principal constraints

CT and MRI gantry availability

The Regional Diagnostics Programme Board commissioned capacity and demand analysis last year across CVUHB, ABUHB and CTMUHB as part of the development of the Llantrisant Health Park (LHP) business case. The work is currently being revisited by the programme and assumptions tested to feed into the LHP case process. The table below shows a recurrent deficit across the three main radiology imaging modalities. The calculations were based on core activity only and projected a demand increase of 5%. The radiology directorate has additional schemes in place to bridge some of the gap, for example additional trainees and ISP in NOUS to reduce the ultrasound deficit.

	Year	CT	MRI	US
Projected Demand 2025/26 (5% uplift)	25/26	81,170	30,375	55,602
Actual Capacity	25/26	76,149	27,013	34,752
Deficit	25/26	-5,021	-3,362	-20,850

Workforce

The most significant workforce constraints exists within the sonography workforce delivering NOUS. This is a nationally recognised constraint across Health Boards and insourced providers experience similar constraints leading to ISP delivering well below contracted values. A number of senior staff retired during the COVID pandemic and training has not kept pace with demand. Cardiff and Vale UHB and HEIW have commissioned training posts each year and are working towards a sustainable position. Additionally, following the example in SBUHB, sonographer advanced practice qualifications are being developed to address MSK and H&N gaps.

Equipment and estates resilience

CT and MRI performance has been disrupted by scanner faults, supporting-equipment failures, network outages and environmental conditions. The CT2 replacement took approximately seven months rather than the planned 12 weeks, resulting in prolonged capacity loss while cancer and urgent demand were increasing. Heat-related disruption also reduced ultrasound room capacity and required MRI outpatient activity to be cancelled to protect inpatient provision.

The available data does not allow the scale of lost radiology activity to be quantified, as records capture the frequency of service interruptions rather than patient-level impact. However, the 2025/26 interruption data highlights a significant resilience issue, particularly in CT, with 135 interruption events, and MRI, with 99 interruption events. These issues will have disproportionately affected routine elective cases. A plan is being developed for an additional scanner dedicated to emergency and acute pathways, which would improve resilience, pathway efficiency, and reduce disruption to routine outpatient imaging.

Digital change

RISP implementation resulted in approximately two weeks of reduced activity, comprising the planned cutover and a longer-than-expected recovery period.

External capacity

External capacity has supported delivery, particularly in MRI and NOUS, but performance has been variable. NOUS providers have experienced workforce-related under delivery, with one supplier only delivering 60% of contracted values for the majority of the 12-month contract. One of the external providers for MRI ceased in May ahead of the RISP programme. There are plans to increase ISP support for all modalities for the remainder of 2026/27.

5.4 Endoscopy

The Endoscopy waiting list increased by 701 patients between March and July 2026. Long waits increased by 48.2%. Urgent pathways accounted for 78.7% of the increase between March and July 2026, while USC contributed a further 16.9%. Surveillance remains the largest cohort at 41.0% and has remained close to 3,000 during 2026. Routine pathways now represent only 7.4% of the list. Insourcing support from April 2026 had reduced due to financial constraints. Demand modelling identifies a continuing recurrent deficit despite planned workforce expansion.

5.5 Principal constraints

Recurrent capacity deficit

Modelled demand is 94 lists are required each week. The service planned to provide 48 core lists weekly from April 2026. This increases core delivery to 58 lists from October as new consultants commence. However, a deficit of 26 lists and 153 patients weekly is forecast to remain from October 2026. Further recruitment scheduled for early 2027 will reduce the recurrent deficit to 17 sessions per annum.

Workforce and supporting infrastructure

Delivery of additional lists is dependent on successful recruitment, trainee sign-off, and sufficient nursing, administrative, room, and decontamination capacity. By October 2026, the endoscopy consultant workforce is expected to increase by 5 WTE. This additional capacity will reduce the recurrent deficit but will not eliminate it. The Board has approved the capital case to develop further infrastructure at LHP to help bridge the gap. However, it should be noted that the case focuses on capital development, and the revenue funding required to deliver the additional capacity is not yet in place.

Higher-priority and screening demand

Clinical prioritisation appropriately protects urgent, USC and Bowel Screening pathways, but reduces the capacity available for surveillance and routine backlog clearance. Bowel Screening cohort has materially grown.

Dependence on non-recurrent capacity

Historic recovery depended on insourcing, weekend delivery and waiting-list initiatives. This creates financial and operational exposure and means that reductions achieved through temporary provision reverse when funding or capacity is withdrawn. The LHP development will likely commence delivery in 2028, therefore non-recurrent solutions will be required until this point.

5.6 Cardiology

Echocardiography remains the most significant constraint within the Cardiology diagnostic pathway and is the primary driver of current waiting list growth. Echo accounts for 58% of all planned and unplanned cardiology diagnostic demand, with an average of 2,521 patients being added to cardiology diagnostic waiting lists each month. The majority of demand (83%) originates from Cardiff and Vale residents.

Demand has increased significantly following the insourcing of additional outpatient cardiology clinic activity during 2025/26. Whilst the programme successfully increased outpatient capacity and reduced waits for first outpatient appointments, it generated a corresponding increase in patients requiring follow-on echocardiography. No additional recurrent diagnostic capacity accompanied this expansion, creating a material demand and capacity imbalance within the service.

Forecasting undertaken by the D&HI team demonstrates a 4.3% increase in echocardiography demand during 2025, with a further 9.9% increase forecast during 2026. Analysis also identifies a clear step-change in referral volumes from late 2025 onwards, suggesting a new and higher baseline level of demand rather than normal variation.

The demand increase has coincided with a sustained reduction in service capacity. Workforce pressures, including vacancies, maternity leave and reduced staffing availability, resulted in the loss of between 140 and 160 echo appointments per week during the period reviewed. Although recruitment has been successful, newly appointed staff were not yet in post and therefore the anticipated capacity gains had not been realised.

As a consequence, the waiting list has continued to grow despite mitigation measures. The tracker demonstrates growth from approximately 2,500 patients in May 2026 to over 3,200 patients by late August 2026. Under current assumptions, and with only the agreed recovery scheme in place, the waiting list is projected to continue increasing and could exceed 5,000 patients by March 2027. This indicates that existing recovery actions alone are unlikely to stabilise demand or deliver sustainable waiting list recovery.

Administrative factors have also contributed to pathway inefficiencies, including waiting list validation challenges, delays in cross-board transfers, and variation in booking processes across specialist clinics. Strengthened oversight, process improvements and successful recruitment to administrative vacancies have improved booking performance and list utilisation over recent months; however, these actions do not address the fundamental shortfall in diagnostic capacity.

6. Recovery plans

6.1 UHB-wide recovery programme

The recovery strategy combines additional funded capacity with productivity and efficiency improvement, waiting-list validation, DNA reduction, workforce expansion, service transformation and digital optimisation.

6.2 Recovery plans by modality

Area	Recovery actions
CT	PTL review; scanner optimisation; external capacity; overtime/WLI; validation; workforce review; additional CT infrastructure planning.
MRI	Long-wait plan; maintenance mitigation; CUBRIC partnership; external capacity; validation.
NOUS	External capacity; Imaging Academy support; workforce growth; vetting: validation; template review.
Echocardiography	Core activity maximisation, additional capacity and workforce modelling.
Endoscopy	Consultant expansion; vetting; coordinators; booking redesign; surveillance recovery; additional activity.

6.3 UHB-wide productivity and efficiency schemes

The Diagnostic Recovery Programme continues to develop a comprehensive productivity and efficiency approach focused on maximising the value of existing capacity and reducing dependence on non-recurrent solutions. The programme recognises that sustainable recovery will require a combination of pathway redesign, improved utilisation of existing assets and targeted workforce investment.
A key component of the programme is the continued validation of waiting lists and referral pathways. Validation activity is ensuring that patients remain clinically appropriate for investigation, duplicate referrals are removed and diagnostic requests continue to support agreed clinical pathways. This work improves the quality of waiting list information, supports equitable prioritisation and ensures available capacity is directed toward patients who require investigation.

Plans are in place to embed clinical validation and vetting as a routine practice across NOUS and endoscopy. Recent audits undertaken by P&I identified opportunities to improve waiting-list accuracy, reduce inappropriate demand and release clinical capacity. Validation will therefore form a core element of the Health Board's approach to improving waiting-list integrity, demand management and productivity.
Alongside validation, opportunities exist to improve utilisation of existing diagnostic infrastructure. Within Radiology, improvements in scanner utilisation are being pursued through optimisation of session templates, reduction in lost capacity, improved scheduling practices and better use of available reporting capacity. Similarly, Endoscopy is focused on improving room utilisation through standardisation of list management, reducing unused appointment slots and maximising activity within available sessions. These measures aim to increase completed activity without requiring additional physical capacity.
Booking redesign represents a further important productivity opportunity. Current analysis demonstrates that a significant volume of funded capacity is lost through non-attendance, late cancellation and unfilled appointments. The programme will implement enhanced patient readiness checks, two-way appointment confirmation, digital engagement and systematic backfilling of cancelled slots. Based on current performance, reducing avoidable non-attendance across Radiology and Endoscopy has the potential to create in excess of 3,000 additional diagnostic episodes annually from existing capacity.
The tables below set out the ambition based on 2025/26 data at modality level.

Modality	Planned Appointments	DNAs	DNA Rate	Improvement Target	Additional Capacity
CT	79,460	2,289	2.9%	Reduce to 2.0%	**~700 appointments**
MRI	34,229	2,122	6.2%	Reduce to 4.0%	**~753 appointments**
Non-Obstetric Ultrasound	57,757	5,915	10.2%	Reduce to 8.0%	**~1,294 appointments**
Total	**171,446**	**10,326**	**6.0%**		**~2,747 appointments**

Reduction in DNA Rate	Additional Endoscopy Procedures Annually
1 percentage point	~180–190
2 percentage points	~360–380
3 percentage points	~540–570

Strengthening substantive workforce capacity is central to the long-term sustainability of the diagnostic recovery programme. Targeted workforce growth across radiology, endoscopy and cardiology diagnostics will improve resilience, increase internally delivered activity and reduce dependence on outsourcing and insourcing arrangements. Over time, this will support better value for money by reducing premium-cost activity and increasing the proportion of diagnostic capacity delivered through UHB-managed services. However, this is a medium- to long-term solution and will take a number of years to fully deliver. There are nationally recognised workforce shortages in key diagnostic roles, including sonographers, nurse endoscopists and echocardiographers, and the benefits of workforce expansion will be dependent on successful recruitment, training, retention and recurrent revenue funding. In the interim, non-recurrent capacity solutions will remain necessary to maintain recovery trajectories while the substantive workforce pipeline is developed.
Collectively, these initiatives support a shift away from reliance on temporary capacity solutions toward a more sustainable operating model. Progress will be monitored through a productivity dashboard focused on waiting list validation outcomes, scanner and room utilisation, DNA rates, slot fill rates, internal versus outsourced activity, workforce establishment and additional diagnostic activity generated through efficiency initiatives. Benefits will only be recognised where interventions result in demonstrable increases in completed patient activity, reductions in waiting times or a reduction in recurrent expenditure.

6.4 Summary of planned care funding request

Specialty	Cases delivered	Scheme	Cost (£)
CAVUHB			
Radiology	3013	MRI Capacity Gap - (2nd Scanner)	300,000
Radiology	2680	CT Capacity Gap - Mobile scanner	206,000
Radiology	3614	NOUS Capacity Gap - Agency / Consultant Sessions*	289,100
Radiology	250	Cardiac CT	112,500
Radiology	145	Cardiac MRI	120,000
Gastroenterology	6173	Endoscopy Capacity Gap - Insourcing / Additional Internal sessions**	2,100,000
Paediatric Endoscopy Recovery	182	Reduction in waits over eight weeks and support for RTT recovery pathways.	350000
Pathology		Additional Pathology Costs (Endo) - outsourcing reporting	95,000
Cardiology	1794	Echo capacity gap - Insourcing	251,429
Cardiology	60	DSE/ MPI/TOE - Insourcing	56,580
Urology/Gynae	75	Urodynamic Capacity gap - Insourcing	37,500

Urology/Gynae	150	Cystoscopies	30,000
Imaging Reporting		Prevent reporting delays and support increased scanning activity.	196,000
NOUS Validation		Improve the quality and accuracy of the endoscopy waiting list	30,000
Booking Processes		Reduced CNA/DNA rates.	82,000
Total			**4,256,109**

*Working with P&I to develop options to bridge the significant gaps in both MSK and H&N NOUS
**Additional outsourced provider scheme under development to close the gap

7. Recovery trajectories

The tables below show the unmitigated forecast and the expected position if confirmed recovery schemes are delivered. The unmitigated year-end diagnostic forecast is around 17,954 breaches. The Health Board has submitted recovery schemes to Welsh Government; if these are fully approved and successfully mobilised, the year-end breach position is expected to reduce to approximately 3,500 to 4,000 patients. The schemes were due to commence on 1 September, but funding has not yet been confirmed for all schemes. As a result, there is a risk that delivery timescales and forecasts may need to be revised.

7.1 UHB position

Figure 1: Forecast diagnostic breach position before mitigation

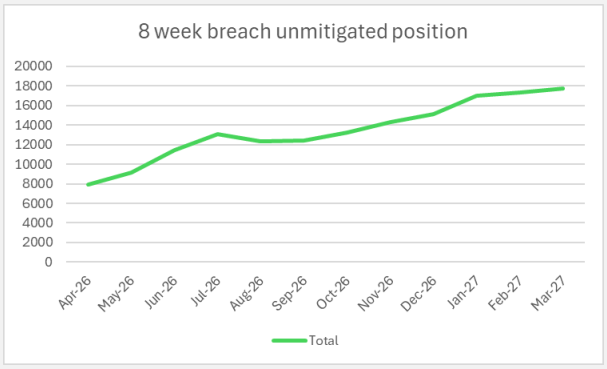
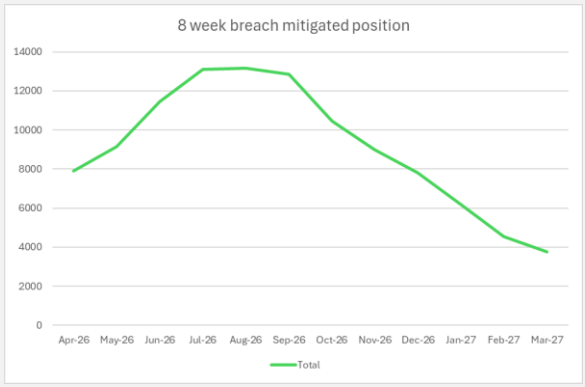


Figure 2: Forecast diagnostic breach position following recovery scheme delivery



7.2 Radiology

Figure 3: CT breach forecast before mitigation

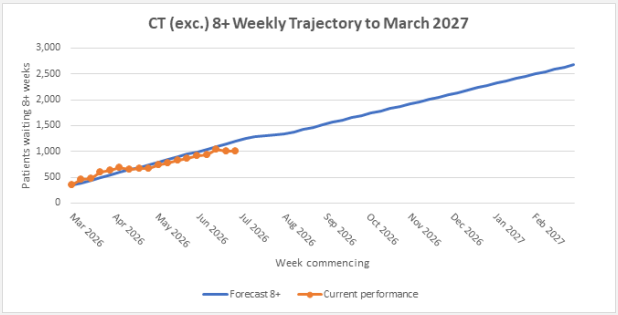


Figure 4: CT breach forecast following recovery scheme delivery

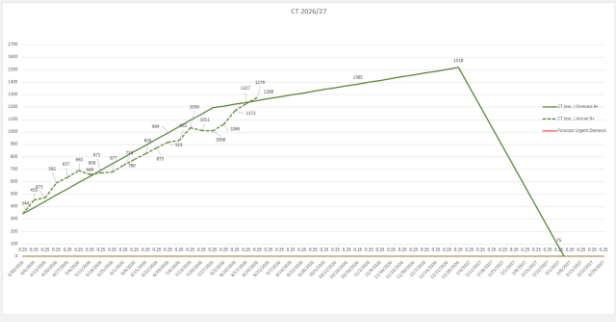
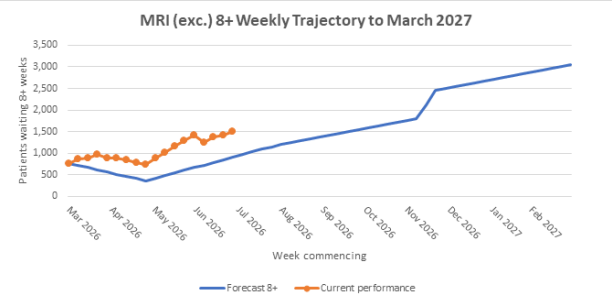


Figure 5: MRI breach forecast before mitigation

Figure 6: MRI breach forecast following recovery scheme delivery



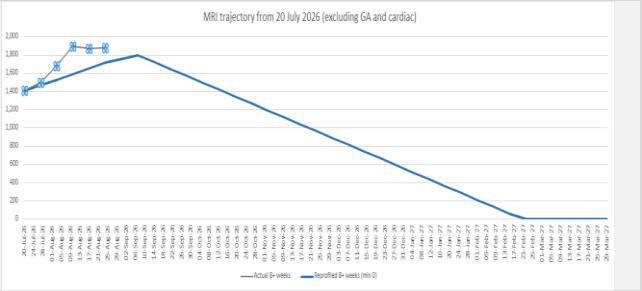


Figure 7: NOUS trajectory before mitigations

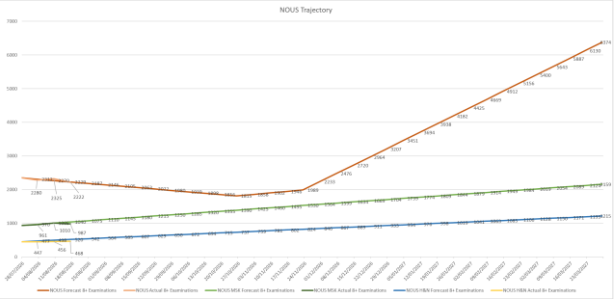


Figure 8: NOUS trajectory following mitigations

7.3 Endoscopy

Figure 9: Endoscopy trajectory before mitigations

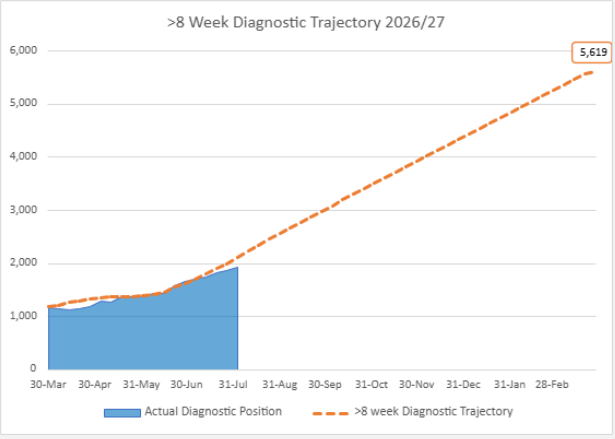
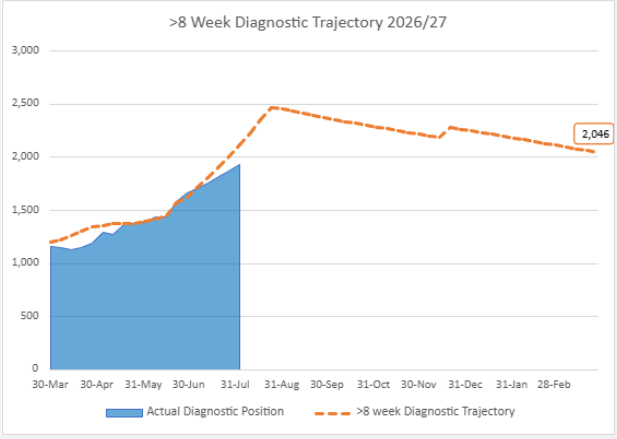


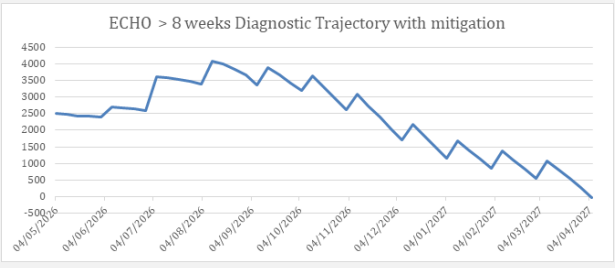
Figure 10: Endoscopy trajectory following mitigations

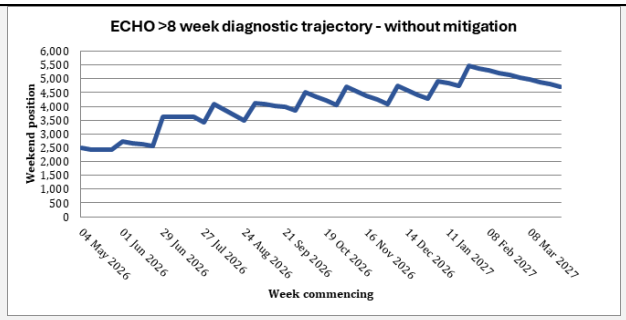


7.4 Echocardiography

Figure 11: Echo trajectory before mitigations

Figure 12: Echo trajectory after mitigations





8. Risks to delivery

Risk	Impact	Current mitigation / assurance
Welsh Government funding not approved	Planned additional activity cannot be delivered.	Funding submission and scenario planning.
Workforce recruitment delays	Capacity benefits not realised.	Recruitment, training and workforce pipeline monitoring.
Equipment failure	Further loss of activity.	Maintenance, resilience and contingency plans.
External provider underdelivery	Recovery trajectory missed.	Contract monitoring and escalation.
Demand exceeds assumptions	Capacity deficit widens.	Monthly demand and activity reconciliation.
Data quality or modelling variance	Forecast confidence reduced.	Patient-level reconciliation and consistent definitions.
Transformation benefits not realised	Recovery delayed.	Benefits tracking through programme governance.

The highest residual risks relate to Endoscopy, MSK ultrasound and head and neck ultrasound workforce availability, the remaining delivery window and limited specialist workforce supply.

9. Recurrent sustainability

A sustainable diagnostic recovery position cannot be delivered through non-recurrent funding and temporary capacity alone. The Health Board has therefore taken steps to strengthen recurrent capacity across the main areas of diagnostic pressure, with a focus on building substantive workforce, reducing reliance on insourcing and outsourcing, and improving resilience across fragile services.

9.1 Endoscopy

Endoscopy activity has increased substantially, but this improvement has been predominantly delivered through insourcing and mobile capacity rather than growth in core activity. Core utilisation is relatively high, although cancellations and booking processes present further productivity opportunities. These improvements will not, in isolation, close the recurrent capacity deficit. Sustainable recovery requires successful mobilisation of the additional workforce, continued short-term funded capacity, improved utilisation and a recurrent revenue and infrastructure solution.

In endoscopy, consultant gastroenterologist capacity has increased by 5 WTE in-year. This provides an opportunity to increase recurrent endoscopy capacity, support more resilient rota cover and reduce dependence on temporary insourcing. The benefit of this investment will need to be maximised through effective job planning, room utilisation, vetting, booking processes and alignment with cancer, urgent, surveillance and routine demand. In the longer term the SE Wales region has sought revenue and capital funding to develop Llantrisant Health Park to bridge the capacity gap.

9.2 Radiology

Radiology activity has increased year on year, but this improvement has been predominantly delivered through insourcing and mobile capacity rather than growth in core activity. Cancellations and booking processes present further productivity opportunities. These improvements will not, in isolation, close the recurrent capacity deficit. Consultant radiologist capacity has increased across 2025/26 and 2026/27. This will support reporting capacity and provide greater resilience across key modalities, including CT and MRI. However, there is a recurrent gap across the existing scanners. Collaboration with CUBRIC in Cardiff University will help mitigate part of the MRI capacity gap. A case is also being developed for an additional CT scanner within the EU footprint to provide dedicated inpatient scanning capacity and reduce the impact on routine outpatient activity. In addition, the Llantrisant Health Park development presents an opportunity to realign secondary care imaging and repatriate out-of-area patients to their home health boards where clinically appropriate. The deployment of a modern patient booking and communication system in Q4 2026/27 will further support productivity improvements and enhance patient experience.

For NOUS, the key recurrent solution is the continued development of the sonographer workforce through a structured training and development programme. This is particularly important in specialist areas such as MSK and head and neck ultrasound, where external capacity is limited and workforce constraints are expected to remain a barrier to short-term recovery. The programme should support medium-term workforce growth, skill mix development and improved resilience.

9.3 Cardiology

In Cardiology, recurrent sustainability will depend on training, recruiting and retaining sufficient cardiac physiologists to meet ongoing diagnostic demand, particularly for echocardiography. Developing this workforce pipeline will be critical to reducing reliance on temporary capacity and improving the deliverability of future trajectories.

10. Summary

The organisation continues to make progress in increasing diagnostic activity and strengthening resilience. Despite this progress, demand continues to exceed available capacity across a number of diagnostic pathways and remains a significant challenge for the Health Board.

The current unmitigated year-end forecast indicates a diagnostic breach position of approximately 17,954 patients. In response, the Health Board has developed and submitted a range of recovery schemes to Welsh Government designed to increase activity, improve productivity and accelerate waiting list reduction. Subject to full approval, funding and successful mobilisation, these schemes are forecast to reduce the year-end breach position to approximately 3,750 patients, representing a reduction of 14,204 patients (79.1%) compared with the unmitigated forecast.

Delivery of the mitigated trajectory would eliminate over-eight-week waits across the majority of diagnostic services, including CT, MRI, cardiology diagnostics, neurophysiology, vascular technology and nuclear medicine. The residual breach position would be concentrated within Endoscopy and Non-Obstetric Ultrasound, which will remain the principal recovery priorities during the remainder of the year and next year.

Delivery Against National and Local Expectations

Measure	Expectation	Forecast Position	Status
Diagnostic patients waiting >8 weeks	Eliminate all breaches	3,750	**Red**
MRI waiting >8 weeks	Eliminate breaches	0	**Green**
Non-Obstetric Ultrasound backlog	Eliminate backlog	1,768	**Red**
NOUS patients waiting <8 weeks	≥80%	75%*	**Red**
Endoscopy backlog	Eliminate backlog	1,942	**Red**

Endoscopy patients patients waiting <8 weeks	Eliminate backlog	30%*	**Red**

*Based on the forecast waiting-list size and forecast breach position.

Alongside the recovery schemes, the service continues to focus on productivity and efficiency initiatives aimed at maximising the value of existing capacity. These include strengthened waiting-list validation, improved scanner and room utilisation, optimisation of booking and scheduling, reduced avoidable non-attendance and cancellations, and continued expansion of substantive workforce capacity. Collectively, these initiatives are intended to increase internally delivered activity, reduce avoidable capacity loss, reduce reliance on outsourcing and insourcing, and support sustainable reductions in waiting times.

Analysis undertaken through the Productivity and Efficiency Programme demonstrates that additional capacity can be generated through improved operational performance, particularly through validation, enhanced utilisation of existing diagnostic infrastructure and reductions in non-attendance. Booking redesign alone has the potential to release significant additional activity across Radiology and Endoscopy, whilst workforce growth will improve long-term service resilience.

Whilst recovery trajectories remain challenging, the Programme is increasingly focused on establishing a sustainable model for diagnostic delivery that balances capacity growth, productivity improvement, and pathway transformation. Continued Executive Board support will be required to enable successful mobilisation of approved recovery schemes and to ensure achievement of the planned trajectory and associated benefits.

11. Next Steps

Diagnostic activity analysis shows a continuing structural gap between demand and available capacity. Recovery schemes, additional activity and productivity measures have reduced some of this pressure, but the underlying capacity shortfall remains a material constraint on sustainable delivery of waiting-time ambitions. The planned development of Llantrisant Health Park provides an important opportunity to address several diagnostic capacity constraints from 2027/28 onwards. However, the Health Board will need to secure the revenue funding required to deliver the programme and manage the workforce and capacity risks that will remain before the full benefits of LHP are realised. LHP will help address the endoscopy capacity deficit, but it will not resolve all diagnostic capacity constraints.

Workforce shortages remain a material constraint across diagnostic services and cannot be fully resolved within a single financial year. In several key roles, including sonography, endoscopy nursing and echocardiography, the workforce pipeline requires sustained recruitment, training, supervision and retention over a number of years.

Over the next few months The Planned Care Programme will develop a plan that clearly distinguishes between the short-term capacity measures required to maintain recovery trajectories and the multi-year workforce investment needed to deliver sustainable recurrent capacity. The plan will set out the recurrent and non-recurrent actions required to support sustainable recovery and will include:

- **Endoscopy:** revenue requirement to address the recurrent shortfall of 17 weekly sessions, including workforce requirements, productivity assumptions and phased capacity growth.

- **Echocardiography:** a recurrent workforce investment proposal focused on expanding training capacity and developing the future workforce, recognising that long-term sustainability cannot be achieved through temporary staffing solutions alone.

- **Radiology:** a medium-term service plan incorporating a range of options to improve resilience and reduce reliance on additional capacity, including regional service reconfiguration and rebasing opportunities, additional scanner resilience, increased ultrasound room capacity, workforce development, emerging technologies and opportunities for collaboration with Cardiff University's CUBRIC facility.

Alongside these service-specific plans, the programme will continue to pursue productivity and efficiency opportunities through waiting list validation, booking redesign, improved scanner and room utilisation, and workforce optimisation. These measures are expected to generate additional activity from existing resources and reduce reliance on outsourcing, insourcing and waiting list initiatives; however, they will not fully address the scale of the recurrent capacity deficits currently present within the diagnostic system.

The workforce and capacity plan will provide the Executive Board with a clear basis for determining the recurrent investment, workforce development and service transformation required to close the diagnostic capacity gap and sustain waiting-time recovery.

12. Delivery and assurance framework

Control	Frequency	Minimum content	Escalation
Clinical Board modality review	Weekly	Demand, activity, workforce, longest waits and trajectory variance.	Adverse variance for two weeks or loss of capacity.
Diagnostics Delivery Group	Weekly	Scheme milestones, finance, benefits and risks.	Forecast miss or unfunded mitigation.
Executive Productivity and Efficiency Board	Monthly	Patient-level position, trajectory, forecast, cost and confidence.	Year-end deterioration or material plan variance.
Data reconciliation	Monthly	Patient and examination counts, definitions and source validation.	Unreconciled variance or definition change.

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

- Note the deterioration in diagnostic waiting-time performance since March 2026.
- Note the recurrent demand-capacity deficits across Radiology, Endoscopy and Cardiology.
- Note the Welsh Government diagnostic recovery funding request.
- Endorse the integrated diagnostic recovery programme.
- Note the principal risks to delivery.
- Support monthly trajectory, performance and recovery assurance reporting via the Productivity and Efficiency Board.

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

Operational Performance Report - measures

Recommendations:

a) Board is requested to NOTE the position against key organisational performance indicators for 26-27 and the update against the operational plan programmes

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	x	4. Acting for the Future	

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

Prevention		Long Term	x	Integration	x	Collaboration		Involvement	

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	

Report Title:	Grip & Control Assessment and Required Actions				Agenda Item no.	2.5	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	16/09/2026	
			Private				
Status:	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of Finance						
Report Author:	Deputy Director of Finance						

Background and current situation:

Purpose

This report presents the updated Health Board self-assessment against the Welsh Government Grip and Control framework and sets out the actions required to strengthen the current position.

The assessment follows the initial paper considered by the Committee earlier in 2026. That paper identified a mixed position, with established controls in several areas but material weaknesses in the consistency of their operation, evidence of compliance and management follow-through.

The assessment has now been reviewed in greater detail. It distinguishes between:

- the current control position;
- controls and actions already operating;
- further actions required to address identified gaps; and
- areas where stronger evidence and assurance are required.

Overall assessment

The assessment confirms that the Health Board has a substantial underlying control framework. Areas of relative strength include:

- Standing Financial Instructions and core financial procedures;
- budget setting, monitoring and financial reporting;
- core financial accounting, capital, fixed asset and balance-sheet processes;
- elements of establishment and vacancy control;
- temporary staffing approval and medical rate controls;
- procurement and tendering processes; and
- purchase-to-pay controls.

These arrangements provide an important foundation. However, the assessment does not demonstrate consistently strong grip and control across the organisation.

The principal issue is not simply whether a policy or process exists. In several areas, the Health Board cannot yet demonstrate that controls are applied consistently, that exceptions lead to timely intervention, or that corrective actions produce the intended outcome.

The most significant weaknesses remain in:

- escalation and consequence management;
- workforce planning, establishment control and reconciliation;
- sickness absence and annual leave management;
- rostering, medical job planning and alignment of staffing to demand;
- temporary staffing governance;
- overtime, expenses and waiting-list payments;

- operational contract management and procurement assurance;
- income and debt recovery; and
- stock and estates controls.

This is consistent with the conclusion of the initial assessment, which identified operational discipline, workforce controls, rostering, contract management and debt recovery as the principal areas requiring further development.

Key issues and required actions

Organisational accountability and escalation

Financial, workforce and operational performance is reported through a range of established forums. However, the assessment identifies a continuing need for a clearer and more consistent escalation process where services fail to deliver agreed plans, control totals or improvement actions.

A formal escalation framework will be developed to define:
- the performance thresholds that trigger intervention;
- the accountable Executive Director and deputy;
- the corrective action and recovery plan required;
- the forum responsible for oversight;
- the timetable for improvement; and
- the escalation route where delivery remains off track.

The relevant Executive Director will remain accountable for delivery, supported by their deputy and the appropriate operational leads.

Workforce planning and establishment control

Workforce costs represent the Health Board's largest area of expenditure and the most material area of control risk.

The assessment identifies established vacancy and recruitment controls, but also weaknesses in:
- the granularity of workforce plans;
- reconciliation between ESR, funded establishments and financial budgets;
- removal of redundant, partial or unfunded posts;
- systematic review of long-term vacancies;
- timeliness of leaver notifications; and
- management of performance and capability cases.

Required actions include completion of establishment reconciliation, review of posts vacant for more than six months, stronger approval of establishment changes, improved monitoring of leavers and overpayments, and clearer escalation where workforce trajectories are not delivered.

These actions will be led jointly by the Executive Directors of People and Culture and Finance, supported by their deputies.

Sickness, leave, rostering and job planning

Sickness absence is reported at service, Clinical Board and organisational level. However, the assessment identifies inconsistent local follow-through and insufficient evidence that recovery actions are reducing absence.

Annual leave management is stronger in areas using HealthRoster, but organisation-wide oversight remains incomplete. Medical annual leave is not routinely monitored at organisational level.

The assessment also confirms that roster approval does not currently meet the twelve-week expectation in the Welsh Government framework. Approximately 80% of nursing rosters are approved six weeks in advance, and changes made after approval are not consistently measured.

Consultant job-plan compliance is estimated at approximately 80% to 85%, below the framework expectation of at least 90%. Greater alignment is also required between job plans, rotas, planned activity and clinical productivity.

Actions will include:

- stronger sickness and leave exception reporting;
- recovery plans for areas with persistently high absence;
- routine monitoring of medical annual leave;
- an agreed Health Board roster approval standard;
- reporting of changes after roster approval;
- completion of outstanding consultant job plans;
- achievement and maintenance of compliance above 90%; and
- closer alignment of staffing, job plans and planned service activity.

These actions will be led by the Executive Directors of People and Culture, Nursing, Medical Services and Operations, supported by their deputies.

Temporary staffing and additional staff payments

The Health Board has a number of effective temporary staffing controls, including approval arrangements, internal bank provision and the medical rate card. However, arrangements remain fragmented between staff groups and there is no single organisation-wide temporary staffing policy.

Further action is required to standardise:

- booking and approval arrangements;
- bank-first requirements;
- management of long-term agency and locum workers;
- reporting of rate and framework exceptions;
- monitoring of agency displacement; and
- measurement of financial benefits.

Additional controls are required over overtime, mileage and expenses, and waiting-list initiative payments. These include review of high-value outliers, confirmation that existing capacity has been used before additional payments are approved, and benchmarking of payment rates.

These actions will be led by the relevant Executive Directors for People and Culture, Nursing, Medical Services, Operations and Finance, supported by their deputies.

Procurement, contracts and expenditure control

Procurement and purchase-to-pay processes remain areas of relative strength.

However, assurance is weaker once contracts become the operational responsibility of local services.

The assessment identifies the need to:

- improve visibility of all local contracting activity;
- report procurement breaches consistently;
- complete and validate the contract register;
- assign accountable contract owners;
- introduce risk-based contract and service-level reviews;
- strengthen management of contract expiry;
- reduce retrospective purchase orders;
- strengthen three-way-match exception reporting;
- review aged open purchase orders and goods received but not invoiced; and
- increase scrutiny of off-contract and consultancy expenditure.

These actions will be led by the Executive Director of Finance, supported by the Deputy Director of Finance and NWSSP Procurement.

Income, debt, stock and estates

Debt recovery processes are in place, but performance varies between debt categories. Further action is required to improve invoice timeliness, debtor segmentation, internal query resolution, salary overpayment recovery and referral to external recovery agencies.

Stock controls are largely managed locally. The assessment identifies a need for stronger organisation-wide assurance over stock rotation, minimum and maximum levels, consignment stock and avoidable delivery costs.

For estates, the principal actions are to improve reporting of maintenance risk, strengthen prioritisation of capital and maintenance programmes, and develop clearer milestones and financial impacts for estate rationalisation.

These areas will be led by the relevant Executive Directors of Finance, Operations and Strategy and Planning, supported by their deputies.

Delivery and assurance arrangements

Each action will be assigned to the relevant Executive Director, supported by their deputy and appropriate operational lead and will be monitored as part of the overarching Integrated Improvement Plan (IIP)

The key remaining requirement is to agree clear and credible delivery timescales. Executive Directors and deputies will be asked to confirm:

- the detailed action and expected outcome;
- the named operational lead;
- the delivery date;
- the evidence required to demonstrate completion;
- any dependencies or resource requirements; and
- the route through which progress will be reported.

The action plan will distinguish between immediate control improvements, policy or process changes, longer-term system developments and ongoing controls that require continuing monitoring.

Progress will be reported through Management Executive and the relevant delivery and assurance arrangements. A consolidated progress report will be presented to the Finance and Performance Committee, highlighting overdue actions, delivery risks and material exceptions.

Where an action is not completed within the agreed timescale, the accountable Executive Director will be required to provide a recovery plan and an assessment of the continuing financial, operational or governance risk.

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

The assessment provides assurance that the Health Board has many of the expected financial and organisational control arrangements in place.

However, grip and control remains inconsistent across a number of important domains. The central weakness is the gap between having a control process and being able to demonstrate that it is operating reliably, consistently and with effective management follow-through.

The immediate priority is therefore to convert the assessment into a time-bound improvement plan, with clear Executive ownership, measurable outcomes and routine reporting of delivery and exceptions.

Recommendation:

The Committee are requested to:

1. **NOTE** the final Grip and Control self-assessment and the areas of relative strength and weakness identified;
2. **NOTE** the actions already underway and the further improvements required;
3. **CONFIRM** that delivery will be led by the relevant Executive Directors, supported by their deputies and nominated operational leads;
4. **REQUIRE** Executive Directors and deputies to confirm delivery timescales and completion evidence for each action;
5. **ENDORSE** the development of a consolidated Grip and Control Improvement Plan; and
6. **REQUIRE** progress, overdue actions and material exceptions to be reported through the Finance and Performance Committee and relevant executive governance arrangements.

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration		Involvement	

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

Impact Assessment:

Risk: No

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

Safety: No

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

Financial: Yes

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

Workforce: No

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

Legal: No

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

Reputational: No

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

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

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

Equality and Health: No

Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals

contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: No

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

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

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

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:
• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?
• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.
• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?
• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?
Does the subject matter of your paper risk any of the above not being achieved?

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

CAV Grip & Control Assessment 2026-27

	Contol / process in place and operational
	Control / process partially in place / operational (needs comment and action)
	Control / process not in place operational (needs comment/action)

1. Framework and Guidance	Controls / Processes in place	Assurance that processes are operational	Position	Action Plan
Clear and Up to Date Standing Financial Instructions				
· SFIs are up to date and readily accessible to all relevant officers.			The latest SFI's are published on the UHB's Internet site and are accessible by everyone. https://cavuhb.nhs.wales/about-us/governance-and-assurance/policies-procedures-and-guidelines/	Maintain annual review of SFIs and confirm links remain current and accessible.
Clear Process Notes				
· All Financial Control Procedures are up to date, accessible and minimum provision aligns with the Finance Academy best practice guide. (e.g. month end close down processes, financial reforecasts).			Financial Control Procedures are held on the UHB SharePoint site and are accessible to staff. Review dates and ownership are not yet consistently evidenced across the full suite.	Assign owners and review dates to all Financial Control Procedures; complete the outstanding review and report compliance through Finance governance.
· All Financial Control Procedures are widely available to all relevant team members.			All UHB staff have access to FCPs via SharePoint	Maintain SharePoint access and include FCP awareness in induction and periodic team communications.
· Adequate training is provided to all relevant staff members to ensure awareness and understanding of relevant financial control procedures.			All new Finance staff are made aware of the FCP's on induction.	Introduce role-based refresher training and retain completion evidence for staff with key financial-control responsibilities.
Roles and Responsibilities				
· Roles and responsibilities of budget holders clearly defined and clearly communicated, including responsibilities with respect to core budgets, cost reduction element of their budgets and procurement.			The Financial Framework sets out the Control Total by Clinical Board including growth/cost pressure estimates and savings requirement. SFIs cover expectations of budget holders with monthly reports issued for review.	Reissue budget-holder responsibilities with the 2026/27 control totals and savings requirements; require confirmation of acceptance.
· Delegation letters have been issued and have been signed.			A Budget Control Procedure covering delegation letters has been drafted but is not yet approved or implemented.	Approve the Budget Control Procedure and issue signed delegation letters to all budget holders.
· All budget holders have objectives supporting the delivery of financial objectives in Performance appraisal process.			All Clinical Boards are required to deliver their agreed control totals, which form the overarching financial objective for each Board. However, there is currently limited assurance that this expectation is consistently translated into explicit financial objectivies within individual budget holder value based appraisals.	Require explicit financial delivery and control objectives in relevant budget-holder appraisals and obtain assurance through the performance review process.
· Budget holders receive training on their roles responsibilities and objectives at reasonable intervals and monitoring of this can be demonstrated.			Budget-holder training is available through ECOD and Finance Business Partnering teams, but attendance, refresher frequency and completion are not consistently monitored.	Define mandatory training for budget holders, monitor completion and provide targeted refresher sessions.
· Consider whether the number of budget holders is appropriate - reduced budget holders can improve control over expenditure.			Finance Business Partnering teams review budget-holder arrangements, but the number and appropriateness of budget holders have not yet been comprehensively rationalised.	Complete a UHB-wide review of budget holders and consolidate or remove inappropriate delegations.
Investments and Business Cases				

· Clear Business Case review procedures for reviewing and approving any new projects across the organisation.			Value and Benefits realisation group (VBRG) in place for case screening prior to onward submission to Senior Leadership Team, Finance & Performance Committtee and Board.	Maintain VBRG screening and refresh the business-case route to ensure affordability, workforce and benefit-realisation tests are explicit.
· The above includes a relevant committee structure where robust review and challenge takes place.			VBRG chaired by DoF with Executive and senior representation to robustlky challenge cases presented.	Document challenge and decisions in VBRG minutes and escalate cases without credible affordability or benefits evidence.
· Post implementation benefit realisation reviews process in place.			Post implementation reviews are in place and scheduled throughout the year.	Complete the scheduled post-implementation reviews and report benefit slippage with named recovery actions.
· Review previous 12 months of business cases to ensure savings/benefits realisation.			Reviewed throigh post implementation process	Complete the retrospective review of cases approved in the previous 12 months and reconcile forecast benefits to delivery.
· Establish list of ongoing and planned projects and determine what can be ceased or delayed.			There is no single, fully prioritised organisation-wide list of projects that clearly identifies schemes to cease, defer or continue, with explicit trade-offs.	Create a single prioritised project pipeline and identify schemes to stop, defer or rescope as part of the 2026/27 and 2027/28 planning response.
Internal Escalation				
· Clear internal escalation processes in place for service areas that are not delivering their financial plans with appropriate financial or non-financial controls or remedial actions applied.			Monthly performance reviews provide financial scrutiny, but the UHB does not yet have a sufficiently formal and consistently applied internal escalation framework for areas failing to deliver control totals or recovery actions.	Approve and implement a formal escalation framework with triggers, controls, named accountability, recovery milestones and consequences for non-delivery.
2. People Costs – Establishment and Vacancies	**Controls / Processes in place**	**Assurance that processes are operational**	**Position**	**Action Plan**
Policy and Procedure				
Criteria in place for annual and other leave (e.g. study and parental leave) to be notified to the organisation and signed off (where applicable) with sufficient notice to minimise impact on rotas.			Annual leave is recorded and approved through ESR Manager Self Service, HealthRoster and Codi. Nursing protocols exist, but arrangements vary by staff group and service.	Standardise leave-notification and approval requirements across staff groups and review nursing arrangements following the 2026 uplift.
Processes in place to ensure compliance with the All Wales Sickness policy - Rigorous sickness policy and procedure is in place and communicated to minimise absences (inc. return to work meeting).			Attendance controls operate through People & Culture Business Partners and People Services, but application and manager accountability are inconsistent.	Strengthen manager capability, accountability, simplify documentation and monitor compliance with sickness-policy requirements.
Consider increasing sign off levels for sick leave to ensure transparency.			This action has been consider but discounted. Sickness Absence panels and or reviews are in place across CBs & CEF, sickness absence levels are discussed & monitored through 1to1s, EPR, P&C Committee & Board. Taking the accountability away from line managers is counter productive, senior oversight is in place	Retain line-manager accountability and test whether existing sickness panels and senior oversight are delivering measurable improvement.
Establishment (Establishment control | HFMA)				
Workforce plans are in place, are of a sufficiently granular level of detail (for example, by service, workforce type and substantive/ temporary); and align to approved establishment levels and budget.			Workforce plans are produced by directorate, staff group and substantive/temporary pay. Establishment data in ESR is not yet sufficiently reliable or aligned to the general ledger, and workforce plans are not consistently linked to demand, capacity and activity.	Complete ESR establishment cleansing and general-ledger alignment; link workforce plans to agreed activity, demand and capacity assumptions.
Workforce plans are regularly reviewed by service and divisional leads to ensure compliance with or action to move to compliance against both establishment and budget.			Workforce plans are reviewed, but the quality, granularity and challenge applied are inconsistent and establishment control remains incomplete.	Introduce a standard monthly establishment and workforce-plan review with documented exceptions and recovery actions.

Reconciliation process in place to ensure that WTEs per financial and HR systems reconcile.			Reconciliation work between ESR and the general ledger is underway. Full reconciliation is not currently achieved, partly because the systems contain different workforce and pay populations.	Define an agreed reconciliation methodology, quantify explainable differences and report unresolved variances monthly.
Vacancy Review (Establishment control | HFMA)				
Establish a regular vacancy control panel (VCP) or equivalent to check and challenge recruitment to ensure all vacancies remain within authorised			CBs/CEF have vacancy control panels in place	Retain local panels but introduce a common minimum dataset, financial test, exception route and central
Ensure the VCP terms of reference enable flexibility to avoid operationally delaying opportunities for savings and considering clinical need.			Vacancy control panels operate locally, but there is no confirmed common UHB-wide terms of reference demonstrating a consistent balance between pace, financial control and clinical need.	Agree and implement common UHB-wide vacancy-control terms of reference, including turnaround expectations and rapid safety exception handling.
Implement an automated weekly head count tracker (temporary and substantive).			Substantive staff in post and temporary workforce reliance are monitored monthly. An automated weekly organisation-wide tracker is not in place.	Develop a weekly staff in post tracker covering substantive staff in post, starters, leavers and temporary staffing.
Assess the recruitment process and remove blockers/ bottle necks that may lead to higher agency & locum costs.			Central recruitment of HCSWs reduces burden on CBSs and improves timescales	Map recruitment bottlenecks, prioritise hard-to-fill roles and track whether delays are increasing bank or
Review all current vacancies with a view to remove or freeze posts.			Vacancies are reviewed locally and some posts are held. ESR posts are not always removed promptly when	Implement a formal process to remove redundant ESR posts promptly and report aged vacancies monthly.
Focus on long term/ 6-month vacant posts – can these be removed or re-engineered?			There is no consistently evidenced UHB-wide review of posts vacant for more than six months to remove or redesign them.	Review all posts vacant for six months or longer and remove, redesign or justify each post through the vacancy-control process.
Review the establishment to remove partial posts not required and identify unfunded posts.			There is no complete, reconciled review of partial and unfunded posts across the UHB.	Complete a reconciled review of partial and unfunded posts and correct ESR and budget establishments.
Implement non-clinical recruitment freeze unless it can be evidenced that role is business critical or key for financial/ quality and safety improvement.			A UHB-wide recruitment freeze operated in 2025/26 with Executive approval by exception. Responsibility returned to Clinical Boards and Corporate/Executive Functions in November 2025. There is currently no organisation-wide non-clinical freeze.	Apply a targeted vacancy-hold parameter to an agreed proportion of turnover, with service-change plans and Executive exceptions for quality and safety.
Leavers				
Processes in place to ensure line managers notify HR of leaving dates and any other pay-impacting staff changes in a timely manner to reduce risk of overpayments.			Managers use ESR Manager Self Service, HealthRoster and the SMA app to notify terminations and changes. Overpayments are monitored monthly, but a recent audit provided limited assurance over the timeliness and effectiveness of controls.	Implement the limited-assurance audit actions, monitor late terminations and overpayments by manager and escalate repeated non-compliance.
Workforce management monitoring (Establishment control | HFMA)				
Process in place to review levels of poorly performing staff and consider options for more rapid improvement and/ or staff exit.			Performance management is weak and there are currently a small number of formal capability cases recorded. The Improving Performance at Work Policy	Train managers on the new policy, establish case reporting and track time to improvement or resolution.
Periodical review of actual temporary staff rates against rates charged to identify and address issues (specific and themes).			A Medical Rate card was implemented in 2023 to stop escalating rates, this has been successful, the rate card has not been breached.	Maintain the medical rate card and extend periodic rate-to-charge reviews across all temporary staffing groups.
3. People Costs – Sickness and Leave Management	**Controls / Processes in place**	**Assurance that processes are operational**	**Position**	**Action Plan**
Monitoring and Reporting				

Monitor adherence to the requirements of agreed attendance at work policies and the all-Wales Occupational Health minimum service levels.			Attendance controls operate through People & Culture Business Partners and People Services, but adherence and management accountability are inconsistent.	Introduce a standard compliance dashboard and strengthen manager accountability for timely attendance-management actions.
Monitor absence and sickness on individual, service line, divisional and organisation level.			Sickness absence is reported at individual, service, Clinical Board/Corporate Function and organisation level through workforce reporting, but the consistency of local follow-up varies.	Use monthly reporting to identify outliers/hotspots, require documented local recovery plans and escalate persistent non-delivery.
Sickness is regularly reviewed at the board level, and problem areas identified and examined.			Sickness performance is reported through Executive Performance Reviews, People and Culture Committee and Board reporting. Problem areas are identified, but recovery actions and impact are not consistently evidenced.	Add named actions, trajectories and impact measures for high-sickness areas to EPR and Board-level reporting.
There is a set % target for staff off sick at any time and performance is measured against this target.			Target set for the UHB is 5.5%	Retain the 5.5% target, set trajectories for high-sickness areas and report delivery and financial
There is a set % target for staff on leave at any time and performance is measured against this target.			Central oversight of annual leave is available for staff on HealthRoster. Other areas rely on local management and there is no single UHB-wide leave percentage target or consolidated monitoring.	Define a practical leave-control metric, extend central reporting beyond HealthRoster areas and identify services with excessive leave concentration.
Monitor staff compliance with core organisational HR policies (e.g. annual leave requests, sickness absence) and ensure outliers are identified and addressed through appropriate routes.			Compliance with HR policies is a line-management responsibility supported by People & Culture. Organisation-wide assurance that outliers are consistently identified and addressed is limited.	Introduce exception reporting for non-compliance and require documented action for persistent outliers.
Monitor medical annual leave.			Medical annual leave is recorded in Codi but is not routinely monitored at organisation level. A recent audit identified the need for stronger control.	Implement the audit recommendation and use the unified e-rostering rollout to introduce routine medical leave monitoring.
Limits to the amount of annual leave, training and other influenceable absences that can be taken at any time.			HealthRoster areas can monitor leave limits centrally. Other areas rely on local management, so application is not consistently assured.	Set common leave thresholds by service type and introduce exception reporting outside HealthRoster areas.
Global policies for the management of leave to prevent excessive use of annual leave at the end of the year or carry forward of significant balances.			Carry-forward of up to five days may be approved in exceptional circumstances. Oversight is stronger in HealthRoster areas, but organisation-wide monitoring of leave balances and year-end concentration is incomplete.	Issue regular leave-balance reports, require plans for high balances and enforce carry-forward rules consistently.

4. Rostering, Rotas and Job Planning	Controls / Processes in place	Assurance that processes are operational	Position	Action Plan
General rostering and rotas				
E-rostering is fully deployed			HealthRoster has been deployed to the areas included in the original rollout. Coverage is not universal and auto-rostering is not consistently used as the standard approach.	Complete the benefits assessment for further rollout and agree where auto-rostering should become the default.
Rosters are approved 12 weeks in advance (as per the Agency workforce reduction programme and control framework), and minimal changes to rosters once approved, for all staff grades.			Around 80% of nursing rosters are approved six weeks in advance. The UHB does not currently meet the stated 12-week standard and changes after approval are not consistently quantified.	Agree a realistic UHB standard, improve six-week compliance and monitor the number and cause of changes after roster approval.
Processes to ensure contracted hours are fully rostered.			Weekly time balance reports are provided.	Use weekly time-balance reports to correct under-rostering and escalate persistent exceptions.
Clear timeline for submission of rotas.			Roster schedule developed and published.	Maintain the published schedule and report late submissions by service.
Robust Nursing Rota Management				

Staff levels are matched to patient demand patterns to avoid waits and avoidable admissions.			SafeCare supports twice-daily acuity and staffing review and redeployment to critical gaps. Demand, capacity, bed state and staffing are not yet integrated in a single live view, and additional-capacity areas do not have established funded nursing establishments.	Complete the live bed-state and staffing dashboard and align additional-capacity staffing to approved establishments and activity plans.
Weekly monitoring for shift requests vs. shift fill rate and any associated care and safety issues.			Shift requests, fill rates and SafeCare red flags are available through dashboards. Monitoring exists, but consistent challenge and documented action in hotspot areas require strengthening.	Introduce a weekly hotspot review with named actions, owners and evidence of reduced unfilled shifts and safety red flags.
Review staffing levels against patient ratios vs current guidelines (inc. safer staffing tools) and provide constructive challenge to clinical leads on achieving efficiency while maintaining quality.			SafeCare provides ward, Clinical Board and site-level visibility of acuity, staffing and red flags. Senior nursing teams review issues, but productivity and establishment challenge is not consistently evidenced.	Use SafeCare intelligence to challenge establishment, deployment and productivity while retaining safer-staffing compliance.
Review specialing policy, approvals, and tracking process to ensure standardised approach linked to patient need/acuity.			An Enhanced Therapeutic Observation of Care risk-assessment tool is being piloted and bank requests are tracked through Power BI. A standard UHB-wide process is not yet fully implemented.	Complete the pilot, evaluate benefits and implement a standard ETOC approval and monitoring process if supported by evidence.
Review nursing agency & locum use before, during and after school holiday periods (tests the strength of rota planning).			The Directors of Nursing for the Clinical Board review nursing agency requests in their areas. The E-rostering team work with Ward Managers to support efficient use of annual leave rostering which there has been a large improvment in over the last 12 months. This is illustrated in the Nursing dashboards which managers and Directors of Nursing have access to. Also monitored via the weekly requests and fill rate reports	Continue seasonal review and quantify agency avoidance, fill rates and annual-leave performance around peak holiday periods.
· **Review options for:**				
o reduced handover periods;			Most areas operate 12-hour shifts with two handovers daily. No formal review of handover duration or efficiency has been completed.	Assess handover duration and overlap by service and implement changes where safe and financially beneficial.
o back-to the ward for nursing management staff for a number of shifts per week; and			In line with the Staffig Act, Ward managers are supervisory in their role however when there are staffing gaps the manager will be removed from supervisory and works clinically. Individual areas have their own process for when the manager undertakes clinical shifts.	Clarify when supervisory ward managers may provide clinical cover and monitor repeated loss of supervisory time as a workforce-risk indicator.
o specialist nurses to provide a number of clinical shifts on wards to reduce agency & locum bill, cover vacancies, and improve staff rotation.			Specialist nurses and practice development/education staff are used opportunistically to cover gaps, but there is no formal UHB-wide expectation or quantified benefit.	Scope a formal, clinically safe contribution from specialist and education roles and quantify any reduction in temporary staffing.
Robust Medical Job Planning Management				
Job planning policy implemented with > 90% of all Consultants having an agreed job plan in place at all times.			Approximately 80% to 85% of consultants have an agreed job plan, below the 90% control standard.	Complete outstanding consultant job plans and achieve at least 90% compliance, escalating persistent non-completion through the Medical Director.
Process in place to ensure alignment of rota to job plans.			Rota-to-job-plan alignment is not yet consistently evidenced and is not routinely linked to an agreed activity plan.	Align rotas, job plans and the agreed activity plan, with exception reporting for gaps.
Monitoring in place to support Medical Director leadership track medical productivity for example:-			There is no complete, integrated medical productivity dashboard covering job-plan delivery, PAs, direct clinical care and theatre/clinic throughput.	Develop an integrated medical productivity dashboard sponsored by the Medical Director.

o job plan delivery (individual and then team job plans);			Job-plan delivery is reviewed through annual job planning, but coverage remains below 90% and team-level delivery is not consistently reported.	Increase job-plan coverage above 90% and introduce team-level review of delivery.
o PAs over 12;			All scrutinised and approved directly by AMD	Continue Assistant Medical Director scrutiny of PAs above 12 and retain documented approval and value-
o % Direct Clinical Care; and			Direct Clinical Care percentages are captured through job plans, but there is no consistent organisation-wide productivity review against agreed expectations.	Agree expected Direct Clinical Care ranges by specialty and review outliers through job planning.
o theatre/clinic throughput.			Theatre and clinic throughput are reported operationally, but they are not consistently integrated with individual and team job-plan review.	Link theatre and clinic throughput to team job plans and performance review, with actions for material variance.
Review consultant job planning compliance (assess current level of rollout) to identify opportunities for greater productivity (review of low and high Professional Activity "PA" staff).			Consultant job-planning compliance and low/high PA outliers are not yet subject to a consistent organisation-wide productivity review.	Complete an organisation-wide review of job-plan compliance and PA outliers, identifying productivity opportunities and required service changes.
Improve transparency of medical workforce holiday planning to core planning teams, linking to theatre and clinic planning.			Medical workforce holiday planning is visible in some services but not consistently shared with core theatre and clinic planning teams.	Implement a standard medical leave-planning procedure linked to theatre and clinic schedules.
Review on-call run rate for utilisation trends.			The original assessment did not define the intended metric. No organisation-wide control or evidence has been supplied for review of on-call utilisation trends.	Seek clarification of the intended measure from NHS Wales P&I; meanwhile review paid on-call arrangements, call frequency and workload by
Other Clinical Staff				
Review compliance with / introduce Clinical Nurse Specialist and Allied Health Professional job planning process to identify opportunities for greater productivity.			AHP job planning is in place	Extend consistent job-planning expectations across relevant Clinical Nurse Specialist and AHP roles and use plans to identify productivity opportunities.

5. People Costs – Temporary staffing including Bank and Agency & Locum	Controls / Processes in place	Assurance that processes are operational	Position	Action Plan
Policy, procedures, roles and responsibilities				
An organisation wide temporary Staffing Policy in place and up to date.			The UHB does not have a single organisation-wide temporary staffing policy. Separate schemes of delegation and staff-group procedures are in place.	Develop and approve a single UHB temporary staffing policy covering all staff groups, delegations, exceptions and monitoring.
There is a clearly communicated process in place for bank / agency & locum booking.			Booking processes exist by staff group, including nursing and medical arrangements, but a single clearly communicated UHB-wide process has not been evidenced.	Map and publish one organisation-wide booking process, with staff-group variations clearly documented.
Monitoring controls in place to monitor compliance with the process for bank / agency & locum booking.			Compliance monitoring exists in parts of the organisation through workforce and expenditure reporting, but it is not standardised across all staff groups.	Introduce routine compliance reporting covering bookings, approvals, framework use, rates and exceptions.
Governance process exists to oversee temporary staffing with clear ToR (either at overall level or by key staffing group e.g. nursing, medical, corporate).			Temporary staffing is reviewed through existing workforce and finance forums, but a single governance structure with clear UHB-wide terms of reference has not been evidenced.	Establish a single oversight forum or common terms of reference across existing forums, with clear accountability and escalation.
Limit who can authorise bank and agency & locum staff to increase transparency; follow up on all short notice use.			Authorisation arrangements vary by staff group and service. Nursing agency shifts require Director of Nursing approval, but organisation-wide consistency has not been evidenced.	Standardise authorisation levels by staff group and report exceptions and retrospective approvals.
Review consistency of authorisation levels and approach across sites.			Authorisation levels and approaches differ across staff groups and sites and have not been fully standardised.	Complete a cross-site review and implement consistent minimum approval controls.

Bank utilisation				
All relevant staff groups are auto enrolled on the bank.			Automatic enrolment onto the bank has not been implemented. Overtime restrictions have increased use of bank arrangements in some areas, but practical and employment issues remain.	Complete the practical and legal assessment of bank enrolment and adopt targeted enrolment where it delivers value without creating avoidable liability.
Review actual temporary staff rates against rates charged periodically to identify and address issues.			Temporary staffing rates and charges are reviewed in some staff groups, including the medical rate card, but a periodic UHB-wide reconciliation has not been evidenced.	Introduce a quarterly rate-to-charge reconciliation across all temporary staffing groups and recover or correct discrepancies.
Implemented and promoted a medical bank; and an Administration and Clerical bank.			Medacs previously managed our Medical Staff Bank, the servie was transferred in-house via TUPE in June 24. The general bank include A&C	Continue to grow the in-house medical and general banks and report fill rates, costs and agency displacement.
Promote bank staff as an alternative to agency & locum.			Bank is promoted as an alternative to agency in operational processes, but the effectiveness and consistency of this approach are not routinely quantified.	Set bank-first expectations and quantify agency shifts avoided, fill-rate performance and cost benefit.
Review pay rates and consider financial incentives for bank staff to increase bank usage, for example consider weekly pay as an incentive.			Bank rates are reviewed through existing workforce arrangements, but there is no evidenced UHB-wide assessment of targeted incentives against agency avoidance and value for money.	Review bank rates and targeted incentives against agency alternatives, affordability and evidence of improved fill.
Agency and Locum controls				
Robust controls over agency & locum usage for example:-			Controls exist by staff group, including senior approval and rate controls, but the UHB does not yet operate one fully standardised control framework across agency and locum expenditure.	Consolidate staff-group controls into the temporary staffing policy and introduce common exception reporting.
o self-imposed cap on agency & locum expenditure;			There is no formal organisation-wide cash cap on agency and locum expenditure; expenditure is managed through budgets, approvals and reporting.	Set reduction trajectories and expenditure limits by Clinical Board and staff group, aligned to safe workforce plans.
o senior sign off of agency & locum expenditure;			All nursing agency shift requests require Director of Nursing approval. Equivalent senior approval arrangements vary for other staff groups.	Retain Director of Nursing approval and implement equivalent proportionate senior approval controls for other high-cost temporary staffing.
o senior sign off of off-framework expenditure;			Medical off-framework use is tightly controlled, but a common senior sign-off process for all off-framework expenditure has not been evidenced.	Require Executive or delegated senior approval for all off-framework use and report each exception.
o clear Board accountability defined and communicated across organisation;			Clinical Boards are accountable for temporary staffing within their control totals, but accountability and consequences are not consistently explicit across the	Make Clinical Board accountability explicit through control totals, temporary staffing trajectories and escalation for non-delivery.
o improved communication of planned clinic cancellations to agency/bank teams; and			Communication of planned clinic cancellations to bank and agency teams is managed locally and is not evidenced as a consistent organisation-wide control.	Introduce a standard cancellation-notification process to avoid unnecessary booked temporary staffing costs.
o no direct approach for agency.			Direct approaches to agencies are restricted in some staff groups, but a consistent UHB-wide prohibition and monitoring process has not been evidenced.	Prohibit direct agency approaches outside approved routes and monitor breaches.
Process in place to ensure non-framework or off-contract agency staff are not engaged.			Off-contract medical agencies are not used. Agencies are procured through individual single tender awards with retained supplier arrangements. Assurance for all other staff groups is not fully evidenced.	Extend documented off-contract assurance across all staff groups and report exceptions.
An organisation process in place for long term agency & locum use.			Monthly bank and agency expenditure and utilisation reports are provided to Clinical Boards and Finance Business Partners. Long-term agency and locum assignments are not yet governed through a single formal review and exit process.	Introduce a formal review of long-term assignments with purpose, end date, substantive/bank alternative and exit plan.

Seek local agreement of agency & locum pay rates with surrounding trusts / explore use of a collaborative bank.			There is no current formal local agreement with neighbouring health boards on common agency and locum pay rates.	Explore an All-Wales or regional rate-control approach with neighbouring health boards and NHS Wales P&I.
Evaluate opportunities for moving from use of agency & locum to internal organisation resource and / or bank.			Conversion and substitution opportunities are considered locally, but there is no complete UHB-wide programme quantifying opportunities to move agency and locum usage to bank or substantive staffing.	Complete a service-by-service conversion plan, prioritising recurrent high-cost assignments.
Timesheet and expenses management				
Ensure breaks and hours claimed are accounted for correctly in timesheets (i.e. agency workers are only paid for time worked, in accordance with HB policies).			Timesheet approval controls exist within staff-group processes, but organisation-wide assurance that paid hours and breaks are consistently validated has not been supplied.	Standardise timesheet checks and sample-test paid hours and breaks across staff groups.
Ensure appropriate deduction for agency & locum staff breaks (lunch).			Break deductions are managed within local timesheet processes. Consistent UHB-wide assurance has not been evidenced.	Confirm break-deduction rules and audit compliance in high-spend areas.
Ensure mileage claims are only for required intra-site travel.			Mileage rules differ for community services because travel is inherent to delivery. Assurance over appropriate intra-site and community claims is managed locally.	Clarify mileage rules by assignment type and sample-test claims in community and multi-site services.
Restrictions on non-clinical temporary staff				
Review and implement exit strategies for all non-clinical temporary workers.			Non-clinical temporary workers are limited to specific Executive-approved exceptions, including clinical coding, security officers and healthcare support worker packages of care. Formal exit plans are not consistently documented.	Create time-limited exit plans for each approved non-clinical temporary worker and review monthly.
Temporary ban on usage of non-clinical agency staff, with exceptions authorised by executive director.			Non-clinical agency use is restricted to specified Executive-approved exceptions. The control is not expressed as a single time-limited UHB-wide ban with documented review dates.	Maintain the restriction, document approved exceptions and review whether each can be ended or converted.
Effective monitoring				
Senior leads monitor weekly dashboard summaries of temporary staff usage, cost and trends to provide early warning signs and demonstrate progress with			Temporary staffing dashboards and expenditure are reviewed monthly, not weekly.	Move high-spend areas to weekly dashboard review during turnaround, retaining monthly organisation-wide
Track number of interims, termination dates, delivery of objectives, and daily rates. Focus on reducing number and costs. Consider options for contract terms that enables the organisation to offer substantive role after x months use:- e.g. offer locums a suitable package to convert from locum to substantive contracts.			There is no single organisation-wide register of interims showing objectives, daily rates, end dates and exit plans.	Create and maintain an interim register with objectives, cost, end date, accountable Executive and exit plan.
Identify medical rotas with the highest use of temporary and bank staff and set out a plan to address			Medicine has proportionately higher medical temporary staffing expenditure. The Assistant Medical Director for Workforce is working with the Clinical Board, but a quantified rota-level recovery plan is not yet evidenced.	Produce a rota-level Medicine recovery plan with quantified bank, agency and locum reductions.
Hold weekly agency & locum meetings across all staffing groups with agency & locum overspends, attended by finance and key stakeholders, to review and control agency & locum expenditure.			Agency and locum review meetings are held monthly rather than weekly.	Increase review frequency to weekly for overspending areas during turnaround and record decisions and actions.
6. People Costs – Other Staff Payments	**Controls / Processes in place**	**Assurance that processes are operational**	**Position**	**Action Plan**
Overtime and enhanced payments controls				

Ensure breaks and hours claimed are accounted for correctly in timesheets.			Timesheet approval controls are in place locally, but consistent assurance over hours and breaks for overtime and enhanced payments has not been evidenced.	Standardise timesheet approval requirements and audit high-value overtime and enhancement claims.
Perform a monthly 'audit' of the top 10 highest overtime earners by division.			Overtime reduced materially in 2025/26 through stopping activity or transferring work to bank. A routine top-10 earner audit is not yet embedded.	Implement and report the monthly top-10 earner audit by Clinical Board/Corporate Function.
Implement prior approval for overtime and enhanced payments - monitor and reduce.			Prior approval operates in some areas, but there is no consistently evidenced UHB-wide control for overtime and enhanced payments.	Introduce prior approval and exception reporting for overtime and enhanced payments across the UHB.
For non-clinical staff - implement non-clinical overtime controls to limit expenditure in this area (e.g. Exec director authorisation required).			Non-clinical overtime is controlled locally, but a common Executive-authorised exception process has not been evidenced.	Require Executive Director approval for exceptional non-clinical overtime and report usage monthly.
Expenses Monitoring				
Monthly monitoring of the highest mileage and expenses claimants.			Corporate monitoring of the highest mileage and expense claimants is not currently embedded.	Implement monthly monitoring of the highest mileage and expense claimants and investigate material
Waiting List Initiatives (WLIs) controls				
Ensure consistent process across organisation including compliance with the WLI rate across the organisation.			WLI processes and rates are managed through operational and medical arrangements, but consistent UHB-wide compliance evidence has not been supplied.	Document one UHB-wide WLI process and rate framework, and monitor compliance.
Appropriate review process in place for additional sessions allocated.			Additional sessions are approved through existing operational governance, but the allocation, utilisation and outcomes are not consistently reviewed through one standard process.	Introduce a standard additional-session approval and post-delivery review covering activity, cost and outcome.
Enhanced authorisation process for WLIs, with checks are undertaken before WLIs are awarded to ensure that :-			WLI approval is routed through the Chief Operating Officer's office. Evidence of a standard pre-approval check covering financial benefit, operational criticality and existing capacity is incomplete.	Add explicit pre-approval checks for financial benefit, operational criticality and use of existing capacity.
o WLIs offer financial benefit or are operationally critical before approving, and			All WII's are approved via the COOs office	Retain COO approval and record the rationale, expected activity, cost and benefit for each WLI.
o existing Programmed Activities (PAs) have been utilised.			Use of existing Programmed Activities is considered through medical management, but this prerequisite is not consistently evidenced before WLI approval.	Require confirmation that existing PAs and planned capacity have been used before approving WLIs.
Benchmark WLI rate against other Health Boards.			The UHB has not completed a current benchmark of WLI rates against other Welsh health boards.	Request an All-Wales benchmark from NHS Wales P&I and compare local rates and rules when available.

7. Procurement	Controls / Processes in place	Assurance that processes are operational	Position	Action Plan
Procurement – Clarity of Roles				
· Clear documentation and communication of roles between local managers, the procurement function and Shared Services.			Roles are set through SFIs, procurement guidance and NWSSP arrangements, but a single, current and widely communicated responsibilities document has not been evidenced.	Publish a concise roles-and-responsibilities guide for managers, Procurement and Shared Services and include it in relevant training.
Procurement - Tender process				
· Approval limits are periodically and regularly reviewed where appropriate.			Approval limits are set in SFIs and delegated arrangements. The frequency and evidence of periodic review require confirmation.	Schedule and evidence an annual review of approval limits and delegations.

· All new contracts awarded in compliance with Statutory Regulations and SFIs.			New contracts are expected to comply with statutory regulations and SFIs through NWSSP procurement processes. Exception and compliance reporting evidence has not been supplied in this assessment.	Introduce periodic compliance and exception reporting for contract awards.
· All new contracts (including agency & locum staff) are procured via appropriate tendering procedures to ensure best value for money is attained.			Appropriate procurement routes are used where Procurement is engaged. Complete assurance that all new contracts, including temporary staffing, follow the required route is not available.	Improve Procurement visibility of planned and local contracting activity and report procurements initiated outside required procedures.
· Single Tender Waivers controlled to minimise use.			Single Tender Actions are subject to approval controls, but trend analysis and active reduction targets have not been evidenced.	Report Single Tender Action volume and value, analyse causes and set reduction actions.
· Whole Life Costings are applied to evaluate tenders.			Whole-life costing is applied for relevant procurements, but consistent application and evidence across all tenders have not been	Require documented whole-life costing for relevant tenders and sample-test compliance.
· Appropriate SLAs and T&Cs are applied to ALL contracts to enable appropriate and effective contract management.			SLAs and terms and conditions are applied where Procurement is aware of the contract. Procurement visibility of all local contracting activity is incomplete.	Create a complete contract pipeline/register and require Procurement review of SLAs and terms for all material contracts.
· Breaches are reported to the relevant Executive Director and included in financial performance monitoring arrangements.			Procurement breaches are escalated through governance routes, but consistent reporting to Executive Directors and financial performance forums has not been evidenced.	Define and implement breach reporting to the relevant Executive Director and financial governance forums.
Procurement – Call Off				
· Contract pricing is reviewed annually to attain any further increased banding cost advantages through life of contract.			Contract pricing is reviewed through contract and framework arrangements, but annual review and capture of volume-banding opportunities are not consistently evidenced.	Schedule annual pricing and volume-band reviews for material contracts and record savings opportunities.
· Product catalogues reviewed (both NHS Supply Chain and Local Catalogues) to remove duplicate items on catalogue (e.g. pens) to ensure value for money.			Catalogue management is undertaken through NWSSP and local arrangements, but systematic removal of duplicate or poor-value items has not been evidenced.	Complete a targeted catalogue rationalisation exercise focused on duplicates and high-volume items.
· Consolidate a list of supplier discounts and penalties for early / late payments (in alignment with contract register) - set out plans to recover / avoid these and share with accounts payable team to enact.			There is no consolidated UHB-wide register of supplier discounts, late-payment penalties and recovery/avoidance actions linked to Accounts Payable.	Create the supplier discounts and penalties register and agree recovery/avoidance actions with Accounts Payable.
Procurement - Contract management				
· Robust contract management processes are in place, including a complete and up to date contract register.			Operational contract management sits with UHB service owners. The completeness and currency of the contract register and quality of active management are not consistently assured.	Complete and validate the contract register; assign accountable contract owners and minimum review standards.
· Regular contract reviews to ensure SLAs are being met - with specific focus on PFI contracts where relevant.			The UHB has one PFI contract. Reviews are risk- and value-based because of limited resource rather than undertaken at a standard fixed frequency.	Agree a risk-based review schedule for the PFI contract and document SLA performance, risks and actions.
· When contracts expire, these are retendered in accordance with the statutory regulations rather than rolled over, and explore options for efficiencies/price reduction.			Procurement supports retendering at expiry where it is aware of contracts. Complete assurance that contracts are not rolled over without appropriate review is not available.	Introduce contract-expiry alerts and require documented retender, extension or exit decisions.
· Contract terms are relative and proportionate to the contract matter and that there is a clear understanding of the risks transferred.			Contract terms are developed through procurement and legal processes where engaged, but consistent documented understanding of risk transfer has not been evidenced.	Use a standard contract-risk assessment and document retained and transferred risks.
· Service specifications are reviewed and ensure SLAs are being achieved or amend where suitable and do not directly affect patient care (e.g. reduce frequency of window cleaning etc.)			Service specifications and SLAs are generally reviewed at renewal rather than through a consistently scheduled in-contract review.	Introduce risk-based in-contract SLA reviews rather than relying solely on renewal.

Procurement – Purchase to Pay				
· Establish a robust purchase ordering (PO) system to enable the implementation of a 'no PO no payment' rule and no retrospective POs , in collaboration with Accounts Payable, to help control expenditure.			The UHB operates purchase-order processes, but a fully enforced 'no PO, no payment' rule and prevention of retrospective POs are not consistently embedded.	Implement a phased 'no PO, no payment' control with tightly defined exceptions and monitoring of retrospective POs.
· Invoices that fail three way match (PO, goods receipt, invoice) are rejected and returned. Source of error are identified and contract managed appropriately.			Three-way matching operates within Oracle processes, but exception handling, rejection and root-cause contract management are not consistently evidenced.	Report three-way-match failures, identify recurring causes and address supplier or service non-compliance.
· Payments are only processed following sign off from the appropriate level.			Payments are processed through delegated approval workflows. Compliance assurance and exception reporting require confirmation.	Sample-test payment approvals and report exceptions to delegated limits.
· Sample audit batches for any possible out of policy expenditure.			Sample audits are undertaken through finance, procurement and audit activity, but no single routine sampling programme for out-of-policy expenditure has been evidenced.	Establish a recurring sample audit of out-of-policy expenditure and track corrective action.
· Continuous review of all open purchase orders that feed the monthly goods received not invoiced (GRNI) accrual for accuracy and appropriateness, ensuring any no longer valid items are removed/closed.			Finance reviews open purchase orders and GRNI as part of month-end processes. Quality and timely closure vary by area.	Strengthen monthly open-PO and GRNI review, assign aged items to owners and escalate unresolved balances.
· Consider limiting and refining approval limits of requisitioners where appropriate.			Requisitioner approval limits exist but have not been comprehensively reviewed and rationalised across the UHB.	Review and rationalise requisitioner limits based on role and risk.
Procurement - Other				
· Process in place to identify any “off contract” and consultancy expenditure. A strategy in place to review and market test costs to ensure best value.			Off-contract and consultancy expenditure can be identified through ledger and procurement data, but a systematic market-testing and reduction strategy is not yet evidenced.	Produce regular off-contract and consultancy spend analysis and market-test material recurring expenditure.
· Contract pipeline clearly identified (and shared with NWSSP) to enable economies of scale.			A procurement pipeline is shared with NWSSP, but completeness, forward visibility and use to secure economies of scale require strengthening.	Strengthen the rolling procurement pipeline and use it to aggregate demand with NWSSP and other health boards.
· Ensure the number of purchasing cards in the organisation is right-fitted and balances the process efficiencies against the risk that the use of these bypasses procurement processes.			Only 2 in the HB	Maintain the two-card limit and complete periodic usage and control reviews.
· Targeted approach for clinical preference variation (as identified by V&S procurement group).			Clinical product variation is considered through value and standardisation arrangements, but a quantified targeted programme with delivery tracking is not evidenced.	Create a quantified clinical variation programme, prioritising high-value categories and tracking adoption and savings.
Procurement – Signalling				
· Organisation has considered placing a hold on certain items (e.g. external venue hire). Although the savings will be low, can act as a signalling mechanism.			Controls already restrict non-clinical discretionary expenditure. The scope, exceptions and compliance reporting are not consistently documented.	Document the discretionary-spend restrictions, approval exceptions and monthly compliance reporting.
8. Other Items	**Controls / Processes in place**	**Assurance that processes are operational**	**Position**	**Action Plan**
VAT recovery management				
· Review latest contracted out services guidance to ensure all eligible VAT is being reclaimed.			Highly experienced Financial Accounts team working in this space and a long term relationship with EY VAT advisors. Backed up by 2nd and 3rd sweep (on commision) with two other VAT consultantcy reviewers	Maintain specialist VAT advice and periodic independent sweeps; document recovered value and emerging risks.
Income and Debt management				

· A NHS visitor and migrant cost recovery programme in place.			Processes exist to report through to Finance for investigation of patients urgently treated or seeking elective treatment for consideration of entitlement under the Ministerial Guidance issued by Welsh government. The guidance obliges the UHB to treat urgent needs first and seek recovery after. This does result in a high level of bad debt for write off. The UHB complies with the national process of reporting unpaid debt to the Borders Agency.	Maintain compliance with ministerial guidance, improve early identification and report recovery, aged debt and write-off trends.
· Bad debt cost management process in place e.g.:-			Recovery of debt is variable based on the different types of debt as notated. The UHB follows through on standardised chasing processes and then passes to CCI debt collectors if not recovered. CCI are paid on recovery % of debt value. Debts where CCI efforts have been exhausted are considered for economy of recovery through civil means. Most values are too small to justify chasing through the court system which would increase the liabilities to the UHB without the justification of an increased net value of recovery. Most salary overpayments are recovered with circa £50-£90k per year written off. The main effort in this area has been to minimise the occurrence of overpayments in the first instance. These have been reduced in recent years from circa £2m per annum to just above £1m per annum.,	Continue standard recovery and external collection processes; strengthen prevention of salary overpayments and report root causes and write-offs.
o Ensure debtors categorised logically (e.g. NHS, Non-NHS, Private Patients, Overseas, Salary Sacrifice, Prescriptions, Salary Overpayments, etc.) with agreed risk based, proportionate approach to collection for each category.				Document the risk-based recovery approach by debtor category and review it annually.
o Identify strategy for key debtors, and set collection targets for team members.				Set priority-debtor strategies and measurable collection targets.
o Review processes in place to ensure invoices are issued in real time or as soon as possible.				Measure invoice-raising timeliness by service and escalate recurring delays.
o Consider payment in advance/on delivery where appropriate or the use of pro forma invoices in areas such as private patients backed with settlement facilities available at point of delivery.				Review income streams for wider use of advance payment, pro-forma invoicing and point-of-service settlement.
o Identify and address internal issues that are preventing timely collections i.e. unresponsive / untimely resolution of queries by divisions.				Report unresolved operational queries and assign accountable service owners with response deadlines.
o Scrutinise requests to write-off salary overpayments (if historic practice shows these are material).				Strengthen scrutiny of write-offs, report causes by manager/service and implement preventive actions.
o Ensure prompt referral to external debt recovery agencies where necessary.				Maintain prompt referral criteria and monitor recovery performance from external agencies.
Stock Management				
· Ensure appropriate stock rotation processes are in place and being followed to minimise wastage. Agree process with suppliers to swap out short shelf life items or use consignment.			Stock rotation is managed locally and through supplier arrangements, but organisation-wide assurance over compliance and wastage is limited.	Introduce periodic stock-control assurance in high-value and high-wastage areas.
· Review stock level minimum and maximum thresholds in line with current usage to minimise wastage.			Minimum and maximum stock levels are managed locally. A systematic UHB-wide review against current usage has not been evidenced.	Review minimum and maximum levels using current consumption and expiry data.
· Review delivery charges, triggers and schedules and implement changes to reduce any carriage charges where possible (e.g. standing orders, minimum order values, 3 day delivery rather than next day).			Delivery charges and ordering patterns are managed locally and through procurement arrangements, but a coordinated review of avoidable carriage costs has not been evidenced.	Analyse carriage charges and consolidate orders or amend delivery schedules where value can be demonstrated.
· Review controls on consignment stock.			Consignment stock controls operate in relevant services, but a complete register and periodic assurance process have not been evidenced.	Create a register of consignment stock and periodically confirm ownership, usage, expiry and reconciliation.
Estates				
· Review outliers identified from benchmarking overall running costs for facilities and estates (inc. estates footprint use) (see the VAULT).			Facilities and estates costs are benchmarked through national and local data, but a current action plan for material outliers has not been evidenced.	Use VAULT and other benchmarks to identify material outliers and agree quantified estates and facilities actions.

· Ensure appropriate maintenance schedules in place to ensure asset kept in good working order.			Planned and reactive maintenance schedules are in place, but backlog risk and compliance with schedules remain constrained by resources and estate condition.	Prioritise statutory and high-risk maintenance, report backlog exposure and assess whole-life cost of deferral.
· Ensure an estates strategy is in place and regularly reviewed, to include estate rationalisation consideration to determine where savings might be delivered.			An estates strategy exists, but the pace and quantified financial impact of estate rationalisation are limited.	Refresh the estates rationalisation plan with milestones, dependencies and quantified revenue and capital impacts.
· Establish list of ongoing and planned estates and maintenance projects and ensure it has been prioritised and has Board approval.			Capital and maintenance programmes are prioritised through governance arrangements. A single transparent list linking criticality, affordability and Board approval requires strengthening.	Maintain a single prioritised capital and maintenance programme with Board-approved criteria and transparent changes.
Journal Approvals			Reviewed across the Clinical Board Finance teams on a periodic basis according to the chnages in team personnel.	
· Internal journal review process in place and regular accruals and prepayments have been reviewed to ensure they remain current and the method of calculation is based on up to date assumptions.			Accruals, prepayments and recurring journals are reviewed through month-end processes, but consistency of documented periodic review varies.	Standardise evidence of recurring-journal, accrual and prepayment review and clear obsolete items promptly.
· Controls over journals are appropriate including posting authorisation levels, review and sign off process.			Journal posting and approval controls operate through system access and finance procedures. Periodic assurance over compliance is undertaken locally rather than through a single UHB-wide review.	Complete periodic UHB-wide testing of journal authorisations, segregation and approval compliance.
Fixed Assets and Capital			All the management of fixed assets complies with standard accounting processes and local Welsh policy as established through the All Wales Capital Technical Accounts Group. The registration, accounting and valuation of assest complies with accounting standards, periodic (5 year) district valuer exercise and the accounting is intensively audited on an annual basis through Audit Wales with a strong track record of unqualified audit opinion. The UHB Capital Management Group oversees the capital programme to ensure the appropiate prioritisation of capital spend and to ensure the accurate utilisation of the UHB's capital allocation. The group balances the allocation alongside IFRS 16 requirements of cpaital accounting for leases.	
· Fixed asset register is in place and regularly updated including a fixed asset verification exercise.			A fixed asset register is maintained and updated, with verification activity undertaken in line with accounting requirements.	Complete the planned verification programme and resolve discrepancies promptly.
· Review capital programme for subsequent revenue affordability, deferring, reducing or stopping schemes as appropriate.			The capital programme is governed through the Capital Management Group and affordability is considered, but explicit revenue consequences and stop/defer decisions require continued scrutiny.	Continue affordability review and explicitly identify schemes to defer, reduce or stop where revenue consequences are not affordable.
· Asset lives regularly reviewed to ensure appropriate and that depreciation is consistent with consumption.			Asset lives and depreciation are reviewed through annual accounts and valuation processes in line with accounting standards.	Maintain annual review and document material changes in assumptions.
· Consider reprioritising the capital programme to prioritise spend-to-save projects.			Spend-to-save schemes are considered within capital prioritisation, but constrained discretionary capital limits the scale of reprioritisation.	Prioritise spend-to-save schemes where business cases demonstrate cashable benefit and delivery capacity.
· Review assets held on SoFP (buildings, equipment etc) and dispose of any no longer in use or needed.			Assets are reviewed through estates and capital processes, but a systematic disposal programme for surplus assets is not fully evidenced.	Complete a targeted review of surplus land, buildings and equipment and progress disposal where appropriate.

· Consider VfM of ownership options such as lease v purchase.			Lease-versus-purchase and IFRS 16 implications are considered for relevant proposals, but documentation is not consistently standardised.	Use a standard whole-life value-for-money assessment for lease-versus-purchase decisions.
Balance Sheet Review			The UHB carries significant values on its balance sheet. These are under constant rolling review by senior finance department staff to to asses potnetial movements and the consequent impact on the annual outlook and forecast out-turn.	
· Ensure all balance sheets are reconciled at appropriate intervals and action is taken to address historical balances.				Clear aged reconciling items to agreed deadlines and escalate unresolved historical balances.
· Monthly assessment of existing provisions to determine whether these can be released during year as opposed to later in the year/year end.				Review provisions monthly and release amounts promptly when obligations no longer meet recognition criteria.
· Review all credit balances on the Balance sheet for potential over accrual (e.g. Annual Leave Accrual or GRNI balances).				Introduce aged-item reporting for credit balances and require owners to validate or clear material accruals and GRNI.

Report Title:	Monthly Monitoring Return – Month 3 & 4				Agenda Item no.	4.1	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	16th Sept. 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 June & July 2026/27 MMRs 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 Board/Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:
https://shapingourfuturewellbeing.com/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		

Impact Assessment:

Risk: No

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

Safety: No

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

Financial: Yes

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

Workforce: No

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

Legal: No

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

Reputational: No

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

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

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

Equality and Health: No

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

Decarbonisation: No

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

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

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

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:
• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?
• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.
• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?
• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?
Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Finance and Performance Committee	Date: 16th September 2026

MONTHLY MONITORING RETURNS (MMR) NARRATIVE

Cardiff and Vale University Health Board Financial Position for the Period Ending 30th June 2026

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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 30th June 2026.

A full commentary has been provided to cover the tables requested for the month 3 financial position.

At Month 3 the UHB is reporting an overspend of £27.073m, £5.436m over plan.

The reported overspend of £27.073m 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 £(1.489)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 3 for which the following should be noted:

- Line 12 reconciles to the Health Board's £86.547m submitted plan profiled flat.
- 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 £27.073m year-to-date, which is a deterioration of £5.436m from the submitted plan.
- The deterioration is driven by a £6.925m savings gap, £(3.644)m unplanned spend reductions and £2.155m unplanned cost pressures. Further detail around the unplanned movements is provided in section 4.

Following the Welsh Government arbitration ruling, the UHB has assumed a 2% reduction in the value of the 2026/27 LTA. This is estimated to result in a provider deficit of approximately £7.087m and a commissioner benefit of approximately £2.000m, resulting in a net adverse financial impact of £5.087m for the UHB.

In line with Welsh Government's expectation that the UHB should not increase its original planned deficit of £86.547m, the financial plan incorporates an additional £5.087m savings requirement on the assumption that further efficiencies can be delivered beyond those included within the original planning assumptions. This increases the total savings target from £42.521m to £47.608m and increases the risk to delivery.

The Health Board acknowledges Welsh Government's concerns regarding the current level of assurance associated with delivery of the savings target and recognises the requirement to accelerate progress in identifying and developing fully assured savings schemes.

Whilst detailed plans to eliminate the remaining savings gap have not yet been fully developed at month3, work is ongoing through the established financial recovery and accountability arrangements to identify further savings opportunities, strengthen existing schemes and reduce reliance on unidentified mitigations. This work is being supported through Executive-led turnaround meetings with each of the UHB's Clinical Boards and continues to be reported through the Board's governance framework.

The Health Board recognises that the current position does not yet provide the level of assurance expected by Welsh Government and will continue to prioritise the development of additional recurrent savings opportunities and mitigating actions. Further updates will be provided as this work progresses and proposed actions are agreed through the appropriate governance arrangements with the intention of having a fully derisked plan by the end of quarter 2.

The identification and delivery of the £47.6m 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 £5.000m net risk relating to JCC reported at Month 2 has been removed. However, the associated adverse financial impact of approximately £5.0m has been incorporated into an increased UHB savings target. While this removes the specific JCC risk, it has correspondingly increased the risk associated with the delivery of the savings programme.

- 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 £27.702m against its revised £47.6m savings target and this is quantified as a risk of £18.634m on the basis 50% of the £5.997m red pipeline schemes will be converted to green delivery year alongside continued operational underspend.

- If there is a funding shortfall against the costs arising from the implementation of the new Resident Doctor contract from August 2026, the UHB will be required to identify mitigating actions to address any unfunded costs. Work is ongoing to quantify and confirm the full additional cost implications of the contract changes.

- 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 £27.073m, 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 3, the UHB is reporting an overspend against the draft plan, primarily driven by a £27.703m shortfall against the £47.608m 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 30th June 2026

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	10.873	10.873	0.000	32.160	32.160	0.000
Quality Efficiency Improvement Plans - Savings	(3.661)	(1.432)	2.229	(10.523)	(3.598)	6.925
Operational Variance	0.000	(1.164)	(1.164)	0.000	(1.489)	(1.489)
Clinical/Service Board Variance	**7.212**	**8.277**	**1.064**	**21.637**	**27.073**	**5.436**

The Month 3 deficit of £27.073m comprised of the following:

- £21.637m planned deficit (three twelfths of the £86.547m planning deficit)
- £6.925m CRP deficit
- (£1.489m) surplus operational variance against plan.

The operational surplus of (£1.489m) is primarily driven by the following issues:

Unplanned Cost Pressures - £2.155m

- Medicine endoscopy insourcing - £0.647m
- Mental Health Out of Area Patients - £0.568m
- Specialist Medical Locum Usage (covering gaps due to restricted duties, rota gaps, interventional cardiologists) - £0.600m
- Specialist Private Patient Activity Reductions - £0.340m

Unplanned Cost Reductions - £(3.644)m

- Surgery High Wet AMD Out of Area Activity - £(0.375)m
- Medicines Management – Variance against growth assessments in Prescribing/Community Pharmacy/Common Ailment Scheme/HIV - £(0.525)m
- Vacancies across the Health Board - £(2.744)m

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

	YTD £000's	Forecast @ M3 £000's
Operational:		
Medicine Endoscopy Insourcing	647	1,357
Mental Health OOA Placements	568	2,765
Specialist Medical Locum Usage	600	0
Ongoing high Wet AMD activity and income	-375	0
Specialist private patient activity reductions	340	0
Vacancies and other net pay underspends	-2,744	-8,078
Continuing Healthcare demand	0	800
Medicines Management (Primary Care & NICE)	-525	-2,916
Savings Shortfall	**6,925**	**27,702**
	5,436	**21,631**

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.

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 acknowledges the best practice of having a finalised savings plan prior to the start of a new financial year. The Health Board acknowledges that 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 has not been met. The intention remains to derisk the 2026/27 financial plan as soon as possible with a expectation that this is action by the end of Quarter two.

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 30th June 2026

Movement in Resource Limit Assumptions following submission of the MDS as at 30th June 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	
DPIF - Approved Funding ePMA Disbursements	687	
DPI) - Appoved Funding EPS Go Live	60	
GMS Dispensing 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	
26-27 M&D Pay Award	9,038	
Climate Change Adaption Secondment	6	
Climate Focussed Spread and Scale Academy	26	
Digital Eyecare Programme	-174	
DPIF Badgernet Neonatal EPR Programme	63	
Movement in Resource Limit Assumptions following submission of the MDS		3,346
Total Resource Limit Assumptions at Month 3		**1,521,666**

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)	Adjustments have been reviewed and updated to ensure the forecast remains aligned with the latest assumptions and planning positions reported by Clinical Boards.
Primary Care - Drugs & Appliances	The movement in forecast expenditure largely reflects updated growth assessments across Primary Care Prescribing, Community Pharmacy/Common Ailment Scheme and HIV. These assessments will continue to be reviewed and refined as further data becomes available.
Provided Services - Pay	The prior month forecast movement includes the continued benefit of vacancies, partially offset by Specialist Medical Locum expenditure above plan. The increase in forecast expenditure largely reflects the impact of the Medical and Dental (M&D) pay uplift, as detailed within the adjustments set out in Table B2.
Provider Services - Non Pay (excluding drugs & depreciation)	The prior month full-year forecast movement includes adjustments arising from savings schemes identified since the previous submission. Unidentified savings are reported within non-pay expenditure; as schemes are identified and allocated to their underlying expenditure categories, forecast movements are reflected across the relevant expenditure lines as reflected within Table B2.
Secondary Care - Drugs	The forecast has been updated following a review of growth assumptions against NICE High Cost Drugs (HCD). These assumptions will continue to be reviewed and refined as further data becomes available.
Healthcare Services Provided by Other NHS Bodies	The increase in Healthcare Services Provided by Other NHS Bodies is primarily attributable to the recognition of revised SLA values, particularly in relation to JCC and Velindre contracts
Non Healthcare Services Provided by Other NHS Bodies	No additional comments
Continuing Care and Funded Nursing Care	Forecast has been updated following increased demand in Month 3 as reflected on Table B2.
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 £2.8m (including additional beds); the forecast and phasing of expenditure is under ongoing review.

Losses, Special Payments and Irrecoverable Debts	The forecast has been updated as requested.

6. MOVEMENTS ON THE OPENING PLAN (TABLE B2)

The plan values have been adjusted to reflect the Green and Amber savings schemes recognised at Month 1. Following discussion and review with Welsh Government colleagues, the revised values have now been agreed and incorporated within the Month 3 submission.

The values were calculated as follows:

		MDS Savings Plan			Month 1 Savings Plan		
	MDS Plan	Green & Amber	Red & Gap	MDS Plan excl. Savings	Green & Amber	Red & Gap	Month 1 Plan
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	205,188			205,188			205,188
Primary Care - Drugs & Appliances	109,788	1,198		110,986	1,195		109,791
Provided Services - Pay	1,035,510	1,214		1,036,724	1,634		1,035,090
Provider Services - Non Pay (excluding drugs & depreciation)	212,837	3,570	34,757	251,164	5,435	29,434	216,295
Secondary Care - Drugs	180,370	373		180,743	3,014		177,729
Healthcare Services Provided by Other NHS Bodies	303,265			303,265			303,265
Non Healthcare Services Provided by Other NHS Bodies	0			0			0
Continuing Care and Funded Nursing Care	127,904	1,359		129,263	1,359		127,904
Other Private & Voluntary Sector	15,457			15,457			15,457
Joint Financing and Other	0			0			0
Losses, Special Payments and Irrecoverable Debts	0			0			0
	2,190,318	**7,714**	**34,757**	**2,232,789**	**12,637**	**29,434**	**2,190,718**

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	Growth assessments continue to be reviewed and refined as prescribing data becomes available. The latest forecast has been updated to reflect prescribing activity through April 2026 and has been adjusted accordingly alongside a revised assessment of NICE High Cost Drugs (HCD) expenditure.
Provided Services - Pay	£36.202m additional spend associated with in-year funding driven by A4C uplift and M&D uplift. £(2.744)m unplanned spend reductions driven by temporary vacancies across the Health Board. The forecast assumes a full-year expenditure reduction of £(8.678)m arising from continued vacancy levels. The recurrent impact is currently being assessed. £0.600m unplanned cost pressure to Month 3 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. £0.205m 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)	£7.107m additional spend associated with various in-year funding £0.647m Endoscopy insourcing cost pressure to Month 3 with a total forecast of £1.153m until insourcing arrangements cease (recruitment to be in place from Q3 onwards) £21.631m planned mitigations to deliver the savings target acknowledged within the submitted plan, net of the reduced pay expenditure forecast associated with the continuation of vacancy holding measures across the Health Board.
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	The forecast has been updated to reflect increased CHC demand identified at Month 3, resulting in an estimated £0.800m adverse financial impact in 2026/27. The recurrent impact is currently being assessed and will be reviewed as further activity and expenditure data becomes available.
Other Private & Voluntary Sector	£0.568m unplanned cost pressure to Month 3 associated with Mental Health Out of Area placements. The forecast has been updated to reflect a full-year adverse financial impact of £2.765m in 2026/27. This pressure has been escalated through the Health Board's turnaround meeting process, with actions identified and being progressed to mitigate the forecast impact.

7. PAY & AGENCY (TABLE B3)

The UHB recorded agency costs of £0.362m in month which compares to an average of £0.441m recorded in 2025/26.

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

- Additional Clinical Services - £0.070m – Primarily providing specialist cover for high-acuity patients, primarily within Mental Health services.
- Administrative and Clerical - £0.022m – Primarily providing specialist cover for Clinical Coding Vacancies.
- Estate and Ancillary- -£0.044m primarily relating to security costs

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

Following the Welsh Government arbitration ruling in favour of the JCC, the UHB has assumed a 2% reduction in the value of the 2026/27 LTA. This is estimated to result in a provider deficit of approximately £7.087m and a commissioner benefit of approximately £2.0m, resulting in a net adverse financial impact of £5.087m for the UHB.

In line with Welsh Government's expectation that the UHB should not increase its original planned deficit of £86.547m, the financial plan incorporates an additional £5.087m savings requirement on the assumption that further efficiencies can be delivered beyond those included within the original planning assumptions. This increases the total savings target from £42.521m to £47.608m.

The revised savings target represents a £5.087m increase from the initial planned savings target of £42.521m.

At Month 3, the UHB has identified £19.905m of Green and Amber-rated savings, representing 41.8% of the revised £47.608m savings target and leaving a remaining shortfall of £27.703m. The value of identified Green and Amber savings has increased by £5.559m from the £14.346m reported at Month 2, reflecting continued progress in the development and assurance of savings schemes.

A number of the schemes are non recurrent and the full year effect of recurrent schemes is £15.614m which is a £31.994m shortfall against the £47.608m 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.

The following amber schemes have been progressed to green status within the required 3 month period and have had their forecast outturn for 2026/27 revised to nil accordingly:

- 4 - CAWG&C001 - CHFW - Centralised Ward Stockholding
- 5 - CAWG&C002 - CYPFHS - Review of Stock Issued
- 8 - CYPFHS - CYPFHS - Respite (Glan Ely CHC)
- 13 - 4 - CDC benefit once performance levels have improved
- 55 - AM10 - Reduce staff sickness to target rate, improving availability and lowering temporary pay

Forecast values will be re-instated if and when the schemes reach green status.

In-year red schemes totalling £5.997m are identified, of which no schemes were assessed as recurrent.

The UHB acknowledges the following Welsh Government expectations:

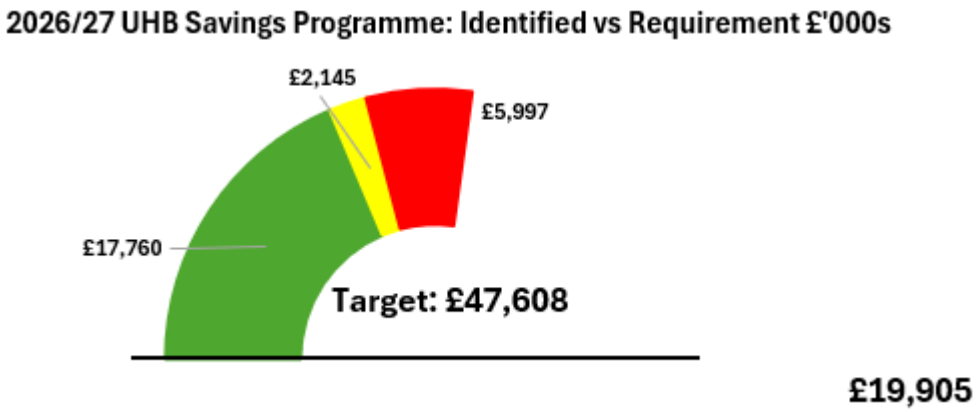
- The elimination of risks associated with the non-delivery of savings plans by Month 3.
- A significant reduction in the Month 2 assessed risk value of £17.6m, with any residual at-risk savings representing no more than 25% of the remaining savings gap by Month 3.

At month 3, the UHB does not have enough assurance around identified pipeline savings schemes to reduce the risk associated with savings to 25% of the remaining savings gap.

This is reflected in the Health Board's assessment of risk set out in Table A2 – Risks, which assumes that 50% of Red-rated schemes will convert to delivery during the financial year, resulting in a residual risk of £18.634m. This represents an increase of £0.968m compared to the £17.666m risk reported at Month 2 and is primarily attributable to the adverse outcome of the arbitration ruling against the UHB, together with a reassessment of the deliverability and associated risks of a number of previously identified red schemes.

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 signed off by the UHB.

The UHB is awaiting the return of signed documentation from partner LHBs for a small number of SLAs. All agreements are substantially complete, with formal sign-off pending from the relevant organisations.

The UHB has updated its income and expenditure assumptions in respect of JCC to align with the outcome of the arbitration decision and continues to work with JCC to agree and finalise the contractual documentation required to implement the decision.

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 30th June 2026, was £1,479.265m with a further £42.401m of assumed allocations as detailed at Table 5 overleaf:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 30th June 2026

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

An estimated £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. The assumed additional funding for medical pay groups does not include any changes to resident doctors payscales which may be implemented in August.

10. BALANCE SHEET (TABLE F)

The Opening Balances at the beginning of April 26 reflect the closing balances in the 2025/26 Final accounts.

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

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

11. CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of June was £6.651m.

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 June was 96.7%.

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

Of the UHB's approved Capital Resource Limit, 5% has been expended to date. All projects are expected to be delivered in line with the CRL.

During the month, the sale of the Hafod land was completed, generating a profit on disposal of £190k.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 30th June 2026 - £42.840m.

14. AGED WELSH NHS DEBTORS (TABLE L)

On the 30th of June 2026 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. There were 10 invoices which were outstanding for more than 11 weeks.

15. GMS (TABLE M)

The GMS Plan and forecast expenditure are outlined at Table M. The forecast expenditure is projected to exceed the Welsh Government Allocation.

16. DENTAL (TABLE N)

The Dental Plan and forecast expenditure are outlined in Table M. Forecast expenditure is projected to exceed the Welsh Government allocation.

17. RINGFENCED ALLOCATIONS (TABLE O)

Table P outlines the 2026/27 ring-fenced allocations and profiled expenditure. Forecast expenditure across all funding streams is in line with the agreed funding allocations and remains consistent with the approved funding levels.

18. 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.

19. 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 3 position is £5.436m 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 £27.073m with a forecast deficit of £86.547m.
- At month 3 there is adverse variance against plan of £5.436m, as a result of the £6.925m savings deficit and an operational surplus against plan of (£1.489m).
- There is a gap of £27.703m against the £47.608m in year savings target, with £19.905m (41.8%) of green and amber schemes identified at Month 3.

…….. ……..

SUZANNE RANKIN
CHIEF EXECUTIVE

13th July 2026

ANDREW GOUGH
DEPUTY DIRECTOR OF FINANCE

13th July 2026

MONTHLY MONITORING RETURNS (MMR) NARRATIVE

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

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1. INTRODUCTION

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.5m 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 £68.8m.

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 £86.5m for 2026-27. This report details the financial position of the UHB for the period ending 31st July 2026.

A full commentary has been provided to cover the tables requested for the month 4 financial position.

At Month 4 the UHB is reporting an overspend of £35.5m, £6.7m over plan.

The reported overspend of £35.5m comprises a £28.8m planned deficit (representing four twelfths of the £86.5m outlined in the UHB's Financial Plan) an £8.1m shortfall against the savings plan, partially offset by a £(1.4)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 4 for which the following should be noted:

- Line 12 reconciles to the Health Board's £86.5m submitted plan profiled flat.
- The UHB's initial £42.5m 2026/27 savings target is reported on lines 6,7 & 11.
- Assumed LTA inflation of £1.9m (1.11%) to the UHB from other Health Boards (line 4).
- The Health Board is reporting an overspend of £35.5m year-to-date, which is a deterioration of £6.7m from the submitted plan.
- The deterioration is driven by a £8.1m savings gap, £(5.0)m unplanned spend reductions and £3.7m unplanned cost pressures. Further detail around the unplanned movements is provided in section 4.

Following the Welsh Government arbitration ruling, the UHB has assumed a 2% reduction in the 2026/27 JCC LTA value, resulting in an estimated provider deficit of £7.1m and commissioner benefit of £2.0m, giving a net adverse financial impact of £5.1m.

To comply with Welsh Government's expectation that the planned deficit remains at £86.5m, the financial plan includes an additional £5.1m savings requirement. This increases the total savings target from £42.5m to £47.6m and further increases delivery risk . For clarity, progress is being monitored separately against the UHB's Core savings target (£42.5m) and JCC savings target (£5.1m) to ensure transparent reporting of performance against each programme.

The Health Board acknowledges Welsh Government's concerns regarding the current level of assurance associated with delivery of the savings target and recognises the requirement to accelerate progress in identifying and developing fully assured savings schemes.

Whilst detailed plans to eliminate the remaining savings gap have not yet been fully developed at month 4, work is ongoing through the established financial recovery and accountability arrangements to identify further savings opportunities, strengthen existing schemes and reduce reliance on unidentified mitigations. This work is being supported through Executive-led turnaround meetings with each of the UHB's Clinical Boards and continues to be reported through the Board's governance framework.

Further updates will be provided as this work progresses and proposed actions are agreed through the appropriate governance arrangements with the intention of having a fully derisked plan by the end of quarter 2.

The identification and delivery of the £42.5m core recurrent savings target and the additional £5.1m JCC 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 £5.0m net JCC risk reported at Month 2 has now been removed. However, the associated adverse financial impact of approximately £5.1m has been incorporated into an increased UHB savings target. Whilst this removes the specific JCC risk, it correspondingly increases the risk associated with delivery of the savings programme. The requirement to identify additional mitigating actions to achieve this target is reported within 'Unplanned Additional Mitigations Yet to Be Finalised', consistent with the approach applied to the core UHB savings target. The UHB has also established a process to separately monitor and report progress against the additional savings requirement arising from the new £5.1m (2%) JCC efficiency target.

- The risk of £0.5m 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 £19.1m against its core £42.6m savings target and this is quantified as a risk of £9.1m on the basis 50% of the £19.1m red pipeline schemes will be converted to green delivery in year alongside continued operational underspend. The UHB is also reporting a £5.1m risk against the additional savings requirement arising from the new £5.1m (2%) JCC efficiency target. These risks are partially offset by a projected operational underspend, resulting in a net risk of £9.3m relating to planned mitigations that have yet to be finalised.

- If there is a funding shortfall against the costs arising from the implementation of the new Resident Doctor contract from August 2026, the UHB will be

required to identify mitigating actions to address any unfunded costs. Work continues to quantify and confirm the full additional cost implications of the contract changes.

- The financial impact of student streamliners recruitment continues to be reviewed 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 £35.5m, consistent with the analysis set out in the annual operating plan (Table A).

The UHB's Annual Plan includes a deficit of £86.5m. At month 4, the UHB is reporting an overspend against the draft plan, primarily driven by a £24.2m shortfall against the £47.6m savings target. The UHB is pressing all budget holders to continue developing and implementing savings programmes to support the delivery of the draft plan. The reported overspend trajectory against plan has reduced in months 3 and 4 compared to months 1 and 2, although a significant delivery risk remains, particularly in relation to the savings programme.

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

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	10.703	10.703	0.000	42.865	42.865	0.000
Quality Efficiency Improvement Plans - Savings	(3.492)	(2.342)	1.150	(14.015)	(5.941)	8.075
Operational Variance	0.000	0.108	0.108	0.000	(1.380)	(1.380)
Clinical/Service Board Variance	**7.211**	**8.469**	**1.258**	**28.850**	**35.545**	**6.695**

The Month 4 deficit of £35.5m comprised of the following:

- £28.8m planned deficit (four twelfths of the £86.5m planning deficit)
- £8.1m CRP deficit
- (£1.4m) surplus operational variance against plan.

The operational surplus of (£1.4m) is primarily driven by the following issues:

Unplanned Cost Pressures - £3.7m

- Medicine endoscopy insourcing - £0.8 m
- Mental Health Out of Area Patients - £0.9m
- Specialist Medical Locum Usage (covering gaps due to restricted duties, rota gaps, interventional cardiologists) - £1.2m
- Specialist Private Patient Activity Reductions - £0.5m
- Surgery High Wet AMD Out of Area Activity - £0.4m (due to the input rules for Table B2 this corresponds to the unplanned cost reduction of the same value with a net zero impact overall)

Unplanned Cost Reductions - £(5.0)m

- Surgery High Wet AMD Out of Area Activity - £(0.4)m (due to input rules for Table B2 this corresponds to the unplanned cost pressure of the same value with a net zero impact overall)
- Medicines Management – Variance against growth assessments in Prescribing/Community Pharmacy/Common Ailment Scheme/HIV - £(0.7)m
- Vacancies across the Health Board - £(4.0)m

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

	YTD	Forecast @ M4
	£m	£m
Operational:		
Medicine Endoscopy Insourcing	0.8	1.3
Mental Health OOA Placements	0.9	2.2
Specialist Medical Locum Usage	1.2	0.0
Specialist private patient activity reductions	0.5	0.0
Vacancies and other net pay underspends	-4.0	-6.9
Continuing Healthcare demand	0.0	0.8
Medicines Management (Primary Care & NICE)	-0.7	-2.8
Savings Shortfall	**8.1**	**24.2**
	6.7	**18.8**

It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.5m 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.

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 Health Board acknowledges that 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 has not been met. The intention remains to derisk the 2026/27 financial plan as soon as possible with an expectation that this is action by the end of Quarter two.

5. SOCNE / SOCNI MOVEMENT (TABLE B1)

As 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 key changes are attributable to depreciation and impairments, the Real Living Wage increase affecting Bands 2 and 3, and the Agenda for Change and Medical pay awards implemented in April and June 2026 respectively, as detailed in Table 4 below:

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

Movement in Resource Limit Assumptions following submission of the MDS as at 31st July 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	-9,846	
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	
DPIF - Approved Funding ePMA Disbursements	687	
DPIF - Appoved Funding EPS Go Live	60	
GMS Dispensing 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	
26-27 M&D Pay Award	9,038	
Climate Change Adaption Secondment	6	
Climate Focussed Spread and Scale Academy	26	
Digital Eyecare Programme	-174	
DPIF Badgernet Neonatal EPR Programme	63	
Immunisation Programme Changes	90	
DPIF - Approve Funding EPMA Disbursements transferred to DHCW	-687	
Direct Payments for CHC - Implementation and Funding	99	
Public Health LHBs in Prevention for Gambling Harms	41	
Movement in Resource Limit Assumptions following submission of the MDS		30,705
Total Resource Limit Assumptions at Month 4		**1,549,024**

Expenditure

The following table sets out the key expenditure movements from the prior month's MMR submission. As part of the ongoing process improvement and data quality review, the categorisation of Clinical Board expenditure was reviewed during the month and has resulted in a correction to the categorisation of forecast expenditure at Month 4. This has resulted in a number of reclassifications between expenditure categories; however, these changes are presentational in nature and do not impact the overall reported financial position.

Expenditure Category	Narrative
Primary Care Contractor (excl. drugs, incl. NRL expenditure)	The forecast for Primary Care contractor expenditure has been reviewed during the month to reflect the latest contract changes and associated growth assumptions. This includes recognition of £0.2m WGOS growth, and increased NCL expenditure of £1.5m (this does not represent a pressure to the health board).
Primary Care - Drugs & Appliances	No significant changes have been made to the Primary Care – Drugs & Appliances forecast this month but is continually reviewed as new data becomes available.
Provided Services - Pay	The forecast pay position has improved materially during the month. While part of this movement relates to reclassifications arising from the review of Clinical Board expenditure categorisation, the forecast also reflects the continued benefit of existing vacancy levels and other net pay underspends. The Pay forecast does not include the anticipated impact of the recently communicated vacancy hold measures, which are currently reported within the savings programme as a Red-rated scheme and therefore reported through our gap on non-pay. Any further benefit will be reflected in the forecast once delivery is sufficiently assured.
Provider Services - Non Pay (excluding drugs & depreciation)	The movement in Provider Services Non Pay is partly attributable to the reclassification of expenditure arising from the Clinical Board expenditure categorisation review undertaken during the month. This has resulted in forecast expenditure being redistributed between reporting categories and should therefore be interpreted alongside the wider presentational changes described above. The prior month full-year forecast movement includes adjustments arising from savings schemes identified since the previous submission. Unidentified savings (gap to total UHB savings targets including core savings target and JCC 2% efficiencies target) are reported within non-pay expenditure; as schemes are identified and allocated to their underlying expenditure categories, forecast movements are reflected across the relevant expenditure lines as reflected within Table B2. For Month 4 this resulted in £3.2m savings being reported against other categories.
Secondary Care - Drugs	The forecast has been updated following a review of growth assumptions against NICE High Cost Drugs (HCD). These assumptions will continue to be reviewed and refined as further data becomes available.

Healthcare Services Provided by Other NHS Bodies	The forecast movement within Healthcare Services Provided by Other NHS Bodies includes the impact of reclassifications arising from the Clinical Board expenditure categorisation review completed during the month. In addition, the position reflects forecast slippage in Velindre drug expenditure and a £0.3m movement in the year-to-date JCC commissioner position.
Non Healthcare Services Provided by Other NHS Bodies	No additional comments
Continuing Care and Funded Nursing Care	Forecast has been updated following increased demand in Month 3 as reflected on Table B2. The profile is currently being reviewed.
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 £2.2m (including additional beds); the forecast and phasing of expenditure is under ongoing review.
Losses, Special Payments and Irrecoverable Debts	No additional comments

6. MOVEMENTS ON THE OPENING PLAN (TABLE B2)

The plan values have been adjusted to reflect the Green and Amber savings schemes recognised at Month 1. Following discussion and review with Welsh Government colleagues, the revised values were agreed as part of the Month 3 submission but are included below for completeness.

The values were calculated as follows:

		MDS Savings Plan			Month 1 Savings Plan		
	MDS Plan	Green & Amber	Red & Gap	MDS Plan excl. Savings	Green & Amber	Red & Gap	Month 1 Plan
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	205,188			205,188			205,188
Primary Care - Drugs & Appliances	109,788	1,198		110,986	1,195		109,791
Provided Services - Pay	1,035,510	1,214		1,036,724	1,634		1,035,090
Provider Services - Non Pay (excluding drugs & depreciation)	212,837	3,570	34,757	251,164	5,435	29,434	216,295
Secondary Care - Drugs	180,370	373		180,743	3,014		177,729
Healthcare Services Provided by Other NHS Bodies	303,265			303,265			303,265
Non Healthcare Services Provided by Other NHS Bodies	0			0			0
Continuing Care and Funded Nursing Care	127,904	1,359		129,263	1,359		127,904
Other Private & Voluntary Sector	15,457			15,457			15,457
Joint Financing and Other	0			0			0
Losses, Special Payments and Irrecoverable Debts	0			0			0
	2,190,318	**7,714**	**34,757**	**2,232,789**	**12,637**	**29,434**	**2,190,718**

In addition to the narrative below, a reconciliation for unplanned spend reductions and unplanned cost pressures has been provided in Annex 1.

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 (£0.2m) and GP IM&T Refresh Programme (£0.4m).
Primary Care - Drugs & Appliances	Growth assessments continue to be reviewed and refined as prescribing data becomes available. The latest forecast has been updated to reflect prescribing activity through May 2026 and has been adjusted accordingly alongside a revised assessment of NICE High Cost Drugs (HCD) expenditure.
Provided Services - Pay	£36.0m additional spend associated with in-year funding driven primarily by A4C uplift and M&D uplift. £(4.0)m unplanned spend reductions driven by temporary vacancies across the Health Board. The forecast assumes a full-year expenditure reduction of £(6.7)m arising from continued vacancy levels following recent recruitment. The recurrent impact is currently being assessed. £1.2 m unplanned cost pressure to Month 4 associated with Specialist Services medical locum usage covering gaps due to restricted duties, rota gaps and interventional cardiologists. This is expected to be recovered by the end of the year. The risk of this cost pressure continuing is currently being assessed. £0.2m 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)	£5.9m additional spend associated with various in-year funding £0.8m Endoscopy insourcing cost pressure to Month 4 with a total forecast of £1.1m until insourcing arrangements cease (recruitment to be in place from Q3 onwards) £0.5m pressure to Month 4 associated with Specialist Private Patient Activity reductions. This is expected to be recovered by the end of the year. £18.9m planned mitigations to deliver the core savings target acknowledged within the submitted plan plus the JCC 2% efficiencies target, net of the reduced pay expenditure forecast associated with the continuation of vacancy holding measures across the Health Board.
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	The forecast has been updated to reflect increased CHC demand identified at Month 3, resulting in an estimated £0.8m adverse financial impact in 2026/27 with the profile currently being reviewed. The recurrent impact is currently being assessed and will be reviewed as further activity and expenditure data becomes available.
Other Private & Voluntary Sector	£0.9m unplanned cost pressure to Month 3 associated with Mental Health Out of Area placements. The forecast has been updated to reflect a full-year adverse financial impact of £2.2m in 2026/27. This pressure has been escalated through the Health Board's turnaround meeting process, with actions identified and being progressed to mitigate the forecast impact.

7. PAY & AGENCY (TABLE B3)

The UHB has recorded average monthly agency costs of £0.4m for the year to date which compares to an average of £0.4m recorded in 2025/26.

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

- Additional Clinical Services - £0.04m – Primarily providing specialist cover for high-acuity patients.
- Administrative and Clerical - £0.02m – Primarily providing specialist cover for Clinical Coding Vacancies.
- Estate and Ancillary- -£0.04m primarily relating to security costs.
- The in-month credit of £0.2m recorded against Allied Health Professionals relates to an agency expenditure transfer made during the month from Other Staff Groups to Contractual Clinical Services, where the associated costs are directly recharged to another Health Board.

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

Following the Welsh Government arbitration ruling in favour of the JCC, the UHB has assumed a 2% reduction in the value of the 2026/27 LTA. This is estimated to result in a provider deficit of approximately £7.1m and a commissioner benefit of approximately £2.0m, resulting in a net adverse financial impact of £5.1m for the UHB.

In line with Welsh Government's expectation that the UHB should not increase its original planned deficit of £86.5m, the financial plan incorporates an additional £5.1m savings requirement on the assumption that further efficiencies can be delivered beyond those included within the original planning assumptions. This increases the overall total savings target from £42.5m to £47.6m.

For clarity, the UHB is monitoring progress against the UHB's Core savings target (£42.5m) and JCC savings target (£5.1m) separately to ensure transparent reporting of performance against each programme.

The revised overall savings target represents a £5.1m increase from the initial planned savings target of £42.5m.

At Month 4, the UHB has identified £23.4m of Green and Amber-rated savings, representing 55.5% of the core £42.5m savings target and leaving a remaining shortfall of £19.1m. The value of identified Green and Amber savings has increased by £3.5m from the £19.9m reported at Month 3, reflecting continued progress in the

development and assurance of savings schemes. The UHB fas identified a further 19.1m of red schemes which bridge the gap to the core £42.5m savings target.

Work is ongoing with JCC to progress savings and efficiencies against the £5.1m JCC savings target. No savings are reported at month 4.

A number of the schemes are non recurrent and the full year effect of recurrent schemes is £19.1m which is a £23.4m shortfall against the £42.5m core savings 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.

The following amber schemes have not been progressed to green status within the required 3 month period and their forecast outturn for 2026/27 have been revised to nil accordingly:

- 4 - CAWG&C001 - CHFW - Centralised Ward Stockholding
- 5 - CAWG&C002 - CYPFHS - Review of Stock Issued
- 8 - CYPFHS - CYPFHS - Respite (Glan Ely CHC)
- 13 - 4 - CDC benefit once performance levels have improved
- 55 - AM10 - Reduce staff sickness to target rate, improving availability and lowering temporary pay

Forecast values will be re-instated if and when the schemes reach green status.

The in-year red schemes totalling £19.1m which are identified include additional measures agreed by the Executive Team, principally:

- a 370 WTE vacancy hold, based on retaining 50% of turnover arising between 1 August 2026 and 31 March 2027; and
- a 10% reduction in bank expenditure.
- a 30% agency reduction in line with the national target
- acute bed capacity reduction and remodelling

The UHB acknowledges the following Welsh Government expectations:

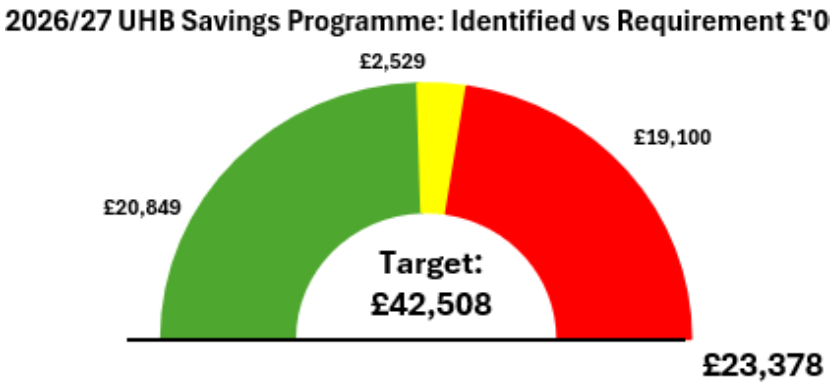
- The elimination of risks associated with the non-delivery of savings plans by Month 3.
- A significant reduction in the Month 2 assessed risk value of £17.6m, with any residual at-risk savings representing no more than 25% of the remaining savings gap by Month 3.

At Month 4, the UHB remains unable to demonstrate sufficient assurance over its pipeline savings schemes to meet Welsh Government's expectation that the remaining risk should be reduced to no more than 25% of the outstanding savings gap.

This is reflected in the Health Board's assessment of risk set out in Table A2 – Risks, which assumes that 50% of Red-rated schemes will convert to delivery during the financial year, resulting in a residual risk of £9.3m. This represents a reduction of £9.3m compared to the £18.6m risk reported at Month 3. The risk is calculated on the gap to the total UHB savings targets (core savings target and JCC 2% efficiencies target) offset by the projected operational underspend.

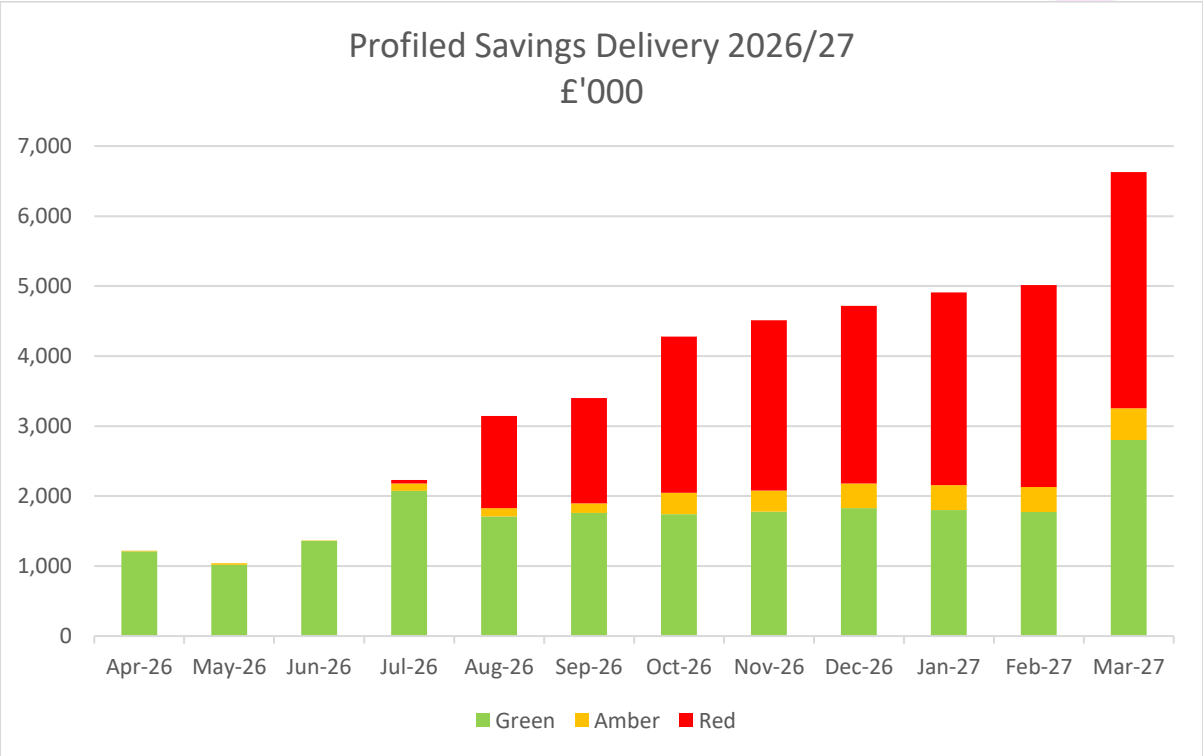
Graph 1 below outlines progress in the identification of Savings Schemes against the Health Board's core savings target.

Graph 1 – Progress in the Identification of Savings Schemes against the core savings target



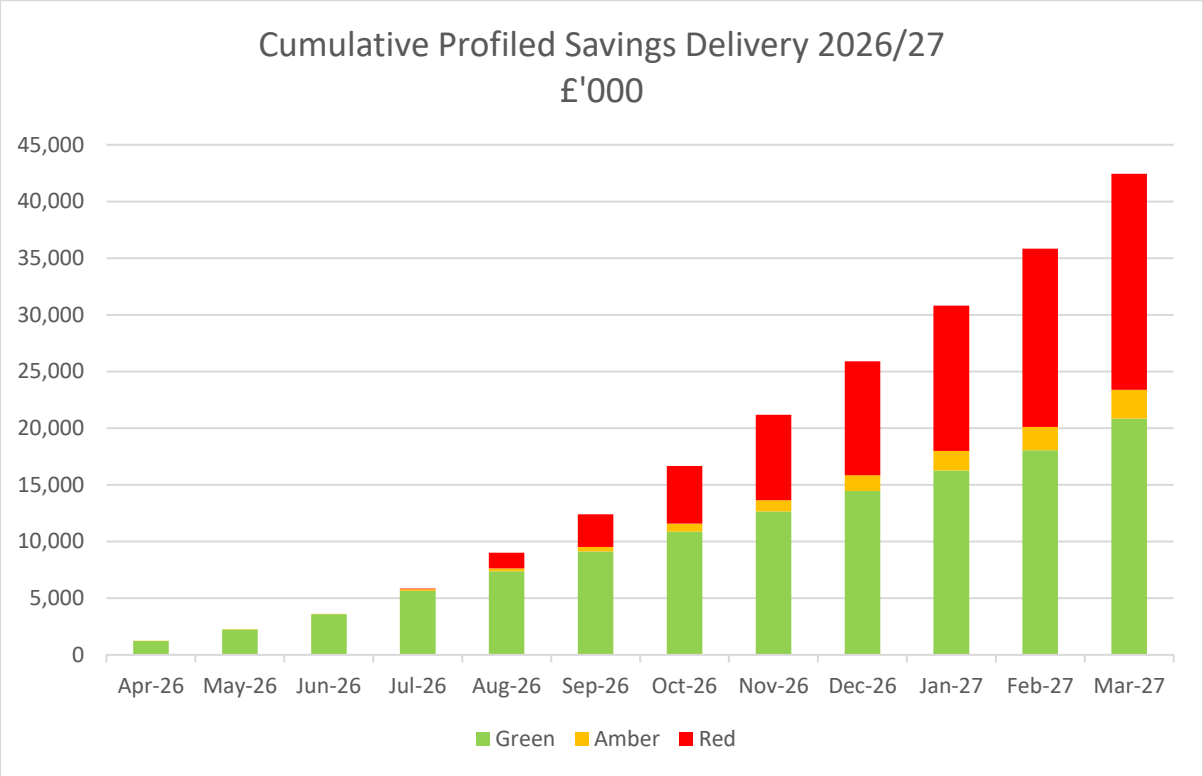
Graph 2 below provides a breakdown of the profiled savings delivery including red schemes against the core UHB savings target of £42.5m.

Graph 2 – Profiled Savings Delivery 2026/27



Graph 3 overleaf provides a breakdown of the cumulative profiled savings delivery including red schemes against the core UHB savings target of £42.5m.

Graph 3 – Cumulative Profiled Savings Delivery 2026/27



9. 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 Health Board has completed and signed off all LTA documentation with partner organisations, apart from the Joint Commissioning Committee (JCC) agreement.

All JCC contractual documentation has now been agreed; however, formal signatures are still required to finalise the agreement.

The UHB has updated its income and expenditure assumptions in respect of JCC to align with the outcome of the arbitration decision.

10. 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 £0.2m 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 UHB's confirmed Revenue Resource Limit as of 31st July 2026, was £1,483.6m with a further £65.4m of assumed allocations as detailed at Table 5:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 31st July 2026

	Resource Limit
Unconfirmed Drawing and Resource Limit Allocations as of 31st July 2026	£'000s
26-27 AFC Pay Award	26,608
26-27 AFC Pay Award	556
26-27 M&D Pay Award	8,887
26-27 M&D Pay Award CU Employed Consultants	151
A2A Sanctuary	475
All Wales International Recruitment	16
All Wales Pharmacogenomics Lead Post	96
ATMPS (JCC)	1,944
Budvidal - HMP Prison Cardiff Costs	175
Consultant Clinical Excellence Award / Consultant Impact Award	1,652
Depreciation, Impairments And IFRS 16	36,785
Direct Payments for CHC - Implementation & Funding	49
DPIF BadgerNet Neonatal EPR programme	63
EPMA Business Case Contingency	516
ESMCP Resources / CRS / MDVS / ARRP	99
ESR & ESR Helpdesk	1,925
GMS Disp Doctors / PADMS & List Sized Funding	271
GP IM&T Refresh Programme	1,633
Individual Placement & Support In Primary Care - Recurrent Impact To Be Removed	400
Integration And Rebalancing Capital Fund (IRCF)	450
MH Advocacy Funding	306
Neurodivergence Improvement Programme	1,000
Planned Care Transformation Fund Optometry Community Pathways	92
Prevention And Early Years	838
Public Health LHBs in Prevention for Gambling Harms	41
Short breaks for Carers	172
TSW Funding	213
Vertex (JCC)	6,894
VSM Pay Award	74
Welsh Risk Pool	(27,164)
Womens Health Hubs	200
Total Anticipated Funding £'000s	**65,417**

An estimated £0.6m 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. At this stage, the assumed additional funding for medical pay groups does not include any changes to resident doctors payscales which will be implemented in August.

The Depreciation, Impairments and IFRS16 total has been updated to reflect the latest Non Cash return submitted 3rd August 2026. The difference between the IFRS16 revenue resource reduction figure of (£4.0m) and the IFRS16 revenue

drawing limit of (£5.0m) relates to the RISP contract – this has been included in the IFRS16 return submitted 3rd August to Zoe Ponting/Rifath Yaksambi.

11. STATEMENT OF FINANCIAL POSITION (TABLE F)

The Opening Balances at the beginning of April 2026 reflect the closing balances in the 2025/26 Final accounts.

The reduction in Property, plant & equipment is predominately due to capital purchases combined with the impact of monthly depreciation and impairment charges.

The carrying value of Trade and Other receivables is in line with Month three.

The decrease in the carrying value of Trade and Other Payables is predominately due to a reduction in NHS Payables & Whole of Government Payables offset by an increase in provisions.

The increase in the split of Provisions reflects a reclassification of WRP amounts and payment dates.

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

12. CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of July was £2.5m.

In due course, the UHB expects to seek Finance Committee and Board approval to request £86.5m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

Alongside the strategic cash support outlined above, the UHB estimates that the following working capital support will be required:

- Capital: £12.0m to support 2025/26 year-end capital creditors.
- Revenue: £6.5m to support 2025/26 Revenue Resource Limit adjustments that are not backed by cash, principally relating to Health and Social Care Worker recognition payments relating to 2025/26 which were actioned in the 2026/27 payroll.

The additional cash support required will continue to be reviewed as the year progresses.

13. 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 July was 96.8%.

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

Of the UHB's approved Capital Resource Limit, 7% has been expended to date. All projects are expected to be delivered in line with the CRL, with the exception of the ICRF scheme for Park View Health and Wellbeing Hub. Due to a one month delay in signing the SCP contract the UHB will only spend £5.7m of the original forecast of £7.6m currently included in the CRL. The UHB will be contacting the ICRF and WG capital team about this delay, the risk level of the scheme has been increased to medium to reflect the change of the cashflow. The funding for the scheme has been reduced in Table I and Table J to correct validation errors as a result the year end CRL is currently showing a year end surplus of (£1.9m).

Planned expenditure for the year reflects the CRL received from Welsh Government dated 4th August 2026 - £42.9m.

15. AGED WELSH NHS DEBTORS (TABLE L)

On the 31st July 2026 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. There were 38 invoices which were outstanding for more than 11 weeks. Five of the invoices have now been paid, with the remaining invoices continuing to be actively pursued.

16. GMS (TABLE M)

The GMS Plan and forecast expenditure are outlined at Table M. The forecast expenditure is projected to exceed the Welsh Government Allocation.

17. DENTAL (TABLE N)

The Dental Plan and forecast expenditure are outlined in Table N. Forecast expenditure is projected to exceed the Welsh Government allocation.

18. RINGFENCED ALLOCATIONS (TABLE O)

Table O outlines the 2026/27 ring-fenced allocations and profiled expenditure. Forecast expenditure across all funding streams is in line with the agreed funding allocations and remains consistent with the approved funding levels.

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 4 position is £6.7m above the draft plan primarily due to the shortfall in the identification and the delivery of savings.

In summary

- There is an urgent need to de-risk the plan.
- The reported year to date position is an overspend of £35.5m with a forecast deficit of £86.5m.
- At month 4 there is adverse variance against plan of £6.7m, as a result of the £8.1m savings deficit and an operational surplus against plan of (£1.4m).
- There are schemes identified to deliver the core savings target of £42.5m, although there is a significant associated delivery risk linked to £19.1m of these schemes being red-rated. Further work is being progressed with JCC to identify opportunities to address the additional £5.1m JCC 2% efficiency target.

…….. ……..

CHRIS BOWN
INTERIM CHIEF EXECUTIVE

13th August 2026

CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE

13th August 2026

Shaping Our Future Wellbeing

Annex 1.

Reconciliation of Unplanned Spend Reductions & Unplanned Cost Pressures Year-to-Date.

Reconciliation of Unplanned Spend Reduction and Cost Pressures Reported Through Table B2

Operational Pressure	Operational Variance YTD £'000	Section	Recurrent/Non-Recurrent	Value Assumed in 27/28 Plan	Comments
Medicine Endoscopy Insourcing	811	Section D: Provider Services - Non Pay (excluding drugs & depreciation)	Non-Recurrent	TBC	Insourcing arrangements Q1 & Q2
Medicine Endoscopy Insourcing	0	Section C: Provided Services - Pay	Recurrent	TBC	Recruitment from October
Mental Health OOA Placements	855	Section I: Other Private & Voluntary Sector	Recurrent	TBC	
Specialist Medical Locum Usage	1200	Section C: Provided Services - Pay	Non-Recurrent	TBC	
Specialist private patient activity reductions	466	Section D: Provider Services - Non Pay (excluding drugs & depreciation)	Non-Recurrent	TBC	
Vacancies and other net pay underspends	-3,959	Section C: Provided Services - Pay	Recurrent & Non-	TBC	
Continuing Healthcare demand	0	Section H: Continuing Care and Funded Nursing Care	Recurrent & Non-	TBC	
Medicines Management (Primary Care & NICE)	-700	Section B: Primary Care - Drugs & Appliances	Recurrent & Non-	TBC	
Total Surplus/(Deficit)	**-1,327**				

	Section A: Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Section B: Primary Care - Drugs & Appliances	Section C: Provided Services - Pay	Section D: Provider Services - Non Pay (excluding drugs & depreciation)	Section E: Secondary Care - Drugs	Section F: Healthcare Services Provided by Other NHS Bodies	Section G: Non Healthcare Services Provided by Other NHS Bodies	Section H: Continuing Care and Funded Nursing Care	Section I: Other Private & Voluntary Sector	Section J: Joint Financing and Other	Total	Comments
Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)												
Medicine Endoscopy Insourcing											**0**	
Medicine Endoscopy Insourcing											**0**	
Mental Health OOA Placements											**0**	
Specialist Medical Locum Usage											**0**	Assume recovery of position
Specialist private patient activity reductions											**0**	
Ongoing high Wet AMD activity and income				(375)							**(375)**	
Vacancies and other net pay underspends			(3,959)								**(3,959)**	
Continuing Healthcare demand											**0**	
Medicines Management (Primary Care & NICE)		(700)									**(700)**	
Total Unplanned Spend Reductions	**0**	**(700)**	**(3,959)**	**(375)**	**0**	**0**	**0**	**0**	**0**	**0**	**(5,034)**	
Unplanned Cost Pressures (b/d required in narrative) (Positive Value)												
Medicine Endoscopy Insourcing				811							**811**	
Medicine Endoscopy Insourcing											**0**	
Mental Health OOA Placements									855		**855**	
Specialist Medical Locum Usage			1,200								**1,200**	
Specialist private patient activity reductions				466							**466**	
Ongoing high Wet AMD activity and income				375							**375**	Netting off previously reported spend reduction
Vacancies and other net pay underspends											**0**	
Continuing Healthcare demand											**0**	
Medicines Management (Primary Care & NICE)											**0**	
Total Unplanned Cost Pressures	**0**	**0**	**1,200**	**1,652**	**0**	**0**	**0**	**0**	**855**	**0**	**3,707**	
Table B2 Total Unplanned Spend Reductions/Cost Pressures												
Medicine Endoscopy Insourcing	0	0	0	811	0	0	0	0	0	0	**811**	
Medicine Endoscopy Insourcing	0	0	0	0	0	0	0	0	0	0	**0**	
Mental Health OOA Placements	0	0	0	0	0	0	0	0	855	0	**855**	
Specialist Medical Locum Usage	0	0	1,200	0	0	0	0	0	0	0	**1,200**	
Specialist private patient activity reductions	0	0	0	466	0	0	0	0	0	0	**466**	
Ongoing high Wet AMD activity and income	0	0	0	0	0	0	0	0	0	0	**0**	
Vacancies and other net pay underspends	0	0	(3,959)	0	0	0	0	0	0	0	**(3,959)**	
Continuing Healthcare demand	0	0	0	0	0	0	0	0	0	0	**0**	
Medicines Management (Primary Care & NICE)	0	(700)	0	0	0	0	0	0	0	0	**(700)**	
Grand Total	**0**	**(700)**	**(2,759)**	**1,277**	**0**	**0**	**0**	**0**	**855**	**0**	**(1,327)**	
Adjustment for Overachievement of Savings Target											**0**	
Total Pulling Through to Table A	**0**	**(700)**	**(2,759)**	**1,277**	**0**	**0**	**0**	**0**	**855**	**0**	**(1,327)**	

GIG CYMRU NHS WALES

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

Reconciliation of Unplanned Spend Reductions & Unplanned Cost Pressures Forecast.

Reconciliation of Unplanned Spend Reduction and Cost Pressures Reported Through Table B2

Operational Pressure	Operational Variance Forecast	Section	Recurrent/Non-Recurrent	Value Assumed in 27/28 Plan	Comments
	£'000				
Medicine Endoscopy Insourcing	1,131	Section D: Provider Services - Non Pay (excluding drugs & depreciation)	Non-Recurrent	TBC	Insourcing arrangements Q1 & Q2
Medicine Endoscopy Insourcing	204	Section C: Provided Services - Pay	Recurrent	TBC	Recruitment from October
Mental Health OOA Placements	2,200	Section I: Other Private & Voluntary Sector	Recurrent	TBC	
Specialist Medical Locum Usage	0	Section C: Provided Services - Pay	Non-Recurrent	TBC	
Specialist private patient activity reductions	0	Section D: Provider Services - Non Pay (excluding drugs & depreciation)	Non-Recurrent	TBC	
Vacancies and other net pay underspends	-6,937	Section C: Provided Services - Pay	Recurrent & Non-I	TBC	
Continuing Healthcare demand	800	Section H: Continuing Care and Funded Nursing Care	Recurrent & Non-I	TBC	
Medicines Management (Primary Care & NICE)	-2,782	Section B: Primary Care - Drugs & Appliances	Recurrent & Non-I	TBC	
Total Surplus/(Deficit)	**-5,384**				

	Section A: Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Section B: Primary Care - Drugs & Appliances	Section C: Provided Services - Pay	Section D: Provider Services - Non Pay (excluding drugs & depreciation)	Section E: Secondary Care - Drugs	Section F: Healthcare Services Provided by Other NHS Bodies	Section G: Non Healthcare Services Provided by Other NHS Bodies	Section H: Continuing Care and Funded Nursing Care	Section I: Other Private & Voluntary Sector	Section J: Joint Financing and Other	Total	Comments
Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)												
Medicine Endoscopy Insourcing											**0**	
Medicine Endoscopy Insourcing											**0**	
Mental Health OOA Placements											**0**	
Specialist Medical Locum Usage			(1,200)								**(1,200)**	
Ongoing high Wet AMD activity and income				(375)							**(375)**	
Specialist private patient activity reductions				(466)							**(466)**	
Vacancies and other net pay underspends			(6,937)								**(6,937)**	
Continuing Healthcare demand											**0**	
Medicines Management (Primary Care & NICE)		(2,782)									**(2,782)**	
Total Unplanned Spend Reductions	**0**	**(2,782)**	**(8,137)**	**(841)**	**0**	**0**	**0**	**0**	**0**	**0**	**(11,760)**	
Unplanned Cost Pressures (b/d required in narrative) (Positive Value)												
Medicine Endoscopy Insourcing				1,131							**1,131**	
Medicine Endoscopy Insourcing			204								**204**	
Mental Health OOA Placements									2,200		**2,200**	
Specialist Medical Locum Usage			1,200								**1,200**	
Ongoing high Wet AMD activity and income				375							**375**	
Specialist private patient activity reductions				466							**466**	
Vacancies and other net pay underspends											**0**	
Continuing Healthcare demand								800			**800**	
Medicines Management (Primary Care & NICE)											**0**	
Total Unplanned Cost Pressures	**0**	**0**	**1,404**	**1,972**	**0**	**0**	**0**	**800**	**2,200**	**0**	**6,376**	
Table B2 Total Unplanned Spend Reductions/Cost Pressures												
Medicine Endoscopy Insourcing	0	0	0	1,131	0	0	0	0	0	0	**1,131**	
Medicine Endoscopy Insourcing	0	0	204	0	0	0	0	0	0	0	**204**	
Mental Health OOA Placements	0	0	0	0	0	0	0	0	2,200	0	**2,200**	
Specialist Medical Locum Usage	0	0	0	0	0	0	0	0	0	0	**0**	
Ongoing high Wet AMD activity and income	0	0	0	0	0	0	0	0	0	0	**0**	
Specialist private patient activity reductions	0	0	0	0	0	0	0	0	0	0	**0**	
Vacancies and other net pay underspends	0	0	(6,937)	0	0	0	0	0	0	0	**(6,937)**	
Continuing Healthcare demand	0	0	0	0	0	0	0	800	0	0	**800**	
Medicines Management (Primary Care & NICE)	0	(2,782)	0	0	0	0	0	0	0	0	**(2,782)**	
Grand Total	**0**	**(2,782)**	**(6,733)**	**1,131**	**0**	**0**	**0**	**800**	**2,200**	**0**	**(5,384)**	
Adjustment for Overachievement of Savings Target											**0**	
Total Pulling Through to Table A	**0**	**(2,782)**	**(6,733)**	**1,131**	**0**	**0**	**0**	**800**	**2,200**	**0**	**(5,384)**	

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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	-17,190	-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	-19,048	-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	3,495	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	475	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	208	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	2,835	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	229	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	7,359	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**	**-21,637**	**-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	-7,359	-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	516	357	159	259	15	0	19	19	27	41	41	61	61	61	61	61	61	38	516
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-618	-74	-544	613	16	-32	-30	89	-82	-72	-73	-73	-73	-68	-68	-68	-68	27	-618
17	Additional In Year Identified Savings - Forecast	6,920	1,825	5,095	6,325	17	0	100	369	598	596	574	790	779	787	790	767	769	469	6,920
18	Variance to Planned RRL	1	1			18	55	97	1,018	140	117	89	-258	-248	-260	-263	-244	-243	1,171	1
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-5,087	0	-5,087	-5,087	19			-1,272	-424	-424	-424	-424	-424	-424	-424	-424	-424	-1,272	-5,087
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	11,969	11,969	0	0	21	391	892	2,361	925	925	925	925	925	925	925	925	925	3,644	11,969
22	Unplanned Cost Pressures	-5,899	-5,899	0	0	22	-145	-814	-1,196	-531	-531	-480	-368	-367	-368	-368	-364	-368	-2,155	-5,899
23	Planned Mitigations Yet To Be Finalised	21,632	1	21,631	31,994	23	0	0	0	2,403	2,403	2,403	2,403	2,403	2,403	2,403	2,403	2,404	0	21,632
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**	**12,894**	**-99,441**	**-86,547**	35	**-9,396**	**-9,401**	**-8,276**	**-6,608**	**-6,608**	**-6,608**	**-6,608**	**-6,608**	**-6,608**	**-6,608**	**-6,608**	**-6,608**	**-27,073**	**-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	0	Medium
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	(18,634)	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**	(19,150)	
	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**	(105,697)	
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	468	1,634		1,434	200			
2		Actual/F'cast	179	218	412	210	233	225	242	242	242	244	244	244	809	2,935	27.57%	2,828	107	1,142	1,793	2,364
3		Variance	0	53	288	67	89	84	119	119	119	121	121	121	341	1,301	*72.85%*	1,393	-93			
4	Non-Pay	Budget/Plan	512	357	419	395	395	406	326	326	337	326	326	1,312	1,288	5,435		4,820	615			
5		Actual/F'cast	454	328	413	526	497	492	537	537	560	549	529	1,515	1,194	6,937	17.21%	5,781	1,156	3,843	3,094	3,445
6		Variance	(58)	(29)	(6)	131	102	86	211	211	224	224	204	203	(94)	1,502	*(7.27%)*	961	541			
7	Primary Care - Drugs & Appliances	Budget/Plan	97	97	97	100	100	101	101	101	101	101	101	101	290	1,195		1,195	0			
8		Actual/F'cast	122	124	123	126	126	126	181	181	181	181	181	181	369	1,832	20.11%	1,501	331	0	1,832	2,167
9		Variance	25	28	26	26	26	25	80	80	80	80	80	80	79	637	*27.18%*	306	331			
10	Secondary Care Drugs	Budget/Plan	163	178	203	198	213	268	278	288	313	298	298	313	544	3,014		3,014	0			
11		Actual/F'cast	164	196	294	415	439	494	504	504	529	514	514	529	654	5,096	12.83%	5,096	0	930	4,166	5,335
12		Variance	1	18	91	217	226	226	226	216	216	216	216	216	110	2,082	*20.31%*	2,082	0			
13	CHC/FNC	Budget/Plan	82	82	82	124	124	124	124	124	124	124	124	124	246	1,359		1,259	100			
14		Actual/F'cast	82	82	142	177	183	182	183	182	183	183	180	183	306	1,938	15.79%	1,797	141	0	1,938	2,044
15		Variance	0	0	60	53	59	58	59	58	59	59	56	59	60	579	*24.39%*	538	41			
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	22	22	22	22	22	22	22	22	22	0	200	0.00%	0	200	200	0	0
27		Variance	0	0	0	22	22	22	22	22	22	22	22	22	0	200		0	200			
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	2,835	12,637		11,722	0			
35		Actual/F'cast	1,001	948	1,383	1,476	1,499	1,541	1,668	1,667	1,717	1,694	1,671	2,674	3,332	18,939		17,004	1,935	6,115	12,824	15,355
36		Variance	(32)	70	459	516	524	501	717	706	719	722	699	701	497	6,302		5,282	1,935			

37	Variance in month	(3.12%)	7.99%	49.64%	53.74%	53.76%	48.19%	75.32%	73.40%	72.10%	74.31%	71.96%	35.56%	17.52%	
38	In month achievement against FY forecast	5.28%	5.01%	7.30%	7.79%	7.92%	8.14%	8.81%	8.80%	9.07%	8.94%	8.82%	14.12%		

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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	468	1,434	1,434	0			
2	Pay - General & Substantive	Actual/F'cast	179	218	406	205	185	177	194	194	194	196	196	196	804	2,540	2,433	107	1,051	1,489	1,935
3		Variance	0	53	282	83	63	59	93	93	93	95	95	95	336	1,106	998	107			
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	5	5	48	48	48	48	48	48	48	48	5	395	395	0	91	304	429
6		Variance	0	0	5	(17)	26	26	26	26	26	26	26	26	5	195	395	(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	468	1,634	1,434	200			
11	Total	Actual/F'cast	179	218	412	210	233	225	242	242	242	244	244	244	809	2,935	2,828	107	1,142	1,793	2,364
12		Variance	0	53	288	67	89	84	119	119	119	121	121	121	341	1,301	1,393	(93)			

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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	2,835	12,637	4,363	8,273	142	8,416
	Month 1 - Actual/Forecast	1,001	849	1,013	878	903	966	878	888	930	904	904	1,905	2,862	12,019	4,290	7,730	1,300	9,029
	Variance	(32)	(30)	89	(82)	(72)	(73)	(73)	(73)	(68)	(68)	(68)	(68)	27	(618)	(74)	(544)	1,157	613
	In Year - Plan	5	95	341	365	564	536	535	963	953	960	963	1,140	441	7,420	1,815	5,604	439	6,043
	In Year - Actual/Forecast	0	100	369	598	596	574	790	779	787	790	767	769	469	6,920	1,825	5,095	1,231	6,325
	Variance	(5)	5	28	232	32	38	255	(184)	(166)	(170)	(196)	(371)	28	(500)	10	(510)	792	282
	Total Plan	1,038	973	1,265	1,326	1,539	1,576	1,486	1,924	1,950	1,932	1,934	3,113	3,276	20,056	6,179	13,878	581	14,459
	Total Actual/Forecast	1,001	948	1,383	1,476	1,499	1,541	1,668	1,667	1,717	1,694	1,671	2,674	3,332	18,939	6,115	12,824	2,530	15,355
	Total Variance	(38)	(24)	117	150	(40)	(35)	182	(257)	(233)	(238)	(264)	(439)	55	(1,117)	(64)	(1,053)	1,949	896
Net Income Generation	Month 1 - Plan	172	26	31	31	24	24	24	24	24	24	24	24	229	450	350	100	(100)	0
	Month 1 - Actual/Forecast	172	26	31	31	24	24	24	24	24	24	24	24	229	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	19	30	22	41	61	61	61	61	61	61	38	499	340	159	(139)	20
	In Year - Actual/Forecast	0	19	19	27	41	41	61	61	61	61	61	61	38	516	357	159	0	159
	Variance	0	0	0	(3)	20	0	0	0	0	0	0	0	0	17	17	0	139	139
	Total Plan	172	45	50	60	46	65	85	85	85	85	85	85	267	949	690	259	(239)	20
	Total Actual/Forecast	172	45	50	58	65	65	85	85	85	85	85	85	267	966	707	259	0	259
	Total Variance	0	0	0	(3)	20	0	0	0	0	0	0	0	0	17	17	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	3,064	13,087	4,713	8,373	42	8,416
	Month 1 - Actual/Forecast	1,173	875	1,044	909	927	990	902	912	953	927	927	1,929	3,091	12,469	4,639	7,830	1,300	9,129
	Variance	(32)	(30)	89	(82)	(72)	(73)	(73)	(73)	(68)	(68)	(68)	(68)	27	(618)	(74)	(544)	1,257	713
	In Year - Plan	5	113	360	395	586	578	596	1,024	1,014	1,021	1,024	1,202	479	7,919	2,156	5,763	300	6,063
	In Year - Actual/Forecast	0	118	389	625	638	616	851	840	849	851	828	831	507	7,436	2,182	5,254	1,231	6,484
	Variance	(5)	5	28	229	52	38	255	(184)	(166)	(170)	(196)	(371)	28	(483)	27	(510)	931	421
	Total Plan	1,210	1,018	1,315	1,386	1,584	1,641	1,572	2,010	2,036	2,017	2,019	3,198	3,543	21,006	6,869	14,137	342	14,479
	Total Actual/Forecast	1,173	993	1,433	1,534	1,564	1,606	1,754	1,753	1,802	1,779	1,756	2,759	3,599	19,905	6,821	13,083	2,530	15,614
	Total Variance	(38)	(24)	117	148	(20)	(35)	182	(257)	(233)	(238)	(264)	(439)	55	(1,101)	(47)	(1,053)	2,188	1,135

Cardiff & Vale ULHB

Period : May 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1		Budget/Plan	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

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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	992	2,027	0	**3,019**	462	0
Scheduled Care	1,147	8,653	0	**9,800**	384	0
Unscheduled Care	0	0	0	**0**	0	0
Mental Health	147	24	0	**171**	0	0
Community Services	54	834	0	**888**	0	0
Primary Care	20	1,887	0	**1,907**	0	0
Commissioned Services - CHC	0	1,838	0	**1,838**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	28	0	0	**28**	120	0
Non Clinical Support	88	0	0	**88**	0	0
Executive / Corporate Areas	459	741	0	**1,200**	0	0
Total	**2,935**	**16,004**	**0**	**18,939**	**966**	**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		22	Green
3	Cardiff & Vale ULHB	CYPFHS - Annual Leave Purchase	Children and Women	CYPFHS	NR	Cash-Releasing Saving	42		72	Green
4	Cardiff & Vale ULHB	CHFW - Centralised Ward Stockholding	Children and Women	CHFW	R	Cash-Releasing Saving	25	25	0	Amber
5	Cardiff & Vale ULHB	CYPFHS - Review of Stock Issued	Children and Women	CYPFHS	R	Cash-Releasing Saving	90	90	0	Amber
6	Cardiff & Vale ULHB	CHFW - Dexcom Diabetes Rebate	Children and Women	CHFW	NR	Cash-Releasing Saving	60		60	Green
7	Cardiff & Vale ULHB	CHFW - LTS Resolution	Children and Women	CHFW	R	Cash-Releasing Saving	149	198	149	Green
8	Cardiff & Vale ULHB	CYPFHS - Respite (Glan Ely CHC)	Children and Women	CYPFHS	R	Cash-Releasing Saving	100	100	0	Amber
9	Cardiff & Vale ULHB	CYPFHS - Band 4 CCNS	Children and Women	CYPFHS	R	Cash-Releasing Saving	40	40	40	Green
10	Cardiff & Vale ULHB	CHFW - Overpayments Reductions	Children and Women	CHFW	R	Cash-Releasing Saving	90	90	90	Green
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	Green
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	0	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	Green
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	43	Green
25	Cardiff & Vale ULHB	Cleanroom Clothing - SMPU	Clinical Diagnostics and Therapeutics	ST MARY'S PHARMACEUTICAL UNIT	R	Cash-Releasing Saving	27	27	25	Green
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	Green
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	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
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	Green
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
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	Green
54	Cardiff & Vale ULHB	Review of SIMA operating hours - Pilot	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	115	115	115	Green
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	Green
57	Cardiff & Vale ULHB	Risperidone Consta to Paliperidone	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	3	3	7	Green
58	Cardiff & Vale ULHB	Aripiprazole switch	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	3	3	7	Green
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

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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	Green
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	Green
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	Green
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	Green
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	Green
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	Green
75	Cardiff & Vale ULHB	Apremilast - generic version available	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	9	15	15	Green
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	Green
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	Green
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	Green
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	Green
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	Green
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

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
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	
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
101	Cardiff & Vale ULHB	Change of sterile service traceaibility 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	
103	Cardiff & Vale ULHB	Fisher and Paykel commitment deal	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	0	0	0	
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	90		90	Green
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

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
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
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		172	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
144	Cardiff & Vale ULHB	CYPFHS - Repatriation of CCNS	Children and Women	CYPFHS	R	Cash-Releasing Saving	40	40	40	Green
145	Cardiff & Vale ULHB	CHC/CCNS growth avoidance	Children and Women	CYPFHS	R	Cash-Releasing Saving	100	100	100	Green
146	Cardiff & Vale ULHB	Room Hire Saving	Children and Women	CYPFHS	R	Cash-Releasing Saving	11	12	12	Green
147	Cardiff & Vale ULHB	Further targetted high cost LD package review	Children and Women	CAW MGT	R	Cash-Releasing Saving	1,083	1,300	240	Green
148	Cardiff & Vale ULHB	CAW MGT - Annual Leave Purchase	Children and Women	CAW MGT	NR	Cash-Releasing Saving	5		4	Green
149	Cardiff & Vale ULHB	O&G - Band 7 GOPD Remodel	Children and Women	O&G	NR	Cash-Releasing Saving	82		70	Green
150	Cardiff & Vale ULHB	O&G - Reduction in BPAS Usage	Children and Women	O&G	R	Cash-Releasing Saving	35	30	30	Green

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151	Cardiff & Vale ULHB	Rebaslining of 3rd patry suppliers Haem MSC	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	R	Cash-Releasing Saving	52	52	39	Green
152	Cardiff & Vale ULHB	Batch ordering/carriage consolidation	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	52	52	52	Green
153	Cardiff & Vale ULHB	Conversion of Overtime to Bank	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	54	54	54	Green
154	Cardiff & Vale ULHB	UHL Pharmacy Tech savings	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	28	33	28	Green
155	Cardiff & Vale ULHB	Recurrent off-contract income	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Income Generation	20	20	20	Green
156	Cardiff & Vale ULHB	Non Cat to Cat (Synnovis Element)	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	50	112	50	Green
157	Cardiff & Vale ULHB	Navigational Bronchoscopy Band 6 0.2	Clinical Diagnostics and Therapeutics	RADIOLOGY	NR	Cash-Releasing Saving	5		5	Amber
158	Cardiff & Vale ULHB	CUBRIC B6 - RDA	Clinical Diagnostics and Therapeutics	RADIOLOGY	NR	Cash-Releasing Saving	3		3	Green
159	Cardiff & Vale ULHB	Mechanical Engineering - 0.22 band 6 vacancy	Clinical Diagnostics and Therapeutics	MEDICAL PHYSICS, CLINICAL ENGINEERING & MEDICAL ILLUSTRATION	R	Cash-Releasing Saving	13	11	11	Green
160	Cardiff & Vale ULHB	Shandon Diagnostics Contract Reduction	Clinical Diagnostics and Therapeutics	CELLULAR PATHOLOGY	R	Cash-Releasing Saving	12	15	12	Green
161	Cardiff & Vale ULHB	Closure of PSU Nitritex contract	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	15	25	17	Green
162	Cardiff & Vale ULHB	Closure of PSU Pharmagraph contract	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	5	9	6	Green
163	Cardiff & Vale ULHB	Closure of PSU Envair Contract	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	2	4	3	Green
164	Cardiff & Vale ULHB	Reduced Outsourcing	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	417	500	500	Amber
165	Cardiff & Vale ULHB	Woodland House Energy savings	Capital Estates and Facilities	Energy	R	Cash-Releasing Saving	18	20	18	Green
166	Cardiff & Vale ULHB	Rates Rebates	Capital Estates and Facilities	Property	R	Cash-Releasing Saving	200	200	200	Green
167	Cardiff & Vale ULHB	Disestablish SSET Band 8a	Capital Estates and Facilities	Management	R	Cash-Releasing Saving	75	75	69	Green
168	Cardiff & Vale ULHB	DIFFS Helipad System	Capital Estates and Facilities	Portering	R	Cash-Releasing Saving	54	63	50	Green
169	Cardiff & Vale ULHB	Rookwood decomissioning	Capital Estates and Facilities	Energy	R	Cash-Releasing Saving	35	84	42	Green
170	Cardiff & Vale ULHB	Enhancements for Night Workers	Capital Estates and Facilities	Housekeeping	R	Cash-Releasing Saving	44	38	38	Green
171	Cardiff & Vale ULHB	CONSULTANT ROLE RE-EVALUATION (AG) CONSULTANT	Corporate Executives	Public Health	R	Cash-Releasing Saving	20	29	22	Green
172	Cardiff & Vale ULHB	CONSULTANT ROLE RE-EVALUATION (CC) BAND 9	Corporate Executives	Public Health	R	Cash-Releasing Saving	22	33	25	Green
173	Cardiff & Vale ULHB	CANCELLATION OF SYSTEM CONTRACT	Corporate Executives	Chief executive officer	R	Cash-Releasing Saving	8	7	7	Green
174	Cardiff & Vale ULHB	TRANSLATION COSTS	Corporate Executives	Chief executive officer	R	Cash-Releasing Saving	18	15	15	Green
175	Cardiff & Vale ULHB	OCP BAND 8A	Corporate Executives	Digital	R	Cash-Releasing Saving	85	73	73	Green
176	Cardiff & Vale ULHB	SITE/OPAT RESTRUCTURE 3% PAY SAVINGS	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	45	107	54	Amber
177	Cardiff & Vale ULHB	SITE/OPAT NON PAY BUDGET RESET	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	34	50	38	Green
178	Cardiff & Vale ULHB	CANCER ADMIN RESTRUCTURE 2% REDUCTION	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	5	30	8	Amber
179	Cardiff & Vale ULHB	COO STAFF CHANGES	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	33	79	40	Amber
180	Cardiff & Vale ULHB	British Red Cross	Medicine	Emergency Medicine	R	Cash-Releasing Saving	22	29	29	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
181	Cardiff & Vale ULHB	Establishment Review	Medicine	All Areas	R	Cash-Releasing Saving	117	323	132	Green
182	Cardiff & Vale ULHB	Vedolizumab - price reduction	Medicine	Specialised Medicine	R	Cash-Releasing Saving	440	490	490	Green
183	Cardiff & Vale ULHB	Nintedanib further price reduction - Respiratory	Medicine	Specialised Medicine	R	Cash-Releasing Saving	533	600	600	Green
184	Cardiff & Vale ULHB	Expansion of MIND partnership, through increased beds and extended hours	Mental Health	Continuing Healthcare	R	Cash-Releasing Saving	198	198	198	Green
185	Cardiff & Vale ULHB	IRIS (domestic violence) SLA. Reduce activity/cease	Primary, Community and Intermediate Care	Primary Care	R	Cash-Releasing Saving	29	0	35	Green
186	Cardiff & Vale ULHB	Linagliptin and saxagliptin to sitagliptin 100mg	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	276	663	331	Amber
187	Cardiff & Vale ULHB	JES Bulk Purchases	Primary, Community and Intermediate Care	Community Care Management	NR	Cash-Releasing Saving	500		500	Amber
188	Cardiff & Vale ULHB	Palliative Care SLA Management	Primary, Community and Intermediate Care	Community Care Management	NR	Cash-Releasing Saving	200		200	Amber
189	Cardiff & Vale ULHB	DoSH Pathology tests	Primary, Community and Intermediate Care	Health Protection & Health Inclusion	R	Cash-Releasing Saving	12	10	10	Green
190	Cardiff & Vale ULHB	Omulizumab	Specialist Services	Immunology	R	Cash-Releasing Saving	60	103	69	Green
191	Cardiff & Vale ULHB	30% reduction in agency	Specialist Services	Corporate	NR	Cash-Releasing Saving	80		91	Green
192	Cardiff & Vale ULHB	10% reduction in bank	Specialist Services	Corporate	R	Cash-Releasing Saving	219	375	250	Green
193	Cardiff & Vale ULHB	BPAS Income Generation	Surgery	T&O	NR	Income Generation	88	0	100	Amber
194	Cardiff & Vale ULHB	Lapropscopic review - supplier proposal J&J, Medtronic and GenMed	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	130	0	156	Amber
195	Cardiff & Vale ULHB	TACU closure	Surgery	T&O	NR	Cash-Releasing Saving	20		20	Green
196	Cardiff & Vale ULHB	Admin & Clerical Band 6 Vacancy	Surgery	Urology	NR	Cash-Releasing Saving	13		10	Green
197	Cardiff & Vale ULHB	Temporary Reduction in 1 Consultant session (Apr-Aug)	Surgery	Urology	NR	Cash-Releasing Saving	12		8	Green
198	Cardiff & Vale ULHB	CTM IR SLA Income	Surgery	General Surgery	NR	Income Generation	83		87	Green
199	Cardiff & Vale ULHB	Temp closure of 9 beds on B6 (6 months extension)	Surgery	ENT	NR	Cash-Releasing Saving	88		105	Green
200	Cardiff & Vale ULHB	IVT Patent Expiry	Surgery	Ophthalmology	NR	Cash-Releasing Saving	650		650	Green

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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	-22,920	-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	-25,397	-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	4,660	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	633	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	307	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	3,795	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	260	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	9,811	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**	**-28,849**	**-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	-9,811	-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	561	402	159	259	15	0	19	19	48	41	46	61	61	61	61	61	80	86	561
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-539	-74	-465	613	16	-32	-30	89	-73	-63	-64	-64	-64	-59	-59	-59	-59	-46	-539
17	Additional In Year Identified Savings - Forecast	10,269	2,098	8,171	9,845	17	0	100	369	1,242	850	852	1,073	1,096	1,156	1,159	1,132	1,239	1,712	10,269
18	Variance to Planned RRL	11	11			18	55	97	1,018	565	144	87	-249	-273	-338	-340	-318	-438	1,736	11
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-5,087	0	-5,087	-5,087	19			-1,272	-424	-424	-424	-424	-424	-424	-424	-424	-424	-1,696	-5,087
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	11,756	11,756	0	0	21	391	892	2,361	1,390	840	840	840	840	840	840	840	840	5,034	11,756
22	Unplanned Cost Pressures	-6,377	-6,377	0	0	22	-145	-814	-1,196	-1,552	-454	-403	-303	-302	-303	-303	-299	-303	-3,707	-6,377
23	Planned Mitigations Yet To Be Finalised	18,840	0	18,840	28,475	23	0	0	0	0	2,355	2,355	2,355	2,355	2,355	2,355	2,355	2,355	0	18,840
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**	**12,529**	**-99,076**	**-86,547**	35	**-9,396**	**-9,401**	**-8,276**	**-8,469**	**-6,376**	**-6,376**	**-6,376**	**-6,376**	**-6,376**	**-6,376**	**-6,376**	**-6,376**	**-35,542**	**-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	0	Medium
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	(9,292)	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**	(9,808)	
	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**	(96,355)	
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	611	1,634		1,434	200			
2		Actual/F'cast	179	218	412	650	379	397	405	440	491	493	493	493	1,459	5,051	28.89%	4,660	391	1,142	3,910	4,805
3		Variance	0	53	288	507	236	257	282	317	368	370	370	370	848	3,417	*138.61%*	3,226	191			
4	Non-Pay	Budget/Plan	512	357	419	395	395	406	326	326	337	326	326	1,312	1,683	5,435		4,820	615			
5		Actual/F'cast	454	328	413	531	506	500	545	545	569	558	538	1,623	1,725	7,110	24.27%	5,854	1,256	3,856	3,255	3,629
6		Variance	(58)	(29)	(6)	136	110	94	220	220	232	232	212	312	43	1,675	*2.53%*	1,034	641			
7	Primary Care - Drugs & Appliances	Budget/Plan	97	97	97	100	100	101	101	101	101	101	101	101	389	1,195		1,195	0			
8		Actual/F'cast	122	124	123	126	126	126	181	181	181	181	181	181	494	1,832	26.98%	1,501	331	0	1,832	2,167
9		Variance	25	28	26	26	26	25	80	80	80	80	80	80	105	637	*26.97%*	306	331			
10	Secondary Care Drugs	Budget/Plan	163	178	203	198	213	268	278	288	313	298	298	313	742	3,014		3,014	0			
11		Actual/F'cast	164	196	294	458	489	544	554	554	579	564	564	579	1,112	5,542	20.07%	5,542	0	1,110	4,432	5,584
12		Variance	1	18	91	260	276	276	276	266	266	266	266	266	370	2,528	*49.90%*	2,528	0			
13	CHC/FNC	Budget/Plan	82	82	82	124	124	124	124	124	124	124	124	124	370	1,359		1,259	100			
14		Actual/F'cast	82	82	142	342	239	237	239	237	239	239	233	239	648	2,551	25.39%	2,411	141	0	2,551	2,689
15		Variance	0	0	60	218	116	113	116	113	116	116	109	116	278	1,192	*75.25%*	1,152	41			
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	13	13	13	13	13	13	0	80	0.00%	80	0	80	0	0
18		Variance	0	0	0	0	0	0	13	13	13	13	13	13	0	80		80	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	22	22	22	22	22	22	22	22	22	22	200	11.11%	0	200	200	0	0
27		Variance	0	0	0	22	22	22	22	22	22	22	22	22	22	200		0	200			
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	3,795	12,637		11,722	0			
35		Actual/F'cast	1,001	948	1,383	2,129	1,762	1,827	1,961	1,993	2,095	2,072	2,045	3,152	5,461	22,367		20,048	2,319	6,387	15,980	18,874
36		Variance	(32)	70	459	1,169	786	788	1,009	1,032	1,097	1,100	1,073	1,179	1,666	9,730		8,326	2,319			

37	Variance in month	(3.12%)	7.99%	49.64%	121.79%	80.65%	75.75%	106.03%	107.29%	109.99%	113.21%	110.45%	59.79%	43.89%	
38	In month achievement against FY forecast	4.47%	4.24%	6.18%	9.52%	7.88%	8.17%	8.77%	8.91%	9.37%	9.26%	9.14%	14.09%		

Cardiff & Vale ULHB

Period : Jul 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1		Budget/Plan	179	165	124	121	121	118	101	101	101	101	101	101	589	1,434	1,434	0			
2	Pay - General & Substantive	Actual/F'cast	179	218	406	608	288	306	314	312	363	366	366	366	1,412	4,090	3,749	341	1,051	3,040	3,506
3		Variance	0	53	282	487	167	187	213	211	262	265	265	265	822	2,656	2,315	341			
4		Budget/Plan	0	0	0	22	22	22	22	22	22	22	22	22	22	200	0	200			
5	Pay - Variable	Actual/F'cast	0	0	5	42	91	91	91	128	128	128	128	128	47	961	911	50	91	870	1,299
6		Variance	0	0	5	20	69	69	69	106	106	106	106	106	25	761	911	(150)			
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	611	1,634	1,434	200			
11	Total	Actual/F'cast	179	218	412	650	379	397	405	440	491	493	493	493	1,459	5,051	4,660	391	1,142	3,910	4,805
12		Variance	0	53	288	507	236	257	282	317	368	370	370	370	848	3,417	3,226	191			

Cardiff & Vale ULHB

Jul 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	3,795	12,637	4,363	8,273	142	8,416
	Month 1 - Actual/Forecast	1,001	849	1,013	887	912	975	887	897	939	913	913	1,914	3,750	12,098	4,290	7,809	1,221	9,029
	Variance	(32)	(30)	89	(73)	(63)	(64)	(64)	(64)	(59)	(59)	(59)	(59)	(46)	(539)	(74)	(465)	1,078	613
	In Year - Plan	5	95	341	987	796	795	799	1,261	1,303	1,310	1,309	1,590	1,428	10,591	2,088	8,504	(2,430)	6,073
	In Year - Actual/Forecast	0	100	369	1,242	850	852	1,073	1,096	1,156	1,159	1,132	1,239	1,712	10,269	2,098	8,171	1,673	9,845
	Variance	(5)	5	28	256	54	57	274	(165)	(147)	(151)	(177)	(352)	284	(322)	10	(332)	4,103	3,771
	Total Plan	1,038	973	1,265	1,947	1,771	1,835	1,751	2,223	2,301	2,282	2,281	3,563	5,223	23,228	6,451	16,777	(2,288)	14,489
	Total Actual/Forecast	1,001	948	1,383	2,129	1,762	1,827	1,961	1,993	2,095	2,072	2,045	3,152	5,461	22,367	6,387	15,980	2,894	18,874
	Total Variance	(38)	(24)	117	183	(9)	(7)	210	(229)	(206)	(210)	(236)	(411)	238	(861)	(64)	(797)	5,182	4,385
Net Income Generation	Month 1 - Plan	172	26	31	31	24	24	24	24	24	24	24	24	260	450	350	100	(100)	0
	Month 1 - Actual/Forecast	172	26	31	57	24	24	24	24	24	24	24	24	286	476	376	100	0	100
	Variance	0	0	0	26	0	0	0	0	0	0	0	0	26	26	26	0	100	100
	In Year - Plan	0	19	19	30	22	41	61	61	61	61	61	80	67	518	359	159	(139)	20
	In Year - Actual/Forecast	0	19	19	22	41	46	61	61	61	61	61	80	60	535	376	159	0	159
	Variance	0	0	0	(8)	20	5	0	0	0	0	0	0	(8)	17	17	0	139	139
	Total Plan	172	45	50	60	46	65	85	85	85	85	85	104	327	968	709	259	(239)	20
	Total Actual/Forecast	172	45	50	79	65	70	85	85	85	85	85	104	345	1,011	752	259	0	259
	Total Variance	0	0	0	18	20	5	0	0	0	0	0	0	18	43	43	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	4,055	13,087	4,713	8,373	42	8,416
	Month 1 - Actual/Forecast	1,173	875	1,044	944	936	999	911	921	962	936	936	1,937	4,035	12,574	4,665	7,909	1,221	9,129
	Variance	(32)	(30)	89	(47)	(63)	(64)	(64)	(64)	(59)	(59)	(59)	(59)	(20)	(513)	(48)	(465)	1,178	713
	In Year - Plan	5	113	360	1,016	818	836	861	1,322	1,364	1,372	1,370	1,671	1,495	11,110	2,447	8,663	(2,569)	6,093
	In Year - Actual/Forecast	0	118	389	1,264	891	898	1,135	1,158	1,218	1,220	1,194	1,319	1,771	10,804	2,474	8,330	1,673	10,004
	Variance	(5)	5	28	248	73	62	274	(165)	(147)	(151)	(177)	(352)	276	(305)	27	(332)	4,243	3,910
	Total Plan	1,210	1,018	1,315	2,007	1,817	1,900	1,836	2,308	2,386	2,367	2,366	3,667	5,550	24,196	7,160	17,036	(2,527)	14,509
	Total Actual/Forecast	1,173	993	1,433	2,208	1,827	1,897	2,046	2,079	2,180	2,157	2,130	3,256	5,806	23,378	7,139	16,239	2,894	19,133
	Total Variance	(38)	(24)	117	201	10	(2)	210	(229)	(206)	(210)	(236)	(411)	256	(818)	(21)	(797)	5,421	4,624

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	2,694	2,127	0	**4,821**	488	0
Scheduled Care	1,532	9,172	0	**10,704**	384	0
Unscheduled Care	0	0	0	**0**	0	0
Mental Health	147	69	0	**217**	0	0
Community Services	54	834	0	**888**	0	0
Primary Care	20	1,967	0	**1,987**	0	0
Commissioned Services - CHC	0	2,406	0	**2,406**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	28	0	0	**28**	120	0
Non Clinical Support	88	0	0	**88**	0	0
Executive / Corporate Areas	459	741	0	**1,200**	0	0
Total	**5,023**	**17,316**	**0**	**22,339**	**992**	**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		22	Green
3	Cardiff & Vale ULHB	CYPFHS - Annual Leave Purchase	Children and Women	CYPFHS	NR	Cash-Releasing Saving	42		72	Green
4	Cardiff & Vale ULHB	CHFW - Centralised Ward Stockholding	Children and Women	CHFW	R	Cash-Releasing Saving	25	25	0	Amber
5	Cardiff & Vale ULHB	CYPFHS - Review of Stock Issued	Children and Women	CYPFHS	R	Cash-Releasing Saving	90	90	0	Amber
6	Cardiff & Vale ULHB	CHFW - Dexcom Diabetes Rebate	Children and Women	CHFW	NR	Cash-Releasing Saving	60		60	Green
7	Cardiff & Vale ULHB	CHFW - LTS Resolution	Children and Women	CHFW	R	Cash-Releasing Saving	149	198	149	Green
8	Cardiff & Vale ULHB	CYPFHS - Respite (Glan Ely CHC)	Children and Women	CYPFHS	R	Cash-Releasing Saving	100	100	0	Amber
9	Cardiff & Vale ULHB	CYPFHS - Band 4 CCNS	Children and Women	CYPFHS	R	Cash-Releasing Saving	40	40	40	Green
10	Cardiff & Vale ULHB	CHFW - Overpayments Reductions	Children and Women	CHFW	R	Cash-Releasing Saving	90	90	90	Green
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	Green
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	0	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	Green
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	43	Green
25	Cardiff & Vale ULHB	Cleanroom Clothing - SMPU	Clinical Diagnostics and Therapeutics	ST MARY'S PHARMACEUTICAL UNIT	R	Cash-Releasing Saving	27	27	25	Green
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	Green
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	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
31	Cardiff & Vale ULHB	R&D parkinsos AskBio Trial x 5 patients	Clinical Diagnostics and Therapeutics	RADIOLOGY	NR	Income Generation	135		161	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	Green
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
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	Green
54	Cardiff & Vale ULHB	Review of SIMA operating hours - Pilot	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	115	115	115	Green
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	Green
57	Cardiff & Vale ULHB	Risperidone Consta to Paliperidone	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	3	3	7	Green
58	Cardiff & Vale ULHB	Aripiprazole switch	Mental Health	Adult Mental Health	R	Cash-Releasing Saving	3	3	7	Green
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

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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	Green
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	Green
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	Green
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	Green
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	Green
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	Green
75	Cardiff & Vale ULHB	Apremilast - generic version available	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	9	15	15	Green
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	Green
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	Green
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	Green
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	Green
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	Green
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

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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	
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
101	Cardiff & Vale ULHB	Change of sterile service traceaibility 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	
103	Cardiff & Vale ULHB	Fisher and Paykel commitment deal	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	0	0	0	
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	879	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	90		90	Green
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

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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
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		172	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
144	Cardiff & Vale ULHB	CYPFHS - Repatriation of CCNS	Children and Women	CYPFHS	R	Cash-Releasing Saving	40	40	40	Green
145	Cardiff & Vale ULHB	CHC/CCNS growth avoidance	Children and Women	CYPFHS	R	Cash-Releasing Saving	100	100	100	Green
146	Cardiff & Vale ULHB	Room Hire Saving	Children and Women	CYPFHS	R	Cash-Releasing Saving	11	12	12	Green
147	Cardiff & Vale ULHB	Further targetted high cost LD package review	Children and Women	CAW MGT	R	Cash-Releasing Saving	1,083	1,300	371	Green
148	Cardiff & Vale ULHB	CAW MGT - Annual Leave Purchase	Children and Women	CAW MGT	NR	Cash-Releasing Saving	5		4	Green
149	Cardiff & Vale ULHB	O&G - Band 7 GOPD Remodel	Children and Women	O&G	NR	Cash-Releasing Saving	82		70	Green
150	Cardiff & Vale ULHB	O&G - Reduction in BPAS Usage	Children and Women	O&G	R	Cash-Releasing Saving	35	30	30	Green

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151	Cardiff & Vale ULHB	Rebaslining of 3rd patry suppliers Haem MSC	Clinical Diagnostics and Therapeutics	HAEMATOLOGY	R	Cash-Releasing Saving	52	52	39	Green
152	Cardiff & Vale ULHB	Batch ordering/carriage consolidation	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	52	52	52	Green
153	Cardiff & Vale ULHB	Conversion of Overtime to Bank	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	54	54	54	Green
154	Cardiff & Vale ULHB	UHL Pharmacy Tech savings	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	28	33	28	Green
155	Cardiff & Vale ULHB	Recurrent off-contract income	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Income Generation	20	20	20	Green
156	Cardiff & Vale ULHB	Non Cat to Cat (Synnovis Element)	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	50	112	50	Green
157	Cardiff & Vale ULHB	Navigational Bronchoscopy Band 6 0.2	Clinical Diagnostics and Therapeutics	RADIOLOGY	NR	Cash-Releasing Saving	5		5	Green
158	Cardiff & Vale ULHB	CUBRIC B6 - RDA	Clinical Diagnostics and Therapeutics	RADIOLOGY	NR	Cash-Releasing Saving	3		3	Green
159	Cardiff & Vale ULHB	Mechanical Engineering - 0.22 band 6 vacancy	Clinical Diagnostics and Therapeutics	MEDICAL PHYSICS, CLINICAL ENGINEERING & MEDICAL ILLUSTRATION	R	Cash-Releasing Saving	13	11	11	Green
160	Cardiff & Vale ULHB	Shandon Diagnostics Contract Reduction	Clinical Diagnostics and Therapeutics	CELLULAR PATHOLOGY	R	Cash-Releasing Saving	12	15	12	Green
161	Cardiff & Vale ULHB	Closure of PSU Nitritex contract	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	15	25	17	Green
162	Cardiff & Vale ULHB	Closure of PSU Pharmagraph contract	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	5	9	6	Green
163	Cardiff & Vale ULHB	Closure of PSU Envair Contract	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	R	Cash-Releasing Saving	2	4	3	Green
164	Cardiff & Vale ULHB	Reduced Outsourcing	Clinical Diagnostics and Therapeutics	CLINICAL DIAGNOSTICS AND THERAPEUTICS MANAGEMENT	R	Cash-Releasing Saving	417	500	500	Amber
165	Cardiff & Vale ULHB	Woodland House Energy savings	Capital Estates and Facilities	Energy	R	Cash-Releasing Saving	18	20	18	Green
166	Cardiff & Vale ULHB	Rates Rebates	Capital Estates and Facilities	Property	R	Cash-Releasing Saving	200	200	200	Green
167	Cardiff & Vale ULHB	Disestablish SSET Band 8a	Capital Estates and Facilities	Management	R	Cash-Releasing Saving	75	75	69	Green
168	Cardiff & Vale ULHB	DIFFS Helipad System	Capital Estates and Facilities	Portering	R	Cash-Releasing Saving	54	63	50	Green
169	Cardiff & Vale ULHB	Rookwood decomissioning	Capital Estates and Facilities	Energy	R	Cash-Releasing Saving	35	84	42	Green
170	Cardiff & Vale ULHB	Enhancements for Night Workers	Capital Estates and Facilities	Housekeeping	R	Cash-Releasing Saving	44	38	38	Green
171	Cardiff & Vale ULHB	CONSULTANT ROLE RE-EVALUATION (AG) CONSULTANT	Corporate Executives	Public Health	R	Cash-Releasing Saving	20	29	22	Green
172	Cardiff & Vale ULHB	CONSULTANT ROLE RE-EVALUATION (CC) BAND 9	Corporate Executives	Public Health	R	Cash-Releasing Saving	22	33	25	Green
173	Cardiff & Vale ULHB	CANCELLATION OF SYSTEM CONTRACT	Corporate Executives	Chief executive officer	R	Cash-Releasing Saving	8	7	7	Green
174	Cardiff & Vale ULHB	TRANSLATION COSTS	Corporate Executives	Chief executive officer	R	Cash-Releasing Saving	18	15	15	Green
175	Cardiff & Vale ULHB	OCP BAND 8A	Corporate Executives	Digital	R	Cash-Releasing Saving	85	73	73	Green
176	Cardiff & Vale ULHB	SITE/OPAT RESTRUCTURE 3% PAY SAVINGS	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	45	107	54	Amber
177	Cardiff & Vale ULHB	SITE/OPAT NON PAY BUDGET RESET	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	34	50	38	Green
178	Cardiff & Vale ULHB	CANCER ADMIN RESTRUCTURE 2% REDUCTION	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	5	30	8	Amber
179	Cardiff & Vale ULHB	COO STAFF CHANGES	Corporate Executives	Chief Operating Officer	R	Cash-Releasing Saving	33	79	40	Amber
180	Cardiff & Vale ULHB	British Red Cross	Medicine	Emergency Medicine	R	Cash-Releasing Saving	22	29	29	Green

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181	Cardiff & Vale ULHB	Establishment Review	Medicine	All Areas	R	Cash-Releasing Saving	117	323	132	Green
182	Cardiff & Vale ULHB	Vedolizumab - price reduction	Medicine	Specialised Medicine	R	Cash-Releasing Saving	440	490	490	Green
183	Cardiff & Vale ULHB	Nintedanib further price reduction - Respiratory	Medicine	Specialised Medicine	R	Cash-Releasing Saving	533	600	600	Green
184	Cardiff & Vale ULHB	Expansion of MIND partnership, through increased beds and extended hours	Mental Health	Continuing Healthcare	R	Cash-Releasing Saving	198	198	198	Green
185	Cardiff & Vale ULHB	IRIS (domestic violence) SLA. Reduce activity/cease	Primary, Community and Intermediate Care	Primary Care	R	Cash-Releasing Saving	29	0	35	Green
186	Cardiff & Vale ULHB	Linagliptin and saxagliptin to sitagliptin 100mg	Primary, Community and Intermediate Care	Medicines Management	R	Cash-Releasing Saving	276	663	331	Amber
187	Cardiff & Vale ULHB	JES Bulk Purchases	Primary, Community and Intermediate Care	Community Care Management	NR	Cash-Releasing Saving	500		500	Amber
188	Cardiff & Vale ULHB	Palliative Care SLA Management	Primary, Community and Intermediate Care	Community Care Management	NR	Cash-Releasing Saving	200		200	Amber
189	Cardiff & Vale ULHB	DoSH Pathology tests	Primary, Community and Intermediate Care	Health Protection & Health Inclusion	R	Cash-Releasing Saving	12	10	10	Green
190	Cardiff & Vale ULHB	Omulizumab	Specialist Services	Immunology	R	Cash-Releasing Saving	60	103	69	Green
191	Cardiff & Vale ULHB	30% reduction in agency	Specialist Services	Corporate	NR	Cash-Releasing Saving	80		91	Green
192	Cardiff & Vale ULHB	10% reduction in bank	Specialist Services	Corporate	R	Cash-Releasing Saving	219	375	250	Green
193	Cardiff & Vale ULHB	BPAS Income Generation	Surgery	T&O	NR	Income Generation	88	0	100	Amber
194	Cardiff & Vale ULHB	Lapropscopic review - supplier proposal J&J, Medtronic and GenMed	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	130	0	156	Amber
195	Cardiff & Vale ULHB	TACU closure	Surgery	T&O	NR	Cash-Releasing Saving	20		20	Green
196	Cardiff & Vale ULHB	Admin & Clerical Band 6 Vacancy	Surgery	Urology	NR	Cash-Releasing Saving	13		10	Green
197	Cardiff & Vale ULHB	Temporary Reduction in 1 Consultant session (Apr-Aug)	Surgery	Urology	NR	Cash-Releasing Saving	12		8	Green
198	Cardiff & Vale ULHB	CTM IR SLA Income	Surgery	General Surgery	NR	Income Generation	83		87	Green
199	Cardiff & Vale ULHB	Temp closure of 9 beds on B6 (6 months extension)	Surgery	ENT	NR	Cash-Releasing Saving	88		105	Green
200	Cardiff & Vale ULHB	IVT Patent Expiry	Surgery	Ophthalmology	NR	Cash-Releasing Saving	650		650	Green
201	Cardiff & Vale ULHB	Reduction Registered Nursing additional basic hours	Children and Women	O&G	R	Cash-Releasing Saving	35		60	Green
202	Cardiff & Vale ULHB	Reduction of 10% on Unregistered Nursing additional basic hours	Children and Women	O&G	R	Cash-Releasing Saving	31		50	Amber
203	Cardiff & Vale ULHB	Review uncoded activity	Children and Women	CHFW	R	Cash-Releasing Saving	100		100	Amber
204	Cardiff & Vale ULHB	CHFW - Student Streamliner Variable Pay Reduction	Children and Women	CHFW	R	Cash-Releasing Saving	182		182	Green
205	Cardiff & Vale ULHB	O&G - Closure of 4 Beds - Ward B2	Children and Women	O&G	R	Cash-Releasing Saving	210		210	Green
206	Cardiff & Vale ULHB	CHC - Reduction to Uplifts	Children and Women	CYPFHS	R	Cash-Releasing Saving	139		139	Green
207	Cardiff & Vale ULHB	R&D income	Clinical Diagnostics and Therapeutics	PHARMACY & MEDICINE'S MANAGEMENT GENERAL	NR	Income Generation	19		19	Green
208	Cardiff & Vale ULHB	Head of Production savings	Clinical Diagnostics and Therapeutics	ST MARY'S PHARMACEUTICAL UNIT	R	Cash-Releasing Saving	19		19	Green
209	Cardiff & Vale ULHB	SMPU B7 saving	Clinical Diagnostics and Therapeutics	ST MARY'S PHARMACEUTICAL UNIT	R	Cash-Releasing Saving	10		10	Green
210	Cardiff & Vale ULHB	Review and reallocation of central pay budgets to release savings as part of the financial recovery plan.	Corporate	Corporate	R	Cash-Releasing Saving	1,200		1,200	Green

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211	Cardiff & Vale ULHB	Efficiencies from change temporary Acute model	Medicine	All Areas	R	Cash-Releasing Saving	239		239	Amber
212	Cardiff & Vale ULHB	CHC uplift plan	Mental Health	Continuing Healthcare	R	Cash-Releasing Saving	45		45	Green
213	Cardiff & Vale ULHB	Package uplifts limited to 1.11%	Primary, Community and Intermediate Care	CHC	R	Cash-Releasing Saving	297		297	Green
214	Cardiff & Vale ULHB	GP Business Rates rebates	Primary, Community and Intermediate Care	Primary Care	NR	Cash-Releasing Saving	80		80	Green
215	Cardiff & Vale ULHB	Review PACU medical workforce model	Specialist Services	Critical Care	R	Cash-Releasing Saving	70		70	Green
216	Cardiff & Vale ULHB	Review & reduce bed base (reduce outliers) on B4	Specialist Services	Neurosciences	R	Cash-Releasing Saving	64		64	Green
217	Cardiff & Vale ULHB	Review MS prescribing pathways	Specialist Services	Corporate	R	Cash-Releasing Saving	60		60	Green
218	Cardiff & Vale ULHB	Alternative Vascath supplier	Specialist Services	Critical care	R	Cash-Releasing Saving	9		9	Green
219	Cardiff & Vale ULHB	Alternative Arterial Blood Sampler supplier	Specialist Services	Critical care	R	Cash-Releasing Saving	24		24	Green
220	Cardiff & Vale ULHB	Video Laryngoscope Blades FOC	Specialist Services	Critical care	NR	Cash-Releasing Saving	13		13	Green
221	Cardiff & Vale ULHB	Central Line Placement Packs product switch	Specialist Services	Critical care	R	Cash-Releasing Saving	3		3	Green
222	Cardiff & Vale ULHB	Cease usage of Cannulation Packs	Specialist Services	Critical care	R	Cash-Releasing Saving	2		2	Green
223	Cardiff & Vale ULHB	Cannulation Dressings product switch	Specialist Services	Critical care	R	Cash-Releasing Saving	2		2	Green
224	Cardiff & Vale ULHB	Trilogy 4 Myeloma Trial	Specialist Services	Haematology	NR	Cash-Releasing Saving	180		180	Green
225	Cardiff & Vale ULHB	Cessation of plastics clinic	Specialist Services	MTC	R	Cash-Releasing Saving	13		13	Green
226	Cardiff & Vale ULHB	Eculizumab price reduction	Specialist Services	N&T	R	Cash-Releasing Saving	127		127	Green
227	Cardiff & Vale ULHB	Extension of MTC commitment agreement with J&J Depuy Synthes	Surgery	Theatres, Anaesthetics, SSSU & Sterilisation Services	R	Cash-Releasing Saving	18	30	20	Green